

I am Fr. James W. Thornton, C.S.C., Ph.D., President of De Paul Treatment Centers. Today I am speaking for PAADMA (Portland Area Alcohol and Drug Managers Association).

The proposed budget is somewhat astounding. I can not understand how anyone today can offer a budget which, in essence, takes money from the poor in order to increase the civil service roles. At least that seems to be the only interpretation for this budget -- a budget that increases every county department's budget at the expense of the Department of Human Services.

This budget eliminates programs for which we of PAADMA have worked, advocated, and finally begun. It eliminates a detoxification program, the only one in the county, for low income pregnant women. This program allows addicted pregnant women to give birth to children who are not affected by street drugs. To eliminate it means that we will see more and more babies born with a need to be detoxified.

This is penny wise, pound foolishness. Those children will require more welfare and public health care than children born with out the deformities caused by maternal drug use.

Eliminating county health service nurses is cruel. The health services available to the poor are already minimal and stretched to the maximum. To take money from those services to hire an "infrastructure"

with a health care package built into their benefit package is mind boggling.

We notice, also, that you are cutting back on the county's mental health services. I trust that you have done this after consultation with the State Hospitals and that we can count on seeing fewer chronically mentally ill people on our streets, because they are receiving needed care at the State Hospital. If not, what do you intend to do with these people, who have no where else to go?

We also note that this proposed budget eliminates the Emergency Basic Needs Coordinator. This is the kind of infrastructure that the county needs. What sense does it make to eliminate services to the poor to increase the number of bureaucrats? I'm not sure that we can afford more of General Services at the expense of Human Services.

PAADMA respectfully requests that this budget be withdrawn and that a new budget be prepared -- a budget which values Human Services over bureaucracy.

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Board of Commissioners:
(l.: Community Nurses

Two years ago this month,
I lost my husband of
45 yrs. My youngest son
was very ill. At our
door was this woman
with a lovely smile -
She had come to see my
son - She was loving and
compassionate - She told
him of the resources
available to him - She
became his Confidante -
He looked forward to her
weekly visit - She gave him
encouragement, hope and strength.
She was a source of strength
and there for him until the
end, seven months later -
A friend when most needed,
Our nurses are ^{not} replaceable to

new community.

Lena L. Schmitt

RATIONALE FOR MAINTAINING CODA'S METHADONE DETOXIFICATION SERVICES
TO WOMEN WITH CHILDREN PROGRAM

1. This is a unique service which is not provided elsewhere in the community by providing outpatient detoxification services to:
 - (a) Young women with children in their custody who are not currently eligible for other third-party funding and are appropriate for triage-type treatment.
 - (b) Young women with children not in their custody but in the temporary custody of Children Services Division who are working to regain full parental rights; a condition of which is drug treatment.
 - (c) Women currently pregnant who are by definition, "pregnancy exceptions" and are slated for Detox Post Delivery.
2. This is a fee-for-service contract, thus, only those monies actually used will be spent. An underutilization of these monies would contribute to a surplus at year's end.
3. We have newly revised the admission criteria to include 1b and 1c above. Since then, we have identified several appropriate clients, one of whom is currently accessing these funds.
4. The County is proposing \$1.5 million cutbacks. This program requests only \$10, 080 annually, which translates to .07% of the target total funds. Again, to emphasize, this is a fee-for-service contract.

JM/vas

BOARD OF
COUNTY COMMISSIONERS
1988 APR 13 PM 1:36
MULTI-COUNTY
OREGON

Good afternoon, my name is Lon Stiner of 707 S.W. Washington Street, Portland, Oregon. I am currently Chairman of the Board of Directors of the DePaul Treatment Centers, Inc. DePaul provides treatment for the late-stage, indigent alcoholic and addict.

^{✓ 1/2 OK}
DePaul ~~is~~ well aware the commissioners have, ^{in the past} shown a great deal of interest in the area of human services, ~~in the past~~. Such interest has allowed the County to respond quickly, and work toward developing ^{a program for} ~~a comprehensive~~ human services ⁵ ~~delivery system~~ that meets the County's current needs as well as working toward long term solutions. This is a good approach.

The information we have received regarding the proposed human services budget indicates a departure from the importance placed ^{OK} ~~upon~~ human services.

^{standpoint}
From the ~~perspective~~ of a Board Member, ~~the~~ ~~services~~ ~~agency~~, the budget raises a concern of commitment by the County. Our agencies establish new programs responsive to County priorities. We design and implement such programs. We develop complimentary resources or reallocate our own agencies existing resources to make the programs work. All of these efforts are taken in conjunction with the County in responding to needs of the community. Yet, the possibility the County will abandon the present priority for human services to fund something else is

very troubling when you consider the commitment our agencies have made in the area of human services.

The alcoholic and addict served by our agency should receive adequate care. Our client's receive specific help for their alcohol and drug problems from our agency. Many of our clients are also involved with other parts of the system for specific needs. All parts of the system should effectively work together for the benefit of the client. If parts of the system are weakened to meet other County priorities, it diminishes the effectiveness of the entire system. As an example, we are very aware of ~~the~~ ^a problem in health care ~~as~~ ^{our} clients generally do not have any ~~health~~ ^{medical} insurance. They look to the County health clinics for help with non-emergency health problems. The client already has some waiting period before he can access the system. To divert resources from health services further limits the client access and has a direct affect on our effort to help the client establish quality recovery.

From the perspective of a voter and tax payer, the question of how to effectively address the problems in our community is of utmost concern. While crime is a problem in our community, the question must be asked as to what methods are most effective to address the problem. More jails are obviously an answer. However, treatment efforts impact crime rates and, in fact, for some persons our services may be more effective and

efficient that additional time in jail. Certainly removing any hope the alcoholic or addict can break the cycle of use, crime and punishment is not the answer.

On behalf of Human Services Agency Board Members, our clients, and citizens of this community, I urge the Board to reconsider this proposal which will weaken the County system of human services.

Thank you for your consideration.

THE END!



NURSE PRACTITIONER
COMMUNITY HEALTH CLINIC
(503) 284-5239

5311 N. VANCOUVER
PORTLAND, OREGON 97217

MARIAH A. TAYLOR, RN, CPNP

April 13, 1988

TO: Multnomah County Board of Commissioners and Chair,
Gladys McCoy

RE: Testimony Regarding Human Services Division Support to
Coalition of Community Clinics

NAME: Mariah A. Taylor, RN, CPNP
Executive Director, Nurse Practitioner Clinic

ADDRESS: 5311 N. Vancouver Avenue

TELEPHONE: 284-5239

Dear Commissioners and Chair McCoy, thank you for the opportunity to share with you the experiences made possible through the support of Multnomah County to the Coalition of Community Health Clinics of which our clinic is a member.

The Nurse Practitioner Community Health Clinic is a grass-roots, community-based, pediatric primary health care facility with a commitment to providing a high quality health care for the medically poor and/or indigent population regardless of their inability or ability to pay. I would like to elude to the impact of support through Multnomah County funds by reflecting on the past, present and future, as it relates to the utilization of these funds.

PAST:

The NPCHC up until July of 1987 was predominately dependent upon funds from Multnomah County allocated to the Coalition, for existance. As a result of those funds, we were able to provide health care for homeless, indigent families and street youth in the excess of 1,500/yr.



A United Way Agency



NURSE PRACTITIONER
COMMUNITY HEALTH CLINIC
(503) 284-5239

5311 N. VANCOUVER
PORTLAND, OREGON 97217

MARIAH A. TAYLOR, RN, CPNP

PRESENT:

Continued networking with other health care facilities, community health clinics serving the medically indigent and medically underserved population has been a reality due to continued Multnomah County support. The accessibility of a medications clearing house, a medical referral project for medical specialist needed beyond the primary care setting, and many other benefits, including resource and information sharing etc.

FUTURE:

Contingent upon our vision and the resources to facilitate the dreams and visions to becoming a reality.

TESTIMONY:

I'd like to introduce a young woman to whom this clinic was recently involved in the care of her son, and as a result of the services provided, was able to receive high-quality health care, and without the continued support may not have access to the continued health care for her other children. (her son recently died during surgery)

Thank you for the opportunity to provide this input.



A United Way Agency



outsidein

1236 Southwest Salmon St. Portland, Oregon 97205 (503) 223-4121

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ADDICTION DIAGNOSTIC SERVICES

STEPHEN R. LARSON, ATTORNEY
BONNEVILLE POWER ADMINISTRATION

Testimony
April 13, 1988

Outside In would like to address two funding issues that directly affect provision of services for homeless street youth:

- (1) We would like to support a cost-of-living increase for Multnomah County sub-contractors. Outside In has not received an increase from Multnomah County Social Services Division since 1985. It will be difficult to retain staff next year if they again receive no increase in salary. This problem is aggravated by the fact that Outside In is seeing so many more homeless youth. We say 362 in 1985-86, 634 in 1986-87, and will serve between 700-750 this year. We would very much appreciate at least your consideration of this issue.
- (2) Outside In's 10-bed, 90-day transitional housing program for homeless youth will be funded for only nine months next year. The program is both cost-effective and successful: food, housing and case management is provided at a cost of \$2,000 per youth, and the program houses sixty youth per year. Last year 71% of youth terminated did not return to the streets.

It is very painful for us to cut services to this very needy and vulnerable group of youth.

Thank you.

Sincerely,

Kathy Oliver
Agency Administrator

TESTIMONY FOR MULTNOMAH COUNTY BUDGET HEARING:

I am writing in support of the Teen Parent program that has been sponsored by the Albina Ministerial Alliance. In my opinion, the program has unique benefits and should continue for several reasons.

1. It is located in an area (Albina) that has the highest rate of inadequate prenatal care in Portland, except for St. John's. The infant mortality in Albina is the highest in the city, bar none. This data comes from the State Health Planning and Development Agency's report on primary health care.

2. Altho I do not have a breakdown on the age of the women in this area who do not receive adquate prenatal care, I believe it is safe to assume that many of them are young. This is the population targeted by the AMA program.

3. The young women that have been participating in the AMA program are difficult to reach by conventional methods--the networking methods set up by the AMA program have been successful in getting the teenagers involved in their program.

4. I have attended most of the Teen Age Support groups meetings since last fall, and have been impressed with the content of the presentations--the repeated emphasis on the importance to the girls of continuing their education, and the speakers who have offered support and first-hand experiences that can serve as role models for the girls. These have been well-accepted by the girls, and I believe will help them in their struggle to become good mothers and useful, productive members of society.

5. Lastly, the level of commitment, concern and involvement with the girls that I have observed in Lanita Duke and Cornetta Smith cannot help but inspire these young women to do their best to be successful in the goals that these dedicated people have helped them set.

The cost of this program is small, and while it is difficult to quantitate benefits, the potential for better lives for these young women and their children is of great importance to all of us in this community. The encouragement to obtain and maintain good prenatal care will benefit the mothers and babies physically, and the other aspects of the program can help them to resume their education and provide for themselves and their children.

Thelma H. Golden
April 11, 1988

*from Cornetta
Smith*



THE VOLUNTEERS OF AMERICA OF OREGON, Inc.

537 S.E. ALDER STREET • PORTLAND, OREGON 97214 • 503/235-8655

GERALD R. LAURENS
Chairman
Board of Directors

JAMES M. LeBLANC
President

April 13, 1988

Dear Commissioners;

On behalf of Volunteers of America Oregon, Inc., and The Coalition of Community Health Clinics, I wish to encourage your continued support of health services.

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The Coalition of Community Health Clinics serves a vital role to the citizens of Multnomah County. Through minimal, but vital dollars from Multnomah County, and additional support from United Way and Foundations, The Coalition is able to provide a variety of services. Coalition projects include a donations clearinghouse, a medications clearinghouse, The Coalition Guide to Services, a speciality referral project and a volunteer recruitment project.

The donations and medications clearinghouses provide critically needed medications and supplies. Last year this represented 360 boxes of medications and supplies that were received and redistributed between the coalition clinics. Without these supplies the clinics would be unable to provide low income/no income residents with needed supplies.

To find what services are available, The Coalition of Community Health Clinics Guide to Services provides valuable information and referral that identifies what services are available. The Guide has a circulation of 3,000. Without this guide, it would be more difficult to locate what services are available.

Particularly helpful to The Coalition of Community Health Clinics is the specialty referral project. This project enables the clinics to refer clients with difficult needs to specialists.

Our most recent project is recruiting volunteers to help the budget dollars go further. At Volunteers of America Oregon, Inc. our clinic has one half time paid nurse. The remainder of the clinic is staffed with volunteer doctors and nurses.

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JOHN S. WALDRON

Volunteers of America Oregon, Inc., serves clients that are low income senior citizens located in the inner southeast part of Portland. Last year we served over 3,000 clients. Our clinic provides these people with health care on a donation basis. Services include general medical and nursing needs, hypertension monitoring and podiatry care. The podiatry care is of special importance because we are the only ones in southeast Portland that provide this service to seniors on a donation basis.

As a member of The Coalition; Volunteers of America Oregon, Inc., utilizes the many services of The Coalition. The clearinghouses provide needed medical supplies and medications that we otherwise would be unable to supply our clients. This is of particular importance to our hypertension clients where a prescription can be obtained free of charge that otherwise would cost as high as \$40.

We are especially proud of the national recognition The Coalition of Community Health Clinics has received. The Coalition represents a model situation between private clinic providers and the county. This unique model partnership has attracted the attention of cities for its use of joint projects and coordinated services that has resulted in efficient use of taxpayers dollars.

The partnership between Volunteers of America Oregon, Inc., The Coalition of Community Health Clinics and Multnomah County serves a strong link. This link needs to survive so we can continue to provide a much needed service to the citizens of Multnomah County. To survive, continued funding is essential. I encourage your continued support of The Coalition of Community Health Clinics.

Respectfully submitted,

Delanie C. Delimont

Delanie C. Delimont
Director Senior Programs

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DCD/pp



Testimony presented to the Multnomah County Board of Commissioners
Budget Hearing 4/13/88

My name is Sally Verron and I am the manager of the Burnside Projects Outpatient Alcohol and Drug Treatment Program. I am honored to be able to address the Board of Commissioners this afternoon and would like to speak briefly to two separate issues.

My concern is for the victims of the diseases of alcoholism and addiction. For those victims who are indigent or low-income, Multnomah County is the major funder of services to combat these diseases. I am pleased to see that the Alcohol and Drug Program Office Budget has been increased from just under five million dollars in 1987-88 to just under five and one-half million dollars in 1988-89. My concern is that while the overall budget is being increased, some specific service areas are being decreased to support the increases in other areas. The issue is that some of the increases are being funded by decreases and cuts to existing programs.

I believe that this trend of shifting of dollars creates instability in the system of services which the Provider Agencies deliver. The County intends to provide a reasoned continuum of services, but if the priorities and funds shift in each budget process, the providers and clients can be victimized by the shifting dollars. Shifting existing dollars and services from one population to another can result in creating different compelling unmet needs.

We believe that programs which are effective in meeting the County Goals and Mission should be continued. Programs which are ineffective or unsuccessful should clearly be discontinued. Discontinuing current residential services will further increase the number of people who are unserved. Unserved alcoholics and addicts add tremendously to the County's expense for emergency medical service, hospitalization, and County clinic cost.

We recognize that the County Office of Alcohol and Drug Programs is responding to compelling unmet needs -- especially for residential treatment for women. Our objection is that other residential services are being cut to achieve that good. We strongly believe that these new services should be funded with new, additional funds.

We strongly support strengthening the continuum of services available to victims of alcoholism and drug abuse. We strongly support services for women -- as well as for other groups such as minorities, disaffiliated public inebriates, and dual diagnosis clients. We urge you to restore the funds proposed to be cut from other residential programs in order to fund the women's services. The women's services should be retained with new service dollars.

My second concern is my dismay and concern with the elimination of the position of the County Information Officer. As a provider of services to citizens who are least able to purchase or advocate for their services -- that is the disaffiliated public inebriate -- I have sought the assistance of the County Information Officer many times. The information and technical assistance



United Way
Agency

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

CASE MANAGEMENT
ENERGY ASSISTANCE
MENTAL HEALTH SERVICES
ALCOHOL & DRUG TREATMENT

YOUTH SHELTER
JOB PLACEMENT
PROJECT AWARENESS
ALCOHOL-FREE HOUSING

that I have received, and the benefit of this service to my clients, has been immeasurable. It would be virtually impossible for my program or agency to obtain the wide range of assistance and information which have been available on a timely basis. I hope you will reconsider this budget cut.

Thank you for consideration of these issues.



Outer East Youth Service Center
6036 S.E. Foster Road · Portland, Oregon 97206 · (503) 294-3322

April 13, 1988

I am Judith Green, Director Outer East Youth Service Center. I am here to make remarks on behalf of the six Directors, YSC staffs, and clients in response to the proposed County budget for 88-89.

We are very concerned about the interrelationship of all human services, but more specifically about the continuum of services for youths and the damage to the relationship therein that will result if this proposed budget is adopted.

An example is our concern for those smaller programs innovatively designed to meet the needs of specific groups. These programs have been extensively supported and utilized by the YSC's. Their presence has provided additional resources for clients which augment the core services to be found in the neighborhood based Centers.

The demise, or even the diminishment of such programs will inevitably result in increased demand for our services. This demand occurs at precisely the same time each of us faces a cutback in program services resulting from the decision not to give us a requested 3% increase.

While it appears that stable funding has been achieved for the YSC's for the next 5 years via the intergovernmental agreements, in fact, no increase is equal to a decrease in the face of steadily rising costs.

The erosion of services at OE began this year when I found that in order to give my staff a much needed, yet still inadequate cost of living increase, it would be necessary to eliminate a half-time position. I am faced with the same dilemma this year, as are the other Directors.

If this seems like a petty loss compared to that of other programs, consider that such a cut represents a loss of direct services to 50 families. Multiply that by six and it is a loss to 300 families. It is a loss of 600 counseling hours - or multiplied by six = 3,600. At OE it means a decrease in the amount of intensive group work we now do in schools. At NE and other centers, it represents a critical loss in services to minorities.

Each year children as a group get poorer. And yet we continue to look to them as guardians of the future. To refuse to adequately prepare them for the responsibility they face is to create failure for them and grave uncertainty for everyone.

We urge you to reconsider this budget. The erosion of financial support for the children of Multnomah County must stop now.

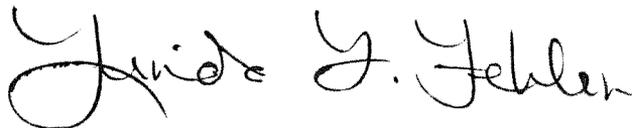
JG:cf

Respectfully submitted,

cc: County Commissioners
Mayor
City Commissioners



Deb Brinley-Koempel, Director
Lutheran Family Services of Oregon & SW Washington
Westside Youth Service Center



Linda Fehlen, Director
YMCA of Columbia Willamette
East County Youth Service Center



Diane Feldt, Director
Delauney Mental Health Center
North Portland Youth Service Center



Judith Green, Director
YMCA of Columbia Willamette
Outereast Youth Service Center



Gladys Hedgmon, Director
Urban League of Portland
Northeast Youth Service Center



Emily Munro, Director
Portland Impact, Inc.
Southeast Youth Service Center

WESTSIDE YOUTH SERVICE CENTER



7688 S.W. Capitol Hwy., Portland, Oregon 97219 (503) 245-4441

TESTIMONY TO THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS, APRIL 13, 1988,
REGARDING THE PROPOSED DEPARTMENT OF HUMAN SERVICES BUDGET FOR FY '88-'89

This testimony is presented to you on behalf of the 19 member Citizens Advisory Board of the Westside Youth Service Center. As citizens, youth, adult, and community representatives, we look very seriously upon the funding of not only Youth Service Centers in our community, but all human services. We also expect the County to play a major role in providing adequate, stable dollars for the basic proven and effective services which are designed to meet the needs of a continuum of services for children, youth, and families. Without support for the Business Income Tax prevention and intervention programs and the cost increases for human services contracts a fragmented service system will be reinvented and many youth and families will not receive services which are designed to prevent further criminal behavior or other behaviors which ultimately puts a larger drain on our criminal and social service system.

The Youth Service Centers have a solid track record of individually serving the communities and neighborhoods, and we feel that Westside meets their mission successfully. There continues to be increased demands for services in our community, as evidenced by long waiting lists and continuous new requests for service. Westside is successful at getting services to the client in a cost effective manner, which is what we all want. Without the proposed cost increases, Westside will need to decrease it's service to our community. Diversion education classes, intervention with victims of crime, and counseling services are all examples of services which will be reduced as we continue to experience increased costs in rent, postage, supplies, and personnel. We respectfully submit that the County reconsider granting fully the request of the Department of Human Services.

Sharon MacDonald
Co-Chair
Citizens Advisory Board

John Barr
Co-Chair
Citizens Advisory Board



Administrative Office
(503) 231-7480

Portland
(503) 231-7480

Washington County
(503) 646-0602

Klamath Basin
(503) 883-3471

Central Oregon
(503) 447-7441
(503) 548-1995
(503) 475-3578
(503) 382-6867

Yamhill County
(503) 472-4020
(503) 538-8686

Lutheran Refugee Program
(503) 233-0042
(503) 231-7484

MORRISON CENTER YOUTH AND FAMILY SERVICES

DAY TREATMENT FOR YOUNG CHILDREN

Introduction

The Day Treatment Program for Young Children (DTYC) serves severely and chronically abused 3 to 6 year old children and their families. This program integrates the psychological, developmental and educational approaches necessary to meet the special needs of these children and families.

As the information below will indicate, without intensive early intervention these children are at high risk of experiencing continued problems throughout their childhood, adolescent and adult development, necessitating significant intervention by public agencies at great cost to the taxpayer.

DTYC Child and Family Histories

These children have extremely chaotic personal and family histories:

- 94% Severely physically abused, sexually abused, neglected
- 80% At least one parent with significant psychopathology
- 58% Parent with acknowledged alcohol or drug problem
- 83% Out of home placements by the age of 4
- 54% Paternal criminal history (felony conviction)
- 49% Overcrowding/large family size
- 33% Maternal Psychiatric Hospitalization
- 88% Severe marital discord
- 85% Income below poverty level
- 100% Children unable to function in normal preschool or Headstart
- 100% Children with severe emotional and behavioral problems: (e.g. severe aggression, self destruction, fire setting, soiling and wetting, severe withdrawal, significant development delays)

Predictors of Future Psychosocial Problems

DTYC children are especially at risk of developing future psychopathology. Michael Rutter's research identifies 6 factors predictive of future psychopathology:

- | | |
|-----------------------------------|------------------------------------|
| 1) severe marital discord | 4) paternal criminality |
| 2) income below poverty | 5) maternal psychiatric disorder |
| 3) overcrowding/large family size | 6) removal to care of state agency |

Eighty percent of the DTYC children exhibit 4 or more of Rutter's risk factors, which puts them at 8 times greater risk for developing future psychopathology.

Blumstein, Farrington and Montra (1986) developed a model for predicting future criminality. Most factors are identical to Rutter's model, however two additional factors were identified: 1) school problem behavior and 2) harsh and neglectful parenting. Almost all of the DTYC children exhibit both of these factors: 100% have been unable to be maintained in a normal preschool setting; 94% have been severely abused and neglected.

Comparison of the Necessary Qualities for Successful Learning

NORMAL CHILDREN	DTYC CHILDREN
1. Naturally curious, love to explore	1. Hypervigilant, anxious victimized
2. Have ability to focus on activity, persist in efforts, feel they can have an impact on environment	2. Seek control and predictability to the exclusion of being open to explore and be curious
3. Experience pleasure in mastery	3. Can't focus attention or overly attentive perseveration
4. Have a positive sense of self	4. Damaged social relatedness, overly anxious, avoidant, resistant, fearful
5. Can socially relate, feel comfortable, relaxed, trusting	5. Delayed development, lack bonding, damaged social and emotional development

Early Treatment Intervention Offers Success

Research studies show that preschool early intervention programs that are designed to increase intellectual ability also prevent delinquency and adult criminality.

DTYC children present the same risk factors as identified by Rutter and Farrington: school failure; disturbed behavior; multiple foster home placements; multi-generational, abusive, psychopathological and/or criminal families. The most efficient and cost effective means of rehabilitating these young children so they may lead responsible and productive lives, is provided by the Day Treatment Program for Young Children.

Goals of Day Treatment Program For Young Children

<u>GOALS</u>	<u>OBJECTIVES</u>
1. Increase child's emotional stability	Placement in regular school classroom Placement in adoptive home
2. Maximize biological family strengths	Stabilized biological family placement
3. Build child's developmental and problem-solving skills	Increased scores on Brigance developmental scales

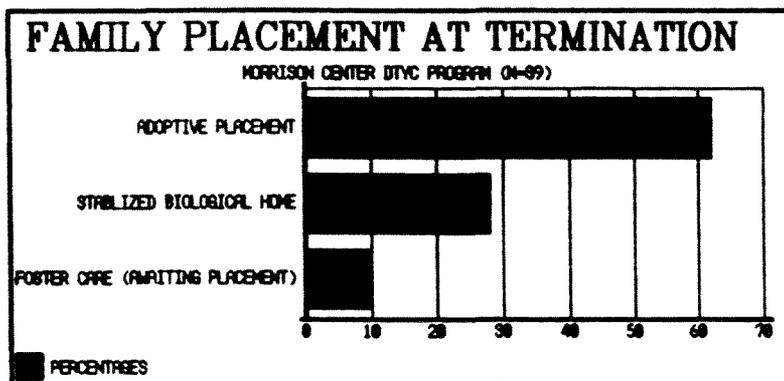
Outcome Data For Children Having Completed Treatment in DTYC

Early intervention through the Day Treatment Program for Young Children is showing exciting, positive results.

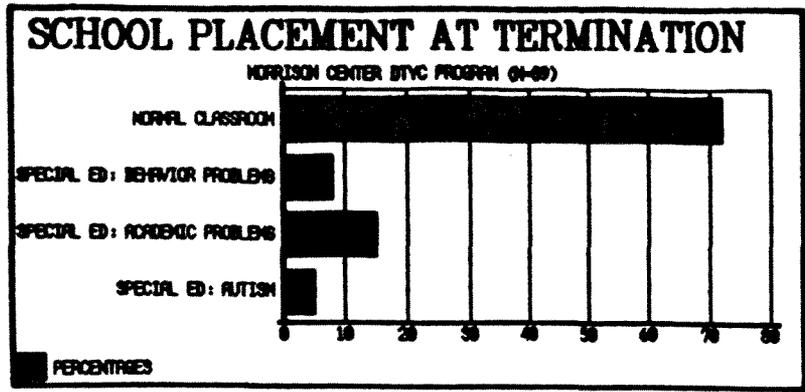
NUMBER OF CHILDREN WHO HAVE COMPLETED TREATMENT: 39

(Note: 6 children were unable to complete treatment due to a disruption in their living arrangements, e.g., moved or abducted by biological parents)

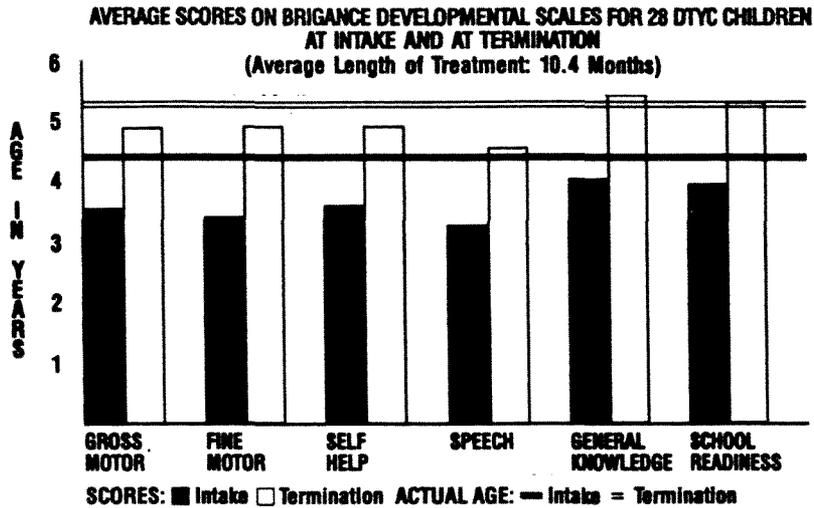
HOME PLACEMENTS UPON COMPLETION OF TREATMENT:



SCHOOL PLACEMENTS UPON COMPLETION OF TREATMENT:



AVERAGE DEVELOPMENTAL GROWTH:



Based on the results of the Brigance Developmental Scales before entrance to DTYC these children were progressing at a developmental rate 82% of the normal rate; while in the DTYC these children progressed at a developmental rate 150% of the normal rate.

4-13-88

Gladys McCoy
County Commissioner
County Court House
10 21 SW 4th
P.O.D.

On behalf of the proposed budget cut, including Morrison Day treatment Center, please reconsider. We have a little girl who has been in treatment for one year. If her therapy was cut off just when she's starting to trust adults, we fear for her welfare. For Shanita and many other little abused children please reconsider.

Thank you

Ed. Jane Koetz
4635 SE 174
P.O.D. 97236

Board of County Commissioners
Multnomah county Courthouse
1021 S.W. 4th
Portland, Oregon 97202

I am Jan Bays, the Medical Director of the C.A.R.E.S. Program at Emanuel Hospital & Health Center. As I am sure you know, C.A.R.E.S. is a child abuse assessment center funded by Multnomah County through a Business Income Tax Grant. The program officially opened in August of 1987, approximately nine (9) months ago. Since our opening, we have seen approximately 370 children, (2/3 from Multnomah County) ages two (2) months through 15 years. This is with a direct service staff of four part-time physicians and until this week, one full-time interviewer. As you can see, we are operating at full capacity and unfortunately must turn a significant number of children away due to staff and space limitations. We are now operating with a three (3) week waiting list.

We are quite proud of the progress we have made in such a short period of time. We are receiving the majority of our referrals from Children's Services Division, law enforcement and the District Attorney's Office, but have also been able to see a number of private referrals from the community that have clearly needed a C.A.R.E.S. assessment. Our goal of promoting a system that minimizes the trauma to children involved in a child abuse allegation has been met. We expect even more progress in this area as the coordination between law enforcement and Children's Services improves as a result of their participation in the C.A.R.E.S. team approach.

An example of the impact a C.A.R.E.S. assessment can have is demonstrated in the case of a ten month old infant that was brought to us by a uniformed Portland Police Bureau Officer. The child had been placed in protective custody based on concerns about possible sexual abuse voiced by the babysitter. She had observed extremely reddened and swollen genitals on the baby and had contacted 911. The officer picked up the child and was turned down at two (2) different hospitals for an examination before coming to C.A.R.E.S. I examined the child and was able to determine that it was not sexual abuse but a very severe diaper rash. The child was returned immediately to her parents, preventing what might have been a several day foster care placement. In a similar case, I was able to rule out sexual abuse in a child with abnormal appearing genitalia. This child had a birth abnormality but without a great deal of experience and training in child sexual abuse examinations, the child could have remained away from her family for some time.

Unfortunately, all of our cases do not have such happy outcomes. Several of our recent C.A.R.E.S. cases have involved the most severe and sadistic abuse our staff has ever seen. One little three year old boy was brought to Emanuel with multiple internal

injuries, broken bones and lacerations as a result of abuse by his mother's boyfriend. We were able to immediately and clearly document the injuries, as well as the child's statement, which will facilitate both the pending criminal action and the much needed protection afforded by the Multnomah County Juvenile Court. Without this documentation, many cases slip through the cracks and children continue to be put at risk. Many of the children we see are in dire need of immediate and intensive treatment. Recently, we have referred four of these children to Morrison Center Day Treatment, a vital resource in this community.

Initially, we had hoped our program could quickly become financially self-sufficient based on patient revenues. What we did not project was the large number of children (approximately 80%) whose only funding resource is either Children's Services or Adult and Family Services. The maximum ceiling of payment from these agencies falls approximately \$200.00 short per exam and interview of the actual cost to C.A.R.E.S. of the assessment. We are currently involved in a multi-agency task force to address the issue of state-wide funding for child abuse examinations and interviews. There is tremendous support from the mandated agencies, law enforcement and Children's Services Division as well as other key agencies such as Multnomah County Victims Assistance and the County Mental Health Clinics. It will take legislation to achieve this goal. We feel it is achievable, but we need your support to continue our program until we are able to accomplish the necessary steps. We are asking for \$77,000 to continue our funding at its present level and allow us to provide service just with existing staff. Multnomah County was the key to bringing the C.A.R.E.S. Program to reality, and we very much wish to continue to provide this service with your help.



CITY OF
PORTLAND, OREGON
BUREAU OF POLICE

J.E. BUD CLARK, MAYOR
Richard D. Walker, Chief of Police
1111 S.W. 2nd Avenue
Portland, OR 97204

April 11, 1988

Commissioner Gladys McCoy, Chair
Multnomah County Board of Commissioners
1021 SW 4th Avenue
Portland, OR 97204

Dear Commissioner McCoy:

As the commanding officer of the Portland Police Bureau Detective Division, I would like to call your attention to the favorable impact of the Child Abuse Response and Evaluation Services (CARES) program at Emanuel Hospital. Since the program was founded in 1987, the professional services provided by Dr. Jan Bays and her staff have proven invaluable in the successful preparation of criminal child abuse cases. I don't believe that there is a similar service provided anywhere in the State of Oregon.

There have been additional benefits other than those of the detailed evaluation services provided by the CARES program. They have served to bring together the services of the Children Services Division, the Police, the medical evaluation team, and the District Attorney's Office in a holistic fashion. This has greatly enhanced our ability to successfully process child abuse situations. The end result is a the more efficient use of everyone's resources.

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Host City
95th Annual IACP Conference
October 15-20, 1988

Multnomah County Commissioners
RE: CARES Program

April 11, 1988
Page Two

I am urging the Multnomah County Board of Commissioners to maintain the funding for this program. To lose this program would be a serious set back to an extremely viable process of child abuse investigation.

Very truly yours,

CAPTAIN ROBERT M. TOBIN
Commander, Detective Division

RMT/db

c: Commissioner Casterline
Commissioner Kafoury
Commissioner Miller

04117.7.2



MICHAEL D. SCHRUNK, District Attorney for Multnomah County

• VICTIMS ASSISTANCE PROGRAMS •

804 County Court House • Portland, Oregon 97204 • Telephone (503) 248-3222

April 8, 1988

Ms. Emmy Lowe
Director - CARES Program
Emanuel Hospital & Health Center
2801 N. Gantenbein Ave.
Portland, Oregon 97227

Dear Emmy:

This letter is written in support of continued funding for the CARES Program from Multnomah County.

We should all be very proud that this county has such a valuable resource available to those innocent children who become victims of sexual or physical abuse. The sensitivity and concern shown to those children and their families by the staff at CARES will indeed help them deal more effectively with the trauma they have incurred.

To provide for an abused child to be examined by a physician who's truly knowledgeable about and trained in that area is such an asset to this community. To provide for a trained interviewer who also is truly knowledgeable about and trained in the area of abuse minimizes the number of times that child must discuss that victimization. To provide an environment conducive to children's needs helps us all.

As utilizers of CARES for our child victims, I cannot think what it would be like to throw our children into general emergency room examinations again. Your compassion and dedication has spoiled us.

I realize that economic resources for the county are limited, but it is so important to do what we can for our children -- vulnerable as they are. I would encourage the Board of County Commissioners and the Department of Human Services to budget funding for CARES for FY 1988-89 and into the 1990's until the program can establish its own financial base, which it will. That funding is a small price to pay for our future.

Ms. Emmy Lowe
April 8, 1988
Page 2

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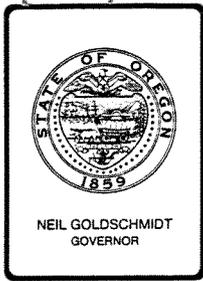
If I can be of further assistance, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Marilyn Wagner Culp".

Marilyn Wagner Culp
Director - Victims Assistance

MWC:ds



Department of Human Resources
CHILDREN'S SERVICES DIVISION

Region I

815 NE DAVIS, PORTLAND, OREGON 97232

April 8, 1988

Board of County Commissioners
Multnomah County Oregon
1021 S.W. 4th
Portland, OR 97202

RE: Emanuel Hospital CARES Program

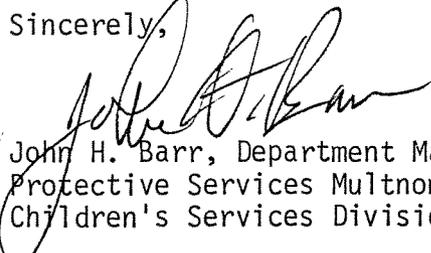
The success of the CARES Program during the past nine months has been very gratifying, but not surprising, to all of us who were in some way involved in early discussion and planning stages for a child abuse and evaluation center in Multnomah County.

The Children's Services Division, from the local Child Protective Service worker to the Administrative Office in Salem, is extremely supportive of this program and wish to see it flourish and grow. However, with the present outlook for state agency budgets in the coming biennium, it seems unlikely that CSD will be able to provide much funding, if any, above the present fee for service level which is established by the Adult and Family Services Division. The fee at present is approximately one-third of the actual amount required by CARES to meet operating expenses.

It is CSD's hope that Multnomah County will see fit to continue to provide financial support for child abuse prevention programs in general, and the CARES Center in particular. Because of CSD's interest in the Center, we will continue to work with the CARES staff, and others, to establish a secure statewide funding base.

Thank you for your consideration.

Sincerely,


John H. Barr, Department Manager
Protective Services Multnomah County
Children's Services Division

JB:bkm

Board of County Commissioners

April 13, 1988

Statement of David A. Paradine, President

United Way of the Columbia-Willamette

Chair McCoy and Commissioners:

Thank you for the opportunity to testify regarding the proposed budget for the Department of Human Services for 1988-89.

United Way of the Columbia-Willamette has been pleased, over the last four years, to sit at the table with representatives of Multnomah County to cooperatively identify human needs in our community, to develop plans for streamlining and enhancing human services, and to take shared responsibility for funding important programs.

This has been a rewarding and successful process, particularly since 1984, when the County made explicit its commitment to taking a central role in providing human services for its citizens. There has always been a firm recognition that neither the county or any other funding entity could meet all needs and provide all services.

However, the County's commitment to leadership in the human services arena has made it possible to begin real planning efforts and to more effectively manage limited community resources.

Board of County Commissioners -2-
Statement of David A. Paradine, President
United Way of the Columbia-Willamette

April 13, 1988

As important as the commitment of resources to this process, has been the county's commitment to outreach -- providing county staff to liaison with other funding agencies, with elected officials in other jurisdictions, and with the public. Never has Multnomah County had such a positive image as an effective service provider and a partner in the community.

It is in this context that we come before you to express concern about the proposed budget changes affecting the county's Department of Human Services. The particular service and staffing cuts proposed, almost more than the dollar amounts involved, would deeply affect the foundation of human services cooperation so carefully built in recent years. We ask the Commissioners to consider carefully the proposed cuts that would come about through adoption of the budget proposal before you.

The fledgling programs begun two years ago with revenues from the Business Income Tax were carefully chosen so as to address the most crucial of community needs. United Way has joined with the County and other funders over the last two years in recognizing that prevention and early intervention programs for young children -- programs aimed at keeping at risk parents and children healthy from the start -- are some of the most cost-effective social services we

Board of County Commissioners -3-
Statement of David A. Paradine, President
United Way of the Columbia-Willamette

April 13, 1988

can provide. Although many of the teen-parent programs, for instance, have had a short time to establish a record of success, there appears to be little question that they are good investments, and would continue, with our support, to produce important results.

At the time funding was initiated for these programs, we understood that the County was committed to ongoing, even potentially increased, support. Many are operating on a fragile balance of funding between government and private dollars, and are furiously fundraising even to maintain their programs. United Way joins with those programs now to protest reductions in funding -- reductions which will not only reduce services but which will put at risk the programs themselves. Moreover, the cooperative planning relationship between the private funding community and Multnomah County will be dealt a blow.

One of the most important alliances of service providers over the last two years has been the Emergency Basic Needs Committee -- a coalition of funding entities which has transformed the way emergency services are provided to Multnomah County residents in need. Already, this partnership between government and the private sector has produced enhanced revenues for service provision. Our plan to consolidate community efforts is a landmark locally and a model of community problem-solving nationwide.

Board of County Commissioners -4-
Statement of David A. Paradine, President
United Way of the Columbia-Willamette

April 13, 1988

The current County budget proposal, unfortunately, cuts at the heart of that process by removing the liaison to EBNC from the DHS budget, and by limiting the County's contribution to the process for the next year.

United Way of the Columbia-Willamette well understands the need to assure effective management of programs, and the desire to put sufficient administrative support in place before making program expansions. However, it is at cross-purposes with that goal to make cuts in operations which have helped to enhance resources and make programs more effective. The community and government liaison function provided by the Office of Public Affairs within the Department of Human Services, for instance, is crucial to maintaining the County's visibility as a service provider a planner, and a competitor for state funds. It is the County's commitment to these links to the community which have given us such hope for a well-managed service system in the future.

The Citizens Budget Advisory Committee has given you some sound recommendations regarding the current budget proposal and potential alternatives. We strongly urge the Commission to avoid the temptation to bolster the capacity of other Departments by cuts in the Department of Human Services budget.

Thank you.

To Whom It May Concern:

This letter is too explain how the Morrison Center has played a part in ~~our~~ ~~my~~ my life and the life of my family.

In June of 86 we made the decision to adopt. We decided that the children in the "Special Needs" program were the ones that we would try for. These are children that are usually school age and may have mental or ~~ps~~ physical handicaps. ~~At~~ By the end of Sept. that same year ~~we~~ we were accepted as "special Foster Care" parents for Joshua and David Yates. On Nov. 17, 1986 the boys came to live with us. ~~At~~ The boys at that time were ~~4+5~~ Josh was 5 and David was four ~~when they came to live with us.~~ At the recommendation of ~~a~~ adoptive case worker, Meritt Shaver, Josh was ~~put~~ ^{enrolled} into the Morrison Center at Gresham. At that time he was extremely

~~Opposite~~ oppositional (op) and could ~~not~~ had night terrors. Could relate only with adults, and ~~#~~ would usually strike out at the nearest younger child. For anger, embarrassment, feeling scared, or unsure, he's stock answer was "I mad." His birth mother and her female cousins are suspected of doing ~~some~~ physical abuse. ^{to him} Hence he was (and to an extent still is) very ~~distrustful~~ distrustful ~~of~~ and ~~females~~ angry with women. ~~Q~~.

The little boy now six is enrolled in the Portland Dist. AIM program as of Jan. 88.

The Morrison ~~center~~ center within a little over a year started a little boy down the path for a better life and appropriate niche in society. They caring attitude ~~of~~ and student ratio. Came through to some one who didn't think much of ~~himself~~ ~~them~~ himself ~~so why~~ should he consider others. or others.

and need

They Their continual awareness ^{of him} to find some thing that he could

succeed at eventually paid off.
This is half of the story.

The other ~~is~~ half of the story was the family counseling we received. With the notion that Josh's recovery was a partnership, we met with Dr. Osaki on an average of once a week from March 87 until the end of April. As new parents, she helped us develop skills necessary to create the environment necessary ^{to} the boys to grow and develop positively. She also was a sounding board for all ~~other~~ ^{our} questions about David. ~~which he~~ He has a whole set of problems different from Josh which I will not take the time to explain. But, naturally they are all ~~en~~ intertwined with Josh and us as a new family.

This was a knowledgeable person of Josh and I could tell her about all the hurtful things that were being ^{said to} me the fairy tale mother.

~~the things~~ ^{on a daily basis} This person had some dealings with Josh and we could tell her ^{anything} ~~the things~~ he was doing ^{and she would} ~~she~~ not ^{then} would look with horror. And tell us ^{then} give us suggestions on how to cope.

I'm sorry if I dealt too long with our own family ~~history~~ ~~history~~ ~~history~~ but I wanted you all to understand how the Morrison Center has been a part of ~~your~~ our lives.

Our path with David has not been through The Morrison Center. He has been through the more conventional programs of the Portland School Dist. and Mult. County. And frankly he still has many of the same problems ~~and~~ he had a year ago.

So my question to you folks is ~~is~~ which half of the program will you cut? The part where the child learns about themselves and how they should be? Or will you cut the part that put this Mother back in touch with ~~herself~~ ~~herself~~ ~~after~~ ~~she~~ had someone to talk to ~~and~~ herself because ~~they~~ ~~had~~ Dr. Osaki knew ~~to~~ what was happening in Josh's life and the family's!

Please do not cut the funds that keep the program going. It feels a real and very desperate need!
~~So~~ Hopefully. Gloria & Marple



**INTERNATIONAL
REFUGEE CENTER
OF OREGON**

TESTIMONY OF GRACE MERCHANT

INTERNATIONAL REFUGEE CENTER OF OREGON

Since June of last year Multnomah County has been funding a research program in the refugee community. The impetus for this grant came from statistics which reported an 80-95% high school drop-out rate for Mien and Hmong girls here in Oregon. Further research has shown that over half of Hmong and Mien girls have children by age 16.

The funding from Multnomah County is uniquely visionary. These days there isn't much money for finding out what needs to be done; usually only the "clients served" count as a measure of appropriate funding. But this time money was given and used with the cooperation of over 200 individuals in three refugee communities to collect ideas on why such early teen pregnancy continues to be the norm.

Lao, Mien, and Hmong people have overcome natural inhibitions and shyness to participate in the research and to suggest ways of developing appropriate outreach in areas of family planning--programs designed for all the family from teens to grandparents. Now that we have their suggestions, are we just going to file them away? How can we justify the time spent by all of these people to provide advice to Multnomah County? How can we have a whole generation, or two, start families at 14, not realizing that this probably means a life of welfare? What was the point of spending the money to ask -- if we can't follow the advice we get?

IRCO has already had requests from several states for help in implementing refugee family planning outreach. Will other states benefit from this research more than our own?

The Mien, Lao, and Hmong communities have willingly participated with us in the hope that we can provide some help in convincing their young people that they should stay in school longer and start families later. We asked them to help us devise this program. In such close communities, outreach to as few as 20 families can materially affect the whole population of 4,000. \$18,000 to accomplish this would be a bargain.

How can future programs of any kind expect refugee cooperation when we continue to raise hopes and then fail to deliver?

Please reconsider your decision to cut this program.

Board of County Commissioners
Multnomah County Courthouse
1021 S.W. 4th
Portland, Oregon 97202

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April 11, 1988

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1021 SW 4th Avenue
Portland, OR 97204

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Multnomah County Commissioners
RE: CARES Program

April 11, 1988
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Commander, Detective Division

RMT/db

c: Commissioner Casterline
Commissioner Kafoury
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MICHAEL D. SCHRUNK, District Attorney for Multnomah County

• VICTIMS ASSISTANCE PROGRAMS •

804 County Court House • Portland, Oregon 97204 • Telephone (503) 248-3222

April 8, 1988

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Director - CARES Program
Emanuel Hospital & Health Center
2801 N. Gantenbein Ave.
Portland, Oregon 97227

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Ms. Emmy Lowe
April 8, 1988
Page 2

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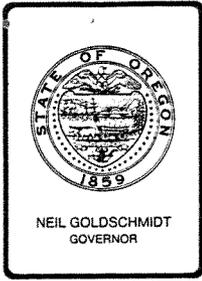
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Sincerely,

A handwritten signature in cursive script that reads "Marilyn Wagner Culp".

Marilyn Wagner Culp
Director - Victims Assistance

MWC:ds



Department of Human Resources
CHILDREN'S SERVICES DIVISION

Region I

815 NE DAVIS, PORTLAND, OREGON 97232

April 8, 1988

Board of County Commissioners
Multnomah County Oregon
1021 S.W. 4th
Portland, OR 97202

RE: Emanuel Hospital CARES Program

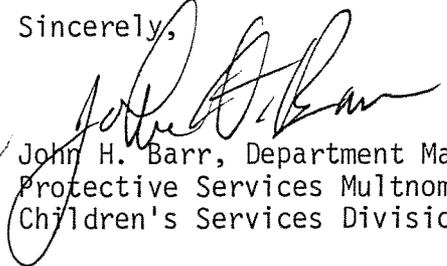
The success of the CARES Program during the past nine months has been very gratifying, but not surprising, to all of us who were in some way involved in early discussion and planning stages for a child abuse and evaluation center in Multnomah County.

The Children's Services Division, from the local Child Protective Service worker to the Administrative Office in Salem, is extremely supportive of this program and wish to see it flourish and grow. However, with the present outlook for state agency budgets in the coming biennium, it seems unlikely that CSD will be able to provide much funding, if any, above the present fee for service level which is established by the Adult and Family Services Division. The fee at present is approximately one-third of the actual amount required by CARES to meet operating expenses.

It is CSD's hope that Multnomah County will see fit to continue to provide financial support for child abuse prevention programs in general, and the CARES Center in particular. Because of CSD's interest in the Center, we will continue to work with the CARES staff, and others, to establish a secure statewide funding base.

Thank you for your consideration.

Sincerely,


John H. Barr, Department Manager
Protective Services Multnomah County
Children's Services Division

JB:bkm

① April 12, 1988
Subject: Morrison Day Treatment for
Young Children

Gladys McCoy,

We are Foster Parents to 3
severely abused siblings. The boys
came to live with us in Oct. 1986.
The oldest @ 5 could only count to
3 and physically attacked any other
child who got in his way or made him
angry. He destroyed everything he
played with.

The middle sibling, ^{age 3 1/2} who showed the
most damage from his abusive life,
came to us in "animal form". He
spent most of his time crawling on
all fours, with his hands shaped
like claws, and growled. He also
physically attacked, but, he did
not limit his aggression to other
children. He would also kick,
pinch, scratch, hit and trip
adults. He would scream and
throw himself on the floor.
He would scream profanities,

(2) tell us he hated us, and that he was going to cut our heads, arms and legs off. He went through a suicidal period. He also destroyed anything he played with. He was self-injurious, ~~and~~ ripped his clothes up and wore his pants at random.

The youngest sibling then 18 mos. old, cloned the 'middle sib'. He was physically aggressive to both children and adults. He pushed, shoved, hit and tripped others. He threw himself on the floor, yelled, screamed and thrashed. He also ripped his clothes up and destroyed most everything he played with. He had "night terrors" for months.

None of these boys had any attention span, especially the youngest 2.

The boys are now 6, 5, and 3. The middle sib is in DTYC

③ and has been since last July. Since that time, all of the boys have progressed in a positive manner. Mona Azaki has been our family therapist, and has been of great assistance in dealing with all 3 boys. The middle sibling has come a long way, but has a long road ahead of him. Without the special treatment of DYTC, we would never have gotten to the point we are with these boys.

The youngest sibling is on the waiting list. If this service is discontinued, their future does not look very good.

These are just 3 children out of MANY who have been so severely abused, that without the ^{kind of} help ~~of~~ DYTC and their excellent staff provide, will have NO FUTURE.

Sincerely,
Judith M. Cousins ^{Postu} Parent

4/8/88

To: Multnomah County Board of Commissioners

Re: Autistic Childrens' Activity Program (ACAP) funding request.

Dear Commissioners:

My name is Chris. I am a professional counselor. I have worked with autistic children and their families in Portland since 1979. For the past two years I have served as the Coordinator of ACAP.

I am writing to say that ACAP is without a doubt a program that deserves to be funded. ACAP is a much needed, cost effective program that serves the children, their families, and the community.

For the children ACAP is a unique enrichment program that provides a wide variety of activities and experiences that are not often available to children with autism.

For the families ACAP is a valuable support service that promotes a family's competence, responsibility and care giving capacity by intervening with reliable professional child care assistance at a critical time when children are on vacation from their regular public school classrooms and child care support is scarce thus helping to bring about the year round family support objective.

For the community ACAP is a cost effective program that decreases the need for the use of other Multnomah County family services, professionals, and monies, and prevents costly and unnecessary or untimely out of home placement of the child by retaining the child's family as the primary agent responsible for care.

ACAP is without a doubt a worthwhile, effective and urgently needed family support program.

Sincerely,

A handwritten signature in cursive script that reads "Chris Hatcher".

Chris Hatcher
Coordinator ACAP

April 11, 1988

Dear Commissioners,

We are parents of a beautiful nine year old girl. She is tall, slim and dark complected with gorgeous blue eyes. Her name is Annie. Annie is autistic.

Autism is just about the most dreaded condition a humanbeing can be afflicted with. Annie cannot read or write or converse with anyone. She cannot watch movies or T. V. because she cannot process the language. Because autistic children cannot pretend she can't even play with toys.

It is a very bleak world this little girl lives in. Fortunately there is public schooling for her during the school year. But evenings, weekends, and the three months off in the summer are looked forward to with fear and anxiety, especially by families of these children because of the super human job of finding something to fill the long hours for these kids and to keep them safe.

Annie is very bright and very strong. She can undo almost any lock and scale any fence. She is extremely swift and in a matter of a second she can be out of sight and running down the middle of a highway. She will cover her head and cringe with fear at the sound of an eggbeater, but she has no fear of semi trucks and wild animals.

Caring for Annie is a one-on-one twenty four hour vigil, battling terrible behavior and sometimes crying spells and tantrums that last for hours at a time. We are unable to take her shopping, visiting or just about anywhere. We have truly become a handicapped family. We just stay at home and try to figure out how to keep this little girl whom we love so much, out of an institution. This is extremely hard on our other child and leaves us virtually exhausted to do much of anything to improve our relationship with each other.

Two years ago a few parents got together and formed a summer program for our autistic children under the name, "Autistic Children's Activity Program" (ACAP). ACAP today is an incorporated, highly structured program with the ability to meet the severe needs of the Autistic children and their worn out and neglected families. But, like every other worthwhile program, ACAP needs funding. It cannot operate without outside help. With the expenses of medication, special equipment and the burned out condition of the parents, financial desperation is just one more thing parents of these kids have to endure. ACAP cannot operate this year with out help. Please consider us in your budget, our need is so great.

Sincerely,

Annie's Mom & Dad,

Alan & Luella Hope

4
6/7/88

Dear County Commissioners,

The Autistic Childrens' Activity Program, also known as ACAP, deserves not only County recognition, but support as well. ACAP is a non-profit organization seeking to provide a hitherto unprovided service to a small, but none-the-less, significant group of children, and their families. These children are Autistic. Autism is as yet not precisely defined, and therefore not curable by the medical community. It is known that the condition is neurological, not psychological as previously thought by early psychologists. Essentially, the autistic condition is that of being unable to comprehend language and/or being unable to relate to the world in the "normal" manner. There are such stereotypes as the child biting his or her hand, bouncing in a corner for endless hours, and so forth. These stereotypes have some basis in fact, but may be more applicable to the way autism was dealt with in the past. Institutionalization is an idea whose time has past. Such recent programs as Early Intervention and COPE, Parent to Parent, and the Parent Advisory Committee have made programs available that have changed the course in some autistic childrens' lives. By shedding the notion that a person had to be confined because of their physical condition, a large number of people in wheel-chairs can now function in open society; the deaf can find translators and jobs. Society is ready to allow autistic people into its world. This will have profound effect on the course an individual's autism may take.

Since ACAP, as an organization, is made up by volunteers, this by no means supplants any programs the County offers. Instead, it augments any services already offered. My son, instead of being stuck at home during the summer months when school is out, is able to experience such things as horse-back riding, fishing, going to the zoo, riding a bus - heck, I wish I could go along instead of having to work, not that I mind that (I work at Powell's Books). I feel that Sean, my autistic son, actually developed some social skills during the last session in 1987. If ACAP can pull it off, the summer program could provide more service to more children for more time. This could prove to be a model for other counties all over the country! Certainly, the County should help ACAP financially, if possible, and, at least, support ACAP by any means of endorsement, referrals, and such services as the Commission is so well loved for in other programs for other citizens of Multnomah County.

Thank You,

John V. Henley



My name is Jude Schneider. I live at
3134 NE 84th.

I am standing before 5 county Commissioners who have been known as being strong Human Resource supporters, and I am quite confused and frustrated with what I have been reading in the paper, and the information I continue to receive from being a former member of both CAB and the Community Health Council.

I am far to aware of the lack of additional money coming in to the county for expanding services. But if I am understanding the information I am receiving correctly, there are proposed reductions in services already existing that concern me greatly.

Many of you know me. I have been a client of the Health Services for over 9 years. I have seen the progression of the little store front clinics in the basement of churches to the clinics we have now that give the dignity of going to a doctor's clinic not a health hand out.

I have 2 children, My 8 yr old daughter ^{Tina} and my 5 yr old son, ^{Kennedy} have received excellent

care.

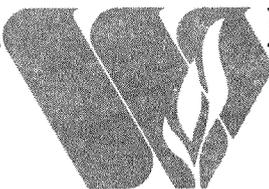
When my daughter needed surgery, we were referred to a specialist who accepts patients who need the time to make payments. When my son was 6 months it was discovered he had a crooked foot and again we were referred and the condition treated. At about this time Kenny was diagnosed as a failure to thrive baby. He refused to eat and complications started to develop. Not only was Kenny given the necessary care he needed, I was also given the support a mother needs to cope with the fear of having a failure to thrive baby. Kenny is now a very robust and active child.

As my children grew it was suggested at the clinic that I get a back-up physician for the emergencies that always happen with children. That suggestion has turned into a good working relationship between ~~my~~ ^{our} back-up doctor who is willing to communicate with the clinic so that follow-up care can be provided at Peck at an ~~affordable~~ price I can afford.

Last year I testified during the budget hearing on my concern for dental access for emergency

patients. I was very pleased to hear you also found this a concern and approved an East County Dental Team. At this time the team is working at the Peck Clinic while waiting for suitable facilities in East County. Having the Dental Team work out of Peck makes good sense, since there is the space to house the East County Dental Team without crowding the existing team. It is my ~~understan~~ understanding access for emergency clients has increased from 35% to ^{approx} 70% of the calls received. Clearly this is a program that is working well.

Through my years as an advocate on a client of Health Services the main theme I saw is to provide accessible and affordable health care for the medically indigent. This is a theme I have seen the Board to accept as theirs also. I thank you very much for your support in the past and urge you to continue your support and not reduce our health & dental services.



MEMO

To: Multnomah County County Commissioners
From: Virginia Snodgrass,
Director, Learning with Infants and Toddlers
10019 N.E. Failing
Portland, Oregon 97220
Re: Department of Human Services Budget
April 13, 1988

I am concerned about the proposed cuts in preventative programs for youth. I felt that the county government had developed a novel and effective approach toward reducing child abuse and prevention and support programs for teen-parents. I am extremely disappointed that such an excellent and clear strategy in 1987 for assisting small and effective programs such as Learning with Infants and Toddlers appears now to be a low priority.

At our site we serve families who are referred from many social service agencies including CSD, County Health Nurses, and NCJW Teen Parent Program. About one third of the parents at this site are teens. In addition we are developing programs in two high schools, Marshall and Vocational Village, as well as continuing to provide direct services to the program we began two years ago at Roosevelt. We anticipate that by June close to 100 families will have participated in our parenting skills programs this past year. The cost to the county is an average of \$250 per family. However, these parents also need transportation services, additional child development knowledge to understand appropriate expectations, and child-care so they can take advantage of educational opportunities. Our plans for the next fiscal year include more focus on services for teen-parents, including developing an additional evening group, and a "baby group".

In these parent/child classes the staff guides the parents in practicing appropriate discipline and play techniques. LIT is unique because of the intervention and support of both parents and children. The county has been assisting LIT for nine months in this approach with parents who are stressed by the awesome task of rearing young children. However, LIT is operating on a bare-bones budget and our two part-time staff are not currently able to adequately provide the other parenting skills services that these parents need. Both of our staff give more time to the program than budgeted, because, like so many people in the human services field, they care what happens to the future of our society: the children. The clientele have the need for direct services, and as director, I have the desire to provide direct services, however, I am frustrated with the amount of energy and time that I end up committing toward stabilizing funding!

The nature of the LIT program requires two professional parent/child educators, as well as some clerical and volunteer assistance. Now with the proposed cuts in funding, not only is the current level of services to families with babies and toddlers in serious jeopardy, but the program itself may well be in jeopardy. How could two part-time positions become less than part-time, and how could we raise enough additional funding in the brief time between now and June to continue services?

It is interesting and somewhat ironic that as we debate this issue, we are celebrating "The Week of the Young Child". Let's remember that "children are our investment in the future".

Please consider them as you consider this budget.

Thank you.

Learning with Infants and Toddlers

April 1988 - Roosevelt Program

Anecdote:

L.I. is a sixteen year old mother of an 8 month old son (C.). L's family appears to be quite dysfunctional including siblings who have had repeated behaviors involving the courts, a physically abusive stepfather and from what the school community agent reports, a nearly totally unsupportive mother. L. has shown the signs of having been struck by her stepfather recently and has taken her son and stayed with her grandmother on several occasions.

L. is classified learning disabled and seldom interacts verbally or makes more than fleeting eye contact with the adults in the parenting group. A major concern about her parenting and C's development has centered around how seldom she was tender with C. and how rarely she made eye contact with him. Finally, this past week, after much overt modeling and verbally affirming how strong he is and how clean and well cared-for he appears to be; and after months of attempts to teach her how to play with him, we saw him smile for the first time. L. now lays him on the carpet facing her and they PLAY.—real progress for this young mother and we hope a bit brighter future for her baby.



LEARNING WITH INFANTS AND TODDLERS

A class especially for parents and their very young children

Do you ever wonder

- why your baby still cries during the night?
- when your child will be out of diapers?
- how much you should spank?
- why your toddler learned to say "mine" "why?" and "NO"?

WHY LIT?

We believe

- children begin learning at birth
- parents are the most important teachers of their own child
- parents can become the kind of parents they want to be
- each parent and child is special and unique

WHO IS LIT FOR?

Parents and their children ages birth to 34 months.

WHAT HAPPENS AT LIT?

Parents and children meet 1½ hours once a week for 10 weeks.

The program includes 3 phases:

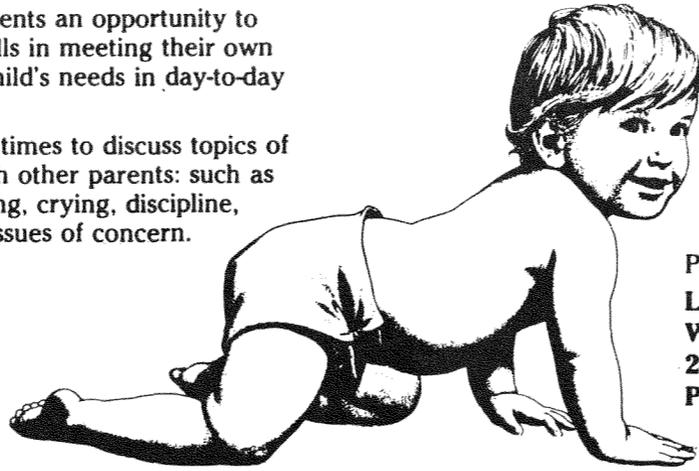
- informal play: parent and child
- observation and play
- discussion, observation, and play

Teachers of LIT

- encourage positive parent/child relationship
- help with the parent/child learning
- are trained and experienced in early childhood and parent education

GOALS OF LIT:

1. To assist parents to know their own child in a special way.
2. To provide a safe and fun place for parents and their child to learn and grow together.
3. To give parents an opportunity to practice skills in meeting their own and their child's needs in day-to-day situations.
4. To provide times to discuss topics of interest with other parents: such as toilet training, crying, discipline, and other issues of concern.



Please Mail To: 
LIT
 Warner Pacific College
 2219 S.E. 68th Avenue
 Portland, Oregon 97215

WHAT PARENTS HAVE SAID:

"It was a relief to go somewhere outside my home where my child was made to feel comfortable and I didn't have to worry about a mess!"

"I am more confident in the decisions I make as a parent."

"Being a new mother, almost everything helped open my world."

"I've begun to be a better observer, and to know what to say and how to listen to my child."

WHERE IS LIT?

There are several locations in the Portland area and outlying communities as well as at the

Warner Pacific College
S.E. 70th and Division

For dates, times, and locations call

775-4366 ext. 737,
Virginia Snodgrass, LIT Director
or mail attached section

FEE: Varies with site.
scholarships and limited transportation available

REGISTRATION

Agency Name _____

Parent's Name(s) _____

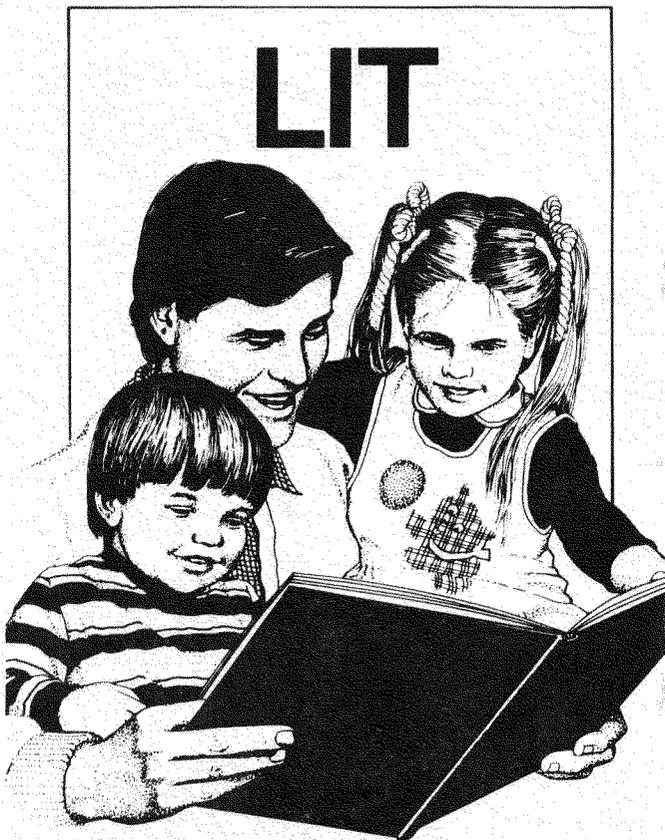
Child's Name _____ Birth Date _____

Address _____ Street _____ City _____ State _____ Zip _____

Telephone _____ Session Choice _____ day _____ time _____

How did you learn about LIT? _____

Would you like additional brochures for posting or distribution? _____ Number _____



LIT

LEARNING WITH INFANTS AND TODDLERS

A class especially for parents
and their very young children

A component of the Early Childhood and
Family Life Program of:

WARNER PACIFIC COLLEGE
2219 S.E. 68th Avenue
Portland, Oregon 97215

L I T
Warner Pacific College
2219 S.E. 68th Avenue
Portland, Oregon 97215

NONPROFIT ORG.
U. S. POSTAGE
PAID
Portland, OR
Permit 527

PARENTS & CHILDREN GROWING TOGETHER...

1988 Spring Term classes begin
Tues. April 5: 6:45 - 8:15 pm
for 10 weeks

Wed. April 6: 9:00 - 11:00 am
for 9 weeks

Send non-refundable \$5.00 with
registration to reserve place
in class (applies to \$40 class
fee)

Teen-Parent Group
Wed. April 6: 1:00 - 3:00 pm

Both groups meet at
S.E. 68th & Division

Return Address:

STAMP

WARNER PACIFIC COLLEGE
2219 S.E. 68th Avenue
Portland, Oregon 97215

Attention: LIT

Community Advocates

... a nonprofit agency working to end violence against woman and children through community education.

Board of Directors

- Susan Dobrof
Executive Director
- Carolynn R. Hodges, Chair.
Mervyn's
- Virginia Terhaar, M.S.
Counseling & Consulting
Vice-Chair
- Julie French
Health Educator
- Lynn Allmeyer
Planning and Community
Development
Easter Seals
- Mike Lindberg,
Commissioner
City of Portland
- Kathy Carlson,
Community Relations
Portland General Electric

Projects

- Kid's Can! Confidence
Building for Children
Belle Bennett, Coordinator
- Fighting Chance!
Self-Defense &
Assertiveness for Young &
Adult Women
Gail Pierce-Fields, Cor.
- Professional Training
Rape, Child Abuse
Prevention, Identification &
Intervention
- Speaker's Bureau

Publications

- Color Me Safe & Strong
& Free!
- Touch That Hurts...
Talking With Children
About Sexual Abuse
- Fighting Chance!
Assertiveness, Self-Defense
and Rape Prevention

Affiliations

- Crime Prevention
Association of Oregon
- National Coalition Against
Domestic & Sexual
Violence
- Multnomah County
Child Abuse Coalition
- Oregon Coalition Against
Domestic & Sexual
Violence
- C.A.P. (Child Assault
Prevention)
Columbus, Ohio



Community Advocates

(503)274-4282

1819 NW Everett Street, Portland, OR 97209

DATE: April 13, 1988

TO: Multnomah County Commissioners

FROM: Belle Bennett, Executive Director, Community Advocates, Kids Can Program

RE: Department of Human Services Budget Hearing for Youth Programs. (Kids Can)

As you know, Kids Can is a primary prevention program teaching abuse prevention skills and strategies to children ages 3 to 12. We also provide workshops for their primary caregivers and teachers.

We have been one of the recipients of a Development Grant from the county. This first year, our funding is set at \$25,000.00. We were not promised funding for a second year, but are scheduled to receive \$17,500. (this figure keeps changing, but that is the latest one that I have!)

I am asking you to maintain our current rate of funding (\$25,000.00) for the following reasons: The dollars that you have given Community Advocates have enabled us to provide services to 5,918 children so far this year, as well as 450 parents and teachers. During our one-to-one time with children, July through February, we have received the following number of serious disclosures:

<u>SEXUAL ABUSE</u>	105
<u>PHYSICAL ABUSE</u>	140
<u>EMOTIONAL ABUSE</u>	26
<u>NEGLECT</u>	22
<u>DOMESTIC VIOLENCE</u>	44
<u>DRUGS AND/OR ALCOHOL</u>	34
<u>BULLYING</u>	77

These numbers show that we have gone above and beyond our contract agreement of serving 2000 children every six months, and that we are a cost effective, community effective program doing significant work to break the cycle of child abuse.

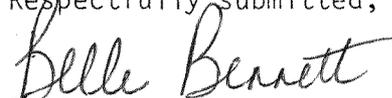
As a result of our one-to-one time with children, another outcome has been that 9 families with unreportable but serious issues of abuse, sought family counseling on their own after talking with Child Development Specialists about concerns their children shared with us. Fifty-nine disclosures of abuse were reported to Portland School Police/Children's Services. The rest of the children are receiving individual and/or group time with school counselors.

The relationship between child abuse and later problems such as juvenile delinquency and adult criminal behavior are well documented. By funding Kids Can, you have taken a vital step toward ending the cycle of abuse.

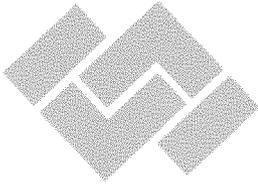
Prevention work needs more funding, not less! Cutting our funding by one-third means that almost 3000 children who could have received this program next year, won't. We already have a waiting list of 7 schools for next fall, showing that there is a community response as well as need for Kids Can.

Thank you for your continued support and for your consideration of this budget proposal for Kids Can.

Respectfully submitted,


Belle Bennett

Executive Director
Community Advocates



Mental Health Services West, Inc.

710 S.W. Second Avenue
Portland, Oregon 97204-3199

503/228-0373 • *Information, Crisis & Commitment, Childrens Program*
503/228-7134 • *Community Support Services*
503/273-8433 • *Administration*

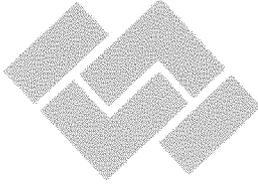
Executive Director: June Dunn
Director of Administration
Kristin Angell
Director of Clinical Services
Margaret MacLeod
Director of Medical Services
David Pollack, M.D.

MENTAL HEALTH SERVICES WEST

**Specialized Shelter and Mental Health Services
for the Homeless Mentally Ill
Testimony for Budget Hearing
April 13, 1988**

The fact that homeless mentally ill people in Portland and throughout Multnomah County do not have permanent housing and community mental health care represents a failure in the mental health system. The most important lesson that Mental Health Services West has learned during the past 5 years is that housing or shelter services must be combined with professional mental health care in order to be effective in meeting the needs of those people who are seriously ill and neglected. There are many apartment managers and service providers in the downtown area who can testify to the fact that housing alone does not satisfy the needs of the homeless mentally ill. Thus, we at Mental Health Services West were very dismayed when we learned that funds for our professional staff were cut from the county budget at the very same time that we received new funding for a specialized shelter for the mentally ill. The positions which were cut were designed to provide mental health assessments and follow-up to shelter residents as well as consultation to the more inexperienced shelter staff. The point which I want to emphasize again is that the success of the shelter depends upon the mental health supports which it receives.

Therefore, on behalf of Portland's mentally ill citizens, I request that the funds for mental health care for the homeless be restored to the county budget.



Mental Health Services West, Inc.

710 S.W. Second Avenue
Portland, Oregon 97204-3199

503/228-0373 • Information, Crisis & Commitment, Childrens Program
503/228-7134 • Community Support Services
503/273-8433 • Administration

*Executive Director: June Dunn
Director of Administration
Kristin Angell
Director of Clinical Services
Margaret MacLeod
Director of Medical Services
David Pollack, M.D.*

Mental Health Services West - Children's Program

**Comprehensive Child Abuse Prevention Project
Parent Education and Support Project
Impact Statement
April 13, 1988**

The loss of funds which supported Mental Health Services West's child abuse prevention programs means that 42 very needy families in Multnomah County will be struggling with the consequences of homelessness, family violence, mental illness and drug abuse without professional help. Our program serves high-risk young children and their families living in the downtown vicinity, especially in bare single room occupancy hotels. Of all the at-risk children, we believe that these children represent the highest risk group as they face many types of social and psychological deprivation including homelessness. Without the services offered, the children will continue to be exposed to harsh, disruptive environments and an invisible and forgotten group of families will continue to grow in number.

Experts in the mental health field tell us that children who are abused are more likely to be in trouble with the law, to be poor achievers in school, to have difficulty relating to other people and to have very low self-esteem. The effects of these childhood problems do follow them into adult life and they continue to experience difficulty in being parents, wage-earners and achieving self-sufficiency.

We believe that our program has made a difference and that mental health services designed to help small children develop cognitive skills and social skills in the context of a positive, nurturing environment does lessen the trauma which they have experienced.

Therefore, Mental Health Services West is requesting that the Board of County Commissioners restore funding for our child abuse prevention program.

Harry's Mother Crisis Line has people available 24 hours a day who will listen to your problems and help you find the best options for you.

- **PERSONAL PROBLEMS**
- **RUNNING AWAY**
- **PREGNANCY**
- **SEXUAL ABUSE**
- **PHYSICAL ABUSE**
- **SEXUALLY TRANSMITTED DISEASES**
- **TEEN PARENTING**
- **DRUGS**
- **ALCOHOLISM**
- **SUICIDE**
- **DEPRESSION**
- **OR WHAT EVER ELSE IS BOTHERING YOU**

**And the Crisis Line is FREE.
So call Harry's Mother. We're here to listen.
We're here to HELP.**

281-9900

Date 4/13/88

NAME Suzanne Thiel

ADDRESS Roosevelt High School
Street

Teen Parent Program
City Zip

6941 N. Central 97303

I wish to speak on Agenda Item # _____
Subject _____

____ FOR

AGAINST these
Human Services Cuts

PUBLIC TESTIMONY

April 13, 1988

TO THE COMMISSIONERS:

Five years ago when I started at Mental Health Services West, I was charged with the task of developing a children's mental health program in downtown Portland. With only a small amount of money taken from already scarce dollars available for children's mental health, it was important to set the priorities carefully. In determining the special service needs of children in this central urban area, we went to the members of the downtown community to help us determine who was most in need of service. What we heard repeatedly were stories of families--usually young, single mothers with small children--who were appearing briefly in downtown hotels and shelters. The desperate circumstances of these young families were described but couldn't be documented and could rarely be responded to.

With one and one half professionals, several students and volunteers, we developed the outlines of an outreach program to locate and assist families who would later come to be referred to as "homeless." Aggressive outreach, collaboration with hotels and shelters and an innovative children's socialization and activity group known as "Kids on Burnside" were among the approaches developed to reach these often elusive families. Our own workers described a frighteningly high incidence of abuse and neglect of the children, evidence of frequent substance abuse among the parents and of psychiatric disorder in both the children and the parents.

Three years ago I testified before this commission about the needs of this almost invisible population. The reality that there were young, highly vulnerable children living in the downtown area was difficult for all of us to grasp. Gaining more systematic information about them seemed an important part of our commitment to help them. Shortly after that, I wrote a grant to the Collins Foundation for money to do research on 100 homeless families. The grant was funded and last summer, with the help of the Child Psychiatry Division of the Medical school, we completed our two year study. The results were startling. The picture that emerged was one of families with fragile or non-existent social supports, a high incidence of drug and alcohol abuse and psychiatric difficulties (including hospitalization) among the parents, a pattern of persistent and chronic difficulties in establishing any kind of stable family life for their children. One particularly alarming finding was that 24% of the parents had also lived on the streets as youth. (See attachment for more specific findings)

This information, while sobering in the extreme, helped reaffirm our mission of placing a special emphasis on these at risk

families and children. The work of helping these families to achieve some stability and more successful coping strategies has been frequently successful but is labor intensive, long term work. One year ago we competed successfully for the funds established by the Business Tax to be targetted at child abuse. The service objectives of preventing or remedying child abuse and neglect matched nicely the emerging focus we were developing in our program for homeless and transient families. As a result of this money, we have added vital parent education services, parent support groups and a more professional in home (or "in-hotel") support service.

At last a program which was, in its early years, sometimes held together with students, volunteers, chewing gum and baling wire has been knit together into a comprehensive, well articulated service. Several downtown businesses have "adopted" this program and each year put on a Christmas and Easter party for the children. Being in the forefront of mental health programs developed for homeless families has begun to bring national attention to this program.

The proposed cut, which is almost one quarter of our Children's budget, obviously threatens the very heart of this program. It is not possible simply to discontinue one piece of a service without beginning to unravel the program itself. You have already heard and will continue to hear about the specific impact which such a cut would have on this important service. After the intense effort of startup and painstaking integration of new elements into a program, the stopping of funds after only one year seems both inefficient and a casual affront to the serious efforts to address the dual problems of homeless families and child abuse. The intent expressed by the County last year to fund high quality programs to deal with this difficult problem seemed to be a significant long term commitment of both values and dollars. I urge the commissioners to reconsider the drastic cuts in the programs targetted to child abuse which are proposed in this budget.

Prepared by Kristin Angell
Mental Health Services West
Portland, Oregon

HOMELESS FAMILIES RESEARCH

PHASE I

Highlighted Findings

75% have moved >4 times in the last year

22% lived on the streets after leaving home (were street youth before they became homeless parents)

17% reported that their families of origin lived "in the same manner"

24% of index subjects (adults) had been removed from their own family of origin

43% have been victims of a violent crime

35-45% report problems with alcohol and/or drugs

21% have had a psychiatric hospitalization

45% say they are currently having mental health problems

56% have received mental health treatment at some time

35% say they have "no-one" they could turn to for help (a generic "who would you go to for general help or support?" question)

The majority reported that they would go to agencies rather than individuals for help (a 2:1 ratio on parameters such as food, shelter, protection, medical needs. The only exception was a preference for individuals for assistance with child care needs.)

19% of the female index subjects were pregnant at the time of the interview.

Some of the interesting statistics about the children:

20% of the families have had one or more child temporarily or permanently removed from them

24% of the children enrolled in school had repeated a grade.

Child problem behaviors are still being analysed.

Prepared by Kristin Angell
Mental Health Services West
Portland, Oregon
(503) 273-8433

Mental Health Services-West

*Published in the Collins
Foundation Report:
Fall, 1985*

The increasing number of homeless, transient people in all major cities has received increasing national attention. In Portland, the problem is a major one. A side of the problem which has not received adequate notice, however, is the existence of a significant number of small children among the homeless population. In a recent year, 164 children were located in hotels and shelters in downtown Portland. Of these children, 95% were homeless; 68% were under the age of five; 41% were involved in domestic violence; 50% received inadequate parenting; 63% had been physically or sexually abused (almost all of the parents had been abused themselves); 26% had parents involved in substance abuse; and between 55% and 75% exhibited signs of serious emotional disturbance.

Mental Health Services-West has developed a project, titled TOTS (Tots Outreach Transition Services), to provide outreach services, crisis intervention and transitional services to the children of homeless or transient parents. The focus of the project will be the families located in the low rent area of upper Northwest Portland. They hope to identify children in high risk situations, provide support to parents and children and screen for the early detection of emotional disturbance in the children. The ultimate goal of the project is to link the families to ongoing support for their children.

Reliable information about homeless and transient families with small children is sparse, and little attention has been paid to homeless families or to the effects of homelessness or "street life" on young children. Project TOTS includes a research component which will build a database of information about the socioeconomic and psychological characteristics of the target population and will explore the links between adolescent street youth and "street parents". At the end of the first year, a written research report will summarize demographic information about the children and their parents, the extent and severity of problems identified in the children, and will document services provided to them. The report will establish future lines of research and direction for the project.

Funding for two years for this pioneering research was provided by The Collins Foundation.

*Any human anywhere will blossom into a
hundred unexpected talents and capacities
simply by being given the opportunity to do so.
Doris Lessing*



4/13/88

①



**MULTNOMAH COUNTY
DEPARTMENT OF HUMAN SERVICES**

BUDGET PRESENTATION

FISCAL YEAR
1988-1989

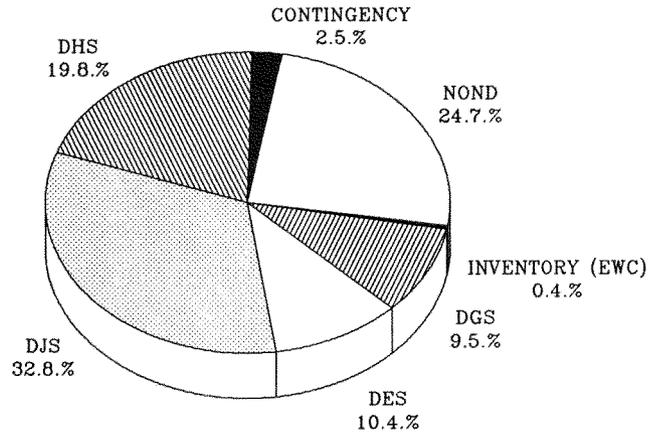
Submitted by:
Duane Zussy
Director
April 13th, 1988

C O N T E N T S

Countywide General Fund Distribution	1
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Health Division	12

COUNTY WIDE GENERAL FUND DISTRIBUTION
FISCAL YEAR 1988-89

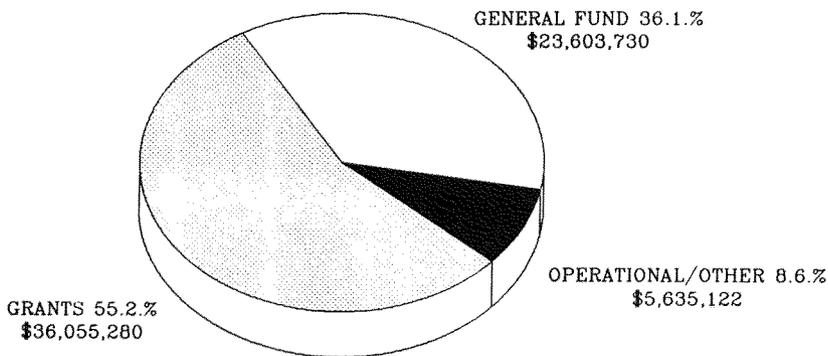
Figure 1: Illustrates the General Fund Distribution countywide for the proposed budget for fiscal year 1988-89. DHS represents 19.8% of the total general fund.



PROPOSED BUDGET

FIGURE 1.

DEPARTMENT OF HUMAN SERVICES
REVENUE BY TYPE

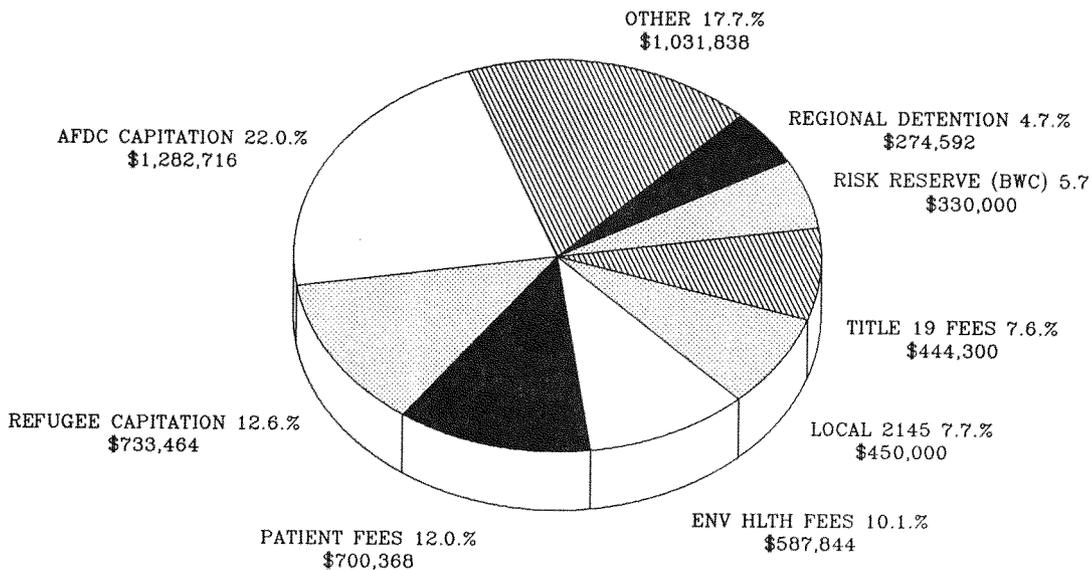


1988-89 PROPOSED BUDGET

FIGURE 2.

Figure 2: The resources that make up the \$65,294,132 DHS budget may be divided into three major categories.

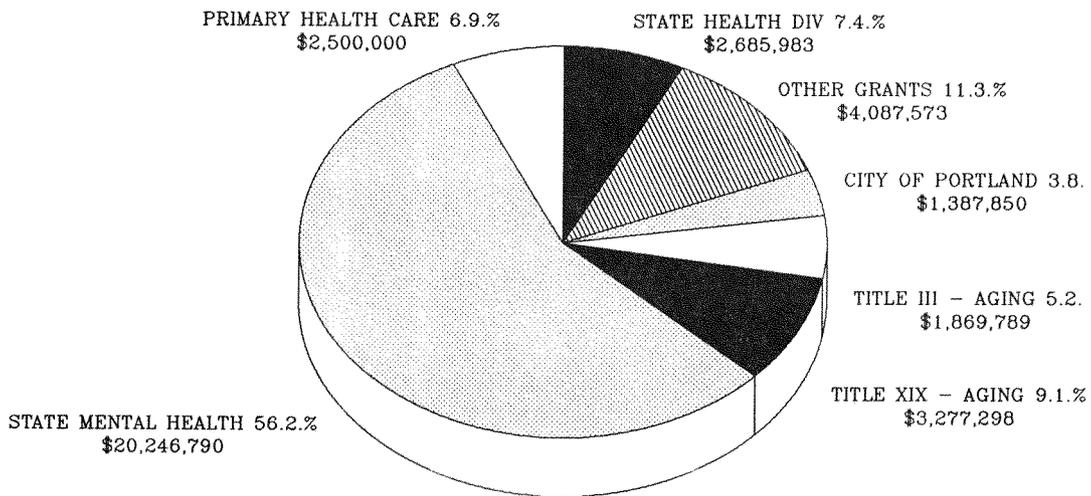
DEPARTMENT OF HUMAN SERVICES
OPERATIONAL/OTHER REVENUES



1988-89 PROPOSED BUDGET

FIGURE 3.

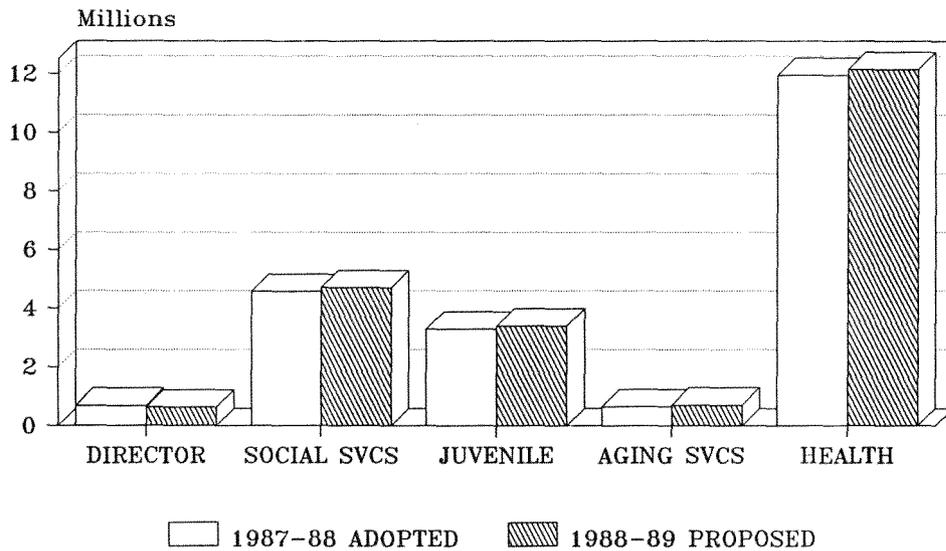
MAJOR SOURCES OF GRANT REVENUE



1988-89 PROPOSED BUDGET

FIGURE 4.

DEPARTMENT OF HUMAN SERVICES
NET GENERAL FUND REQUIREMENT
BY DIVISION



1988-89 PROPOSED BUDGET

FIGURE 5.

- o Proposed FY89 DHS General Fund Requirement has increased 1.94% over Adopted FY88 Budget

- o Proposed FY89 DHS General Fund Requirement has increased .56% over Current Revised Budget as of February 29, 1988

Note: The above comparison excludes the Indirect Cost adjustment initiated during this budget process.

DEPARTMENT OF HUMAN SERVICES OVERVIEW

MISSION STATEMENT

To improve the quality of life for Multnomah County as a community as well as for our most vulnerable citizens through:

- Human Services Advocacy
- Human Services Leadership And Coordination
- Provision of Human Services to Citizens

The department is divided into four major service units, or divisions. A fifth operational unit, the Director's Office, provides departmentwide leadership and coordination.

DEPARTMENT OBJECTIVES

	FTE	COST
o <u>DIRECTOR</u> : To provide bold, innovative leadership coordination, and direction among all divisions within the Department of Human Services, and with other public and private organizations within the same human services continuum.	15.00	\$ 632,690
o <u>SOCIAL SERVICES</u> : To reduce dependence and prevent institutionalization of persons who are poor, persons disabled by mental illness, developmental disabilities, and/or chemical dependency, and youth and their families.	96.31	29,285,922
o <u>JUVENILE JUSTICE</u> : To protect the community against juvenile crime, hold youth accountable for their actions, impose fair sanctions, and assist youth in developing skills to become contributing members of the community.	91.14	3,895,123
o <u>AGING SERVICES</u> : To ensure that persons age 60+ and younger disabled adults are provided with a range of services that promote their well-being and independence in the least restrictive setting, to provide for a safe environment with quality care, to allow for the individual's right of self-determination, to meet the needs of the most frail and vulnerable, and to provide protection for those being abused, neglected, or exploited.	116.80	8,135,410
o <u>HEALTH DIVISION</u> : To serve all residents by promotion of a healthy community; prevention of serious health problems; protection of the public against health hazards, trauma, and spread of diseases; and provision of health services for low income and high risk citizens.	<u>424.48</u>	<u>23,344,987</u>
TOTAL	743.73	\$65,294,132

DIRECTOR'S OFFICE

Duane Zussy, Director
 Department of Human Services

MISSION STATEMENT

To provide bold, innovative leadership, coordination, and direction among all divisions within the Department of Human Services and with other public and private organizations within the human services continuum.

The Office of the Director is responsible for the coordination of:

- Policy and budget development
- New initiative development
- Advocacy, both internal and external, for the interests of client populations
- Management and fiscal accountability
- A supportive work environment conducive to personal growth and development

OBJECTIVES

	FTE	COST
o Develop departmentwide policy. Assure that planning, implementation, and evaluation efforts that require interdivisional, interdepartmental, or interjurisdictional coordination are consistent with county and DHS policies. This may include departmental needs assessments and work plans; coordinate interdivisional planning activities; review periodic management reports; coordinate evaluation activities.	2.88	\$164,097
o Develop annual budget request, monitor and analyze revenues and expenditures for current year.	2.98	130,128
o Process contracts in a consistent and efficient manner through coordination among divisions and the revision of contract language and procedures.	1.38	54,098
o Increase the department's ability to identify different client populations, track service utilization patterns, and assess needs. Increase the department's ability to utilize computer technology to process data for planning and evaluation.	1.38	67,893
o Provide a comfortable and safe work environment through facilities management coordination of the Gill Building.	1.38	62,740
o Provide word processing services to all divisions	<u>5.00</u>	<u>153,734</u>
TOTAL	15.00	\$632,690

Revenues

Grants	\$ 0
Operational/Other	0
General Fund	<u>632,690</u>
	\$632,690

Expenditures

PS	\$550,989
M&S	65,701
CO	<u>16,000</u>
	\$632,690

SOCIAL SERVICES DIVISION

Gary Smith, Director
Social Services Division

MISSION STATEMENT

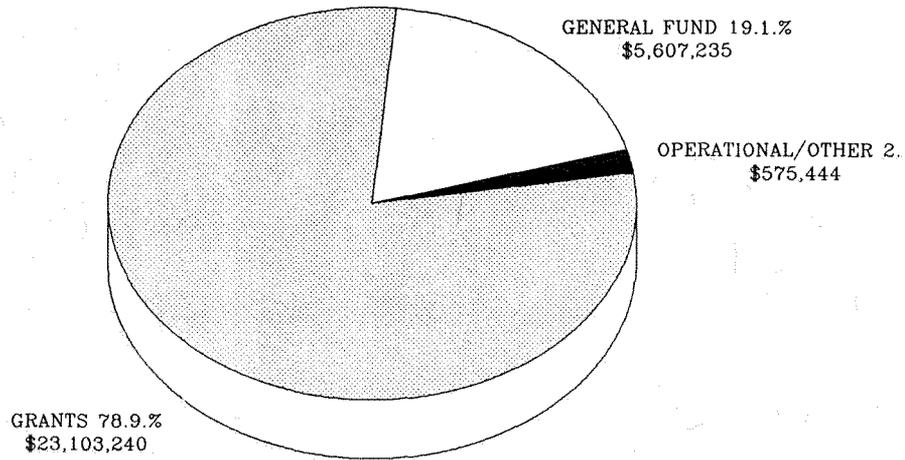
To reduce dependence and prevent institutionalization of persons who are poor, persons disabled by mental illness, developmental disabilities, and/or chemical dependency, and youth and their families by:

- ° Anticipating, planning, and advocating for the needs of these vulnerable groups
- ° Providing or assuring provision of quality services
- ° Selecting the most qualified providers
- ° Assuring provider accountability through effective contract management and monitoring

OBJECTIVES

	FTE	COST
o <u>ADMINISTRATION</u> : To assure availability of quality services that are geared to meet the needs of special needs populations.	8.60	\$ 492,329
o <u>DEVELOPMENTAL DISABILITY PROGRAM</u> : To assure the independence, integration, and productivity of clients whose functions are impeded by mental retardation, cerebral palsy, epilepsy, or other similar handicapping conditions.	25.50	7,850,969
o <u>MENTAL AND EMOTIONAL DISABILITY PROGRAM</u> : To ensure the provision of psychological, social, and selected medical services to designated persons and populations.	20.51	10,494,591
o <u>ALCOHOL AND DRUG PROGRAM</u> : To prevent or reduce the negative social and economic consequences resulting from harmful use or dependence upon alcohol or other drugs.	8.00	5,768,227
o <u>YOUTH PROGRAM</u> : To promote youth and family development and reduce the need for institutional placement and treatment by initiating, coordinating, and managing Youth Service programs within Multnomah County.	6.00	3,224,560
o <u>MCCAA</u> : To alleviate and reduce the causes and effects of poverty to low income citizens of east Portland and mid and east Multnomah County.	<u>27.70</u>	<u>1,455,246</u>
TOTAL	96.31	\$29,285,922

**SOCIAL SERVICES DIVISION
REVENUE BY TYPE**



1988-89 PROPOSED BUDGET

FIGURE 6.

Revenues

Grants	\$23,103,243
Operational/Other	575,444
General Fund	<u>5,607,235</u>
	\$29,285,922

Expenditures

PS	\$ 3,430,375
M&S	25,843,211
CO	<u>12,336</u>
	\$29,285,922

JUVENILE JUSTICE DIVISION

Harold Ogburn, Director
 Juvenile Justice Division

MISSION STATEMENT

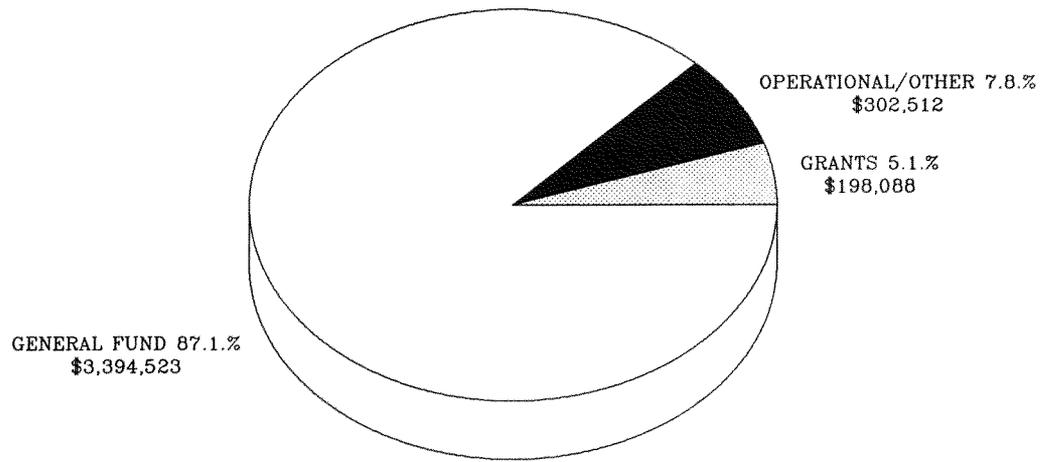
We demonstrate bold and innovative leadership in the community and provide staff with a work environment conducive to personal growth and development. The Multnomah County Juvenile Justice Division is committed to:

- Protect the community
- Hold youth accountable for their actions
- Impose sanctions in a fair and just manner
- Assist youth in developing skills to become contributing members of the community

We are further committed to the protection of children who are abused, neglected, or abandoned.

OBJECTIVES	FTE	COST
◦ <u>JUVENILE DETENTION:</u> Committed to ensuring that children brought to the Donald E. Long Home are evaluated in accordance with the law and that for those admitted to secure custody we will provide an environment that protects the public while meeting the needs of the child. We are further committed to providing the same level of secure custody and care to youth housed for contract counties.	27.00	\$1,207,503
◦ <u>MANAGEMENT AND SUPPORT SERVICES:</u> Provide planning, management, budgetary coordination, support services, and materials and services for the division.	17.50	748,250
◦ <u>COUNSELING:</u> Committed to providing services to youth, families, and the community that increase public safety, increase the individual's opportunities to be a productive contributing member of the society and to provide for the protection of and care of those children who have been abused or neglected.	42.00	1,697,397
◦ <u>RESOURCE AND DEVELOPMENT:</u> Committed to training and placing youth in job placements in order that they may achieve and maintain a positive self-image and develop the necessary skills to maintain gainful employment as an alternative to crime.	<u>4.64</u>	<u>242,328</u>
TOTAL	91.14	\$3,895,123

JUVENILE JUSTICE DIVISION
REVENUE BY TYPE



1988-89 PROPOSED BUDGET

FIGURE 7.

Revenues

Grants	\$ 198,088
Operational/Other	302,512
General Fund	<u>3,394,523</u>
	\$3,895,123

Expenditures

PS	\$3,594,162
M&S	214,881
CO	<u>5,395</u>
	\$3,895,123

AGING SERVICES DIVISION

Jim McConnell, Director
Aging Services Division

MISSION STATEMENT

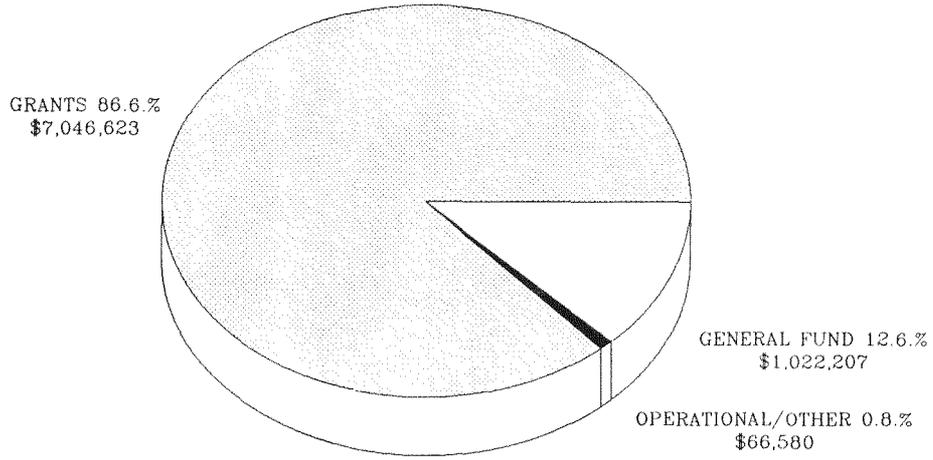
The mission of the Aging Services Division is to ensure that persons 60+ and younger disabled adults are provided with a range of comprehensive services that:

- ° Promote their well-being and independence in the least restrictive setting
- ° Provide for a safe living environment with quality care
- ° Allow for the individual's right of self-determination
- ° Meet the needs of the most frail and vulnerable within available resources
- ° Provide protection for those being abused, neglected, or exploited

OBJECTIVES

	FTE	COST
o <u>ADMINISTRATION</u> : Plan, develop, administer, and advocate for a comprehensive range of services designed to address the needs of those 60 years of age or older, as well as younger disabled adults.	24.94	\$1,216,104
o <u>COMMUNITY SERVICES</u> : Enable persons 60 years of age and older to maintain their health and well-being, and remain in their own homes as long as possible through the provision of a range of supportive social services targeted to those individuals with greatest social and economic need.	0.00	3,488,379
o <u>LONG TERM CARE</u> : Ensure an appropriate living situation and care for persons 60 years of age and older and younger disabled persons who are eligible for public financial assistance and who are in need of long term care services.	82.76	3,042,990
o <u>PUBLIC GUARDIAN</u> : Provide guardianship and/or conservatorship services for persons judged legally incapacitated or protected who have no other person to provide these services.	5.00	212,541
o <u>INDIGENT BURIAL</u> : Ensure the interment of the remains of deceased indigent persons receiving public assistance.	0.00	25,240
o <u>ADULT CARE HOME LICENSING</u> : Ensure that the facilities and care provided by adult care homes comply with county standards.	<u>4.10</u>	<u>150,156</u>
TOTAL	116.80	\$8,135,410

AGING SERVICES DIVISION
REVENUE BY TYPE



1988-89 PROPOSED BUDGET

FIGURE 8.

<u>Revenues</u>		<u>Expenditures</u>	
Grants	\$7,046,623	PS	\$3,838,236
Operational/Other	66,580	M&S	4,292,674
General Fund	<u>1,022,207</u>	CO	<u>4,500</u>
	\$8,135,410		\$8,135,410

HEALTH DIVISION

Billi Odegaard, Director
Health Division

MISSION STATEMENT

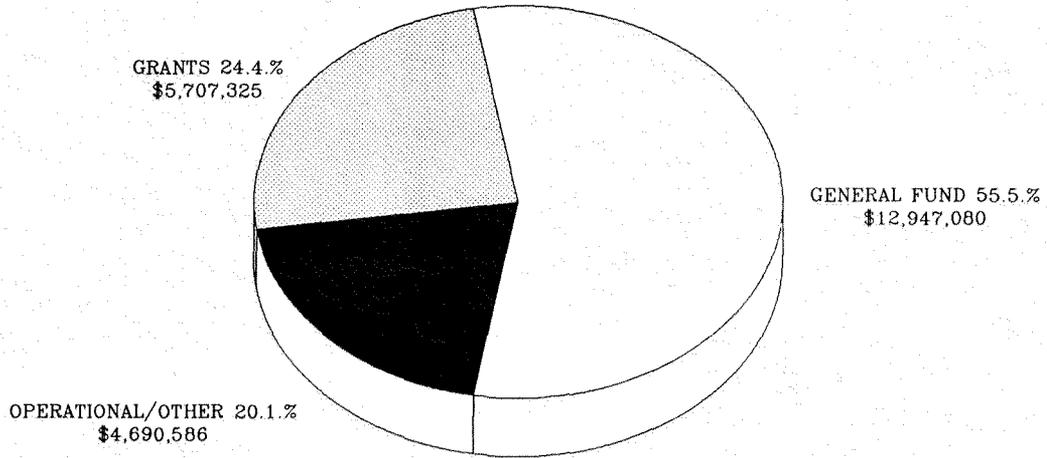
The mission of the Health Division is to serve all residents by:

- ° Promotion of a healthy community through active participation in development of public policy and through public and individual education
- ° Prevention of serious health problems through early intervention and teaching of positive health behaviors
- ° Protection of the public against health hazards, trauma, and spread of diseases
- ° Provision of health services for low income and high risk citizens

OBJECTIVES

	FTE	COST
o <u>CLINIC SERVICES:</u> Ensure availability and accessibility of preventative and primary health and medical care for residents who are indigent and/or have special needs.	200.88	\$ 9,371,891
o <u>FIELD SERVICES:</u> Identify and respond to public health problems in the community through the provision of health services to neighborhood groups and individuals/families in their homes.	37.15	1,676,356
o <u>DENTAL SERVICES:</u> Improve the dental health of county residents through services and education with an emphasis on the needs of children.	22.25	1,357,488
o <u>SERVICES AND SUPPORT:</u> Assure responsible and accountable management and support of division resources and programs.	39.20	2,978,627
o <u>HEALTH SYSTEMS:</u> Manage and continue development of a case managed public/private health care system.	29.70	3,046,498
o <u>PROGRAM MANAGEMENT AND EDUCATION:</u> Assure responsible and accountable countywide planning, development, and evaluation of Health Division programs; provide countywide health education and consultation services.	18.60	1,340,706
o <u>EMS:</u> Ensure the quality of Emergency Medical Services provided within Multnomah County.	4.00	211,841
o <u>DISEASE CONTROL:</u> Prevent and control spread of communicable diseases and environmental health hazards.	35.90	1,451,150
o <u>CORRECTIONS HEALTH:</u> Minimize county's liability by assuring compliance with national standards for health care services in correctional facilities.	<u>36.80</u>	<u>1,910,430</u>
TOTAL	424.48	\$23,344,987

HEALTH DIVISION
REVENUE BY TYPE



1988-89 PROPOSED BUDGET

FIGURE 9.

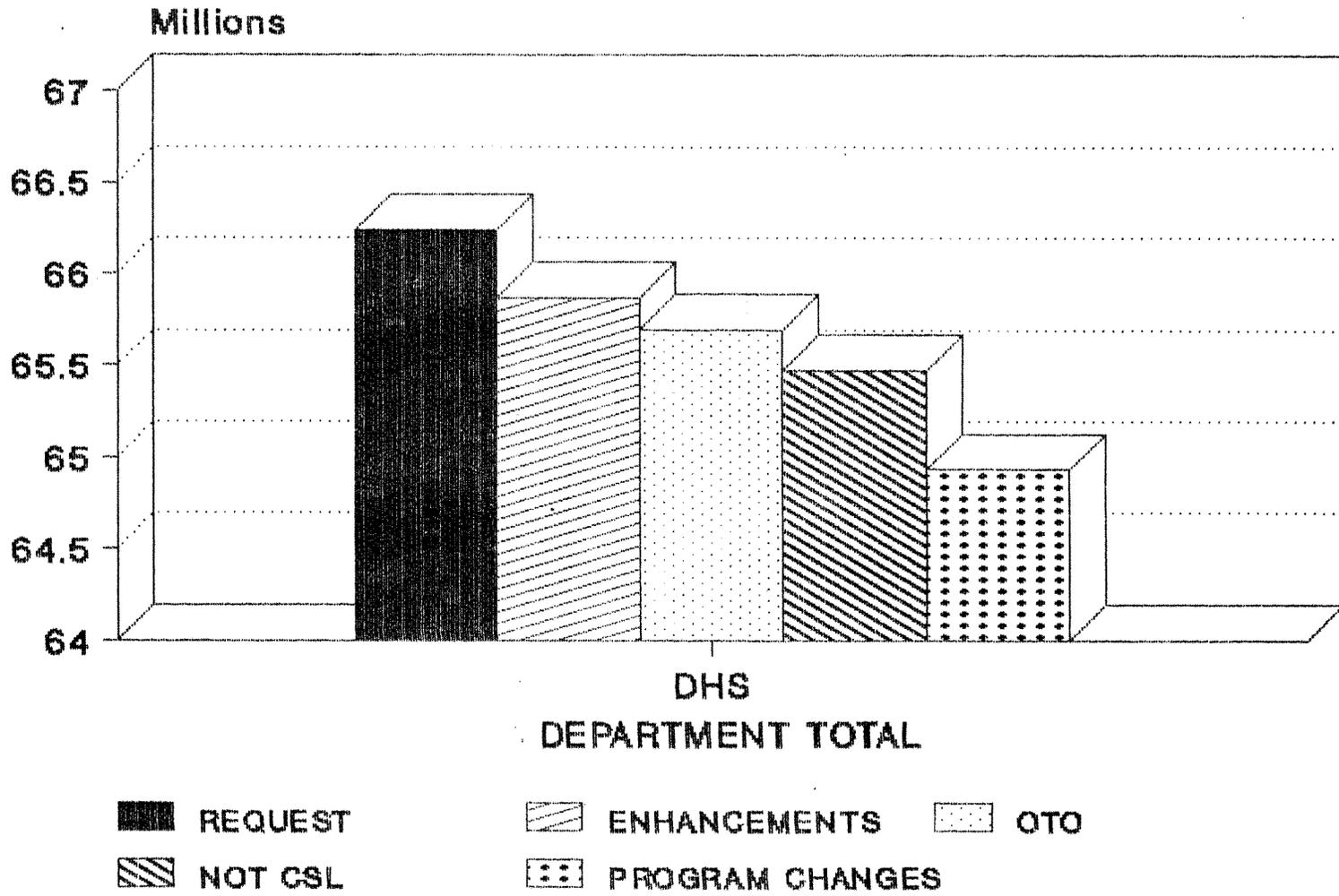
Revenues

Grants	\$ 5,707,325
Operational/Other	4,690,586
General Fund	<u>12,947,076</u>
	\$23,344,987

Expenditures

PS	\$15,836,798
M&S	7,469,189
CO	<u>39,000</u>
	\$12,344,987

DHS 1988/89 BUDGET REQUEST HISTORY



4-13-88 (2)

DHS 1988-89 BUDGET REQUEST HISTORY

DIRECTOR'S OFFICE

ORIGINAL BUDGET REQUEST:	\$687,826	DESCRIPTION OF CHANGES	SECTION
ENHANCEMENTS:	0	+	+
CONTINUING OTO PROGRAMS:	\$0	+ THE DELETION OF THE EBNC COORDINATOR + POSITION IS DISPLAYED IN SOCIAL SERVICES + DIVISION, WHERE IT WAS INITIALLY LOCATED + BUDGETARILY.	+ DIRECTOR
NOT CURRENT SERVICE LEVEL:	0	+	+
CONTINUING PROGRAM REDUCTIONS:	(\$55,136)	+ THE PUBLIC INFORMATION FUNCTION WAS DELETED + FROM THE DIRECTOR'S OFFICE.	+ DIRECTOR
		+	+
		+	+
		+	+
		+	+
		+	+
		+	+
		+	+
		+	+
NET PROPOSED BUDGET:	\$632,690		
ENHANCEMENTS:	\$0		
CONTINUING OTO PROGRAMS:	\$0		
NOT CURRENT SERVICE LEVEL:	\$0		
CONTINUING PROGRAM REDUCTIONS:	(\$55,136)		
NET CHANGE	(\$55,136)		

DHS 1988-89 BUDGET REQUEST HISTORY

HEALTH DIVISION

ORIGINAL BUDGET REQUEST:	\$24,045,371	DESCRIPTION OF CHANGES	SECTION
<hr/>			
ENHANCEMENTS:	(\$27,924)	+ REQUEST INCLUDED A NEW SANITARIAN POSITION FOR INCREASED RESTAURANT INSPECTIONS. PROPOSED BUDGET INCLUDES THIS POSITION BUT DELETES A VACANT SANITARIAN TO PAY FOR IT.	+ DISEASE CONTROL
	(\$92,398)	+ PROPOSED BUDGET DELETES EAST COUNTY DENTAL TEAM, STILL SITED AT PECK CLINIC. IDENTIFIED BY COMM. CASTERLINE'S OFFICE AS AN ENHANCEMENT.	+ DENTAL
	(\$3,000)	+ REMODELING OF 9TH FLOOR JK. GILL BUILDING DELETED, IDENTIFIED AS AN ENHANCEMENT.	+ HEALTH SYSTEMS
	\$0	+ REPLACE GENERAL FUND BACKING FOR EQUIPMENT PURCHASE IN DISEASE CONTROL WITH INCREASED ESTIMATE OF FEE REVENUES (\$11,000).	+ DISEASE CONTROL
	SUBTOTAL (\$123,322)		
<hr/>			
OTO PROGRAMS:	(\$15,000)	+ REDUCE LEVEL OF DEVELOPMENT GRANT CONTRACT (BIT) TO LEVEL IDENTIFIED IN 1986-87 DURING BOARD HEARINGS.	+ PROGRAM MGMT
	(\$88,088)	+ REDUCE BIT FUNDING FOR '50 OVER' FOR CORRECTIONS HEALTH TO REFLECT OCT. 1 STARTUP OF INVERNESS FACILITY.	+ CORRECTIONS HEALTH
	SUBTOTAL (\$103,088)		
<hr/>			
NOT CURRENT SERVICE LEVEL:	(\$20,000)	+ MISC. REMODELLING PROJECTS DELETED.	+ CLINICS
	(\$57,254)	+ ELIMINATION OF FACILITIES MANAGEMENT ACTIVITIES BUDGETED AS CURRENT SERVICES LEVEL BUT NOT BEFORE IDENTIFIED IN A PRIOR YEAR BUDGET DOCUMENT.	+ SVCS/SUPPORT, CLINICS
	\$15,000	+ INCREASE SUPPLIES TO REFLECT ACTUALS.	+ PGM MGMT
	(\$21,245)	+ ADDITIONAL CLERICAL SUPPORT.	+ SVCS/SUPPORT
	(\$17,780)	+ DELETION OF 0.4 ADDITIONAL HUMAN SERVICES SPECIALIST.	+ PROGRAM MGMT
	(\$33,795)	+ MISC. INCREASES IN PART TIME POSITIONS.	+ VARIOUS
	(\$39,854)	+ SYSTEMATIC RECLASSES OF OPS. SUP. 1 AND HUM. SVCS TECH POSITIONS.	+ CLINICS
	(\$10,000)	+ DELETE PLANNED PURCHASE OF NEW DELIVERY VAN.	+ SVCS/SUPPORT
	(\$12,000)	+ DELETE COMPUTERIZATION OF INFO AND REFERRAL.	+ SVCS/SUPPORT
	SUBTOTAL (\$196,928)		
<hr/>			
CONTINUING PROGRAM CHANGES:	\$0	+ SUBSTITUTE \$114,118 OF INCREASED OPERATIONAL REVENUE FOR GENERAL FUND SUPPORT, PROVIDE COLA INCREASE ON PATIENT FEE SCHEDULE.	+ VARIOUS
	(\$48,000)	+ ELIMINATE FOOD STAMP REIMBURSEMENT TO STATE.	+ CLINICS
	(\$10,000)	+ REDUCE COUNTY CONTRIBUTION TO EMS OFFICE.	+ EMS
	(\$184,192)	+ REDUCE EARLY INTERVENTION PROGRAMS TIED TO BIT INCREASE. THESE PROGRAMS WERE APPROVED AND STARTED IN FY 1986-87.	+ FIELD, PGM MGMT
	SUBTOTAL (\$242,192)		

DHS 1988-89 BUDGET REQUEST HISTORY

HEALTH DIVISION

NET PROPOSED BUDGET:	\$23,379,841	
ENHANCEMENTS:	(\$123,322)	
OTO PROGRAMS:	(\$103,088)	
NOT CURRENT SERVICE LEVEL:	(\$196,928)	
CONTINUING PROGRAM REDUCTIONS:	(\$242,192)	

NET CHANGE	(\$665,530)	
CHANGE IN INDIRECT:	(\$34,854)	NO NET EFFECT ON PROGRAMS, FUND TRANSACTION ONLY.

TOTAL HEALTH DIV CALCULATED BUDGET:	\$23,344,987	
TOTAL HEALTH DIV PROPOSED BUDGET:	\$23,344,987	

DIFFERENCE	\$0	

DHS 1988-89 BUDGET REQUEST HISTORY

SOCIAL SERVICES

ORIGINAL BUDGET REQUEST:	\$29,319,695	DESCRIPTION OF CHANGES	SECTION
ENHANCEMENTS:	(\$77,250)	+ DELETION OF YOUTH ASSESSMENT CENTER.	+ MED
	\$70,000	+ EBNC CONTRIBUTION.	+ ADMINISTRATION
	(\$250,000)	+ DELETION OF COMMUNITY SERVICES OFFICE.	+ COMMUNITY SERVICES
SUBTOTAL	(\$257,250)		
OTO PROGRAMS:	(\$15,000)	+ REDUCE LEVEL OF DEVELOPMENT GRANT CONTRACT (BIT) TO LEVEL IDENTIFIED IN 1986-87 DURING BOARD HEARINGS.	+ YPO
	(\$54,672)	+ ELIMINATE EBNC POSITION, RETURN INCUMBENT TO ASD. ADDED VIA BUD MOD DURING 1988-89.	
SUBTOTAL	(\$69,672)		
NOT CURRENT SERVICE LEVEL:	\$0		
SUBTOTAL	\$0		
CONTINUING PROGRAM CHANGES:	\$0	+ SUBSTITUTE \$229,422 OF INCREASED STATE REVENUE FOR GENERAL FUND SUPPORT, REDUCE OF SUPPORT FOR EMERGENCY HOLDS.	+ MED
	\$144,834	+ ADD FUNDING FOR CMI EMERGENCY HOUSING.	+ MED
	(\$80,953)	+ ELIMINATE COLA INCREASES ON SSD CONTRACTS.	+ VARIOUS
	(\$49,500)	+ ELIMINATE HOMELESS CMI MENTAL HEALTH.	+ MED
	(\$127,645)	+ REDUCE EARLY INTERVENTION PROGRAMS TIED TO BIT INCREASE; THESE PROGRAMS WERE APPROVED AND STARTED IN FY 1986-87.	+ MED, A&D
SUBTOTAL	(\$113,264)		

NET PROPOSED BUDGET:	\$28,979,509
ENHANCEMENTS:	(\$257,250)
OTO PROGRAMS:	(\$69,672)
NOT CURRENT SERVICE LEVEL:	\$0
CONTINUING PROGRAM REDUCTIONS:	(\$113,264)
NET CHANGE	(\$440,186)

CHANGE IN INDIRECT: \$406,493 NO NET EFFECT ON PROGRAMS, FUND TRANSACTION ONLY.

TOTAL SSD CALCULATED BUDGET:	\$29,286,002
TOTAL SSD PROPOSED BUDGET:	\$29,285,922
DIFFERENCE	(\$80)

DHS 1988-89 BUDGET REQUEST HISTORY

AGING SERVICES DIVISION

ORIGINAL BUDGET REQUEST:	\$8,245,891	DESCRIPTION OF CHANGES	SECTION
ENHANCEMENTS:	(\$78,766)	+ ELIMINATION OF PUBLIC GUARDIAN ENHANCEMENT + VERSION 1.	+ PUBLIC + GUARDIAN
	\$89,565	+ PUBLIC GUARDIAN ENHANCEMENT VERSION 2.	+ PUBLIC + GUARDIAN
SUBTOTAL	\$10,799		
OTD PROGRAMS:			
SUBTOTAL	\$0		
NOT CURRENT SERVICE LEVEL:			
	(\$36,887)	+ ELIMINATE POSITIONS ADDED IN 1987-88 FROM + SALARY SAVINGS AND ANNUALIZED ALONG WITH + THE POSITIONS CUT TO CREATE THE NEW ONES.	+ ADMINISTRATION
	\$13,096	+ ADDITIONAL PERSONNEL NEED TO RETURN EBNC + INCUMBENT FROM DIRECTOR'S OFFICE.	+ ADMINISTRATION, + ADULT HSB
SUBTOTAL	(\$23,791)		
CONTINUING PROGRAM CHANGES:	(\$7,672)	+ ELIMINATE COLA ON ASD GF CONTRACTS.	+ COMM SVCS
	(\$79,682)	+ RAISE INDIRECT RECOVERY FROM TITLE 19 GRANT + TO 4.1% - DHS APPROVED RATE IS 7.1%.	+ ADMIN, LONG + TERM CARE
SUBTOTAL	(\$87,354)		
NET PROPOSED BUDGET:	\$8,145,545		
ENHANCEMENTS:	\$10,799		
OTD PROGRAMS:	\$0		
NOT CURRENT SERVICE LEVEL:	(\$23,791)		
CONTINUING PROGRAM REDUCTIONS:	(\$87,354)		
NET CHANGE	(\$100,346)		
CHANGE IN INDIRECT:	(\$10,746)	NO NET EFFECT ON PROGRAMS, FUND TRANSACTION ONLY.	
TOTAL ASD CALCULATED BUDGET:	\$8,134,799		
TOTAL ASD PROPOSED BUDGET:	\$8,135,410		
DIFFERENCE	(\$611)		

DHS 1988-89 BUDGET REQUEST HISTORY

JUVENILE JUSTICE DIVISION

ORIGINAL BUDGET REQUEST:	\$3,936,938	DESCRIPTION OF CHANGES	SECTION
ENHANCEMENTS:	\$0	+ NOTE THAT JJD DID NOT REDUCE PROGRAMS TO + BALANCE THE LOSS OF REVENUE TO THE GENERAL + FUND (INDIRECT COSTS, BUILDING MGMT) + WHEN THE ENTIRE DIVISION WAS MOVED TO + THE GENERAL FUND FOR 1988-89 (APPROX. \$72000).	+ +
SUBTOTAL	\$0		+ +
OTO PROGRAMS:			+ +
SUBTOTAL	\$0		+ +
NOT CURRENT SERVICE LEVEL:	(\$355)	+ REDUCE REVENUE FROM JSC CONTRACT TO MATCH + AMOUNT BUDGETED BY JSC AS EXPENDITURE.	+ COUNSELING +
SUBTOTAL	(\$355)		+ +
CONTINUING PROGRAM CHANGES:	(\$41,460)	+ ELIMINATE PROBATION WEEKEND FUNCTION.	+ DETENTION +
SUBTOTAL	(\$41,460)		+ +
NET PROPOSED BUDGET:	\$3,895,123		
ENHANCEMENTS:	\$0		
OTO PROGRAMS:	\$0		
NOT CURRENT SERVICE LEVEL:	(\$355)		
CONTINUING PROGRAM REDUCTIONS:	(\$41,460)		
NET CHANGE	(\$41,815)		
CHANGE IN INDIRECT:	\$0	NO ADJUSTMENT, GENERAL FUND PROGRAM ONLY.	
TOTAL JJD CALCULATED BUDGET:	\$3,895,123		
TOTAL JJD PROPOSED BUDGET:	\$3,895,123		
DIFFERENCE	\$0		

DEPARTMENTAL SUMMARY

NET PROPOSED BUDGET:	\$66,235,721	
ENHANCEMENTS:	(\$369,773)	
OTO PROGRAMS:	(\$172,760)	
NOT CURRENT SERVICE LEVEL:	(\$221,074)	
CONTINUING PROGRAM REDUCTIONS:	(\$539,406)	
NET CHANGE	(\$1,303,013)	
CHANGE IN INDIRECT:	\$360,893	
TOTAL DHS CALCULATED BUDGET:	\$65,293,601	
TOTAL DHS PROPOSED BUDGET:	\$65,294,132	
DIFFERENCE	(\$531)	

Steven A. Fulmer
2106 SE 42nd Ave.
Portland, OR 97215-3703

Statement to Multnomah County Commissioners
Wednesday 13 April 1988

My name is Steven Fulmer. I am currently serving in my third year as a member of the County's Human Services Citizen Advisory Board, and appreciate the opportunity to testify today.

After fifteen years as a senior manager in large data processing installations, I understand the critical value of infrastructure and of its planning and information generating components. I commend this Board for its renewed focus on infrastructure as a vital investment in our future and in sound management practice.

Unfortunately, both myself and my fellow CAB members find some of the applications of current investment philosophy contained in the Executive Budget Proposal difficult to understand.

Where Human Services is concerned, we seem to be backing away from our investment in prevention and early intervention programs for pregnant teens and abused children - after only one year. The Business Income Tax monies allocated to this purpose appear to be redirected to pre-existing programs, replacing General Fund dollars, which are in turn being allocated outside Human Services. Monies promised for program growth have been redirected for General Fund maintenance. It is easy to view this rapid reversal, and the use of BIT dollars in a budgetary bean game as an ethical failure. We urge this Board to continue its investment in prevention and intervention programs for pregnant teens and abused children until these programs have a chance to prove themselves.

We also seem to be cutting infrastructure of proven value within Human Services for the sake of new infrastructure elsewhere. Specifically, the CAB is concerned about the proposed elimination of the Emergency Basic Need Coordinator and the Public Information Officer. The former position has been a critical player in the generation of 5 million dollars in special grant funds, a phenomenal return on an investment of 50,000 tax dollars. The latter position is Human Service's principal advocate to the state and other public agencies; we worry that elimination of this position could further weaken our ability to gain funding from other jurisdictions.

The radical last moment fluctuation in revenue projections underscores the County's need for further improvement in our financial analysis capabilities. But more financial analysis does not necessarily constitute better financial planning and in any case it does not substitute for income generation.

I understand the political difficulties of handling funds which are managed by independently elected officials. And I understand the pressures of the media's current concentration on very important crime issues. Moreover, I support presentation of the Executive Budget Proposal in a positive light.

Nevertheless, I urge you not to obscure your commitment to caring for the indigent and disinfranchised with budgetary smoke and mirrors or to substitute budgetary bean games for continuity in your financial management and infrastructure investment philosophy.

CENTRAL ADVISORY BOARD



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

Prepared testimony of Douglas G. Montgomery, resident of the City of Portland and Multnomah County and member of the Portland/Multnomah Commission on Aging and the Central Advisory Board and its Budget Subcommittee.

More than 160 hours of review and analysis of programs and budget has been carried out by the Budget Subcommittee and the full Central Advisory Board for the Department of Human Services. Our opinion is, therefore, based upon work which has been conducted since September 1987 to the present.

Without examining the full County budget until its recent release, we are at a disadvantage in analyzing other parts of the budget. Yet, we believe it is important for us to state positively, that the Department of Human Services is well managed and is establishing a strong base of program measures, from mission, to program objectives, to performance standards for employees in order to measure achievement. The County Commissioners are to be commended for having such a strong management team in Human Services.

In reaction to the proposed budget, as a representative of the Portland Multnomah Commission on Aging, I must deplore the three person cut in direct services to the elderly, which is being promoted by the budget office, through the capturing of indirect cost monies from the federal funds, which flow through the state and to the county, which eliminates 2 case managers and 1 quality assurance nurse from direct services to the elderly. The budget office can explain the details to you, but what is being proposed is a cutback in a program, and a program which suffers such a heavy case management load that the Senior Services Division of the State approved the addition this past year of case management support to Multnomah County for these direct services to seniors. We know the problem will not go away with this cutback and we wish you would consider restoring these funds for direct services to the elderly.

Others from the Central Advisory Board have already discussed our concerns with the ethics of turning program dollars into maintenance dollars to support County services in lieu of supporting direct human services. Our handout to you described the programs being cut.

We also are concerned with the cuts to the infrastructure of Human Services and specifically the public information officer and badly needed small improvements in word processing equipment. These two items generate revenues through the preparation of grant packages which lure federal funds, such as the recent federal grants supporting county services for the homeless. Multnomah County was among the first group in the country to receive this special Congressional appropriation because we had a grant writer-public information specialist who was able to work on an overloaded word processing system to generate the grant application and network with others in local government and service delivery to work together on preparing a proposal and program to wrestle with this problem of homelessness. It seems foolish to cut out your staff doing innovative program development and the badly needed minor upgrade in the word processing system.

Thank you for giving me the opportunity to meet with you. I will be glad to answer any questions.

4/13/88 (3)



CENTRAL ADVISORY BOARD

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

MEMORANDUM

TO: Board of County Commissioners
FROM: Budget Subcommittee, Central Advisory Board,
Department of Human Services
DATE: April 13, 1988
SUBJECT: List of deletions identified with the Budget Request for the
Department of Human Services

To facilitate our discussion and to emphasize our concerns regarding the proposed draft budget for 1988 - 1989 for Multnomah County, we have prepared a list of the deletions to programs currently being carried out by Multnomah County. We are especially concerned with the program deletions which come from funds generated by the Business Income Tax (BIT). These deletions should be part of the public record of the proposed draft budget for 1988 - 1989 for Multnomah County. Attention should be paid to what is being cut as well as to what is being proposed in the formal draft budget document.



CENTRAL ADVISORY BOARD

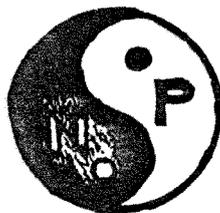
Department of Human Services
 426 SW Stark, 7th Floor
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PROPOSED PROGRAM CUTS

DHS Programs		
BIT early intervention contracts *		
Failure to thrive (1 CHN)	(36,460)	
Post Partum (.5 CHN, .5 SMH consultant)	(34,756)	
Janis phone consultation	(11,000)	
Comprehensive intervention	(38,876)	
Parent education and support	(50,800)	
Exchange Club Volunteer Services	(12,000)	
Teen Services	(18,025)	
Day treatment	(80,000)	
Detox (Woodland Park, CODA)	(29,920)	
HSD reclasses	(36,000)	
Corr Hlth "50 Over"	(98,000)	92
3% COLA on County funded contracts	(38,163)	
	<u>(484,000)</u>	<u>BIT TOTAL \$311,837</u>

* NOTE: BIT Early Intervention Program Activities earmarked for reduction:

SERVICE	DIVISION	TYPE	AGENCY	AMOUNT	PROJECTED CLIENTS
Failure to Thrive	HD	Direct	(1.0 FTE CHN)	36,460	170 clients
Post Partum	HD	Direct	(.50 FTE CHN)	17,031	74 clients
Phone Consultation	HD	Contract	Janis	11,000	1000 clients
Comprehensive Intervention	HD	Contract	MHSW	38,876	250 clients
Parent Ed & Support	HD	Contract	MHSW ARC Various	12,000 28,800 10,000	20 clients 48 clients 14 clients
Volunteer Services	HD	Contract	Exchange Club	12,000 *	22 clients
Teen Services	HD	Contract	IRCO	18,025	study (dev grant)
		HD subtotal		184,192	
Post Partum	SSD/MED	Direct	(.50 FTE SMH Consultant)	17,725	74 clients
Day Treatment	SSD/MED	Contract	Morrison Center	80,000 *	5 clients
Detox	SSD/AD	Contract	Woodland Park CODA	19,920 10,000	50 days 20 clients
		SSD subtotal		127,645	
* partial reduction					
TOTAL CUT OF EARLY INTERVENTION PROGRAMS				311,837	



NURSE PRACTITIONER
COMMUNITY HEALTH CLINIC
(503) 284-5239

5311 N. VANCOUVER
PORTLAND, OREGON 97217

MARIAH A. TAYLOR, RN, CPNP

April 13, 1988

TO: Multnomah County Board of Commissioners and Chair,
Gladys McCoy

RE: Testimony Regarding Human Services Division Support to
Coalition of Community Clinics

NAME: Mariah A. Taylor, RN, CPNP
Executive Director, Nurse Practitioner Clinic

ADDRESS: 5311 N. Vancouver Avenue

TELEPHONE: 284-5239

Dear Commissioners and Chair McCoy, thank you for the opportunity to share with you the experiences made possible through the support of Multnomah County to the Coalition of Community Health Clinics of which our clinic is a member.

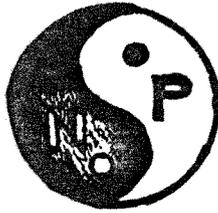
The Nurse Practitioner Community Health Clinic is a grass-roots, community-based, pediatric primary health care facility with a commitment to providing a high quality health care for the medically poor and/or indigent population regardless of their inability or ability to pay. I would like to elude to the impact of support through Multnomah County funds by reflecting on the past, present and future, as it relates to the utilization of these funds.

PAST:

The NPCHC up until July of 1987 was predominately dependent upon funds from Multnomah County allocated to the Coalition, for existence. As a result of those funds, we were able to provide health care for homeless, indigent families and street youth in the excess of 1,500/yr.



A United Way Agency



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Continued networking with other health care facilities, community health clinics serving the medically indigent and medically underserved population has been a reality due to continued Multnomah County support. The accessibility of a medications clearing house, a medical referral project for medical specialist needed beyond the primary care setting, and many other benefits, including resource and information sharing etc.

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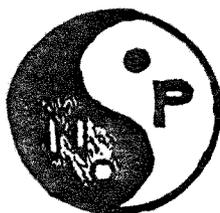
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TESTIMONY:

I'd like to introduce a young woman to whom this clinic was recently involved in the care of her son, and as a result of the services provided, was able to receive high-quality health care, and without the continued support may not have access to the continued health care for her other children. (her son recently died during surgery)
Thank you for the opportunity to provide this input.



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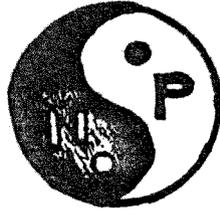
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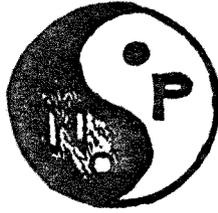
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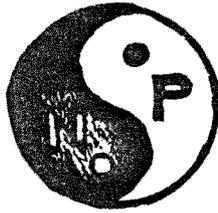
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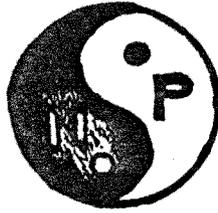
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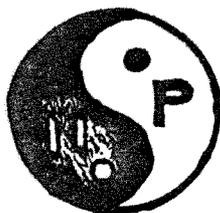
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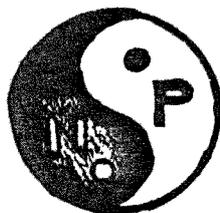
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outsidein

1236 Southwest Salmon St. Portland, Oregon 97205 (503) 223-4121

BOARD OF DIRECTORS

- JULIE McFARLANE
ATTORNEY JUVENILE RIGHTS PROJECT
- BRADLEY J. WOODWORTH
ATTORNEY AT LAW
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ACTIVITIES SPECIALIST
ELAHAN ELDERLY DAY CENTER
- JEAN JOHANSSON, M.P.A.
MEDICAL AFFAIRS MANAGER
BLUE CROSS BLUE SHIELD OF OREGON
- WILLIAM K. HARRIS, M.D.
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- SHELLEY SOBEL, MSW
N.W. PERMANENTE, P.C.
- THOMAS BOOTHE, Ph.D.
ADDICTION DIAGNOSTIC SERVICES
- STEPHEN R. LARSON, ATTORNEY
BONNEVILLE POWER ADMINISTRATION

Testimony
April 13, 1988

Outside In would like to address two funding issues that directly affect provision of services for homeless street youth:

- (1) We would like to support a cost-of-living increase for Multnomah County sub-contractors. Outside In has not received an increase from Multnomah County Social Services Division since 1985. It will be difficult to retain staff next year if they again receive no increase in salary. This problem is aggravated by the fact that Outside In is seeing so many more homeless youth. We say 362 in 1985-86, 634 in 1986-87, and will serve between 700-750 this year. We would very much appreciate at least your consideration of this issue.

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Thank you.

Sincerely,

Kathy Oliver
Agency Administrator



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THE VOLUNTEERS OF AMERICA OF OREGON, Inc.

537 S.E. ALDER STREET • PORTLAND, OREGON 97214 • 503/235-8655

GERALD R. LAURENS
Chairman
Board of Directors

April 13, 1988

JAMES M. LeBLANC
President

Dear Commissioners;

On behalf of Volunteers of America Oregon, Inc., and The Coalition of Community Health Clinics, I wish to encourage your continued support of health services.

BOARD OF DIRECTORS

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CATHY FELDER

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JOHN F. UBIK

JOHN S. WALDRON

The Coalition of Community Health Clinics serves a vital role to the citizens of Multnomah County. Through minimal, but vital dollars from Multnomah County, and additional support from United Way and Foundations, The Coalition is able to provide a variety of services. Coalition projects include a donations clearinghouse, a medications clearinghouse, The Coalition Guide to Services, a speciality referral project and a volunteer recruitment project.

The donations and medications clearinghouses provide critically needed medications and supplies. Last year this represented 360 boxes of medications and supplies that were received and redistributed between the coalition clinics. Without these supplies the clinics would be unable to provide low income/no income residents with needed supplies.

To find what services are available, The Coalition of Community Health Clinics Guide to Services provides valuable information and referral that identifies what services are available. The Guide has a circulation of 3,000. Without this guide, it would be more difficult to locate what services are available.

Particularly helpful to The Coalition of Community Health Clinics is the specialty referral project. This project enables the clinics to refer clients with difficult needs to specialists.

Our most recent project is recruiting volunteers to help the budget dollars go further. At Volunteers of America Oregon, Inc. our clinic has one half time paid nurse. The remainder of the clinic is staffed with volunteer doctors and nurses.

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President

Volunteers of America Oregon, Inc., serves clients that are low income senior citizens located in the inner southeast part of Portland. Last year we served over 3,000 clients. Our clinic provides these people with health care on a donation basis. Services include general medical and nursing needs, hypertention monitoring and podiatry care. The podiatry care is of special importance because we are the only ones in southeast Portland that provide this service to seniors on a donation basis.

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As a member of The Coalition; Volunteers of America Oregon, Inc., utilizes the many services of The Coalition. The clearinghouses provide needed medical supplies and medications that we otherwise would be unable to supply our clients. This is of particular importance to our hypertention clients where a prescription can be obtained free of charge that otherwise would cost as high as \$40.

We are especially proud of the national recognition The Coalition of Community Health Clinics has received. The Coalition represents a model situation between private clinic providers and the county. This unique model partnership has attracted the attention of cities for its use of joint projects and coordinated services that has resulted in efficient use of taxpayers dollars.

The partnership between Volunteers of America Oregon, Inc., The Coalition of Community Health Clinics and Multnomah County serves a strong link. This link needs to survive so we can continue to provide a much needed service to the citizens of Multnomah County. To survive, continued funding is essential. I encourage your continued support of The Coalition of Community Health Clinics.

Respectfully submitted,

Delanie C. Delimont

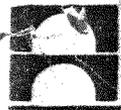
Delanie C. Delimont
Director Senior Programs

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Testimony presented to the Multnomah County Board of Commissioners
Budget Hearing 4/13/88

My name is Sally Verron and I am the manager of the Burnside Projects Outpatient Alcohol and Drug Treatment Program. I am honored to be able to address the Board of Commissioners this afternoon and would like to speak briefly to two separate issues.

My concern is for the victims of the diseases of alcoholism and addiction. For those victims who are indigent or low-income, Multnomah County is the major funder of services to combat these diseases. I am pleased to see that the Alcohol and Drug Program Office Budget has been increased from just under five million dollars in 1987-88 to just under five and one-half million dollars in 1988-89. My concern is that while the overall budget is being increased, some specific service areas are being decreased to support the increases in other areas. The issue is that some of the increases are being funded by decreases and cuts to existing programs.

I believe that this trend of shifting of dollars creates instability in the system of services which the Provider Agencies deliver. The County intends to provide a reasoned continuum of services, but if the priorities and funds shift in each budget process, the providers and clients can be victimized by the shifting dollars. Shifting existing dollars and services from one population to another can result in creating different compelling unmet needs.

We believe that programs which are effective in meeting the County Goals and Mission should be continued. Programs which are ineffective or unsuccessful should clearly be discontinued. Discontinuing current residential services will further increase the number of people who are unserved. Unserved alcoholics and addicts add tremendously to the County's expense for emergency medical service, hospitalization, and County clinic cost.

We recognize that the County Office of Alcohol and Drug Programs is responding to compelling unmet needs -- especially for residential treatment for women. Our objection is that other residential services are being cut to achieve that good. We strongly believe that these new services should be funded with new, additional funds.

We strongly support strengthening the continuum of services available to victims of alcoholism and drug abuse. We strongly support services for women -- as well as for other groups such as minorities, disaffiliated public inebriates, and dual diagnosis clients. We urge you to restore the funds proposed to be cut from other residential programs in order to fund the women's services. The women's services should be retained with new service dollars.

My second concern is my dismay and concern with the elimination of the position of the County Information Officer. As a provider of services to citizens who are least able to purchase or advocate for their services -- that is the disaffiliated public inebriate -- I have sought the assistance of the County Information Officer many times. The information and technical assistance



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CORRECTIONS COUNSELING

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YOUTH SHELTER
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PROJECT AWARENESS
ALCOHOL-FREE HOUSING

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United Way
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MORRISON CENTER YOUTH AND FAMILY SERVICES

DAY TREATMENT FOR YOUNG CHILDREN

Introduction

The Day Treatment Program for Young Children (DTYC) serves severely and chronically abused 3 to 6 year old children and their families. This program integrates the psychological, developmental and educational approaches necessary to meet the special needs of these children and families.

As the information below will indicate, without intensive early intervention these children are at high risk of experiencing continued problems throughout their childhood, adolescent and adult development, necessitating significant intervention by public agencies at great cost to the taxpayer.

DTYC Child and Family Histories

These children have extremely chaotic personal and family histories:

- 94% Severely physically abused, sexually abused, neglected
- 80% At least one parent with significant psychopathology
- 58% Parent with acknowledged alcohol or drug problem
- 83% Out of home placements by the age of 4
- 54% Paternal criminal history (felony conviction)
- 49% Overcrowding/large family size
- 33% Maternal Psychiatric Hospitalization
- 88% Severe marital discord
- 85% Income below poverty level
- 100% Children unable to function in normal preschool or Headstart
- 100% Children with severe emotional and behavioral problems: (e.g. severe aggression, self destruction, fire setting, soiling and wetting, severe withdrawal, significant development delays)

Predictors of Future Psychosocial Problems

DTYC children are especially at risk of developing future psychopathology. Michael Rutter's research identifies 6 factors predictive of future psychopathology:

- | | |
|-----------------------------------|------------------------------------|
| 1) severe marital discord | 4) paternal criminality |
| 2) income below poverty | 5) maternal psychiatric disorder |
| 3) overcrowding/large family size | 6) removal to care of state agency |

Eighty percent of the DTYC children exhibit 4 or more of Rutter's risk factors, which puts them at 8 times greater risk for developing future psychopathology.

Blumstein, Farrington and Montra (1986) developed a model for predicting future criminality. Most factors are identical to Rutter's model, however two additional factors were identified: 1) school problem behavior and 2) harsh and neglectful parenting. Almost all of the DTYC children exhibit both of these factors; 100% have been unable to be maintained in a normal preschool setting; 94% have been severely abused and neglected.

Comparison of the Necessary Qualities for Successful Learning

NORMAL CHILDREN	DTYC CHILDREN
1. Naturally curious, love to explore	1. Hypervigilant, anxious victimized
2. Have ability to focus on activity, persist in efforts, feel they can have an impact on environment	2. Seek control and predictability to the exclusion of being open to explore and be curious
3. Experience pleasure in mastery	3. Can't focus attention or overly attentive perseveration
4. Have a positive sense of self	4. Damaged social relatedness, overly anxious, avoidant, resistant, fearful
5. Can socially relate, feel comfortable, relaxed, trusting	5. Delayed development, lack bonding, damaged social and emotional development

Early Treatment Intervention Offers Success

Research studies show that preschool early intervention programs that are designed to increase intellectual ability also prevent delinquency and adult criminality.

DTYC children present the same risk factors as identified by Rutter and Farrington: school failure; disturbed behavior; multiple foster home placements; multi-generational, abusive, psychopathological and/or criminal families. The most efficient and cost effective means of rehabilitating these young children so they may lead responsible and productive lives, is provided by the Day Treatment Program for Young Children.

Goals of Day Treatment Program For Young Children

<u>GOALS</u>	<u>OBJECTIVES</u>
1. Increase child's emotional stability	Placement in regular school classroom Placement in adoptive home
2. Maximize biological family strengths	Stabilized biological family placement
3. Build child's developmental and problem-solving skills	Increased scores on Brigance developmental scales

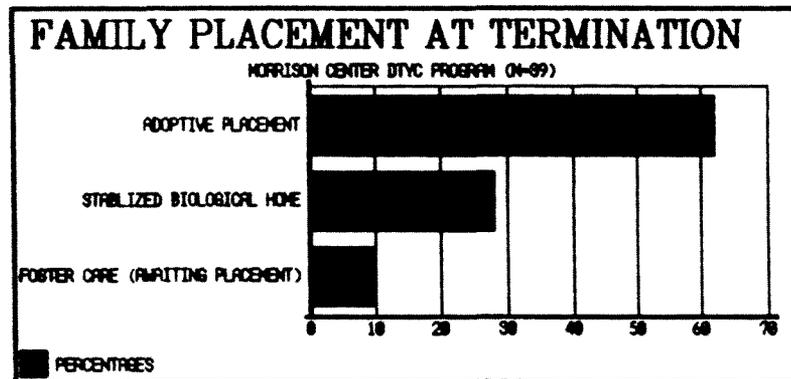
Outcome Data For Children Having Completed Treatment in DTYC

Early intervention through the Day Treatment Program for Young Children is showing exciting, positive results.

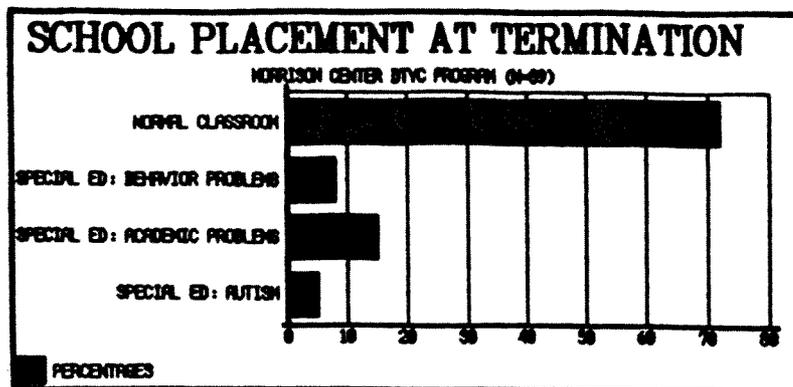
NUMBER OF CHILDREN WHO HAVE COMPLETED TREATMENT: 39

(Note: 6 children were unable to complete treatment due to a disruption in their living arrangements, e.g., moved or abducted by biological parents)

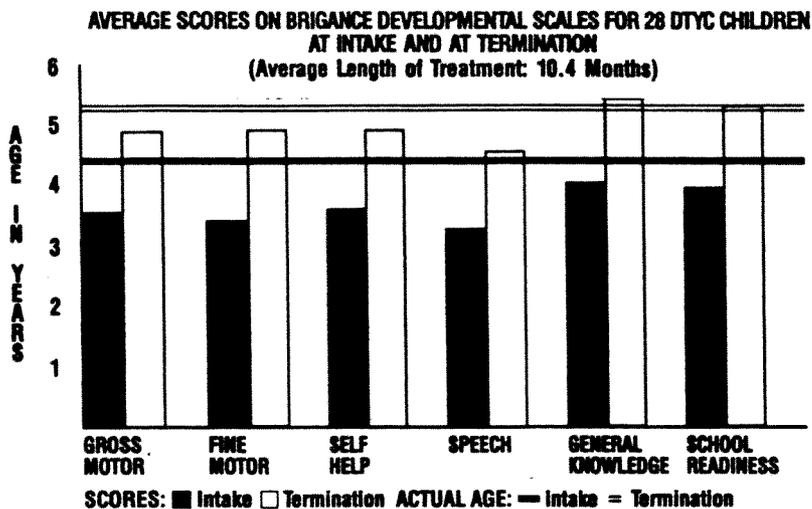
HOME PLACEMENTS UPON COMPLETION OF TREATMENT:



SCHOOL PLACEMENTS UPON COMPLETION OF TREATMENT:



AVERAGE DEVELOPMENTAL GROWTH:



Based on the results of the Brigance Developmental Scales before entrance to DTYC these children were progressing at a developmental rate 82% of the normal rate; while in the DTYC these children progressed at a developmental rate 150% of the normal rate.

WESTSIDE YOUTH SERVICE CENTER

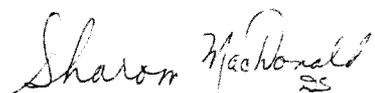


7688 S.W. Capitol Hwy., Portland, Oregon 97219 (503) 245-4441

TESTIMONY TO THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS, APRIL 13, 1988,
REGARDING THE PROPOSED DEPARTMENT OF HUMAN SERVICES BUDGET FOR FY '88-'89

This testimony is presented to you on behalf of the 19 member Citizens Advisory Board of the Westside Youth Service Center. As citizens, youth, adult, and community representatives, we look very seriously upon the funding of not only Youth Service Centers in our community, but all human services. We also expect the County to play a major role in providing adequate, stable dollars for the basic proven and effective services which are designed to meet the needs of a continuum of services for children, youth, and families. Without support for the Business Income Tax prevention and intervention programs and the cost increases for human services contracts a fragmented service system will be reinvented and many youth and families will not receive services which are designed to prevent further criminal behavior or other behaviors which ultimately puts a larger drain on our criminal and social service system.

The Youth Service Centers have a solid track record of individually serving the communities and neighborhoods, and we feel that Westside meets their mission successfully. There continues to be increased demands for services in our community, as evidenced by long waiting lists and continuous new requests for service. Westside is successful at getting services to the client in a cost effective manner, which is what we all want. Without the proposed cost increases, Westside will need to decrease it's service to our community. Diversion education classes, intervention with victims of crime, and counseling services are all examples of services which will be reduced as we continue to experience increased costs in rent, postage, supplies, and personnel. We respectfully submit that the County reconsider granting fully the request of the Department of Human Services.



Sharon MacDonald
Co-Chair
Citizens Advisory Board



John Barr
Co-Chair
Citizens Advisory Board

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Washington County
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Klamath Basin
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Central Oregon
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(503) 475-3578
(503) 382-6867

Yamhill County
(503) 472-4020
(503) 538-8686

Lutheran Refugee Program
(503) 233-0042
(503) 231-7484

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A Program
of
**LUTHERAN
FAMILY SERVICE**



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(503) 548-1995
(503) 475-3578
(503) 382-6862

Yamhill County
(503) 472-4020
(503) 538-8686

Lutheran Refugee Program
(503) 233-0042
(503) 231-7484

WESTSIDE YOUTH SERVICE CENTER



7688 S.W. Capitol Hwy., Portland, Oregon 97219 (503) 245-4441

TESTIMONY TO THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS, APRIL 13, 1988,
REGARDING THE PROPOSED DEPARTMENT OF HUMAN SERVICES BUDGET FOR FY '88-'89

This testimony is presented to you on behalf of the 19 member Citizens Advisory Board of the Westside Youth Service Center. As citizens, youth, adult, and community representatives, we look very seriously upon the funding of not only Youth Service Centers in our community, but all human services. We also expect the County to play a major role in providing adequate, stable dollars for the basic proven and effective services which are designed to meet the needs of a continuum of services for children, youth, and families. Without support for the Business Income Tax prevention and intervention programs and the cost increases for human services contracts a fragmented service system will be reinvented and many youth and families will not receive services which are designed to prevent further criminal behavior or other behaviors which ultimately puts a larger drain on our criminal and social service system.

The Youth Service Centers have a solid track record of individually serving the communities and neighborhoods, and we feel that Westside meets their mission successfully. There continues to be increased demands for services in our community, as evidenced by long waiting lists and continuous new requests for service. Westside is successful at getting services to the client in a cost effective manner, which is what we all want. Without the proposed cost increases, Westside will need to decrease it's service to our community. Diversion education classes, intervention with victims of crime, and counseling services are all examples of services which will be reduced as we continue to experience increased costs in rent, postage, supplies, and personnel. We respectfully submit that the County reconsider granting fully the request of the Department of Human Services.

Sharon MacDonald
Co-Chair
Citizens Advisory Board

John Barr
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My name is Jude Schneider. I live at 3134 NE 84th.

I am standing before 5 county Commissioners who have been known as being strong Human Resource supporters, and I am quite confused and frustrated with what I have been reading in the paper, and the information I continue to receive from being a former member of both CAB and the Community Health Council.

I am far to aware of the lack of additional money coming in to the county for expanding services. But if I am understanding the information I am receiving correctly, there are proposed reductions in services already existing that concern me greatly.

Many of you know me. I have been a client of the Health Services for over 9 years. I have seen the progression of the little store front clinics in the basement of churches to the clinics we have now that give the dignity of going to a doctor's clinic not a health hand out.

I have 2 children, My 8 yr old daughter ^{Tina} and my 5 yr old son ^{Kenny}, have received excellent

care.

When my daughter needed surgery, we were referred to a specialist who accepts patients who need the time to make payments. When my son was 6 months it was discovered he had a crooked foot and again we were referred and the condition treated. At about this time Kenny was diagnosed as a failure to thrive baby. He refused to eat and complications started to develop. Not only was Kenny given the necessary care he needed, I was also given the support a mother needs to cope with the fear of having a failure to thrive baby. Kenny is now a very robust and active child.

As my children grew it was suggested at the clinic that I get a back-up physician for the emergencies that always happen with children. That suggestion has turned into a good working relationship between ~~my~~^{our} back-up doctor who is willing to communicate with the clinic so that follow-up care can be provided at Peck at an ~~affordable~~ price I can afford.

Last year I testified during the budget hearing on my concern for dental access for emergency

patients. I was very pleased to hear you also found this a concern and approved an East County Dental Team. At this time the team is working at the Peck Clinic while waiting for suitable facilities in East County. Having the Dental Team work out of Peck makes good sense, since there is the space to house the East County Dental Team without crowding the existing team. It is my ~~understan~~ understanding access for emergency clients has increased from 35% to ^{approx} 70% of the calls received. Clearly this is a program that is working well.

Through my years as an advocate as a client of Health Services the main theme I saw is to provide accessible and affordable health care for the medically indigent. This is a theme I have seen the Board to accept as theirs also. I thank you very much for your support in the past and urge you to continue your support and not reduce our health & dental services.

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C.A.P. (Child Assault
Prevention)
Columbus, Ohio

Community Advocates

(503)274-4282

1819 NW Everett Street, Portland, OR 97209



DATE: April 13, 1988
TO: Multnomah County Commissioners
FROM: Belle Bennett, Executive Director, Community Advocates, Kids Can Program
RE: Department of Human Services Budget Hearing for Youth Programs (Kids Can)

As you know, Kids Can is a primary prevention program teaching abuse prevention skills and strategies to children ages 3 to 12. We also provide workshops for their primary caregivers and teachers.

We have been one of the recipients of a Development Grant from the county. This first year, our funding is set at \$25,000.00. We were not promised funding for a second year, but are scheduled to receive \$17,500. (this figure keeps changing, but that is the latest one that I have!)

I am asking you to maintain our current rate of funding (\$25,000.00) for the following reasons: The dollars that you have given Community Advocates have enabled us to provide services to 5,918 children so far this year, as well as 450 parents and teachers. During our one-to-one time with children, July through February, we have received the following number of serious disclosures:

<u>SEXUAL ABUSE</u>	105
<u>PHYSICAL ABUSE</u>	140
<u>EMOTIONAL ABUSE</u>	26
<u>NEGLECT</u>	22
<u>DOMESTIC VIOLENCE</u>	44
<u>DRUGS AND/OR ALCOHOL</u>	34
<u>BULLYING</u>	77

These numbers show that we have gone above and beyond our contract agreement of serving 2000 children every six months, and that we are a cost effective, community effective program doing significant work to break the cycle of child abuse.

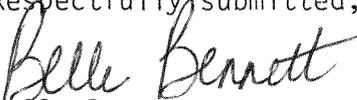
As a result of our one-to-one time with children, another outcome has been that 9 families with unreportable but serious issues of abuse, sought family counseling on their own after talking with Child Development Specialists about concerns their children shared with us. Fifty-nine disclosures of abuse were reported to Portland School Police/Children's Services. The rest of the children are receiving individual and/or group time with school counselors.

The relationship between child abuse and later problems such as juvenile delinquency and adult criminal behavior are well documented. By funding Kids Can, you have taken a vital step toward ending the cycle of abuse.

Prevention work needs more funding, not less! Cutting our funding by one-third means that almost 3000 children who could have received this program next year, won't. We already have a waiting list of 7 schools for next fall, showing that there is a community response as well as need for Kids Can.

Thank you for your continued support and for your consideration of this budget proposal for Kids Can.

Respectfully submitted,


Belle Bennett

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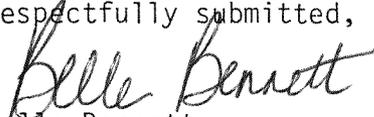
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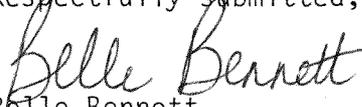
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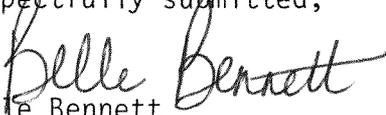
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Steven Fulmer
Steven A. Fulmer
2106 SE 42nd Ave.
Portland, OR 97215-3703

Statement to Multnomah County Commissioners
Wednesday 13 April 1988

My name is Steven Fulmer. I am currently serving in my third year as a member of the County's Human Services Citizen Advisory Board, and appreciate the opportunity to testify today.

After fifteen years as a senior manager in large data processing installations, I understand the critical value of infrastructure and of its planning and information generating components. I commend this Board for its renewed focus on infrastructure as a vital investment in our future and in sound management practice.

Unfortunately, both myself and my fellow CAB members find some of the applications of current investment philosophy contained in the Executive Budget Proposal difficult to understand.

Where Human Services is concerned, we seem to be backing away from our investment in prevention and early intervention programs for pregnant teens and abused children - after only one year. The Business Income Tax monies allocated to this purpose appear to be redirected to pre-existing programs, replacing General Fund dollars, which are in turn being allocated outside Human Services. Monies promised for program growth have been redirected for General Fund maintenance. It is easy to view this rapid reversal, and the use of BIT dollars in a budgetary bean game as an ethical failure. We urge this Board to continue its investment in prevention and intervention programs for pregnant teens and abused children until these programs have a chance to prove themselves.

We also seem to be cutting infrastructure of proven value within Human Services for the sake of new infrastructure elsewhere. Specifically, the CAB is concerned about the proposed elimination of the Emergency Basic Need Coordinator and the Public Information Officer. The former position has been a critical player in the generation of 5 million dollars in special grant funds, a phenomenal return on an investment of 50,000 tax dollars. The latter position is Human Service's principal advocate to the state and other public agencies; we worry that elimination of this position could further weaken our ability to gain funding from other jurisdictions.

The radical last moment fluctuation in revenue projections underscores the County's need for further improvement in our financial analysis capabilities. But more financial analysis does not necessarily constitute better financial planning and in any case it does not substitute for income generation.

I understand the political difficulties of handling funds which are managed by independently elected officials. And I understand the pressures of the media's current concentration on very important crime issues. Moreover, I support presentation of the Executive Budget Proposal in a positive light.

Nevertheless, I urge you not to obscure your commitment to caring for the indigent and disinfranchised with budgetary smoke and mirrors or to substitute budgetary bean games for continuity in your financial management and infrastructure investment philosophy.

Harry's Mother Crisis Line has people available 24 hours a day who will listen to your problems and help you find the best options for you.

- **PERSONAL PROBLEMS**
- **RUNNING AWAY**
- **PREGNANCY**
- **SEXUAL ABUSE**
- **PHYSICAL ABUSE**
- **SEXUALLY TRANSMITTED DISEASES**
- **TEEN PARENTING**
- **DRUGS**
- **ALCOHOLISM**
- **SUICIDE**
- **DEPRESSION**
- **OR WHAT EVER ELSE IS BOTHERING YOU**

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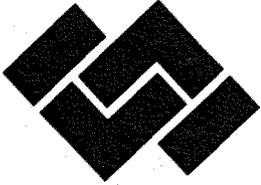
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503/273-8433 • Administration

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Director of Administration
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Mental Health Services West - Children's Program

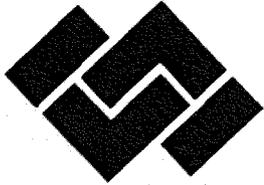
Comprehensive Child Abuse Prevention Project Parent Education and Support Project Impact Statement April 13, 1988

The loss of funds which supported Mental Health Services West's child abuse prevention programs means that 42 very needy families in Multnomah County will be struggling with the consequences of homelessness, family violence, mental illness and drug abuse without professional help. Our program serves high-risk young children and their families living in the downtown vicinity, especially in bare single room occupancy hotels. Of all the at-risk children, we believe that these children represent the highest risk group as they face many types of social and psychological deprivation including homelessness. Without the services offered, the children will continue to be exposed to harsh, disruptive environments and an invisible and forgotten group of families will continue to grow in number.

Experts in the mental health field tell us that children who are abused are more likely to be in trouble with the law, to be poor achievers in school, to have difficulty relating to other people and to have very low self-esteem. The effects of these childhood problems do follow them into adult life and they continue to experience difficulty in being parents, wage-earners and achieving self-sufficiency.

We believe that our program has made a difference and that mental health services designed to help small children develop cognitive skills and social skills in the context of a positive, nurturing environment does lessen the trauma which they have experienced.

Therefore, Mental Health Services West is requesting that the Board of County Commissioners restore funding for our child abuse prevention program.



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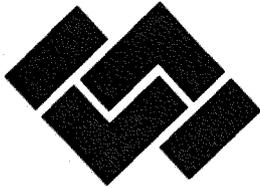
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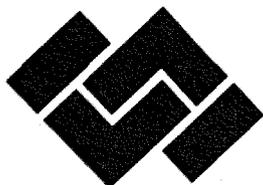
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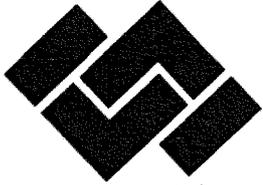
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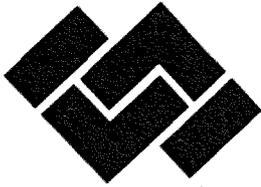
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MENTAL HEALTH SERVICES WEST

Specialized Shelter and Mental Health Services for the Homeless Mentally Ill Testimony for Budget Hearing April 13, 1988

The fact that homeless mentally ill people in Portland and throughout Multnomah County do not have permanent housing and community mental health care represents a failure in the mental health system. The most important lesson that Mental Health Services West has learned during the past 5 years is that housing or shelter services must be combined with professional mental health care in order to be effective in meeting the needs of those people who are seriously ill and neglected. There are many apartment managers and service providers in the downtown area who can testify to the fact that housing alone does not satisfy the needs of the homeless mentally ill. Thus, we at Mental Health Services West were very dismayed when we learned that funds for our professional staff were cut from the county budget at the very same time that we received new funding for a specialized shelter for the mentally ill. The positions which were cut were designed to provide mental health assessments and follow-up to shelter residents as well as consultation to the more inexperienced shelter staff. The point which I want to emphasize again is that the success of the shelter depends upon the mental health supports which it receives.

Therefore, on behalf of Portland's mentally ill citizens, I request that the funds for mental health care for the homeless be restored to the county budget.



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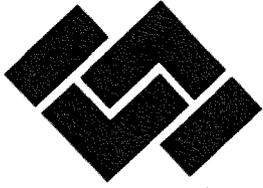
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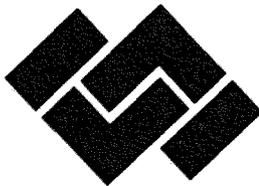
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