



Multnomah County Oregon

Board of Commissioners & Agenda

connecting citizens with information and services

BOARD OF COMMISSIONERS

Ted Wheeler, Chair

501 SE Hawthorne Boulevard, Suite 600
Portland, Or 97214

Phone: (503) 988-3308 FAX (503) 988-3093

Email: mult.chair@co.multnomah.or.us

Maria Rojo de Steffey, Commission Dist. 1

501 SE Hawthorne Boulevard, Suite 600
Portland, Or 97214

Phone: (503) 988-5220 FAX (503) 988-5440

Email: district1@co.multnomah.or.us

Jeff Cogen, Commission Dist. 2

501 SE Hawthorne Boulevard, Suite 600
Portland, Or 97214

Phone: (503) 988-5219 FAX (503) 988-5440

Email: district2@co.multnomah.or.us

Lisa Naito, Commission Dist. 3

501 SE Hawthorne Boulevard, Suite 600
Portland, Or 97214

Phone: (503) 988-5217 FAX (503) 988-5262

Email: district3@co.multnomah.or.us

Lonnie Roberts, Commission Dist. 4

501 SE Hawthorne Boulevard, Suite 600
Portland, Or 97214

Phone: (503) 988-5213 FAX (503) 988-5262

Email: lonnie.j.roberts@co.multnomah.or.us

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MARCH 18 & 20, 2008 BOARD MEETINGS FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:00 a.m. Tuesday Executive Session
Pg 2	10:00 a.m. Tuesday Domestic Violence System
Pg 3	9:10 a.m. Thursday Resolution Adopting a Local Purchasing Policy for Goods and Services
Pg 3	9:15 a.m. Thursday Resolution Approving Disposition of the Martha Washington Building
Pg 4	9:30 a.m. Thursday Public Comment
Pg 4	9:35 a.m. Thursday Resolution Affirming the Economic Importance of Film and Video Industry
Pg 4	9:55 a.m. Thursday Presentation of the Final Task Force on Vital Aging Report
Pg 4	10:30 a.m. Thursday Work Session to Compare Options to Fund Operations at Wapato Facility

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Saturday, 10:00 AM, Channel 29

Sunday, 11:00 AM, Channel 30

Tuesday, 8:15 PM, Channel 29

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Tuesday, March 18, 2008 - **9:00 AM**
Multnomah Building, Sixth Floor Commissioners Conference Room 635
501 SE Hawthorne Boulevard, Portland

EXECUTIVE SESSION

- E-1 The Multnomah County Board of Commissioners will meet in Executive Session Pursuant to ORS 192.660(2)(d),(e) and/or (h). Only Representatives of the News Media and Designated Staff are allowed to attend. News Media and All Other Attendees are Specifically Directed Not to Disclose Information that is the Subject of the Session. No Final Decision will be made in the Session. Presented by County Attorney Agnes Sowle. 15-55 MINUTES REQUESTED.
-

Tuesday, March 18, 2008 - **10:00 AM**
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

- B-1 Domestic Violence System Update. Presented by Commissioner Lisa Naito, Chiquita Rollins, Judge Maureen McKnight, Judge Nan Waller, Judge Merri South-Wyatt, Judge Dale Koch, Jocelyn Baker, DVERT Coordinator and Members of the Family Violence Coordinating Council. ONE HOUR REQUESTED.
-

Thursday, March 20, 2008 - **9:00 AM**
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

CONSENT CALENDAR - 9:00 AM
DEPARTMENT OF HEALTH

- C-1 Budget Modification HD-32 Authorizing Two Position Reclassifications within Various Divisions of the Health Department as Determined by the Class/Comp Unit of Central Human Resources

DEPARTMENT OF LIBRARY SERVICES

- C-2 Budget Modification LIB-04 Reducing FTE of a Position at Central Library and Increasing FTE of a Position at Neighborhood Libraries Divisions

DEPARTMENT OF COUNTY MANAGEMENT

- C-3 Budget Modification DCM-11 Reclassifying One Position in Facilities and Property Management as Determined by the Class/Comp Unit of Central Human Resources

SHERIFF'S OFFICE

- C-4 Intergovernmental Revenue Agreement 0709008 with the City of Wood Village for Law Enforcement Patrols and Police Services

REGULAR AGENDA

DEPARTMENT OF COUNTY MANAGEMENT – 9:00 AM

- R-1 NOTICE OF INTENT to Apply for Three Americorps Volunteers to Support County's Sustainability Efforts
- R-2 RESOLUTION Adopting a Local Purchasing Policy for Goods and Services to Support the Local Economy and Local Job Opportunities
- R-3 RESOLUTION Approving the Second Amendment to Lease No. R-10 Between Multnomah County, as Landlord, and The Subway Real Estate Corp., as Tenant, to Exercise a Five Year Option Renewal Period for Space in the North Portland Health Clinic Facility
- R-4 RESOLUTION Approving the Conveyance of the Martha Washington Building, 1115 SW 11th Avenue, Portland Oregon, to Cascadia Housing, Inc., for Redevelopment as Affordable and Permanent Supportive Housing Providing Services to County Target Populations

DEPARTMENT OF COUNTY HUMAN SERVICES – 9:20 AM

- R-5 RESOLUTION Approving the Multnomah County Mental Health and Addiction Services Division 2009-2011 Biennial Implementation Plan
- R-6 Budget Modification DCHS-27 Increasing Aging and Disabilities Services Federal/State Appropriation by \$202,306 in Additional Title XIX and Returning \$120,000 of County General Fund Backfill Because of Increased Medicaid Allocation

PUBLIC COMMENT - 9:30 AM

Opportunity for Public Comment on non-agenda matters. Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

NON-DEPARTMENTAL - 9:30 AM

- R-7 Authorizing Settlement of Jones vs. Koch, et al
- R-8 RESOLUTION Affirming the Economic Importance of the Film and Video Industry in Multnomah County and Directing Facilities to Develop Administrative Procedures for Filming Requests in Multnomah County Facilities. Presented by Steve Oster, Oregon Film and Video Office; Michael Fine, Office of Mayor Potter; Doug Butler, Multnomah County Facilities and Property Management. 20 MINUTES REQUESTED.
- R-9 Presentation of the Final Task Force on Vital Aging Report. Presented by Jay C. Bloom. 20 MINUTES REQUESTED.
- R-10 Budget Modification MCSO-10 Transferring \$50,290 from General Fund Contingency to Add 2.0 FTE Deputy Sheriffs to Support the Warrant Strike Force

BOARD COMMENT

Opportunity (as time allows) for Commissioners to provide informational comments to Board and public on non-agenda items of interest or to discuss legislative issues.

Thursday, March 20, 2008 - 10:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

WORK SESSION

- WS-1 Work Session to Compare Options to Fund Operations at the Wapato Facility in Fiscal Year 2009. Presented by Bill Farver, Karyne Dargan, Jay Heidenrich, Scott Taylor, Travis Graves and Invited Others. 1.5 HOURS REQUESTED.



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (Budget Modification)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # C-1 DATE 03-20-08
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: C-1
Est. Start Time: 9:00 AM
Date Submitted: 02/28/08

BUDGET MODIFICATION: HD- 32

Agenda Title: **Budget Modification HD-32 Authorizing Two Position Reclassifications within Various Divisions of the Health Department as Determined by the Class/Comp Unit of Central Human Resources**

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

Requested Meeting Date:	<u>March 20, 2008</u>	Amount of Time Needed:	<u>N/A</u>
Department:	<u>Health Department</u>	Division:	<u>Community Health Services</u>
Contact(s):	<u>Lester A. Walker, Budget & Finance Manager</u>		
Phone:	<u>(503) 988-3663</u>	Ext.	<u>26457</u>
Presenter(s):	<u>Consent Agenda</u>	I/O Address:	<u>167/2/210</u>

General Information

1. What action are you requesting from the Board?

Approval of two staffing adjustments resulting from the re-classification of existing positions. These changes will not affect the Health Department's total FTE nor will it have a financial impact.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

1. Reclassify a 1.0 Research Evaluation Analyst 1 to a 1.0 Research Evaluation Analyst 2 in the Community Health Services (TB Epidemiology) division of the Health Department. Class Comp approved reclassification effective 1/02/08 to better suit the responsibilities of the position. The position completes database system administration, ad hoc data analysis, determines appropriate system structure to meet study protocols, and provides technical assistance and consultation to project staff. This change will have no financial impact.

2. Reclassify a 1.0 Finance Supervisor to a 1.0 Facilities Specialist 2 in the Director's Office of the Health Department to better suit duties of the position. This position serves as liaison between the

Health Department and facilities and property management. This change will have no financial impact.

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

There is no fiscal impact.

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

N/A

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

N/A

ATTACHMENT A

Budget Modification

If the request is a Budget Modification, please answer all of the following in detail:

- **What revenue is being changed and why?**
No change in revenues.
- **What budgets are increased/decreased?**
The Health Department's FTE budget will not change for FY08.
Personnel expenses will decrease by \$7,002 in FY08 (60000 \$4,596-60130 \$2,107-60140-\$299) while professional services will increase by \$7,002.
- **What do the changes accomplish?**
Change of classification and staffing to better fit the duties of the positions within the Health Department.
- **Do any personnel actions result from this budget modification? Explain.**
 1. Reclassify a 1.0 Research Analyst 1 to a 1.0 Research Analyst 2 in the Community Health Services (Epidemiology) division of Health Department.
 2. Reclassify a 1.0 Finance Supervisor to a 1.0 Facilities Specialist 2 in the Director's Office of the Health Department.
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**
N/A
- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**
N/A
- **If a grant, what period does the grant cover?**
N/A
- **If a grant, when the grant expires, what are funding plans?**
N/A

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

ATTACHMENT B

BUDGET MODIFICATION: HD - 32

Required Signatures

**Elected Official or
Department/
Agency Director:**

Jillian Sturkey / WJ

Date: 02/27/08

Budget Analyst:

Angela Burdine

Date: 02/27/08

Department HR:

Tyreece Fuller Poe

Date: 02/26/08

Countywide HR:

Date:

Budget Modification ID: HD-08-32

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
				Internal Order	Cost Center	WBS Element						
1	40-00	1000	30		400011		60000	74,624	70,028	(4,596)		Reclass Finance Supervisor to a Facilities Specialist2
2	40-00	1000	30		400011		60130	23,947	21,840	(2,107)		Reclass Finance Supervisor to a Facilities Specialist3
3	40-00	1000	30		400011		60140	14,856	14,557	(299)		Reclass Finance Supervisor to a Facilities Specialist4
4	40-00	1000	30		400011		60170	10,000	17,002	7,002		Reclass Finance Supervisor to a Facilities Specialist5
5										-		
6	72-10	3500	0020		705210		50316			299		Insurance Revenue
7	72-10	3500	0020		705210		60330			(299)		Offsetting expenditure
9										-		
11										-		
12										-		
13										-		
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MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # C-2 DATE 03-20-08
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: C-2
Est. Start Time: 9:00 AM
Date Submitted: 03/05/08

BUDGET MODIFICATION: LIB-04

Agenda Title: Budget Modification LIB-04 Reducing FTE of a Position at Central Library and Increasing FTE of a Position at Neighborhood Libraries Divisions

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** Not applicable
Department: Library **Division:** Central Lib., Neighborhood Lib.
Contact(s): Becky Cobb
Phone: 503-988-5499 **Ext.** 85499 **I/O Address:** 317/ADM/SUPSV
Presenter(s): Consent Calendar

General Information

1. What action are you requesting from the Board?

Requesting board approval to reduce the FTE for an Office Assistant 2 position and to increase the FTE for a Library Clerk position. There is no net FTE change.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Decrease an Office Assistant 2 position from 1.0 to 0.75 FTE in Central Library-Stack Services. This position is part of program offer 80000 for Central Library.

Increase a Library Clerk position from 0.5 to 0.75 FTE at the North Portland Library. This position is part of program offer 80002 for Neighborhood Libraries.

The changes will accommodate work force re-balancing among library divisions.

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

There is no net financial impact in current fiscal year for the Library Fund. There may be savings in future years in insurance costs for the part-time position that is reduced from 1.0 FTE.

There is \$1,180 net decrease in Fund 3500 for Insurance Reimbursement.

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

Not applicable.

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

Not applicable.

ATTACHMENT A

Budget Modification

If the request is a **Budget Modification**, please answer all of the following in detail:

- **What revenue is being changed and why?**
There is no change in revenue.
- **What budgets are increased/decreased?**
There is no net change in expenditure budget.
Central Library- Stack Services (802120): Personnel budget decreases by \$2,635;
Neighborhood Libraries –North Portland Library (805320): Personnel increases by \$2,635
- **What do the changes accomplish?**
Transferred under-utilized FTE at Central to North Portland Library, where additional FTE are needed to accommodate increased workloads.
- **Do any personnel actions result from this budget modification? Explain.**
Decrease position 705789, Office Assistant 2 from 1.0 to 0.75 FTE at Central Library-Stack Services;
Increase position 710481, Library Clerk from 0.5 to 0.75 FTE at North Portland Library
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**
There is no change to the indirect as there is no net dollar amount change in expenditure.
- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**
Not applicable.
- **If a grant, what period does the grant cover?**
Not applicable.
- **If a grant, when the grant expires, what are funding plans?**
Not applicable.

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

ATTACHMENT B

BUDGET MODIFICATION: LIB-04

Required Signatures

**Elected Official or
Department/
Agency Director:**



Date: 02/27/08

/vo

Vailey Oehlke for Molly Raphael

Budget Analyst:



Date: 03/05/08

Mike Jaspin

Department HR:



Date: 02/26/08

Leila Wrathall

Countywide HR:

Date: _____

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
				Internal Order	Cost Center	WBS Element						
1	80-20	1510	70		802120		60000	1,479,144	1,477,305	(1,839)		Permanent
2	80-20	1510	70		802120		60100	5,000	5,990	990		Temporary
3	80-20	1510	70		802120		60130	467,927	467,337	(590)		Salary Related
4	80-20	1510	70		802120		60135	0	89	89		Non-Base Salary Related
5	80-20	1510	70		802120		60140	550,046	548,731	(1,315)		Insurance
6	80-20	1510	70		802120		60145	0	30	30	(2,635)	Non-Base Insurance
7	80-20	1510	70		802120		60350	62,466	62,406	(60)		Central Indirect @ 2.29%
8									0			
9	80-50	1510	70		805320		60000	460,948	462,863	1,915		Permanent
10	80-50	1510	70		805320		60130	147,001	147,615	614		Salary Related
11	80-50	1510	70		805320		60140	131,674	131,779	105	2,635	Insurance
12	80-50	1510	70		805320		60350	22,451	22,511	60		Central Indirect @ 2.29%
13									0			
14	72-10	3500	20		705210		50316		1,180	1,180		Insurance Revenue
15	72-10	3500	20		705210		60330		(1,180)	(1,180)	0	Offsetting Expenditure
16									0			
17									0			
18									0			
19									0			
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Budget Modification ID: **08-LIB-BM-04**

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
				Internal Order	Cost Center	WBS Element						
30								0				
31								0	0			
32								0				
33								0				
34								0				
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58								0				
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MULTNOMAH COUNTY

AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY.
 BOARD OF COMMISSIONERS
 AGENDA # C-3 DATE 03.20.08
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: C-3
Est. Start Time: 9:00 AM
Date Submitted: 03/06/08

BUDGET MODIFICATION: DCM - 11

Agenda Title: **Budget Modification DCM-11 Reclassifying One Position in Facilities and Property Management as Determined by the Class/Comp Unit of Central Human Resources**

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

Requested Meeting Date: <u>March 20, 2008</u>	Amount of Time Needed: <u>Consent</u>
Department: <u>County Management</u>	Division: <u>Director's Office</u>
Contact(s): <u>Bob Thomas</u>	
Phone: <u>503 988-4283</u> Ext. <u>84283</u>	I/O Address: <u>503/531</u>
Presenter(s): <u>Bob Thomas, if needed</u>	

General Information

1. What action are you requesting from the Board?

The department is requesting Board approval of a budget modification reclassifying one position in the Facilities & Property Management Division as determined by the Class/Comp Unit of Central Human Resources.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Department of County Management is asking the Board to approve the reclassification for the following position:

Facilities & Property Management

Position Title (Old)	Position Title (New)	Position Number	FTE
Finance Specialist 1	Property Management Specialist	701754	No change

After this position became vacant, Facilities reviewed its organization's resources and reassigned

this position from the Division Fiscal Unit to the Asset Management Unit. A new position description was prepared and the Central Class/Comp Unit reassigned the job classification from Finance Specialist 1 to the Property Management Specialist level.

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

No overall fiscal impact for the current year, funds are budgeted to cover these changes. Future budget requests will include costs for cost of living or merit increases, as appropriate.

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

NA

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

NA

ATTACHMENT A

Budget Modification

If the request is a **Budget Modification**, please answer all of the following in detail:

- **What revenue is being changed and why?**
Risk Management Fund service reimbursement revenue is increased by \$389.
- **What budgets are increased/decreased?**
Risk Management Fund is increased by \$389.
- **What do the changes accomplish?**
Position reclassification is described in section 2.
- **Do any personnel actions result from this budget modification? Explain.**
Position reclassification is described in section 2.
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**
Not applicable to this action.
- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**
Ongoing
- **If a grant, what period does the grant cover?**
NA
- **If a grant, when the grant expires, what are funding plans?**
NA

<i>NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.</i>
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ATTACHMENT B

BUDGET MODIFICATION: DCM - 11

Required Signatures

**Elected Official or
Department/
Agency Director:**

Carol M. Ford

Date: 03/05/08

Budget Analyst:

Debra

Date: 03/05/08

Department HR:

Carl R. Quigg

Date: 03/03/08

Countywide HR:

Ruth Nutting

Date: 03/06/08

Budget Modification ID: **DCM-11**

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
				Internal Order	Cost Center	WBS Element						
1	72-50	3505	0020		902050		60000	422,702	388,642	(34,061)		Decrease Permanent
2	72-50	3505	0020		902050		60130	132,906	121,976	(10,930)		Decrease Salary Related
3	72-50	3505	0020		902050		60140	108,964	98,906	(10,058)		Decrease Insurance Benefits
4	72-50	3505	0020		902050		60170	21,530	14,288	(7,242)		Decrease Prof Services
5	72-50	3505	0020		902350		60000	130,792	170,040	39,248		Increase Permanent
6	72-50	3505	0020		902350		60130	38,034	50,629	12,595		Increase Salary Related
7	72-50	3505	0020		902350		60140	29,818	40,266	10,448		Increase Insurance Benefits
8	72-10	3500	0020		705210		50316		(389)	(389)		Increase Serv Reimb Rev
9	72-10	3500	0020		705210		60330		389	389		Increase Offsetting Rev
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MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: C-4
Est. Start Time: 9:00 AM
Date Submitted: 03/11/08

Agenda Title: **Intergovernmental Revenue Agreement 0709008 with the City of Wood Village for Law Enforcement Patrols and Police Services**

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** N/A
Department: Sheriff's Office **Division:** Enforcement
Contact(s): Brad Lynch
Phone: 503-988-4336 **Ext.** 84336 **I/O Address:** 503/350
Presenter(s): Consent Calendar

General Information

1. What action are you requesting from the Board?

Approval of intergovernmental agreement 0709008.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Sheriff's Office provides patrols and police services within the city limits of Wood Village. Wood Village pays the Sheriff's Office for the patrols and services. These patrols and police services are part of the MCSO Patrol East program offer and offer Wood Village citizens emergency response, neighborhood patrols, traffic safety and assistance.

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

Wood Village will pay the County \$336,762.00 for patrol and police services for fiscal year 2009. The revenue has been anticipated and is included in the FY2009 budget.

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

The intergovernmental agreement has been reviewed by the County Attorney's office.

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

None other than those described above.

Required Signature

**Elected Official or
Department/
Agency Director:**

A handwritten signature in cursive script that reads "Bernice Zifato". The signature is written in black ink and is positioned to the right of the text "Elected Official or Department/ Agency Director:". Below the signature is a horizontal line.

Date: 03/07/08

LYNCH Brad B

From: WEBER Jacquie A [jacquie.a.weber@co.multnomah.or.us]
Sent: Tuesday, March 04, 2008 10:42 AM
To: LYNCH Brad B
Cc: DUNAWAY Susan M; MOORE Timothy A
Subject: RE: Contract Review Request - City of Wood Village

This contract may be circulated for signature.

From: LYNCH Brad B
Sent: Monday, March 03, 2008 3:18 PM
To: WEBER Jacquie A
Cc: DUNAWAY Susan M; MOORE Timothy A
Subject: Contract Review Request - City of Wood Village

Jacquie, attached are the APR, CAF, and IGA with Wood Village for police services for FY09.
Thank you, Brad

Brad Lynch

Multnomah County Sheriff's Office
Fiscal Unit
501 SE Hawthorne Blvd, STE 350
Portland, OR 97214
Phone (503) 988-4336
Fax (503) 988-4317
email: brad.lynych@mcsos.us

<http://www.mcsos.us/>

MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

Contract #: 0709008

Pre-approved Contract Boilerplate (with County Attorney signature) Attached Not Attached

Amendment #: _____

CLASS I Based on Informal / Intermediate Procurement	CLASS II Based on Formal Procurement	CLASS III Intergovernmental Contract (IGA)
<input type="checkbox"/> Personal Services Contract	<input type="checkbox"/> Personal Services Contract	<input type="checkbox"/> Expenditure Contract
<input type="checkbox"/> PCRB Contract <input type="checkbox"/> Goods or Services <input type="checkbox"/> Maintenance or Licensing Agreement <input type="checkbox"/> Public Works / Construction Contract <input type="checkbox"/> Architectural & Engineering Contract	<input type="checkbox"/> PCRB Contract <input type="checkbox"/> Goods or Services <input type="checkbox"/> Maintenance or Licensing Agreement <input type="checkbox"/> Public Works / Construction Contract <input type="checkbox"/> Architectural & Engineering Contract	<input checked="" type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement
<input type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement	<input type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement	<input type="checkbox"/> INTER-DEPARTMENTAL AGREEMENT (IDA)

Department: Sheriff's Office Division/ Program: Enforcement Date: 03/03/08
 Originator: Chief Deputy Tim Moore Phone: 503-988-4409 Bldg/Room: 503/350
 Contact: Brad Lynch Phone: 503-988-4336 Bldg/Room: 503/350

Description of Contract: The Sheriff's Office provides police services to the City of Wood Village.

RENEWAL: PREVIOUS CONTRACT #(S): 011023, 0010303 EEO-CERTIFICATION EXPIRES _____
 PROCUREMENT EXEMPTION OR CITATION #: 46-0130(1)(f) ISSUE DATE: _____ EFFECTIVE DATE: _____ END DATE: _____
 CONTRACTOR IS: MBE WBE ESB QRF State Cert# _____ or Self Cert Non-Profit N/A (Check all boxes that apply)

Contractor	City of Wood Village		Remittance address (if different)	
Address	2055 NE 238 th Drive			
City/State	Wood Village, Oregon		Payment Schedule / Terms:	
ZIP Code	97060		<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt
Phone	503-667-6211		<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30
Employer ID# or SS#			<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other
Contract Effective Date	<u>07/01/08</u>	Term Date <u>06/30/18</u>	<input type="checkbox"/> Price Agreement (PA) or Requirements Funding Info:	
Amendment Effect Date		New Term Date		
	Original Contract Amount	\$ 336,762.00	Original PA/Requirements Amount	\$ _____
	Total Amt of Previous Amendments	\$ _____	Total Amt of Previous Amendments	\$ _____
	Amount of Amendment	\$ _____	Amount of Amendment	\$ _____
	Total Amount of Agreement \$	\$ 336,762.00	Total PA/Requirements Amount	\$ _____

REQUIRED SIGNATURES:

Department Manager _____ DATE _____
 County Attorney _____ DATE _____
 CPCA Manager _____ DATE _____
 County Chair TED W. HERRICK DATE 03-20-08
 Sheriff Sheriff Bernie Givoto by TM DATE 03-07-08
 Contract Administration _____ DATE _____

COMMENTS:

APPROVED: MULTNOMAH COUNTY BOARD OF COMMISSIONERS

AGENDA # C-4 DATE 03-20-08

DEBORAH L. BOGSTAD, BOARD CLERK

INTERGOVERNMENTAL AGREEMENT

This Agreement is made and entered into pursuant to the authority found in ORS 190.010 et seq. and ORS 206.345 by and between the Multnomah County (COUNTY), and the City of Wood Village (CITY), a municipal corporation in the State of Oregon.

PURPOSE:

The purpose of this agreement is for the Multnomah County Sheriff's Office (MCSO) to provide police services within the corporate limits of the CITY.

The parties agree as follows:

1. **TERM** The term of this agreement shall be from July 1, 2008 to June 30, 2018, with annual amendment to Section 2.C) for compensation.
2. **CITY RESPONSIBILITIES**
 - A.) The CITY agrees to perform contractual agreements and pay costs for police dispatch and emergency and non-emergency call taking for the CITY, provided by the Bureau of Emergency Communications (BOEC), City of Portland.
 - B.) The CITY agrees that all matters incident to the performance of the services described herein, including standards of performance and supervision and discipline of assigned personnel, shall be and remain the responsibility of the MCSO. The CITY further agrees that the assigned personnel provided hereunder by MCSO shall be and remain employees of the COUNTY. The assigned personnel shall be supervised by MCSO and shall perform their duties in accordance with the administrative and operational procedures of the MCSO. Scheduling, payment of salary, benefits and all other employee rights shall be in compliance with the negotiated contract between the Multnomah County Deputy Sheriff's Association and the MCSO.
 - C.) Upon receipt of quarterly billing, CITY agrees to compensate the MCSO for partial costs of delivering the above stated law enforcement services. The remittance for the initial term of this contract shall be \$336,762.00 for three point zero (3.0) FTE Deputy Sheriffs.

Billing schedule will be as follows:

October 1 st for	-	July, August, September
January 1 st for	-	October, November, December
April 1 st for	-	January, February, March
July 1 st for	-	April, May, June

- D.) Payment is to be made on a quarterly basis and mailed to:
Multnomah County Sheriff's Office
ATTN: Accounts Receivable / Sharon Lowell
501 S.E. Hawthorne, Suite 350
Portland, OR 97214

- E.) CITY will notify MCSO in writing no later than ninety (90) days prior to July 1st of any year of the City's intent to consider termination or non-renewal of the contract, and the CITY will notify MCSO in writing no later than thirty (30) days prior to July 1st of the same year of any final decision to terminate or non-renew the contract.

3. COUNTY RESPONSIBILITIES

- A.) The MCSO agrees to provide police service within the corporate limits of the CITY. The police services shall include the duties and law enforcement functions customarily rendered by the MCSO under the statutes of the State of Oregon and the CITY. These services shall include response to emergency situations where life and property are in danger, criminal law enforcement, neighborhood patrol, traffic enforcement, enforcement of City ordinances, and similar law enforcement activities within the legal authority of the MCSO to provide, including follow-up investigation of reported criminal activities. The MCSO shall assign armed uniformed deputy sheriffs to the CITY to perform police patrol functions.
- B.) MCSO agrees that ORS 206.345(2), which states, "During the existence of the contract, the Sheriff shall exercise such authority as may be vested in them by terms of the contract, including full power and authority to arrest for violation of all duly enacted ordinances of the contracting city," shall prevail and shall perform accordingly. Pursuant to ORS 190.010, the Sheriff shall also have the authority to enforce civil infractions pursuant to the CITY's Municipal Code.
- C.) The MCSO will provide all law enforcement services at a level consistent with the provisions of the contract.
- D.) MCSO will consult with the CITY prior to assigning or reassigning deputies to perform the services in fulfillment of this contract (names of deputies and phone numbers to be provided to the City Administrator) and shall investigate and respond to any concerns expressed by the CITY regarding deputy performance.
- E.) With the exception noted in F below, the MCSO agrees to provide all necessary labor, supervision, equipment, communication facilities, supplies and administrative support services – including police records functions, necessary to provide the services herein. The MCSO will perform the law enforcement services with deputy sheriffs certified as police officers by the Oregon Department of Public Safety Standards and Training (DPSST)
- F.) Neither the MCSO nor the COUNTY is responsible for the contractual agreements or costs for police dispatch and emergency and non-emergency calls taken for the CITY, provided by the Bureau of Emergency Communications (BOEC), City of Portland.
- G.) The MCSO shall provide to the CITY a monthly report that includes summary reports on criminal occurrences, a synopsis of enforcement and other activities related to community policing. The report will continue to document and report numbers of incidents to which MCSO responded and the amount of time spent on incidents, neighborhood patrol and investigations.

- H.) MCSO will provided an officer at the regular monthly City Council meetings to orally inform the Council of service demands and any identified areas of concern.
 - I.) MCSO will inform the CITY administrator by January 31st of each year of the annual amendment to Section 2.C) for compensation for the following fiscal year. MCSO will provide the CITY two years advance notice of intent not to renew the contract.
4. **FUNDS AVAILABLE** In the event that funds cease to be available to County in the amounts anticipated for this agreement, County may terminate or reduce the scope of services to be provided and reduce funding accordingly. In the event that the funds cease to be available to CITY in the amounts anticipated for this agreement, CITY may terminate or reduce the scope of the services to be provided and reduce funding accordingly.
5. **INDEMNIFICATION** Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, County shall indemnify, defend and hold harmless City from and against all liability, loss and costs arising out of or resulting from the acts of County, its officers, employees and agents in the performance of this agreement. Subject to the conditions and limitations of the Oregon Constitution and the monetary limits of the Oregon Tort Claims Act, ORS 30.260 through 30.300 City shall indemnify, defend and hold harmless County from and against all liability, loss and costs arising out of or resulting from the acts of City, its officers, employees and agents in the performance of this agreement.
6. **INSURANCE** County and City shall each be responsible for providing worker's compensation insurance as required by law. Neither party shall be required to provide or show proof of any other insurance coverage.
7. **ADHERENCE TO LAW** County and City shall comply with all federal, state and local laws and ordinances applicable to this agreement.
8. **NON-DISCRIMINATION** County and City shall comply with all requirements of federal and state civil rights and rehabilitation statutes and local non-discrimination ordinances.
9. **ACCESS TO RECORDS** Each party shall have access to the books, documents and other records of the other which are related to this agreement for the purpose of examination, copying and audit.
10. **SUBCONTRACTS AND ASSIGNMENT** Neither party will subcontract or assign any part of this agreement without the written consent of the other party.
11. **THIS IS THE ENTIRE AGREEMENT** This Agreement constitutes the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on their behalf by their duly authorized representatives on the dates indicated under their signature on this page.

MULTNOMAH COUNTY, OREGON:

CITY OF WOOD VILLAGE:

Ted Wheeler

Ted Wheeler, County Chair

Date: 03-20-08

By: _____
David Fuller, Mayor

Date: _____

Approved: *Sheila Bernice Ritz*
Department Director or Designee

Date: 03-07-08

By: _____
Sheila M. Ritz, City Administrator

Date: _____

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY

Approved as to form:

By: _____
Assistant County Attorney Date

By: _____
City Attorney Date

APPROVED : MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-4 DATE 03-20-08
DEBORAH L. BOGSTAD, BOARD CLERK



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-1 DATE 03-20-08
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: R-1
Est. Start Time: 9:00 AM
Date Submitted: 03/05/08

Agenda Title: **NOTICE OF INTENT to Apply for Three Americorps Volunteers to Support County's Sustainability Efforts**

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** 5 minutes
Department: County Management **Division:** Sustainability Program
Contact(s): Molly Chidsey
Phone: 503-988-4094 **Ext.** 84094 **I/O Address:** 503/4/Sustainability
Presenter(s): Molly Chidsey

General Information

1. What action are you requesting from the Board?

Approval to apply to the Northwest Service Academy to host three Americorps volunteers ('08-'09 academic year).

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Americorps members would work within Multnomah County at the Sustainability Program and in CPCA (Central Procurement & Contracts Administration) to assist the county in achieving the following sustainability goals:

1. Reduce solid waste from county government operations;
2. Promote sustainable purchasing for goods and services; and
3. Conduct climate change outreach in the Multnomah County community.

The Americorps members would work with a diverse group of county departments, and would gain experience with sustainability project coordination and in local government.

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

A cash match of \$9,100 is required to host one full-time Americorps volunteer for one year (\$27,300 for three volunteers). This matches the federal funding the volunteer receives as a monthly stipend to cover living expenses, as well as program administration costs. The benefit to Multnomah County in expenses covered by federal National Service Programs equal to \$25,900 per volunteer (\$77,700

for three volunteers). These expenses will be covered within existing Department of County Management FY09 resources. As each Americorps volunteer would provide 11 months of full-time service to Multnomah County totaling 1,700 hours per volunteer (5,100 hours for three volunteers), this cash match is a prudent investment.

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

None

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

None

ATTACHMENT A

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**

Northwest Service Academy (NWSA), Americorps.

- **Specify grant (matching, reporting and other) requirements and goals.**

To host an Americorps member, Multnomah County provides an In-Kind match of \$5,000 per volunteer for support such as staff oversight and office space, and a \$9,100 Cash Match per volunteer, which will be covered within the Department of County Management within budgeted FY 2009 resources.

The Sustainability Program currently hosts one Americorps volunteer, Tim Lynch, who is serving as the county's Waste Prevention & Recycling Program Coordinator. The experience has been positive so far, and Multnomah County is well-positioned to apply to host more volunteers in the coming year. One of the three applications being submitted for the 2008-2009 academic year is a renewal of this existing position. The other two applications are for new volunteer positions.

- **Explain grant funding detail – is this a one time only or long term commitment?**

This would be a one-year placement of an Americorps member at Multnomah County for 11 months of service.

- **What are the estimated filing timelines?**

The application deadline is March 5, 2008.

- **If a grant, what period does the grant cover?**

Although this is not a grant application per se, the volunteer service period is for 11 months, starting in September 2008.

- **When the grant expires, what are funding plans?**

No additional funding needed.

- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**

Impacts will be minimal. Staffing support will be provided by the Sustainability Program and CPCA. Office space and access to equipment such as phone and email are included in the In-Kind match requirement described above.

ATTACHMENT B

Required Signatures

**Elected Official or
Department/
Agency Director:**

Carol M. Ford

Date: 03/05/08

Budget Analyst:

[Signature]

Date: 03/05/08



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: R-2
Est. Start Time: 9:05 AM
Date Submitted: 03/06/08

Agenda Title: **RESOLUTION Adopting a Local Purchasing Policy for Goods and Services to Support the Local Economy and Local Job Opportunities**

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** 10 minutes

Department: District 2, Sustainability Program, and CPCA **Division:** Sustainability Program

Contact(s): Kat West

Phone: 503 988-84092 **Ext.** 8-84092 **I/O Address:** 503/4

Presenter(s): Kat West and Brian Smith

General Information

1. What action are you requesting from the Board?

Adoption of a Local Purchasing Policy

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

This Local Purchasing Policy will enable Multnomah County to support the local economy and encourage local job creation. Under the policy, Multnomah County will prefer in the purchase, lease or sale of any personal property, public improvements or services, goods or services that have been manufactured or produced in Oregon if price, fitness, availability and quality are otherwise identical. Since 2001, Multnomah County has been committed to sustainable purchasing with the adoption of recycled content and product energy efficiency goals. In 2002, the county adopted a Sustainable Procurement Strategy to advance sustainable purchasing decisions. This policy further advances the county's sustainability goals.

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

There is no fiscal impact with this resolution because the policy only controls when bids and proposals are identical, including price.

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

Oregon Public Contracting Code allows a local preference when price, fitness, availability and quality are equal or comparable. Multnomah County PRCB Administrative Rules reflect state code.

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

CPCA will insert boiler plate language that reflects this policy into Multnomah County's request for proposals and bids.

Required Signature

**Elected Official or
Department/
Agency Director:**

Carol M. Ford

Date: 03/05/08

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Adopting a Local Purchasing Policy for Goods and Services to Support the Local Economy and Local Job Opportunities

The Multnomah County Board of Commissioners Finds:

- a. Multnomah County seeks to promote economic growth and job creation in Multnomah County and the State of Oregon by supporting local businesses through the purchase of local goods and services by Multnomah County.
- b. Multnomah County values a strong, varied and diverse local economy that provides contracting, employment and training opportunities for all individuals.
- c. A stable and healthy local economy enhances the livability, job opportunities, and the retention of a highly skilled work force in our community.
- d. Studies have shown that on average, 60 cents of every dollar stays in the community when spent at a local business, versus 15 cents of every dollar spent at a non-locally owned business.
- e. In April 2001, by Resolution No. 01-052, Multnomah County adopted a joint Global Warming Action Plan with the City of Portland that includes actions addressing purchase of recycled content products and energy efficient equipment and vehicles.
- f. In January 2002, the Board approved Ordinance No. 972 to establish the Sustainable Development Commission to "advise and make recommendations to the Jurisdictions' governing bodies on policies and programs to create sustainable communities and to encourage sustainable development."
- g. In April 2002, by Resolution No. 02-058, Multnomah County adopted a Sustainable Procurement Strategy with the City of Portland that includes actions to advance sustainable purchasing decisions that promote the long-term interests of the community.
- h. This strategy is consistent with Resolutions No. 01-052 and No. 02-058, and Ordinance No. 972 in recommending a sustainable procurement strategy that promotes sustainable communities.
- i. Multnomah County encourages private enterprise to join us in prioritizing our local businesses and the growth of our economy by increasing their purchases of local goods and services.

The Multnomah County Board of Commissioners Resolves:

1. In the purchase or lease of any personal property, public improvements or services, Multnomah County shall prefer goods or services that have been manufactured or produced in this state if price, fitness, availability and quality are otherwise equal;
2. Multnomah County will communicate in all bids and proposals the desire to employ Oregon businesses in the purchase or lease of any personal property, public improvements or services; and
3. Multnomah County will communicate in all bids and proposals the desire that the local economy in the State of Oregon be supported and that residents benefit from the resulting local employment opportunities that are generated.

ADOPTED this 20th day of March, 2008

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By _____
John S. Thomas, Deputy County Attorney

SUBMITTED BY:

Carol Ford, Director, Department of County Management

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 08-027

Adopting a Local Purchasing Policy for Goods and Services to Support the Local Economy and Local Job Opportunities

The Multnomah County Board of Commissioners Finds:

- a. Multnomah County seeks to promote economic growth and job creation in Multnomah County and the State of Oregon by supporting local businesses through the purchase of local goods and services by Multnomah County.
- b. Multnomah County values a strong, varied and diverse local economy that provides contracting, employment and training opportunities for all individuals.
- c. A stable and healthy local economy enhances the livability, job opportunities, and the retention of a highly skilled work force in our community.
- d. Studies have shown that on average, 60 cents of every dollar stays in the community when spent at a local business, versus 15 cents of every dollar spent at a non-locally owned business.
- e. In April 2001, by Resolution No. 01-052, Multnomah County adopted a joint Global Warming Action Plan with the City of Portland that includes actions addressing purchase of recycled content products and energy efficient equipment and vehicles.
- f. In January 2002, the Board approved Ordinance No. 972 to establish the Sustainable Development Commission to "advise and make recommendations to the Jurisdictions' governing bodies on policies and programs to create sustainable communities and to encourage sustainable development."
- g. In April 2002, by Resolution No. 02-058, Multnomah County adopted a Sustainable Procurement Strategy with the City of Portland that includes actions to advance sustainable purchasing decisions that promote the long-term interests of the community.
- h. This strategy is consistent with Resolutions No. 01-052 and No. 02-058, and Ordinance No. 972 in recommending a sustainable procurement strategy that promotes sustainable communities.
- i. Multnomah County encourages private enterprise to join us in prioritizing our local businesses and the growth of our economy by increasing their purchases of local goods and services.

The Multnomah County Board of Commissioners Resolves:

1. In the purchase or lease of any personal property, public improvements or services, Multnomah County shall prefer goods or services that have been manufactured or produced in this state if price, fitness, availability and quality are otherwise equal;
2. Multnomah County will communicate in all bids and proposals the desire to employ Oregon businesses in the purchase or lease of any personal property, public improvements or services; and
3. Multnomah County will communicate in all bids and proposals the desire that the local economy in the State of Oregon be supported and that residents benefit from the resulting local employment opportunities that are generated.

ADOPTED this 20th day of March, 2008



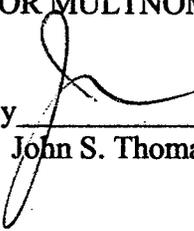
BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON



Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 

John S. Thomas, Deputy County Attorney

SUBMITTED BY:
Carol Ford, Director, Department of County Management



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: R-3
Est. Start Time: 9:10 AM
Date Submitted: 03/10/08

RESOLUTION Approving the Second Amendment to Lease No. R-10 Between Multnomah County, as Landlord, and The Subway Real Estate Corp., as Tenant, to Exercise a Five (5) Year Option Renewal Period for Space in the North Portland Health Clinic Facility

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** 10 Minutes
Department: County Management **Division:** Facilities and Property Management
Contact(s): Carla Bangert, Facilities & Property Management
Phone: (503) 988-4128 **Ext** 84128 **I/O Address:** FPM / 274
Presenter(s): Carla Bangert, Facilities & Property Management

General Information

1. What action are you requesting from the Board?

Amendment to Lease R-10 between Multnomah County, as Landlord, and the Subway Real Estate Corp., as Tenant, to exercise a five (5) year option renewal period for space in the North Portland Health Clinic facility.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Subway Real Estate Corp. has leased and franchised the operation of a Subway Sandwich Shop in the approximate 1,230 square foot surplus space in the North Portland Health Clinic facility since March 2003. The lease provides for three (3) five (5) year renewal options. The lease is scheduled to expire March 31, 2008 and Tenant has given their written notice to exercise the first option period and signed an amendment extending the lease term through March 31, 2013 and setting the new rental rate per lease requirements.

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

During the extension period the rent will be \$1,465.75 per month; \$17,589.00 annually.

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

None

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

None

Required Signature

**Elected Official or
Department/
Agency Director:**

Carol M. Ford

Date: 03/10/08

-----Original Message-----

From: RYAN Matthew O
Sent: Thursday, March 06, 2008 1:55 PM
To: BANGERT Carla J
Subject: FW: Subway Lease #R-10

Carla,

I tweaked the resolution somewhat. I didn't have tracking on, but the changes are pretty straight forward. The attached resolution is approved for submission to the BCC for its consideration. Thanks.

Matthew O. Ryan
Assistant County Attorney
Office of Multnomah County Attorney
501 SE Hawthorne, Suite 500
Portland, Oregon 97214
Tel: 503-988-3138; Fax: 503-988-3377
matthew.o.ryan@co.multnomah.or.us

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-----Original Message-----

From: RYAN Matthew O
Sent: Monday, January 07, 2008 9:03 AM
To: BANGERT Carla J
Subject: FW: Subway Lease #R-10

Carla,

Attached is the reviewed lease amendment and it is approved for routing for signatures. Thanks.

Matthew O. Ryan
Assistant County Attorney
Office of Multnomah County Attorney
501 SE Hawthorne, Suite 500
Portland, Oregon 97214
Tel: 503-988-3138; Fax: 503-988-3377
matthew.o.ryan@co.multnomah.or.us

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BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Approving the Second Amendment to Lease No. R-10 Between Multnomah County, as Landlord, and The Subway Real Estate Corp., as Tenant, to Exercise a Five (5) Year Option Renewal Period for Space in the North Portland Health Clinic Facility

The Multnomah County Board of Commissioners Finds:

- a. Subway Real Estate (Tenant) has leased and franchised the operation of a Subway Sandwich Shop in the approximate 1,230 square foot surplus space in the North Portland Health Clinic facility since March 2003, (Original Lease). The Original Lease provides for three (3) five (5) year renewal options at Tenant's option.
- b. The Tenant has sent written notice exercising the first option period and has signed a Second Amendment to Original Lease (Second Amendment); which is attached and which extends the lease term through March 31, 2013 and establishes a new, higher rental rate. The new rent will be \$1,465.75 per month or \$17,589.00 per year in compliance with the renewal rates set forth in the lease.
- c. It is in the best interest of the County to amend Lease #R-10 on the terms and conditions set forth in the attached Second Amendment.

The Multnomah County Board of Commissioners Resolves:

1. The Board approves the attached Second Amendment and the County Chair is authorized to execute the Second Amendment on behalf of Multnomah County.
2. The County Chair is authorized to execute any future amendments or renewals of the Original Lease as amended to date without further Board action.

ADOPTED this 20th day of March, 2008

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By _____
Matthew O. Ryan, Assistant County Attorney

SUBMITTED BY:
Carol M. Ford, Director, Dept. of County Management

SECOND AMENDMENT TO LEASE

BETWEEN: Multnomah County, Oregon
Facilities and Property Management
401 N. Dixon Street
Portland, OR 97227

LANDLORD

AND: Subway Real Estate Corp.
325 Bic Drive
Milford, CT 06460-3059

TENANT

By a Lease dated August 22, 2002, as amended, Tenant leased from Landlord certain space, containing approximately 1,230 square feet, in the facility known as the North Portland Health Clinic, located at 9000 N. Lombard Street, Portland, Multnomah County, Oregon, the parties agree to amend the Lease as follows:

A. Amended Terms and Conditions:

1. **Section 1 titled "Term"** is amended by deletion of the existing provision and the substitution of the following:

1.Term. The lease term initiated on or about March 31, 2003 shall be extended for five (5) years and continue through March 31, 2013.

2. **Section 2(a) titled "Base Rent"** is amended by deletion of the first sentence which reads as follows:

"The minimum annual rent during the Term ("Base Rent") shall be five dollars and fifty cents (\$5.50) per square foot."

and replacing that deleted sentence with the following:

"The minimum annual rent during the Term ("Base Rent") shall be fourteen dollars and thirty cents (\$14.30) per square foot

3. **Section 36 titled "Option To Renew Rider"** is amended by deleting the first sentence which reads as follows:

"Tenant shall have the option to renew this Lease for three (3) additional terms of five (5) years each, on the same terms and condition contained in this Lease, except for the Base Rent, which shall be at Fair Market Value."

and replacing that deleted sentence with the following:

"Tenant shall have the option to renew this Lease for two (2) additional terms of five (5) years each, on the same terms and condition contained in this Lease, except for the Base Rent, which shall be at Fair Market Value."

B. Remainder of Agreement

Except as expressly provided herein, all other terms and conditions of the Lease shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the respective dates set opposite their signature below, but this Agreement on behalf of such party is deemed to have been dated as of the date first above written.

**For Landlord:
Multnomah County, Oregon**

Date: _____

By: _____
Ted Wheeler, Chair

Date: _____

Reviewed
By: _____
Matthew O. Ryan, Asst. County Attorney

**For Tenant:
Subway Real Estate Corp.,
a Delaware corporation**

Date: _____

By: _____
Title: **Ernest A. Oliver, Jr.**
Duly Authorized

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 08-028

Approving the Second Amendment to Lease No. R-10 Between Multnomah County, as Landlord, and The Subway Real Estate Corp., as Tenant, to Exercise a Five (5) Year Option Renewal Period for Space in the North Portland Health Clinic Facility

The Multnomah County Board of Commissioners Finds:

- a. Subway Real Estate (Tenant) has leased and franchised the operation of a Subway Sandwich Shop in the approximate 1,230 square foot surplus space in the North Portland Health Clinic facility since March 2003, (Original Lease). The Original Lease provides for three (3) five (5) year renewal options at Tenant's option.
- b. The Tenant has sent written notice exercising the first option period and has signed a Second Amendment to Original Lease (Second Amendment); which is attached and which extends the lease term through March 31, 2013 and establishes a new, higher rental rate. The new rent will be \$1,465.75 per month or \$17,589.00 per year in compliance with the renewal rates set forth in the lease.
- c. It is in the best interest of the County to amend Lease #R-10 on the terms and conditions set forth in the attached Second Amendment.

The Multnomah County Board of Commissioners Resolves:

1. The Board approves the attached Second Amendment and the County Chair is authorized to execute the Second Amendment on behalf of Multnomah County.
2. The County Chair is authorized to execute any future amendments or renewals of the Original Lease as amended to date without further Board action.

ADOPTED this 20th day of March, 2008

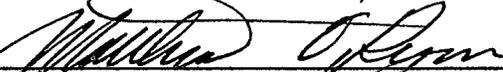


BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Matthew O. Ryan, Assistant County Attorney

SUBMITTED BY:
Carol M. Ford, Director, Dept. of County Management

25437

SECOND AMENDMENT TO LEASE

**BETWEEN: Multnomah County, Oregon
Facilities and Property Management
401 N. Dixon Street
Portland, OR 97227**

LANDLORD

**AND: Subway Real Estate Corp.
325 Bic Drive
Milford, CT 06460-3059**

TENANT

By a Lease dated August 22, 2002, as amended, Tenant leased from Landlord certain space, containing approximately 1,230 square feet, in the facility known as the North Portland Health Clinic, located at 9000 N. Lombard Street, Portland, Multnomah County, Oregon, the parties agree to amend the Lease as follows:

A. Amended Terms and Conditions:

1. Section 1 titled "Term" is amended by deletion of the existing provision and the substitution of the following:

1.Term. The lease term initiated on or about March 31, 2003 shall be extended for five (5) years and continue through March 31, 2013.

2. Section 2(a) titled "Base Rent" is amended by deletion of the first sentence which reads as follows:

"The minimum annual rent during the Term ("Base Rent") shall be five dollars and fifty cents (\$5.50) per square foot."

and replacing that deleted sentence with the following:

"The minimum annual rent during the Term ("Base Rent") shall be fourteen dollars and thirty cents (\$14.30) per square foot

3. Section 36 titled "Option To Renew Rider" is amended by deleting the first sentence which reads as follows:

"Tenant shall have the option to renew this Lease for three (3) additional terms of five (5) years each, on the same terms and condition contained in this Lease, except for the Base Rent, which shall be at Fair Market Value."

and replacing that deleted sentence with the following:

"Tenant shall have the option to renew this Lease for two (2) additional terms of five (5) years each, on the same terms and condition contained in this Lease, except for the Base Rent, which shall be at Fair Market Value."

B. Remainder of Agreement

Except as expressly provided herein, all other terms and conditions of the Lease shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the respective dates set opposite their signature below, but this Agreement on behalf of such party is deemed to have been dated as of the date first above written.

**For Landlord:
Multnomah County, Oregon**

Date: 03-20-08

By: 
Ted Wheeler, Chair

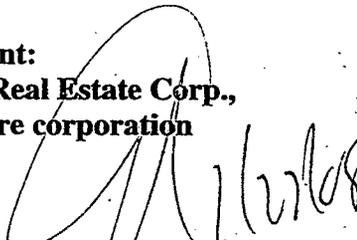
Date: 3/20/08

Reviewed

By: 
Matthew O. Ryan, Asst. County Attorney

**For Tenant:
Subway Real Estate Corp.,
a Delaware corporation**

Date: _____

By: 
Title: Ernest A. Oliver, Jr.
Duly Authorized

APPROVED : MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-3 DATE 03-20-08
DEBORAH L. BOGSTAD, BOARD CLERK



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: R-4
Est. Start Time: 9:15 AM
Date Submitted: 03/12/08

**RESOLUTION Approving the Conveyance of the Martha Washington Building,
 1115 SW 11th Avenue, Portland Oregon, to Cascadia Housing, Inc., for
 Agenda Redevelopment as Affordable and Permanent Supportive Housing Providing
 Title: Services to County Target Populations**

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** 5 minutes
Department: Non-Departmental **Division:** Chair's Office
Contact(s): Mike Sublett, Facilities and Property Management Division (FPM)
Phone: (503) 988-4149 **Ext.** 84149 **I/O Address:** 274
Presenter(s): Doug Butler, FPM; Joanne Fuller, DCHS

General Information

1. What action are you requesting from the Board?

Approving the final conveyance of the Martha Washington Building, 1115 SW 11th Avenue, Portland Oregon, to Cascadia Housing, Inc., for redevelopment as affordable and permanent supportive housing providing services to County target populations.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

By Resolution 05-201, dated December 8, 2005, the Multnomah County Board of Commissioners declared the Martha Washington Building, 1115 SW 11th Avenue, Portland, Oregon ("Property") as surplus. By Resolution 06-181, dated October 26, 2006, the Multnomah County Board of Commissioners authorized Facilities and Property Management Division ("Facilities") to commence negotiation of a disposition agreement with Cascadia Behavioral Healthcare, Inc. and Winkler Development Corporation for the Property based on their response to a Request for Proposal. Facilities was further directed to submit the final agreement to the Board for approval.

In the past year, there has been substantial work on building due diligence (physical systems),

development of a plan for services to be provided to future residents of the Property, financing structure, transfer documentation, and related issues. Department of County Human Services ("DCHS") Staff have reviewed and approved the plan for services to be provided at the Property to County target populations, including the homeless, those at risk of homelessness, and those with chronic health conditions. This includes staffing, financing sources, and related. An informal roundtable discussion was held on December 12, 2007 with community stakeholders regarding programming and building plans for the Property. Neighboring property owners and Portland Downtown Neighborhood Association representatives received an update on the transfer process, schedule, target populations, services to be provided at the Property and building plans. A Board briefing was held for the public at the regularly scheduled Board meeting on March 13, 2008.

The attached Draft Agreement for the Disposition of Property ("ADP") has been negotiated by the County Attorney, with review by DCHS and Facilities, with Cascadia Housing, Inc., an entity of Cascadia Behavioral Healthcare, Inc. Estimated Closing is early May 2008. It is in the best interests of the County to convey the Property to Cascadia Housing Inc. on the terms and conditions set forth in the attached agreement.

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

Approximately \$50,000 per annum in "mothball" facility costs will be saved on an operating basis. The property was independently appraised at \$4.6 million in 2005.

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

None

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

An informal roundtable discussion was held on December 12, 2007, with community stakeholders regarding the updated programming and building plans. Neighboring property owners and Portland Downtown Neighborhood Association representatives received an update on the transfer process, schedule, and building plans. The Portland Development Commission is anticipated to participate in the project financing and the State of Oregon Bureau of Housing and Community Development is expected to facilitate financing through a bond sale.

Required Signature

**Elected Official or
Department/
Agency Director:**

Carol M. Ford

Date: 03/12/08

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Approving the Conveyance of the Martha Washington Building, 1115 SW 11th Avenue, Portland Oregon, to Cascadia Housing, Inc., for Redevelopment as Affordable and Permanent Supportive Housing Providing Services to County Target Populations

The Multnomah County Board of Commissioners Finds:

- a. By Resolution 05-201, dated December 8, 2005, the Multnomah County Board of Commissioners declared the Martha Washington Building, 1115 SW 11th Avenue, Portland, Oregon ("Property") as surplus.
- b. By Resolution 06-181, dated October 26, 2006, the Multnomah County Board of Commissioners authorized Facilities and Property Management Division ("Facilities") to commence negotiation of a disposition agreement with Cascadia Behavioral Healthcare, Inc. and Winkler Development Corporation for the Property based on their response to a Request for Proposal. Facilities was further directed to submit the final agreement to the Board for approval.
- c. In the past year, there has been substantial work on building due diligence, development of a plan for services to be provided to future residents of the Property, financing, transfer documentation, and related issues. Department of County Human Services ("DCHS") Staff have reviewed and approved the plan for services to be provided at the Property to County target populations, including the homeless, those at risk of homelessness, and those with chronic health conditions.
- d. An informal roundtable discussion was held on December 12, 2007 with community stakeholders regarding programming and building plans for the Property. Neighboring property owners and Portland Downtown Neighborhood Association representatives received an update on the transfer process, schedule, target populations, services to be provided at the Property and building plans. A Board briefing was held for the public on March 13, 2008.
- e. The attached Draft Agreement for the Disposition of Property has been negotiated by the County Attorney, with review by DCHS and Facilities, with Cascadia Housing, Inc., an entity of Cascadia Behavioral Healthcare, Inc. It is in the best interests of the County to convey the Property to Cascadia Housing Inc. on the terms and conditions set forth in the attached agreement.

The Multnomah County Board of Commissioners Resolves:

1. It is in the best interests of the County to convey the Property to Cascadia Housing, Inc., on the terms and conditions set forth in the attached Draft Agreement for Disposition of Property.
2. The Chair is authorized to execute documents necessary to complete the conveyance of the Property on terms substantially consistent with the attached Draft Agreement for Disposition of Property.

ADOPTED this 20th day of March, 2008.

**BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON**

Ted Wheeler, Chair

REVIEWED:

**AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON**

By

John S. Thomas, Deputy County Attorney

SUBMITTED BY:

Carol M. Ford, Director, Department of County Management

**MARTHA WASHINGTON APARTMENTS
AGREEMENT FOR DISPOSITION OF PROPERTY**

between

MULTNOMAH COUNTY

and

CASCADIA HOUSING

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EXHIBITS:

A	Legal Description
B	Deed Form
C	Preparation of the Property
D	Services
E	Certificate of Initial Compliance
F	Reconveyance Quitclaim Deed and Escrow Instructions
G	Memorandum of Agreement

MARTHA WASHINGTON APARTMENTS
AGREEMENT FOR DISPOSITION OF PROPERTY

THIS AGREEMENT FOR DISPOSITION OF PROPERTY (this "Agreement") is made as of March 20, 2008, by **MULTNOMAH COUNTY** ("Multnomah County"), a political subdivision of the State of Oregon and **CASCADIA HOUSING, INC.**, an Oregon nonprofit corporation ("Provider"). Multnomah County and Provider are referred to jointly in this Agreement as "Parties" and individually as a "Party".

RECITALS

1. Multnomah County owns the Martha Washington Apartments located at 1115 SW 11th Avenue, in Portland, Multnomah County, Oregon, the legal description of which is set forth on Exhibit A ("Property").
2. The Parties desire to enter into this Agreement setting forth the terms and conditions under which Multnomah County will convey the Property to Provider in exchange for Provider's agreement to provide services to targeted populations pursuant to the terms and conditions of this Agreement.
3. Multnomah County finds that Provider's provision of services to targeted populations, pursuant to this Agreement, will help achieve Multnomah County's goals. Multnomah County also finds that the fulfillment generally of this Agreement, and the intentions set forth herein, are in the vital and best interests of Multnomah County and the health, safety, and welfare of its residents.

AGREEMENT

The Parties, in consideration of the premises and the agreements set forth herein and for other valuable consideration, the receipt and adequacy of which are hereby acknowledged, covenant and agree as follows:

DEFINITIONS

The following terms have the designated meanings in this Agreement:

1. "**Affiliate**" means any entity that controls, is controlled by or is under common control with Provider or Cascadia Behavioral Healthcare, Inc., an Oregon nonprofit corporation.
2. "**Affordable Housing**" means residential rental property that is occupied by individuals whose income is, at the time of their initial lease, 60% or less of area median gross income, and in which Gross Rent, determined in accordance with Section 42(g)(2)(B) of the Internal Revenue Code of 1986, as amended (the "Code"), for each residential unit, offset by amounts paid pursuant to Section 8, does not exceed 35 percent of the imputed income limitation adjusted for family size applicable to such unit, as determined in accordance with Section 42(g) of the Code.

3. **“Agreement”** means this Agreement for Disposition of Property and all attached Exhibits.
4. **“Certificate of Initial Compliance”** means a certificate to be issued by Multnomah County to Provider pursuant to Section 3.5 of this Agreement.
5. **“Close” or “Closing”** means the conveyance to Provider by Multnomah County of the Property by the Deed.
6. **“Closing Date”** means the date set forth in Section 1.1.2.
7. **“Conveyance”** means the transfer by Multnomah County to Provider of fee simple title to the Property, by means of the Deed and subject to reversion as provided herein.
8. **“Deed”** means the form of Bargain and Sale Deed conveying fee simple title to the Property to Provider, substantially in the form attached to this Agreement as Exhibit B.
9. **“Effective Date”** means the date that both Parties have executed this Agreement.
10. **“Environmental Abatement”** means the testing for and lawful disposition of all Hazardous Substances on the Property (including asbestos, lead paint, and PCBs, if any) as required prior to commencement of the Project in compliance with Environmental Laws.
11. **“Environmental Laws”** means all federal, state and local laws, ordinances, rules and regulations pertaining to the protection or regulation of the environment that apply to the Property, including without limitation, ORS chapter 466, OAR Chapter 341, RCRA (defined herein), CERCLA (defined herein), the Safe Drinking Water Act, the Clean Air Act, the Clean Water Act, and the Toxic Substances Control Act.
12. **“Environmental Report”** means: a “Phase I Environmental Site Assessment dated August 23, 2005 prepared by Ash Creek Associates for the Portland Development Commission.
13. **“Escrow Agent”** means First American Title Insurance Company, 200 Market Street, Portland, Oregon (Attn: Trevor Cheyne).
14. **“Extended Use Period”** means a period of sixty (60) years commencing with the date of issuance of the Certificate of Initial Compliance.
15. **“Final Permitted Exceptions”** shall have the meaning set forth in Section 1.4.2.
16. **“Final Termination Date”** shall have the meaning set forth in Section 1.6.3.
17. **“Hazardous Substances”** means any pollutant, dangerous substance, toxic substance, asbestos, petroleum, petroleum product, hazardous waste, hazardous materials or hazardous substances as defined in or regulated by Chapter 466 of the Oregon Revised Statutes, the Resource Conservation Recovery Act, as amended, 42 USC Section 6901, et seq (“RCRA”), the Comprehensive Environmental Response, Compensation and Liability Act, as amended, 42 USC Section 9601, et seq, (“CERCLA”), or any other

Environmental Law.

18. **"Laws"** shall have the meaning set forth in Section 1.7.5.
19. **"Mortgage"** means a mortgage or deed of trust against the Property, or any portion thereof, approved by Multnomah County and recorded in the real property records of Multnomah County, Oregon.
20. **"Mortgagee"** means the holder of any Mortgage, approved by Multnomah County, affecting or encumbering the Property or any portion thereof, together with any successor or assignee of such holder. The term "Mortgagee" shall include any Mortgagee as owner of the Property or any part thereof as a result of foreclosure proceedings, or action in lieu thereof, or any insurer or guarantor of any obligation or condition secured by a Mortgage but shall not include (a) any other party who thereafter obtains title to the Property or such part from or through a Mortgagee or (b) any other purchaser at foreclosure sale other than a Mortgagee.
21. **"Notice of Termination"** shall have the meaning set forth in Section 7.4.1.
22. **"Permanent Housing"** means housing with no limit on length of stay and no requirement that tenants move out so long as the tenant(s) is in compliance with their lease and the terms of the restrictive covenants applicable to the unit.
23. **"Permanent Supportive Housing"** means a unit of Permanent Housing that is: (a) subject to restrictive covenants requiring that the unit be affordable to single individual households with incomes equal to or less than 30% of area median gross income, or multiple individual households with incomes equal to or less than 50% of area median gross income, as defined by the U.S. Department of Housing and Urban Development and the restrictive covenants applicable to the unit; (b) occupied by a person who has access to Services; and (c) occupied by a person or household who is, or was at the time of initial occupancy of the unit, a PSH Tenant.
24. **"Permitted Exceptions"** shall have the meaning set forth in Section 1.4.1.
25. **"PSH Tenant"** means an individual or family: (a) earning up to 30% of area median gross income (for individuals) or 50% of area median gross income (for families); and (b) homeless or at risk of homelessness, including those who may be leaving other systems of care (corrections, hospitalization, etc.) without a place to live; (c) with chronic health conditions that are at least episodically disabling (e.g. mental illness, HIV/AIDS, and substance use issues) or other substantial barriers to housing stability; (d) who would not be able to retain stable housing without tightly linked supportive services; and (e) who is a member of a specific target population.
26. **"Project"** means preparing the existing structure on the Property as the primary location for delivery of the Services.
27. **"Project Budget"** means the chart of sources and uses of funds for the Project and detailed listing of estimated Project costs that will be furnished by Provider to Multnomah County.

28. **“Project Commencement”** means the date the Project commences.
29. **“Project Completion”** shall have the meaning set forth in Section 3.5.
30. **“Release”** means releasing, spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, disposing or dumping.
31. **“Seller’s Documents”** shall have the meaning set forth in Section 1.6.1 (b)(x).
32. **“Services”** means those services described in Exhibit D.
33. **“Termination Date”** shall have the meaning set forth in Section 1.6.2 (a).
34. **“Title Report”** shall have the meaning set forth in Section 1.4.1.
35. **“Unavoidable Delay”** shall have the meaning set forth in Section 7.9.1.

1. GENERAL TERMS OF CONVEYANCE

1.1 Conveyance by Deed.

1.1.1 **Deed.** Subject to the terms, covenants and conditions of this Agreement, at Closing Multnomah County will convey the Property by the Deed to Provider.

1.1.2 **Closing.** The conveyance of the Property to Provider shall occur in an escrow closing at the office of the Escrow Agent May 5, 2008, or sooner if required for Provider’s closing of financing (the “Closing Date”), subject to extension to not later than the Final Termination Date as provided in Section 1.6.3. or such earlier date as the parties may agree to in writing. At Closing, Provider shall accept such conveyance from Multnomah County.

1.2 **Conveyance of Property.** Upon satisfaction of the Conditions Precedent to Conveyance provided in Section 1.6 hereof, Multnomah County will convey the Property to Provider by Deed.

1.3 **Consideration for Conveyance of the Property.** . The sole consideration for the Property is Provider’s preparation of the Property and performance of the Services and Provider’s other covenants contained in this Agreement.

1.4 Title Review.

1.4.1 Within ten (10) days after the Effective Date, Multnomah County will deliver to Provider a preliminary title report and copies of all exception documents (the “Title Report”). Provider will have twenty (20) days after receiving the Title Report to notify Multnomah County in writing if Provider objects to any item in the Title Report. Those items to which Provider does not object are the “Permitted Exceptions”. If Provider objects to any item, then Multnomah County shall have twenty (20) days after receiving Provider’s written objection to notify Provider in writing of its intention to remove or not remove the objected to exceptions to title prior to Closing. If Multnomah County does not give its response to Provider’s objections within the twenty (20) day time period or if Multnomah County refuses to remove any such objected to exceptions, Provider shall have twenty (20) days to terminate this Agreement by written notice to Multnomah County. If Provider does not terminate the Agreement, the

exceptions that Provider originally objected to and that Multnomah County refused to remove or failed to respond to will be deemed additional Permitted Exceptions.

1.4.2 From and after the Effective Date, Multnomah County will not suffer or permit any liens, encumbrances or other exceptions to title to the Property without Provider's prior written consent, which consent shall not be unreasonably withheld. Provider may obtain an update to the Title Report at any time prior to the Closing. Provider shall promptly give to Multnomah County a copy of any updated Title Report. Provider may object to Multnomah County in writing to any exceptions (which are not Permitted Exceptions or which have not been approved by Provider as provided in this Section 1.4.2) to title that appear on the updated Title Report as a result of Multnomah County's actions or inactions. Within ten (10) days of Provider's written notice to Multnomah County described in the preceding sentence, Multnomah County shall remove the objected to exceptions to title prior to Closing. If Multnomah County fails to remove any such objected to exceptions, Provider may terminate this Agreement with ten (10) days written notice to Multnomah County or seek extension of the Closing Date pending removal of those exceptions that are capable of removal. The Permitted Exceptions identified and established pursuant to Section 1.4.1 above together with any exceptions that Provider approves pursuant to this Section 1.4.2 are the "Final Permitted Exceptions".

1.5 Title Insurance, Survey, Property Taxes and Closing Costs.

1.5.1 Multnomah County shall have no obligation to obtain title insurance coverage for the conveyance of the Property. Provider can elect at its sole cost and expense to obtain title insurance coverage at closing on the Property. Multnomah County agrees to execute any affidavits or other documents required by the Escrow Agent to enable Provider to obtain such coverage.

1.5.2 The costs for recording a Memorandum of this Agreement, the Deed and any other documents required by Provider to be recorded will be paid by Provider. Each Party shall pay one-half (1/2) of any escrow fees charged by Escrow Agent. All other Closing costs, if any, shall be allocated in accordance with the customary practice in Multnomah County. Provider's obligation to pay property taxes on the Property will be limited to the taxes after the Closing Date. Provider shall be responsible for the Property's pro-rated share of special assessments, or any payments on special assessments, due after the Closing Date.

1.6 Conditions Precedent to Conveyance.

1.6.1 **Conditions.** Provider and Multnomah County are not obligated to Close the Conveyance unless the following conditions are satisfied to the reasonable satisfaction of the benefited Party. The Party benefited by a particular condition shall not unreasonably withhold, condition or delay acknowledgment that the condition has been satisfied.

(a) To the satisfaction of both Multnomah County and Provider, there shall be no litigation pending that prevents Multnomah County or Provider from performing their respective obligations under this Agreement.

(b) To Provider's reasonable satisfaction:

- (i) Any required building permits shall have been issued by the City of Portland.
- (ii) Provider shall have determined that Multnomah County has title to the Property subject only to the Final Permitted Exceptions.
- (iii) Provider's lenders shall have agreed to the final form of the Deed and any documents necessary to close the private financing.
- (iv) Escrow Agent shall have issued to Provider a binding commitment (a) to issue to Provider an Owner's Extended Title Insurance Policy covering the Property in an amount not less than the total cost of performing the Project in form and substance satisfactory to the Provider, subject only to the Final Permitted Exceptions; and (b) to issue a Lender's Extended Title Insurance Policy covering the fee interest in the Property in the amount of the loans to be provided to Provider in form and substance satisfactory to any lender identified by Provider.
- (v) Multnomah County's representations and warranties stated in Section 1.7 herein are true and correct as of the Closing Date.
- (vi) Provider shall have obtained financing for the Project reasonably satisfactory to Provider.
- (vii) Multnomah County shall not be in default under any material term or condition of this Agreement. As of Closing, if requested by Provider, Multnomah County shall represent to Provider that there are no material defaults by Multnomah County under this Agreement or events which with the passage of time would constitute a material default by Multnomah County under this Agreement.
- (viii) Provider shall have secured all land use approvals for the Project required by the City of Portland and no appeal of any required approval or permit shall have been filed, and the time for any such appeal shall have expired. If an appeal has been filed, it shall have been finally resolved.
- (ix) Provider shall have reviewed and approved the results of its due diligence investigation of Project feasibility including, without limitation, survey, title, geotechnical, environmental, land use, parking and financing.
- (x) Multnomah County has made available to Provider a copy of all surveys, studies, reports and other documents or information in Multnomah County's possession or reasonably available to Multnomah County regarding the Property ("Seller's Documents") and shall, upon request by Provider, assist Provider with obtaining updates or reliance letters from the providers thereof, at Provider's expense.
- (c) To Multnomah County's reasonable satisfaction:
- (i) Provider shall have provided to Multnomah County certified copies of its articles of incorporation and bylaws and a certificate of existence from the Secretary of State of the State of Oregon, dated no earlier than 30 days prior to the Closing Date.

(ii) Provider shall have provided to Multnomah County a certified copy of the resolution adopted by its board of directors, authorizing execution of this Agreement and performance of the transactions contemplated hereby.

(iii) Provider shall not be in default under any material term or condition of this Agreement. As of Closing, Provider shall represent to Multnomah County that there are no material defaults by Provider under this Agreement or events which with the passage of time would constitute a material default by Provider under this Agreement.

(iv) Provider's representations and warranties stated in Section 1.8 herein are true and correct as of the Closing Date.

(v) Provider shall have demonstrated financial feasibility for the Project by closing adequate financing to fund the Project or by providing to Multnomah County copies of binding commitment letters for financing from lenders, subject to standard conditions to closing, and consistent with the Project Budget.

(vi) Provider shall have obtained the approvals and agreements described in Section 1.6.1 (b) (i), (iii), (vi) and (viii).

(vii) The plans approved for building permit describe facilities that are adequate to provide the Services described in Exhibit D, with the number and configuration of units described in Exhibit C.

1.6.2 Elections upon Non-Occurrence of Conditions. Except as provided below, if any condition in Section 1.6.1 is not fulfilled to the reasonable satisfaction of the benefited Party or Parties on the Closing Date, subject to any extension that may be granted pursuant to this Section 1.6, then such benefited Party may elect to:

(a) Terminate this Agreement by written notice to the other Party, which termination shall become effective sixty (60) days after the notice of termination is given ("Termination Date") unless, before the sixty (60) day period ends, the other Party fulfills such condition or conditions to the reasonable satisfaction of the benefited Party or Parties; or

(b) Waive in writing the benefit of that condition precedent to its obligation to perform under this Agreement, and proceed in accordance with the terms hereof; or

(c) Extend the Termination Date by which the other Party must satisfy the applicable condition, if the other Party can satisfy the condition and if the other Party agrees in writing to the extension.

1.6.3 Final Termination Date. If all of the conditions precedent under Section 1.6.1 have not been satisfied, waived or otherwise resolved pursuant to this Agreement by the date sixty (60) days after the Closing Date, then this Agreement shall automatically terminate 60 days after the Closing Date ("Final Termination Date") unless the Final Termination Date is extended by agreement of the Parties prior to Final Termination Date, or unless the failure of satisfaction of the conditions precedent is the result of Unavoidable Delay as defined in Section 7.9.1. The maximum extension of the Final Termination Date shall be 90 days from the Closing Date. If the Agreement is terminated for failure of satisfaction of any of the conditions precedent, and such failure is not the result of a breach of this Agreement by either Party, then

the obligations of the Parties to each other under this Agreement shall terminate, with neither obligations nor remedies accruing to either Party.

1.7 **Multnomah County Representations and Warranties.** Multnomah County represents that, except as disclosed in Seller's Documents:

1.7.1 Except as has been disclosed to Provider in the Environmental Report and to Multnomah County's knowledge, there has been no generation, manufacture, refinement, transportation, treatment, storage, handling, disposal, transfer, Release or production of Hazardous Substances, or other dangerous or toxic substances or solid wastes on the Property, or underground storage tanks existing on the Property, except in compliance with Environmental Laws currently in effect, and Multnomah County has not received notice of the Release of any Hazardous Substances on the Property.

1.7.2 Multnomah County has full power and authority to enter into and perform this Agreement in accordance with its terms, and all requisite action has been taken by Multnomah County in connection with the execution of this Agreement and the transactions contemplated hereby.

1.7.3 Multnomah County is not a "foreign person" within the meaning of Section 1445(f)(3) of the Internal Revenue Code of 1986, as amended.

1.7.4 To Multnomah County's knowledge there is no litigation, action, suit, or any condemnation, environmental, zoning, or other government proceeding pending or threatened, which may affect the Property, Multnomah County's ability to perform its obligations under this Agreement or Provider's ability to perform the Project except that Provider is advised that the City of Portland Fire Marshall has determined that additional fire safety improvements are required to be installed at the Property.

1.7.5 To Multnomah County's knowledge, and except as disclosed in writing to Provider, the Property is in compliance with all applicable laws, rules, regulations, ordinances and other governmental requirements ("Laws").

1.7.6 To Multnomah County's knowledge, Multnomah County has not received or given any notice stating that the Property is in violation of any Laws; provided, however that Multnomah County makes no representation as to the availability or suitability of utility connections to the Property. Provider acknowledges, in particular, that the electrical service to the building is not adequate for the Project.

1.7.7 No representation, warranty or statement of Multnomah County in this Agreement or any of the exhibits attached contains any untrue statement of a material fact or omits a material fact necessary to make the statements of facts contained herein not misleading.

1.7.8 To Multnomah County's knowledge, as of the date hereof, there are no defaults by Multnomah County under this Agreement or events that with the passage of time would constitute a default of Multnomah County under this Agreement.

1.7.9 As used in this section, "**Multnomah County's knowledge**" shall mean the actual knowledge of the managerial and supervisory personnel of Multnomah County having

direct responsibility for the supervision of the Property, without any duty of inquiry or investigation.

1.8 Provider Representations and Warranties. Provider represents that:

1.8.1 Provider has full power and authority to enter into and perform this Agreement in accordance with its terms, and Provider has taken all requisite action in connection with the execution of this Agreement and the transactions contemplated hereby.

1.8.2 No representation, warranty or statement of Provider in this Agreement or any of the exhibits attached contains any untrue statement of a material fact or omits a material fact necessary to make the statements of facts contained herein not misleading.

1.8.3 As of the date hereof there are no defaults by Provider under this Agreement or events that with the passage of time would constitute a default of Provider under this Agreement.

1.8.4 Provider enters into this Agreement without reliance upon any verbal representation of any kind by Multnomah County, its employees, agents or consultants regarding any aspect of the Property, the Project, its feasibility, financing or compliance with any governmental regulation.

2. PREPARATION OF THE PROPERTY

2.1 **Permits.** Provider, at its own cost, will design, perform, fund and obtain permits for the Project.

2.2 Termination of Leases; Relocation of Tenants

2.2.1 Multnomah County, without any expense to Provider, will terminate all leases on the Property and relocate or evict all tenants no later than the Closing Date. Multnomah County agrees that it will not lease any portion of the Property to any tenant after the Effective Date.

2.2.2 Multnomah County will be responsible for compliance with all Uniform Relocation Act requirements. Provider shall not be responsible for relocation expenses of any tenants on the Property.

2.3 **Utility Service.** Multnomah County makes no representation as to the availability or suitability of utility connections to the Property. Provider shall pay any and all costs of removal, installation, connection, or upgrade of new or existing utilities to serve the Project.

2.4 **Subsurface and Surface Conditions.** The Property shall be conveyed from Multnomah County to Provider in "AS IS" condition. Except as otherwise specifically provided in this Agreement, Multnomah County makes no warranties or representations as to the suitability of the soil conditions or any other conditions of the Property for any improvements to be performed by the Provider, and, except for representations and warranties otherwise provided by Multnomah County in this Agreement, Provider warrants that it has not relied on any representations or warranties made by Multnomah County as to the environmental condition, the

suitability of the soil conditions or any of the conditions of the Property for any improvements to be performed by the Provider. Except for breach of any of Multnomah County's representations and warranties expressly set forth in this Agreement, Provider agrees that Multnomah County will not be liable for any loss, cost or damage that may be caused or incurred by Provider by reason of any such soil or physical conditions on the Property. Multnomah County shall allow Provider free access to Multnomah County's records with respect to such conditions.

2.5 Plan Review and Approval. Provider shall submit plans to Multnomah County for review and approval prior to the Closing Date. Multnomah County's approval shall be limited to a determination whether the plans describe facilities that are adequate to provide the Services described in Exhibit D, with the number and configuration of units described in Exhibit C..

3. COMPLETION OF PROJECT

3.1 Project Financing. Provider will be responsible for obtaining all financing and equity funds necessary to acquire the Property and complete the Project.

3.2 Diligent Completion. Subject to the terms and conditions of this Agreement, Provider covenants to diligently pursue and complete the Project within sixteen (16) months after the Closing Date, subject to Unavoidable Delays as provided in Section 7.9.1.

3.3 Inspection and Property Access. Subject to the terms of any existing leases, before conveying the Property to Provider, and pursuant to a written permit of entry, Multnomah County shall allow Provider and Provider's employees, agents and consultants to enter upon the Property, at all reasonable times whenever and to the extent necessary to carry out the purposes of this Agreement. The Parties acknowledge that prior to the Effective Date Provider has had access to the Property pursuant to a Permit of Entry executed by the Parties

3.4 Use of the Property. Provider covenants and agrees for itself, its successors, its assigns and every successor-in-interest to the Property or any part thereof, that upon completion of the Project, Provider and such successors and assignees will devote the Property to use as Affordable Housing, Permanent Supportive Housing and performance of the Services consistent with the provisions of Exhibits C and D, which use will continue for at least the Extended Use Period. This Section 3.4 shall run with the land and survive the issuance of any Certificate of Initial Compliance.

3.5 Project Completion. The project shall be deemed complete ("Project Completion") when the work described in the building permits issued by the City of Portland has been finally approved by City of Portland and Provider has commenced providing the Services.

3.6 Staffing and Operation of Project. Provider covenants and agrees that from and after the Effective Date, Jim Hlava, will be the full-time representative with authority to act on behalf of the Provider. Provider's project manager for construction will be Winkler Development Company. Provider will own, operate and maintain the Project at its sole cost and expense.

3.7 Certificate of Initial Compliance.

3.7.1 When Provider is Entitled to Certificate of Initial Compliance. Upon Provider's request after Project Completion, Multnomah County will furnish Provider with a Certificate of Initial Compliance for the Project substantially in the form attached hereto as Exhibit E.

3.7.2 Meaning and Effect of the Certificate of Initial Compliance. The Certificate of Initial Compliance shall provide for termination of obligations under this Agreement and limitation of remedies of Multnomah County as expressly provided for therein.

3.7.3 Form of Certificate of Initial Compliance; Procedure Where Multnomah County Refuses to Issue. A Certificate of Initial Compliance shall be in the form attached as Exhibit E. If Multnomah County refuses or fails to provide a Certificate of Initial Compliance in accordance with this section, then Multnomah County, within fifteen (15) days after Provider provides a written request together with reasonably satisfactory proof of Project Completion, shall provide Provider with a written statement indicating in detail in what respects Provider has failed to provide such proof of Project Completion and what measures or acts Provider must take or perform to obtain such Certificate of Initial Compliance. Multnomah County's failure to furnish Provider with such detailed written statement within such fifteen (15) day period shall be deemed Multnomah County's approval of Provider's request for the Certificate of Initial Compliance.

4. ENVIRONMENTAL MATTERS

4.1 Indemnification. Provider shall be responsible for compliance with all Environmental Laws with respect to its business and the operation of the Project from and after the Closing Date, except for matters caused in whole or in part by the act or failure to act of Multnomah County, its employees, agents, contractors, or invitees. Provider shall defend, indemnify and hold harmless Multnomah County, its successors and assigns, against any and all damages, claims, losses, liabilities and expenses, including, without limitation, reasonable legal, accounting, consulting, engineering and other expenses which may be imposed on or incurred by Multnomah County, its successors or assigns, or asserted against Multnomah County, its successors or assigns, by any other party or parties, including, without limitation, a governmental entity, arising out of or in connection with any violation of Environmental Laws by Provider, except to the extent caused by the negligence or intentional misconduct of Multnomah County or the falsity of any representation or warranty of Multnomah County set forth in this Agreement. Except for matters caused in whole or in part by the act or failure to act of Provider, its employees, agents, contractors, or invitees, Multnomah County, subject to the conditions and limitations of Article XI, Section 10 of the Oregon Constitution and the monetary limits of the Oregon Tort Claims Act, ORS 30.260 through 30.300, shall defend, indemnify and hold harmless Provider, its successors and assigns, against any and all damages, claims, losses, liabilities and expenses, including, without limitation, reasonable legal, accounting, consulting, engineering and other expenses which may be imposed on or incurred by Provider, its successors or assigns, or asserted against Provider, its successors or assigns, by any other party or parties, including, without limitation, a governmental entity, arising out of or in connection with any violation of Environmental Laws by Multnomah County. The indemnities set forth in this Section 4.1 shall survive the termination of this Agreement and the issuance of any Certificate of Initial Compliance.

4.2 Contribution. The foregoing indemnity does not limit any rights of contribution

that the Parties may have against others under applicable law or agreement. The indemnity is intended only as an allocation of responsibility between the Parties to this Agreement.

5. ASSIGNMENT PROVISIONS

5.1 **Transfers Before Certificate Issuance.** Because it is a municipal entity, Multnomah County is uniquely benefited by the Project. Provider is uniquely qualified to perform the Project. Except as provided in Section 5.2, Provider shall not, prior to the issuance of the Certificate of Initial Compliance, partially or wholly dispose of or agree to dispose of Provider's interest in this Agreement without the prior written approval of Multnomah County.

5.1.1 Multnomah County may require as conditions to such approval that:

- (a) The transfer is not in violation of other provisions of this Agreement; and
- (b) Any proposed transferee shall have qualifications and financial responsibility acceptable to Multnomah County in its sole discretion; and
- (c) The transfer will not cause a material delay in the completion of the Project.

5.1.2 This prohibition will not apply to any sale of the Property at foreclosure (or a conveyance of the Property in lieu of foreclosure) pursuant to foreclosure thereof by a lender.

5.1.3 The provisions of this Agreement (including, without limitation, this Section) will not prevent, prior to the issuance of the Certificate of Initial Compliance, the granting of easements, licenses or permits to facilitate the Project provided that all such easements, licenses or permits shall be subject to the prior approval of Multnomah County, which approval shall not be unreasonably delayed or withheld.

5.2 **Approved Transfers.** Notwithstanding Section 5.1 above, and provided that Provider provides Multnomah County with copies of all agreements related to the transfer at least fifteen (15) days prior to the effective date of the proposed transfer, and any other information reasonably necessary for Multnomah County to determine whether such transfer complies with the requirements of this Agreement, Multnomah County hereby consents to:

5.2.1 Any Mortgage(s) which Provider may cause to attach to the Property provided that Multnomah County has approved the terms of the Mortgage, which approval shall not be unreasonably withheld;

5.2.2 Any transfer of all or a part of the Project or other rights in the Project to any Affiliate of Provider, provided that no provisions of the transfer are in violation of the terms of this Agreement; and

5.2.3 Transfer to a partnership, limited liability company or limited partnership, or joint venture with Provider or any Affiliate of Provider remaining the managing member or general partner of such entity and retaining principal operational control over the entity. In the

event of such transfer, Provider shall remain fully responsible to Multnomah County for the performance of this Agreement through Multnomah County's issuance of the final Certificate of Initial Compliance for the Project, and through the Extended Use Period with respect to the Services.

5.3 Transfers After Certificate Issuance. After Multnomah County's issuance of a Certificate of Initial Compliance for the Project, Provider may transfer its interest, or portions of its interest in the Project or this Agreement, without restriction, consent or approval by Multnomah County, provided such transfer is subject to the requirements of Section 3.4.

6. PERMITTED MORTGAGES

6.1 Effect of Revesting on Mortgages. Any reversion and revesting of the Property or any portion thereof in Multnomah County and all other post-conveyance rights and remedies of Multnomah County pursuant to this Agreement shall always be subordinate and subject to and limited by, and shall not defeat, render invalid, or limit in any way any lien, Mortgage, or security interest approved by Multnomah County and authorized by this Agreement.

6.2 Mortgagee Not Obligated To Complete. Notwithstanding any of the provisions of the Agreement, a Mortgagee or its designee for purposes of acquiring title at foreclosure shall in no way be obligated by the provisions of this Agreement to complete the Project or to guarantee such completion.

6.3 Copy of Notice of Default to Mortgagee. If Multnomah County delivers any notice or demand to Provider with respect to any breach of or default by Provider in its obligations or covenants under this Agreement, Multnomah County shall at the same time send a copy of such notice or demand to each Mortgagee approved by Multnomah County at the last address of such holder shown in the records of Multnomah County.

6.4 Mortgagee's Options to Cure Defaults. After any default in or breach of this Agreement by Provider where Provider fails to cure or remedy said default or breach, each Mortgagee and investor in the Project may, at its option, cure or remedy such breach or default within thirty (30) days after passage of the latest date for Provider's cure of the default, or such longer period as may be required to cure the default with diligence, and if permitted by its loan documents, to add the cost thereof to the Mortgage debt and the lien of its Mortgage. If the breach or default is with respect to completion of the Project, nothing contained in this Agreement shall be deemed to prohibit such Mortgagee, either before or after foreclosure or action in lieu thereof, from completing the Project, provided that the Mortgagee notifies Multnomah County in writing of its intention to complete the Project in accordance with this Agreement. Any Mortgagee who properly completes the Project and is substantially providing the Services shall be entitled to issuance of a Certificate of Initial Compliance, upon written request made to Multnomah County following the procedures set forth in Section 3.7 above.

6.5 Amendments or Subordination Agreements Requested by Mortgagee. Multnomah County shall execute amendments to this Agreement or separate agreements to the extent reasonably requested by an investor in the Project, or Mortgagee proposing to make a loan to Provider secured by a security interest in all or any part of the Property and/or the Project, provided that such proposed amendments or other agreements do not materially and adversely affect the rights of Multnomah County or its interest in the Property. Multnomah County agrees

to execute a standard form of mortgage subordination relating to the Property presented by any proposed Mortgagee with respect to a Mortgage. Multnomah County may require that Multnomah County be made an additional beneficiary of any restrictive use or other covenants required by a proposed Mortgagee as a condition of Multnomah County's subordination.

7. DEFAULT; REMEDIES

7.1. Default and Cure.

7.1.1. Default by Provider. A default shall occur if Provider breaches any material provision of this Agreement, whether by action or inaction, and such breach continues and is not remedied within thirty (30) days after Provider receives written notice from Multnomah County specifying the breach. In the case of a breach which cannot with due diligence be cured within a period of thirty (30) days, a default shall occur if Provider does not commence the cure of the breach within thirty (30) days after Provider receives written notice from Multnomah County and thereafter diligently prosecute to completion such cure within one hundred twenty (120) days after the written notice from Multnomah County. A default also shall occur if Provider makes any assignment for the benefit of creditors, or is adjudicated a bankrupt, or has a receiver, trustee or creditor's committee appointed over it that is not removed within sixty (60) days after appointment. Default shall occur, and Multnomah County shall be irreparably harmed by such default, if Provider or its assignee does not substantially provide the Services. Provider shall not be in default hereunder for failure to pay any tax, assessment, lien or other charge if Provider in good faith is contesting the same and has furnished an appropriate bond or other undertaking to assure payment in the event Provider's contest is unsuccessful.

7.1.2. Default by Multnomah County. A default shall occur if Multnomah County breaches any material provision of this Agreement including, without limitation, Multnomah County's failure to perform any obligation which is the responsibility of Multnomah County when such performance is due, whether by action or inaction, and such breach continues and is not remedied within thirty (30) days after Multnomah County receives written notice from Provider specifying the breach or, in the case of a breach which cannot with due diligence be cured within a period of thirty (30) days, if Multnomah County shall not within such thirty (30) day period commence the cure of the breach and thereafter diligently prosecute to completion such cure within one hundred twenty (120) days after written notice from Provider.

7.2. Multnomah County's Pre-Conveyance Remedies. If Provider defaults in any material term of this Agreement before the Property is conveyed to Provider, Multnomah County may, at its option: (i) terminate this Agreement by written notice to Provider, without waiving any cause of action Multnomah County may have against Provider; or (ii) seek monetary damages against Provider. If Multnomah County terminates this Agreement as provided in this Section 7.2 then Provider shall deliver to Multnomah County within thirty (30) days after such termination, copies of all documents related to the Project, including but not limited to Property market research, design documents, engineering documents, proformas and financial projections prepared by Provider or prepared for Provider by unrelated third parties, and which Provider is authorized to release. Provider shall further execute such documents as may be necessary to assign Provider's rights in and to any permits, contracts or other agreements which Multnomah County requests be assigned. Project contracts may be used by Multnomah County in any manner that Multnomah County deems appropriate with the consent of any party (other than Provider) having approval rights thereunder.

7.3. Restoration. If, prior to Project Commencement (including the period prior to Closing), Provider modifies the Property and Provider fails to acquire the Property, Provider agrees to restore the Property to substantially the condition that existed prior to the time that Provider performed any activities thereon, or to such condition as Multnomah County shall reasonably approve. This provision shall apply to modifications to the Property prior to the Effective Date under a Permit of Entry granted to Provider by Multnomah County.

7.4. Multnomah County's Post-Conveyance Remedies. If, after Closing, Provider fails to obtain the required Certificate of Initial Compliance because of Provider's material failure to take the actions required under Section 3.4 hereof, then Multnomah County may demand in writing that Provider cure such default within sixty (60) days. If Provider does not cure the default within the sixty (60) day period (or in the case that such default is not curable within said sixty (60) day period, if Provider shall have not commenced and be diligently pursuing such cure to completion), then such action or inaction shall create in Multnomah County the following remedies:

7.4.1. Right to Re-enter. Subject to the rights of a Mortgagee to cure a default and to the other Mortgagee protections specified in Section 6, Multnomah County shall have the right to re-enter and take possession of the Property and terminate Provider's right to perform the Project. It is the intent of this provision together with other provisions of this Agreement, that the conveyance of the Property to Provider shall be made upon, and that the Deed to the Property shall provide for, a condition subsequent to the effect that in the event of failure by Provider to remedy, end or abrogate such default, within the period and in the manner stated, then Multnomah County, at its option, may upon 60 days written notice ("Notice of Termination") to Provider and the Escrow Agent declare a termination in favor of Multnomah County of the title, and of all the rights and interest in the Property. Upon delivery of such Notice of Termination, all the title and rights and interest in the Property conveyed to Provider by Deed, or to any successors or permitted assigns of Provider, shall be reconveyed to Multnomah County by quitclaim deed and pursuant to the escrow instructions, each as set forth in Exhibit F. Any delay by Multnomah County in instituting or prosecuting any such actions or proceedings or otherwise asserting its rights under this Section 7.4 shall not operate as a waiver of such rights or to deprive it of or limit such rights in any way (it being the intent of this provision that Multnomah County should not be constrained because of concepts of waiver, laches or estoppel so as to avoid the risk of being deprived of or limited in the exercise of the remedy provided in this section or otherwise to exercise such remedy at a time when it may still hope otherwise to resolve the problems created by the default involved); nor shall any waiver in fact made by Multnomah County with respect to any specific default by the Provider be considered or treated as a waiver of the rights of Multnomah County with respect to any other defaults by the Provider or with respect to any particular default except to the extent specifically waived.

7.4.2. Right to Cure. Multnomah County has the right to cure the Provider's default under this Agreement so long as default is not related to the Provider's failure to commence preparations for the Project. In the event Multnomah County cures such default, Multnomah County may make demand upon the Provider for reimbursement of all reasonable costs associated with such cure within thirty (30) days of demand. Interest on any such costs shall run at the legal rate in Oregon from the date or dates such costs were incurred.

7.5. Multnomah County Resale.

7.5.1. **Multnomah County Completion, Resale.** In the event that the title to the Property shall revert in Multnomah County in accordance with Section 7.4, Multnomah County may, at its option and subject to rights of Mortgagees, finish the Project as deemed necessary by Multnomah County, use commercially reasonable efforts to resell at a reasonable price the Property and all improvements (subject to the rights of the Mortgagees) as soon as and in such manner as Multnomah County shall find feasible to a qualified and responsible party or parties (as determined by Multnomah County in its sole discretion) who will assume the obligation of finishing the Project, or, subject to the rights of the Mortgagees take such other action as may be in the best interests of Multnomah County.

7.5.2. **Application of Proceeds from Resale.** Upon such resale, and subject to the rights of any Mortgagee, the proceeds thereof shall be applied as follows:

(a) **Multnomah County.** First, to Multnomah County on its own behalf, to reimburse it for all costs and expenses reasonably incurred by it in retaking, completing and selling the Property and its improvements, including, but not limited to, salaries of personnel in connection with the recapture, management and resale of the Property; finish performing the Project which was Provider's responsibility to perform but was done by or on behalf of Multnomah County; all taxes, assessments, and water and sewer charges with respect to the Property or part thereof; any payments made or necessary to be made to discharge any encumbrances or liens existing on the Property or part thereof at the time of reversion of title thereto in Multnomah County or to discharge or prevent from attaching or being made any subsequent encumbrances or liens due to obligations, defaults, or acts of the Provider, its successors or transferees excluding any mortgage if the Property and/or the improvements are sold subject to such mortgage; any expenditures made or obligations incurred with respect to the performing the Project or the Services; any amounts paid to the State of Oregon or the City of Portland, Oregon as lease or license fees, legal fees and costs and any amounts otherwise owing Multnomah County by the Provider and its successor or transferee;

(b) **Provider.** Second, to reimburse the Provider for any costs or expenses paid or incurred by the Provider in performing the Project, or for which Provider remains liable, in making any of the improvements on the Project or part thereof, less any gains or income withdrawn or made as to the Project; and

(c) **Balance to Multnomah County.** Third, any balance remaining after any reimbursements described above shall be retained by Multnomah County as its property.

7.6. **Provider's Pre-Conveyance Remedies.** If Multnomah County fails to perform any obligation under this Agreement, Provider may, at its option: (i) terminate this Agreement by written notice to Multnomah County without waiving any cause of action Provider may have against Multnomah County; (ii) specifically enforce the obligations of Multnomah County under this Agreement; and (iii) seek monetary damages against Multnomah County.

7.7. **Provider's Post-Conveyance Remedies.** In the event of Multnomah County's material default after Multnomah County conveys the Property to Provider, Provider may specifically enforce the obligations of Multnomah County under this Agreement, and seek monetary damages against Multnomah County.

7.8. Nonexclusive Remedies. The rights and remedies provided by this Agreement shall not be deemed exclusive, except where otherwise indicated, and shall be in addition to any and all rights otherwise available at law or in equity. The exercise by either Party of one or more of such remedies shall not preclude the exercise by it, at the same or different times, of any other such remedies for the same default or of any of its remedies for any other default by the other Party, including, without limitation, the right to compel specific performance. Any limitation of remedies set forth herein should not limit or affect the obligations of a Party under any contractual indemnities set forth herein.

7.9. Force Majeure.

7.9.1. Neither a Party nor a Party's successor in interest shall be considered in breach of or in default with respect to any obligation created hereunder or progress in respect thereto if the delay in performance of such obligations (the "Unavoidable Delay") is due to causes that are beyond its control, and without its fault or negligence, including but not limited to (a) acts of God, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, earthquake, explosion, mob violence, and riot, (b) inability to procure or general sabotage or rationing of labor, equipment, facilities, sources of energy, material or supplies in the open market, (c) litigation or arbitration relating to zoning or governmental action or inaction pertaining to the Project, delay in the issuance of necessary permits for the Project not caused by the fault of Provider, (d) any reduction of funding by any governmental entity of any of the programs or sources described in Exhibit D, (e) any sustained vacancy attributable to the Permanent Supportive Housing units that cannot be mitigated with PSA Risk Mitigation Pool funds available to Provider and which threatens the Property's financial stability, or (f) malicious mischief, unusually severe weather or delays of suppliers or subcontractors due to such causes or any similar events and/or occurrences beyond the control of such Party; provided, however, that Multnomah County may not rely on the references herein to acts of the government or governmental action or inaction to excuse its own delays.

7.9.2. It is the purpose and intent of this provision that, in the event of the occurrence of any such Unavoidable Delay, the time or times for performance of the obligations of Multnomah County or Provider, as the case may be, shall be extended for the period of the Unavoidable Delay; provided, however, that the Party seeking the benefit of this Section shall, within five (5) after the Party becomes aware of the causes of any such Unavoidable Delay, notify the other Party in writing of the cause or causes of the delay and the estimated time of correction. The period(s) of Unavoidable Delay for matters listed Section 7.9.1 shall not exceed 180 days in the aggregate.

8. MISCELLANEOUS PROVISIONS

8.1. Discrimination. Provider, for itself and its successor and assigns, agrees that during the preparations for the Project, Provider will not discriminate against any employee or applicant for employment because of race, religion, color, sex, marital status, familial status, national origin, age, mental or physical disability, sexual orientation, gender identity or source of income.

8.2. Notice. Any notice or communication under this Agreement by either Party to the other shall be deemed given and delivered (a) forty-eight (48) hours after being dispatched by registered or certified U.S. mail, postage prepaid, return receipt requested, or (b) when received if personally delivered, and:

In the case of a notice to Provider, addressed as follows:

Cascadia Housing, Inc.
3034 NE Martin Luther King Jr. Blvd.
Portland, Oregon 97212

Mailing address:
PO Box 9275
Portland, OR 97207-9275
Attn: Jim Hlava

with a copy to:

Schwabe, Williamson & Wyatt, P.C.
1211 SW Fifth Avenue, Suites 1500-1900
Portland, Oregon 97204
Attn: Roy D. Lambert

In the case of a notice or communication to Multnomah County, addressed as follows:

Director, Department of County Human Services
421 SW Oak
Portland, OR 97204

and

Director
Multnomah County Facilities and Property Management
401 North Dixon
Portland, Oregon 97227

with a copy to:

Multnomah County Attorney
501 SE Hawthorne Blvd., Suite 500
Portland, OR 97214

or addressed in such other way in respect to either Party as that Party may, from time to time, designate in writing dispatched as provided in this Section. Notice given in any other manner shall be effective upon receipt by the Party for whom the same is intended.

8.3. Participation in Special Programs. Provider must comply with all applicable provisions of Federal or state statutes concerning equal employment opportunities for persons engaged in the Project.

8.4. Merger. None of the provisions of this Agreement are intended to or shall be merged by reason of any Deed transferring title to the Property from Multnomah County to Provider or any successor in interest, and any such Deed shall not be deemed to affect or impair

the provisions and covenants of this Agreement, but shall be deemed made pursuant to this Agreement.

8.5. **Headings.** Titles of the sections of this Agreement are inserted for convenience of reference only and shall be disregarded in construing or interpreting any of its provisions.

8.6. **Waivers.** No waiver made by either Party with respect to the performance, or manner or time thereof, of any obligation of the other Party or any condition inuring to its benefit under this Agreement shall be considered a waiver of any other rights of the Party making the waiver. No waiver by Multnomah County or Provider of any provision of this Agreement or any breach thereof shall be of any force or effect unless in writing; and no such waiver shall be construed to be a continuing waiver.

8.7. **Attorneys' Fees.** If a suit, action, arbitration, or other proceeding of any nature whatsoever, including, without limitation, any proceeding under the U.S. Bankruptcy Code, is instituted to interpret or enforce any provision of this Agreement, or with respect to any dispute relating to this Agreement, including, without limitation, any action in which a declaration of rights is sought or an action for rescission, the prevailing party shall be entitled to recover from the losing party its reasonable attorneys', paralegals', accountants', and other experts' fees and all other fees, costs and expenses actually incurred and reasonably necessary in connection therewith, as determined by the judge or arbitrator at trial or arbitration, as the case may be, or on any appeal or review, in addition to all other amounts provided by law. This provision shall cover costs and attorney fees related to or with respect to proceedings in Federal Bankruptcy Courts, including those related to issues unique to bankruptcy law.

8.8. **Choice of Law.** Oregon law shall govern this Agreement.

8.9. **Construction.** In construing this Agreement, singular pronouns shall be taken to mean and include the plural and the masculine pronoun shall be taken to mean and include the feminine and the neuter, as the context may require.

8.10. **Legal Purpose.** Provider agrees that it shall use the Property solely for lawful purposes.

8.11. **Severability.** If any clause, sentence or any other portion of the terms and conditions of this Agreement becomes illegal, null or void for any reason, the remaining portions will remain in full force and effect to the fullest extent permitted by law,

8.12. **Entire Agreement.** This Agreement and the attachments hereto are the entire agreement between the Parties. There is no other oral or written agreement between the Parties with regard to this subject matter. There are no oral or written representations made by either Party, implied or express, other than those contained in this Agreement.

8.13. **Amendments and Modifications.** Any modifications to this Agreement shall be made in writing and executed by both Parties, and approved by Multnomah County. The Parties recognize that circumstances may change and that it may be in the interest of both Parties that this Agreement be amended from time to time. For this reason, each Party will consider changes that may be proposed by the other during the term of this Agreement. The Chair, Multnomah County Board of County Commissioners shall have the authority to approve modifications to this

Agreement on behalf of Multnomah County.

8.14. **Successors and Assigns.** Subject to the provisions of Section 5, the benefits conferred by this Agreement, and the obligations assumed hereunder, shall inure to the benefit of and bind the successors and assigns of the Parties.

8.15. **Place of Enforcement.** Any action or suit to enforce or construe any provision of this Agreement by any Party shall be brought in the Circuit Court of the State of Oregon for Multnomah County, or the United States District Court for the District of Oregon in Portland, Oregon.

8.16. **No Partnership.** Nothing contained in this Agreement or any acts of the Parties hereby shall be deemed or construed by the Parties, or by any third person, to create the relationship of principal and agent, or of partnership, or of joint venture, or any association between any of the Parties.

8.17. **Non-waiver of Government Rights.** Subject to the terms and conditions of this Agreement, by making this Agreement and delivery of the Deed, Multnomah County is specifically not obligating itself or any other agency with respect to any discretionary action relating to preparations for or operation of the Project, including, but not limited to funding of Services, or rezoning, variances, environmental clearances or any other governmental approvals which are or may be required, except as expressly set forth herein.

8.18. **Approvals.** Where approvals of Multnomah County are required, Multnomah County will approve or disapprove within fifteen (15) business days after receipt of the material to be approved, except where a longer or shorter time period is specifically provided to the contrary. Failure by Multnomah County to approve or disapprove within said period of time shall be deemed a disapproval, except as otherwise expressly provided herein. If Multnomah County fails to approve within the 15-day period, the Provider may resubmit the material to be approved in its discretion. If Multnomah County fails to approve or disapprove within the second 15-day period, such Multnomah County failure shall be deemed an approval. Any disapproval shall state in writing the reasons for such disapproval. Approvals will not be unreasonably withheld, except where rights of approval are expressly reserved to Multnomah County's sole discretion in this Agreement. Provider, upon receipt of such disapproval, shall revise such disapproved portions in a manner responsive to the stated reasons for disapproval and resubmit the same to Multnomah County within forty-five (45) days after receipt of the notice of disapproval.

8.19. **Approval by Multnomah County.** Unless specified to the contrary elsewhere in this Agreement as to a particular consent or approval, whenever consent or approval by Multnomah County is required under the terms of this Agreement, all such consents or approvals shall be given in writing from the Chair, Board of County Commissioners or from such other Multnomah County staff as the Chair has designated to give approvals.

8.20. **Recording of Memorandum of Agreement.** So long as Provider is not in default herein Provider may at any time record a Memorandum of this Agreement. The form of the Memorandum of Agreement is attached as Exhibit G to this Agreement. When Multnomah County issues to Provider a Certificate of Initial Compliance or if the Agreement is terminated, the Parties shall cooperate to promptly execute and record an appropriate Amended

Memorandum of Agreement or Termination of Agreement to reflect the issuance of the Certificate of Initial Compliance or the termination of this Agreement as the case may be.

8.21. Calculation of Time. All periods of time referred to herein shall include Saturdays, Sundays, and legal holidays in the State of Oregon, except that if the last day of any period falls on any Saturday, Sunday or legal holiday, the period shall be extended to include the next day which is not a Saturday, Sunday or legal holiday. All periods of time shall be deemed calendar days unless specifically designated as Business Days. Business Days shall mean Monday through Friday excluding state or federal legal holidays.

8.22. Counterparts. This Agreement may be executed in multiple counterparts, each of which shall be deemed to be an original, and such counterparts shall constitute one and the same instrument.

8.23. Good Faith and Reasonableness. The Parties intend that the obligations of good faith and fair dealing apply to this Agreement generally and that no negative inferences be drawn by the absence of an explicit obligation to be reasonable in any portion of this Agreement. The obligation to be reasonable shall only be negated if arbitrariness is clearly and explicitly permitted as to the specific item in question, such as in the case of a Party being given "sole discretion" or "sole judgment."

8.24. Dispute Resolution. Except as provided below, all disputes arising out of or related to this Agreement shall be subject to mediation as a condition precedent to the institution of legal proceedings. The Parties shall endeavor to resolve any disputes initially by mediation. The mediator shall be an individual mutually acceptable to the Parties. A request for mediation shall be filed in writing with the other Party. The Parties shall share the mediator's fee and any filing fees, equally. The mediation shall be held in Portland, Oregon at a location mutually acceptable to the Parties. The mediation hearing shall occur within thirty (30) days of the request for mediation. Notwithstanding the foregoing, the Parties shall not be required to submit to mediation any claims in equity, such as claims for injunctive relief.

8.25. Time is of the Essence of this Agreement.

8.26. STATUTORY WARNING. THE PROPERTY DESCRIBED IN THIS INSTRUMENT MAY NOT BE WITHIN A FIRE PROTECTION DISTRICT PROTECTING STRUCTURES. THE PROPERTY IS SUBJECT TO LAND USE LAWS AND REGULATIONS THAT, IN FARM OR FOREST ZONES, MAY NOT AUTHORIZE CONSTRUCTION OR SITING OF A RESIDENCE AND THAT LIMIT LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930, IN ALL ZONES. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 and 195.305 to 195.336 and SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR ORS 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL TO VERIFY THE EXISTENCE OF FIRE PROTECTION FOR STRUCTURES AND THE RIGHTS OF NEIGHBORING

PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 and 195.305 to 195.336 and SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007.

Executed in multiple counterparts as of the day and year first above written.

Multnomah County:

By: _____
Ted Wheeler
Chair

STATE OF OREGON)
) ss.
COUNTY OF MULTNOMAH)

This instrument was acknowledged before me on _____, 2008, by Ted Wheeler, Chair of the Multnomah County Board of County Commissioners.

Notary Public for Oregon
My Commission expires: _____

Reviewed
AGNES SOWLE, COUNTY ATTORNEY FOR
MULTNOMAH COUNTY

John S. Thomas
Deputy County Attorney

PROVIDER:

Cascadia Housing, Inc.
an Oregon nonprofit corporation

By: _____
Neal Beroz
Its: President

STATE OF OREGON)
) ss.
COUNTY OF MULTNOMAH)

This instrument was acknowledged before me on _____, 8, by Neal Beroz as President of Cascadia Housing, Inc. an Oregon nonprofit corporation.

Notary Public for Oregon
My Commission expires: _____

EXHIBIT A

LEGAL DESCRIPTION

Lots 1, 2, 3 and the North 10 feet of Lot 4, Block 262, CITY OF PORTLAND, in the City of Portland, County of Multnomah and State of Oregon.

EXHIBIT B

DEED FORM

After recording return to, and until a change is requested, all tax statements shall be sent to the following address:

Cascadia Housing, Inc.
P.O. Box 9275
Portland, Oregon 97207-9275

BARGAIN AND SALE DEED
(Statutory Form)

Multnomah County, a political subdivision of the state of Oregon, Grantor, conveys to Cascadia Housing, Inc., an Oregon nonprofit corporation, Grantee, the following described real property:

See Attached Exhibit 1

The true consideration for this conveyance is \$ 0. However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 and 195.305 to 195.336 and SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR ORS 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 and 195.305 to 195.336 and SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007.

Dated this ___ day of _____, 2007.

Multnomah County, a political subdivision of the state of Oregon

By: _____

Name: _____

Title: _____

STATE OF OREGON)
) SS
COUNTY OF _____)

This instrument was acknowledged before me this ____ day of _____,
_____, by _____, as _____ of Multnomah
County.

Notary Public for Oregon
My commission expires: _____

Exhibit 1

Legal Description

Lots 1, 2, 3 and the North 10 feet of Lot 4, Block 262, CITY OF PORTLAND, in the City of Portland, County of Multnomah and State of Oregon.

EXHIBIT C

PREPARATION OF THE PROPERTY

The Project consists of preparation of the Property for delivery of the Services as follows:

1. The Project facility shall consist of an 80-unit housing complex consisting of 50 studio and 30 one-bedroom apartments designated as follows:
 - 28 Affordable Housing units
 - 25 Permanent Supportive Housing units for individuals with mental health and addictions issues,
 - 25 Permanent Supportive Housing units for chronically homeless individuals, and
 - 2 units (one-bedroom apartments) for Live-in Apartment Managers.
2. The Project includes all of the planning, design, engineering, financing and construction activities necessary to complete the Project.
3. The Project includes all of the preparation of the Property as required by governmental authorities with jurisdiction over the Property in order to provide the Services from the Property.

Upon completion of the Project, Provider shall offer the Services described in Exhibit D to the eligible populations described therein.

EXHIBIT D

SERVICES

- 1 The following services and staffing shall be provided to serve all individuals occupying units at the Property:
 - 1.1 3.0 Full Time Equivalent (FTE) Program Monitors (120 hours per week) - Program Monitors will be on site sixteen (16) hours per day for seven (7) days per week with responsibility for establishing a pro-social, creative community and to promote a safe and healthy environment at the Property. Typical staffing hours will be from mid-afternoon to the following morning. Program Monitors will actively promote a positive peer culture throughout the Property.
 - 1.2 0.4 FTE Asset Manager (16 hours per week) – The Asset Manager will be responsible to coordinate all aspects of property management at the Property.
 - 1.3 1.0 FTE Service Coordinator (40 hours per week) – The Service Coordinator will focus on linkages and referrals to community resources. The Service Coordinator will be responsible for linking tenants to services, leading education and recovery groups, and working with property management to promote lease compliance.
 - 1.4 0.5 FTE Program Supervisor (20 hours per week) - The Program Supervisor will be responsible for supervision of the program staff and coordination of services at the Property.
 - 1.5 2 Live-In Apartment Managers who will together provide 40 total hours of on-site work per week combined for both managers. The Live-in Apartment Managers will be responsible for rent collection, light duty maintenance and property management at the Property.
- 2 The following additional services shall be provided to chronically homeless individuals occupying Permanent Supportive Housing units:
 - 2.1 These services will be arranged by the Provider through sponsor organizations with qualifications the equivalent of Cascadia Behavioral HealthCare (CBH) and Central City Concern (CCC).
 - 2.2 Two (2) hours per resident per week on average focusing on intensive case management and housing retention.
 - 2.3 Services will be individualized by resident and will consist of individual and group work in addition to consultation and coordination with other on-site program staff.
 - 2.4 The services focus will be on recovery-oriented services, assistance in obtaining and/or maintaining available benefits, support with developing or retaining

familial ties, and supportive counseling.

2.5 A major focus of case management will be to support tenants in obtaining and utilizing the skills needed to live independently.

2.6 Prospective Permanent Supportive Housing Tenants who are Chronically Homeless Individuals will come from CCC's Community Engagement Program and from CBH's CORE/ACT and Recovery Support services programs, and from Project Respond's Homeless Outreach and Jail Diversion programs as well as from other organizations and through self-referral.

3 The following additional services shall be provided to individuals with mental health and addictions issues who are occupying Permanent Supportive Housing units:

3.1 These services will be arranged by the Provider through sponsor organizations with qualifications the equivalent of CBH and CCC.

3.2 One (1) hour per resident per week on average focusing on case management and housing retention.

3.3 Services will be individualized by resident and will consist of individual and group work in addition to consultation and coordination with other on-site program staff.

3.4 Prospective Permanent Supportive Housing Tenants who are individuals with mental health and addictions issues will come from CCC's Community Engagement Program and from CBH's CORE/ACT and Recovery Support Services programs, and from Project Respond's Homeless Outreach and Jail Diversion programs as well as from other organizations and through self-referral.

4 Provider will make best efforts to pursue provision of the following additional services at the Property.

4.1 Provider has recently submitted a proposal to the State of Oregon's Addiction and Mental Health Department for services attached to 20 Permanent Supportive Housing slots.

5 Provider will make reasonable efforts to pursue other resources that can further enhance services at the Property.

EXHIBIT E

CERTIFICATE OF INITIAL COMPLIANCE

MULTNOMAH COUNTY (the "County"), a political subdivision of the State of Oregon, hereby certifies that Cascadia Housing, Inc., an Oregon nonprofit corporation ("Provider") has satisfactorily completed the Project and commenced providing the Services, as such Project and Services are described in the Agreement for Disposition of Property for the Martha Washington Apartments, dated _____, 2008 (herein called the "ADP"), a memorandum of which was recorded in the Records of Multnomah County, Oregon as Document No. _____, on _____, 2008. Capitalized terms used herein without definition shall have the meaning ascribed to them in the ADP.

The County hereby certifies that as of the date of this Certificate, the Services are being performed to the County's satisfaction, except for any insubstantial items which are being addressed by Provider.

This Certificate of Initial Compliance is and shall be a conclusive determination of the satisfaction of all of the agreements, covenants, and conditions contained in the ADP with respect to the obligations of Provider, its successors and assigns, as to the completion of the Project.

Further, any party acquiring, leasing or taking a mortgage, security interest or other interest in the Project or any portion of the Project shall not (because of such purchase or lease) have any obligation under the ADP with respect to the completion of the Project, and

The County shall hereafter not have, nor be entitled to exercise, any rights or remedies or controls that it may otherwise have been entitled to exercise under the ADP with respect to the completion of the Project, or as a result of a default in or breach of any provisions of the ADP relating to completion of the Project by the Provider, or by any successors in interest or assigns of Provider. The County specifically reserves the County's right to enforce Provider's obligation to provide the Services during the Extended Use Period by injunction, order for specific performance, claim for damages, or any other remedy that may be available at law or in equity. The County confirms that, except for a failure to provide for the Services described in Exhibit D of the ADP, the County no longer has any right of re-entry to the Project.

IN WITNESS WHEREOF, the County has caused this instrument to be executed this ____ day of _____, 2007.

Multnomah County, a political subdivision of the State of Oregon

By: _____

Name: _____

Title: _____

EXHIBIT F

RECONVEYANCE QUITCLAIM DEED AND ESCROW INSTRUCTIONS

After recording return to
and send tax statements to:
Multnomah County Attorney
501 SE Hawthorne, Suite 500
Portland, OR 97214

QUITCLAIM DEED

For a valuable consideration, receipt of which is hereby acknowledged,
_____ an Oregon _____ does hereby
DEMISE, RELEASE AND QUITCLAIM to MULTNOMAH COUNTY, a political subdivision
of the State of Oregon, all right, title and interest in and to the following described real property,
with the tenements, hereditaments and appurtenances, situated in the County of Multnomah and
State of Oregon, to wit:

See Attached Exhibit 1

To Have and To Hold the same unto the said grantee and grantee's successors and assigns
forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ -0-.
However, the actual consideration consists of or includes other property or value given or
promised which is the whole consideration.

It is intended that the delivery of this Deed shall not effect a merger of the provisions of that
certain Agreement for Disposition of Property for the Martha Washington Apartments, dated
_____, 2007, a memorandum of which was recorded on _____, 2007 as Fee
No. _____, Records of Multnomah County, Oregon ("ADP"), including, without limitation,
Section 8.7 of the ADP, that are intended to continue after delivery of this Deed.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE
SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 and 195.305 to
195.336 and SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES NOT
ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE
LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE
PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY
OR COUNTY PLANNING DEPARTMENT VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS
A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR ORS 215.010, TO
VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS
AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT
THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 and 195.305
to 195.336 and SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007.

In Witness Whereof, grantor has executed and sealed this instrument this ____ day of
_____, ____.

an Oregon _____

By: _____
Title: _____

STATE OF OREGON)
) ss.
County of Multnomah)

The foregoing document was personally acknowledged before me this __ day of _____, 2007, by _____, who being duly sworn, did say that he or she is the _____ of _____, an Oregon _____, and that the foregoing instrument was signed on behalf of said limited liability company, and acknowledged said instrument to be its voluntary act and deed.

Notary Public for Oregon
My Commission Expires: _____

ESCROW INSTRUCTIONS FOR QUITCLAIM DEED

[INSERT NAME, ADDRESS
OF TITLE COMPANY]

Attention: [INSERT TITLE OFFICER]

Re: Escrow No. __

_____, an Oregon _____
("Provider") has entered into that certain Agreement for Disposition of Property for the Martha Washington Apartments ("ADP") with Multnomah County, a political subdivision of the State of Oregon ("County") dated as of _____, 2007, a memorandum of which was recorded _____, 2007 as Fee No. _____, Records of Multnomah County, Oregon, whereby the County will convey to the Provider or its assignees certain real property (the "Property") in Portland, Oregon. The Property is the subject of this escrow and is described in the accompanying quitclaim deed ("Quitclaim Deed").

Section 7.4.1 of the ADP provides that, under certain circumstances, the County is entitled to reconveyance of the Property pursuant to the Quitclaim Deed and Escrow Instructions. This document constitutes those escrow instructions and is for the purpose of irrevocably instructing you as to the disposition of the accompanying Quitclaim Deed.

In the event that you receive from the County a notice signed by the County's Chair certifying that a copy of said notice has been delivered concurrently to Provider and certifying that the ADP has been terminated according to its terms and the rights to the Property described in the Quitclaim Deed have reverted in the County pursuant to the ADP ("Notice of Termination"), you shall at the end of sixty (60) days after receipt of said instructions record the Quitclaim Deed unless you are within said sixty (60) day period, notified by the County that the County has withdrawn the Notice of Termination, or unless you are prohibited from recording the Quitclaim Deed by temporary restraining order, preliminary injunction, or other court order.

In the event that there still remains in your possession an undisposed Quitclaim Deed by [insert date sixty (60) years after ADP scheduled date for completion of improvements], you will forthwith return the Quitclaim Deed to Provider.

These instructions may not be withdrawn or in any way amended, modified or waived without the prior written consent of both of the parties hereto.

Please indicate your acceptance of and agreement to carry out these instructions as indicated below.

Very truly yours,

an Oregon limited liability company

By: _____

Name: _____

Its: _____

Very truly yours,

MULTNOMAH COUNTY, a political subdivision of the State of Oregon

By: _____

Name: _____

Its: _____

Accepted and agreed to this
__ day of _____, 200__

By _____ (TITLE COMPANY)

EXHIBIT G

RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:

Multnomah County

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement ("Memorandum") is made as of this ____ day of _____, 2007, by and between **Multnomah County**, a political subdivision of the State of Oregon ("County"), and **Cascadia Housing, Inc.**, an Oregon nonprofit corporation ("Provider").

RECITALS

A. County is the owner of that certain real property located in the County of Multnomah, State of Oregon, more particularly described on Exhibit 1 (the "Property").

B. County and Provider entered into an Agreement for Disposition of Property, dated _____, 2007 (the "Agreement"), whereby County agreed to sell, and Provider agreed to purchase, the Property.

C. The Agreement imposes certain obligations on Provider with respect to preparations for and provision of certain services at the Property (the "Services"). If Provider fails to meet its obligation with respect to the Services, County has the right to cause Provider to reconvey the Property to County.

D. County and Provider now desire to provide constructive notice of the Agreement.

AGREEMENT

1. County has agreed to sell, and Provider has agreed to purchase, the Property in accordance with the terms and conditions set forth in the Agreement.

2. After conveyance of the Property by County to Provider, the parties have continuing obligations to each other with respect to the Services as described in the Agreement.

3. This Memorandum may be modified or terminated by an Amended Memorandum of Agreement as provided in the Agreement.

4. This Memorandum has been executed, acknowledged, and recorded solely for the purpose of providing constructive notice of the Agreement. If any inconsistency or conflict arises between the provisions of the Memorandum and the Agreement itself, the terms, conditions, and covenants of the Agreement are to control. Capitalized terms not otherwise defined herein have the meanings ascribed to them in the Agreement. This Memorandum may

Exhibit 1

Lots 1, 2, 3 and the North 10 feet of Lot 4, Block 262, CITY OF PORTLAND, in the City of Portland, County of Multnomah and State of Oregon.



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: R-5
Est. Start Time: 9:20 AM
Date Submitted: 03/10/08

Agenda Title: **RESOLUTION Approving the Multnomah County Mental Health and Addiction Services Division 2009-2011 Biennial Implementation Plan**

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** 5 minutes

Department: County Human Services **Division:** Mental Health and Addiction Services

Contact(s): Chris Murphy

Phone: 503-988-5464 **Ext.** 22458 **I/O Address:** 167/1/520

Presenter(s): Joanne Fuller and Karl Brimmer

General Information

1. What action are you requesting from the Board?

Adoption of the Resolution approving the Multnomah County Community Mental Health Program 2009 – 2011 Biennial Implementation Plan. A plan is required of all County Community Mental Health Programs by the State of Oregon.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Per Oregon Revised Statute 430.630 and 430.640, the State of Oregon Addictions and Mental Health Division (AMH) has the responsibility for reviewing and approving the County Biennial Implementation Plan for the establishment and operation of County Community Mental Health Programs. Accordingly, AMH requests that each County submit a Biennial Implementation Plan encompassing treatment and prevention services for mental health, addiction, and problem gambling. The plans will serve as a basis for the collaboration between the Addictions and Mental Health Division (AMH) and counties in implementing and improving addiction and mental health prevention and treatment services during the 2009 - 2011 biennium. The plans will also provide information for development of the 2009 - 2011 AMH Budget Request to the State Legislature.

The plan outlines how Multnomah County Mental Health and Addiction Services Division (MHASD) will utilize State funding for the 2009 – 2011 biennium. In the plan MHASD identifies any changes in needs, resources or other circumstances that might require alteration in the service delivery system.

The Biennial Implementation Plan describes MHASD programs funded with State dollars and areas where additional State funding is needed. Programs affected are those that are currently funded with State General Fund, either wholly or in part.

- 25055A Mental Health Crisis Services
- 25058 MH Commitment Services
- 25060 MH Residential Services
- 25064 Early Psychosis Intervention Program
- 25065 Mental Health Supported Employment
- 25067 Community Based MH Services for Children and Families
- 25076 School Based Mental Health Services
- 25080 Adult Addictions Treatment Continuum
- 25085 Addiction Services Gambling Treatment and Prevention
- 25086 Addiction Services Alcohol and Drug Prevention
- 25088 Coordinated Diversion for Persons with Mental Illness
- 25090 Addictions Detoxification and Post-Detoxification Housing
- 25094A Family and Youth Addictions Treatment Continuum
- 25095A Strengthening Families – Addiction Prevention
- 25098 Enhanced Family Involvement Team

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

No fiscal impact in the immediate future but will impact future funding from the State. The County Biennial Implementation Plan will be used by AMH to develop the 2009 - 2011 Budget Request to the State Legislature, which attempts to influence the amount of funding available for mental health, addiction and gambling treatment and prevention services.

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

The County Biennial Implementation Plan is used by AMH to identify areas of need across the State. They use this information to request funding for services from the legislature.

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

The Biennial Plan was distributed to the Adult Mental Health and Substance Abuse Advisory Committee (AMHSA), Children's Mental Health System Advisory Council (CMHSAC), Local Public Safety Coordinating Council (LPSCC), the Children, Adults and Families District Manager for the Department of Human Services, and the Commission on Children, Families and Community (CCFC), for review, feedback and approval.

Required Signatures

Elected Official or
Department/
Agency Director:



Date: 03/10/08

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Approving the Multnomah County Mental Health and Addiction Services Division 2009-2011 Biennial Implementation Plan

The Multnomah County Board of Commissioners Finds:

- a. ORS 430.630 requires each local mental health authority to adopt a comprehensive local plan for delivery of mental health and addiction services for children, families, and adults that describes the methods for providing those services. The plan must be reviewed and revised biennially.
- b. The County's comprehensive plan has been reviewed and feedback provided by the Local Public Safety Coordinating Council, Multnomah County Commission on Children, Families, and Community, Multnomah County Adult Mental Health and Substance Abuse Advisory Committee, the Children, Adults and Families District Manager for the Oregon Department of Human Services, and the Children's Mental Health System Advisory Council.

The Multnomah County Board of Commissioners Resolves:

1. The Board of County Commissioners of Multnomah County approves the attached Multnomah County Mental Health and Addiction Services Fiscal Year 2009-2011 Biennial Implementation Plan and authorizes its official submission to the Oregon Department of Human Services.

ADOPTED this 20th day of March, 2008.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By _____
Agnes Sowle, County Attorney

SUBMITTED BY:
Joanne Fuller, Director, Dept. of County Human Services



Multnomah County

Mental Health and Addiction Services Division

2009-2011 Biennial Implementation Plan

Treatment and Prevention Services

for

Mental Health, Addiction and Problem Gambling

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Multnomah County Mental Health and Addiction Services Division

2009-2011 Biennial Implementation Plan

Treatment and Prevention Services for Mental Health, Addiction and Problem Gambling

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Contact Person:

Karl Brimner, M Ed., Director
Mental Health & Addiction Services Division
421 SW Oak St. Suite: 520
Portland OR 97204
Phone: 503-988-4055
karl.r.brimner@co.multnomah.or.us

For Additional Copies:

Chris Murphy, Senior Administrative Analyst
Mental Health & Addiction Services Division
421 SW Oak St. Suite: 520
Portland OR 97204
Phone: 503-988-5464, Ext 22458
chris.murphy@co.multnomah.or.us

I. Introduction

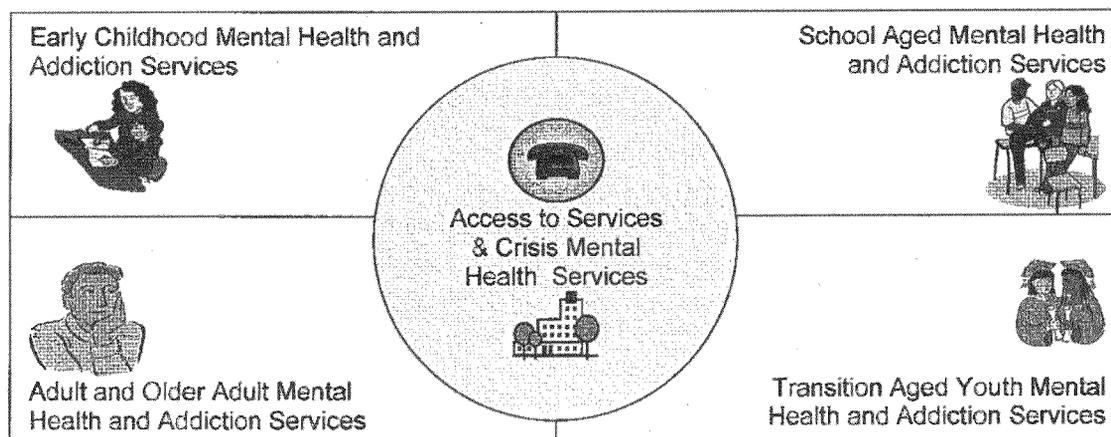
The Multnomah County Mental Health and Addiction Services Division (MHASD) is committed to providing services that are evidence-based, backed by a recovery philosophy and integrated into a larger "System of Care." System of care values prescribe a full spectrum of care, balancing consumer choice, prevention, early intervention, and a continuum of care from community-based to acute services.

Systems of Care are an effective approach for delivering coordinated, culturally competent mental health and addiction services so that children, youth, adults and elders will have their service needs met appropriate to their individual, family and cultural needs and circumstances.

"A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. A system of care helps children, youth and families function better at home, in school, in the community and throughout life."

Federal Substance Abuse and Mental Health Services Administration (SAMHSA)

Multnomah County Mental Health and Addiction System of Care



A major redesign of Multnomah County's Mental Health System has been underway since 2001 to implement this approach. Key goals have been to ensure that services are evidenced-based, integrated from both a management and clinical perspective, and able to work together effectively for children, families and adults.

In 2005, MHASD released the first Requests for Programmatic Qualifications (RFPQ) to implement this comprehensive system of care for adults, and for school-age children and families. For the early childhood system of care, an RFPQ was released in December with responses due this February, completing the components envisioned in the system of care redesign.

This plan describes programs funded by the State Addiction and Mental Health (AMH) Division, and how these fit into a seamless system of care for residents of Multnomah County who need support for mental health or addiction issues.

II. Description of the Planning Process

System of Care Redesign

Prior to the 2005-2007 biennium, numerous public meetings were held to obtain provider and consumer feedback on plans for a new system of care serving children and families, and a system of care for adults. These meetings involved a wide variety of County residents, providers, stakeholders, consumers, and MHASD advisory council members in providing input. Utilization information, data on underserved populations, and input from these meetings were used to design an adult system of care and a system of care for children and families, which led to the release in 2005 and 2007 of Requests for Programmatic Qualifications (RFPQ) to procure services.

The 2009-2011 Biennial Implementation Plan continues to implement this System of Care redesign plan, with ongoing input from citizens, consumers, providers and partners.

Input from Consumers and Stakeholders

The **Children's Mental Health System Advisory Council (CMHSAC)** updated their bylaws in 2006 to require that at a minimum, 51% of membership will be consumers (including youth), family members, or child and family advocates, with half also being Oregon Health Plan (OHP) members. In 2007, CMHSAC adopted a statement of vision, mission and guiding principles for Family-Driven Care. The Council took a significant role in providing input to MHASD's redesign of the System of Care for Children and Families, and on the content of the Early Childhood RFPQ released in December 2007 for procurement of early childhood providers.

The **Adult Mental Health and Substance Abuse Advisory Council (AMHSA)** participated significantly in planning the system redesign in the prior biennium, and provided input to the 2005 RFPQ for Adult System of Care services. During the 2007-09 Biennium, the Council has focused on strengthening its internal functioning. Membership has been expanded, with a focus on increasing consumer representation.

Cultural and Ethnic Community members are involved in providing input to MHASD in part through representation on CMHSAC and AMHSA, as well as through culturally specific providers and programs. Currently, MHASD is investigating the needs of five priority underfunded ethnic populations: African American, Latino, Asian, Eastern European immigrants, and Native American. Using County funds, a consultant is conducting focus groups with each population on needs and preferences for service delivery. Findings from this effort, anticipated in spring of 2008, will inform decisions on funding for 2009-11 service contracts.

Input from County Partners and Community Initiatives

Comprehensive, Coordinated Plan (SB555 Plan): The update of this 6-Year Community Plan was led by the Multnomah County Commission on Children, Families and Community (CCFC). MHASD managers actively participated on the Steering Committee for this plan, which was approved by the Board of County Commissioners and submitted to the State in January 2007.

The planning process included a meta-analysis of 36 local planning documents and needs assessments, and collected input from the Steering Committee, the CCFC Board, and other community groups, engaging over 200 individuals directly. The top 18 pressing issues identified

by Steering Committee members were ranked by the number of reports that raised this issue; those where Multnomah County is below State benchmarks are marked with an asterisk (*).

Issues Identified by Steering Committee Members

Access to Comprehensive Health Care* 22	Poverty* 19	Affordable Housing* & Home Ownership 15	Adult Substance Abuse* 14	Child Care Availability* 14	Child Maltreatment* 13
High School Drop Out Rate 12	Unemployment Rate* 12	Domestic Violence 11	Per Capita Income* 11	Labor Force Skill Training 9	Food Security 9
Readiness to Learn 8	Homelessness* 8	Student Alcohol Use* 7	Community Engagement 6	Prenatal Care* 6	3 rd Grade Reading 6

Other critical community issues that were identified included: student tobacco use, 8th grade reading, environmental sustainability, juvenile arrests, student drug use, juvenile recidivism, youth aging out of foster care, and youth suicide. Although it was believed that these issues all need attention, strong community partners were seen as leading the work effort in these areas.

After careful deliberation, the CCFC Board decided that the 6-Year Community Plan will focus on two broad goals:

- 1) Improve academic success and the high school completion rate, and increase student access to medical care; and
- 2) Decrease poverty rates for families with children, particularly for low-wage earners.

MHASD will consider these goals as it moves forward with system of care improvements, seeking to provide services that support children, youth and adults to lead healthy, successful lives unhampered by mental health or addiction barriers.

The CCFC has also developed three “frameworks” to guide community social services: the Early Childhood Framework, the School-Aged Services Policy Framework, and the Poverty Elimination Framework. These frameworks are supported by needs assessments, resource inventories, focus groups, community input, and comments from a network of providers and advisory councils on draft documents. An update to the Early Childhood Framework was adopted by the Board of County Commissioners in January 2008. The frameworks are used by MHASD to help plan and support application for County funds.

Aging and Disability Services Division (ADS) takes the lead in Multnomah County in planning for the needs of older adults and people with physical disabilities. MHASD partners with ADS in planning and contracting for mental health services to address the unique needs of these populations.

The **Local Public Safety Coordinating Council for Multnomah County (LPSCC)** provides an active forum and committee structure for collaboration on issues shared among health, human service and public safety agencies. The Director of MHASD sits on the LPSCC Executive Committee, as does the Director of the Department of County Human Services. This past biennium, MHASD staff have been active on the LPSCC committee that is working to implement recommendations from the 2005 LPSCC report, *A Study of People with Mental*

Illness in the Criminal Justice System. Through this work, MHASD is building closer working relationships across County departments, and making improvements in MHASD programs to address the cyclical problems of homelessness, mental illness, substance use and jail.

Oregon's Children's Mental Health System Change Initiative has a goal of improving mental health services to children by involving parents more in decisions about services, delivering more children's mental health services in the community, improving inter-agency cooperation, and acknowledging the child's language and cultural heritage. MHASD has incorporated this State Initiative into its redesigned System of Care for Children and Families.

Statewide Children's Wraparound Initiative follows the work done locally over the past several years through the Wraparound Oregon projects, both the initial School Age project, and the SAMHSA grant for Early Childhood. MHASD managers have been active in planning for both local Wraparound programs, and for statewide implementation and ongoing sustainability of wraparound services for children with significant emotional, behavioral or substance abuse problems.

III. Priority Needs

At the beginning of the mental health redesign process, the following list of priority need areas was developed. In 2008, AMH requested that counties indicate their priorities for additional funds; MHASD priorities are reflected in the bulleted items below each priority need section.

This, however, is not a comprehensive list of needs. The most critical need across all populations is for universal health coverage or an expansion of the Oregon Health Plan, so that all people needing mental health or addiction treatment receive timely and appropriate services.

1. Improve the Mental Health of Multnomah County Residents

Of a 2006 population estimate for Multnomah County of 701,505 (545,727 of whom are adults), MHASD currently provides mental health service to approximately 10,900 Oregon Health Plan (OHP) members, and to additional County residents through the use of County General Funds.

Using the federal Kessler formula, 14,189 adults (2.6%) would be estimated to have a severe and persistent mental illness in any given year, while 29,469 (5.4%) would have a mental, behavioral or emotional disorder that substantially interferes with or limits major life activities. Within the last twelve months, 23.9% of adults would have experienced some mental disorder.

As an urban area, Multnomah County serves both a large population base and a large proportion of chronically and severely ill residents, including a higher proportion of individuals with schizophrenia and other psychotic disorders (21% of mental health services) than the State average (17%). Multnomah County also serves a disproportionately large number of adult individuals whose mental illness is severe enough to require residential care in the County's 45 residential treatment homes and licensed facilities, totaling 390 beds. Priority needs include:

- Expansion of the ACI (Assertive Community Treatment) program to help people with mental illness and/or an addiction successfully live in the community.
- Peer delivered support, and other peer support approaches, to achieve and sustain stability and mental health improvements.
- A sub-acute facility in Multnomah County, to complete the continuum of care.
- Suicide prevention programs across the lifespan, developed cooperatively with Public Health.

2. Provide Readily Available and Easily Accessible Crisis Services

The Call Center operates 24/7, 365 days a year, is staffed by mental health professionals, and received 65,000 calls last year, including for Verity customer service and Oregon Health Plan questions. The Call Center provides all County residents –adults, families and youth – access to emergency crisis mental health services, as well as to mental health and addiction information and referrals.

Call Center staff respond to mental health crises and requests for mental health services, and coordinate crisis and inpatient mental healthcare. Police and parole/probation officers have dedicated phone lines for immediate access to Call Center support in finding mental health services to prevent a jail stay.

3. Provide Services to Children, Youth and Families

The Surgeon General's 2002 Report on Children's Mental Health found that approximately 20% of children and adolescents experience a mental disorder and 10% experience a mental illness

severe enough to cause impairment at home, in school or in the community. The State DHS Funding Formula provides estimates of severe emotional disorders for children, linked to poverty rates. Based on the percent of county residents living below the poverty level (14.2% for Multnomah County compared to 12.9% for Oregon as a whole, and 12.7% for the nation), 11% of our children are likely to have a severe emotional disorder.

These children and youth have unique mental health and addiction needs, including that services be delivered within the context of their families. Priority needs include:

- Increased mental health consultation in early childhood and school-based sites.
- Children's Wraparound Services delivered as a sustainable part of the service continuum, rather than as grant-funded projects.
- Children's intensive mental health services expanded, as outlined in the care study recommendations.
- Additional residential addiction treatment beds for youth.
- Flexible funds for services critical to positive outcomes for children and families, but not reimbursable by Medicaid.
- Improved information technology and data tracking systems, to increase the capacity for data-based management decisions.

4. Provide Services to Transition Age and Homeless Youth

The median age for onset of an initial episode of psychosis is under 25, and young people between the ages of 15 and 30 are most likely to suffer longer-term consequences if not provided early intervention.

Mental disorders and substance abuse are major issues for youth involved with Multnomah County Juvenile Justice. For the 957 youth on the Juvenile Justice caseload in 2004, 23% had one or more mental health indicators (8% had two or more indicators), and 40% had a substance use or abuse issue. Of 80 youth in Juvenile Detention in December 2004, 32.5% had a serious mental health diagnosis, and 20% were on suicide watch.

Homeless youth as well face mental health issues. Outside In, a major provider of services for homeless youth, estimates that 200 youth are homeless in Portland. Of youth served by Outside In, 90% report violence in their homes, 36% of girls report a history of childhood sexual abuse, and 30% are sexual minorities. Of youth who go through the Outside In transitional housing program, which includes treatment, care coordination, and linkage to other social services, 80% never return to the streets. Priority needs include:

- Early Psychosis and Transition Age youth services for Multnomah County.
- Expansion of Early Psychosis programs statewide to serve youth in their own communities.
- Suicide prevention for youth, developed cooperatively with Public Health.
- Services for youth transitioning to adult level of care, to support a stable transition through help with paperwork, transition beds, and other supports.

5. Increase Economic Independence

Multnomah County has experienced an unemployment rate that is higher than the national unemployment rate. Financial difficulties resulting from prolonged unemployment add to the level of demand for County services. Since housing and employment are integral to long term

recovery, these services are a priority. Supported employment is therefore an evidence-based practice purchased through the MHASD Adult System of Care. Assertive Community Treatment (ACT) providers are required to have a vocational specialist on the team to assist the most severely ill in finding and keeping jobs in the community.

- Expansion of the ACT (Assertive Community Treatment) program to help people with mental illness and/or addictions to live successfully in the community.

6. Increase Access to Stable, Affordable and Decent Housing

In 2006, Portland's Bureau of Housing and Community Development estimated that 18,000 to 19,000 people in Portland were homeless over the course of the year, with 1,600 being chronically homeless.

Mental health and addiction are a major issue for the homeless population, often becoming a barrier to housing. Major health care providers for the homeless reported that 8.6% of homeless encounters were for mental health issues. For homeless individuals seen at the Westside Health Clinic, 46% needed mental health services or were chronically mentally ill.

The Housing First model, premised on evidence that homeless individuals and families are more responsive to interventions and treatment after they are in their own housing, rather than while living in temporary facilities, is therefore integral to adult system of care programs. MHASD has completed a full inventory of licensed, structured, 24/7 housing, is in the process of an RFP and re-location process for The Bridgeview transitional housing, and is completing a provider housing survey to facilitate a full inventory of supported permanent and independent housing. This will allow the County to determine where housing gaps exist and contribute to current efforts to prioritize types of housing, as well as housing populations. Priority needs include:

- Alcohol and Drug Free housing, using vouchers and other approaches, and housing assistance services.
- Expansion of mental health permanent supportive housing, including interim rent subsidies, mental health wraparound services and supported housing services.
- Creation of a homeless prevention and housing entry fund (similar to the Real Choice Housing fund that was piloted with a federal grant).
- Indigent and homeless case management and benefits assistance, including assistance with SSI, Food Stamp and OHP applications.

7. Provide Alcohol and Drug Prevention Services

The 2000 Multnomah County DataBook estimated that over 150,000 youth and 399,000 adults needed prevention services, 85% of the County population. In fiscal year 2000-01, 11,500 people attended County-sponsored prevention events or prevention education, of which 70% were 17 years and younger. Since that time, however, state prevention funds have been reduced.

Now only 1.6% of subcontracted A&D funds (less than \$500,000 of \$31,800,000) is available for prevention. To overcome this enormous imbalance, every effort is being made to foster prevention during system design, leverage resources, focus the prevention specialist position's efforts, and obtain additional resources.

There is consensus that substance abuse programs stand on three legs – prevention, treatment, and law enforcement – and that the prevention leg is inadequate. For example, best-practice prevention and comprehensive health curricula, shown to be extremely effective over several decades of research and implementation, have not been implemented comprehensively.

throughout Multnomah County school districts, and are not routinely provided with good fidelity. Priority needs include:

- Increase A&D Prevention services, ideally from a stable dedicated funding source, to foster prevention and upstream public health as a major component of the system.

8. Provide Alcohol and Drug Treatment

An estimated 92,000 persons are in need of alcohol and drug treatment in Multnomah County annually. About 15,000 treatment episodes are recorded in the County each year (a number greater than the entire population of many Oregon counties). The reduction last year in methadone slots has increased the pressure on that system. Over 300 people are on the wait list for residential treatment, and wait lists for general outpatient treatment are growing, a recent development in Multnomah County. A reasonable estimate of need indicates that at least another 8,000 to 10,000 treatment episodes per year must be added to minimally meet our residents' needs. Priority needs include:

- Increase Alcohol and Drug Treatment Services, including outpatient and residential treatment.
- Increase Alcohol and Drug Free Housing (ADF), and Housing Assistance Services.

9. Provide Problem Gambling Services

Multnomah County has the highest lottery sales statewide (approximately \$318 million annually). While 71% of lottery sales are from video poker, 78% of the gamblers in treatment report video poker as their primary game of choice. Gambling Program services are provided for problem gamblers and their families, providing prevention and treatment.

10. Create Partnerships to Improve Service Outcomes

Co-occurring disorders for an individual can be a barrier to effective treatment. The number of arrestees who test positive for drugs in Multnomah County is very high: 82.2% of all females and 71.5% of all males. Of people booked into jail, 13.8% have a mental illness. MHASD has fostered partnerships to improve outcomes for individuals with co-occurring disorders, and requires that both mental health and addiction services providers offer or coordinate integrated assessment and treatment services, and engage in partnerships with the Department of Community Justice (DCJ), jails, health care, and other community partners.

MHASD believes that creating partnerships with business, law enforcement and health care agencies can provide better outcomes than a single agency working alone, and requires providers to work strategically with other community partners to expand services.

Workforce development is critical to support the capacity of all partners to provide effective treatment. Priority needs include:

- System of care development to create a full continuum of services, from community to acute care, for the full range of ages from early childhood to seniors, with professional education for treatment providers to implement evidence-based practices in a culturally appropriate and individual/family appropriate manner.
- Establish competency standards and associated training for co-occurring mental health and substance abuse disorder treatment.
- Behavioral health workforce development to help implement evidence-based practices in prevention & treatment.

IV. Access and Linkages

A. Access to the System of Care

One of the first steps in Multnomah County's Mental Health System Redesign was to improve access to care. In 2001, access and service coordination were improved by expanding services to include a call center, mobile outreach and walk-in clinics. Success of the system of care depends upon maintaining these critical system components.

The **Mental Health Call Center** is available 24 hours a day, 7 days per week to any Multnomah County resident. It serves as an information and referral hub, linking callers to community providers and other County departments, and is often the first point of contact for new services. It is also the access point for OHP clients inquiring about their Verity benefits. (Verity is the County's Mental Health Organization under contract with the State of Oregon to manage the mental health benefit for approximately 67,000 OHP members in Multnomah County.)

The Call Center is largely funded by Medicaid, with State funds incorporated to assure that all County residents can obtain help in assessing their need and options for mental health services.

Over the past biennium, the Mental Health Call Center has increased collaboration with public safety, especially the Department of Community Justice and Corrections Health, to reduce inappropriate jail use for mental health emergencies. The Call Center now has a dedicated line for police, and a line for community corrections, so that when police or probation/parole officers interact with a mentally ill person, the Call Center can help avoid potential incarceration when treatment is more appropriate.

Over the next biennium, MHASD plans to continue to expand the family focus of the Call Center as a front door to an integrated system of care for children and families, as well as adults. More child and family specialists will be hired, and there will be more emphasis on accessing the entire continuum of care, and on addressing system navigation issues.

Mobile Crisis Teams are accessed through the Mental Health Call Center, which dispatches teams 24/7 to go on-site and support police and other emergency providers, assuring that individuals in crisis are appropriately triaged and referred to mental health services. One team is specifically trained to link with hospital emergency departments. As part of the Waitlist Reduction Project, teams are currently contracted through Cascadia's Project Respond.

Cascadia's Urgent Walk-In Clinic is open 7 days a week from 7:00 a.m. until 10:30 p.m., providing no-appointment necessary assessment and treatment. Located in close-in SE Portland and on a frequent-service bus line, this clinic provides convenient access to licensed practitioners and crisis intervention.

B. Functional Linkages with State Hospital & Inpatient Providers

MHASD maintains functional linkages with local acute care hospitals, inpatient mental health providers and the State Hospital through the Mental Health Call Center, Pre/Post Commitment Services, and relationships maintained at the administrative level.

The **Mental Health Call Center** is the clinical resource hub for the county crisis network, providing a first point of contact for local acute care facilities and emergency departments. The Mental Health Call Center is consulted before admission of any Verity (OHP) member, to consider the medical necessity for acute care services, and to assess clinically appropriate diversion alternatives. After the first day of inpatient admission, pre-authorization for acute care services is required by Verity for the purpose of community coordination, utilization management and payment.

For all acute care admissions, the Call Center identifies whether the person has a treatment provider in the mental health system, and if so, notifies this provider of the admission and engages them in care coordination and discharge planning. If there is no provider, the Call Center coordinates referral for a provider who will begin to offer outpatient mental health services, usually prior to discharge from acute care.

MHASD presents regularly to acute and crisis providers to foster relationships with the community emergency services and crisis network. These meetings solidify the Mental Health Call Center's lead role in the mental health crisis system, and serve as a forum for discussing resources and strategies for keeping consumers in the least restrictive setting.

Pre- and Post-Commitment Services at MHASD are another primary point of linkage with local acute care hospitals and the State Hospital.

The Pre-Commitment/Involuntary Commitment Program (ICP) is responsible for investigating all Notices of Mental Illness filed in Multnomah County to determine whether persons held involuntarily for mental health treatment should be referred for civil commitment. Through daily contact with staff and patients of all local acute care hospitals, the ICP investigates these Notices, explores less restrictive treatment options and strengthens linkages between inpatient and outpatient providers.

For all persons who are civilly committed, the MHASD Post-Commitment Monitors connect individuals upon their discharge with community mental health treatment providers. Post-Commitment Monitors have daily contact with each local acute care hospital to link to community resources, monitor referrals to the State Hospital, and oversee discharge planning.

Within Post-Commitment Services, MHASD has designated a position to follow each Multnomah County resident committed to the State Hospital, and to participate in discharge planning with State Hospital social workers. Post-Commitment Services is designing an electronic tracking system for all Multnomah County residents placed in other counties upon discharge from the State Hospital, to facilitate eventual return to Multnomah County.

Over the next biennium, a new evidence-based program called Critical Time Intervention (CTI) will be implemented to interface with hospitals to address the needs of individuals with high utilization of inpatient care, psychiatric care or involuntary commitment. CTI will provide

intensive case management for individuals transitioning from hospitals, jail or from the front door as diversions, for up to 90 days. CTI case managers will exit once there is a solid link to a provider, and connections to natural supports that help achieve the best level of recovery, thus reducing recidivism.

Administrative Coordination: MHASD maintains administrative relationships with local acute care hospitals through participation in the monthly Metro Acute Care Advisory Council (MACAC), which is comprised of representatives of all local acute care hospitals that provide psychiatric care, as well as metro-area county mental health agencies, and outpatient mental health providers. The MACAC addresses system issues related to acute mental health care.

MHASD also participates in monthly Regional Emergency Department meetings, as hospital emergency departments are often the point of entry to inpatient mental health treatment.

In partnership with the medical staff of contracted outpatient providers, MHASD initiated a bi-monthly meeting involving inpatient and outpatient physicians and clinical administrators to facilitate consistent, functional communication between inpatient and outpatient treatment providers.

The manager of MHASD Adult Safety Net Services participates in monthly meetings of the State Governing Board to maximize effectiveness and efficiency related to the movement of consumers from the State Hospital to the community.

V. Program Plans

MHASD serves about 23,000 unduplicated individuals annually. Plans for each age group in the system of care, and for alcohol and drug prevention and addiction treatment, are described below.

With the diverse needs of the many populations served, the complexity of operating the MHASD system of care has increased greatly. In addition to program improvements, MHASD will add a data analyst and improve information technology and data tracking systems, to increase the capacity for data-based management decisions for the system of care.

A. Child, Youth and Family Service Plan

System of Care for Children and Families

The **Children's System Change Initiative (CSCI)** was officially implemented October 1, 2005. The initial focus was assessing children and youth placed in, or at risk of, psychiatric residential treatment services, and developing a service coordination plan with the family that met the needs of the child and family in the community, at home and in school.

The following providers and services were added to the provider pool:

- Catholic Community Services of Southwest Washington, for intensive in-home services using a "whatever it takes" philosophy to help families.
- Options Counseling Services, utilizing Multi-Systemic Therapy, an evidence-based practice that has demonstrated results for clients with diagnoses of conduct disorder and oppositional defiant disorder.
- Morrison Family Services, Albertina Kerr, and LifeWorks Northwest, providing individually tailored mental health services, an intensive service model incorporating skills trainers, therapists, psychiatric services, respite and after-hours crisis response.
- Respite services, through ChristieCare, Morrison, Trillium Family Services, Boys and Girls Aid Society, and Catholic Community Services of Southwest Washington.
- Treatment foster care, through Trillium Family Services, using the Multi-dimensional Therapy Model.
- Family Care Coordination Team (FCCI) at Multnomah County, which facilitates Child and Family Teams for clients who are determined eligible using the CASII (Child Adolescent Service Intensity Instrument).
- Transition Age Youth Services provided by Cascadia, targeting youth with the developmental challenge of entering adulthood with a severe mental health disorder.

Last biennium's statewide and Multnomah County data indicate the number of admissions and total bed days for psychiatric residential services (PRIS) has dropped dramatically. Average length of stay in Multnomah County for the first half of 2007 was 49 days; prior to the implementation of CSCI, the length of stay in PRIS could be 1 to 2 years. The monthly cost to Verity (OHP) for PRIS services in October 2005 was \$147,680; in September 2007, the monthly cost had dropped to \$62,028.

Using new state funds (MHS 22) to fund services for the non-Medicaid population, the CSCI covers services for early childhood, school-age children and youth, and transition age youth, with a goal of providing age-appropriate mental health services for each group. This continuum of care for children and families includes outpatient services, intensive community-based treatment services, and intensive treatment including residential placement and hospitalization where needed. Transition Age Services are intensive outpatient services designed to prevent youth from falling through the cracks as they move from the children's system of care to the adult system.

Through **Intensive Community-based Treatment Services** (Service Element 22), MHASD is serving up to 30 children who are in or at high risk for psychiatric residential placement, but are not Medicaid eligible for services prior to or following placement. The goal is to prevent higher levels of out of home placement. Services will be coordinated by the Family Care Coordination Team or provider care coordinators, and will include family preservation, evidence-based treatment strategies, collaborative problem solving and respite.

Child and Family Teams are a key feature of CSCI, and are charged with developing a service coordination plan to meet the needs of the child and family at home, in the community and at school. Teams are composed of the family, the child if age-appropriate, as well as a school representative, mental health provider, child welfare case worker if applicable, juvenile court counselor if applicable, and other natural support persons that the family has identified. Natural supports may be neighbors, extended family, or perhaps the pastor from their church.

Statewide data indicates increased billings for respite, skills trainers and case management, demonstrating that Intensive Community-based Treatment Services are being utilized by our families. The number of clients served by Verity (OHP) utilizing Intensive Community-based Treatment Services has risen from 84 in November 2006 to 156 in November 2007. This means these children and families are receiving their mental services at home, in the community and at school.

Evidence-Based Practices

The following evidence-based practices have been implemented or supported among children's services providers: Multi-systemic Therapy, Multi Dimensional Treatment Foster Care, Transition Age Youth Services based on Assertive Community Treatment model, Cognitive Behavioral Therapy, and Incredible Years.

A training on the Collaborative Problem Solving model for youth with assaultive or aggressive behavior, led by Legacy Emanuel Children's Psychiatric Unit and promoted by MHASD, resulted in families advocating for adoption and availability of this evidence-based practice. State AMH facilitated a statewide video conference with developer Stuart Ablon, leading to a 2-day training event in October 2007 attended by over 250 people representing child serving agencies and families from Multnomah County and across the state.

Coordination of Care

The Community Care Coordination Committee (C-4) is charged with identifying and resolving system barriers. This committee surveyed families, providers and partners for training needs, from which MHASD subsequently co-sponsored needed trainings with Wraparound Oregon, Legacy Emanuel Children's Psychiatric Unit, and State AMH. C-4 developed recommendations

for strategies for assaultive and aggressive youth and chronic runaways. The committee is currently developing goals and objectives to deepen the cultural competency of the children's system of care and to address the crisis in community-based placements for children who cannot live at home.

The Children's Mental Health System Advisory Committee (CMHSAC) regularly advises MHASD on services for children, youth and families. Recently CMHSAC recommended adoption and implementation of a mental health screening tool which can be administered in a school setting. It has also recommended that MHASD Quality Management develop a plan to sample and review clinical charts for family involvement in treatment planning.

The School MOU (Memorandum of Understanding) group developed a Transition Protocol to integrate students back into school after discharging from PRIS, psychiatric day treatment, and juvenile detention. DHS Child Welfare is in the process of adapting these protocols for use with children who are discharging from Behavioral Rehabilitation Services. Schools have proved to be willing and flexible partners in providing for the individual education needs of children with mental health issues.

Family and Youth Participation in Planning & Service Development

CMHSAC has adopted a 51% requirement for youth and family membership, strengthening the level of consumer participation in MHASD planning. MHASD also seeks feedback from our partners through the C-4 committee, the School MOU group, monthly co-management meetings with DHS Child Welfare, NAMI, OFSN, and regular meetings with our providers

The **Oregon Family Support Network (OFSN)** has been participating in CMHSAC to increase family voice. One to two OFSN members have participated over the past year, and have been influential as system advocates. OFSN will receive a contract this year to help develop a meaningful youth voice for consumers under age 21.

A family member participates on MHASD's Quality Management committee. The agency's Youth Satisfaction Survey is a key strategy for evaluating the effectiveness of MHASD services for children and families. Staff also monitor the utilization of services.

Cultural Competence & Respect for Diversity

The MHASD Family Care Coordination Team (FCCT) strives to match the cultural needs of children, youth and families by hiring a diverse team. This includes a Spanish-speaking bi-cultural care coordinator, and an African American care coordinator on the team. Providers are required to be culturally competent, and recently the expectation has been increased to require a Spanish-speaking qualified mental health professional (QMHP) to qualify for a contract for early childhood outpatient mental health services. This requirement for multi-language capacity will be expanded as new RFPs are issued.

Care coordination by the Family Care Coordination Team and providers has given families a voice in planning services for their child. They are no longer left to merely listen to the experts tell them what they should do. They are the experts on their child and participate in identifying the strengths and needs of their family. Their strengths are tools to assist them in meeting their own needs and the needs of their children. Identifying strengths honors the healthy and positive

qualities of these families. Natural supports are incorporated into the planning and increased over time as the family identifies additional resources in their family and their community.

Our plan is to listen to our families about how we may better serve them and their children, to further deepen our cultural competency, to evaluate promising evidence-based practices, and to collaborate with our community partners to incorporate and implement these practices in our mental health service array and child serving agencies.

Improvements in Service Array

Decisions to improve the array of services are based on service utilization, management reviews, and feedback from a network of advisory and community groups including: the Children's Mental Health System Advisory Council (CMHSAC), Wraparound School Age and Early Childhood Councils, Community Care Coordination Committee (C-4), the Complex Case Consultation (C-3) group, and providers.

Service improvements that started in the past biennium, or are being implemented now, include:

Family System Navigators: An RFPQ this year resulted in an award to NAMI to work with families on accessing mental health services. Family System Navigators will be advocates who are knowledgeable about the mental health system. They will attend family team meetings, work with the Family Care Coordinators, help youth and families access other services and benefits, and support a better overall experience for families.

Sub-acute Services: An RFPQ for sub-acute services this year resulted in contracts with Albertina Kerr and Trillium as providers. These sub-acute services are for youth ages 11 to 18 who can be diverted from a higher level of care placement, or who need short-term (5 to 9 days) step-down placement from hospital acute care. Both providers can accommodate 24/7 admissions.

Intensive Outreach: Using new state funds, this Intensive Outreach program is being started in cooperation with DHS Child Welfare to reduce child placement in foster care and support family preservation. Outreach specialists placed in the Courts will be available to help families access and complete Court-mandated treatment, resulting in the opportunity to regain custody of their children and preserve the family.

Early Psychosis Program: Research indicates that the median age for onset of an initial episode of psychosis is under 25, and that young people between the ages of 15 and 30 are the group most likely to suffer longer-term undesirable consequences if not provided early intervention. MHASD is therefore implementing a new Early Psychosis Program (EPP), based on a successful model developed by Dr. Patrick McGorry and demonstrated over the past 6 years by the Mid-Valley Behavioral Care Network through their Early Assessment and Support Team (EAST).

MHASD's Early Psychosis Program will replicate the EAST program, providing outreach and active engagement; assessment and treatment with a team of professionals including psychiatry, social work, occupational therapy, nurse, and vocational training; multi-family psychological and social education; cognitive behavioral therapies and interventions; vocational and educational support; medication management using low dose protocols; support for individuals in home,

community, school, and work settings; and other services required to meet the needs of the individual and maintain program fidelity.

Wraparound Oregon (School-Age): Multnomah County has partnered with Portland State University (as researcher) and Albertina Kerr (as fiscal agent) to test the efficacy of the Wraparound Milwaukee Model of providing treatment services to school-age children and youth ages 6-18 in Multnomah County. It is a parallel process to CSCI. The pilot project has served over 25 clients since January 2006. The emphasis is on family-driven decision making with one care coordinator, one plan of care for each child or youth, a crisis emergency plan, a provider network of formal and informal supports, coordinated services, shared funding using existing service dollars, web-based information management, cross-system training, and outcome and process evaluation.

Wraparound Oregon: Early Childhood uses the Wraparound Milwaukee Model to provide early intervention services to children ages birth to 8 years old who have a diagnosed or emerging mental health condition. Children may be eligible for early intervention and may be at risk or already in an out of home placement. The early childhood project is federally funded through a \$9 million dollar 6-year grant from SAMHSA and has served about 43 clients to date.

MHASD is actively participating in the collaborative planning efforts to implement the Governor's **Statewide Children's Wraparound Initiative** within Multnomah County.

Collaboration for Comprehensive and Coordinated Supports

MHASD fosters collaboration with other child-serving agencies. The Children's Mental Health System Advisory Council (CMHSAC) includes provider agency representatives, as well as 51% youth and family representation. The multi-agency Community Care Coordination Committee (C-4) meets monthly. The Complex Case Consultation (C-3) group provides weekly consultation and case review for real time collaboration and coordination with other child serving agencies.

MHASD managers also participate in community-based coordination groups. MHASD serves on steering committees for Wraparound Oregon (School Age), operated through Albertina Kerr, and for Wraparound: Early Childhood, operated through the Multnomah Education Services District. The Early Childhood manager participates on the Early Childhood Mental Health Committee of the Commission on Children, Families and Community, where a wide array of child serving agencies, including child care and Head Start providers, work toward system improvements.

B. Adult Service Plan

Adult services are primarily funded by the Oregon Health Plan (OHP) through MHASD's Verity Mental Health Organization (MHO). While this plan focuses on State General Fund money administered through the State AMH, major changes in the adult system of care as well as in AMH-funded services are described below.

Changes in the Adult System of Care

Adult services are built on a recovery model, allowing people to enter treatment when they are ill and move to a lower level of care or exit treatment when their needs lessen.

Many people in adult services face multiple health, mental health and addiction issues, where integration of services provide the best outcomes. Integration of mental health and addiction services has been strengthened by the MHASD requirement that providers in both systems provide integrated services for individuals with co-occurring disorders. Integration of services with criminal justice agencies is being developed through staff outreach assignments and by continuing joint procurement for addiction services with the Department of Community Justice.

The newest area for integration is between mental health and primary care. Over the past biennium, three providers have added medical staff to mental health clinics to address co-occurring medical disorders. A pilot project, using County and Verity funds, is being conducted in a collaboration between Central City Concern and Care Oregon. In addition, Cascadia has arranged with Kaiser Health Care to place a Kaiser RN in one clinic, and LifeWorks Northwest has hired an RN to augment mental health services in one of their clinics.

In recognition of the County's growing ethnic diversity, all MHASD contracts require that culturally specific needs are met through provision of culturally and linguistically appropriate treatment.

MHASD is responsible for ensuring that there is a spectrum of services available to meet individual needs, and that providers are in compliance with state and federal regulations. Workforce development is a key strategy toward this goal, and MHASD provides evidence-based practice training in specific clinical modalities so that providers have the resources to implement the best clinical practices. Training is also offered on compliance with regulatory mandates, and billing in a fee for service environment. MHASD is hiring staff for technical assistance and consultation to providers, and Child and Family and Adult System of Care Coordinators will provide technical assistance for providers.

Diverse consumer needs have prompted a goal of diversifying the provider network, incorporating providers of unique services such as supported employment, supported education and designated outreach, to expand system capacity and options for consumer choice.

Transitional and permanent housing are also pressing needs. MHASD is actively engaged in the City of Portland's 10 Year Plan to End Homelessness, and in advocating for transitional low-barrier housing to remain a priority to assure immediate access for individuals with mental health and addiction needs.

Another critical priority is meeting the needs of those most at risk. Evidence-based practices such as Assertive Community Treatment (ACT), Dialectical Behavior Therapy (DBT) and the Early Psychosis Program are important for individuals at high risk of needing acute care services who have not done well in traditional outpatient programs. An increased focus on Transition Age Youth will begin with designing a program to best meet the needs of youth just coming into the adult system of care, preserving their family relationships and supports.

Changes in AMH-funded Adult Services

Critical Time Intervention (CTI) Project: Using AMH crisis funding, MHASD plans to implement a CTI project to address the needs of indigent transition-age youth and adults who are being discharged from institutional care (psychiatric hospitals or hospital emergency departments), but need assertive short-term intervention to reduce risk of readmission. CTI

strengthens the consumer's long term connection to treatment services, family and friends, and provides emotional and practical support during a critical transition period. MHASD will hire a CII team for a modified-fidelity program providing services over 3 to 4 months, versus the 9 months in the original model, with transition to stable community-based care and housing.

High Utilization Diversion (HU Diversion): Additional AMH case management funding will be used to concentrate efforts on mentally ill individuals who are habitual users of high intensity, high cost services, including State hospitals, local hospitals and the jail. The new HU Diversion staff of two mental health professionals will maintain or connect a person with housing, Medicaid eligibility and services. Drawing on the expertise of the Call Center, Emergency Department Liaisons and Jail Outreach staff, the HU Diversion team will provide "combined diversion," encompassing diversion at the point of admission, as well as reducing the length of stay in jail or hospital after an admission.

Supported Employment (SE) Initiative: This new AMH funded project is an approach to helping people recovering from a mental illness, based on evidence that people with mental illness are more likely to find jobs if helped by supported employment than any other type of program. MHASD has contracted with local agencies with demonstrated success delivering mental health or substance abuse services. LifeWorks Northwest will implement this program at their King site where twenty percent of consumers are African American, and Central City Concern will serve from a downtown location, targeting those with dual diagnoses, criminal justice involvement or homelessness.

Jail Diversion Funded Services

Mental Health Court Pilot Project: With new dollars from AMH, MHASD is collaborating with the Judicial and Criminal Justice Systems to implement an expansion of the Community Court Project. With a goal of successfully diverting mental health consumers from the Criminal Justice System, MHASD will hire three qualified mental health staff to work primarily in the field, assisting individuals diverted from jail, and reporting to the Court on their status. Staff will link individuals to benefits, housing, medical and social services, and outpatient mental health services. Maintaining contact for up to 45 days will allow time to assess consumer level of engagement with community providers.

370 Project: With new dollars from AMH, MHASD is participating in a 3-county pilot project for consumers charged with misdemeanor crimes and ordered to undergo an "Aid and Assist/Treat until Fit" evaluation, with the intent of diverting them from the criminal justice system to the mental health system. This project will provide: evaluation of mental status, options and recommendations for stabilization, evaluation of basic needs, and coordination of service with criminal justice and mental health systems. MHASD is hiring 2 qualified mental health professional case managers to facilitate increased engagement with the Criminal Justice, County Mental Health and State Hospital systems. Staff will function as connectors to benefits, housing, medical and social services, and mental health outpatient services.

Waitlist Reduction Project (WLRP): With on-going AMH funding, MHASD is implementing changes in this program. The WLRP position dedicated to providing engagement, transition planning and community support services to Multnomah County residents in the State Hospital was initially sited with a community mental health provider. With the advent of co-management,

MHASD has changed this to a County position in order to increase facilitation of discharges of Multnomah County residents from the State Hospital. The staff begins engagement with State Hospital patients soon after admittance, and continues providing discharge-planning services up to the point of a successful placement in the community.

C. Older Adult Service Plan

Older Adult Needs

MHASD recognizes that older adults often have unique needs and circumstances. Elders, as well as their families and providers, often fail to recognize treatable mental disorders. According to SAMHSA, "mental disorders are not a normal part of aging, yet a significant number of older adults have these serious but treatable diseases." (*Community Integration for Older Adults with Mental Illnesses Overcoming Barriers and Seizing Opportunities*, SAMHSA, 2004)

Suicide prevention is also a major concern. Oregon has the fourth highest suicide rate in the nation for older adults, especially for older males, who have nine times the suicide rate of older females in the state. Older adult suicide rates are the highest of any age group. (*Oregon Older Adult Suicide Prevention Plan, DHS Office of Disease Prevention and Epidemiology, 2006.*)

People older than 60 make up more than 14% of the county population.

General Multnomah County Population (2000 Census):

▪ Total County Population	660,486	100.0 %
▪ Persons Age 60+	94,567	14.3% of County
▪ Persons Age 65+	73,607	11.1% of County

Multnomah County anticipates growth over the next decades in the number of older adults with mental disorders, largely due to the aging of adults who already have serious mental health and addiction issues. The number of older adults in Oregon is expected to double over the next thirty years, largely due to the maturation of the "baby boomer" cohort, who will begin to reach age 65 in 2011. Greater longevity resulting from improved health care and other social factors adds to this projection.

In 2001, the Governor and Oregon State Legislature recognized these special needs and created SB781, to support county mental health and developmental disability programs to include preventive mental health services and early identification of problems for older adults.

Current Service Capacity

MHASD is developing both provider capacity and outreach to address the mental health needs of older adults who may not be able to access care because they are isolated, lack the knowledge of what is available, lack resources to pay for services, have significant medical issues, perceive a stigma in seeking help, or lack ability to navigate the system.

Outreach Services

Oregon's 2006 Suicide Prevention Plan lists clinical outreach programs to older adults as a key strategy in reducing suicide for this age group. Outreach is also critical in locating elders with

treatable mental disorders. Because reaching older adults requires unique strategies, MHASD has partnered with Multnomah County Aging and Disability Services Division (ADS) to develop a collaborative outreach system and educate MHASD staff about general senior services and issues related to aging.

Mental Health Call Center staff have been trained to interface with the ADS 24-hour hotline to coordinate mental health crises that may be called in to either system. The Call Center may be contacted by hospital emergency departments, the Health Department, or primary care providers who identify an older adult needing mental health services. Older adults needing services may also be located through contact with 24-hour mobile outreach, or the urgent walk-in clinic.

The **Multi-disciplinary Team (MDT)** is a collaboration between MHASD and ADS. ADS staff developed the model and oversee the program within their Adult Protective Services (APS) program, while MHASD manages contracting and payment. The contract for MDI services was recently awarded to Lutheran Community Services as the lead agency, based on their work with immigrants and culturally specific populations, which will enable the MDT team to address the needs of Multnomah County's diverse seniors and people with disabilities. The focus is on emergent and acute needs, usually where mental health and APS intersect. The MDI provides outreach, assessment, short-term counseling and stabilization, and linkage to appropriate follow-up mental health treatment.

Treatment Services

Services for all ages of consumers 18 and older are provided through MHASD's outpatient provider agencies, including services for older adults.

New this year, specialized outpatient services in long term care are being provided by Cascadia to older adults in nursing homes, adult foster homes and residential care facilities, as a component of Verity services. Rather than focusing on outreach and assessment as had been the case previously, this Cascadia service now focuses on on-site delivery of enhanced services to older adults identified by their facilities or the MDT.

Service Gaps and Unmet Needs

Older adults too often do not access traditional mental health services because of unfamiliarity or stigma. Their unique needs require the use of service modalities, such as co-location with other aging services or consistent engagement, to normalize mental health treatment.

There is a lack of residential housing options for older adults with mental health issues. There is also a lack of targeted addiction treatment for older adults, who often face this issue.

Mental health and addiction issues alone do not usually cause an impairment that would meet the state's service priority levels, and qualify a senior for ADS services. This can result in difficulty determining which program has the capacity to provide case management (MHASD or ADS), or crisis services (Project Respond or Adult Protective Services). Where medical and mental health issues are both present, it may require specific testing to determine the best treatment approach.

Workforce Development Efforts Needed

- Increase capacity to address older adult behavior issues through training for provider staff that includes such topics as: understanding the differences between dementia, Alzheimer's, depression, and other types of mental disorders, and how to normalize mental health treatment.
- Increase the supply of geriatric mental health specialists, and encourage adequate compensation to improve retention among providers. Encourage a model where a geriatric specialist is available to consult with any provider who is serving an older adult.

D. Alcohol and Drug Prevention Plan

Prevention Planning

Comprehensive Prevention Study: A study on the status of prevention in Multnomah County was undertaken by the University of Oregon in fall 2005 through June 2007. The study summarized existing research findings about key characteristics and critical intervention points of a comprehensive prevention program for Multnomah County, and conducted a scan to determine which characteristics and intervention points are currently implemented. The report concluded that there is a need for a comprehensive prevention system in Multnomah County. As a result, the Commission on Children Families and Community conducted additional study to determine next steps. Part of the current efforts by the A&D Prevention Coordinator and other County personnel is to create a shared definition of prevention, and an inventory of County prevention programs.

Community Action to Reduce Substance Abuse (CARSA) is continuing their planning and visioning work. CARSA recently developed a vision for a Portland Drug Strategy, which will be presented to the Portland City Council in the near future. Collaboration regarding problems with methamphetamine use culminated in implementation of Oregon precursor laws that have virtually eliminated local meth labs and fostered planning that resulted in several large treatment and law enforcement systems grants. The CARSA coalition produced the second edition of the Portland Profile, which tracks substance abuse indicators and identifies key areas of concern, which is taken into consideration in MHASD prevention planning.

Availability of Prevention Funding: Only one service element, A&D 70, is specifically focused on prevention. A&D 80 includes both prevention and early identification. Due to severe funding limitations for other service elements, less than \$500,000 out of \$31,800,000 – or 1.6% of subcontracted funds – are being devoted to prevention. To overcome this enormous imbalance, every effort will be made to foster prevention during system design, to leverage resources, and to obtain additional resources.

Prevention Goals: The following goals have been developed for the A&D Prevention Program.

- Stabilize and/or strengthen existing prevention initiatives and collaborations, and continue intersystem collaboration and integration efforts.
- Incorporate best-practice approaches, including family-strengthening strategies and services across the continuum of prevention and treatment services.
- Increase access to services for very high risk and/or under-served populations.

- Support academic success and high school completion.

Major Program Areas

Consistent with the Federal Center for Substance Abuse Prevention (CSAP) strategies, MHASD will deliver A&D Prevention services in the following areas:

CSAP Strategy	MHASD A&D Prevention Program (A&D 70)
<u>Information dissemination</u> on substance use, abuse & addiction and their effects on individuals, families and communities.	MHASD Prevention Coordinator
<u>Education</u> and interaction between an educator/ facilitator and participants to affect critical life & social skills, including decision-making, refusal skills, critical analysis and judgment abilities.	Housing Authority of Portland
<u>Alternatives</u> through participation of target populations in activities that exclude substance use.	Housing Authority of Portland Latino Network Asian Family Center
<u>Problem identification and referral</u> for those who have indulged in illegal/age-inappropriate use of tobacco or alcohol, to assess if their behavior can be reversed through education.	Housing Authority of Portland
<u>Community-based process</u> to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders.	Latino Network Asian Family Center MHASD Prevention Coordinator
<u>Environmental</u> strategy to establish or change written/unwritten community standards, codes and attitudes, influencing incidence and prevalence of substance abuse in the general population.	[Underage Drinking, funded by AMH in the past, emphasized an environmental strategy]

Fund Allocation

The Multnomah County Mental Health and Addiction Services Division recommends supporting the following A&D 70 prevention program elements:

- Maintain a full-time (1.0 FIE) A&D Prevention Coordinator, plus \$500 in travel funding.
- Maintain the A&D Prevention contracts spending level for minority services by continuing support for the Housing Authority of Portland youth services program, a long-term collaborative prevention initiative which serves a high proportion of people of color in public housing communities, and two culturally specific community-based organizations.
- Maintain technical assistance support for existing and new prevention community coalitions.

A&D Prevention Coordinator: Due to union-mandated salary and benefit increases for the position, the A&D 70 base funding remaining for contracted prevention activities is reduced approximately 5% in the upcoming biennium. In order to foster system stability, only one large and two small ongoing long-term programs will be funded using A&D 70 base funding.

A&D Prevention Contracts

The **Housing Authority of Portland (HAP)** will receive the largest funding commitment in the A&D 70 prevention plan. This collaborative effort, managed by HAP, involves multiple funders and planning processes, including the City of Portland's Children's Investment Fund (CHIF). A competitive procurement was held by HAP during 2007 for the A&D 70 funded portion of the program, which provides after-school clubs and core services to youth and their families, including school liaison services, individual tutoring and mentoring, and home visits. It also

offers a Reading Together program and monthly alumni group based on the best practice Families and Schools Together (FAST) program, adapted to focus on an identified need of improving reading readiness. HAP regularly updates and revises details of the program; for example, staff assigned to New Columbia have been re-assigned to Gateway Park due to the increase in other services available to New Columbia residents.

The **Latino Youth Network** will provide project coordination and outreach to engage youth in a youth soccer team, which will participate in the Oregon Youth Soccer Association's league.

The **Asian Family Center's TUNE** (Teens Uniting for a New Era) program will develop youth leadership by involving youth in planning and implementing projects and community events.

Additional State Funding:

Additional funding from competitive grant awards will double contracted prevention funding, from approximately \$400,000 to \$800,000.

Safe and Drug-Free Schools (S&DFS) funds were recently redirected to a new cascading service learning and mentoring program which focuses directly on the goal of fostering school success. In this student peer support project, college students will work with high school students, building teams to work with grammar school students to help promote the younger children's academic success, while involving the older students in service learning.

The **Strengthening Families (SFP 10-14)** grant provides startup funding to begin implementing this highly effective program county-wide, starting this year. Staffed by LifeWorks Northwest in HAP locations, this program involves sixth graders and their parents in a weekly evening event for 7 weeks. Over dinner, a family issue is introduced, after which parents and youth separate for an initial discussion on the topic, then get back together for a second hour and share in a joint discussion. LifeWorks staff will recruit faith-based organizations to provide volunteers who will learn to lead the program for their congregations, and help expand the program in schools.

During 2007-09, state competitive funding is making it possible to offer the Strengthening Families evidence-based family training program to HAP families at one HAP location, six associated SUN schools, and an additional middle school. This funding is also training faith community volunteer groups to provide additional low-cost trainings throughout the county. Additional County funds are being sought to expand this program and recruit additional faith community volunteer groups to further leverage resources, making SFP 10-14 the county's largest A&D prevention program.

Strategies to Address Underage Drinking

AMH previously provided specific funding for reducing underage drinking. This funding has since been eliminated. Without access to dedicated funding, MHASD has allocated \$10,000 to this effort from other funds, less than a quarter of previous funding. Current efforts focus on convening partners to redesign the Minor in Possession system, exploring increased consequences for youth in possession of alcohol. However, implementation of a new system, including public education and addressing access to alcohol products, will be difficult without additional dedicated funding.

Comprehensive, Coordinated Plan Priorities (SB555 Plan)

MHASD actively participated in the Commission on Children, Families and Community-led planning process for this 2008-2014 community-wide plan. After careful deliberation, the CCFC and County Board decided that this 6-Year Community Plan will focus on two broad goals:

- 1) Improve academic success and high school completion rate, and increase student access to medical care; and
- 2) Decrease poverty rates for families with children, particularly for low-wager earners.

All activities in the proposed A&D 70 category support the top goal: academic success and high school completion. Federal funds, flowing through AMH for Safe and Drug Free Schools, will be spent on programs specifically focused on school success.

Support for Ongoing Development of Community Coalitions

The Multnomah County Prevention Coordinator will continue to be a participant in the activities of the substance abuse prevention coalition, CARSA.

Multnomah County staff participated in the development of the second edition of the Portland Profile, published by CARSA, a publication that gives data on substance abuse problems. Staff will continue work on updating and improving the quality and utilization of this product.

Cultural and Gender Specific Programs

A&D 70 funding will continue to support culturally specific coalitions and community-based organizations at approximately the current level. These are the Latino Youth Network and TUNE (Teens Uniting for a New Era), a project through Asian Family Center.

Professional Development Training for Prevention Staff & Providers

A priority for the Prevention Coordinator will be participating in and providing technical assistance to CARSA, a substance abuse prevention coalition was formed as part of the ONDCP (Office of National Drug Control Policy) Major Cities Initiative. This coalition is implementing a Drug-Free Communities grant, adding new partners, and writing a Portland Drug Strategy.

Specific Prevention Strategies

A&D prevention programs, outputs, and outcomes are listed in Attachment 10. Subcontract information is provided in Attachment 1.

E. Addiction Service Plan

Current Services

MHASD provides an array of Addiction Treatment services, including case management, transitional housing, and relapse prevention designed to assist clients in their struggle to achieve and maintain their sobriety. Services include:

- Addiction Services – Detoxification, Residential, Outpatient, Methadone Treatment, Supported Housing, and Support and Education.
- Mentorship programs for clients with substance abuse problems to support them in recovery group participation as well as other services.

- Culturally and linguistically appropriate treatment to high-risk clients with a substance abuse disorder.

The majority of these treatment services were procured in 2004 in a joint procurement by MHASD and the Department of Community Justice (DCJ). Procurement planning included a series of community meetings attended by clients, family members, community members, and treatment provider staff held in 2003.

The Alcohol and Drug Assessment and Referral program designs treatment programs for 5,100 individuals annually including individuals charged with driving under the influence of intoxicants. MHASD provides over 1,100 outpatient treatment slots per year, and spends over \$450,000 per month on residential treatment. However, this is estimated to meet only 50% to 60% of demand.

Unmet need is the largest single factor currently influencing addiction planning in Multnomah County. Over 300 people are on the wait list for residential treatment. The reduction last year in methadone slots has increased the pressure on that system. Wait lists for general outpatient treatment are growing, a recent development in Multnomah County.

Increasingly, high priority clients must compete for the same limited resources. These high risk groups include people needing addiction treatment who are: being discharged from jail; frequent offenders at Community Court; homeless individuals needing to access drug free housing; IV drug users; and women seeking residential treatment as part of DHS agreements to have their children returned. Many other low income county residents have equally urgent needs to obtain addiction treatment for themselves or family members.

Coordination with Residential and Detox Providers

The four A&D residential providers all have outpatient programs, streamlining coordination from one phase of treatment to the next. These providers (CODA, DePaul, LifeWorks Northwest, and the Letty Owens program of Central City Concerns), along with Central City Concern's Hooper Detoxification Center, (including the CHIERS outreach van, a sobering program and a sub-acute program), have longstanding relationships and are knowledgeable about each other's services.

Contract changes are planned over the coming year so that all outpatient and residential treatment providers will set aside a proportion of treatment slots to facilitate movement of individuals out of detox and into residential and treatment, at the level appropriate for their needs.

Coordinating with Criminal Justice

In 2003 and 2004, MHASD planned and implemented a joint procurement process with the Department of Community Justice (DCJ) for alcohol and drug (A&D) treatment services. Resulting from this is an integrated system, in which DCJ manages their own treatment slots and purchases services from A&D providers.

The allocation of State AMH and County General Funds to providers and services selected through the RFPQ was done to maximize resources and provide as broad an array of A&D services as possible. This allocation is evaluated annually based on the criteria in the RFPQ, but

primarily on the resources available. MHASD and DCJ co-chair a monthly meeting with these shared providers and jointly manage the treatment system.

DCJ recently compared individuals involved with probation or parole with those receiving A&D services and found a 32% overlap of mostly lower level offenders. This figure highlights the need for continued coordination.

The Addiction program, in conjunction with DCJ, is currently planning a new joint 5-year procurement which will be released in 2009. In conjunction with DCJ, our citizen's councils, the provider network, and others, the Addiction program is developing initiatives to: strengthen the connections between service levels, particularly between detox and residential; increase the availability of transitional housing; increase the focus on employment services; and develop practices to increase our rate of successful completions in treatment. Allocations from this process will be effective July 2009, and may be different from the current system.

In Multnomah County, drug court referrals and prioritization are handled by DCJ. Clients are referred to agencies that have contracts with the drug courts.

Use of Evidence-Based Practices

MHASD's Alcohol and Drug program is working with providers to ensure progress toward satisfying SB 267 requirements for the incremental implementation of evidence-based practices. At this stage, this effort is ahead of schedule. As A&D makes funding changes or adds new providers, providers are asked to specify which evidence-based practices they are using, and this is added to their contracts. Common practices being that are currently being used include: Cognitive Behavior Therapy, Motivational Interviewing, Seeking Safety, and the Matrix Model.

F. Problem Gambling Service Plan

MHASD Gambling Services are guided by a public health approach that takes into consideration biological, behavioral, economic, cultural and policy determinants influencing gambling and health. The programs incorporate prevention, harm reduction and multiple levels of treatment, by placing emphasis on quality of life issues for the gambler, their family and the community.

Gambling addiction treatment uses evidence-based practices in an outpatient setting for individuals diagnosed with problem or pathological gambling. Annually the County's treatment providers serve approximately 540 gamblers and 102 family members, for a total of 646 individuals. The average successful completion rate in the county is 39%. Countywide data shows that problem gamblers seeking treatment can access services in less than five days.

Problem gambling treatment services are closely aligned to Multnomah County's Basic Living Needs funding priority, in that these programs promote healthy behaviors. The treatment focus is on relieving initial client stress and crisis, supporting the client and family members in treatment, and assisting the family to return to a level of healthy functioning. Problem gambling treatment assists the gambler and family in managing their finances, rebuilding trust within the family, learning gambling prevention techniques, and maintaining recovery.

Last year, MHASD completed a successful Request for Provider Qualifications (RFPQ) process for the five-year period from July 1, 2007 through June 30, 2012. This process resulted in the

selection of four qualified prevention and treatment providers, continuing the work of Cascadia, LifeWorks Northwest, and Oregon Health Sciences University's Behavioral Health Clinic, and adding Volunteers of America/ InAct as a new provider.

In addition to these treatment providers, two outreach and engagement providers were selected. LifeWorks Northwest received a contract for specialized outreach to African Americans and Cascadia received a contract for countywide outreach and public information.

No significant changes to the current service delivery system are foreseen for the near future.

VI. Allocation and Use of AMH Funding

A. Allocation Chart

Funding from the State Addiction and Mental Health Division is allocated Multnomah County MHASD programs as follows:

Allocation and Use of State AMH Resources

Service Element	Service Provision
LA01	Mental Health and Addiction Services Division Administrative Expenses.
MHS 20	Adult CMI case management/care coordination, trial visit monitoring, abuse investigation, residential case management, and other services designed to prevent hospitalization.
MHS 22	Children and adolescent mental health services including early childhood, school aged, intensive in-home treatment, treatment foster care, and care coordination.
MHS 24	Acute mental health services including inpatient hospitalization.
MHS 25	Adult and Child non-OHP community crisis services including crisis walk-in clinic, mobile outreach, and crisis line.
MHS 28	Mental health residential services.
MHS 30	PSRB
MHS 35	Older adult mental health services, including the multi-disciplinary team.
MHS 38	Residential
MHS 39	Transitional housing
A&D 60	Special projects including the housing conference, family involvement team and services to Latino youth.
A&D 61	Residential alcohol and drug treatment, including services to pregnant African American women.
A&D 62	Housing for dependent children whose parents are in alcohol and drug residential treatment.
A&D 66	Outpatient alcohol and drug treatment
A&D 70	Prevention/Early intervention services
A&D 71	Youth alcohol and drug residential treatment
A&D 80	Gambling prevention services
A&D 81	Gambling treatment services
A&D 83	Gambling treatment enhancement including brochures and gambling awareness week.

B. Use of Evidence-Based Practices

MHASD requires in its contracts that all adult mental health providers follow the State statute regarding evidence-based practices (EBP). For 2007-09, the statute required that at least 50% of state funds used to treat people with mental illness who use or have a propensity to use emergency mental health services be delivered with evidence-based practices, and 50% of state funds used to treat people with substance abuse problems who have a propensity to commit crimes be used for the provision of evidence-based practices. In 2000-11, this increases to 75%.

MHASD is ahead of requirements for implementation of evidence-based practices. Evidence-based practices among MHASD staff and sub-contracted providers are actively promoted through training on specific clinical practices, specific contractual requirements for new and amended contracts, monitoring of fidelity of practice implementation, and provider technical assistance.

Children's System of Care Evidence-Based Practices

Contracts for Intensive Community-based Treatment Services, School-Age Children and Early Childhood require providers to use at least the following evidence-based practices:

- Multi-Systemic Therapy
- Multi Dimensional Treatment Foster Care, Oregon Social Learning Center
- Transition Age Youth Services based on Assertive Community Treatment model
- Cognitive Behavioral Therapy
- Incredible Years
- Wraparound Services

MHASD is also in the process of integrating an evidence-based family readiness assessment tool into the outpatient intake process, the Family Check Up (FCU) model.

Adult System of Care Evidence-Based Practices

A minimum of six fidelity models have been implemented in the adult mental health system:

- Supported Employment
- Co-Occurring Disorders: Integrated Dual Diagnosis Treatment
- Illness Management and Recovery
- Family Psychoeducation
- Assertive Community Treatment
- Medication Management Approach in Psychiatry.

Addiction Services Evidence-Based Practices

An inventory of the evidence-based practices implemented by each provider has been developed, which has been compared to the National and State OMHAS lists of evidence-based practices.

Common evidence-based practices used by providers include:

- Cognitive Behavior Therapy
- Motivational Interviewing
- Seeking Safety
- The Matrix Model

C. Rationale for Changes to Allocations

Provider allocations are largely based on the major RFPQs released by MHASD since 2004:

1. 2004: MHASD and DCJ joint RFPQ for Alcohol and Drug Service providers
2. 2005: System of Care for Children and Families, Children's Intensive Mental Health Treatment
3. 2005: System of Care for Children and Families: Services for School-Aged Children
4. 2005: Adult System of Care RFPQ
5. 2007: Problem Gambling Services RFPQ
6. 2008: Early Childhood System of Care RFPQ

Each RFPQ is designed to move the County's mental health and addiction system to the next level of competency and gain greater control over the quality and cost of services.

In addition to program improvements described below, MHASD will add a data analyst and improve information technology to increase capacity for **data-based management decisions**.

The changes listed below are explained in greater detail in each program plan (section V).

1. Access to the System of Care

Continuing "front door" services include:

- **Mental Health Call Center**, available to all County residents 24 hours a day, 7 days a week, including dedicated lines for immediate access by police and corrections.
- **Mobile Crisis Teams**, available 24/7, to support police, emergency providers and hospitals to triage and link people in a crisis with mental health services.
- **Urgent Walk-In Clinic**, open 7 days a week from 7:00 a.m. until 10:30 p.m., providing no-appointment necessary assessment and treatment.

Improvements include:

- **Expand the family focus** of the Call Center, with more child and family specialists, and emphasis on navigation support and access to the entire continuum of care.

2. Links with State Hospital & Inpatient Providers

Current links will be maintained, including:

- **Mental Health Call Center** as a first point of contact for local acute facilities and emergency departments, to consider the medical necessity for acute care services, and to assess diversion alternatives. The Call Center also notifies the individual's treatment provider of an admission. If there is no provider, the Call Center links to a provider to offer outpatient mental health services, usually prior to discharge.
- **Pre-Commitment/Involuntary Commitment Program** investigates all "Notices of Mental Illness" to determine whether persons held for mental health treatment should be referred for civil commitment, and helps explore less restrictive treatment options.

- **Post-Commitment Monitors** connect individuals upon discharge with community mental health treatment providers. They also follow each Multnomah County resident committed to the State Hospital, and participate in discharge planning.

Improvements include:

- **Post-Commitment Services** is designing an **electronic tracking system** for residents placed in other counties upon discharge from the State Hospital, to facilitate eventual return to Multnomah County.
- The new **Critical Time Intervention (CTI)** program will provide intensive case management for individuals with high utilization of inpatient care, psychiatric care or involuntary commitment, for up to 90 days. CTI case managers will exit once there is a solid link to a provider and natural supports.

3. Child, Youth and Family Services

This plan continues:

- **The Children's System Change Initiative (CSCI)**, using state funds to serve non-Medicaid children and youth in, or at risk of, psychiatric residential treatment services. Coordinators form a child and family team to develop a service coordination plan, to meet needs of the child and family in the community, at home and in school.
- **Intensive Community-based Treatment Services** are provided where needed to prevent higher levels of out of home placement.

Improvements include:

- Engagement of the **Oregon Family Support Network (OFSN)** to help develop a meaningful youth voice for consumers under age 21.
- Implementation of the **Early Childhood System of Care**. An RFPQ is currently being processed to determine which providers are qualified to deliver these services.
- **Family System Navigators**: An RFPQ this year will result in support by advocates knowledgeable about the system to help families access mental health services.
- **Sub-acute Services**: An RFPQ for sub-acute services this year resulted in services for youth ages 11 to 18 who can be diverted from a higher level of care placement, or who need short-term (5 to 9 days) step-down placement from hospital acute care.
- **Intensive Outreach**: Using new state funds, this cooperative program with DHS Child Welfare will help families access and complete Court-mandated treatment, resulting in the opportunity to regain child custody and preserve the family.
- A new **Early Psychosis Program** will be implemented to reach youth at the initial episodes of psychosis (usually under age 25), and provide early intervention to improve outcomes and maintain family ties.

4. Adult Services

We will continue to emphasize the following:

- **Integration of mental health and addiction** treatment for those with co-occurring disorders, and a smooth continuum of services between mental health, addiction, housing and criminal justice services.
- Strategies to help those impaired by a **cycle of mental illness, substance abuse and homelessness**, and often involvement with the criminal justice system as well, move into **stable living situations** and receive effective treatment.
- Assure that all providers deliver **culturally and linguistically appropriate** treatment.
- Emphasize **consumer-centered and peer-delivered support networks**, and engagement of **families and natural supports**.

Improvements to the system of care include:

- A new focus on **integration between mental health and primary care**, encouraging placement of RNs in mental health clinics to address co-occurring medical disorders.
- **Expand training** for providers on effective practices, and increase **technical assistance** and consultation.
- **Diversifying the provider network**, incorporating providers of unique services such as supported employment, supported education and designated outreach, to expand system capacity and options for consumer choice.
- Continue to **promote transitional and permanent housing**, including low-barrier housing for immediate access for individuals with mental health and addiction needs.
- Increase our focus on **transition age youth**, by exploring what is needed to best meet the needs of youth just coming into the adult system of care, preserving their family relationships and supports.

Improvements funded by AMH include:

- **Critical Time Intervention (CTI):** Using AMH crisis funding, this project (also see above) will address the needs of those being discharged from institutional care, who need assertive short-term intervention to reduce risk of readmission.
- **High Utilization Diversion (HU Diversion):** Additional AMH case management funding will focus on mentally ill individuals who are habitual users of high intensity, high cost services: State and local hospitals, and jail. Diversion staff will connect a person with housing, benefits and services to divert at the point of admission, or reduce the length of stay in jail or hospital after an admission.
- **Supported Employment (SE) Initiative:** New AMH funding will help people with mental illness find jobs. Contracted providers will work in NE Portland to include African American consumers, and in a downtown location, targeting those with dual diagnoses, criminal justice involvement or homelessness.

Improvements funded by Jail Diversion Funds include:

- **Mental Health Court Pilot Project:** With new dollars from AMH, this collaboration with the Criminal Justice System and Courts will help divert mental health consumers by connecting individuals diverted from jail with benefits, housing, medical and social services, and outpatient mental health services.
- **370 Project:** With new dollars from AMH, this 3-county pilot project will work with consumers charged with misdemeanor crimes and ordered to undergo an "Aid and Assist/Treat until Fit" evaluation. This project will evaluate mental status, options and recommendations for stabilization, and connect people to benefits, housing, medical and social services, and mental health outpatient services.
- **Waitlist Reduction Project (WLRP):** With on-going AMH funding, the care coordination for this program will become a County position to facilitate discharges of Multnomah County residents from the State Hospital.

5. Older Adult Services Service

We will continue to provide:

- A **Multi-disciplinary Team**, in collaboration with Aging and Disability Services and their Adult Protective Services unit, through a subcontract to provide assessment, short-term counseling, stabilization, and linkage to follow-up mental health treatment.

Improvements in older adult services include:

- New this year, **specialized outpatient services** are being provided to older adults in nursing homes, adult foster homes and residential care facilities.

6. Alcohol and Drug Prevention

We will continue current state-funded prevention programs, including

- **Housing Authority of Portland (HAP)** youth services program, which serves a high proportion of people of color in public housing communities. In collaboration with the City of Portland's Children's Investment Fund (CHIF), this includes an after school program, a Reading Together program, and Families and School Together.
- **Latino Youth Network** for outreach to engage youth in a youth soccer team, which will participate in the Oregon Youth Soccer Association's league.
- **Asian Youth Network's TUNE (Teens Uniting for a New Era)**, for youth leadership by involving youth in planning and implementing projects and community events.

Improvements from new competitive State grant awards will add two programs:

- **Safe and Drug-Free Schools** focus directly on the goal of fostering school success. In this student peer support project, college students will work with high school students, building teams to work with elementary students to help promote younger children's academic success, while involving older students in service learning.

- **Strengthening Families** has been offered to HAP families at one HAP location, six associated Schools Uniting Neighborhoods (SUN) schools, and an additional middle school. Faith-community volunteers will be trained to lead the program for their congregations, and help expand the program in schools. Additional County funds are being sought to expand this program.

7. Addiction Treatment Services

We will continue to provide an array of Addiction Treatment services, including:

- **Addiction Services** – Detoxification, Residential, Outpatient, Methadone Treatment, Supported Housing, and Support and Education.
- **Mentorship** programs for clients with substance abuse problems to support them in recovery group participation as well as other services.
- **Culturally and linguistically appropriate treatment** to high-risk clients with a substance abuse disorder.

Improvements include initiatives to:

- **Strengthen connections** between service levels, particularly detox and residential.
- Increase the availability of **transitional housing**.
- Increase the focus on **employment services**.
- Develop practices to **increase our rate of successful completions** in treatment.

The collaboration with DCJ will be continued, by planning our second joint procurement process for alcohol and drug treatment services, for services beginning July 2009.

8. Problem Gambling Services

These services will continue to provide treatment services to assist the client and family to return to a level of healthy functioning. Treatment assists the gambler and family in managing their finances, rebuilding trust, learning gambling prevention techniques, and maintaining recovery.

Improvements include:

- An **expanded array of providers**, from three to four.
- Providers for **outreach and engagement** have been added, for specialized outreach to African Americans, as well as for countywide outreach and public information.

#

Required Attachments

Addiction and Mental Health Division

County Contact Information Form

1. County Contact Information

County: Multnomah

Address: 421 SW Oak Street, Suite 520

City, State, Zip: Portland, Oregon 97204

Name and title of person(s) authorized to represent the county in any negotiations and sign any agreement:

Name Karl Brimmer Title Director, Mental Health and Addiction Services Division

Name N/A Title N/A

2. Addiction Treatment Services Contact Information

Name Ray Hudson

Agency Multnomah County

Address 421 SW Oak Street, Suite 520

City, State, Zip Portland, Oregon 97204

Phone Number 503-988-5018 Fax 503-988-5870

E-mail Ray.Hudson@co.multnomah.or.us

3. Prevention Services Contact Information

Name Larry Langdon

Agency Multnomah County

Address 421 SW Oak Street, Suite 520

City, State, Zip Portland, Oregon 97204

Phone Number 503-988-5464 ext. 26524 Fax 503-988-5870

E-mail Larry.Langdon@co.multnomah.or.us

4. Mental Health Services Contact Information

Name David Hidalgo
Agency Multnomah County
Address 421 SW Oak Street, Suite 520
City, State, Zip Portland, Oregon 97204
Phone Number 503-988-3076 Fax 503-988-5870
E-mail David.A.Hidalgo@co.multnomah.or.us

5. Problem Gambling Treatment Prevention Services Contact Information

Name John Pearson
Agency Multnomah County
Address 421 SW Oak Street, Suite 520
City, State, Zip Portland, Oregon 97204
Phone Number 503-988-5464 ext. 22612 Fax 503-988-5870
E-mail John.F.Pearson@co.multnomah.or.us

6. State Hospital/Community Co-Management Plan Contact Information

Name Sandy Haffey
Agency Multnomah County
Address 421 SW Oak Street, Suite 520
City, State, Zip Portland, Oregon, 97204
Phone Number 503-988-5464 ext. 26659 Fax 503-988-5870
E-mail Sandy.J.Haffey@co.multnomah.or.us

List of Subcontracted Services for Multnomah County – Attachment 1

After each service element, list all of your treatment provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/ License ID #	Service Element	AMH Funds in Subcontract	Specialty Service
Cascadia Behavioral Healthcare	97-0770054	A-D 60	91,066	Women
Central City Concern	93-0728816	A-D 60	91,066	Women
Central City Concern	93-0728816	A-D 60	360,458	NA
Central City Concern	93-0728816	A-D 60	244,032	Latino Youth
Comprehensive Options for Drug Abusers	93-0716860	A-D 60	116,568	Women
LifeWorks	93-0502822	A-D 60	116,568	Women
Volunteers of America	93-0395591	A-D 60	119,882	Women
Multnomah County Department of County Human Services *	93-0712083	A-D 60	143,484	NA
009-11 Biennial Total A-D 60			\$ 1,283,124	
Central City Concern	93-0728816	A-D 61	1,222,750	Women
Central City Concern	93-0728816	A-D 61	183,413	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 61	2,017,538	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 61	427,963	Women
DePaul Treatment Centers	93-0706892	A-D 61	978,200	Minority
DePaul Treatment Centers	93-0706892	A-D 61	2,139,813	NA
LifeWorks	93-0502822	A-D 61	1,406,163	Women/Minority
LifeWorks	93-0502822	A-D 61	122,275	NA
To Be Determined	NA	A-D 61	312,078	Women
2009-11 Biennial Total A-D 61			\$ 8,810,190	
Central City Concern	93-0728816	A-D 62	353,904	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 62	110,596	NA
LifeWorks	93-0502822	A-D 62	22,118	NA
To Be Determined	NA	A-D 62	111,690	NA
2009-11 Biennial Total A-D 62			\$ 598,308	

Provider Name	Approval/ License ID #	Service Element	AMH Funds in Subcontract	Specialty Service
Cascadia Behavioral Healthcare	97-0770054	A-D 66	801,780	NA
Cascadia Behavioral Healthcare	97-0770054	A-D 66	191,002	Women
Central City Concern	93-0728816	A-D 66	306,244	Women
Central City Concern	93-0728816	A-D 66	2,897,156	NA
ChangePoint	93-1229222	A-D 66	391,230	NA
ChangePoint	93-1229222	A-D 66	205,626	Minority
ChangePoint	93-1229222	A-D 66	55,686	Youth
Comprehensive Options for Drug Abusers	93-0716860	A-D 66	777,764	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 66	191,002	Women
CRC Health Oregon	20-4966951	A-D 66	334,004	NA
DePaul Treatment Centers	93-0706892	A-D 66	38,640	NA
DePaul Treatment Centers	93-0706892	A-D 66	74,514	Youth
DePaul Treatment Centers	93-0706892	A-D 66	72,450	Minority
LifeWorks	93-0502822	A-D 66	241,500	Minority
LifeWorks	93-0502822	A-D 66	1,065,654	Youth
LifeWorks	93-0502822	A-D 66	191,002	Women
LifeWorks	93-0502822	A-D 66	169,050	NA
Morrison Center	93-0354176	A-D 66	244,736	Women
NARA	23-7098400	A-D 66	191,002	Women
OHSU	93-1176109	A-D 66	120,750	NA
Multnomah County Department of County Human Services	93-0712083	A-D 66	14,814	NA
Multnomah County Department of Community Justice	93-0706892	A-D 66	437,410	NA
Volunteers of America	93-0395591	A-D 66	28,980	NA
Volunteers of America	93-0395591	A-D 66	247,374	Women
To Be Determined	NA	A-D 66	30,924	NA
2009-11 Biennial Total A-D 66			\$ 9,320,294	
Central City Concern	93-0728816	A-D 67	292,000	Women
Central City Concern	93-0728816	A-D 67	43,800	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 67	481,800	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 67	102,200	Women
DePaul Treatment Centers	93-0706892	A-D 67	233,600	Minority
DePaul Treatment Centers	93-0706892	A-D 67	511,000	NA
LifeWorks	93-0502822	A-D 67	335,800	Women/Minority
LifeWorks	93-0502822	A-D 67	29,200	NA
LifeWorks	93-0502822	A-D 67	109,500	Youth
To Be Determined	NA	A-D 67	73,000	Women
2009-11 Biennial Total A-D 67			2,211,900	

Provider Name	Approval/ License ID #	Service Element	AMH Funds in Subcontract	Specialty Service
Housing Authority of Portland	93-6001547	A-D 70	347,798	Youth
IRCO-Asian Family Center	93-0806295	A-D 70	20,360	Youth
Latino Network	73-1675402	A-D 70	20,360	Youth
To Be Determined	NA	A-D 70	40,000	Youth
Multnomah County Department of County Human Services *	93-0712083	A-D 70	171,482	NA
2009-11 Biennial Total A-D 70			\$ 600,000	
LifeWorks	93-0502822	A-D 71	483,990	Youth
2009-11 Biennial Total A-D 71			\$ 483,990	
Cascadia Behavioral Healthcare	97-0770054	A-D 80	100,000	NA
LifeWorks	93-0502822	A-D 80	100,000	NA
2009-11 Biennial Total A-D 80			\$ 200,000	
Cascadia Behavioral Healthcare	97-0770054	A-D 81	1,120,000	NA
LifeWorks	93-0502822	A-D 81	100,000	NA
Oregon Health Sciences University Behavioral Health Clinic	93-1176109	A-D 81	190,000	NA
Volunteers of America	93-0395591	A-D 81	160,000	NA
To Be Determined	NA	A-D 81	30,000	NA
Multnomah County Department of County Human Services *	93-0712083	A-D 81	80,000	NA
2009-11 Biennial Total A-D 81			\$ 1,680,000	
Cascadia Behavioral Healthcare	97-0770054	A-D 83	74,652	NA
LifeWorks	93-0502822		6,606	NA
Oregon Health Sciences University Behavioral Health Clinic	93-1176109	A-D 83	12,552	NA
Volunteers of America	93-0395591	A-D 83	10,570	NA
2009-11 Biennial Total A-D 83			\$ 104,380	
Total 2009-2011 Biennial Funding Request			\$25,292,186	

Breakout of Subcontracted Funds and Administration

State Mental Health Subcontract Funding		Administration Funding	
A&D 60 Special Projects	1,139,640	A&D 60	143,484
A&D 61 Adult Residential	8,810,190	A&D 61	0
A&D 62 Housing for Dependent Children	598,308	A&D 62	0
A&D 66 Continuum of Care	9,320,294	A&D 66	0
A&D 67 A&D Residential Capacity	2,211,900	A&D 67	0
A&D 70 Prevention	428,518	A&D 70	171,482
A&D 71 Youth Residential	483,990	A&D 71	0
A&D 80 Problem Gambling Prevention	200,000	A&D 80	0
A&D 81 Outpatient Problem Gambling Treatment	1,600,000	A&D 81	80,000
A&D 83 Problem Gambling Treatment Enhancement	104,380	A&D 83	0
Grand Total	\$24,897,220	Grand Total	\$394,966

Addictions and Mental Health Division – Attachment 7

PLANNED EXPENDITURES OF MATCHING FUNDS (ORS 430.380)
 AND CARRYOVER FUNDS

County: Multnomah

Contact Person: Keith Mitchell

Matching Funds

Source of Funds	Amounts	Program Area
Federal Grant	\$ 2,002,802	Prevention & Treatment
County General Fund	\$ 6,106,584	Prevention & Treatment
2145 Tax	\$ 362,166	Prevention & Treatment

Source of Funds	Amounts	Program Area
County General Fund	\$ 3,750,376	Sobering & Detox
2145 Tax	\$ 837,834	Sobering & Detox
County General Fund	\$ 1,114,708	DUII
Fees	\$ 1,000,000	DUII

Carryover Funds

AMH Mental Health Funds Carryover Amount from 2007-2009	Planned Expenditure	Service Element
We have no plan to carry over 2007-2009 funds to 2009-2011		

AMH Alcohol & Drug Funds Carryover Amount from 2007-2009	Planned Expenditure	Service Element
We have no plan to carry over 2007-2009 funds to 2009-2011		

Reviews and Approvals

DHS Addiction and Mental Health Division – Attachment 2

BOARD OF COUNTY COMMISSIONERS

REVIEW AND APPROVAL

County: Multnomah

In accordance with ORS 430.258 and 430.630, the Multnomah Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2007-2009. Any comments are attached.

Name of Chair: Ted Wheeler

Address: 501 SE Hawthorne Blvd

Portland, OR 97214-3587

Telephone: 503-988-3308

Signature: _____

DHS Addiction and Mental Health Division – Attachment 3

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE

REVIEW AND COMMENTS

County: Multnomah: Adult Mental Health and Substance Abuse Advisory Council (AMHSA)

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to designate members who are minorities (ethnics of color according to the U.S. Bureau of Census).

The Multnomah County LADPC recommends the state funding of alcohol and drug treatment services as described in the 2007-2009 County Implementation Plan. Further LADPC comments and recommendations are attached.

Name of Chair: Patricia Backlar and Sue Waite, Co-Chairs
Address: c/o 520 SW Oak Street, Suite 520
Portland, OR 97204
Telephone: 503-988-4055 (c/o MHASD, Irene Lee)
Signature: _____

DHS Addiction and Mental Health Division – Attachment 4a

**LOCAL MENTAL HEALTH ADVISORY COMMITTEE
FOR ADULTS**

REVIEW AND COMMENTS

County: Multnomah: Adult Mental Health and Substance Abuse Advisory Council
(AMHSA)

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to designate members who are minorities (ethnics of color according to the U.S. Bureau of Census).

The Multnomah County Local Mental Health Advisory Committee, established in accordance with ORS 430.630(7), recommends acceptance of the 2007-2009 Biennial County Implementation Plan. Further comments and recommendations of the Committee are attached.

Name of Chair: Patricia Backlar and Sue Waite, Co-Chairs
Address: c/o 520 SW Oak Street, Suite 520
Portland, OR 97204
Telephone: 503-988-4055 (c/o MHASD, Irene Lee)
Signature: _____

DHS Addiction and Mental Health Division – Attachment 4b

**LOCAL MENTAL HEALTH ADVISORY COMMITTEE
FOR CHILDREN, YOUTH AND FAMILIES**

REVIEW AND COMMENTS

County: Multnomah: Children's Mental Health System Advisory Council
(CMHSAC)

Type in or attach a list of committee members, including addresses and telephone numbers.

The Multnomah County Local Mental Health Advisory Committee, established in accordance with ORS 430.630(7), recommends acceptance of the 2007-2009 Biennial County Implementation Plan. Further comments and recommendations of the Committee are attached.

Name of Chair: Stephanie Boyer and Diane Wells, Co-Chairs
Address: c/o 520 SW Oak Street, Suite 520
Portland, OR 97204
Telephone: 503-988-3999 x 24045 (c/o MHASD, Karen Mayfield)
Signature: _____

DHS Addiction and Mental Health Division - Attachment 5

COMMISSION ON CHILDREN & FAMILIES

REVIEW & COMMENTS

County: Multnomah: Commission on Children, Families and Community

The Multnomah County Commission on Children & Families has reviewed the alcohol and drug abuse prevention and treatment portions of the county's Biennial Implementation Plan for 2007-2009. Any comments are attached.

Name of Chair: Carla Piluso
Address: c/o 421 SW Oak St. Suite 200
Portland 97204
Telephone: 503-988-4500 (c/o the CCFC)
Signature: _____

DHS Addiction and Mental Health Division – Attachment 6

COUNTY FUNDS MAINTENANCE OF EFFORT ASSURANCE

County: Multnomah

As required by ORS 430.359(4), I certify that the amount of county funds allocated to alcohol and drug treatment and rehabilitation programs for 2005-2007 is not lower than the amount of county funds expended during 2003-2005.

Karl Brimmer, M.Ed., Director
Name of County Mental Health Program Director

Signature

Date

DHS Addiction and Mental Health Division – Attachment 8

**LOCAL SERVICE DELIVERY
AREA MANAGER FOR THE DEPARTMENT OF HUMAN SERVICES**

REVIEW AND COMMENTS

County: Multnomah

As Service Delivery Area Manager for the Department of Human Services, I have reviewed the 2007-2009 Biennial County Implementation Plan and have recorded my recommendations and comments below or on an attached document.

Name of SDA Manager: Jerry Burns, District 2
2446 SE Ladd Ave, Portland

Signature: _____

Date: _____

DHS Addiction and Mental Health Division – Attachment 9
LOCAL PUBLIC SAFETY COORDINATING COUNCIL
REVIEW AND COMMENTS

County: Multnomah

The Local Public Safety Coordinating Council has reviewed the 2007-2009 Biennial County Implementation Plan. Comments and recommendations are recorded below or are provided on an attached document.

Name of Chair: Commissioner Lisa Naito

Address: 501 SE Hawthorne Blvd., Suite 600

Portland, OR 97214

Telephone: 503-888-5217

Signature: _____

Prevention Strategy Sheet

County: **Multnomah County**

Prevention Coordinator: **Larry Langdon**

Programs for which AMH funding is requested, with measurable Program Outcomes (process objectives) and Intermediate Outcomes (educational, attitudinal & behavioral objectives).

Proposed Programs	Proposed Outputs	Proposed Outcomes
County Prevention Plan Oversight (1.0 FTE Prevention Coordinator)	<ul style="list-style-type: none"> •Provide technical assistance on prevention work plan development, grant opportunities, Minimum Data Set training and reporting, and provider annual reports. 	<ul style="list-style-type: none"> • (Process only) Prevention work plans, County prevention annual report completed. MDS reports and annual report submitted to AMH. •Proposal(s) submitted to AMH for Statewide competitive prevention grant.
Community Mobilization/ Coalition Support (1.0 FTE Prevention Coordinator)	<ul style="list-style-type: none"> •Provide technical assistance to A&D prevention coalition (CARSA) and Drug-Free Communities Grant implementation. •Provide A&D prevention technical assistance to other community coalitions. •Process objectives: IA provided (at meetings). 	<ul style="list-style-type: none"> # Community partners' grants received # Prevention materials produced # Prevention programs sponsored by community partners
County Prevention Program Planning & Development (1.0 FTE Prevention Coordinator)	<ul style="list-style-type: none"> •Prevention procurement planning. •Prevention implementation planning. •Monitor and report as required on Prevention High Level Outcomes; revise and report on County SB 555 prevention logic models as needed. 	<ul style="list-style-type: none"> •Procure contract prevention programs. •Develop and update 2011-13 Prevention Implementation Plan as required by AMH. •Report outcomes, revise prevention portion of County Coordinated Plan as required by SB 555 timelines.
Latino Youth Network To provide project coordination and outreach to a youth soccer team that will participate in the Oregon Youth Soccer Association's DRL league. (Outputs are per year)	<ul style="list-style-type: none"> •15 Latino youth registered to play in league games •Outreach to 15 parents •2 community projects •2 practices per week •10 league games 	<ul style="list-style-type: none"> •12 youth attend all practices* •12 youth attend all games* •12 youth participate in planning, organizing, and implementing team projects •8 parents participate in team activities * Up to 2 excused absences allowed for unavoidable problems.

Proposed Programs	Proposed Outputs	Proposed Outcomes
<p>TUNE Asian Youth Program (Outputs are per year)</p>	<ul style="list-style-type: none"> •Recruit on-going participation of 12 youth. •Hold at least 6 meetings throughout calendar year. •Implement at least two projects as determined by prior annual retreat. •Participate in at least 3 additional community events. •Hold a planning event to develop an activity plan for the next year. 	<ul style="list-style-type: none"> •Leaders do under 75% of event coordination effort in year 1, under 50% in year 2. •80% of youth feel they have increased their leadership skills and feel more empowered.
<p>Prevention Services to Public Housing Communities (Outputs are per year for entire program, funded by A&D-70, Children's Investment Fund, and Housing Authority of Portland.)</p>	<ul style="list-style-type: none"> •Serve 400 unduplicated youth. Provide 500 After School Club sessions. •Identify & engage 60 youth & their families in core group services, including school liaison, individual tutoring and mentoring, as identified through individual family goals. •Provide 225 home visits with core group. •Provide six 6-session Reading Together groups. 	<ul style="list-style-type: none"> •75% of Core Group show increased academic achievement and 75% demonstrate decreased behavioral problems. •50% of middle school children in after school clubs participate in community service projects. •75% of families will report reading together regularly 6 months after Reading Together program completion.

Reviews and Approvals

DHS Addiction and Mental Health Division – Attachment 2

BOARD OF COUNTY COMMISSIONERS

REVIEW AND APPROVAL

County: Multnomah

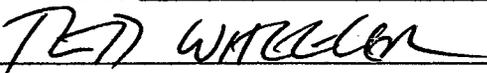
In accordance with ORS 430.258 and 430.630, the Multnomah Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2009-2011. Any comments are attached.

Name of Chair: Ted Wheeler

Address: 501 SE Hawthorne Blvd

Portland, OR 97214-3587

Telephone: 503-988-3308

Signature: 

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 08-030

Approving the Multnomah County Mental Health and Addiction Services Division 2009-2011 Biennial Implementation Plan

The Multnomah County Board of Commissioners Finds:

- a. ORS 430.630 requires each local mental health authority to adopt a comprehensive local plan for delivery of mental health and addiction services for children, families, and adults that describes the methods for providing those services. The plan must be reviewed and revised biennially.
- b. The County's comprehensive plan has been reviewed and feedback provided by the Local Public Safety Coordinating Council, Multnomah County Commission on Children, Families, and Community, Multnomah County Adult Mental Health and Substance Abuse Advisory Committee, the Children, Adults and Families District Manager for the Oregon Department of Human Services, and the Children's Mental Health System Advisory Council.

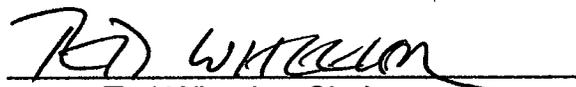
The Multnomah County Board of Commissioners Resolves:

1. The Board of County Commissioners of Multnomah County approves the attached Multnomah County Mental Health and Addiction Services Fiscal Year 2009-2011 Biennial Implementation Plan and authorizes its official submission to the Oregon Department of Human Services.

ADOPTED this 20th day of March, 2008.



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Agnes Sowle, County Attorney

SUBMITTED BY:
Joanne Fuller, Director, Dept. of County Human Services



Multnomah County
Mental Health and Addiction Services Division

2009-2011 Biennial Implementation Plan

Treatment and Prevention Services
for
Mental Health, Addiction and Problem Gambling

3.13.08

Submitted to the State of Oregon
Department of Human Services
Addiction and Mental Health Division

Multnomah County Mental Health and Addiction Services Division
2009-2011 Biennial Implementation Plan

Treatment and Prevention Services for
Mental Health, Addiction and Problem Gambling

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Contact Person:

Karl Brimner, M.Ed., Director
Mental Health & Addiction Services Division
421 SW Oak St. Suite: 520
Portland OR 97204
Phone: 503-988-4055
karl.r.brimner@co.multnomah.or.us

For Additional Copies:

Chris Murphy, Senior Administrative Analyst
Mental Health & Addiction Services Division
421 SW Oak St. Suite: 520
Portland OR 97204
Phone: 503-988-5464, Ext. 22458
chris.murphy@co.multnomah.or.us

I. Introduction

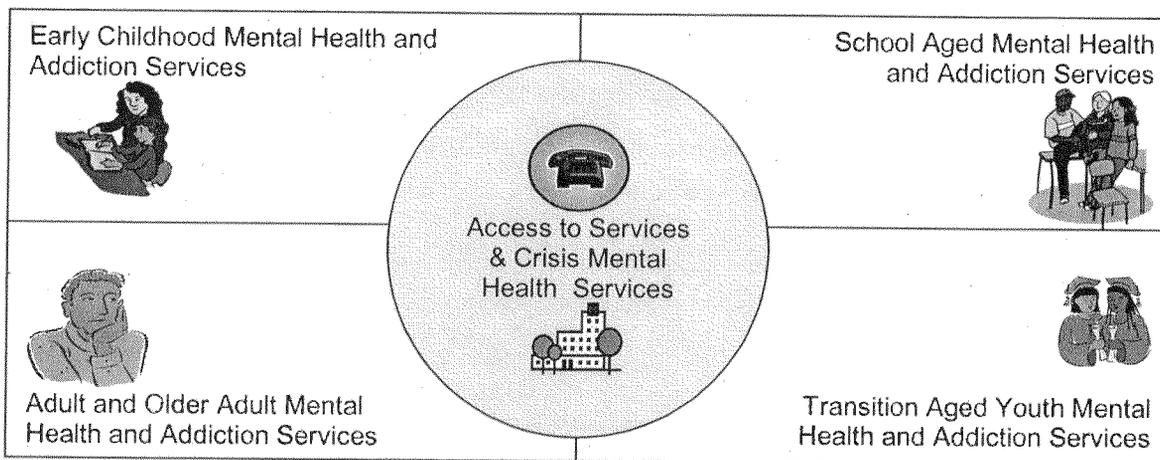
The Multnomah County Mental Health and Addiction Services Division (MHASD) is committed to providing services that are evidence-based, backed by a recovery philosophy and integrated into a larger "System of Care." System of care values prescribe a full spectrum of care, balancing consumer choice, prevention, early intervention, and a continuum of care from community-based to acute services.

Systems of Care are an effective approach for delivering coordinated, culturally competent mental health and addiction services so that children, youth, adults and elders will have their service needs met appropriate to their individual, family and cultural needs and circumstances.

"A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. A system of care helps children, youth and families function better at home, in school, in the community and throughout life."

Federal Substance Abuse and Mental Health Services Administration (SAMHSA)

Multnomah County Mental Health and Addiction System of Care



A major redesign of Multnomah County's Mental Health System has been underway since 2001 to implement this approach. Key goals have been to ensure that services are evidenced-based, integrated from both a management and clinical perspective, and able to work together effectively for children, families and adults.

In 2005, MHASD released the first Requests for Programmatic Qualifications (RFPQ) to implement this comprehensive system of care for adults, and for school-age children and families. For the early childhood system of care, an RFPQ was released in December with responses due this February, completing the components envisioned in the system of care redesign.

This plan describes programs funded by the State Addiction and Mental Health (AMH) Division, and how these fit into a seamless system of care for residents of Multnomah County who need support for mental health or addiction issues.

II. Description of the Planning Process

System of Care Redesign

Prior to the 2005-2007 biennium, numerous public meetings were held to obtain provider and consumer feedback on plans for a new system of care serving children and families, and a system of care for adults. These meetings involved a wide variety of County residents, providers, stakeholders, consumers, and MHASD advisory council members in providing input. Utilization information, data on underserved populations, and input from these meetings were used to design an adult system of care and a system of care for children and families, which led to the release in 2005 and 2007 of Requests for Programmatic Qualifications (RFPQ) to procure services.

The 2009-2011 Biennial Implementation Plan continues to implement this System of Care redesign plan, with ongoing input from citizens, consumers, providers and partners.

Input from Consumers and Stakeholders

The **Children's Mental Health System Advisory Council (CMHSAC)** updated their bylaws in 2006 to require that at a minimum, 51% of membership will be consumers (including youth), family members, or child and family advocates, with half also being Oregon Health Plan (OHP) members. In 2007, CMHSAC adopted a statement of vision, mission and guiding principles for Family-Driven Care. The Council took a significant role in providing input to MHASD's redesign of the System of Care for Children and Families, and on the content of the Early Childhood RFPQ released in December 2007 for procurement of early childhood providers.

The **Adult Mental Health and Substance Abuse Advisory Council (AMHSA)** participated significantly in planning the system redesign in the prior biennium, and provided input to the 2005 RFPQ for Adult System of Care services. During the 2007-09 Biennium, the Council has focused on strengthening its internal functioning. Membership has been expanded, with a focus on increasing consumer representation.

Cultural and Ethnic Community members are involved in providing input to MHASD in part through representation on CMHSAC and AMHSA, as well as through culturally specific providers and programs. Currently, MHASD is investigating the needs of five priority underfunded ethnic populations: African American, Latino, Asian, Eastern European immigrants, and Native American. Using County funds, a consultant is conducting focus groups with each population on needs and preferences for service delivery. Findings from this effort, anticipated in spring of 2008, will inform decisions on funding for 2009-11 service contracts.

Input from County Partners and Community Initiatives

Comprehensive, Coordinated Plan (SB555 Plan): The update of this 6-Year Community Plan was led by the Multnomah County Commission on Children, Families and Community (CCFC). MHASD managers actively participated on the Steering Committee for this plan, which was approved by the Board of County Commissioners and submitted to the State in January 2007.

The planning process included a meta-analysis of 36 local planning documents and needs assessments, and collected input from the Steering Committee, the CCFC Board, and other community groups, engaging over 200 individuals directly. The top 18 pressing issues identified

by Steering Committee members were ranked by the number of reports that raised this issue; those where Multnomah County is below State benchmarks are marked with an asterisk (*).

Issues Identified by Steering Committee Members

Access to Comprehensive Health Care* 22	Poverty* 19	Affordable Housing* & Home Ownership 15	Adult Substance Abuse* 14	Child Care Availability* 14	Child Maltreatment* 13
High School Drop Out Rate 12	Unemployment Rate* 12	Domestic Violence 11	Per Capita Income* 11	Labor Force Skill Training 9	Food Security 9
Readiness to Learn 8	Homelessness* 8	Student Alcohol Use* 7	Community Engagement 6	Prenatal Care* 6	3 rd Grade Reading 6

Other critical community issues that were identified included: student tobacco use, 8th grade reading, environmental sustainability, juvenile arrests, student drug-use, juvenile recidivism, youth aging out of foster care, and youth suicide. Although it was believed that these issues all need attention, strong community partners were seen as leading the work effort in these areas.

After careful deliberation, the CCFC Board decided that the 6-Year Community Plan will focus on two broad goals:

- 1) Improve academic success and the high school completion rate, and increase student access to medical care; and
- 2) Decrease poverty rates for families with children, particularly for low-wage earners.

MHASD will consider these goals as it moves forward with system of care improvements, seeking to provide services that support children, youth and adults to lead healthy, successful lives unhampered by mental health or addiction barriers.

The CCFC has also developed three “frameworks” to guide community social services: the Early Childhood Framework, the School-Aged Services Policy Framework, and the Poverty Elimination Framework. These frameworks are supported by needs assessments, resource inventories, focus groups, community input, and comments from a network of providers and advisory councils on draft documents. An update to the Early Childhood Framework was adopted by the Board of County Commissioners in January 2008. The frameworks are used by MHASD to help plan and support application for County funds.

Aging and Disability Services Division (ADS) takes the lead in Multnomah County in planning for the needs of older adults and people with physical disabilities. MHASD partners with ADS in planning and contracting for mental health services to address the unique needs of these populations.

The **Local Public Safety Coordinating Council for Multnomah County (LPSCC)** provides an active forum and committee structure for collaboration on issues shared among health, human service and public safety agencies. The Director of MHASD sits on the LPSCC Executive Committee, as does the Director of the Department of County Human Services. This past biennium, MHASD staff have been active on the LPSCC committee that is working to implement recommendations from the 2005 LPSCC report, *A Study of People with Mental*

Illness in the Criminal Justice System. Through this work, MHASD is building closer working relationships across County departments, and making improvements in MHASD programs to address the cyclical problems of homelessness, mental illness, substance use and jail.

Oregon's **Children's Mental Health System Change Initiative** has a goal of improving mental health services to children by involving parents more in decisions about services, delivering more children's mental health services in the community, improving inter-agency cooperation, and acknowledging the child's language and cultural heritage. MHASD has incorporated this State Initiative into its redesigned System of Care for Children and Families.

Statewide Children's Wraparound Initiative follows the work done locally over the past several years through the Wraparound Oregon projects, both the initial School Age project, and the SAMHSA grant for Early Childhood. MHASD managers have been active in planning for both local Wraparound programs, and for statewide implementation and ongoing sustainability of wraparound services for children with significant emotional, behavioral or substance abuse problems.

III. Priority Needs

At the beginning of the mental health redesign process, the following list of priority need areas was developed. In 2008, AMH requested that counties indicate their priorities for additional funds; MHASD priorities are reflected in the bulleted items below each priority need section.

This, however, is not a comprehensive list of needs. The most critical need across all populations is for universal health coverage or an expansion of the Oregon Health Plan, so that all people needing mental health or addiction treatment receive timely and appropriate services.

1. Increase Access to Stable, Affordable and Decent Housing

In 2006, Portland's Bureau of Housing and Community Development estimated that 18,000 to 19,000 people in Portland were homeless over the course of the year, with 1,600 being chronically homeless. These figures include youth, adults and families.

Mental health and addiction are a major issue for these homeless populations, often serving as a barrier to housing. Locally, major health care providers for the homeless reported that 8.6% of homeless encounters were for mental health issues. For homeless individuals seen at the Westside Health Clinic, 46% needed mental health services or were chronically mentally ill.

The Housing First model, premised on evidence that homeless individuals and families are more responsive to interventions and treatment after they are in their own housing, rather than while living in temporary facilities, is therefore integral to adult system of care programs. MHASD has completed a full inventory of licensed, structured, 24/7 housing, is in the process of an RFP and re-location process for The Bridgeview transitional housing, and is completing a provider housing survey to facilitate a full inventory of supported permanent and independent housing. This will allow the County to determine where housing gaps exist and contribute to current efforts to prioritize types of housing, as well as housing populations.

However, lack of housing remains a critical issue. Priority needs include:

- Housing with integrated services to enable individuals appearing before the Mental Health Court to be successfully diverted from jail to the community. This will require State funding for the uninsured, as this population is often not enrolled and unable to enroll in the Oregon Health Plan, even though most would be eligible.
- Alcohol and Drug Free housing, using vouchers and other approaches, and housing assistance services.
- Expansion of mental health permanent supportive housing, including interim rent subsidies, mental health wraparound services and supported housing services.
- Creation of a homeless prevention and housing entry fund (similar to the Real Choice Housing fund that was piloted with a federal grant).
- Indigent and homeless case management and benefits assistance, including assistance with SSI, Food Stamp and OHP applications.

2. Improve the Mental Health of Multnomah County Residents

MHASD currently provides mental health service to approximately 28,000 Multnomah County residents, including both Oregon Health Plan (OHP) members and others through the use of State and County General Funds. This represents about 4% of all County residents (estimated at 701,505 in 2006). About 20,000 adults over age 18 were served, 3.7% of the County adult population (545,727 in 2006).

Using the federal Kessler formula, 14,189 adults (2.6%) would be estimated to have a severe and persistent mental illness in any given year, while 29,469 (5.4%) would have a mental, behavioral or emotional disorder that substantially interferes with or limits major life activities. Within the last twelve months, 23.9% of adults would have experienced some mental disorder.

As an urban area, Multnomah County serves both a large population base and a large proportion of chronically and severely ill residents, including a higher proportion of individuals with schizophrenia and other psychotic disorders (21% of mental health services) than the State average (17%). Multnomah County also serves a disproportionately large number of adult individuals whose mental illness is severe enough to require residential care in the County's 45 residential treatment homes and licensed facilities, totaling 390 beds.

Housing and employment are integral to long term recovery. However, Multnomah County has experienced an unemployment rate that is higher than the national rate. Supported employment is therefore an evidence-based practice used within the Adult System of Care. Assertive Community Treatment (ACT) providers are required to have a vocational specialist on the team to assist the most severely ill in finding and keeping jobs in the community.

Priority needs include:

- A sub-acute facility in Multnomah County, to complete the continuum of care for adults. The *Multnomah County Public Safety Planning Report* from the Crime and Justice Institute, January 2008, highlighted the need for a Secure Mental Health Sub-Acute Facility and triage capacity as a short term, urgent priority.
- Expansion of the ACT (Assertive Community Treatment) program to help people with mental illness and/or an addiction successfully live in the community.
- Peer delivered support, and other peer support approaches, to achieve and sustain stability and mental health improvements.
- Suicide prevention programs across the lifespan, developed cooperatively with Public Health.

3. Provide Services to Children, Youth and Families

Of the 28,000 individuals served by MHASD, approximately 8,000 are children and youth under age 18, representing 5.1% of the County's children (an estimated 155,778 in 2006)

The Surgeon General's 2002 Report on Children's Mental Health found that approximately 20% of children and adolescents experience a mental disorder and 10% experience a mental illness severe enough to cause impairment at home, in school or in the community. The State DHS Funding Formula provides estimates of severe emotional disorders for children, linked to poverty rates. Based on the percent of county residents living below the poverty level (14.2% for

Multnomah County compared to 12.9% for Oregon as a whole, and 12.7% for the nation), 11% of our children are likely to have a severe emotional disorder.

These children and youth have unique mental health and addiction needs, including that services be delivered within the context of their families. Priority needs include:

- Increased mental health consultation in early childhood and school-based sites.
- Children's Wraparound Services delivered as a sustainable part of the service continuum, rather than as grant-funded projects.
- Expanded funding for Children's Intensive Treatment Services (ITS), for children with need for a high level of care and coordination of services (described at length in the State's care study recommendations).
- Additional residential addiction treatment beds for youth.
- Flexible funds for services critical to positive outcomes for children and families, but not reimbursable by Medicaid.

4. Provide Services to Transition Age and Homeless Youth

MHASD serves approximately 2,900 transition-age youth and adults, ages 18 to 25.

The median age for onset of an initial episode of psychosis is under 25, and young people between the ages of 15 and 30 are most likely to suffer longer-term consequences if not provided early intervention.

Mental disorders and substance abuse are major issues for youth involved with Multnomah County Juvenile Justice. For the 957 youth on the Juvenile Justice caseload in 2004, 23% had one or more mental health indicators (8% had two or more indicators), and 40% had a substance use or abuse issue. Of 80 youth in Juvenile Detention in December 2004, 32.5% had a serious mental health diagnosis, and 20% were on suicide watch.

Homeless youth as well face mental health issues. Outside In, a major provider of services for homeless youth, estimates that 200 youth are homeless in Portland. Of youth served by Outside In, 90% report violence in their homes, 36% of girls report a history of childhood sexual abuse, and 30% are sexual minorities. Of youth who go through the Outside In transitional housing program, which includes treatment, care coordination, and linkage to other social services, 80% never return to the streets. Priority needs include:

- Early Psychosis and Transition Age youth services for Multnomah County.
- Expansion of Early Psychosis programs statewide to serve youth in their own communities.
- Suicide prevention for youth, developed cooperatively with Public Health.
- Services for youth transitioning to adult level of care, to support a stable transition through help with paperwork, transition beds, and other supports.

5. Provide Alcohol and Drug Prevention Services

In 2000-01, 11,500 people attended County-sponsored prevention events or prevention education, of which 70% were 17 years and younger. The 2000 Multnomah County DataBook estimated that over 150,000 youth and 399,000 adults needed prevention services, 85% of the County population.

Since 2001, however, state prevention funds have been reduced. Now only 1.6% of subcontracted A&D funds (less than \$500,000 of \$31,800,000) is available for prevention. To overcome this enormous imbalance, every effort is being made to foster prevention during system design, leverage resources, focus the prevention specialist position's efforts, and obtain additional resources.

There is consensus that substance abuse programs stand on three legs – prevention, treatment, and law enforcement – and that the prevention leg is inadequate. For example, best-practice prevention and comprehensive health curricula, shown to be extremely effective over several decades of research and implementation, have not been implemented comprehensively throughout Multnomah County school districts, and are not routinely provided with good fidelity. Priority needs include:

- Increase A&D Prevention services, ideally from a stable dedicated funding source, to foster prevention and upstream public health as a major component of the system.

6. Provide Alcohol and Drug Treatment

In 2006, MHASD provided A&D outpatient and/or residential treatment to 11,400 people (including some duplications), a number greater than the entire population of many Oregon counties. In addition, about 14,000 admissions to sobering and detoxification services are recorded each year.

An estimated 92,000 persons are in need of alcohol and drug treatment in Multnomah County annually. The reduction last year in methadone slots has increased the pressure on that system. The recent Crime & Justice Institute *Multnomah County Public Safety Planning Report* cited that, "Conservatively, on any day more than 500 Multnomah County residents are on waiting lists to enter publicly-funded, drug/alcohol residential treatment." Wait lists for general outpatient treatment are also growing, a recent development in Multnomah County. A reasonable estimate of need indicates that at least another 8,000 to 10,000 treatment episodes per year must be added to minimally meet our residents' needs. Priority needs include:

- Increase Alcohol and Drug Treatment Services, including outpatient and residential treatment.
- Increase Alcohol and Drug Free Housing (ADF), and Housing Assistance Services.

7. Enhance Partnerships to Improve Service Outcomes

Co-occurring disorders for an individual can be a barrier to effective treatment. The number of arrestees who test positive for drugs in Multnomah County is very high: 82.2% of all females and 74.7% of adult males.

Of people booked into jail, 13.8 % were identified as having a mental illness, with up to 5% having a serious mental illness. MHASD has fostered partnerships to improve outcomes for

individuals with co-occurring disorders, and requires that both mental health and addiction services providers offer or coordinate integrated assessment and treatment services, and engage in partnerships with the Department of Community Justice (DCJ), jails, health care, and other community partners.

MHASD believes that creating partnerships with business, law enforcement and health care agencies can provide better outcomes than a single agency working alone, and requires providers to work strategically with other community partners to expand services.

Workforce development is critical to support the capacity of all partners to provide effective treatment. Priority needs include:

- System of care development to create a full continuum of services, from community to acute care, for the full range of ages from early childhood to seniors, with professional education for treatment providers to implement evidence-based practices in a culturally appropriate and individual/family appropriate manner.
- Establish competency standards and associated training for co-occurring mental health and substance abuse disorder treatment.
- Mental health and addictions workforce development to help implement evidence-based practices in prevention & treatment.

Accurate data to plan and manage services is also needed across MHASD programs.

- Improved MHASD information technology and data tracking systems, to increase capacity for data-based management decisions.

IV. Access and Linkages

A. Access to the System of Care

One of the first steps in Multnomah County's Mental Health System Redesign was to improve access to care. In 2001, access and service coordination were improved by expanding services to include a call center, mobile outreach and walk-in clinics. Success of the system of care depends upon maintaining these critical system components.

The **Mental Health Call Center** is available 24 hours a day, 7 days per week to any Multnomah County resident. It serves as an information and referral hub, linking callers to community providers and other County departments, and is often the first point of contact for new services. It is also the access point for OHP clients inquiring about their Verity benefits. (Verity is the County's Mental Health Organization under contract with the State of Oregon to manage the mental health benefit for approximately 67,000 OHP members in Multnomah County.)

To reach the Mental Health Call Center, phone: 503-988-4888

The Call Center is largely funded by Medicaid, with State funds incorporated to assure that all County residents can obtain help in assessing their need and options for mental health services.

Over the past biennium, the Mental Health Call Center has increased collaboration with public safety, especially the Department of Community Justice and Corrections Health, to reduce inappropriate jail use for mental health emergencies. The Call Center now has a dedicated line for police, and a line for community corrections, so that when police or probation/parole officers interact with a mentally ill person, the Call Center can help avoid potential incarceration when treatment is more appropriate.

Over the next biennium, MHASD plans to continue to expand the family focus of the Call Center as a front door to an integrated system of care for children and families, as well as adults. More child and family specialists will be hired, and there will be more emphasis on accessing the entire continuum of care, and on addressing system navigation issues.

Mobile Crisis Teams are accessed through the Mental Health Call Center, which dispatches teams 24/7 to go on-site and support police and other emergency providers, assuring that individuals in crisis are appropriately triaged and referred to mental health services. Police also have direct access to the Mobile Crisis Teams. One team is specifically trained to link with hospital emergency departments. As part of the Waitlist Reduction Project, teams are currently contracted through Cascadia's Project Respond.

Cascadia's Urgent Walk-In Clinic is open 7 days a week from 7:00 a.m. until 10:30 p.m., providing no-appointment necessary assessment and treatment. Located in close-in SE Portland and on a frequent-service bus line, this clinic provides convenient access to licensed practitioners and crisis intervention.

B. Functional Linkages with State Hospital & Inpatient Providers

MHASD maintains functional linkages with local acute care hospitals, inpatient mental health providers and the State Hospital through the Mental Health Call Center, Pre/Post Commitment Services, and relationships maintained at the administrative level.

The **Mental Health Call Center** is the clinical resource hub for the county crisis network, providing a first point of contact for local acute care facilities and emergency departments. The Mental Health Call Center is consulted before admission of any Verity (OHP) member, to consider the medical necessity for acute care services, and to assess clinically appropriate diversion alternatives. After the first day of inpatient admission, pre-authorization for acute care services is required by Verity for the purpose of community coordination, utilization management and payment.

For all acute care admissions, the Call Center identifies whether the person has a treatment provider in the mental health system, and if so, notifies this provider of the admission and engages them in care coordination and discharge planning. If there is no provider, the Call Center coordinates referral for a provider who will begin to offer outpatient mental health services, usually prior to discharge from acute care.

MHASD presents regularly to acute and crisis providers to foster relationships with the community emergency services and crisis network. These meetings solidify the Mental Health Call Center's lead role in the mental health crisis system, and serve as a forum for discussing resources and strategies for keeping consumers in the least restrictive setting.

Pre- and Post-Commitment Services at MHASD are another primary point of linkage with local acute care hospitals and the State Hospital.

The Pre-Commitment/Involuntary Commitment Program (ICP) is responsible for investigating all Notices of Mental Illness filed in Multnomah County to determine whether persons held involuntarily for mental health treatment should be referred for civil commitment. Through daily contact with staff and patients of all local acute care hospitals, the ICP investigates these Notices, explores less restrictive treatment options and strengthens linkages between inpatient and outpatient providers.

For all persons who are civilly committed, the MHASD Post-Commitment Monitors connect individuals upon their discharge with community mental health treatment providers. Post-Commitment Monitors have daily contact with each local acute care hospital to link to community resources, monitor referrals to the State Hospital, and oversee discharge planning.

Within Post-Commitment Services, MHASD has designated a position to follow each Multnomah County resident committed to the State Hospital, and to participate in discharge planning with State Hospital social workers. Post-Commitment Services is designing an electronic tracking system for all Multnomah County residents placed in other counties upon discharge from the State Hospital, to facilitate eventual return to Multnomah County.

Over the next biennium, a new evidence-based program called Critical Time Intervention (CTI) will be implemented to interface with hospitals to address the needs of individuals with high utilization of inpatient care, psychiatric care or involuntary commitment. CTI will provide

intensive case management for individuals transitioning from hospitals, jail or from the front door as diversions, for up to 90 days. CTI case managers will exit once there is a solid link to a provider, and connections to natural supports that help achieve the best level of recovery, thus reducing recidivism.

Administrative Coordination: MHASD maintains administrative relationships with local acute care hospitals through participation in the monthly Metro Acute Care Advisory Council (MACAC), which is comprised of representatives of all local acute care hospitals that provide psychiatric care, as well as metro-area county mental health agencies, and outpatient mental health providers. The MACAC addresses system issues related to acute mental health care.

MHASD also participates in monthly Regional Emergency Department meetings, as hospital emergency departments are often the point of entry to inpatient mental health treatment.

In partnership with the medical staff of contracted outpatient providers, MHASD initiated a bi-monthly meeting involving inpatient and outpatient physicians and clinical administrators to facilitate consistent, functional communication between inpatient and outpatient treatment providers.

The manager of MHASD Adult Safety Net Services participates in monthly meetings of the State Governing Board to maximize effectiveness and efficiency related to the movement of consumers from the State Hospital to the community.

V. Program Plans

MHASD serves about 28,000 unduplicated individuals annually. Plans for each age group in the system of care; and for alcohol and drug prevention and treatment, are described below.

With the diverse needs of the many populations served, the complexity of operating the MHASD system of care has increased greatly. In addition to program improvements, MHASD will add a data analyst and improve information technology and data tracking systems, to increase the capacity for data-based management decisions for the system of care.

A. Child, Youth and Family Service Plan

System of Care for Children and Families

MHASD serves approximately 8,000 children and youth, 5.1% of the population under age 18, through a continuum of system of care services.

The **Children's System Change Initiative (CSCI)** was officially implemented October 1, 2005. The initial focus was assessing children and youth placed in, or at risk of, psychiatric residential treatment services, and developing a service coordination plan with the family that met the needs of the child and family in the community, at home and in school.

The following providers and services were added to the provider pool:

- Catholic Community Services of Southwest Washington, for intensive in-home services using a "whatever it takes" philosophy to help families.
- Options Counseling Services, utilizing Multi-Systemic Therapy, an evidence-based practice that has demonstrated results for clients with diagnoses of conduct disorder and oppositional defiant disorder.
- Morrison Family Services, Albertina Kerr, and LifeWorks Northwest, providing individually tailored mental health services, an intensive service model incorporating skills trainers, therapists, psychiatric services, respite and after-hours crisis response.
- Respite services, through ChristieCare, Morrison, Trillium Family Services, Boys and Girls Aid Society, and Catholic Community Services of Southwest Washington.
- Treatment foster care, through Trillium Family Services, using the Multi-dimensional Therapy Model.
- Family Care Coordination Team (FCCT) at Multnomah County, which facilitates Child and Family Teams for clients who are determined eligible using the CASII (Child Adolescent Service Intensity Instrument).
- Transition Age Youth Services provided by Cascadia, targeting youth with the developmental challenge of entering adulthood with a severe mental health disorder.

Last biennium's statewide and Multnomah County data indicate the number of admissions and total bed days for psychiatric residential services (PRTS) has dropped dramatically. Average length of stay in Multnomah County for the first half of 2007 was 49 days; prior to the implementation of CSCI, the length of stay in PRTS could be 1 to 2 years. The monthly cost to

Verity (OHP) for PRTS services in October 2005 was \$147,680; in September 2007, the monthly cost had dropped to \$62,028.

Using new state funds (MHS 22) to fund services for the non-Medicaid population, the CSCI covers services for early childhood, school-age children and youth, and transition age youth, with a goal of providing age-appropriate mental health services for each group. This continuum of care for children and families includes outpatient services, intensive community-based treatment services, and intensive treatment including residential placement and hospitalization where needed. Transition Age Services are intensive outpatient services designed to prevent youth from falling through the cracks as they move from the children's system of care to the adult system.

Through **Intensive Community-based Treatment Services** (Service Element 22), MHASD is serving up to 30 children who are in or at high risk for psychiatric residential placement, but are not Medicaid eligible for services prior to or following placement. The goal is to prevent higher levels of out of home placement. Services will be coordinated by the Family Care Coordination Team or provider care coordinators, and will include family preservation, evidence-based treatment strategies, collaborative problem solving and respite.

Child and Family Teams are a key feature of CSCI, and are charged with developing a service coordination plan to meet the needs of the child and family at home, in the community and at school. Teams are composed of the family, the child if age-appropriate, as well as a school representative, mental health provider, child welfare case worker if applicable, juvenile court counselor if applicable, and other natural support persons that the family has identified. Natural supports may be neighbors, extended family, or perhaps the pastor from their church.

Statewide data indicates increased billings for respite, skills trainers and case management, demonstrating that Intensive Community-based Treatment Services are being utilized by our families. The number of clients served by Verity (OHP) utilizing Intensive Community-based Treatment Services has risen from 84 in November 2006 to 156 in November 2007. This means these children and families are receiving their mental services at home, in the community and at school.

Evidence-Based Practices

The following evidence-based practices have been implemented or supported among children's services providers: Multi-systemic Therapy, Multi Dimensional Treatment Foster Care, Transition Age Youth Services based on Assertive Community Treatment model, Cognitive Behavioral Therapy, and Incredible Years.

A training on the Collaborative Problem Solving model for youth with assaultive or aggressive behavior, led by Legacy Emanuel Children's Psychiatric Unit and promoted by MHASD, resulted in families advocating for adoption and availability of this evidence-based practice. State AMH facilitated a statewide video conference with developer Stuart Ablon, leading to a 2-day training event in October 2007 attended by over 250 people representing child serving agencies and families from Multnomah County and across the state.

Coordination of Care

The Community Care Coordination Committee (C-4) is charged with identifying and resolving system barriers. This committee surveyed families, providers and partners for training needs, from which MHASD subsequently co-sponsored needed trainings with Wraparound Oregon, Legacy Emanuel Children's Psychiatric Unit, and State AMH. C-4 developed recommendations for strategies for assaultive and aggressive youth and chronic runaways. The committee is currently developing goals and objectives to deepen the cultural competency of the children's system of care and to address the crisis in community-based placements for children who cannot live at home.

The Children's Mental Health System Advisory Committee (CMHSAC) regularly advises MHASD on services for children, youth and families. Recently CMHSAC recommended adoption and implementation of a mental health screening tool which can be administered in a school setting. It has also recommended that MHASD Quality Management develop a plan to sample and review clinical charts for family involvement in treatment planning.

The School MOU (Memorandum of Understanding) group developed a Transition Protocol to integrate students back into school after discharging from PRTS, psychiatric day treatment, and juvenile detention. DHS Child Welfare is in the process of adapting these protocols for use with children who are discharging from Behavioral Rehabilitation Services. Schools have proved to be willing and flexible partners in providing for the individual education needs of children with mental health issues.

Family and Youth Participation in Planning & Service Development

CMHSAC has adopted a 51% requirement for youth and family membership, strengthening the level of consumer participation in MHASD planning. MHASD also seeks feedback from our partners through the C-4 committee, the School MOU group, monthly co-management meetings with DHS Child Welfare, NAMI, OFSN, and regular meetings with our providers

The **Oregon Family Support Network (OFSN)** has been participating in CMHSAC to increase family voice. One to two OFSN members have participated over the past year, and have been influential as system advocates. OFSN will receive a contract this year to help develop a meaningful youth voice for consumers under age 21.

A family member participates on MHASD's Quality Management committee. The agency's Youth Satisfaction Survey is a key strategy for evaluating the effectiveness of MHASD services for children and families. Staff also monitor the utilization of services.

Cultural Competence & Respect for Diversity

The MHASD Family Care Coordination Team (FCCT) strives to match the cultural needs of children, youth and families by hiring a diverse team. This includes a Spanish-speaking bi-cultural care coordinator, and an African American care coordinator on the team. Providers are required to be culturally competent, and recently the expectation has been increased to require a Spanish-speaking qualified mental health professional (QMHP) to qualify for a contract for early childhood outpatient mental health services. This requirement for multi-language capacity will be expanded as new RFPQs are issued.

Care coordination by the Family Care Coordination Team and providers has given families a voice in planning services for their child. They are no longer left to merely listen to the experts tell them what they should do. They are the experts on their child and participate in identifying the strengths and needs of their family. Their strengths are tools to assist them in meeting their own needs and the needs of their children. Identifying strengths honors the healthy and positive qualities of these families. Natural supports are incorporated into the planning and increased over time as the family identifies additional resources in their family and their community.

Our plan is to listen to our families about how we may better serve them and their children, to further deepen our cultural competency, to evaluate promising evidence-based practices, and to collaborate with our community partners to incorporate and implement these practices in our mental health service array and child serving agencies.

Improvements in Service Array

Decisions to improve the array of services are based on service utilization, management reviews, and feedback from a network of advisory and community groups including: the Children's Mental Health System Advisory Council (CMHSAC), Wraparound School Age and Early Childhood Councils, Community Care Coordination Committee (C-4), the Complex Case Consultation (C-3) group, and providers.

Service improvements that started in the past biennium, or are being implemented now, include:

Family System Navigators: An RFPQ this year resulted in an award to NAMI to work with families on accessing mental health services. Family System Navigators will be advocates who are knowledgeable about the mental health system. They will attend family team meetings, work with the Family Care Coordinators, help youth and families access other services and benefits, and support a better overall experience for families.

Sub-acute Services: An RFPQ for sub-acute services this year resulted in contracts with Albertina Kerr and Trillium as providers. These sub-acute services are for youth ages 11 to 18 who can be diverted from a higher level of care placement, or who need short-term (5 to 9 days) step-down placement from hospital acute care. Both providers can accommodate 24/7 admissions.

Intensive Outreach: Using new state funds, this Intensive Outreach program is being started in cooperation with DHS Child Welfare to reduce child placement in foster care and support family preservation. Outreach specialists placed in the Courts will be available to help families access and complete Court-mandated treatment, resulting in the opportunity to regain custody of their children and preserve the family.

Early Psychosis Program: Research indicates that the median age for onset of an initial episode of psychosis is under 25, and that young people between the ages of 15 and 30 are the group most likely to suffer longer-term undesirable consequences if not provided early intervention. MHASD is therefore implementing a new Early Psychosis Program (EPP), based on a successful model developed by Dr. Patrick McGorry and demonstrated over the past 6 years by the Mid-Valley Behavioral Care Network through their Early Assessment and Support Team (EAST).

MHASD's Early Psychosis Program will replicate the EAST program, providing outreach and active engagement; assessment and treatment with a team of professionals including psychiatry, social work, occupational therapy, nurse, and vocational training; multi-family psychological and social education; cognitive behavioral therapies and interventions; vocational and educational support; medication management using low dose protocols; support for individuals in home, community, school, and work settings; and other services required to meet the needs of the individual and maintain program fidelity.

Wraparound Oregon (School-Age): Multnomah County has partnered with Portland State University (as researcher) and Albertina Kerr (as fiscal agent) to test the efficacy of the Wraparound Milwaukee Model of providing treatment services to school-age children and youth ages 6-18 in Multnomah County. It is a parallel process to CSCI. The pilot project has served over 25 clients since January 2006. The emphasis is on family-driven decision making with one care coordinator, one plan of care for each child or youth, a crisis emergency plan, a provider network of formal and informal supports, coordinated services, shared funding using existing service dollars, web-based information management, cross-system training, and outcome and process evaluation.

Wraparound Oregon: Early Childhood uses the Wraparound Milwaukee Model to provide early intervention services to children ages birth to 8 years old who have a diagnosed or emerging mental health condition. Children may be eligible for early intervention and may be at risk or already in an out of home placement. The early childhood project is federally funded through a \$9 million dollar 6-year grant from SAMHSA and has served about 43 clients to date.

MHASD is actively participating in the collaborative planning efforts to implement the Governor's **Statewide Children's Wraparound Initiative** within Multnomah County.

Collaboration for Comprehensive and Coordinated Supports

MHASD fosters collaboration with other child-serving agencies. The Children's Mental Health System Advisory Council (CMHSAC) includes provider agency representatives, as well as 51% youth and family representation. The multi-agency Community Care Coordination Committee (C-4) meets monthly. The Complex Case Consultation (C-3) group provides weekly consultation and case review for real time collaboration and coordination with other child serving agencies.

MHASD managers also participate in community-based coordination groups. MHASD serves on steering committees for Wraparound Oregon (School Age), operated through Albertina Kerr, and for Wraparound: Early Childhood, operated through the Multnomah Education Services District. The Early Childhood manager participates on the Early Childhood Mental Health Committee of the Commission on Children, Families and Community, where a wide array of child serving agencies, including child care and Head Start providers, work toward system improvements.

B. Adult Service Plan

MHASD provides mental health service to approximately 20,000 adults over age 18, about 3.7% of the County adult population. Approximately 2,900 of these individuals are transition-age youth and adults, ages 18 to 25.

Adult services are primarily funded by the Oregon Health Plan (OHP) through MHASD's Verity Mental Health Organization (MHO). While this plan focuses on State General Fund money administered through the State AMH, major changes in the adult system of care as well as in AMH-funded services are described below.

Changes in the Adult System of Care

Adult services are built on a recovery model, allowing people to enter treatment when they are ill and move to a lower level of care or exit treatment when their needs lessen.

Many people in adult services face multiple health, mental health and addiction issues, where integration of services provide the best outcomes. Integration of mental health and addiction services has been strengthened by the MHASD requirement that providers in both systems provide integrated services for individuals with co-occurring disorders. Integration of services with criminal justice agencies is being developed through staff outreach assignments and by continuing joint procurement for addiction services with the Department of Community Justice.

The newest area for integration is between mental health and primary care. Over the past biennium, three providers have added medical staff to mental health clinics to address co-occurring medical disorders. A pilot project, using County and Verity funds, is being conducted in a collaboration between Central City Concern and Care Oregon. In addition, Cascadia has arranged with Kaiser Health Care to place a Kaiser RN in one clinic, and LifeWorks Northwest has hired an RN to augment mental health services in one of their clinics.

In recognition of the County's growing ethnic diversity, all MHASD contracts require that culturally specific needs are met through provision of culturally and linguistically appropriate treatment.

MHASD is responsible for ensuring that there is a spectrum of services available to meet individual needs, and that providers are in compliance with state and federal regulations. Workforce development is a key strategy toward this goal, and MHASD provides evidence-based practice training in specific clinical modalities so that providers have the resources to implement the best clinical practices. Training is also offered on compliance with regulatory mandates, and billing in a fee for service environment. MHASD is hiring staff for technical assistance and consultation to providers, and Child and Family and Adult System of Care Coordinators will provide technical assistance for providers.

Diverse consumer needs have prompted a goal of diversifying the provider network, incorporating providers of unique services such as supported employment, supported education and designated outreach, to expand system capacity and options for consumer choice.

Transitional and permanent housing are also pressing needs. MHASD is actively engaged in the City of Portland's 10 Year Plan to End Homelessness, and in advocating for transitional low-

barrier housing to remain a priority to assure immediate access for individuals with mental health and addiction needs.

Another critical priority is meeting the needs of those most at risk. Evidence-based practices such as Assertive Community Treatment (ACT), Dialectical Behavior Therapy (DBT) and the Early Psychosis Program are important for individuals at high risk of needing acute care services who have not done well in traditional outpatient programs. An increased focus on Transition Age Youth will begin with designing a program to best meet the needs of youth just coming into the adult system of care, preserving their family relationships and supports.

A key unmet need is a sub-acute crisis assessment and treatment facility to serve as an alternative to placement in the hospital or jail, for adults and transition-aged youth (age 18 to 25) experiencing a mental health crises. This need was highlighted as a short term priority in the recent *Multnomah County Public Safety Planning Report* (Crime and Justice Institute, January 2008). MHASD will continue to work with the County Chair and Board to develop a feasible plan for sub-acute services.

Changes in AMH-funded Adult Services

Critical Time Intervention (CTI) Project: Using AMH crisis funding, MHASD plans to implement a CTI project to address the needs of indigent transition-age youth and adults who are being discharged from institutional care (psychiatric hospitals or hospital emergency departments), but need assertive short-term intervention to reduce risk of readmission. CTI strengthens the consumer's long term connection to treatment services, family and friends, and provides emotional and practical support during a critical transition period. MHASD will hire a CTI team for a modified-fidelity program providing services over 3 to 4 months, versus the 9 months in the original model, with transition to stable community-based care and housing.

High Utilization Diversion (HU Diversion): Additional AMH case management funding will be used to concentrate efforts on mentally ill individuals who are habitual users of high intensity, high cost services, including State hospitals, local hospitals and the jail. The new HU Diversion staff of two mental health professionals will maintain or connect a person with housing, Medicaid eligibility and services. Drawing on the expertise of the Call Center, Emergency Department Liaisons and Jail Outreach staff, the HU Diversion team will provide "combined diversion," encompassing diversion at the point of admission, as well as reducing the length of stay in jail or hospital after an admission.

Supported Employment (SE) Initiative: This new AMH funded project is an approach to helping people recovering from a mental illness, based on evidence that people with mental illness are more likely to find jobs if helped by supported employment than any other type of program. MHASD has contracted with local agencies with demonstrated success delivering mental health or substance abuse services. LifeWorks Northwest will implement this program at their King site where twenty percent of consumers are African American, and Central City Concern will serve from a downtown location, targeting those with dual diagnoses, criminal justice involvement or homelessness. Services will help people find and keep employment and self-employment, using best-practice models based on consumer choice.

Jail Diversion Funded Services

Mental Health Court Pilot Project: With new dollars from AMH, MHASD is collaborating with the Judicial and Criminal Justice Systems to implement an expansion of the Community Court Project. With a goal of successfully diverting mental health consumers from the Criminal Justice System, MHASD will hire three qualified mental health staff to work primarily in the field, assisting individuals diverted from jail, and reporting to the Court on their status. Staff will link individuals to benefits, housing, medical and social services, and outpatient mental health services. Maintaining contact for up to 45 days will allow time to assess consumer level of engagement with community providers.

370 Project: With new dollars from AMH, MHASD is participating in a 3-county pilot project for consumers charged with misdemeanor crimes and ordered to undergo an "Aid and Assist/Treat until Fit" evaluation, with the intent of diverting them from the criminal justice system to the mental health system. This project will provide: evaluation of mental status, options and recommendations for stabilization, evaluation of basic needs, and coordination of service with criminal justice and mental health systems. MHASD is hiring 2 qualified mental health professional case managers to facilitate increased engagement with the Criminal Justice, County Mental Health and State Hospital systems. Staff will function as connectors to benefits, housing, medical and social services, and mental health outpatient services.

Waitlist Reduction Project (WLRP): With on-going AMH funding, MHASD is implementing changes in this program. The WLRP position dedicated to providing engagement, transition planning and community support services to Multnomah County residents in the State Hospital was initially sited with a community mental health provider. With the advent of co-management, MHASD has changed this to a County position in order to increase facilitation of discharges of Multnomah County residents from the State Hospital. The staff begins engagement with State Hospital patients soon after admittance, and continues providing discharge-planning services up to the point of a successful placement in the community.

C. Older Adult Service Plan

Older Adult Needs

MHASD serves about 810 people who are age 65 and over, approximately 1.1% of the older adult population.

Older adults often have unique needs and circumstances. Elders, as well as their families and providers, often fail to recognize treatable mental disorders. According to SAMHSA, "mental disorders are not a normal part of aging, yet a significant number of older adults have these serious but treatable diseases." (*Community Integration for Older Adults with Mental Illnesses: Overcoming Barriers and Seizing Opportunities*, SAMHSA, 2004)

Suicide prevention is also a major concern. Oregon has the fourth highest suicide rate in the nation for older adults, especially for older males, who have nine times the suicide rate of older females in the state. Older adult suicide rates are the highest of any age group. (*Oregon Older Adult Suicide Prevention Plan, DHS Office of Disease Prevention and Epidemiology, 2006.*)

People older than 60 make up more than 14% of the county population.

General Multnomah County Population (2000 Census):

▪ Total County Population	660,486	100.0 %
▪ Persons Age 60+	94,567	14.3% of County
▪ Persons Age 65+	73,607	11.1% of County

Multnomah County anticipates growth over the next decades in the number of older adults with mental disorders, largely due to the aging of adults who already have serious mental health and addiction issues. The number of older adults in Oregon is expected to double over the next thirty years, largely due to the maturation of the “baby boomer” cohort, who will begin to reach age 65 in 2011. Greater longevity resulting from improved health care and other social factors adds to this projection.

In 2001, the Governor and Oregon State Legislature recognized these special needs and created SB781, to support county mental health and developmental disability programs to include preventive mental health services and early identification of problems for older adults.

Current Service Capacity

MHASD is developing both provider capacity and outreach to address the mental health needs of older adults who may not be able to access care because they are isolated, lack the knowledge of what is available, lack resources to pay for services, have significant medical issues, perceive a stigma in seeking help, or lack ability to navigate the system.

Outreach Services

Oregon’s 2006 Suicide Prevention Plan lists clinical outreach programs to older adults as a key strategy in reducing suicide for this age group. Outreach is also critical in locating elders with treatable mental disorders. Because reaching older adults requires unique strategies, MHASD has partnered with Multnomah County Aging and Disability Services Division (ADS) to develop a collaborative outreach system and educate MHASD staff about general senior services and issues related to aging.

Mental Health Call Center staff have been trained to interface with the ADS 24-hour hotline to coordinate mental health crises that may be called in to either system. The Call Center may be contacted by hospital emergency departments, the Health Department, or primary care providers who identify an older adult needing mental health services. Older adults needing services may also be located through contact with 24-hour mobile outreach, or the urgent walk-in clinic.

The **Multi-disciplinary Team (MDT)** is a collaboration between MHASD and ADS. ADS staff developed the model and oversee the program within their Adult Protective Services (APS) program, while MHASD manages contracting and payment. The contract for MDT services was recently awarded to Lutheran Community Services as the lead agency, based on their work with immigrants and culturally specific populations, which will enable the MDT team to address the needs of Multnomah County’s diverse seniors and people with disabilities. The focus is on emergent and acute needs, usually where mental health and APS intersect. The MDT provides outreach, assessment, short-term counseling and stabilization, and linkage to appropriate follow-up mental health treatment.

Treatment Services

Services for all ages of consumers 18 and older are provided through MHASD's outpatient provider agencies, including services for older adults.

New this year, specialized outpatient services in long term care are being provided by Cascadia to older adults in nursing homes, adult foster homes and residential care facilities, as a component of Verity services. Rather than focusing on outreach and assessment as had been the case previously, this Cascadia service now focuses on on-site delivery of enhanced services to older adults identified by their facilities or the MDT.

Service Gaps and Unmet Needs

Older adults too often do not access traditional mental health services because of unfamiliarity or stigma. Their unique needs require the use of service modalities, such as co-location with other aging services or consistent engagement, to normalize mental health treatment.

There is a lack of residential housing options for older adults with mental health issues. There is also a lack of targeted addiction treatment for older adults, who often face this issue.

Mental health and addiction issues alone do not usually cause an impairment that would meet the state's service priority levels, and qualify a senior for ADS services. This can result in difficulty determining which program has the capacity to provide case management (MHASD or ADS), or crisis services (Project Respond or Adult Protective Services). Where medical and mental health issues are both present, it may require specific testing to determine the best treatment approach.

Workforce Development Efforts Needed

- Increase capacity to address older adult behavior issues through training for provider staff that includes such topics as: understanding the differences between dementia, Alzheimer's, depression, and other types of mental disorders, and how to normalize mental health treatment.
- Increase the supply of geriatric mental health specialists, and encourage adequate compensation to improve retention among providers. Encourage a model where a geriatric specialist is available to consult with any provider who is serving an older adult.

D. Alcohol and Drug Prevention Plan

Prevention Planning

Comprehensive Prevention Study: A study on the status of prevention in Multnomah County was undertaken by the University of Oregon in fall 2005 through June 2007. The study summarized existing research findings about key characteristics and critical intervention points of a comprehensive prevention program for Multnomah County, and conducted a scan to determine which characteristics and intervention points are currently implemented. The report concluded that there is a need for a comprehensive prevention system in Multnomah County. As a result, the Commission on Children Families and Community conducted additional study to determine next steps. Part of the current efforts by the A&D Prevention Coordinator and other

County personnel is to create a shared definition of prevention, and an inventory of County prevention programs.

Community Action to Reduce Substance Abuse (CARSA) is continuing their planning and visioning work. CARSA recently developed a vision for a Portland Drug Strategy, which will be presented to the Portland City Council in the near future. Collaboration regarding problems with methamphetamine use culminated in implementation of Oregon precursor laws that have virtually eliminated local meth labs and fostered planning that resulted in several large treatment and law enforcement systems grants. The CARSA coalition produced the second edition of the Portland Profile, which tracks substance abuse indicators and identifies key areas of concern, which is taken into consideration in MHASD prevention planning.

Availability of Prevention Funding: Only one service element, A&D 70, is specifically focused on prevention. A&D 80 includes both prevention and early identification. Due to severe funding limitations for other service elements, less than \$500,000 out of \$31,800,000 – or 1.6% of subcontracted funds – are being devoted to prevention. To overcome this enormous imbalance, every effort will be made to foster prevention during system design, to leverage resources, and to obtain additional resources.

Prevention Goals: The following goals have been developed for the A&D Prevention Program.

- Stabilize and/or strengthen existing prevention initiatives and collaborations, and continue intersystem collaboration and integration efforts.
- Incorporate best-practice approaches, including family-strengthening strategies and services across the continuum of prevention and treatment services.
- Increase access to services for very high risk and/or under-served populations.
- Support academic success and high school completion.

Major Program Areas

Consistent with the Federal Center for Substance Abuse Prevention (CSAP) strategies, MHASD will deliver A&D Prevention services in the following areas:

CSAP Strategy	MHASD A&D Prevention Program (A&D 70)
<u>Information dissemination</u> on substance use, abuse & addiction and their effects on individuals, families and communities.	MHASD Prevention Coordinator
<u>Education</u> and interaction between an educator/ facilitator and participants to affect critical life & social skills, including decision-making, refusal skills, critical analysis and judgment abilities.	Housing Authority of Portland
<u>Alternatives</u> through participation of target populations in activities that exclude substance use.	Housing Authority of Portland Latino Network Asian Family Center
<u>Problem identification and referral</u> for those who have indulged in illegal/age-inappropriate use of tobacco or alcohol, to assess if their behavior can be reversed through education.	Housing Authority of Portland
<u>Community-based process</u> to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders.	Latino Network Asian Family Center MHASD Prevention Coordinator

CSAP Strategy	MHASD A&D Prevention Program (A&D 70)
Environmental strategy to establish or change written/unwritten community standards, codes and attitudes, influencing incidence and prevalence of substance abuse in the general population.	[Underage Drinking, funded by AMH in the past, emphasized an environmental strategy]

Fund Allocation

The Multnomah County Mental Health and Addiction Services Division recommends supporting the following A&D 70 prevention program elements:

- Maintain a full-time (1.0 FTE) A&D Prevention Coordinator, plus \$500 in travel funding.
- Maintain the A&D Prevention contracts spending level for minority services by continuing support for the Housing Authority of Portland youth services program, a long-term collaborative prevention initiative which serves a high proportion of people of color in public housing communities, and two culturally specific community-based organizations.
- Maintain technical assistance support for existing and new prevention community coalitions.

A&D Prevention Coordinator: Due to union-mandated salary and benefit increases for the position, the A&D 70 base funding remaining for contracted prevention activities is reduced approximately 5% in the upcoming biennium. In order to foster system stability, only one large and two small ongoing long-term programs will be funded using A&D 70 base funding.

A&D Prevention Contracts

The **Housing Authority of Portland (HAP)** will receive the largest funding commitment in the A&D 70 prevention plan. This collaborative effort, managed by HAP, involves multiple funders and planning processes, including the City of Portland’s Children’s Investment Fund (CHIF). A competitive procurement was held by HAP during 2007 for the A&D 70 funded portion of the program, which provides after-school clubs and core services to youth and their families, including school liaison services, individual tutoring and mentoring, and home visits. It also offers a Reading Together program and monthly alumni group based on the best practice Families and Schools Together (FAST) program, adapted to focus on an identified need of improving reading readiness. HAP regularly updates and revises details of the program; for example, staff assigned to New Columbia have been re-assigned to Gateway Park due to the increase in other services available to New Columbia residents.

The **Latino Youth Network** will provide project coordination and outreach to engage youth in a youth soccer team, which will participate in the Oregon Youth Soccer Association’s league.

The **Asian Family Center’s TUNE (Teens Uniting for a New Era)** program will develop youth leadership by involving youth in planning and implementing projects and community events.

Additional State Funding:

Additional funding from competitive grant awards will double contracted prevention funding, from approximately \$400,000 to \$800,000.

Safe and Drug-Free Schools (S&DFS) funds were recently redirected to a new cascading service learning and mentoring program which focuses directly on the goal of fostering school success. In this student peer support project, college students will work with high school

students, building teams to work with grammar school students to help promote the younger children's academic success, while involving the older students in service learning.

The **Strengthening Families (SFP 10-14)** grant provides startup funding to begin implementing this highly effective program county-wide, starting this year. Staffed by LifeWorks Northwest in HAP locations, this program involves sixth graders and their parents in a weekly evening event for 7 weeks. Over dinner, a family issue is introduced, after which parents and youth separate for an initial discussion on the topic, then get back together for a second hour and share in a joint discussion. LifeWorks staff will recruit faith-based organizations to provide volunteers who will learn to lead the program for their congregations, and help expand the program in schools.

During 2007-09, state competitive funding is making it possible to offer the Strengthening Families evidence-based family training program to HAP families at one HAP location, six associated SUN schools, and an additional middle school. This funding is also training faith community volunteer groups to provide additional low-cost trainings throughout the county. Additional County funds are being sought to expand this program and recruit additional faith community volunteer groups to further leverage resources, making SFP 10-14 the county's largest A&D prevention program.

Strategies to Address Underage Drinking

AMH previously provided specific funding for reducing underage drinking. This funding has since been eliminated. Without access to dedicated funding, MHASD has allocated \$10,000 to this effort from other funds, less than a quarter of previous funding. Current efforts focus on convening partners to redesign the Minor in Possession system, exploring increased consequences for youth in possession of alcohol. However, implementation of a new system, including public education and addressing access to alcohol products, will be difficult without additional dedicated funding.

Comprehensive, Coordinated Plan Priorities (SB555 Plan)

MHASD actively participated in the Commission on Children, Families and Community-led planning process for this 2008-2014 community-wide plan. After careful deliberation, the CCFC and County Board decided that this 6-Year Community Plan will focus on two broad goals:

- 1) Improve academic success and high school completion rate, and increase student access to medical care; and
- 2) Decrease poverty rates for families with children, particularly for low-wager earners.

All activities in the proposed A&D 70 category support the top goal: academic success and high school completion. Federal funds, flowing through AMH for Safe and Drug Free Schools, will be spent on programs specifically focused on school success.

Support for Ongoing Development of Community Coalitions

The Multnomah County Prevention Coordinator will continue to be a participant in the activities of the substance abuse prevention coalition, CARSA.

Multnomah County staff participated in the development of the second edition of the Portland Profile, published by CARSA, a publication that gives data on substance abuse problems. Staff will continue work on updating and improving the quality and utilization of this product.

Cultural and Gender Specific Programs

A&D 70 funding will continue to support culturally specific coalitions and community-based organizations at approximately the current level. These are the Latino Youth Network and TUNE (Teens Uniting for a New Era), a project through Asian Family Center.

Professional Development Training for Prevention Staff & Providers

A priority for the Prevention Coordinator will be participating in and providing technical assistance to CARSA, a substance abuse prevention coalition was formed as part of the ONDCP (Office of National Drug Control Policy) Major Cities Initiative. This coalition is implementing a Drug-Free Communities grant, adding new partners, and writing a Portland Drug Strategy.

Specific Prevention Strategies

A&D prevention programs, outputs, and outcomes are listed in Attachment 10. Subcontract information is provided in Attachment 1.

E. Addiction Service Plan

Current Services

In 2006, MHASD provided A&D outpatient and/or residential treatment to 11,400 people (including some duplications), a number greater than the entire population of many Oregon counties. In addition, about 14,000 admissions to sobering and detoxification services are recorded each year.

MHASD provides an array of Addiction Treatment services, including case management, transitional housing, and relapse prevention designed to assist clients in their struggle to achieve and maintain their sobriety. Services include:

- Addiction Services – Detoxification, Residential, Outpatient, Methadone Treatment, Supported Housing, and Support and Education.
- Mentorship programs for clients with substance abuse problems to support them in recovery group participation as well as other services.
- Culturally and linguistically appropriate treatment to high-risk clients with a substance abuse disorder.

The majority of these treatment services were procured in 2004 in a joint procurement by MHASD and the Department of Community Justice (DCJ). Procurement planning included a series of community meetings attended by clients, family members, community members, and treatment provider staff held in 2003.

The Alcohol and Drug Assessment and Referral program designs treatment programs for 5,100 individuals annually including individuals charged with driving under the influence of intoxicants. MHASD provides over 1,100 outpatient treatment slots per year, and spends over \$450,000 per month on residential treatment. However, this is estimated to meet only 50% to 60% of demand.

Unmet need is the largest single factor currently influencing addiction planning in Multnomah County. Over 300 people are on the wait list for residential treatment. The reduction last year in

methadone slots has increased the pressure on that system. Wait lists for general outpatient treatment are growing, a recent development in Multnomah County.

Increasingly, high priority clients must compete for the same limited resources. These high risk groups include people needing addiction treatment who are: being discharged from jail; frequent offenders at Community Court; homeless individuals needing to access drug free housing; IV drug users; and women seeking residential treatment as part of DHS agreements to have their children returned. Many other low income county residents have equally urgent needs to obtain addiction treatment for themselves or family members.

Coordination with Residential and Detox Providers

The four A&D residential providers all have outpatient programs, streamlining coordination from one phase of treatment to the next. These providers (CODA, DePaul, LifeWorks Northwest, and the Letty Owens program of Central City Concerns), along with Central City Concern's Hooper Detoxification Center, (including the CHIERS outreach van, a sobering program and a sub-acute program), have longstanding relationships and are knowledgeable about each other's services.

Contract changes are planned over the coming year so that all outpatient and residential treatment providers will set aside a proportion of treatment slots to facilitate movement of individuals out of detox and into residential and treatment, at the level appropriate for their needs.

Coordinating with Criminal Justice

In 2003 and 2004, MHASD planned and implemented a joint procurement process with the Department of Community Justice (DCJ) for alcohol and drug (A&D) treatment services. Resulting from this is an integrated system, in which DCJ manages their own treatment slots and purchases services from A&D providers.

The allocation of State AMH and County General Funds to providers and services selected through the RFPQ was done to maximize resources and provide as broad an array of A&D services as possible. This allocation is evaluated annually based on the criteria in the RFPQ, but primarily on the resources available. MHASD and DCJ co-chair a monthly meeting with these shared providers and jointly manage the treatment system.

DCJ recently compared individuals involved with probation or parole with those receiving A&D services and found a 32% overlap of mostly lower level offenders. This figure highlights the need for continued coordination.

The Addiction program, in conjunction with DCJ, is currently planning a new joint 5-year procurement which will be released in 2009. In conjunction with DCJ, our citizen's councils, the provider network, and others, the Addiction program is developing initiatives to: strengthen the connections between service levels, particularly between detox and residential; increase the availability of transitional housing; increase the focus on employment services; and develop practices to increase our rate of successful completions in treatment. Allocations from this process will be effective July 2009, and may be different from the current system.

In Multnomah County, drug court referrals and prioritization are handled by DCJ. Clients are referred to agencies that have contracts with the drug courts.

Use of Evidence-Based Practices

MHASD's Alcohol and Drug program is working with providers to ensure progress toward satisfying SB 267 requirements for the incremental implementation of evidence-based practices. At this stage, this effort is ahead of schedule. As A&D makes funding changes or adds new providers, providers are asked to specify which evidence-based practices they are using, and this is added to their contracts. Common practices being that are currently being used include: Cognitive Behavior Therapy, Motivational Interviewing, Seeking Safety, and the Matrix Model.

F. Problem Gambling Service Plan

Annually the County's treatment providers serve approximately 540 gamblers and 102 family members, for a total of 646 individuals.

Multnomah County has the highest lottery sales statewide. 71% of lottery sales are from video poker, and 78% of gamblers in treatment report video poker as their primary game of choice.

Problem gambling services are guided by a public health approach that takes into consideration biological, behavioral, economic, cultural and policy determinants influencing gambling and health. The programs incorporate prevention, harm reduction and multiple levels of treatment, by placing emphasis on quality of life issues for the gambler, their family and the community. Services include outreach, prevention and treatment.

Gambling addiction treatment uses evidence-based practices in an outpatient setting for individuals diagnosed with problem or pathological gambling. The average successful completion rate in the county is 39%. Countywide data shows that problem gamblers seeking treatment can access services in less than five days.

Problem gambling treatment services are closely aligned to Multnomah County's Basic Living Needs funding priority, in that these programs promote healthy behaviors. The treatment focus is on relieving initial client stress and crisis, supporting the client and family members in treatment, and assisting the family to return to a level of healthy functioning. Problem gambling treatment assists the gambler and family in managing their finances, rebuilding trust within the family, learning gambling prevention techniques, and maintaining recovery.

Last year, MHASD completed a successful Request for Provider Qualifications (RFPQ) process for the five-year period from July 1, 2007 through June 30, 2012. This process resulted in the selection of four qualified prevention and treatment providers, continuing the work of Cascadia, LifeWorks Northwest, and Oregon Health Sciences University's Behavioral Health Clinic, and adding Volunteers of America/ InAct as a new provider.

In addition to these treatment providers, two outreach and engagement providers were selected. LifeWorks Northwest received a contract for specialized outreach to African Americans and Cascadia received a contract for countywide outreach and public information.

No significant changes to the current service delivery system are foreseen for the near future.

VI. Allocation and Use of AMH Funding

A. Allocation Chart

Funding from the State Addiction and Mental Health Division is allocated Multnomah County MHASD programs as follows:

Allocation and Use of State AMH Resources

Service Element	Service Provision
LA01	Mental Health and Addiction Services Division Administrative Expenses.
MHS 20	Adult CMI case management/care coordination, trial visit monitoring, abuse investigation, residential case management, and other services designed to prevent hospitalization.
MHS 22	Children and adolescent mental health services including early childhood, school aged, intensive in-home treatment, treatment foster care, and care coordination.
MHS 24	Acute mental health services including inpatient hospitalization.
MHS 25	Adult and Child non-OHP community crisis services including crisis walk-in clinic, mobile outreach, and crisis line.
MHS 28	Mental health residential services.
MHS 30	PSRB
MHS 35	Older adult mental health services, including the multi-disciplinary team.
MHS 38	Residential
MHS 39	Transitional housing
A&D 60	Special projects including the housing conference, family involvement team and services to Latino youth.
A&D 61	Residential alcohol and drug treatment, including services to pregnant African American women.
A&D 62	Housing for dependent children whose parents are in alcohol and drug residential treatment.
A&D 66	Outpatient alcohol and drug treatment
A&D 70	Prevention/Early intervention services
A&D 71	Youth alcohol and drug residential treatment
A&D 80	Gambling prevention services
A&D 81	Gambling treatment services
A&D 83	Gambling treatment enhancement including brochures and gambling awareness week.

B. Use of Evidence-Based Practices

MHASD requires in its contracts that all adult mental health providers follow the State statute regarding evidence-based practices (EBP). For 2007-09, the statute required that at least 50% of state funds used to treat people with mental illness who use or have a propensity to use emergency mental health services be delivered with evidence-based practices, and 50% of state funds used to treat people with substance abuse problems who have a propensity to commit crimes be used for the provision of evidence-based practices. In 2000-11, this increases to 75%.

MHASD is ahead of requirements for implementation of evidence-based practices. Evidence-based practices among MHASD staff and sub-contracted providers are actively promoted through training on specific clinical practices, specific contractual requirements for new and amended contracts, monitoring of fidelity of practice implementation, and provider technical assistance.

Children's System of Care Evidence-Based Practices

Contracts for Intensive Community-based Treatment Services, School-Age Children and Early Childhood require providers to use at least the following evidence-based practices:

- Multi-Systemic Therapy
- Multi Dimensional Treatment Foster Care, Oregon Social Learning Center
- Transition Age Youth Services based on Assertive Community Treatment model
- Cognitive Behavioral Therapy
- Incredible Years
- Wraparound Services

MHASD is also in the process of integrating an evidence-based family readiness assessment tool into the outpatient intake process, the Family Check Up (FCU) model.

Adult System of Care Evidence-Based Practices

A minimum of six fidelity models have been implemented in the adult mental health system:

- Supported Employment
- Co-Occurring Disorders: Integrated Dual Diagnosis Treatment
- Illness Management and Recovery
- Family Psychoeducation
- Assertive Community Treatment
- Medication Management Approach in Psychiatry.

Addiction Services Evidence-Based Practices

An inventory of the evidence-based practices implemented by each provider has been developed, which has been compared to the National and State OMHAS lists of evidence-based practices.

Common evidence-based practices used by providers include:

- Cognitive Behavior Therapy
- Motivational Interviewing
- Seeking Safety
- The Matrix Model

C. Rationale for Changes to Allocations

Provider allocations are largely based on the major RFPQs released by MHASD since 2004:

1. 2004: MHASD and DCJ joint RFPQ for Alcohol and Drug Service providers
2. 2005: System of Care for Children and Families, Children's Intensive Mental Health Treatment
3. 2005: System of Care for Children and Families: Services for School-Aged Children
4. 2005: Adult System of Care RFPQ
5. 2007: Problem Gambling Services RFPQ
6. 2008: Early Childhood System of Care RFPQ

Each RFPQ is designed to move the County's mental health and addiction system to the next level of competency and gain greater control over the quality and cost of services.

In addition to program improvements described below, MHASD will add a data analyst and improve information technology to increase capacity for **data-based management decisions**.

The changes listed below are explained in greater detail in each program plan (section V).

1. Access to the System of Care

Continuing "front door" services include:

- **Mental Health Call Center**, available to all County residents 24 hours a day, 7 days a week, including dedicated lines for immediate access by police and corrections.
- **Mobile Crisis Teams**, available 24/7, to support police, emergency providers and hospitals to triage and link people in a crisis with mental health services.
- **Urgent Walk-In Clinic**, open 7 days a week from 7:00 a.m. until 10:30 p.m., providing no-appointment necessary assessment and treatment.

Improvements include:

- **Expand the family focus** of the Call Center, with more child and family specialists, and emphasis on navigation support and access to the entire continuum of care.

2. Links with State Hospital & Inpatient Providers

Current links will be maintained, including:

- **Mental Health Call Center** as a first point of contact for local acute facilities and emergency departments, to consider the medical necessity for acute care services, and to assess diversion alternatives. The Call Center also notifies the individual's treatment provider of an admission. If there is no provider, the Call Center links to a provider to offer outpatient mental health services, usually prior to discharge.
- **Pre-Commitment/Involuntary Commitment Program** investigates all "Notices of Mental Illness" to determine whether persons held for mental health treatment should be referred for civil commitment, and helps explore less restrictive treatment options.

- **Post-Commitment Monitors** connect individuals upon discharge with community mental health treatment providers. They also follow each Multnomah County resident committed to the State Hospital, and participate in discharge planning.

Improvements include:

- Post-Commitment Services is designing an **electronic tracking system** for residents placed in other counties upon discharge from the State Hospital, to facilitate eventual return to Multnomah County.
- The new **Critical Time Intervention (CTI)** program will provide intensive case management for individuals with high utilization of inpatient care, psychiatric care or involuntary commitment, for up to 90 days. CTI case managers will exit once there is a solid link to a provider and natural supports.

3. Child, Youth and Family Services

This plan continues:

- The **Children's System Change Initiative (CSCI)**, using state funds to serve non-Medicaid children and youth in, or at risk of, psychiatric residential treatment services. Coordinators form a child and family team to develop a service coordination plan, to meet needs of the child and family in the community, at home and in school.
- **Intensive Community-based Treatment Services** are provided where needed to prevent higher levels of out of home placement.

Improvements include:

- Engagement of the **Oregon Family Support Network (OFSN)** to help develop a meaningful youth voice for consumers under age 21.
- Implementation of the **Early Childhood System of Care**. An RFPQ is currently being processed to determine which providers are qualified to deliver these services.
- **Family System Navigators**: An RFPQ this year will result in support by advocates knowledgeable about the system to help families access mental health services.
- **Sub-acute Services**: An RFPQ for sub-acute services this year resulted in services for youth ages 11 to 18 who can be diverted from a higher level of care placement, or who need short-term (5 to 9 days) step-down placement from hospital acute care.
- **Intensive Outreach**: Using new state funds, this cooperative program with DHS Child Welfare will help families access and complete Court-mandated treatment, resulting in the opportunity to regain child custody and preserve the family.
- A new **Early Psychosis Program** will be implemented to reach youth at the initial episodes of psychosis (usually under age 25), and provide early intervention to improve outcomes and maintain family ties.

4. Adult Services

We will continue to emphasize the following:

- **Integration of mental health and addiction** treatment for those with co-occurring disorders, and a smooth continuum of services between mental health, addiction, housing and criminal justice services.
- Strategies to help those impaired by a **cycle of mental illness, substance abuse and homelessness**, and often involvement with the criminal justice system as well, move into **stable living situations** and receive effective treatment.
- Assure that all providers deliver **culturally and linguistically appropriate** treatment.
- Emphasize **consumer-centered and peer-delivered support networks**, and engagement of **families and natural supports**.

Improvements to the system of care include:

- A new focus on **integration between mental health and primary care**, encouraging placement of RNs in mental health clinics to address co-occurring medical disorders.
- **Expand training** for providers on effective practices, and increase **technical assistance** and consultation.
- **Diversifying the provider network**, incorporating providers of unique services such as supported employment, supported education and designated outreach, to expand system capacity and options for consumer choice.
- Continue to **promote transitional and permanent housing**, including low-barrier housing for immediate access for individuals with mental health and addiction needs.
- Increase our focus on **transition age youth**, by exploring what is needed to best meet the needs of youth just coming into the adult system of care, preserving their family relationships and supports.

Improvements funded by AMH include:

- **Critical Time Intervention (CTI):** Using AMH crisis funding, this project (also see above) will address the needs of those being discharged from institutional care, who need assertive short-term intervention to reduce risk of readmission.
- **High Utilization Diversion (HU Diversion):** Additional AMH case management funding will focus on mentally ill individuals who are habitual users of high intensity, high cost services: State and local hospitals, and jail. Diversion staff will connect a person with housing, benefits and services to divert at the point of admission, or reduce the length of stay in jail or hospital after an admission
- **Supported Employment (SE) Initiative:** New AMH funding will help people with mental illness find jobs. Contracted providers will work in NE Portland to include African American consumers, and in a downtown location, targeting those with dual diagnoses, criminal justice involvement or homelessness. Services will help people

find and keep employment and self-employment, using best-practice models based on consumer choice.

Improvements funded by Jail Diversion Funds include:

- **Mental Health Court Pilot Project:** With new dollars from AMH, this collaboration with the Criminal Justice System and Courts will help divert mental health consumers by connecting individuals diverted from jail with benefits, housing, medical and social services, and outpatient mental health services.
- **370 Project:** With new dollars from AMH, this 3-county pilot project will work with consumers charged with misdemeanor crimes and ordered to undergo an "Aid and Assist/Treat until Fit" evaluation. This project will evaluate mental status, options and recommendations for stabilization, and connect people to benefits, housing, medical and social services, and mental health outpatient services.
- **Waitlist Reduction Project (WLRP):** With on-going AMH funding, the care coordination for this program will become a County position to facilitate discharges of Multnomah County residents from the State Hospital.

5. Older Adult Services Service

We will continue to provide:

- A **Multi-disciplinary Team**, in collaboration with Aging and Disability Services and their Adult Protective Services unit, through a subcontract to provide assessment, short-term counseling, stabilization, and linkage to follow-up mental health treatment.

Improvements in older adult services include:

- New this year, **specialized outpatient services** are being provided to older adults in nursing homes, adult foster homes and residential care facilities.

6. Alcohol and Drug Prevention

We will continue current state-funded prevention programs, including

- **Housing Authority of Portland (HAP)** youth services program, which serves a high proportion of people of color in public housing communities. In collaboration with the City of Portland's Children's Investment Fund (CHIF), this includes an after school program, a Reading Together program, and Families and School Together.
- **Latino Youth Network** for outreach to engage youth in a youth soccer team, which will participate in the Oregon Youth Soccer Association's league.
- **Asian Youth Network's TUNE** (Teens Uniting for a New Era), for youth leadership by involving youth in planning and implementing projects and community events.

Improvements from new competitive State grant awards will add two programs:

- **Safe and Drug-Free Schools** focus directly on the goal of fostering school success. In this student peer support project, college students will work with high school

students, building teams to work with elementary students to help promote younger children's academic success, while involving older students in service learning.

- **Strengthening Families** has been offered to HAP families at one HAP location, six associated Schools Uniting Neighborhoods (SUN) schools, and an additional middle school. Faith-community volunteers will be trained to lead the program for their congregations, and help expand the program in schools. Additional County funds are being sought to expand this program.

7. Addiction Treatment Services

We will continue to provide an array of Addiction Treatment services, including:

- **Addiction Services** – Detoxification, Residential, Outpatient, Methadone Treatment, Supported Housing, and Support and Education.
- **Mentorship** programs for clients with substance abuse problems to support them in recovery group participation as well as other services.
- **Culturally and linguistically appropriate treatment** to high-risk clients with a substance abuse disorder.

Improvements include initiatives to:

- **Strengthen connections** between service levels, particularly detox and residential.
- Increase the availability of **transitional housing**.
- Increase the focus on **employment services**.
- Develop practices to **increase our rate of successful completions** in treatment.

The collaboration with DCJ will be continued, by planning our second joint procurement process for alcohol and drug treatment services, for services beginning July 2009.

8. Problem Gambling Services

These services will continue to provide treatment services to assist the client and family to return to a level of healthy functioning. Treatment assists the gambler and family in managing their finances, rebuilding trust, learning gambling prevention techniques, and maintaining recovery.

Improvements include:

- An **expanded array of providers**, from three to four.
- Providers for **outreach and engagement** have been added, for specialized outreach to African Americans, as well as for countywide outreach and public information.

Required Attachments

Addiction and Mental Health Division

County Contact Information Form

1. County Contact Information

County: Multnomah

Address: 421 SW Oak Street, Suite 520

City, State, Zip: Portland, Oregon 97204

Name and title of person(s) authorized to represent the county in any negotiations and sign any agreement:

Name Karl Brimmer Title Director, Mental Health and Addiction Services Division

Name N/A Title N/A

2. Addiction Treatment Services Contact Information

Name Ray Hudson

Agency Multnomah County

Address 421 SW Oak Street, Suite 520

City, State, Zip Portland, Oregon 97204

Phone Number 503-988-5018 Fax 503-988-5870

E-mail Ray.Hudson@co.multnomah.or.us

3. Prevention Services Contact Information

Name Larry Langdon

Agency Multnomah County

Address 421 SW Oak Street, Suite 520

City, State, Zip Portland, Oregon 97204

Phone Number 503-988-5464 ext. 26524 Fax 503-988-5870

E-mail Larry.Langdon@co.multnomah.or.us

4. Mental Health Services Contact Information

Name David Hidalgo
Agency Multnomah County
Address 421 SW Oak Street, Suite 520
City, State, Zip Portland, Oregon 97204
Phone Number 503-988-3076 Fax 503-988-5870
E-mail David.A.Hidalgo@co.multnomah.or.us

5. Problem Gambling Treatment Prevention Services Contact Information

Name John Pearson
Agency Multnomah County
Address 421 SW Oak Street, Suite 520
City, State, Zip Portland, Oregon 97204
Phone Number 503-988-5464 ext. 22612 Fax 503-988-5870
E-mail John.F.Pearson@co.multnomah.or.us

6. State Hospital/Community Co-Management Plan Contact Information

Name Sandy Haffey
Agency Multnomah County
Address 421 SW Oak Street, Suite 520
City, State, Zip Portland, Oregon, 97204
Phone Number 503-988-5464 ext. 26659 Fax 503-988-5870
E-mail Sandy.J.Haffey@co.multnomah.or.us

List of Subcontracted Services for Multnomah County – Attachment 1

After each service element, list all of your treatment provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/ License ID #	Service Element	AMH Funds in Subcontract	Specialty Service
Cascadia Behavioral Healthcare	97-0770054	A-D 60	91,066	Women
Central City Concern	93-0728816	A-D 60	91,066	Women
Central City Concern	93-0728816	A-D 60	360,458	NA
Central City Concern	93-0728816	A-D 60	244,032	Latino Youth
Comprehensive Options for Drug Abusers	93-0716860	A-D 60	116,568	Women
LifeWorks	93-0502822	A-D 60	116,568	Women
Volunteers of America	93-0395591	A-D 60	119,882	Women
Multnomah County Department of County Human Services *	93-0712083	A-D 60	143,484	NA
2009-11 Biennial Total A-D 60			\$ 1,283,124	
Central City Concern	93-0728816	A-D 61	1,222,750	Women
Central City Concern	93-0728816	A-D 61	183,413	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 61	2,017,538	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 61	427,963	Women
DePaul Treatment Centers	93-0706892	A-D 61	978,200	Minority
DePaul Treatment Centers	93-0706892	A-D 61	2,139,813	NA
LifeWorks	93-0502822	A-D 61	1,406,163	Women/Minority
LifeWorks	93-0502822	A-D 61	122,275	NA
To Be Determined	NA	A-D 61	312,078	Women
2009-11 Biennial Total A-D 61			\$ 8,810,190	
Central City Concern	93-0728816	A-D 62	353,904	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 62	110,596	NA
LifeWorks	93-0502822	A-D 62	22,118	NA
To Be Determined	NA	A-D 62	111,690	NA
2009-11 Biennial Total A-D 62			\$ 598,308	

Provider Name	Approval/ License ID #	Service Element	AMH Funds in Subcontract	Specialty Service
Cascadia Behavioral Healthcare	97-0770054	A-D 66	801,780	NA
Cascadia Behavioral Healthcare	97-0770054	A-D 66	191,002	Women
Central City Concern	93-0728816	A-D 66	306,244	Women
Central City Concern	93-0728816	A-D 66	2,897,156	NA
ChangePoint	93-1229222	A-D 66	391,230	NA
ChangePoint	93-1229222	A-D 66	205,626	Minority
ChangePoint	93-1229222	A-D 66	55,686	Youth
Comprehensive Options for Drug Abusers	93-0716860	A-D 66	777,764	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 66	191,002	Women
CRC Health Oregon	20-4966951	A-D 66	334,004	NA
DePaul Treatment Centers	93-0706892	A-D 66	38,640	NA
DePaul Treatment Centers	93-0706892	A-D 66	74,514	Youth
DePaul Treatment Centers	93-0706892	A-D 66	72,450	Minority
LifeWorks	93-0502822	A-D 66	241,500	Minority
LifeWorks	93-0502822	A-D 66	1,065,654	Youth
LifeWorks	93-0502822	A-D 66	191,002	Women
LifeWorks	93-0502822	A-D 66	169,050	NA
Morrison Center	93-0354176	A-D 66	244,736	Women
NARA	23-7098400	A-D 66	191,002	Women
OHSU	93-1176109	A-D 66	120,750	NA
Multnomah County Department of County Human Services	93-0712083	A-D 66	14,814	NA
Multnomah County Department of Community Justice	93-0706892	A-D 66	437,410	NA
Volunteers of America	93-0395591	A-D 66	28,980	NA
Volunteers of America	93-0395591	A-D 66	247,374	Women
To Be Determined	NA	A-D 66	30,924	NA
2009-11 Biennial Total A-D 66			\$ 9,320,294	
Central City Concern	93-0728816	A-D 67	292,000	Women
Central City Concern	93-0728816	A-D 67	43,800	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 67	481,800	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 67	102,200	Women
DePaul Treatment Centers	93-0706892	A-D 67	233,600	Minority
DePaul Treatment Centers	93-0706892	A-D 67	511,000	NA
LifeWorks	93-0502822	A-D 67	335,800	Women/Minority
LifeWorks	93-0502822	A-D 67	29,200	NA
LifeWorks	93-0502822	A-D 67	109,500	Youth
To Be Determined	NA	A-D 67	73,000	Women
2009-11 Biennial Total A-D 67			2,211,900	

Provider Name	Approval/ License ID #	Service Element	AMH Funds in Subcontract	Specialty Service
Housing Authority of Portland	93-6001547	A-D 70	347,798	Youth
IRCO-Asian Family Center	93-0806295	A-D 70	20,360	Youth
Latino Network	73-1675402	A-D 70	20,360	Youth
To Be Determined	NA	A-D 70	40,000	Youth
Multnomah County Department of County Human Services *	93-0712083	A-D 70	171,482	NA
2009-11 Biennial Total A-D 70			\$ 600,000	
LifeWorks	93-0502822	A-D 71	483,990	Youth
2009-11 Biennial Total A-D 71			\$ 483,990	
Cascadia Behavioral Healthcare	97-0770054	A-D 80	100,000	NA
LifeWorks	93-0502822	A-D 80	100,000	NA
2009-11 Biennial Total A-D 80			\$ 200,000	
Cascadia Behavioral Healthcare	97-0770054	A-D 81	1,120,000	NA
LifeWorks	93-0502822	A-D 81	100,000	NA
Oregon Health Sciences University Behavioral Health Clinic	93-1176109	A-D 81	190,000	NA
Volunteers of America	93-0395591	A-D 81	160,000	NA
To Be Determined	NA	A-D 81	30,000	NA
Multnomah County Department of County Human Services *	93-0712083	A-D 81	80,000	NA
2009-11 Biennial Total A-D 81			\$ 1,680,000	
Cascadia Behavioral Healthcare	97-0770054	A-D 83	74,652	NA
LifeWorks	93-0502822		6,606	NA
Oregon Health Sciences University Behavioral Health Clinic	93-1176109	A-D 83	12,552	NA
Volunteers of America	93-0395591	A-D 83	10,570	NA
2009-11 Biennial Total A-D 83			\$ 104,380	
Total 2009-2011 Biennial Funding Request			\$25,292,186	

Breakout of Subcontracted Funds and Administration

State Mental Health Subcontract Funding		Administration Funding	
A&D 60 Special Projects	1,139,640	A&D 60	143,484
A&D 61 Adult Residential	8,810,190	A&D 61	0
A&D 62 Housing for Dependent Children	598,308	A&D 62	0
A&D 66 Continuum of Care	9,320,294	A&D 66	0
A&D 67 A&D Residential Capacity	2,211,900	A&D 67	0
A&D 70 Prevention	428,518	A&D 70	171,482
A&D 71 Youth Residential	483,990	A&D 71	0
A&D 80 Problem Gambling Prevention	200,000	A&D 80	0
A&D 81 Outpatient Problem Gambling Treatment	1,600,000	A&D 81	80,000
A&D 83 Problem Gambling Treatment Enhancement	104,380	A&D 83	0
Grand Total	\$24,897,220	Grand Total	\$394,966

Addictions and Mental Health Division – Attachment 7

PLANNED EXPENDITURES OF MATCHING FUNDS (ORS 430.380)
 AND CARRYOVER FUNDS

County: Multnomah _____

Contact Person: Keith Mitchell _____

Matching Funds

Source of Funds	Amounts	Program Area
Federal Grant	\$ 2,002,802	Prevention & Treatment
County General Fund	\$ 6,106,584	Prevention & Treatment
2145 Tax	\$ 362,166	Prevention & Treatment.

Source of Funds	Amounts	Program Area
County General Fund	\$ 3,750,376	Sobering & Detox
2145 Tax	\$ 837,834	Sobering & Detox
County General Fund	\$ 1,114,708	DUII
Fees	\$ 1,000,000	DUII

Carryover Funds

AMH Mental Health Funds Carryover Amount from 2007-2009	Planned Expenditure	Service Element
We have no plan to carry over 2007-2009 funds to 2009-2011		

AMH Alcohol & Drug Funds Carryover Amount from 2007-2009	Planned Expenditure	Service Element
We have no plan to carry over 2007-2009 funds to 2009-2011		

Reviews and Approvals

DHS Addiction and Mental Health Division – Attachment 2

BOARD OF COUNTY COMMISSIONERS

REVIEW AND APPROVAL

County: Multnomah

In accordance with ORS 430.258 and 430.630, the Multnomah Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2007-2009. Any comments are attached.

Name of Chair: Ted Wheeler

Address: 501 SE Hawthorne Blvd

Portland, OR 97214-3587

Telephone: 503-988-3308

Signature: _____

DHS Addiction and Mental Health Division – Attachment 3

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE

REVIEW AND COMMENTS

County: Multnomah: Adult Mental Health and Substance Abuse Advisory Council (AMHSA)

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to designate members who are minorities (ethnics of color according to the U.S. Bureau of Census).

The Multnomah County LADPC recommends the state funding of alcohol and drug treatment services as described in the 2007-2009 County Implementation Plan. Further LADPC comments and recommendations are attached.

Name of Chair: Patricia Backlar and Sue Waite, Co-Chairs

Address: c/o 520 SW Oak Stree, Suite 520

Portland, OR 97204

Telephone: 503-988-4055 (c/o MHASD, Irene Lee)

Signature: _____

DHS Addiction and Mental Health Division – Attachment 3

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE

REVIEW AND COMMENTS

County: Multnomah: Adult Mental Health and Substance Abuse Advisory Council (AMHSA)

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to designate members who are minorities (ethnics of color according to the U.S. Bureau of Census).

The Multnomah County LADPC recommends the state funding of alcohol and drug treatment services as described in the 2007-2009 County Implementation Plan. Further LADPC comments and recommendations are attached.

Name of Chair: Patricia Backlar and Sue Waite, Co-Chairs

Address: c/o 520 SW Oak Stree, Suite 520

Portland, OR 97204

Telephone: 503-988-4055 (c/o MHASD, Irene Lee)

Signature: Patricia Backlar Co-Chair AMHSA
Sue Waite co-chair

DHS Addiction and Mental Health Division – Attachment 4a

**LOCAL MENTAL HEALTH ADVISORY COMMITTEE
FOR ADULTS**

REVIEW AND COMMENTS

County: Multnomah: Adult Mental Health and Substance Abuse Advisory Council
(AMHSA)

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to designate members who are minorities (ethnics of color according to the U.S. Bureau of Census).

The Multnomah County Local Mental Health Advisory Committee, established in accordance with ORS 430.630(7), recommends acceptance of the 2007-2009 Biennial County Implementation Plan. Further comments and recommendations of the Committee are attached.

Name of Chair: Patricia Backlar and Sue Waite, Co-Chairs

Address: c/o 520 SW Oak Stree, Suite 520

Portland, OR 97204

Telephone: 503-988-4055 (c/o MHASD, Irene Lee)

Signature: Patricia Backlar Co-Chair AMHSA
Sue Waite Co-Chair

**AMHSA Membership Roster
October 2007**

Members (Office)	Position Number - MH or A&D, Category, Term Exp. Date	Email Address	Mailing Address	Phone (503 unless noted)
ANDERSON, ELISE	D.6. – MH Housing Authority of Portland 11-2006	elisea@hapdx.org	Portland Housing Authority 135 SW Ash St. Portland, OR 97204	802-8574
BACKLAR, TRISH (Chair)	B.1. – MH Parent/Advocate 11-2006	backlarp@pdx.edu	PSU-Philosophy Dept. POB 751 Portland, OR 97207	725-3499
BORDERS, GREG (Amy Hutson)	D.3. – MH Crisis Response System 10-2007	gregb@cascadiabhc.org	Cascadia Behavioral HealthCare 2130 SW 5 th Avenue, #210 Portland, OR 97201	238-0769
BOWERS, KEVIN	D.8 Community Corrections ongoing			
BOYER, TERRY	A.5 – MH Consumer	tboyer@folktime.org	Folk Time 4837 NE couch Portland, OR 97213	238-6428
BURROW, GAYLE	D.7. – MH/A&D Corrections Health ongoing	gayle.f.burrow@co.multnomah.or.us	Corrections Health 1120 SW 3rd Ave Portland, OR 97204-2828	988-3720
CONNOLLY, JOHN	A.4. – MH Consumer 03-2008		2730 SE 92 nd #407 Portland, OR 97266	788-3644
DORSEY, TED (Executive Committee At-Large)	D.5. – MH/A&D Sheriff's Office ongoing	ted.dorsey@mcso.us	Mult Co Sheriff Office 1120 SW 3 rd Ave. Portland OR 997204 (119/3/1307)	988-4571
DRAKE, MARIAN	A.10	postcards@hevanet.com	5800 NE Ctr Commons Wy Apt 213 Portland OR	236-1736
ENGLANDER, BETH	C.2. – MH Parents/Advocates 08-2008	benlander@oradvocacy.org	Oregon Advocacy Center 620 SW 5 th Ave. Portland OR 97204	243-2081
FORD, LESLIE	D.1. - MH Outpatient ServiceAgency 12-2006	leslie@cascadiabhc.org	Cascadia Behavioral HealthCare 2130 SW 5 th Avenue, #210 Portland, OR 97201	238-0769 x12

GERRITSEN, LIESBETH	D.4 – MH/A&D Portland Police Bureau 11-2008	lgerritsen@portlandpolice.org	CIT Coordinator Portland Police Bureau 1111 SW 2 nd Ave. #1552 Portland OR 97204	823-0183
HAMIT, RYAN	A.11 11-2009			
HOLMES, JOHN	B.3. – MH Parents/Advocates 11-2006	jholmes@nami.org	NAMI 524 NE 52 nd Ave. Portland OR 97213	228-5692
HURLBERT, JENNIFER	A.7. – MH Consumer 10-2007	hurlbert@coho.net	17376 NE Couch #102 Portland OR 97230	254-6287
KASPER, ANN	A.3. - MH Consumer 11-2008	pretcoregon@yahoo.com	628 NE Sacramento Portland OR 97212	287-4124
KRUEGER, CLAUDIA (Executive Committee At-Large)	D.2. – A&D Outpatient Service Agency (PAADMA) 11-2006	ckrueger@centralcityconcern.org	Central City Concern 523 NW Everett Portland, OR 97209	525-8483 x219
LEEB, ROBERT	C.3. – n/a Citizen 08-2007	robert@leebarc.com	Leeb Architects LLC 71 SW Oak Street Portland, Or 97204	228-2840 (w) 246-1798 (h)
MARIE, SUSAN (Godschalx)	D.9 – MH/A&D Health Department (ongoing term)	susan.marie@co.multnomah.or.us	Health Dept. 426 SW Stark St 8 th fl. Portland, OR 97204-2347	988-3663 x22661
MEADE, LINEA	A.8. - MH Consumer 01-2009	feierdude@hotmail.com	335 NW 19 th #103 Portland OR 97209	802-8384 msg #
MORPHIS, ESSIE (Executive Committee At-Large - Alternate)	A.1. – MH Consumer 12-2007	faithmor7@aol.com	5025 NE 8 th Ave. #23 Portland OR 97211	282-0823
ROBERTSON, JEANNE (Executive Committee At-Large)	B.2. – MH Parent/Advocate 05-2007	jliz711@hotmail.com	3914 NE Laurelhurst Portland OR 97232	232-3441
SHATOKIN, JO ANNE V. (Executive Committee At-Large)	A.6. – MH Consumer 04-2008		6423 SE 73 rd Portland OR 97206	771-5480
TRAN, TAN AM	B.4. – Parent/ Advocate 10-2007	taman_kinh@yahoo.com	7339 N. Willamette Blvd. Portland OR 97203	866-7974

WAITE, SUE (Vice-Chair)	A.2. – ADSD Aging and Disabilities Services Div. ongoing	suewaite@juno.com	7205 SE 68 TH Ave. Portland OR 97206	774-6260
WALKER, TERRI				

Former Members Members (Office)	Position Number - MH or A&D, Cate- gory, Term Exp. Date	Email Address	Mailing Address	Phone (area code 503 unless noted)
BRENTON, ASHLEIGH (Secretary)	A.8. – MH Consumer 12-2008	ashleighpb@aol.com moved	920 NW Kearney #336 Portland OR 97209	810-1582
BROOKS, MALIK	A.7. – MH Consumer 10-2007	putitinyamouth69@yahoo.com	2415 SE 43 rd Ave. Portland OR 97206	232-8503
BUCKLEY, MARY CLAIRE	E.4. - MH PSRB 11-2006	mcb@oregonvos.net	PSRB 620 SW 5 th , #907 Portland, OR 97204	229-5596
CHILD, BECKIE	A.8. - MH Consumer 10-2007	beckie.child@gmail.com	333 NW 4 th Ave. #227 Portland OR 97209	227-8496
COSGROVE, PAT	C.5. – MH/A&D Acute Care Service Agency 02-2006	cosgropi@ah.org	10123 SE Market St. Portland, OR 97204	251-6266 x4109
DIAMATA, DONITA	A.11. – MH Consumer 11-2007	donita@cascadiabhc.org		238-0769
GREEN, DAVID	A.9. – MH Consumer 10-2007		5110 SW 76 th Ave. #8 Portland OR 97206	771-5535
MERCER, JACKIE	C.8. – A&D Structured Residential Services 11-2006	narajam@aol.com	NARA NW 1776 SW Madison Portland OR 97205	224-1044 x227
POTTER, PAUL	C.4. – A&D Outpatient Service Agency (PAADMA) 04-2005	paul@cascadiabhc.org	Cascadia Behavioral HealthCare PO Box 8459 Portland, OR 97207	238-0769 x132 963-7756 (direct)

SHATOKIN, JOHN (Executive Committee At-Large - Alternate)	A.13. – MH Consumer 01-2008		6423 SE 73 rd Portland OR 97206	771-5480
STRONG, JACKIE	C.2. – Outpatient Service Agency (MH) 11-2006	jackies@lifeworksnw.org	LifeWorks 14600 NW Cornell Rd. Portland OR 97229	617-3826
SURFACE, REX (delegate: Patrice Botsford)	G.1. - DDSD Developmental Disabilities Services Division (ongoing term)	rex.b.surface@co.multnomah.or.us	Senior Manager Multnomah County Developmental Disabilities 421 SW Oak., Ste. 600 Portland OR 97204	988-3272 x26353
TREB, KATHLEEN (Executive Committee At-Large)	E.6. – A&D Community Justice (ongoing term)	kathleen.a.treb@co.multnomah.or.us	Multnomah County Dept. of Community Justice 2nd Floor 501 SE Hawthorne Portland, OR 97214-7214	988-6131
WARE, PAUL	E.1. – MH/A&D Portland Police Bureau 11-2006	cit@police.ci.portland.or.us	CIT Coordinator Portland Police Bureau 1111 SW 2 nd Ave. #1552 Portland OR 97204	823-0183
YOUNG, ADRIENNE	A.1. – MH Consumer 05-2007	adrienne_elizabeth_young@yahoo.com	4370 NE Halsey #223 Portland OR 97213	249-1413
YOUNG, CAROL	A.12. – MH Consumer 10-2007	cyoung2005@msn.com appointed Terry Boyer	4175 SW Crestwood Drive Portland OR 97045	297-5234

DHS Addiction and Mental Health Division – Attachment 4b

**LOCAL MENTAL HEALTH ADVISORY COMMITTEE
FOR CHILDREN, YOUTH AND FAMILIES**

REVIEW AND COMMENTS

County: Multnomah: Children's Mental Health System Advisory Council
(CMHSAC)

Type in or attach a list of committee members, including addresses and telephone numbers.

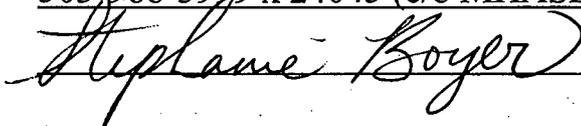
The Multnomah County Local Mental Health Advisory Committee, established in accordance with ORS 430.630(7), recommends acceptance of the 2007-2009 Biennial County Implementation Plan. Further comments and recommendations of the Committee are attached.

Name of Chair: Stephanie Boyer and Diane Wells, Co-Chairs

Address: c/o 520 SW Oak Stree, Suite 520

Portland, OR 97204

Telephone: 503-988-3999 x 24045 (c/o MHASD, Karen Mayfield)

Signature: 

**Children's Mental Health System Advisory Council
(CMHSAC)
Member Roster
February 2008**

Name	Representing	Address	Phone Number	Email Address
Ackerman, Traci	Families	737 SE 187TH Ave. #8 Portland OR 97233	503-328-9641	niceangel56@yahoo.com
Boring, Kathy	Families	6612 SE 89 th Ave. Portland OR 97266	503-771-7872	katbportland@netzero.net
Boyer, Stephanie	Families	6522 SE 66th Ave. Portland, OR 97206	503-777-2421	sboyer@orclinic.com redparrot525@msn.com
Brown, Leslie (shared with Monica Ford)	Early Childhood	Children's Relief Nursery 8425 N. Lombard Portland OR 97203		lesliebrown@cm4kids.org
Bumpus, Sandy	Families	PO Box 13126 Portland, OR 97213	503-287-9891 503-351-7780	sbumpus@comcast.net
Church, Kitty	Provider Agency:	Cascadia 131 NE 102nd Ave. Portland, OR 97220		kitty@cascadiabhc.org
Fookson, Maxine				
Ford, Monica (shared with Leslie Brown)	Early Childhood	Morrison Child and Family Svs 11456 NE Knott Portland 97220	503-256-3040	Monica.Ford@morrisonkids.org

Name	Representing	Address	Phone Number	Email Address
Scott, Wayne	Juvenile Justice	1401 NE 68th Ave Portland, OR 97213	503-988-6904 x86904	wayne.scott@co.multnomah.or.us
Toomey, Bill	Developmental Disabilities	Multnomah County Developmental Disabilities Division 421 SW Oak St., Ste. 610 Portland OR 97204	503-988-3658 x86142	bill.f.toomeyE@co.multnomah.or.us
Vieira, William	Families	10009 NE 47 th Ave. #11 Portland OR 97213	503-235-0530	afrobro@gmail.com
Wallick, Elaine	State Department of Human Services	2446 SE Ladd Ave. Portland OR 97214	503-872-5588	elaine.e.wallick@state.or.us
Walters, Eric	Families	737 SE 187TH Ave. #8 Portland OR 97233	503-328-9641	niceangel56@yahoo.com
Wells, Diane *	Families	570 NW Birdsdale Ave. Gresham OR 97030	503-665-2197	ladydy331@hotmail.com
Williams, Joan *	PPS	BESC Special Education Dept. 501 N. Dixon Portland OR 97227	503-916-2000	jwilliams@pps.k12.or.us
Wolfe, Kirk MD	Child and Adolescent Psychiatry	Morrison Center 1818 S.E. Division Portland, OR 97202		kdwolfe@prodigy.net

Name	Representing	Address	Phone Number	Email Address
Guillen, Anna *	Families	NAMI 524 NE 52nd Ave. Portland OR 97213	503-228-5692	aguillen@nami.org
Hansen, Debbie	Oregon Youth Authority	123 NE 3 rd Suite 105 Portland OR 97232	503-731-4971 x233	debbie.hansen@oya.state.or.us
Hill, Cris and Robert *	Families	12224 SE Carlton St. Portland OR 97236	503-760-1889	robbyoo2000@comcast.net
Hobbs, Milele *	Families	NAMI 524 NE 52nd Ave. Portland OR 97213	503-228-5692	mhobbs@nami.org
Holmes, John	National Alliance on Mental Illness- Multnomah County	NAMI 524 NE 52nd Ave. Portland OR 97213	503-228-5692	jholmes@nami.org
Johnson, Joan	Families	14818 Heather Glen Dr. Oregon City OR 97045		
Johnson, Mary Lou	East County School Districts	Centennial School Dist. 18135 SE Brooklyn Portland OR 97236	503-760-7990	marylou_johnson@centennial.k12.or.us
Lacy, Jan	Families	4840 SW Dosch Rd. Portland OR 97239	503-528-6239 (cell)	janlacy.1@juno.com
Lewinsohn, Mark	Provider Agency: LifeWorks NW	8770 SW Scoffins Rd Tigard, OR 97223	503-684-1424 x226	markl@lifeworksnw.org
McKechnie, Mark	Juvenile Rights Project	123 NE 3rd Ste. 310 Portland, OR 97232	503-232-2540	mark@jrplaw.org

CMHSAC

Children's Mental Health System Advisory Council

February 19, 2008

Multnomah Building – 501 SE Hawthorne, Room B14– Basement

Agenda

- | | | | | |
|-----|----|---|---|------|
| 1. | a. | Welcome/Introductions/Appoint Timekeeper & Acronym Monitor | Stephanie Boyer and Diane Wells (Co-Chairs) | 5:00 |
| | b. | Review and Revise/Approve Agenda | | |
| | c. | Receive Minutes from January 15 Meeting (approval tabled until March to allow time for review) | | |
| 2. | | Member Concerns | All | 5:05 |
| 3. | | Membership | Stephanie Boyer | 5:10 |
| 4. | | FY 09-11 Biennial Plan Review and Approval | Guest:
Kamala Bremer, Consultant | 5:15 |
| 5. | | Department and Division Update | Management/Staff | 5:45 |
| 6. | | <ul style="list-style-type: none">Child and Adolescent Quality Management WorkplanEnrollment/Services by Zip Code and Agency | Joan Rice | 5:50 |
| 7. | | Meaningful Family Involvement: Next Steps | Jan Lacy | 6:10 |
| 8. | | Old Business <ul style="list-style-type: none">CBAC Report | Mark Lewinsohn | 6:15 |
| 9. | | CMHSAC "Tag Line" Decision - "Child and Family Driven Services without Barriers" or (insert your idea here!) | Stephanie Boyer | 6:20 |
| 10. | | Outcome Measures: Trillium Family Services | Guest: Sandy Boyle | 6:25 |
| 11. | | Announcements | All | 6:55 |
| 12. | | Adjourn | Stephanie Boyer and Diane Wells | 7:00 |

Item	Handout
1. b.	Agenda
1. c.	January 15 minutes
4.	Biennial Plan Summary
6.	<ul style="list-style-type: none">Draft Workplan (January – December 2008)Verity Enrollees (maps)Agency Staffing Patterns (list)
7.	<ul style="list-style-type: none">Policy Two – System Structure and FunctionsPolicy Three – Meaningful Family Involvement

Next meeting: March 18, 2008

Next Family Team Conference Call: to be determined

CMHSAC Web Site: http://www.co.multnomah.or.us/dchs/mhas/mh_cmhsac.shtml

DHS Addiction and Mental Health Division - Attachment 5

COMMISSION ON CHILDREN & FAMILIES

REVIEW & COMMENTS

County: Multnomah: Commission on Children, Families and Community

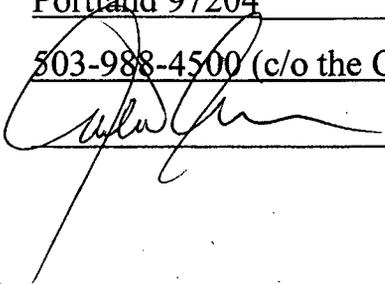
The Multnomah County Commission on Children & Families has reviewed the alcohol and drug abuse prevention and treatment portions of the county's Biennial Implementation Plan for 2007-2009. Any comments are attached.

Name of Chair: Carla Piluso

Address: c/o 421 SW Oak St. Suite 200

Portland 97204

Telephone: 503-988-4500 (c/o the CCFC)

Signature:  _____

DHS Addiction and Mental Health Division – Attachment 6

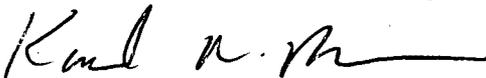
COUNTY FUNDS MAINTENANCE OF EFFORT ASSURANCE

County: Multnomah

As required by ORS 430.359(4), I certify that the amount of county funds allocated to alcohol and drug treatment and rehabilitation programs for 2009-2011 is not lower than the amount of county funds expended during 2007-2009.

Karl Brimner, M.Ed., Director

Name of County Mental Health Program Director



Signature

March 17, 2008

Date

DHS Addiction and Mental Health Division – Attachment 8

**LOCAL SERVICE DELIVERY
AREA MANAGER FOR THE DEPARTMENT OF HUMAN SERVICES**

REVIEW AND COMMENTS

County: Multnomah

As Service Delivery Area Manager for the Department of Human Services, I have reviewed the 2007-2009 Biennial County Implementation Plan and have recorded my recommendations and comments below or on at attached document.

Name of SDA Manager: Jerry Burns, District 2
2446 SE Ladd Ave, Portland

Signature:

Jerry Burns
Cathy Gray

Date: 3-14-08

DHS Addiction and Mental Health Division – Attachment 9

LOCAL PUBLIC SAFETY COORDINATING COUNCIL

REVIEW AND COMMENTS

County: Multnomah

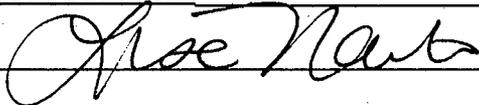
The Local Public Safety Coordinating Council has reviewed the 2007-2009 Biennial County Implementation Plan. Comments and recommendations are recorded below or are provided on an attached document.

Name of Chair: Commissioner Lisa Naito

Address: 501 SE Hawthorne Blvd., Suite 600

Portland, OR 97214

Telephone: 503-888-5217

Signature: 

Prevention Strategy Sheet

County: **Multnomah County**

Prevention Coordinator: **Larry Langdon**

Programs for which AMH funding is requested, with measurable Program Outcomes (process objectives) and Intermediate Outcomes (educational, attitudinal & behavioral objectives).

Proposed Programs	Proposed Outputs	Proposed Outcomes
<p>County Prevention Plan Oversight (1.0 FTE Prevention Coordinator)</p>	<ul style="list-style-type: none"> • Provide technical assistance on prevention work plan development, grant opportunities, Minimum Data Set training and reporting, and provider annual reports. 	<ul style="list-style-type: none"> • (Process only) Prevention work plans, County prevention annual report completed. MDS reports and annual report submitted to AMH. • Proposal(s) submitted to AMH for Statewide competitive prevention grant.
<p>Community Mobilization/Coalition Support (1.0 FTE Prevention Coordinator)</p>	<ul style="list-style-type: none"> • Provide technical assistance to A&D prevention coalition (CARSA) and Drug-Free Communities Grant implementation. • Provide A&D prevention technical assistance to other community coalitions. • Process objectives: TA provided (at meetings). 	<ul style="list-style-type: none"> # Community partners' grants received # Prevention materials produced # Prevention programs sponsored by community partners
<p>County Prevention Program Planning & Development (1.0 FTE Prevention Coordinator)</p>	<ul style="list-style-type: none"> • Prevention procurement planning. • Prevention implementation planning. • Monitor and report as required on Prevention High Level Outcomes; revise and report on County SB 555 prevention logic models as needed. 	<ul style="list-style-type: none"> • Procure contract prevention programs. • Develop and update 2011-13 Prevention Implementation Plan as required by AMH. • Report outcomes, revise prevention portion of County Coordinated Plan as required by SB 555 timelines.
<p>Latino Youth Network To provide project coordination and outreach to a youth soccer team that will participate in the Oregon Youth Soccer Association's DRL league. (Outputs are per year)</p>	<ul style="list-style-type: none"> • 15 Latino youth registered to play in league games • Outreach to 15 parents • 2 community projects • 2 practices per week • 10 league games 	<ul style="list-style-type: none"> • 12 youth attend all practices* • 12 youth attend all games* • 12 youth participate in planning, organizing, and implementing team projects • 8 parents participate in team activities * Up to 2 excused absences allowed for unavoidable problems.

Proposed Programs	Proposed Outputs	Proposed Outcomes
<p>TUNE Asian Youth Program (Outputs are per year)</p>	<ul style="list-style-type: none"> •Recruit on-going participation of 12 youth. •Hold at least 6 meetings throughout calendar year. •Implement at least two projects as determined by prior annual retreat. •Participate in at least 3 additional community events. •Hold a planning event to develop an activity plan for the next year. 	<ul style="list-style-type: none"> •Leaders do under 75% of event coordination effort in year 1, under 50% in year 2. •80% of youth feel they have increased their leadership skills and feel more empowered.
<p>Prevention Services to Public Housing Communities (Outputs are per year for entire program, funded by A&D-70, Children's Investment Fund, and Housing Authority of Portland.)</p>	<ul style="list-style-type: none"> •Serve 400 unduplicated youth. Provide 500 After School Club sessions. •Identify & engage 60 youth & their families in core group services, including school liaison, individual tutoring and mentoring, as identified through individual family goals. •Provide 225 home visits with core group. •Provide six 6-session Reading Together groups. 	<ul style="list-style-type: none"> •75% of Core Group show increased academic achievement and 75% demonstrate decreased behavioral problems. •50% of middle school children in after school clubs participate in community service projects. •75% of families will report reading together regularly 6 months after Reading Together program completion.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 20 MAR 08

SUBJECT: REWARDING CODE VIOLATIONS BY

MC PLANNING

AGENDA NUMBER OR TOPIC: Public Comment

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: BOB LEPPER

ADDRESS: PO BOX 94

CITY/STATE/ZIP: TROUTDALE

PHONE: DAYS: 503-695-5270

EVES: _____

EMAIL: _____

FAX: _____

SPECIFIC ISSUE: REWARDING CODE VIOLATIONS T2-07-115

WRITTEN TESTIMONY: YES

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

19 April 2008

Multnomah County Board of Commissioners

RE: Multnomah County case file #T2-07-115

Multnomah County (MC) Planner Kevin Cook made an initial decision approving this application under the expedited review provisions of the code. After some comments I made, he "modified" the decision by ignoring certain provisions in the code as follows:

1. Even though the second driveway at the northeast corner of this parcel was shown to not be legally established under a previous Hearings Officer decision, T2-03-024, Mr. Cook ignored provisions of MC code not allowing additional permits until past violations have been resolved. There was no evidence presented at the previous HO decision that refuted the 1988 aerial photo showing no second driveway and no evidence was presented at this latest application showing the second driveway was legally established.
2. Mr. Cook verbally acknowledged to me that he knows what the definition of "existing" is, including the requirement for being "legally established", but the decision shows no documentation that he made any attempt to verify what was existing on this site and what was not. Maintenance of an illegally established use or structure does not make that use or structure legally established simply by the passage of time or a new owner.
3. Expedited review is limited to 200 sf (maximum) additions, no higher than the existing structure. When I first looked at this file, there were no elevations included. The elevations in the file now, dated 08 Mar -3 (after the initial decision) clearly show the approximately 567 sf roof structure for the proposed 182 sf (claimed) addition to be higher than the roof of the rest of the structure to which the addition is attached. See attached exhibit A. The applicant and Mr. Cook claim most of this 567 sf roof is "repair & maintenance", yet this shaded roof area, shown on exhibit A, shows new valleys, hips and ridges above the plane of the "existing" roof and clearly shows new structural framing for this 567 sf roof. There is no building code requirement for this extensive roof area. The applicant made the decision to increase the height of the roof beyond what the expedited review code allows and Mr. Cook is disregarding the height limit by claiming repair & maintenance. Mr. Cook claims he reviewed this with Derrick Tokos, principal planner. Mr. Tokos has not reversed or modified the decision to date.
4. There is no evidence in the file that Mr. Cook made any attempt to verify whether the claimed existing deck was legally established. Simply looking at recent photos does not clarify the legally established standard. Photos in the file show no deck on the west side of this house. If the deck has been removed, it is no longer "existing".
5. All grading on this site is being ignored or trivialized, even though the MC grading code is clear in requiring a permit for the work that has been done.

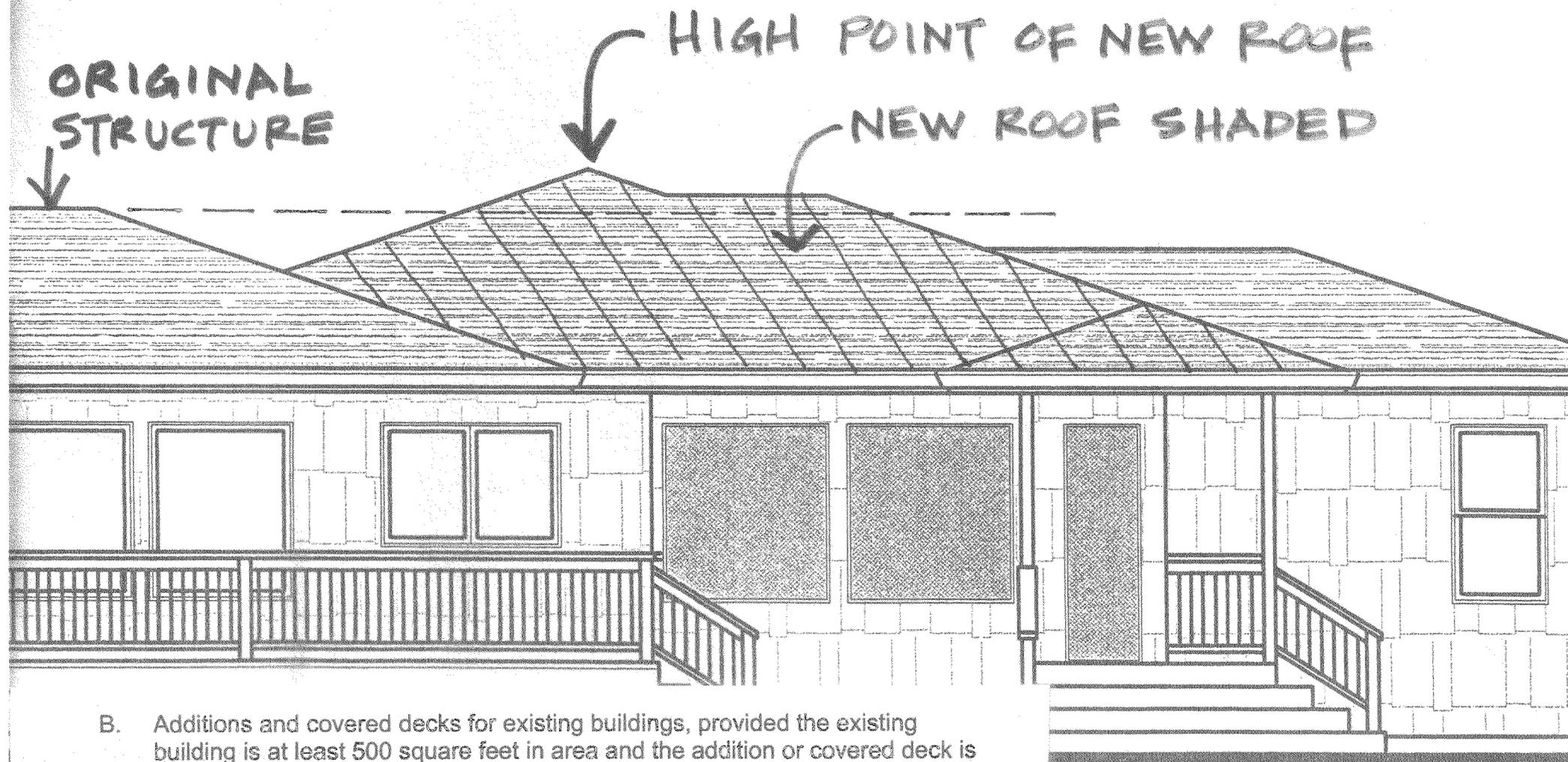
This application is a good example of one that should be subject to full review. Anyone else in Multnomah county doing this same work would be subject to a \$710 full review permit, a \$250 grading permit, and an approximately \$100 driveway permit, totaling \$1,060. This applicant paid \$100, only after he was caught doing the work without permits. The Planning Division whines about not having enough funding. Here is a perfect example of why under the policies of the present director, Karen Shilling.

Bob Leipper
PO Box 94
Troutdale

503-695-5276

Height of building: The greatest vertical distance between the point of lowest finished grade adjoining any exterior wall of a building and the highest point of the roof, such as the highest coping or parapet of a flat roof, the highest deck line of a mansard roof, or the highest ridge of a hip, gable, gambrel, shed or other pitched roof.

EXHIBIT A.



- B. Additions and covered decks for existing buildings, provided the existing building is at least 500 square feet in area and the addition or covered deck is no larger than 200 square feet in area and no taller than the height of the existing building. Only one addition and one covered deck per parcel may be allowed under this guideline, regardless of whether the parcel already includes an addition or covered deck.

Clackamas County

200 fees rising, from ferry cost to land use

Clackamas County residents and businesses will pay more for construction inspections, land-use permits, plumbing permits, ferry rides and other fees and services.

The Clackamas County commissioners on Tuesday approved increases to about 200 fees, most of them relating to transportation and development. Most of the fees were last increased in 2001.

Among the changes: Rural residential driveway permits jumped from \$139 to \$195; property line adjustments from \$260 to \$276; septic tank connections from \$45.20 to \$56.50; and Canby ferry rides for small cars from \$1.25 to \$2.

Most fees went up by 10 percent to 30 percent.

The county also created fees. They include a vested rights application review fee of about \$520 for claims related to the Measure 37 and Measure 49 property-rights laws.

County staff say that current fees pay for less than half the costs of processing permits and related work. In 2007, the commissioners decided that over the next five years they wanted to increase fees to cover 80 percent of county costs. As a result, fees are likely to increase again next year.

— Peter Zuckerman



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-6 DATE 03-20-08
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 03/20/08
 Agenda Item #: R-6
 Est. Start Time: 9:25 AM
 Date Submitted: 03/12/08

BUDGET MODIFICATION: DCHS - 27

**Budget Modification DCHS-27 Increasing Aging and Disabilities Services
 Federal/State Appropriation by \$202,306 in Additional Title XIX and Returning
 Agenda \$120,000 of County General Fund Backfill Because of Increased Medicaid
 Title: Allocation**

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

Requested Meeting Date:	<u>March 20, 2008</u>	Amount of Time Needed:	<u>5 mins</u>
Department:	<u>County Human Services</u>	Division:	<u>Aging & Disabilities</u>
Contact(s):	<u>Kathy Tinkle</u>		
Phone:	<u>503 988-3691</u>	Ext.	<u>26858</u>
		I/O Address:	<u>167/620</u>
Presenter(s):	<u>Mary Shortall</u>		

General Information

1. What action are you requesting from the Board?

The Department of County Human Services recommends approval of budget modification DCHS-27 increasing Aging & Disabilities Services Division (ADSD) Federal/State appropriation by \$202,306 and returning \$120,000 of County General Fund (CGF) backfill as a result of increased Medicaid allocation and adding an additional 4.62 FTE.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The ADSD FY 08 Adopted Medicaid Budget (\$25M) was based on the Governor's Requested Budget, which included increased funding for continuing service levels. Prior to receiving its final allocation, ADSD anticipated a reduction in Medicaid funds based on State planning allocations and publicized reductions to the Governor's budget. Instead, the FY 07-09 Legislatively Approved Budget resulted in an unexpected increase in Base Medicaid funds for Multnomah County. This occurred because a new funding formula for determining and distributing Base Medicaid funds was

implemented, providing more Base Medicaid funds than originally assumed.

New Base Medicaid (Title XIX) funds are proposed to:

Replace CGF back-fill: The County provided CGF to obtain matched Medicaid funds to continue 2.5 FTEs beyond projected Medicaid (Title XIX) funding. New Base Medicaid (Title XIX) funds will replace \$ 120,000 CGF back-fill and reduce reliance on county match to support continuing service levels and staffing. This action results in \$120,000 being returned to the General Fund.

Fund local match rate adjustment: New cost allocation and time tracking methodologies over the past year have resulted in an increase in Multnomah County's match rate from 46% to 48%. This rate change lowers the buying power of CGF. New Base Medicaid (Title XIX) funds are appropriated to cover the federal shortfall without budget impact.

Replace Medicaid (Title XIX) with CGF for non-allowable Medicaid expenditures: Reduce audit risk by replacing Title XIX funds with CGF for non-Medicaid lease expenses to conform with newly clarified guidelines.

Increase Staffing in Long Term Care, Adult Protective Services, and Adult Care Home Programs: Add staffing (4.62 FTE current year – 11.00 FTE annualized) to decrease caseload sizes, improve efficiency and quality of monitoring, and prepare for a growing aging and younger disabled population. The biennial allocation supports continued funding of these positions in FY 09.

The proposed changes impact the following program offers: 25020 ADS Access & Early Intervention Services, 25022A ADS Adult Care Home Program, 25023A ADS Long Term Care (LTC) Base, 25023B ADS Long Term Care (LTC) – Scaled, 25024A ADS Adult Protective Services, and 25027 ADS Administration.

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

Base Medicaid (Title XIX) revenue allocation from the State to ASD increases by \$1,048,501 for FY 08. At the same time the County's match rate was increased from 46% to 48% thus lowering the buying power of the CGF. Based on these actions, this budget modification will increase Medicaid (Title XIX) funds by a net of \$202,306 and reduce CGF by \$120,000 for FY 08. The following shows proposed allocation for the base Medicaid funds:

1. \$248,447: Replace Long Term Care program offer 25023B CGF back-fill with base Medicaid (Title XIX) funds (\$260,872 in program offer) and return CGF (\$120,000). This budget modification adds \$248,447 new base Medicaid (Title XIX) to replace local matched Medicaid and reduces CGF by \$120,000. Budgeted Medicaid (Title XIX) funds remain neutral by this action.
2. \$296,133: FY 08 Adopted Medicaid (Title XIX) budget was based on a match rate of 46/54 local to federal share. Adjust budget to align with current match rate of 48/52 and replace reduced federal Medicaid match dollars (\$296,133) with base Medicaid (Title XIX). Although changing the match rate reduces the buying power of CGF, adding new base Medicaid (Title XIX) funds will replace these lost funds and budgeted Medicaid (Title XIX) will not be affected by this action.
3. \$155,935: Replace Medicaid (Title XIX) funds used for District Center space in co-located buildings with CGF Subsidy, reducing risk to the county. Matched Medicaid will be reduced retaining CGF to cover these expenses. This action

requires an additional \$155,935 new base Medicaid (Title XIX), reduces overall Medicaid (Title XIX) \$301,615, while CGF remains neutral.

4. \$347,986: Add 4.62 FTE (Annualized 11.00 FTE) positions to ADSD. These new positions will address staffing and program needs in Long Term Care, Adult Protective Services and Adult Care Home Programs. \$347,986 of new base Medicaid (Title XIX) is needed for this action.

Personnel expenses increase by \$287,305 and 4.62FTE comprising the following positions:

- 0.83 FTE Case Manager-1	(2.00 FTE Annualized)
- 1.25 FTE Office Assistant-2	(3.00 FTE Annualized)
- 0.42 FTE Program Coordinator	(1.00 FTE Annualized)
- 0.42 FTE Program Development Specialist	(1.00 FTE Annualized)
- 0.83 FTE Case Manager Senior	(2.00 FTE Annualized)
- 0.42 FTE Case Management Assistant	(1.00 FTE Annualized)
- 0.42 FTE Program Manager	(1.00 FTE Annualized)

County Match expenses decrease by \$265,680. Materials and Supplies expenses increase by \$53,786. Grant paid indirect expenses increase by \$13,099.

Service reimbursements from the Federal/State fund will increase as follows: Risk Fund \$56,578; General Fund \$126,896; Fleet Fund \$1,551; Information Technology Fund \$29,304; and Mail Distribution Fund \$2,882.

Department indirect revenue increases by \$6,203 with a corresponding increase in supplies.

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

N/A

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

N/A

ATTACHMENT A

Budget Modification

If the request is a **Budget Modification**, please answer **all** of the following in detail:

• **What revenue is being changed and why?**

The net effect of this modification increases ADSD Federal/State appropriation by \$202,306; and decreases County General Fund appropriation by \$120,000 to reflect the State FY 07-FY 09 Legislatively Approved Budget. The new revenue – corrects the match rate, replaces match amount with base, transfers local match CGF to CGF subsidy, and adds new positions.

• **What budgets are increased/decreased?**

Net increase of \$82,306 in ADSD budget. Department Director's budget increases by \$6,203. Internal Service Providers budgets increase by \$90,315 and County General Fund contingency increases by \$126,896.

• **What do the changes accomplish?**

The changes reduce County risk from using Title XIX fund for non-allowable Medicaid expenditures; corrects the County Match rate; reduces reliance on County Match to support continuing service levels and staffing; and adds staffing to decrease caseload sizes, increase efficiency and prepare for growing aging and younger disabled populations.

• **Do any personnel actions result from this budget modification? Explain.**

Yes. Increases staffing by 4.62 FTE (11.00 FTE annualized) comprised of the following:

- Creates two new 0.42 FTE Case Manager 1 positions - 2.00 FTE annualized
- Creates three new 0.42 FTE Office Assistant 2 positions - 3.00 FTE annualized
- Creates a new 0.42 FTE Program Coordinator position - 1.00 FTE annualized
- Creates a new 0.42 FTE Program Development Specialist position - 1.00 FTE annualized
- Creates two new 0.42 FTE Case Manager Senior positions - 2.00 FTE annualized
- Creates a new 0.42 FTE Program Manager position - 1.00 FTE annualized
- Creates a new 0.42 FTE Case Management Assistant position - 1.00 FTE annualized

• **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**

The funding allows for indirect costs to be recovered.

• **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**

No, additional funding is part of the base Title XIX allocation.

• **If a grant, what period does the grant cover?**

Biennial grant 7/1/07 –6/30/09.

• **If a grant, when the grant expires, what are funding plans?**

On-going biennial grant award from the State of Oregon.

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

ATTACHMENT B

BUDGET MODIFICATION: DCHS - 27

Required Signatures

**Elected Official
or Department/
Agency Director:**

Kathy Linker for Joanne Fuller

Date: 03/12/08

Budget Analyst:

[Signature]

Date: 03/12/08

Department HR:

Collette R. Umbrao

Date: 03/12/08

Countywide HR:

Date: _____

Budget Modification ID: **DCHS-27**

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
					Internal Order	Cost Center	WBS Element						
1	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60000		(66,043)	(66,043)		Permanent [705944]
2	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60130		(21,193)	(21,193)		Salary Related
3	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60140		(13,968)	(13,968)		Insurance
4	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60180		(328)	(328)		Printing
5	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60240		(301)	(301)		Supplies
6	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60260		(102)	(102)		Travel & Training
7	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60270		(340)	(340)		Local Travel & Mileage
8	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60350		(2,494)	(2,494)		Central Indirect [2.29%]
9	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60355		(2,243)	(2,243)		Dept Indirect [2.06%]
10	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60370		(991)	(991)		Telephone
11	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60380		(5,256)	(5,256)		Data Processing
12	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	60410		(365)	(365)		Motor Pool
13	30-55	26090	25023B	40			ADSDIVLTCMCXIX-1	50190		113,624	113,624		IG-OP Fed Thu State
14													
15	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60000		66,043	66,043		Permanent [705944]
16	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60130		21,193	21,193		Salary Related
17	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60140		13,968	13,968		Insurance
18	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60180		328	328		Printing
19	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60240		301	301		Supplies
20	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60260		102	102		Travel & Training
21	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60270		340	340		Local Travel & Mileage
22	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60350		2,494	2,494		Central Indirect [2.29%]
23	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60355		2,243	2,243		Dept Indirect [2.06%]
24	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60370		991	991		Telephone
25	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60380		5,256	5,256		Data Processing
26	30-55	26090	25023B	40			ADSDIVLTCMCXIX	60410		365	365		Motor Pool
27	30-55	26090	25023B	40			ADSDIVLTCMCXIX	50190		(113,624)	(113,624)		IG-OP Fed Thu State
28													
29													
											0	0	Total - Page 1
											0	0	GRAND TOTAL

Budget Modification ID: **DCHS-27****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit		Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element						
30	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60000		(17,926)	(17,926)		Permanent [713126]
31	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60130		(5,213)	(5,213)		Salary Related
32	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60140		(6,078)	(6,078)		Insurance
33	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60180		(328)	(328)		Printing
34	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60240		(301)	(301)		Supplies
35	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60260		(102)	(102)		Travel & Training
36	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60270		(340)	(340)		Local Travel & Mileage
37	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60350		(738)	(738)		Central Indirect [2.29%]
38	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60355		(664)	(664)		Dept Indirect [2.06%]
39	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60370		(828)	(828)		Telephone
40	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	60380		(1,106)	(1,106)		Data Processing
41	30-55	26090	25023B	40			ADSDIVLTCEDXIX-1	50190		33,624	33,624		IG-OP Fed Thu State
42													
43	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60000		17,926	17,926		Permanent [713126]
44	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60130		5,213	5,213		Salary Related
45	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60140		6,078	6,078		Insurance
46	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60180		328	328		Printing
47	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60240		301	301		Supplies
48	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60260		102	102		Travel & Training
49	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60270		340	340		Local Travel & Mileage
50	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60350		738	738		Central Indirect [2.29%]
51	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60355		664	664		Dept Indirect [2.06%]
52	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60370		828	828		Telephone
53	30-55	26090	25023B	40			ADSDIVLTCEDXIX	60380		1,106	1,106		Data Processing
54	30-55	26090	25023B	40			ADSDIVLTCEDXIX	50190		(33,624)	(33,624)		IG-OP Fed Thu State
55													
56													
57													
58													
											0	0	Total - Page 2
											0	0	GRAND TOTAL

Budget Modification ID: **DCHS-27****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit			Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element	Cost Element					
59	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60000		(66,043)	(66,043)		Permanent [701224]
60	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60130		(21,193)	(21,193)		Salary Related
61	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60140		(13,968)	(13,968)		Insurance
62	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60180		(328)	(328)		Printing
63	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60240		(301)	(301)		Supplies
64	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60260		(102)	(102)		Travel & Training
65	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60270		(340)	(340)		Local Travel & Mileage
66	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60350		(2,494)	(2,494)		Central Indirect [2.29%]
67	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60355		(2,243)	(2,243)		Dept Indirect [2.06%]
68	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60370		(991)	(991)		Telephone
69	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60380		(5,256)	(5,256)		Data Processing
70	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	60410		(365)	(365)		Motor Pool
71	30-55	26090	25023B	40			ADSDIVLTCSEDXIX-1	50190		113,624	113,624		IG-OP Fed Thu State
72													
73	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60000		66,043	66,043		Permanent [701224]
74	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60130		21,193	21,193		Salary Related
75	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60140		13,968	13,968		Insurance
76	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60180		328	328		Printing
77	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60240		301	301		Supplies
78	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60260		102	102		Travel & Training
79	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60270		340	340		Local Travel & Mileage
80	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60350		2,494	2,494		Central Indirect [2.29%]
81	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60355		2,243	2,243		Dept Indirect [2.06%]
82	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60370		991	991		Telephone
83	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60380		5,256	5,256		Data Processing
84	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	60410		365	365		Motor Pool
85	30-55	26090	25023B	40			ADSDIVLTCSEDXIX	50190		(113,624)	(113,624)		IG-OP Fed Thu State
86													
87													
										0	0		Total - Page 3
										0	0		GRAND TOTAL

Budget Modification ID: **DCHS-27**

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit		Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element						
88	30-55	1000	25023B	40			ADSDIVLTCMCGFM-1	60150		(52,267)	(52,267)		County Match (Ratio 46% to 54%)
89	30-55	1000	25023B	40			ADSDIVLTCEDGFM-1	60150		(15,466)	(15,466)		County Match (Ratio 46% to 54%)
90	30-55	1000	25023B	40			ADSDIVLTCSEDGFM-1	60150		(52,267)	(52,267)		County Match (Ratio 46% to 54%)
91													
92	30-45	26090	25020	40			ADSDIVCS201XIX	50190		145,680	145,680		IG-OP Fed Thur State
93	30-45	26090	25020	40			ADSDIVCS201XIX	60430	203,593	57,913	(145,680)		Building Management Svc
94													
95	30-45	1000	25020	40			ADSDIVCS201GF	60430	184,784	330,464	145,680		Building Management Svc
96													
97	30-01	1000	25027	40			ADSDIVADM201GF	60150	98,214	89,549	(8,665)		County Match
98	30-45	1000	25020	40			ADSDIVCS201GF	60150	69,532	63,396	(6,136)		County Match
99	30-75	1000	25022A	40			ADSDIVAHGF	60150	20,153	18,193	(1,960)		County Match
100	30-80	1000	25024A	40			ADSDIVAPSGF	60150	185,206	166,068	(19,138)		County Match
101	30-55	1000	25023A	40			ADSDIVLTCMCGFM	60150	297,226	266,386	(30,840)		County Match
102	30-55	1000	25023A	40			ADSDIVLTCNFGFM	60150	85,409	77,872	(7,537)		County Match
103	30-55	1000	25023A	40			ADSDIVLTCEDGFM	60150	853,614	839,501	(14,113)		County Match
104	30-55	1000	25023A	40			ADSDIVLTCNEDGFM	60150	265,233	241,829	(23,404)		County Match
105	30-55	1000	25023A	40			ADSDIVLTCWDGFM	60150	155,018	141,306	(13,712)		County Match
106	30-55	1000	25023A	40			ADSDIVLTCSEDGFM	60150	175,992	155,817	(20,175)		County Match
107													
108													
109													
110													
111													
112													
113													
114													
115													
116													
											(120,000)	0	Total - Page 4
											0	0	GRAND TOTAL

Budget Modification ID: **DCHS-27****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
					Internal Order	Cost Center	WBS Element						
117	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60000		14,860	14,860	Permanent [New Case Manager 1]	
118	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60130		4,321	4,321	Salary Related	
119	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60140		5,060	5,060	Insurance	
120	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60180		136	136	Printing	
121	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60240		902	902	Supplies	
122	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60260		73	73	Travel & Training	
123	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60270		148	148	Local Travel & Mileage	
124	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60350		584	584	Central Indirect [2.29%]	
125	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60355		525	525	Dept Indirect [2.06%]	
126	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60370		447	447	Telephone	
127	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60380		2,217	2,217	Data Processing	
128	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60410		141	141	Motor Pool	
129	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60460		262	262	Mail & Distribution	
130	30-55	26090	25023A	40			ADSDIVLTCEDXIX	50190		(29,676)	(29,676)	IG-OP Fed Thu State	
131													
132	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60000		14,860	14,860	Permanent [New Case Manager 1]	
133	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60130		4,321	4,321	Salary Related	
134	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60140		5,060	5,060	Insurance	
135	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60180		136	136	Printing	
136	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60240		902	902	Supplies	
137	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60260		73	73	Travel & Training	
138	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60270		148	148	Local Travel & Mileage	
139	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60350		584	584	Central Indirect [2.29%]	
140	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60355		525	525	Dept Indirect [2.06%]	
141	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60370		447	447	Telephone	
142	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60380		2,217	2,217	Data Processing	
143	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60410		141	141	Motor Pool	
144	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60460		262	262	Mail & Distribution	
145	30-55	26090	25023A	40			ADSDIVLTCWDXIX	50190		(29,676)	(29,676)	IG-OP Fed Thu State	
146													
										0	0	Total - Page 5	
										0	0	GRAND TOTAL	

Budget Modification ID: **DCHS-27****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit		Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element						
147	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60000		12,093	12,093		Permanent [New OA 2]
148	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60130		3,517	3,517		Salary Related
149	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60140		4,894	4,894		Insurance
150	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60180		136	136		Printing
151	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60240		902	902		Supplies
152	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60260		73	73		Travel & Training
153	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60270		148	148		Local Travel & Mileage
154	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60350		498	498		Central Indirect [2.29%]
155	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60355		448	448		Dept Indirect [2.06%]
156	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60370		447	447		Telephone
157	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60380		2,217	2,217		Data Processing
158	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60410		141	141		Motor Pool
159	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60460		262	262		Mail & Distribution
160	30-55	26090	25023A	40			ADSDIVLTCEDXIX	50190		(25,776)	(25,776)		IG-OP Fed Thu State
161													
162	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60000		12,093	12,093		Permanent [New OA 2]
163	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60130		3,517	3,517		Salary Related
164	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60140		4,894	4,894		Insurance
165	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60180		136	136		Printing
166	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60240		902	902		Supplies
167	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60260		73	73		Travel & Training
168	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60270		148	148		Local Travel & Mileage
169	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60350		498	498		Central Indirect [2.29%]
170	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60355		448	448		Dept Indirect [2.06%]
171	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60370		447	447		Telephone
172	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60380		2,217	2,217		Data Processing
173	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60410		141	141		Motor Pool
174	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	60460		262	262		Mail & Distribution
175	30-55	26090	25023A	40			ADSDIVLTCSEDXIX	50190		(25,776)	(25,776)		IG-OP Fed Thu State
											0	0	Total - Page 6
											0	0	GRAND TOTAL

Budget Modification ID: **DCHS-27****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit		Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element						
176	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60000		19,410	19,410		Permanent [New Prog Coord]
177	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60130		5,644	5,644		Salary Related
178	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60140		5,333	5,333		Insurance
179	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60180		135	135		Printing
180	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60240		902	902		Supplies
181	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60260		73	73		Travel & Training
182	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60270		148	148		Local Travel & Mileage
183	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60350		725	725		Central Indirect [2.29%]
184	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60355		652	652		Dept Indirect [2.06%]
185	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60370		447	447		Telephone
186	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60380		2,217	2,217		Data Processing
187	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60410		141	141		Motor Pool
188	30-55	26090	25023A	40			ADSDIVLTCWDXIX	60460		262	262		Mail & Distribution
189	30-55	26090	25023A	40			ADSDIVLTCWDXIX	50190		(36,089)	(36,089)		IG-OP Fed Thu State
190													
191	30-75	26090	25022A	40			ADSDIVAHXIX	60000		19,410	19,410		Permanent [New PDS]
192	30-75	26090	25022A	40			ADSDIVAHXIX	60130		5,644	5,644		Salary Related
193	30-75	26090	25022A	40			ADSDIVAHXIX	60140		5,333	5,333		Insurance
194	30-75	26090	25022A	40			ADSDIVAHXIX	60180		135	135		Printing
195	30-75	26090	25022A	40			ADSDIVAHXIX	60240		902	902		Supplies
196	30-75	26090	25022A	40			ADSDIVAHXIX	60260		73	73		Travel & Training
197	30-75	26090	25022A	40			ADSDIVAHXIX	60270		148	148		Local Travel & Mileage
198	30-75	26090	25022A	40			ADSDIVAHXIX	60350		725	725		Central Indirect [2.29%]
199	30-75	26090	25022A	40			ADSDIVAHXIX	60355		652	652		Dept Indirect [2.06%]
200	30-75	26090	25022A	40			ADSDIVAHXIX	60370		447	447		Telephone
201	30-75	26090	25022A	40			ADSDIVAHXIX	60380		2,217	2,217		Data Processing
202	30-75	26090	25022A	40			ADSDIVAHXIX	60410		141	141		Motor Pool
203	30-75	26090	25022A	40			ADSDIVAHXIX	60460		262	262		Mail & Distribution
204	30-75	26090	25022A	40			ADSDIVAHXIX	50190		(36,089)	(36,089)		IG-OP Fed Thu State
205													
											0	0	Total - Page 7
											0	0	GRAND TOTAL

Budget Modification ID: **DCHS-27**

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit			Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element	Cost Element					
205	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60000		18,827	18,827		Base [New Case Manager Sr]
206	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60130		5,475	5,475		Fringe
207	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60140		5,298	5,298		Insurance
208	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60180		135	135		Printing
209	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60240		902	902		Supplies
210	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60260		73	73		Travel & Training
211	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60270		148	148		Local Travel & Mileage
212	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60350		707	707		Central Indirect [2.29%]
213	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60355		636	636		Dept Indirect [2.06%]
214	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60370		447	447		Telephone
215	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60380		2,217	2,217		Data Processing
216	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60410		141	141		Motor Pool
217	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60460		262	262		Mail & Distribution
218	30-55	26090	25023A	40			ADSDIVLTCEDXIX	50190		(35,268)	(35,268)		IG-OP Fed Thu State
219													
220	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60000		23,086	23,086		Base [New Program Manager]
221	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60130		6,713	6,713		Fringe
222	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60140		5,554	5,554		Insurance
223	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60180		136	136		Printing
224	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60240		902	902		Supplies
225	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60260		73	73		Travel & Training
226	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60270		148	148		Local Travel & Mileage
227	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60350		838	838		Central Indirect [2.29%]
228	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60355		754	754		Dept Indirect [2.06%]
229	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60370		447	447		Telephone
230	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60380		2,217	2,217		Data Processing
231	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60410		141	141		Motor Pool
232	30-55	26090	25023A	40			ADSDIVLTCEDXIX	60460		262	262		Mail & Distribution
233	30-55	26090	25023A	40			ADSDIVLTCEDXIX	50190		(41,271)	(41,271)		IG-OP Fed Thu State
234													
235													
236													
											0	0	Total - Page 8
											0	0	GRAND TOTAL

Budget Modification ID: **DCHS-27**

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit			Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element	Cost Element					
237	30-80	26090	25024A	40			ADSDIVAPSXIX	60000		18,827	18,827		Permanent [New CM Sr]
238	30-80	26090	25024A	40			ADSDIVAPSXIX	60130		5,475	5,475		Salary Related
239	30-80	26090	25024A	40			ADSDIVAPSXIX	60140		5,298	5,298		Insurance
240	30-80	26090	25024A	40			ADSDIVAPSXIX	60180		135	135		Printing
241	30-80	26090	25024A	40			ADSDIVAPSXIX	60240		902	902		Supplies
242	30-80	26090	25024A	40			ADSDIVAPSXIX	60260		73	73		Travel & Training
243	30-80	26090	25024A	40			ADSDIVAPSXIX	60270		148	148		Local Travel & Mileage
244	30-80	26090	25024A	40			ADSDIVAPSXIX	60350		707	707		Central Indirect [2.29%]
245	30-80	26090	25024A	40			ADSDIVAPSXIX	60355		636	636		Dept Indirect [2.06%]
246	30-80	26090	25024A	40			ADSDIVAPSXIX	60370		447	447		Telephone
247	30-80	26090	25024A	40			ADSDIVAPSXIX	60380		2,217	2,217		Data Processing
248	30-80	26090	25024A	40			ADSDIVAPSXIX	60410		141	141		Motor Pool
249	30-80	26090	25024A	40			ADSDIVAPSXIX	60460		262	262		Mail & Distribution
250	30-80	26090	25024A	40			ADSDIVAPSXIX	50190		(35,268)	(35,268)		IG-OP Fed Thu State
251													
252	30-80	26090	25024A	40			ADSDIVAPSXIX	60000		13,189	13,189		Permanent [New Case Mgr Ast]
253	30-80	26090	25024A	40			ADSDIVAPSXIX	60130		3,835	3,835		Salary Related
254	30-80	26090	25024A	40			ADSDIVAPSXIX	60140		4,960	4,960		Insurance
255	30-80	26090	25024A	40			ADSDIVAPSXIX	60180		136	136		Printing
256	30-80	26090	25024A	40			ADSDIVAPSXIX	60240		902	902		Supplies
257	30-80	26090	25024A	40			ADSDIVAPSXIX	60260		73	73		Travel & Training
258	30-80	26090	25024A	40			ADSDIVAPSXIX	60270		148	148		Local Travel & Mileage
259	30-80	26090	25024A	40			ADSDIVAPSXIX	60350		532	532		Central Indirect [2.29%]
260	30-80	26090	25024A	40			ADSDIVAPSXIX	60355		479	479		Dept Indirect [2.06%]
261	30-80	26090	25024A	40			ADSDIVAPSXIX	60370		447	447		Telephone
262	30-80	26090	25024A	40			ADSDIVAPSXIX	60380		2,217	2,217		Data Processing
263	30-80	26090	25024A	40			ADSDIVAPSXIX	60410		141	141		Motor Pool
264	30-80	26090	25024A	40			ADSDIVAPSXIX	60460		262	262		Mail & Distribution
265	30-80	26090	25024A	40			ADSDIVAPSXIX	50190		(27,321)	(27,321)		IG-OP Fed Thu State
266													
267	26-00	1000	25000	40			CHSDO.IND1000	50370		(6,203)	(6,203)		Dept Indirect
268	26-00	1000	25000	40			CHSDO.IND1000	60240		6,203	6,203		Supplies
										0	0		Total - Page 9
										0	0		GRAND TOTAL

Budget Modification ID: **DCHS-27****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
					Internal Order	Cost Center	WBS Element						
269	30-75	26090	25022A	40			ADSDIVAHXIX	60000		12,093	12,093	Permanent [New OA 2]	
270	30-75	26090	25022A	40			ADSDIVAHXIX	60130		3,517	3,517	Salary Related	
271	30-75	26090	25022A	40			ADSDIVAHXIX	60140		4,894	4,894	Insurance	
272	30-75	26090	25022A	40			ADSDIVAHXIX	60180		136	136	Printing	
273	30-75	26090	25022A	40			ADSDIVAHXIX	60240		902	902	Supplies	
274	30-75	26090	25022A	40			ADSDIVAHXIX	60260		73	73	Travel & Training	
275	30-75	26090	25022A	40			ADSDIVAHXIX	60270		148	148	Local Travel & Mileage	
276	30-75	26090	25022A	40			ADSDIVAHXIX	60350		498	498	Central Indirect [2.29%]	
277	30-75	26090	25022A	40			ADSDIVAHXIX	60355		448	448	Dept Indirect [2.06%]	
278	30-75	26090	25022A	40			ADSDIVAHXIX	60370		447	447	Telephone	
279	30-75	26090	25022A	40			ADSDIVAHXIX	60380		2,217	2,217	Data Processing	
280	30-75	26090	25022A	40			ADSDIVAHXIX	60410		141	141	Motor Pool	
281	30-75	26090	25022A	40			ADSDIVAHXIX	60460		262	262	Mail & Distribution	
282	30-75	26090	25022A	40			ADSDIVAHXIX	50190		(25,776)	(25,776)	IG-OP Fed Thu State	
283													
284	72-10	3500		20		705210		50316		(56,578)	(56,578)	Svc Reimb F/S to Risk	
285	72-10	3500		20		705210		60330		56,578	56,578	Claims Paid	
286													
287	19	1000		20		9500001000		50310		(6,896)	(6,896)	Svc Reimb F/S to General Fund	
288	19	1000		20		9500001000		60470		126,896	126,896	Contingency	
289													
290	72-55	3501		20		904100		50310		(1,551)	(1,551)	Svc Reimb F/S to Fleet	
291	72-55	3501		20		904100		60240		1,551	1,551	Supplies	
292													
293	72-60	3503		20		709525		50310		(4,917)	(4,917)	Svc Reimb F/S to Info Tech	
294	72-60	3503		20		709525		60200		4,917	4,917	Communications	
295													
296	72-60	3503		20		709105		50310		(24,387)	(24,387)	Svc Reimb F/S to Info Tech	
297	72-60	3503		20		709105		60240		24,387	24,387	Supplies	
298													
299	72-55	3504		20		904400		50310		(2,882)	(2,882)	Svc Reimb F/S to Mail/Dist	
300	72-55	3504		20		904400		60230		2,882	2,882	Postage	
										120,000	0	Total - Page 10	
										0	0	GRAND TOTAL	

Budget Modification ID: DCHS-27

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit		Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element						
301													
302													
303													
304													
305													
306													
307													
308													
309													
310													
311													
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322													
323													
324													
325													
326													
327													
328													
329													
											0	0	Total - Page 11
											0	0	GRAND TOTAL

ANNUALIZED PERSONNEL CHANGE

Change on a full year basis even though this action affects only a part of the fiscal year (FY).

							ANNUALIZED			
Fund	Job #	HR Org	CC/WBS/IO	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1505	6298	62961	adsdivitcedxix	Case Mgr 1	New	1.00	35,663	10,371	12,145	58,179
1505	6298	62960	adsdivitcwdxix	Case Mgr 1	New	1.00	35,663	10,371	12,145	58,179
1505	6001	62961	adsdivitcedxix	OA 2	New	1.00	29,023	8,440	11,746	49,210
1505	6001	62963	adsdivitcedxix	OA 2	New	1.00	29,023	8,440	11,746	49,210
1505	6022	62960	adsdivitcwdxix	Prog Coordinator	New	1.00	46,583	13,546	12,800	72,930
1505	6021	62956	adsdivahxix	Prog Dev Spec	New	1.00	46,583	13,546	12,800	72,930
1505	6296	62961	adsdivitcedxix	Case Mgr Sr	New	1.00	45,184	13,140	12,716	71,040
1505	9615	62961	adsdivitcedxix	Prog Mgr	New	1.00	55,406	16,112	13,329	84,847
1505	6296	62964	adsdivapsxix	Case Mgr Sr	New	1.00	45,184	13,140	12,716	71,040
1505	6299	62964	adsdivapsxix	Case Mgmt Ast	New	1.00	31,654	9,205	11,904	52,763
1505	6001	62956	adsdivahxix	OA 2	New	1.00	29,023	8,440	11,746	49,210
										0
										0
										0
										0
TOTAL ANNUALIZED CHANGES						11.00	428,991	124,750	135,794	689,536

CURRENT YEAR PERSONNEL DOLLAR CHANGE

Calculate costs/savings that will take place in this FY; these should explain the actual dollar amounts being changed by this Bud Mod.

							CURRENT YEAR			
Fund	Job #	HR Org	CC/WBS/IO	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1505	6298	62961	adsdivitcedxix	Case Mgr 1	New	0.42	14,860	4,321	5,060	24,241
1505	6298	62960	adsdivitcwdxix	Case Mgr 1	New	0.42	14,860	4,321	5,060	24,241
1505	6001	62961	adsdivitcedxix	OA 2	New	0.42	12,093	3,517	4,894	20,504
1505	6001	62963	adsdivitcedxix	OA 2	New	0.42	12,093	3,517	4,894	20,504
1505	6022	62960	adsdivitcwdxix	Prog Coordinator	New	0.42	19,410	5,644	5,333	30,387
1505	6021	62956	adsdivahxix	Prog Dev Spec	New	0.42	19,410	5,644	5,333	30,387
1505	6296	62961	adsdivitcedxix	Case Mgr Sr	New	0.42	18,827	5,475	5,298	29,600
1505	9615	62961	adsdivitcedxix	Prog Mgr	New	0.42	23,086	6,713	5,554	35,353
1505	6296	62964	adsdivapsxix	Case Mgr Sr	New	0.42	18,827	5,475	5,298	29,600
1505	6299	62964	adsdivapsxix	Case Mgmt Ast	New	0.42	13,189	3,835	4,960	21,985
1505	6001	62956	adsdivahxix	OA 2	New	0.42	12,093	3,517	4,894	20,504
										0
										0
										0
										0
TOTAL CURRENT FY CHANGES						4.62	178,746	51,979	56,581	287,306



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-7 DATE 03-20-08
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 03/20/08
 Agenda Item #: R-7
 Est. Start Time: 9:30 AM
 Date Submitted: 03/11/08

Agenda Title: Authorizing Settlement of Jones vs. Koch, et al

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** 2 mins
Department: Non-Departmental **Division:** County Attorney
Contact(s): Agnes Sowle
Phone: 503 988-3138 **Ext.** 83138 **I/O Address:** 503/500
Presenter(s): Agnes Sowle

General Information

1. **What action are you requesting from the Board?**
 Approval of settlement of Jones vs. Koch, et al.
2. **Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**
 This settlement resolves a Federal lawsuit brought by a County employee in Federal Court. The terms are of \$60,000.00 in exchange for a full release of claims.
3. **Explain the fiscal impact (current year and ongoing).**
 N/A
4. **Explain any legal and/or policy issues involved.**
 On December 18, 2003, the Board adopted Resolution 03-171 delegating authority to the County Attorney to settle claims and litigation against the County or its employees in amounts up to \$25,000 per case. The County Attorney must obtain Board approval for all settlements of over \$25,000.
5. **Explain any citizen and/or other government participation that has or will take place.**
 N/A

Required Signature

**Elected Official or
 Department/
 Agency Director:**

Date: 03/11/08



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: R-8
Est. Start Time: 9:35 AM
Date Submitted: 03/12/08

RESOLUTION Affirming the Economic Importance of the Film and Video Industry in Multnomah County and Directing Facilities to Develop
Agenda Administrative Procedures for Filming Requests in Multnomah County
Title: Facilities

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** 20 minutes
Department: Non-Departmental **Division:** Rojo de Steffey
Contact(s): Matthew Lashua
Phone: 503 988-6796 **Ext.** 86796 **I/O Address:** 503/600
Steve Oster, Oregon Film and Video Office; Michael Fine, Office of Mayor Potter;
Presenter(s): Doug Butler, Multnomah County Facilities and Property Management

General Information

1. What action are you requesting from the Board?

To establish a standard countywide procedure for use of county property for commercial and non-commercial film/video productions.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

In October of 2007, Commissioner Rojo de Steffey convened a committee to study how Multnomah County responds to requests to use the county's resources from the film and video industry. The committee consisted of representatives from Multnomah County Facilities, Sheriff's office, Multnomah County Transportation, the Oregon Film & Video Office, Portland Oregon Visitors Association, office of Mayor Tom Potter, and office of Commissioner Rojo de Steffey.

While the county has a streamlined process for requesting use of its bridges and roads for filming, the committee found the process for requesting use of its buildings and facilities in need of efficiencies. The committee found issues with:

- i) Deposits and costs the county should charge
- ii) Who to contact
- iii) The need for the Board of County Commissioners to prioritize and set policy and procedures for film and video requests

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

N/A

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

As the county's Chief Executive Officer, The Chair is authorized to adopt Executive Rules to carry out the county's duties and responsibilities under the Charter. The creation of this rule provides a process that expedites and encourages the film & video industry to utilize Multnomah County, thereby providing economic growth.

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

Multnomah County and will work to nurture economic opportunities in this field. Further, Multnomah County will work collaboratively with the City of Portland and other related businesses to find efficiencies and streamline procedures.

Required Signature

**Elected Official or
Department/
Agency Director:**

Maria Rojo de Steffen

Date: 03/12/08

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Affirming the Economic Importance of the Film and Video Industry in Multnomah County and Directing Facilities to Develop Administrative Procedures for Filming Requests in Multnomah County Facilities

The Multnomah County Board of Commissioners Finds:

- a. In October of 2007, Commissioner Rojo de Steffey convened a committee to study how Multnomah County responds to requests to use the county's resources from the film and video industry. The committee consisted of representatives from Multnomah County Facilities, Sheriff's office, Multnomah County Transportation, the Oregon Film & Video Office, Portland Oregon Visitors Association, office of Mayor Tom Potter, and office of Commissioner Rojo de Steffey.
- b. The Portland-metro area is home to many of the television broadcasting, film and video production and creative freelance talent in the state of Oregon. Film and video productions can benefit the economic vitality of Multnomah County.
- c. The Oregon Film & Video Office states the film and video industry generates \$189,995,000 in direct spending in the Portland-metro area. Overall economic impact is \$385,312,000; 8,384 FTE impacted jobs and an estimated generated local tax of \$6,773,733 (2005 estimates).
- d. While the county has a streamlined process for requesting use of its bridges and roads for filming, the committee found the process for requesting use of its buildings and facilities in need of efficiencies. The committee found issues with:
 - i) Deposits and costs the county should charge
 - ii) Who to contact
 - iii) The need for the Board of County Commissioners to prioritize and set policy and procedures for film and video requests

The Multnomah County Board of Commissioners Resolves:

1. The Board affirms the importance of the Film and Video industry in Multnomah County and will work to nurture economic opportunities in this field. Further, Multnomah County will work collaboratively with the City of Portland and other related businesses to find efficiencies and streamline procedures.

2. The Facilities Director is directed to supervise and coordinate all requests for filming in Multnomah County facilities. Requests for filming in Sheriff-operated facilities will also require approval and coordination from the Sheriff.
3. The Facilities Director shall present an administrative procedure for "Required Form and Documentations for Use of Multnomah County Facilities for the Purpose of Film/Video Production" to the County Chair for approval and signature.

ADOPTED this 20th day of March, 2008.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By _____
Jacqueline A. Weber, Assistant County Attorney

SUBMITTED BY:
Commissioner Maria Rojo de Steffey

**MULTNOMAH COUNTY, OREGON
ADMINISTRATIVE PROCEDURE
FAC-18**

SUBJECT: Film and Video Productions

PURPOSE: To establish a standard Countywide procedure for use of County property for commercial & non-commercial film/video productions

ORGANIZATION RESPONSIBLE: Facilities & Property Management

DATE:

ORGANIZATIONS AFFECTED: All Departments/Offices/Commercial & Private Film and Video Organizations:

LEGAL CITATION/ REFERENCE: Executive Rule _____

I. INTRODUCTION

Multnomah County is committed to the security and safety in County facilities and on County controlled property for the protection of staff, the public, and the County property. This procedure will standardize how requests to use County property for film and video productions are processed and the rules for use.

II. ORGANIZATIONS AFFECTED:

This Administrative Procedure applies to all the following:

- A. County Departments, Divisions, Sections, and other Agencies.
- B. County Program-Partner Organizations that have a current program or service contract with a County Agency and occupy space within a County building.
- C. Other Non-County Organizations seeking use of a County Building or Facility for video/film production.

III. COUNTY PROPERTY AVAILABLE FOR USE

- A. County Property is defined as buildings owned, leased, sub-leased, or occupied by a County agency or County staff, or otherwise controlled by or maintained by the County.
- B. Not all county properties have spaces available for use by organizations other than the county occupants of that building.
- C. County Property does not include parking lots or public sidewalks. Building parking is not included or guaranteed as part of any *Film/Video Use Application*, but may be negotiated on an individual basis.
- D. Requests to use Multnomah County Correctional or Secured Facility property for film and video productions, must be approved by the Multnomah County Sheriff's Office, in addition to the Multnomah County Facilities and Property Management Division.
- E. Requests to use Department of Community Justice Secured Facility for film and video productions, must be approved by the Multnomah County Department of Community Justice, in addition to the Multnomah County Facilities and Property Management Division
- F. A copy of the application form will be provided to the Chair's office.

IV. Requests for film/video access to county property.

- A. All requests for film/video access to county property shall be forwarded to the Facilities and Property Management Division, (FPM). FPM will manage, interpret, and enforce this Administrative Procedure as follows:
 - 1. Provide tours of requested property with assigned property managers.
 - 2. Assist video/film Company with application forms (see Attachment A).
 - 3. Process all applications to use County Property as quickly as possible, not to exceed 2 weeks of receipt of completed application.
 - 4. Coordinate use of property/building with tenants/departments.
 - 5. Develop cost estimates for use of County Property, including County personnel costs.
- B. Applications will be approved only if the film/video production submits a completed Film/Video Use of Multnomah County Facilities Application and agrees to the following:
 - 1. Sign Indemnity Agreement
 - 2. Provide Certificate of Insurance
 - 3. Remit non-refundable deposit to reserve facility
 - 4. Do not start set up or make plans until receiving written authorization.
 - 5. Coordinate use of property/building with FPM Property Manager.
 - 6. Protect employees and the public safety at all times.
 - 7. Protect all property and structures.

8. Comply with all County Regulations, Requirements, and Rules of Behavior and Use of Buildings.
9. No events shall exceed the Fire Marshall's Maximum Occupancy of a room or space or create unusual or excessive demands upon the Buildings' systems, such as, heating, cooling, lighting or power.

II. FACILITY USE APPLICATION AND APPROVAL PROCESS

- A. The Application is available from Facilities and Property Management Division and from the FPM web page. FPM will maintain the Application forms and may from time to time revise these forms to respond to changes in this Administrative Procedure, permitted uses, priorities, regulations, requirements, use fees, or other items.
- B. The Property Management Supervisor is the initial point of contact for Film/Video production requests to use County Facilities. The Property Management Supervisor will assign a Property Manager to assist in the application process and ensure all required documentation has been provided.
- C. The Property Management Supervisor will review and make recommendations for the approval or denial of the Application.
- D. The Director of Facilities and Property Management grants final approval of the Application and issues a Certificate of Approval.
- E. A copy of the approved Film/Video Use of Multnomah County Facilities Application is forwarded to Multnomah County Chair's office.

**MULTNOMAH COUNTY, OREGON
EXECUTIVE RULE NO. _____**

**FILM/VIDEO PRODUCTIONS IN COUNTY FACILITIES
Road and Bridge Permit Applications Are Separate From This Rule**

I. Introduction

Multnomah County, Oregon (hereafter referred to as "County") has the responsibility for the management of County property (MCC § 7. 351). The Chair of the Board of County Commissioners, as the County's Chief Executive Officer, is authorized to adopt Executive Rules to carry out the County's duties and responsibilities under the Charter (MCC § 7.007).

The creation of this rule provides a process that expedites and encourages the film & video industry to utilize Multnomah County, thereby providing economic growth.

II Facilities & Property Management's Responsibilities

- A. Monitor & manage requests to use Multnomah County owned or leased property for film or video production. Application must be submitted to Property Management Supervisor, Facilities & Property Management Division at 401 N. Dixon St. Portland Oregon 97227, phone number 503 988-4238, fax number (503)988-5082. (Application form available on Facilities MINT page.)
- B. Obtain valid Indemnity Agreement, proof of insurance, and deposit from applicant. (Forms available on Facilities MINT page)
- C. Send authorization letter to proceed to applicant prior to scheduling.

III Cross-References

- A. Additional administrative requirements and related information may be found in
 - 1. FPM Procedures, Guidelines, and Standards
 - 2. Multnomah County Administrative Procedures for FPM (FAC)

Authorization to use County controlled premises shall not be considered as a County endorsement or approval of the activity. Assigned location shall not interfere with normal County business operations, block evacuation routes, access or egress, create a nuisance, damage premises, or cause injury to others. Application requests may be denied if the County Attorney's Office deems the activity illegal or reflect an image contrary to the County's mission.

The following Multnomah County Executive Rule is adopted:

Dated this _____ day of _____ 2008

Ted Wheeler, Multnomah County Chair

REVIEWED:
Agnes Sowle, County Attorney
For Multnomah County, Oregon



Film/Video Use of Multnomah County Facilities Application

- This application does not cover use of Roads or Bridges -
(Please Type or Print Clearly)

Today's Date _____

Production Company: _____

Telephone: _____ Mobile: _____

Address: _____

Local Production Manager: _____

Telephone _____ Mobile: _____

Address: _____

TYPE of Production: Feature Film __ Commercial __ TV Programming __ Documentary __
Still Photo __ Music Video __ Other (if other, please specify _____)

Title/Product: _____

Submit script (if available) and description of project

Producer: _____

Production Mgr/Coord: _____

Location Mgr: _____

Filming Impact Details:

1. Proposed date(s) of filming: _____

2. What hours?

a. Date: _____ From: _____ am/pm To: _____ am/pm

b. Date: _____ From: _____ am/pm To: _____ am/pm

c. Date: _____ From: _____ am/pm To: _____ am/pm

d. Date: _____ From: _____ am/pm To: _____ am/pm

e. Date: _____ From: _____ am/pm To: _____ am/pm

f. Additional dates: _____

3. Which buildings or property are you planning to use? _____

4. The approximate number of people involved and on site (total Crew and Talent) _____

5. The number and types of vehicles that will be going to the site _____

6. Do you anticipate lights, excessive noise, special effects or other? _____

7. Do you anticipate attaching any objects to the building? _____

8. Are modifications or changes to the site expected? _____

9. Describe in detail what you will be doing on the property. Provide any information on how set and use will impact the building (e.g. covering windows, taping or adhering objects to walls, construction of sets). _____

10. Are any utilities required (water, electricity etc)? Please describe the extent of use.

(Use additional sheets of paper as needed)

*The use of alcohol, tobacco or drugs on County Property is not permitted
without prior authorization from the Board of County Commissioners.*



Multnomah County Facilities Use Cost Sheet

This represents the minimum costs associated with use of County facilities. FPM may from time to time revise these fees. Additional costs may be assessed to cover additional expenses, including but not limited to, County staff time, equipment use, clean up, unforeseen repairs, overtime costs. An estimate of the particular costs associated with your project will be provided prior to filming.

Non-refundable Deposit to reserve facilities:

- \$600 Deposit per facility due prior to the start of filming for one and two day productions
- \$700 Deposit prior to start of filming for two day to one week production
- \$950 Deposit due 10 days prior to start of filming for one week and longer productions.

Set Up/Completion Costs:

- Minimum fee for set up, which includes the initial tour, completion of legal paperwork, pre-set up walk through, and approval of set-up is included in the deposit and covers walk-through upon completion.
- If other actions are required by the County prior to set up, during set up, or as a result of the walk-through, this fee will be raised by the actual cost of any materials and \$ 100 per hour for staff time.

Facility use rates:

- The minimum cost to use a facility is \$ 400.00, not including County provided services, personnel, or contracted services.
- An administrative charge of 8% will be added to the total cost.
- Costs beyond the minimum fee may be incurred for running background checks, providing escorts within secured buildings, additional onsite security or staff, use of County equipment, property management assistance, or technical assistance.
- The user of the facility will be billed directly for any repairs, damages, cleaning, or related expenses upon completion and final walk-through.

The production company/organization is required to designate a local agent who will have authority to represent the permittee in all matters relating to the exercise of the privileges granted and who shall be responsible for compliance with those conditions.

Production Company Name:

Print _____

Production Company Representative

Title _____

Sign _____

Print _____

Date _____

Authorized Local Agent

Sign _____

Print _____

Date _____

Contact Number of Local Agent

Day _____

Evening _____

Emergency _____

Email _____

SAMPLE



**Certificate of Approval from Multnomah County
Facilities and Property Management Division**

Production Company: _____

Production Title: _____

Approved Dates: _____

Attach:

1. Application
2. Project Cost Estimate

Onsite Property Manager Contact Information

Name: _____

Title: _____

Phone: _____

Email: _____

Authorized Representative of Multnomah County Sheriff's Office for Purposes of
Approval for use of Correctional/Secured Facility

[Insert Name]
Title, MC Sheriff's Office

Date

Phone: _____

Email: _____

Authorized Representative of Multnomah County Department of Community Justice for
Purposes of Approval for use of Secured Facility

[Insert Name] _____ Date
Title, MC Department of Community Justice

Phone: _____

Email: _____

Authorized Representative of Facilities and Property Management for Purposes of
Project Approval and Payment for use of the Facility:

[Insert Name] _____ Date
Supervisor, Property Management Section

Phone: _____

Email: _____

Application Approved by: _____

[Insert Name] _____ Date
Director, Facilities and Property Management
Multnomah County



INDEMNITY AGREEMENT

Dated _____, 20____

In consideration of the issuance of a permit by Multnomah County for:

The following event (**Name and Description of the Activity**)

_____;

To be held on or between _____, 20____

At the following County Building(s) or Property(ies) _____

While using (name the rooms, areas or entire properties) _____

The undersigned Permittee for the event hereby agrees to defend, indemnify and hold Multnomah County, the Board of County Commissioners and the officers, agents, directors, officials, and employees of the County harmless from any and all liability, including attorney fees, for damage, loss or injury to property or persons in any way connected with, the use by the Permittee, its agents or employees, of the street, area or facility to which the permit pertains.

Signed by:

Event Sponsor/Permittee _____

Organization's Name _____

Date _____

Multnomah County
Authorizing Agent _____

Title _____

Date _____

Give This Sheet To Your
Insurance Carrier

This page is to be made a
Part of Insurance Policy

#

Insurance Requirements

Before Multnomah County will issue a permit for a film/video production, the sponsor must provide a current Certificate of Insurance showing proof of Commercial General Liability Insurance covering all the sponsor's activities, including volunteers, arising out of the film/video production.

The Sponsor/Permitee must carry Commercial General Liability Insurance on an occurrence basis; with a combined single limit of not less than \$1 million each occurrence for Bodily Injury and Property Damage, with an annual aggregate limit of \$1 million. This insurance must include Contractual Liability coverage. A cross-liability clause or separation of insureds condition must be included in the Commercial General Liability policy. Coverage must be provided by an insurance company authorized to do business in Oregon or rated A- or better by Best's Insurance Rating. This insurance will be primary in the event of a loss.

The policy by endorsement also shall include as additional insured's under this policy, Multnomah County and all other governmental and private bodies having jurisdiction involving in the facility and /event, their agents, officers, directors, officials, and employees as to any claim or claims for injury to person, including death, or damage to property, resulting from or growing out of the activities of the insured, including all volunteers. A copy of this endorsement shall be attached to the Certificate of Insurance. All additional insured provisions will include coverage that is primary and non-contributory.

Coverage information shall indicate the dates of coverage for the event. If there is a change in coverage, the Sponsor/Permitee is to provide 30 days advance notice that such a change has occurred. In entering into this agreement, the Sponsor/Permitee understands that Multnomah County has the right to terminate the agreement if the insurance no longer meets minimum qualifications.

A certificate evidencing such insurance shall be submitted to the County and shall be subject to the approval of County Counsel on behalf of Multnomah County as to adequacy of protection prior to any work beginning by the Sponsor/Permitee.

The submission must be faxed to 503 988-5082, ATTN: Property Management Supervisor, no later than 5 days before the first day of production.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Affirming the Economic Importance of the Film and Video Industry in Multnomah County and Directing Facilities to Develop Administrative Procedures for Filming Requests in Multnomah County Facilities

The Multnomah County Board of Commissioners Finds:

- a. In October of 2007, Commissioner Rojo de Steffey convened a committee to study how Multnomah County responds to requests to use the county's resources from the film and video industry. The committee consisted of representatives from Multnomah County Facilities, Sheriff's office, Multnomah County Transportation, the Oregon Film & Video Office, Portland Oregon Visitors Association, office of Mayor Tom Potter, and office of Commissioner Rojo de Steffey.
- b. The Portland-metro area is home to many of the television broadcasting, film and video production and creative freelance talent in the state of Oregon. Film and video productions can benefit the economic vitality of Multnomah County.
- c. The Oregon Film & Video Office states the film and video industry generates \$189,995,000 in direct spending in the Portland-metro area. Overall economic impact is \$385,312,000; 8,384 FTE impacted jobs and an estimated generated local tax of \$6,773,733 (2005 estimates).
- d. While the county has a streamlined process for requesting use of its bridges and roads for filming, the committee found the process for requesting use of its buildings and facilities in need of efficiencies. The committee found issues with:
 - i) Deposits and costs the county should charge
 - ii) Who to contact
 - iii) The need for the Board of County Commissioners to prioritize and set policy and procedures for film and video requests

The Multnomah County Board of Commissioners Resolves:

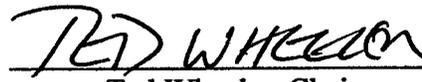
1. The Board affirms the importance of the Film and Video industry in Multnomah County and will work to nurture economic opportunities in this field. Further, Multnomah County will work collaboratively with the City of Portland and other related businesses to find efficiencies and streamline procedures.

2. The Facilities Director is directed to supervise and coordinate all requests for filming in Multnomah County facilities. Requests for filming in Sheriff-operated facilities will also require approval and coordination from the Sheriff.
3. The Facilities Director shall present an administrative procedure for "Required Form and Documentations for Use of Multnomah County Facilities for the Purpose of Film/Video Production" to the County Chair for approval and signature.

ADOPTED this 20th day of March, 2008.



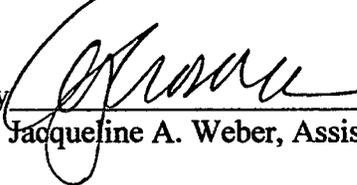
BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON



Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 

Jacqueline A. Weber, Assistant County Attorney

SUBMITTED BY:

Commissioner Maria Rojo de Steffey

**MULTNOMAH COUNTY, OREGON
ADMINISTRATIVE PROCEDURE
FAC-18**

SUBJECT: Film and Video Productions

PURPOSE: To establish a standard Countywide procedure for use of County property for commercial & non-commercial film/video productions

ORGANIZATION RESPONSIBLE: Facilities & Property Management

DATE:

ORGANIZATIONS AFFECTED: All Departments/Offices/Commercial & Private Film and Video Organizations:

LEGAL CITATION/ REFERENCE: Executive Rule _____

I. INTRODUCTION

Multnomah County is committed to the security and safety in County facilities and on County controlled property for the protection of staff, the public, and the County property. This procedure will standardize how requests to use County property for film and video productions are processed and the rules for use.

II. ORGANIZATIONS AFFECTED:

This Administrative Procedure applies to all the following:

- A. County Departments, Divisions, Sections, and other Agencies.
- B. County Program-Partner Organizations that have a current program or service contract with a County Agency and occupy space within a County building.
- C. Other Non-County Organizations seeking use of a County Building or Facility for video/film production.

III. COUNTY PROPERTY AVAILABLE FOR USE

A. County Property is defined as buildings owned, leased, sub-leased, or occupied by a County agency or County staff, or otherwise controlled by or maintained by the County.

B. Not all county properties have spaces available for use by organizations other than the county occupants of that building.

C. County Property does not include parking lots or public sidewalks. Building parking is not included or guaranteed as part of any *Film/Video Use Application*, but may be negotiated on an individual basis.

D. Requests to use Multnomah County Correctional or Secured Facility property for film and video productions, must be approved by the Multnomah County Sheriff's Office, in addition to the Multnomah County Facilities and Property Management Division.

E. Requests to use Department of Community Justice Secured Facility for film and video productions, must be approved by the Multnomah County Department of Community Justice, in addition to the Multnomah County Facilities and Property Management Division

F. A copy of the application form will be provided to the Chair's office.

IV. Requests for film/video access to county property.

A. All requests for film/video access to county property shall be forwarded to the Facilities and Property Management Division (FPM). FPM will manage, interpret, and enforce this Administrative Procedure as follows:

1. Provide tours of requested property with assigned property managers.
2. Assist video/film Company with application forms (see Attachment A).
3. Process all applications to use County Property as quickly as possible, not to exceed 2 weeks of receipt of completed application.
4. Coordinate use of property/building with tenants/departments.
5. Develop cost estimates for use of County Property, including County personnel costs.

B. Applications will be approved only if the film/video production submits a completed *Film/Video Use of Multnomah County Facilities Application* and agrees to the following:

1. Sign Indemnity Agreement
2. Provide Certificate of Insurance
3. Remit non-refundable deposit to reserve facility (may be waived at the discretion of the Director, Facilities and Property Management)
4. Do not start set up or make plans until receiving written authorization.
5. Coordinate use of property/building with FPM Property Manager.
6. Protect employees and the public safety at all times.

7. Protect all property and structures.
8. Comply with all County Regulations, Requirements, and Rules of Behavior and Use of Buildings.
9. No events shall exceed the Fire Marshall's Maximum Occupancy of a room or space or create unusual or excessive demands upon the Buildings' systems, such as, heating, cooling, lighting or power.

II. FACILITY USE APPLICATION AND APPROVAL PROCESS

- A. The Application is available from Facilities and Property Management Division and from the FPM web page. FPM will maintain the Application forms and may from time to time revise these forms to respond to changes in this Administrative Procedure, permitted uses, priorities, regulations, requirements, use fees, or other items.
- B. The Property Management Supervisor is the initial point of contact for Film/Video production requests to use County Facilities. The Property Management Supervisor will assign a Property Manager to assist in the application process and ensure all required documentation has been provided.
- C. The Property Management Supervisor will review and make recommendations for the approval or denial of the Application.
- D. The Director of Facilities and Property Management grants final approval of the Application and issues a Certificate of Approval.
- E. A copy of the approved Film/Video Use of Multnomah County Facilities Application is forwarded to Multnomah County Chair's office.

SAMPLE

**MULTNOMAH COUNTY, OREGON
EXECUTIVE RULE NO. _____**

FILM/VIDEO PRODUCTIONS IN COUNTY FACILITIES

Road and Bridge Permit Applications Are Separate From This Rule

I. Introduction

Multnomah County, Oregon (hereafter referred to as "County") has the responsibility for the management of County property (MCC § 7. 351). The Chair of the Board of County Commissioners, as the County's Chief Executive Officer, is authorized to adopt Executive Rules to carry out the County's duties and responsibilities under the Charter (MCC § 7.007).

The creation of this rule provides a process that expedites and encourages the film & video industry to utilize Multnomah County, thereby providing economic growth.

II Facilities & Property Management's Responsibilities

- A. Monitor & manage requests to use Multnomah County owned or leased property for film or video production. Application must be submitted to Property Management Supervisor, Facilities & Property Management Division at 401 N. Dixon St. Portland Oregon 97227, phone number 503 988-4238, fax number (503)988-5082. (Application form available on Facilities MINT page.)
- B. Obtain valid Indemnity Agreement, proof of insurance, and deposit from applicant. (Forms available on Facilities MINT page)
- C. Send authorization letter to proceed to applicant prior to scheduling.

III Cross-References

- A. Additional administrative requirements and related information may be found in
 1. FPM Procedures, Guidelines, and Standards
 2. Multnomah County Administrative Procedures for FPM (FAC)

Authorization to use County controlled premises shall not be considered as a County endorsement or approval of the activity. Assigned location shall not interfere with normal County business operations, block evacuation routes, access or egress, create a nuisance, damage premises, or cause injury to others. Application requests may be denied if the County Attorney's Office deems the activity illegal or reflect an image contrary to the County's mission.

The following Multnomah County Executive Rule is adopted:

Dated this _____ day of _____ 2008

Ted Wheeler, Multnomah County Chair

REVIEWED:

Agnes Sowle, County Attorney
For Multnomah County, Oregon



Film/Video Use of Multnomah County Facilities Application

- This application does not cover use of Roads or Bridges -

(Please Type or Print Clearly)

Today's Date _____

Production Company: _____

Telephone: _____ Mobile: _____

Address: _____

Local Production Manager: _____

Telephone _____ Mobile: _____

Address: _____

TYPE of Production: Feature Film __ Commercial __ TV Programming __ Documentary __
Still Photo __ Music Video __ Other (if other, please specify _____)

Title/Product: _____

Submit script (if available) and description of project

Producer: _____

Production Mgr/Coord: _____

Location Mgr: _____

Filming Impact Details:

1. Proposed date(s) of filming: _____

2. What hours?

a. Date: _____ From: _____ am/pm To: _____ am/pm

b. Date: _____ From: _____ am/pm To: _____ am/pm

c. Date: _____ From: _____ am/pm To: _____ am/pm

d. Date: _____ From: _____ am/pm To: _____ am/pm

e. Date: _____ From: _____ am/pm To: _____ am/pm

f. Additional dates: _____

3. Which buildings or property are you planning to use? _____

4. The approximate number of people involved and on site (total Crew and Talent) _____

5. The number and types of vehicles that will be going to the site _____

6. Do you anticipate lights, excessive noise, special effects or other? _____

7. Do you anticipate attaching any objects to the building? _____

8. Are modifications or changes to the site expected? _____

9. Describe in detail what you will be doing on the property. Provide any information on how set and use will impact the building (e.g. covering windows, taping or adhering objects to walls, construction of sets). _____

10. Are any utilities required (water, electricity etc)? Please describe the extent of use.

(Use additional sheets of paper as needed)

The use of alcohol, tobacco or drugs on County Property is not permitted without prior authorization from the Board of County Commissioners.



Multnomah County Facilities Use Cost Sheet

This represents the minimum costs associated with use of County facilities. FPM may from time to time revise these fees. Additional costs may be assessed to cover additional expenses, including but not limited to, County staff time, equipment use, clean up, unforeseen repairs, overtime costs. An estimate of the particular costs associated with your project will be provided prior to filming. These fees may be waived in the case of small budget independent filmmakers. Waiver of any fees will be made at the discretion of the Director of Multnomah County Facilities and Property Management Division.

Non-refundable Deposit to reserve facilities:

- \$600 Deposit per facility due prior to the start of filming for one and two day productions
- \$700 Deposit prior to start of filming for two day to one week production
- \$950 Deposit due 10 days prior to start of filming for one week and longer productions.

Set Up/Completion Costs:

- Minimum fee for set up, which includes the initial tour, completion of legal paperwork, pre-set up walk through, and approval of set-up is included in the deposit and covers walk-through upon completion.
- If other actions are required by the County prior to set up, during set up, or as a result of the walk-through, this fee will be raised by the actual cost of any materials and \$ 100 per hour for staff time.

Facility use rates:

- The minimum cost to use a facility is \$400.00, not including County provided services, personnel, or contracted services.
- An administrative charge of 8% will be added to the total cost.
- Costs beyond the minimum fee may be incurred for running background checks, providing escorts within secured buildings, additional onsite security or staff, use of County equipment, property management assistance, or technical assistance.
- The user of the facility will be billed directly for any repairs, damages, cleaning, or related expenses upon completion and final walk-through.

The production company/organization is required to designate a local agent who will have authority to represent the permittee in all matters relating to the exercise of the privileges granted and who shall be responsible for compliance with those conditions.

Production Company Name:

Print _____

Production Company Representative

Title _____

Sign _____

Print _____

Date _____

Authorized Local Agent

Sign _____

Print _____

Date _____

Contact Number of Local Agent

Day _____

Evening _____

Emergency _____

Email _____

SAMPLE



**Certificate of Approval from Multnomah County
Facilities and Property Management Division**

Production Company: _____

Production Title: _____

Approved Dates: _____

Attach:

1. Application
2. Project Cost Estimate (or Fee Waiver)

Onsite Property Manager Contact Information

Name: _____

Title: _____

Phone: _____

Email: _____

Authorized Representative of Multnomah County Sheriff's Office for Purposes of
Approval for use of Correctional/Secured Facility

[Insert Name]
Title, MC Sheriff's Office

Date

Phone: _____

Email: _____

Authorized Representative of Multnomah County Department of Community Justice for
Purposes of Approval for use of Secured Facility .

[Insert Name] _____ Date
Title, MC Department of Community Justice

Phone: _____

Email: _____

Authorized Representative of Facilities and Property Management for Purposes of
Project Approval and Payment for use of the Facility:

[Insert Name] _____ Date
Supervisor, Property Management Section

Phone: _____

Email: _____

Application Approved by:

[Insert Name] _____ Date
Director, Facilities and Property Management
Multnomah County



INDEMNITY AGREEMENT

Dated _____, 20____

In consideration of the issuance of a permit by Multnomah County for:

The following event (**Name and Description of the Activity**)

_____;

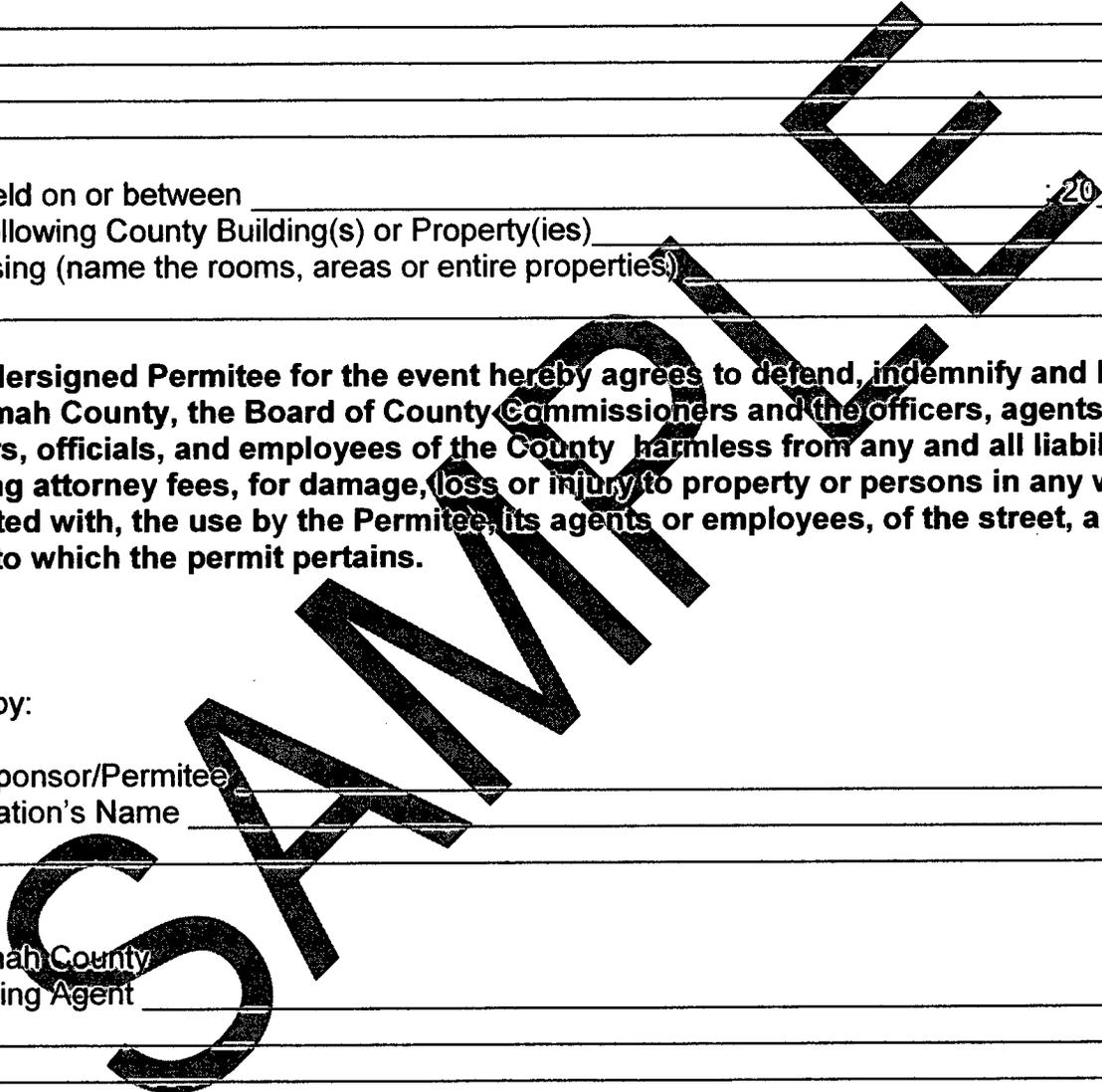
To be held on or between _____
At the following County Building(s) or Property(ies) _____
While using (name the rooms, areas or entire properties) _____

The undersigned Permittee for the event hereby agrees to defend, indemnify and hold Multnomah County, the Board of County Commissioners and the officers, agents, directors, officials, and employees of the County harmless from any and all liability, including attorney fees, for damage, loss or injury to property or persons in any way connected with, the use by the Permittee, its agents or employees, of the street, area or facility to which the permit pertains.

Signed by:

Event Sponsor/Permittee _____
Organization's Name _____
Date _____

Multnomah County
Authorizing Agent _____
Title _____
Date _____



Give This Sheet To Your
Insurance Carrier

This page is to be made a
Part of Insurance Policy

#

Insurance Requirements

Before Multnomah County will issue a permit for a film/video production, the sponsor must provide a current Certificate of Insurance showing proof of Commercial General Liability Insurance covering all the sponsor's activities, including volunteers, arising out of the film/video production.

The Sponsor/Permitee must carry Commercial General Liability Insurance, on an occurrence basis; with a combined single limit of not less than \$1 million each occurrence for Bodily Injury and Property Damage, with an annual aggregate limit of \$1 million. This insurance must include Contractual Liability coverage. A cross-liability clause or separation of insureds condition must be included in the Commercial General Liability policy. Coverage must be provided by an insurance company authorized to do business in Oregon or rated A- or better by Best's Insurance Rating. This insurance will be primary in the event of a loss.

The policy by endorsement also shall include as additional insureds under this policy, Multnomah County and all other governmental and private bodies having jurisdiction involving in the facility and /event, their agents, officers, directors, officials, and employees as to any claim or claims for injury to person, including death, or damage to property, resulting from or growing out of the activities of the insured, including all volunteers. A copy of this endorsement shall be attached to the Certificate of Insurance. All additional insured provisions will include coverage that is primary and non-contributory.

Coverage information shall indicate the dates of coverage for the event. If there is a change in coverage, the Sponsor/Permitee is to provide 30 days advance notice that such a change has occurred. In entering into this agreement, the Sponsor/Permitee understands that Multnomah County has the right to terminate the agreement if the insurance no longer meets minimum qualifications.

A certificate evidencing such insurance shall be submitted to the County and shall be subject to the approval of County Counsel on behalf of Multnomah County as to adequacy of protection prior to any work beginning by the Sponsor/Permitee.

The submission must be faxed to 503 988-5082, ATTN: Property Management Supervisor, no later than 5 days before the first day of production.



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: R-9
Est. Start Time: 9:55 AM
Date Submitted: 03/11/08

Agenda Title: **Presentation of the Final Task Force on Vital Aging Report**

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** 20 mins
Department: Non-Departmental **Division:** Chair Ted Wheeler
Contact(s): Lorenzo Poe
Phone: 503 988-3308 **Ext.** 83958 **I/O Address:** 503/600
Presenter(s): Jay C. Bloom

General Information

1. **What action are you requesting from the Board?**
Presentation of the Final Task Force on Vital Aging Report.
2. **Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**
See final report.
3. **Explain the fiscal impact (current year and ongoing).**
none
4. **Explain any legal and/or policy issues involved.**
none
5. **Explain any citizen and/or other government participation that has or will take place.**
14 citizens served on the Task Force and over forty citizens on workgroups

Required Signature

**Elected Official or
Department/
Agency Director:**

TED WHEELER

Date: 03/11/08

Everyone Matters:

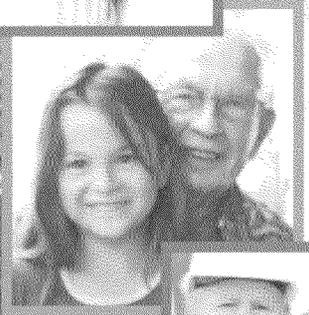
A Practical Guide to Building a Community for All Ages

Report of the
Multnomah County
Task Force on
Vital Aging - 2008

Portland, Oregon



MULTNOMAH
COUNTY



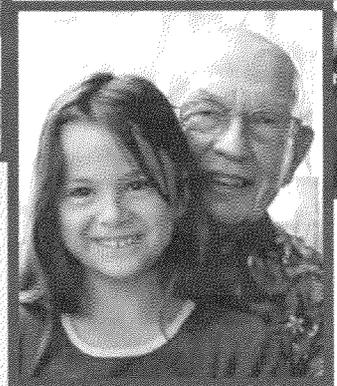
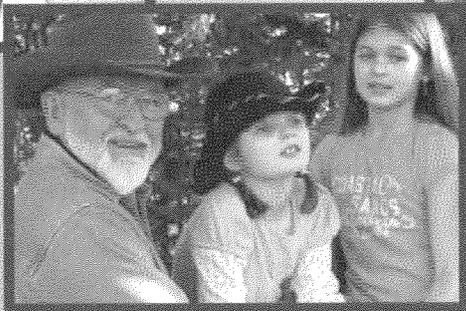


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Complete report including appendices and web links available at
www.co.multnomah.or.us/chair



Credit: Travel Portland

INTRODUCTION

It is not all about denying the very real problems associated with aging. It is all about denying the very real potential associated with aging.¹

-DR. GENE COHEN



For decades, demographers have been ticking off a litany of problems that communities around the nation will face as a result of the **Baby Boom** generation reaching retirement age. There is no question that such a large cohort approaching this important milestone raises **challenges** around employment, health care, housing and other areas. But an emphasis on a negative view overlooks **major opportunities** that are emerging as well. There is a positive story that needs to be told and this report represents the first chapter in that story.

Too few communities have developed concrete plans to address the problems associated with the aging of the Baby Boom generation. Even fewer have prepared themselves to capture the **significant potential benefits** that will result from this **unprecedented pool of talent and experience**. Only communities that plan well will reap these benefits. Multnomah County has been planning for many years through its Aging and Disability Services Division, Health Department and other agencies to address the potential challenges that may arise. **Multnomah County will also be one of the few jurisdictions in the nation that will also have a plan to reap the benefits of this wellspring by carrying out the recommendations in this report.** A more complete copy of this report along with numerous links can be found on my website at www.co.multnomah.or.us/chair.

At my recommendation, the Multnomah County Board of County Commissioners voted unanimously on February 15, 2007 to create a Task Force on Vital Aging. The Task Force was charged with **identifying opportunities, challenges, best practices and recommendations** for enhancing the **independence, engagement and contributions** of older adults in Multnomah County and throughout our region and to **raise our community's awareness** of older adults as a growing resource who do and can contribute even more to our community.

Vital aging is about having the quality, capacity, and opportunity for continuous engagement at an optimum level through one's life cycle. The Task Force chose to focus on the two primary opportunity areas of **employment and civic engagement** of older adults. We recognize there are many other important avenues to creating a community for a lifetime and a place where people of all ages can thrive and prosper together. These include but are not limited to **affordable housing, adequate public transportation, accessible and affordable physical and mental health care, a dynamic arts community, lifelong learning opportunities, support for caregivers, in-home and long-term care support and public safety** to name just a few. Multnomah County, along with our public sector partners, the support of the private and philanthropic sectors and individual citizens, will continue to work on this range of issues.

I especially want to thank my co-chair and fellow commissioner Maria Rojo de Steffey for assisting in leading this impressive group. I also want to thank Jay Bloom who staffed the Task Force on Vital Aging and who offered overall leadership to the effort. Of course, I also thank each one of the Task Force members and staff who participated and contributed in some way to this excellent final report. They include:

Arleen Barnett, Vice President of Administration, Portland General Electric
Greg Chaille, President, Oregon Community Foundation
Mark Dodson, Chief Executive Officer, NW Natural
Sho Dozono, President, Azumano Travel
Eileen Drake, Vice President of Administration & Legal Affairs, PCC Structural
Nick Fish, Attorney, Meyer and Wyse Law Firm
Gillian Floren, Vice President of Marketing, Greenlight Greater Portland
Joyce Furman, Community Leader
Jerry Hudson, Trustee, Collins Foundation
Pam Knowles, Chief Operating Officer, Portland Business Alliance
Carol Nielsen-Hood, Director, Gresham Chamber of Commerce
Preston Pulliams, President, Portland Community College
Dan Saltzman, Commissioner, Portland City Council
Harold Williams, Board Member, African American Chamber of Commerce
Jay Bloom, Task Force Staff, President, Bloom Anew

I also want to thank the chairs of the workgroups, Joyce DeMonnin, Andy Nelson, Judy Strand and Raquel Aguillon and all of the individuals who contributed to the workgroups. Each is appreciated for his or her contributions. We greatly appreciate support from the underwriters of this report: AARP Oregon, Portland Business Alliance, Portland Community College and the United Way of Columbia-Willamette.

My colleagues on the Board of County Commissioners – Maria Rojo de Steffey, Jeff Cogen, Lisa Naito and Lonnie Roberts - have all earned my gratitude for their willingness to support research in this critical, emerging area. I appreciate their continued commitment to the needs of people of all ages in our community.

The primary audiences for this report are employers, public policy makers and the philanthropic community, including both funders and nonprofit organizations. I expect each of these groups will find some helpful and stimulating ideas. I believe individual readers will also gain from reading this report since all of us want to age vitally.

Key themes in this report:

- o The average age of our local population and workforce is increasing.
- o This will lead to significant challenges for all employers in the public, private and non-profit sectors.
- o Fortunately, the vast majority of adults want to work and stay engaged in our community as they grow older.
- o Area employers and nonprofits will have to proactively create new approaches and change attitudes if we are to effectively engage this new significant community resource.
- o Old models will have to be updated and retooled and old assumptions and stereotypes “retired.”
- o Harvesting this significant new resource requires leadership in planning, identification of achievable action steps and leveraging the unique contributions of government, business, philanthropic organizations, nonprofit agencies and the larger community.
- o The changes needed in the workplace and civic organizations to engage older adults are very similar to those desired by the younger generation. Adapting models to include older workers will also help attract and retain younger adults as well.

This process further highlights the role of Multnomah County as a convener, partner and catalyst for effective collaboration between government, business, philanthropic and nonprofit organizations and other community groups to achieve public purposes.

This report is by no means the “final answer” about how to best capture all the benefits of projected demographic changes in the years to come. It does, however, provide Multnomah County with concrete strategies that we would be wise to work to adopt. I hope this report will be a call for action for further innovation and creativity going forward and provide a practical guide to building a community for all ages, one that values the interdependence of all our generations. Imagine a community where “Everyone Matters.”



Ted Wheeler,
Multnomah County Chair

BACKGROUND

The rapidly graying of America will fundamentally change our culture and present us with some of the most critical policy issues of our times.²

– PAUL HODGE, GENERATIONS POLICY PROGRAM, HARVARD UNIVERSITY

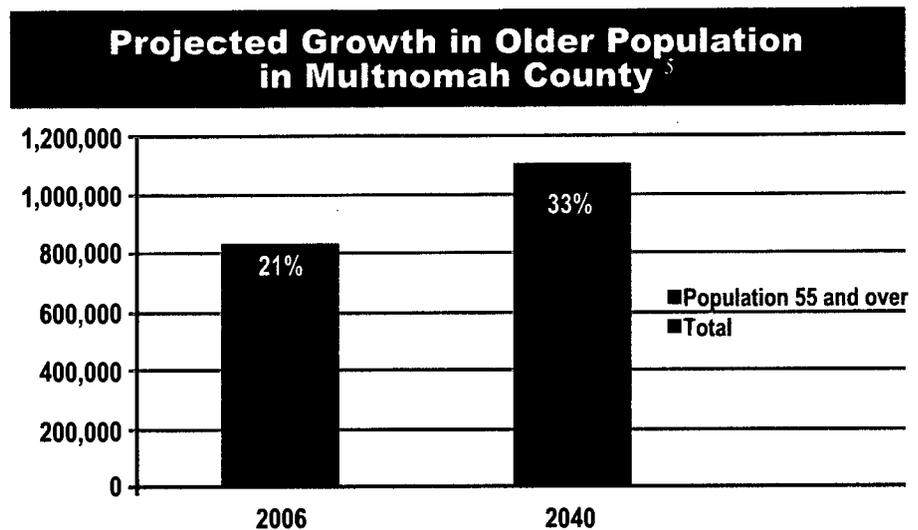
We often hear about the “Baby Boomer” generation. Who are these “Baby Boomers” and why should we care? Born largely between 1946 and 1964, Baby Boomers now range in age from 44-62. They are our aging population and their numbers are far greater than any previous older generation. Adults age 44-62 currently number 78 million, up from just 43 million in 1980.³ Oregon’s demographics are consistent with this trend.

This increase in the number of aging adults may raise concerns among some, but it also provides us with extraordinary opportunities.⁴

This generation of older adults will be the healthiest, most educated, most skilled and most affluent in history. Aging adults have the knowledge and skills to contribute to our communities. They have also indicated a fervent desire to continue to actively participate in society through employment and civic engagement.⁶

Oregon Gray Matters, a report commissioned by Portland Community College and published by AARP Oregon, found that Oregon shows signs of a state entering the “longevity revolution.” These are states in which active aging is predicted to impact the workplace and postsecondary education as older workers return to school for recareering needs. From 2001 to 2005, the number of workers 55 and older increased from 205,097 to 264,930. The labor force participation of workers 55 and older rose from 36% to 45%.⁷

The Portland area is nationally recognized as a bell weather state that anticipates and prepares for societal shifts. This call to action is another example of a pioneering effort to harness the capacity and address the needs of our aging population. A recent survey of over 10,000 local governments asked about their preparedness for an aging population. The survey found that only 46 percent of American counties have even begun to address the needs of the rapidly increasing, aging population.⁸ Public policy makers, employers, nonprofit organizations and both public and private funders have the opportunity right now to pursue innovative and effective strategies to engage our aging adults.



Increasingly, reports describe workforce shortages of talented and experienced workers and the impact this will have on the public, private and nonprofit sectors. Not only do older adults want to work in future, they want to work in ways that benefit the community and the next generation. They also want more options in how they work. It is to our benefit to identify practices that will provide the desired flexibility while drawing on this vast supply of skill and knowledge.

“Ageism” is discrimination or prejudice against people of a particular age. Ageism is most evident against older adults and can be found in our workplace policies, the media and our culture generally.

Some view older adults as a growing liability rather than a dynamic asset. Warnings of Social Security bankruptcy, runaway Medicare costs and excessive demands on long-term care reflect a belief that older adults are a costly burden rather than critical, contributing members of our communities.



70%

of older adults will want to work in some capacity in their later years.

42%

want second careers where they can share or pass on their knowledge to others.

58%

of adults ages 50 to 70 years old would consider taking jobs now or in the future to benefit their communities.

78%

of these individuals are interested in working to help the poor, the elderly, and other people in need.⁹

There is an increased demand for flexibility and work-life balance not only among older workers but also among younger workers. Creating a flexible and rewarding workplace for older adults will make those businesses and organizations more attractive for employees of all ages.

KEY ASSUMPTIONS

*Poor health is not an inevitable consequence of aging.*¹⁰

- CENTERS FOR DISEASE CONTROL AND PREVENTION

Vital Aging: We intentionally chose the term “vital aging” to reflect that older adults can be creative, productive, successful and healthy. *Aging does not mean disability. Aging is not a disease.* With increased attention to diet, exercise, alcohol intake, smoking, lifelong learning, work and civic engagement our aging population will be the healthiest in history. Even when aging adults have a disability, there are still opportunities for a vital, active life.

Older Adults are a Resource: Older adults represent a growing resource with considerable expertise, experience and available time for work and service to the community. All older adults have value and are capable of meaningful contributions to our community.

Older Adults Pass on Knowledge: Older adults should have opportunities to transmit their skills and knowledge for the benefit of future generations of employees.

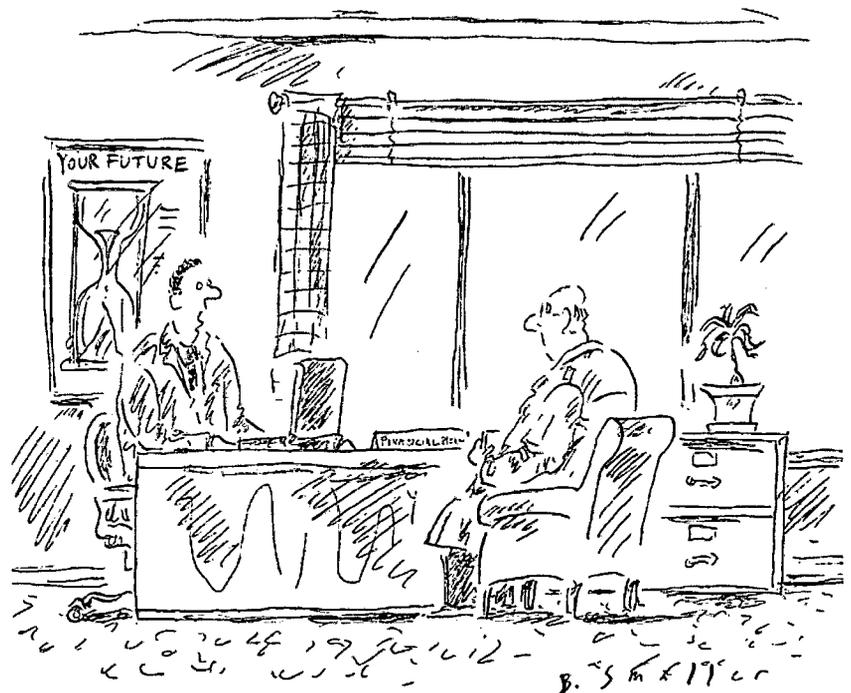
New Attitudes, Practices and Policies Are Needed: We must build on the strengths of older adults and give them the opportunity to contribute in a meaningful way.

Active Adults Remain Independent: The more actively engaged older adults are, the more likely they will remain independent and the better their quality of life. They may also be in lesser need of public and private services as they age.

Working Adults Generate Income: Older adults who work longer earn more personal retirement income, pay taxes and continue to contribute to Social Security.

Employment and Civic Engagement Are Critical: We have focused this report on employment and civic engagement as two critical avenues for vital aging.

What's good for older adults is good for the whole workforce: Young, talented individuals are seeking out workplaces that offer the same kind of flexibility and work-life balance that is needed to maintain and attract older adults.



“Have you given much thought to what kind of job you want after you retire?”

EMPLOYMENT

*We are pushed by pain until we are pulled by vision.*¹¹

– REVEREND MICHAEL BECKWITH

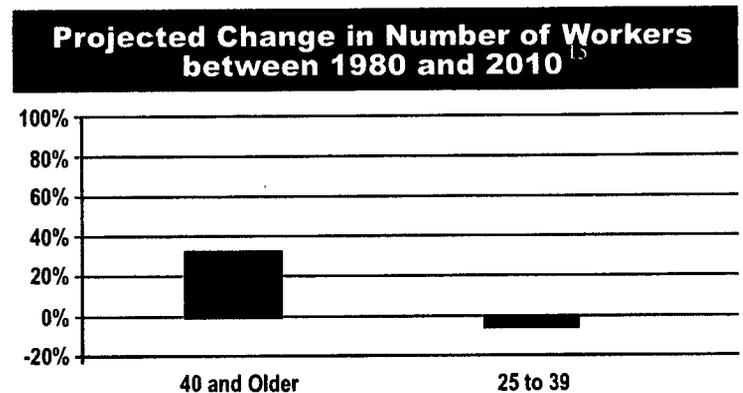
Workforce Shortage and Knowledge Loss

The Bureau of Labor Statistics projects a shortfall of 10 million workers in the United States by 2010.¹² Older adults are a critical part of the solution, both because of this shortage and also because of their substantial knowledge.

43 percent of the U.S. labor force will be eligible to retire between 2004 and 2012, impacting the public, private and non-profit sectors. Moreover, for every two workers exiting the workforce only one may enter.¹³

Industries in Oregon with some of the oldest workforces are:¹⁴

- * Utilities
- * Education
- * Nonprofits
- * Real Estate
- * Healthcare
- * Government
- * Manufacturing



The impact will be felt in staffing, but also in financial statements and operational issues. Organizations should identify the impact these workforce shortages will have and how older workers can help to mitigate these gaps. Only 36% of Oregon employers say they have taken steps to prepare for an aging workforce.¹⁶

The impending gap is not only in numbers but also in available skills.

*There is business value that is uniquely derived from experience, making it an asset that can't be replaced simply with technical knowledge or know-how.*¹⁷

This includes loss of knowledge, skills, efficiency, loyalty and relationships. The 2007 report "Will Oregon Have Enough Workers," notes that as Baby Boomers retire, one of the primary challenges will be finding individuals with the right combination of skills and experience to replace them.¹⁸

Relationships that make the work more efficient and more effective are lost. These include networks inside and outside the organization, including relationships with vendors, customers, funders, donors and regulators.



Developing recruitment and retention practices that are friendly to older workers can limit these losses dramatically. The competitive edge and future success of our businesses, nonprofits and public organizations is closely aligned with efforts to recruit, retain, retrain and re-engage older adults.

This chart illustrates the stages of pain an organization may experience as their workforce ages. Organizations will find themselves in different stages of feeling “the pain.”

Where's the Pain?¹⁹



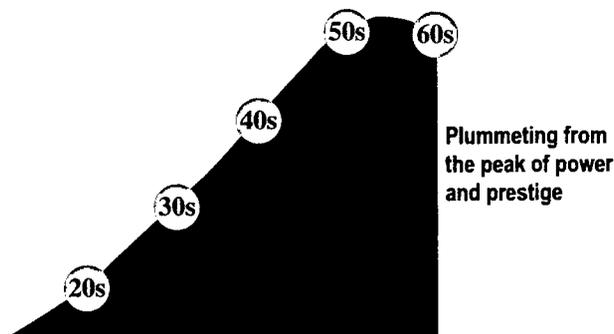
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What Older Employees Want

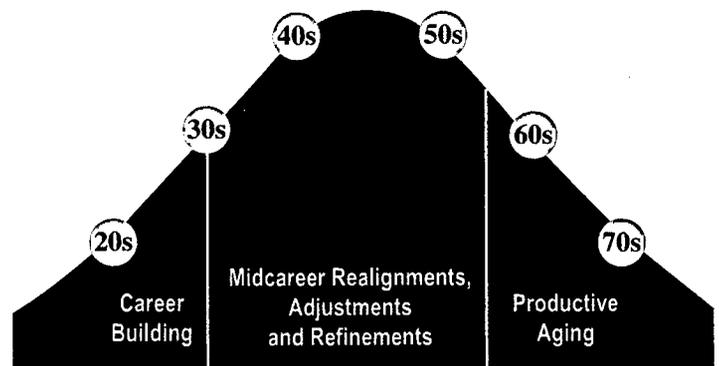
Because the boomer demographic is so large, any generalization will be imperfect. But we do know that these older adults will age very differently than previous generations due to their health, educational attainment level, work histories and personal motivation. Studies repeatedly show that the “Baby Boomers” have no intention of seeking a traditional retirement.²⁰

The old model of obtaining education, working and then retiring is waning. It is being replaced by cyclical patterns, with individuals moving in and out of workforce, educational and leisure activities. For many, retirement will no longer mean to withdraw, disappear and wind down to full-time leisure. Rather, it will mean new beginnings, continued engagement, productivity and contribution over twenty, thirty or forty years.²¹

Traditional Retirement Profile²²



Productive Aging View



Source: *Retire Retirement, Rekindle Career, Retain Talent* by Dychtwald, Erickson and Morison. 2005

71% percent of older adults feel that work is part of an ideal retirement.²³

The top reasons for continuing to work (other than for money) are the desire to:²⁴

87%
Stay mentally active

85%
Stay physically active

77%
Continue to be productive

66%
Maintain health benefits

Some older adults will have the financial means to choose whether to work. But a majority of older adults will probably have to work to supplement Social Security support and retirement savings.²⁵

Workers age 55 to 59 who say that the need for income is a primary reason to work:
72%

Workers age 60 to 65 who say that their need for income is a primary reason to work
60%

Older workers want:

- Meaningful work that contributes to the community and to others
- Flexibility in work schedules, assignments and location
- Options to allow for work/life balance

Most people don't retire because they want to stop working, but because they want more control over their time, for health reasons or for family obligations. Many want to ease into retirement, have more freedom, deal with less stress or simply want a change. Flexibility and options will continue to be key for this generation of workers as it will for younger generations of workers. Offering options will provide a positive return for organizations.

Employers report these benefits from engaging older workers:

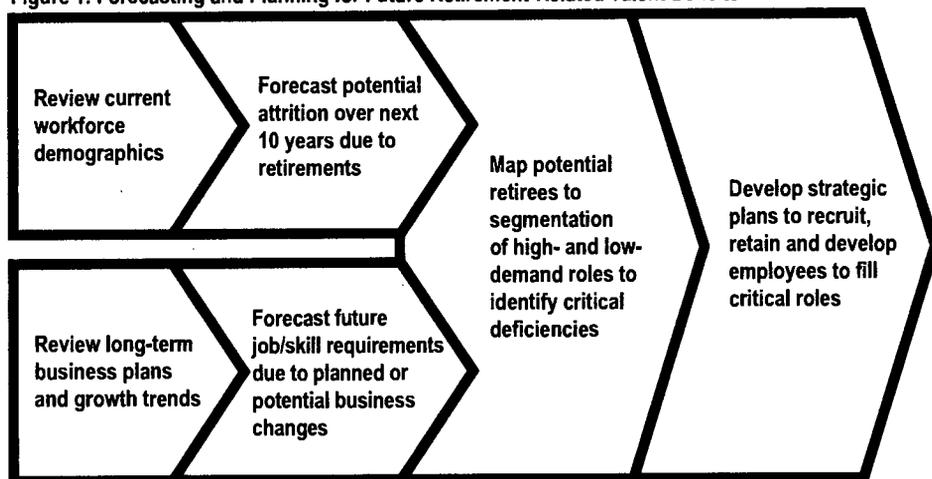
- Reliability
- Problem solving skills
- Informed judgment
- Long-time experience
- Ability to manage crises
- Sense of responsibility and loyalty
- Established networks
- History of working with diverse people

Employer Best Practices

The following best practices allow organizations to approach the aging of their workforce proactively rather than waiting for a crisis. Many organizations and leaders are resistant to addressing new trends and making critical changes even if they will ultimately benefit the organization and its employees. But there are great opportunities to engage older adults and in doing so, ensure greater success for your organization.

Strategic Analysis:²⁶

Figure 1: Forecasting and Planning for Future Retirement-Related Talent Deficits



Best practices:

- Strategic analysis
- Recruitment
- Work environment and design
- Flexible working arrangements
- Compensation and benefits
- Knowledge transfer, mentoring and training
- Multi-generational workforce training

Ask Critical Questions: Does age in your workforce matter given your strategic goals? What percentage of your workforce is approaching retirement? Do you have a future workforce in the pipeline with the requisite skills and experience to meet your goals?

Conduct An Internal Sustainability Workforce Audit: Focus on the age of your workforce, what departments or positions are most vulnerable to knowledge or experience loss, where replacing workers will be difficult, whether key positions have internal candidates ready for succession. Locally, Portland General Electric assesses risk by unit, position and type of risk (retirement, retention, labor market availability and knowledge transfer). They use an annual staffing and development process for each business unit.

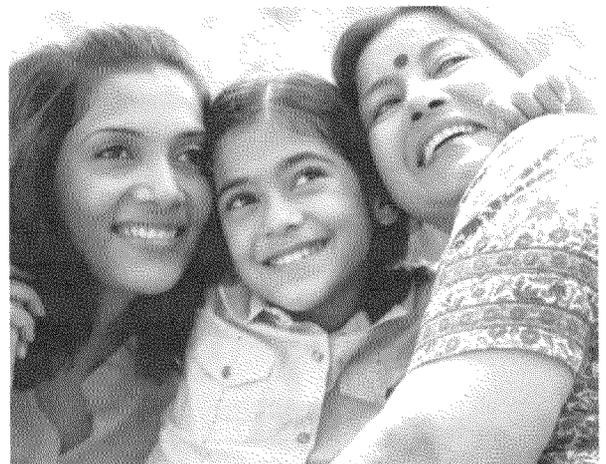
Once vulnerable positions, functions or departments have been identified, organizations can take steps to create back-up resources and institute knowledge transfer strategies. This should be part of an overall strategic workforce planning process.

Recruitment

- Partner with organizations that help older workers find jobs.
- Maintain a job bank of retired and former employees who may be interested in filling positions, participating in projects, or promoting openings.
- Supplement recruiting packages with materials designed for older workers.
- Ensure the organization's web site and recruitment materials reflect images of an age-diverse workforce.
- Use positive language and supplement factual information with an emotional message.
- Identify experience as a plus or mature judgment preferred in job ads.
- Use age-diverse interview panels.
- Design interview questions that encourage candidates to share their skills and experience.
- Eliminate barriers by reducing restrictions on post-retirement employment.
- Create an intermediary organization that can help you recruit like "Your Encore.com."
- Create internships for older workers.

Workplace Design

- Ensure that work facilities, equipment and processes are safe and ergonomically sound, and assist employees of all ages. Provide ergonomic adjustments as necessary.
- Ensure that workplace lighting is adequate.
- Ensure that floor surfaces are flat and stairs meet building codes.
- Set computers in a physically appropriate location.
- Design jobs to avoid continued repetitive duties by cross training and rotating employees in repetitive motion jobs.
- Encourage regular stretch breaks.
- Provide training on back care and safety.



Organizational Culture that Supports Manager and Supervisor Readiness

Workers of all ages generally don't leave organizations, they leave their supervisors. Therefore, it is important to invest in training for managers and supervisors so they can provide the experience that will retain and cultivate their workforce.

- On-going coaching for supervisors and managers is most effective, helping to reinforce periodic trainings and remind managers that accommodating the new workforce is a key element of the organization's recruitment and retention strategy.
- Develop an individual agreement with each employee to define expectations regarding the pace and speed of their career advancement, implications for the employee's schedule, compensation and potential for promotional opportunities.²⁷

Key Principles:

- Any new work design must work for both the organization and the employee.
- Any new work arrangement should be conditional, approached explicitly as temporary, and revisited periodically to ensure success and mutual satisfaction.

Work Design

The old work model of the industrial age was designed for an individual to work full-time, five days a week, fifty-two weeks a year. Newer work design models allow for more creativity, flexibility and choice. Increasingly, organizations are offering work in different designs:

Episodic or durational

assignments allows work to be done for short periods of time or on a project-by-project basis.

Telecommuting allows work to be done outside of the office.

Bridge jobs allow workers to

work seasonally or part-time and may involve changing positions with an organization. Employees may move from a salary to an hourly wage. The goal is to bridge the gap between career employment and complete retirement.

Phased retirement aims to reduce hours and responsibilities for an existing position and potentially, the phasing in of a successor.

Global Trends

In Europe, "interim management" is a growing trend. Organizations employ former managers on short-term projects from three to six months.

In Spain, one in three workers now appears on the payroll as a temporary worker.²⁸

Ask older workers what they want and need. Don't make assumptions.

Flexible Working Arrangements

59% of workers age 50 and older would like to remain in the workforce if they could reduce their hours or have flexible hours.²⁹ While compensation is important, many workers, especially older ones, report that flexibility is key in their decision to continue to work.

The following are varying types of flexible work arrangements that employers can consider. What they share is that they allow flexibility in:

- Scheduling of work hours
- Number of hours
- Location of work
- Compensation

Individual employees may move in and out of such arrangements over time. A guide to flex-options can be downloaded at www.we-inc.org/flexguide.pdf.

Three Stages in Approaching Flexibility:

- Flexibility is focused simply on its benefit to the organization.
- Flexibility policies are written particularly to attract and retain employees. Usage is low and often handled on an ad hoc basis, risking perceptions of unfairness.
- Flexibility is the rule rather than the exception. Organizations not only recognize the increased productivity or service, but also want their workforce to have as many options as possible in order to stay healthy and vital.³¹

Compensation and Benefits

To attract and retain workers, employers might consider providing:

- Compensation and benefit policies, including retirement pensions, that promote part-time or reduced work schedules and at the very least, do not restrict or create unnecessary barriers to these arrangements.

Employees who have greater flexibility, report higher levels of job satisfaction, stronger commitment to the job, higher levels of engagement and better health.³⁰

Flextime: Employees have flexibility in start and end times, maintaining the same number of hours each day.

Compressed work week: Employees work longer hours on some days and shorter hours on other days in that same pay period.

Part-time: Employees work less than full-time.

Job sharing: Two or more employees share one full-time position.

Telecommuting: Employees work from a remote location.

Internships: Employees learn skills as an "apprentice."³¹

Episodic: Employees work intermittently as needed, on-call or as a back-up or substitute.

Project/Durational: Employees work on time-limited assignments.

- Health benefits to a greater portion of workforce, regardless of number of hours worked.
- Long-term care insurance.
- Short and/or long-term disability insurance.
- Retirement savings incentives such as a matching 401K contributions, profit sharing or stock options.
- Elder care and care giving support.
- Tuition, professional development and lifelong learning support. Older workers often need training to learn new skills and promote themselves.
- Diverse training that incorporates multiple learning styles and adult learning principles which may include classroom learning, distance learning, individualized training, coaching, internships or apprenticeships.
- Travel reimbursement and public transportation vouchers.
- Wellness trainings that include health screenings, nutrition guidance and internal fitness programs or discounts on fitness memberships.
- Internal volunteer programs.
- Retiree associations providing opportunities for continued engagement and connection.
- Non-monetary forms of compensation as described in the nonprofit section of this report.



Retirement and Life Planning

One benefit being offered by some organizations is life planning for pre-retirees and sometimes, their partners. Weyerhaeuser has been providing this service since 1986. Providing life planning and retirement seminars may help explain your organization's retirement and Social Security benefits and introduce employees to the idea of planning for other aspects of their later years. Providing this service for current employees



nearing retirement can serve a variety of purposes:

- Employee is better prepared for retirement.
- Employer may obtain critical information about an individual's plan for retirement.
- Employer and employee can begin to talk about possible options.

Many employees are anxious about retirement and the uncertainties it will bring in role identity and economics. Anxious workers are generally more distracted and less productive. Helping employees plan for this significant life transition can lessen their anxiety and help them make better decisions about how and when to retire or re-career.

It is in the organization's best interest to have more satisfied and prepared retirees whether as ongoing ambassadors for their organization or as a future workforce resource.

Knowledge Transfer/Mentoring/Training

Workers age 50 and over are more likely to have remained with one organization or in the same field longer than the younger generation.³² Employees who are able to work at organizations for long periods of time are more likely than short-term employees to accumulate job-specific critical knowledge around business operations, organizational culture, best practices and technological changes and adaptations. This is what we consider "institutional memory."³³

Organizations can mine this critical knowledge and experience through formal mentoring and training programs. Mentoring can occur on an informal basis, but more successful mentoring efforts are more formal. Here are some tips for designing an effective mentoring program in your organization:

- Screen effectively for those individuals have the skills and temperament to be a mentor. Not everyone does.
- Mentors need upfront training and ongoing coaching.
- Before meeting a mentor for the first time, employees should analyze their own objectives and learning styles. The best mentoring programs have identified specific skills and knowledge to be transferred.

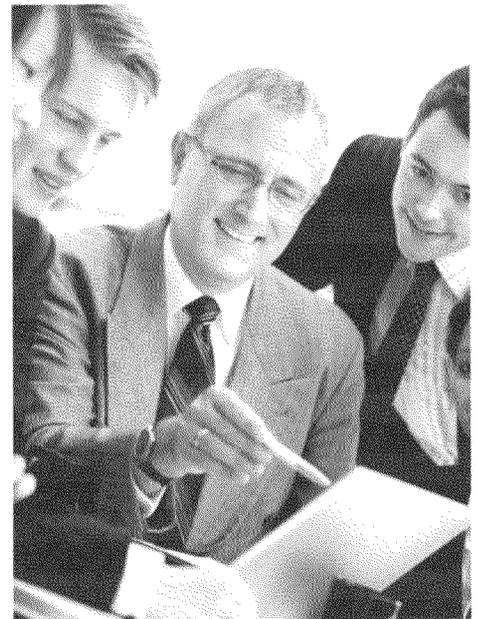
Life by Design Northwest
(lifebydesignnw.org)

provides life planning in the greater Portland metropolitan area and is available for employers, their employees and the public at large. The initiative was launched by:

- AARP Oregon
- Express Personnel
- Hands On Greater Portland
- Morrison Child and Family Services
- Multnomah County Library
- Northwest Natural
- Oregon Public Broadcasting
- Portland Community College
- Portland State University

- Arrange meeting times, locations and frequency to accommodate both parties and cultivate a personal connection.
- Recognize opportunities for “intergenerational” mentoring or “mutual” mentoring so that both parties can learn from each other.
- Assure older employees that they are not working their way out of a job by teaching skills to younger employees.

An added benefit of a formal mentoring program that matches older with younger workers is that it can reduce biases and myths that both parties may have. Interaction between workers of different ages can ease awkwardness, tensions and help everyone realize that all generations have something to offer the workplace and to each other.



Multi-generational Workforce Training

Organizations that want to respect and cultivate diversity among their employees are increasingly adding age as another key element of a diverse workforce. Such efforts can reduce stereotypes and improve inter-generational communication in the workplace.

Only 16% of organizations have prioritized demographic issues in their training.³⁴ In recent years the term “cultural competence” has emerged, which suggests a knowledge of multiple cultures, styles and needs in order to be successful with diverse staff, customers and organizational partners. “Generational competence” would begin to encourage organizations and their employees to understand, appreciate and meet the specific needs of different generations.

What is it like to be supervised by someone the age of your son, daughter, niece or nephew? What is it like to supervise someone the age of your parent? Organizations need to initiate discussions about generational differences and perspectives and form teams that deliberately include members of varying generations. Multi-generational management is in its early stages and our capacity and capabilities in this area will surely grow in the future.

It's like the 1970s, when women were streaming into the workplace. Employers who paid attention and changed their policies to be friendly to women had a powerful edge. The same thing is going to happen as boomers age. There are great opportunities for employers who can make their policies diverse enough to accommodate everyone.³⁶

-DEBORAH RUSSELL, DIRECTOR OF ECONOMIC RESEARCH, AARP

One-fifth of employed adults today are older than their bosses. This percentage is expected to grow dramatically in the years ahead.³⁵

CIVIC ENGAGEMENT

Community service or volunteering through nonprofit and charitable organizations is a very common pursuit in the United States and contributes significantly to our overall quality of life here in Multnomah County and throughout our state.

Volunteering happens most often informally, without involving any organizations. All cultures and ethnic groups value helping their neighbors. One can argue that caregiving of any type is a form of civic engagement. We need to acknowledge the work that older adults do for others as valuable. Women, in particular, deserve respect for their daily care-giving.



Caregivers contribute billions of dollars to society in the form of unpaid work.³⁷ We need to recognize and reward these efforts. We must also acknowledge other forms of civic engagement, including serving in a public office, serving on public commissions and advisory boards, voting and other forms of public advocacy. There are other intermediary groups, such as faith communities, fellowships, service clubs and various neighborhood organizations that contribute to the community's well-being and can leverage the aging individual's desire for community involvement and meaningful work.

For purposes of this report, we have chosen to focus on civic engagement through nonprofit organizations.

The Unique Case for the Nonprofit Sector

The nonprofit sector has many reasons to care about our aging population, particularly given its size, educational and skill level, good health and relative wealth. The boomers will have the money, expertise, desire and time to engage in community work through nonprofit organizations. The Portland metro region ranked number six in the country for volunteer rates of civic engagement.³⁸

The aging of boomers will affect the nonprofit sector workforce as well as its donor base, volunteer corps, advocacy capacity and direct service demand.

Adults age 45 and older account for 77% of financial assets in the United States, control 70% of total wealth and account for more than half of the nation's discretionary spending.³⁹

There is a potential labor market that could meet people's desire for a sense of purpose and a hope of making a contribution to something larger than themselves. I see a potential movement, an intersection of the practical assets of work with the higher purpose assets of service.⁴⁰

-MARC FREEDMAN ENCORE- FINDING WORK THAT MATTERS IN THE SECOND HALF OF LIFE

As with other sectors, the nonprofit sector has begun to experience a shortage of line workers, middle management and upper managers. This shortage will only grow in coming years.⁴¹

Two-thirds to three-quarters of the executive directors of nonprofits plan to leave their jobs in the next five years.⁴² Between 2007 and 2016, nonprofit organizations will need to attract a total of 640,000 new senior managers, 2.4 times the number currently employed. This is the equivalent of recruiting more than 50 percent of every MBA graduating class, at every university across the country, every year for the next ten years.⁴³

However, attracting and retaining a workforce based on financial compensation in the nonprofit sector is almost an oxymoron. The cost of living in most of our communities for housing, transportation, health care and child care, has significantly outpaced social sector financial compensation. There are exceptions, but as a rule, the vast majority of nonprofit organizations have not kept up with yearly inflation increases during the past twenty years, and this is not likely to change in the near future.

Close to nine in ten nonprofit organizations that recruited employees for professional and administrative jobs during the past year found the task to be “somewhat” or “extremely” challenging.⁴⁴ Fewer college students are majoring in the social sciences as opposed to business, law and computer science. College students are carrying ever increasing educational debt, a significant financial barrier to working in the nonprofit sector.⁴⁵

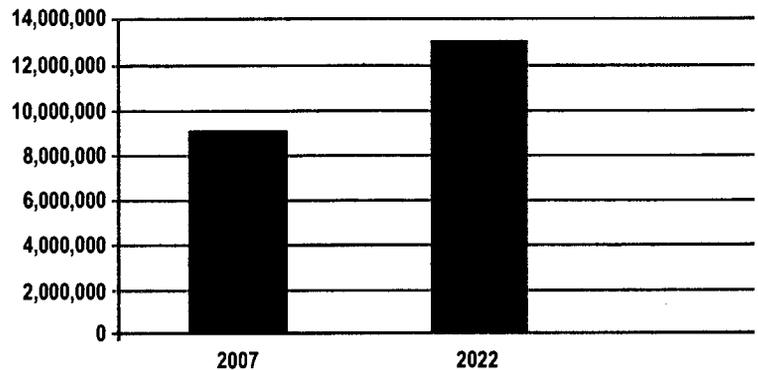
Nonprofits can expect even more fierce competition from the private and governmental sectors for a decreasing number of available young workers in the years ahead. Along with other employers, nonprofits are increasingly putting the burden for health insurance costs and retirement savings onto the employee, exacerbating the problem of limited compensation.

But if nonprofits choose to compete for the older workforce, they have some critical challenges. The best practices identified earlier in this report for employers are applicable to nonprofit employers as well.



One-third of boomers volunteer and have the highest volunteer rate of any group.⁴⁶

Projected Growth in Number of Volunteers Age 65 and Older in U.S.⁴⁷



There are other opportunities in nonprofits besides a typical paid position. One nonprofit, ReServe, recruits and places older adults in other nonprofits and pays a stipend equivalent to \$10 an hour for up to 15 hours a week. The positions include senior management and middle management as well as line positions.

Nonprofits need to broaden their view of older workers, whether paid or unpaid, to see them as significant assets, a kind of donor to their organization and mission. There is the potential value for millions of dollars worth of work in unpaid hours and work at discounted pay rates.

Conceptually and practically it is important for nonprofits to develop a continuum of work and compensation options.



THE NEXT CHAPTER: REAPING THE EXPERIENCE DIVIDEND⁴⁸

THE SPECTRUM OF SERVICE AND WORK OPTIONS



Options	Episodic, informal volunteering	Episodic formal volunteering	Ongoing formal volunteering	Sustained intensive service	Part-time public service employment	Fulltime public service employment
Commitment & Compensation	Occasional Low level commitment No organized volunteer structure	Intermittent One-time commitment Organized volunteer structure	Regular 2-5 hrs/week over 6-12 months/year Possible expense reimbursement	Ongoing 10-15 hrs/week 9-12 months/yr Stipend Transportation or meal expenses Insurance	Part-time 16-32 hrs/week Wages or salary Possible employee benefits	Full-time 40 hrs/week Salary or wages Health benefits Other employee benefits
Examples	Helping neighbors Friendly visiting	Special events Short-term projects	Mentor Tutor Coach Hospital aid Museum docent	Stipended service programs in: -Education -Caregiving -Youth services	Nonprofit or public agency worker Childcare worker	Teacher Nurse Nonprofit manager Social entrepreneur

What Older Adults Want from Civic Engagement

Older adults have a variety of reasons for civic engagement, from using their skills and experience and continuing to feel productive, to maintaining social interaction and leaving a positive legacy.

Returnment – the act of giving or returning in some small way what the world has given you, especially as an alternative to retirement.⁴⁹

- JAY C. BLOOM

There are a number of challenges, however, for nonprofits to effectively engage older adults. Older adults often prefer to use their professional skills and experience rather than do general labor. But most nonprofits do not have the capacity to utilize the experience and skills of the large numbers of adults who will potentially want to engage in this sector.

As in paid work, older adults are looking for flexibility in their civic engagement as well. Short-term, episodic work for example, may be attractive to many older adults. Options that include minimum wage, stipends or working for health insurance benefits may also be inviting to older adults.

The challenge for the nonprofit sector is to move away from preconceived notions about what a job should look like, to craft jobs that fit both the goals and needs of the people occupying them and those of the employing organization.⁵⁰

-DR. PHYLLIS MOEN

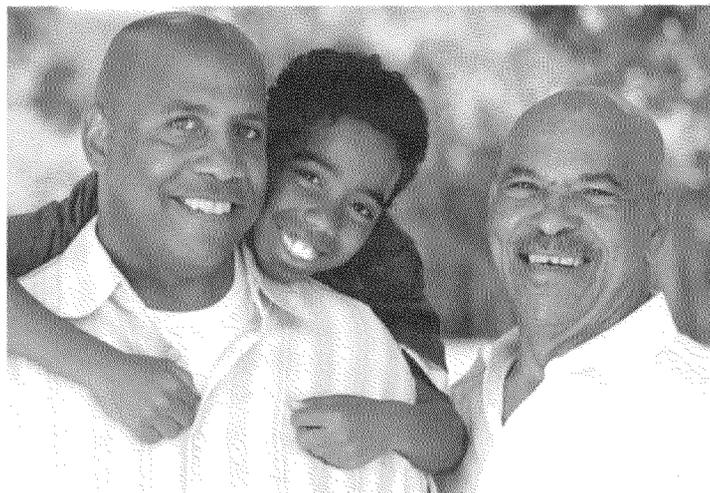
For those older adults who do not need financial compensation, there are a number of forms of compensation, incentives and benefits that nonprofits can promote and actively utilize. These can include the opportunities to:

- Employ their skills, expertise, wisdom
- Learn new skills for personal interest or future paid employment
- Meet new and diverse people and gain exposure to new cultures
- Work on a team
- Give back to the community, make a difference, leave a legacy
- Receive recognition and appreciation



-
- Feel needed and have a purpose
 - Work in different kinds of roles ranging from board member, senior or middle management, program staff
 - Have new experiences
 - Maintain a flexible schedule with episodic work
 - Obtain mentoring or training
 - Receive recognition in an annual report, newsletter, certificate or event
 - Receive a reference for potential future paid employment
 - Work in an environment where employee opinions matter
 - Receive a discount for a service, product or admission to an organization
 - Increase mental and physical health by staying engaged
 - Maintain a structure to daily life
 - Expand network through meeting other staff, board members or individuals who work with the organization
 - Connect previous career with the next life stage
 - Create balance between leisure and work
 - Volunteer or work alongside a spouse, partner or family member

Nonprofits will benefit by keeping these motivations in mind as they design promotion, recruiting and retention efforts.⁵¹



CHALLENGES/BARRIERS

Every day, people have problems for which they do, in fact, have the necessary know-how and procedures. We call these technical problems. But there is a whole host of problems that are not amenable to authoritative expertise or standard operating procedures. They cannot be solved by someone who provides answers from on high. We call these adaptive challenges because they require experiments, new discoveries, and adjustments from numerous places in the organization or community.⁵²

-RON HEIFETZ, MARTIN LINSKY, LEADERSHIP ON THE LINE

In addition to employing best practices, there are adaptive and attitudinal changes that need to occur. These changes may actually be more difficult to address. To date, most aging policy, literature and services are largely focused on aging as a period of declining function and withdrawal from social engagement. This is changing, but very slowly. Stereotypes are common, ranging from a belief that older workers are ill more often, to the idea that older workers are less flexible and adaptable than younger workers. Age discrimination is alive and real.⁵³

Other attitudinal barriers include the belief that:

- There are enough younger people available to work full-time.
- We have to treat everyone the same and that customizing agreements with individual employees is inherently unfair and unjust.
- Such adaptations are too time-consuming.

The workplace is becoming filled with more generational, economic and lifestyle diversity. Consequently, different attitudes and approaches need to be developed.

HOW BUSINESSES PERCEIVE OLDER WORKERS ⁵⁴

AARP asked 1,000 executives whether they agreed with some commonly perceived advantages and disadvantages of older workers:

Advantages	Percentage who agreed
Experienced	91%
Knowledgeable	78%
Ability to mentor other workers	71%
Valuable insights into customer or business needs	63%
High level of engagement in their work	37%
High productivity	23%
Disadvantages	Percentage who agreed
Uncomfortable with technology	52%
Inflexible	49%
Difficulty reporting to younger supervisors	44%
Risk of health problems	30%
Lower productivity	18%
Unwilling to be a team player	14%

SOURCE: AARP

BETSY BOCK/Staff Artist

Participating in diversity training may be an important technical tool, but deeper learning, coaching and real-life experience is needed for adaptive learning to occur and for an individual to become more culturally and generationally competent.

Leadership for technical and attitudinal changes must start from senior leadership and be actively pursued by all levels of the organization, recognizing there will be resistance.

*Effective leadership is the capacity to disturb people at a rate they can absorb.*⁵⁵

-LEADERSHIP ON THE LINE

Human Resources Focus Must Change: Human resources department must become more focused on strategic workforce development rather than being primarily risk management agents.

Costs Can Be Recovered Over Time: Managing two part-time people rather than one can be more expensive and challenging. However, it is not unlike the initial investment in technology. If done right, the frustrations and upfront costs can be recovered many times over with greater productivity, retention, and job satisfaction.

Some common assumptions nonprofits must challenge:

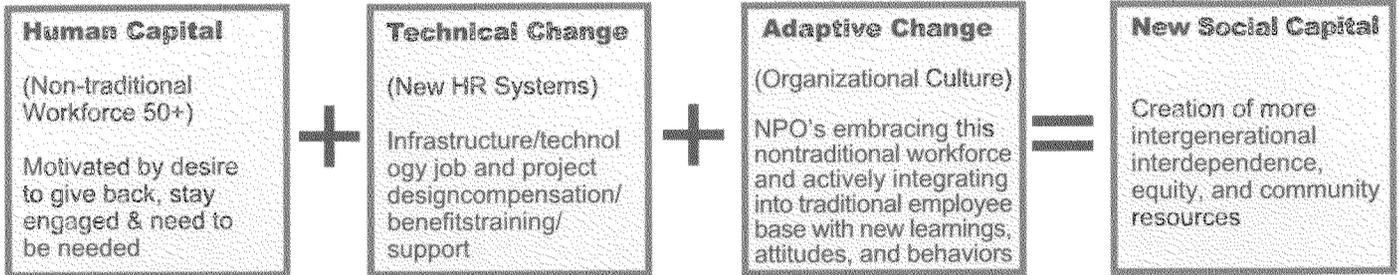
Older People Want To Work For Market Wages or Just Volunteer: This may be true for some, but many older adults may be willing to work for a lower wage, for a stipend or for some other monetary or non-monetary benefit.

People Want To Work Only In Their Area Of Expertise. While that may be true in some cases, other individuals may also want to try or learn something new.

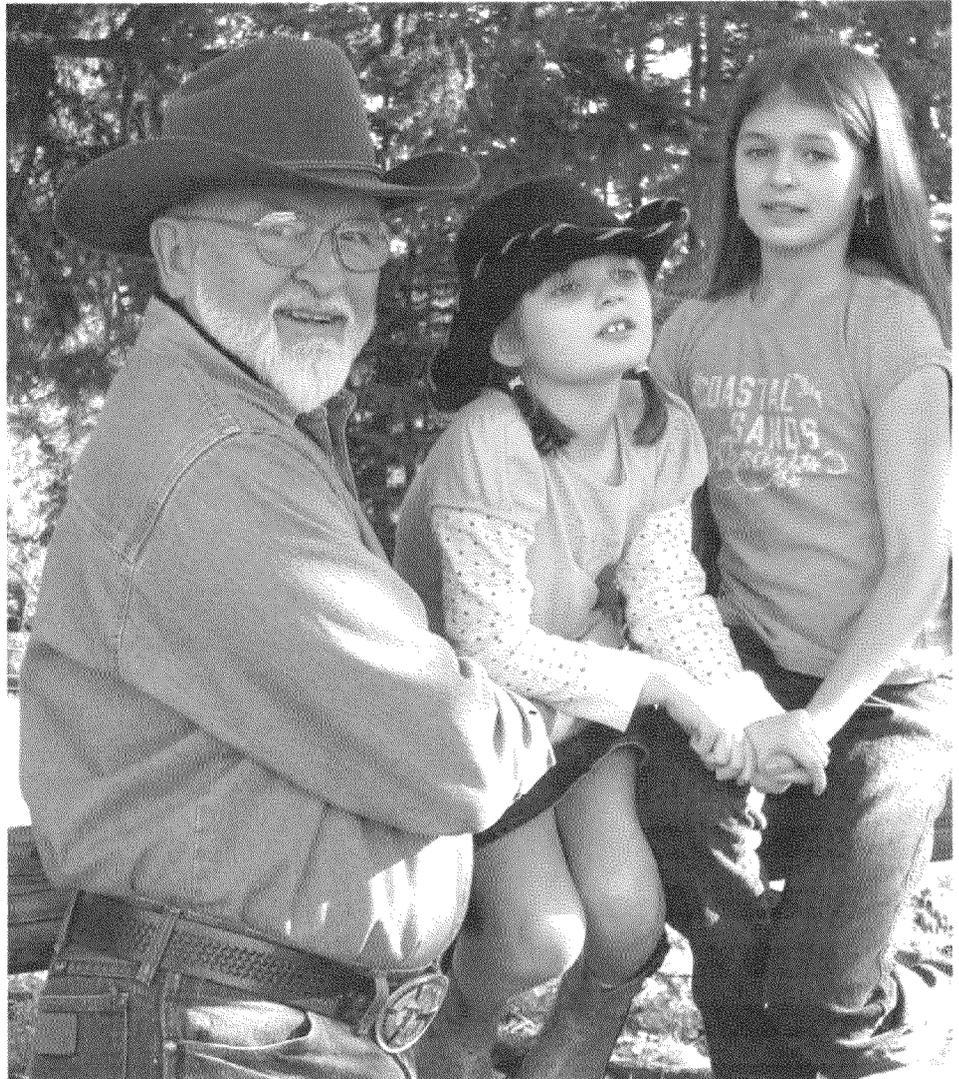
The Costs Are Too Great. Organizations must make investments in infrastructure to effectively recruit, screen, orient, train, support and evaluate the current and new workforce. Managing this new workforce is not unlike investing in fund development; cultivating and securing donors takes planning and resources. Most professional fundraisers acknowledge that it takes money to raise money. Harvesting this growing workforce resource will also take an investment of time and resources.⁵⁶

Given that the vast majority of nonprofits are relatively small, they may need third-party institutions to support these functions and lessen the overall burden for the individual nonprofit organization. All of us should revisit our assumptions on aging and recognize the significant challenges our organizations face.

“Experience making a difference”⁵⁷



© 2004, Jay C. Bloom



RECOMMENDATIONS

These recommendations for next steps are provided for:

- Employers
- Nonprofit organizations
- Public and private funders
- The community at large
- Multnomah County government
- Public policy makers

Employers: Private, Public and Nonprofit

- Beginning with executive leadership, publicly and intentionally commit your organization to full utilization of workers age 50 and older. Reward employees who embrace this commitment and do not tolerate indifference or lack of support.
- Conduct a workforce sustainability audit in light of your organization's strategic direction.
- Create flexible options for as many workers as legally possible. Toss out that 'one size fits all' in benefits and work arrangements.
- Establish and cultivate a culture and work environment that values cross-generational diversity. Combat negative stereotypes of all age groups.
- Proactively develop knowledge transfer strategies.
- Conduct multi-generational training as part of overall diversity training.
- Support retraining and development programs for all workers, giving action to the term "lifelong learning."
- Offer life planning for pre-retirees through workshops and/or one-on-one coaching.
- Allow flex-time for employees to be able to engage in community projects prior to their retirement.
- The Portland Human Resource Management Association and others could maintain an ongoing learning community specifically focusing on best practices for employing older adults.



Nonprofit Organizations

- **Expand language.** Recognize that the lines will blur between volunteers who are unpaid and those who receive a stipend or other forms of compensation. Some volunteers will prefer to have a specific title, such as member, staff, associate, participant, mentor, teacher, advisor, coach, consultant, project manager, coordinator, or by specific function such as designer, clerk or discussion leader. Where appropriate, use functional descriptors for these positions.
- **Pay the upfront costs.** Engaging unpaid individuals does cost time, money and requires effectively investing in infrastructure and systems to manage this resource well.
- **Assign management of unpaid staff to professional volunteer managers** with attention to job and project descriptions, orientation, training, supervision and evaluation. Where appropriate, ensure that the volunteer management function is fully supported by human resources, rather than fund development offices.
- **Strengthening the volunteer management function** through staff participation in Northern Oregon Volunteer Administrators Association (NOVAA), training and other professional development opportunities.
- **Organize and sponsor regular nonprofit work fairs.** Potential sponsors: Life by Design, Elders in Action, Idealist.org, Nonprofit Association of Oregon, Hands on Greater Portland.
- **Don't assume that money is the number one motivation** for older workers wanting to work in the nonprofit sector. There are many other compelling reasons individuals choose to do this work.
- **Create work and compensation options.**
- **Create unpaid staff career ladders or tracks** that allow for advancement.
- **Hands on Greater Portland, the Northwest Oregon Volunteer Administrators Association, Metropolitan Family Services, TACS and the Nonprofit Association of Oregon (NAO) should continue to develop and promote best practices** for engaging older adults on their websites as well as through training, workshops and consultation.



Philanthropic and Public Funders

- Provide funding for nonprofits that demonstrate successful models of engaging older adults.
- Provide more funding for training and placement programs that target older adults through One Stop Career Centers like WorkSystems.
- Invest in funding the infrastructure of an existing organization like Technical Assistance for Community Services (TACS) or a new organization that can serve as a broker between older adults who want to work in the nonprofit sector and nonprofit organizations. Think of a temporary agency model targeting nonprofits that can cover a full range of compensation including paid, partially paid and unpaid work.
- Invest in funding in nonprofit organizations for succession planning and executive transitions.
- Provide funding for executive coaching and professional development. Fund support for structured peer networking opportunities for executives.
- Annually recognize the top ten best nonprofit organizations that engage older adults with compensatory prizes.
- Provide seed money for colleges and nonprofits to develop educational programs designed to tap the time, talents and skills of older people.
- Provide general operating and unrestricted support, more multi-year support and capacity-building support for nonprofits.

Community at Large

- Create an online resource and information packet available for employers of all sizes with information and tips on how to make a workplace friendly for all ages. Potential sponsors: Portland Business Alliance, Oregon Business Council, Oregon Business Association.
- Organizations such as Life by Design Northwest, Hands On Greater Portland and Idealist.org develop and maintain comprehensive content on their websites for older adults with links and resources for discovering, designing and engaging in their later years.



- Make current local employment placement and training programs work more effectively for older people.
- Transform neighborhood schools into community centers for all ages and activities, considering using school buses as transportation options. See complete report on the web which details the case for schools.
- Provide and strengthen opportunities for social interaction among isolated and vulnerable, older adults. This alleviates or reduces isolation, loneliness and depression. Faith communities, community associations and individuals can be very important resources in this area.

Multnomah County

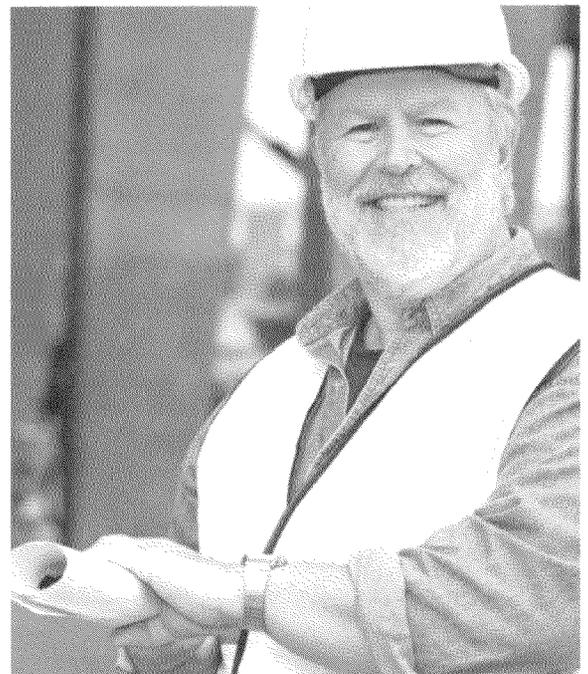
- Be a model governmental employer of older adults in recruitment, retention, management, training and the development of policies and procedures.
- Identify one contact as a resource for citizens who may want to directly volunteer for the County and for any County manager who may have a project or job for a volunteer.
- Develop and/or strengthen existing intergenerational approaches of human service programs that the County directly provides or funds throughout its departments.
- Expand programming and outreach by Multnomah County library to older adults. For example, use one of “Everyone Reads” campaigns on a book about different generations and their interdependence with each other.
- Offer award points in County Requests for Proposals (RFPs) in the external contracting process for organizations that create effective engagement opportunities for older adults.
- Create an ongoing vital aging awareness campaign that displays positive examples of older adults as employees, engaged and giving in our community. Possible sponsors: The Oregonian, Portland Business Journal, local hospitals, health insurers and television stations.



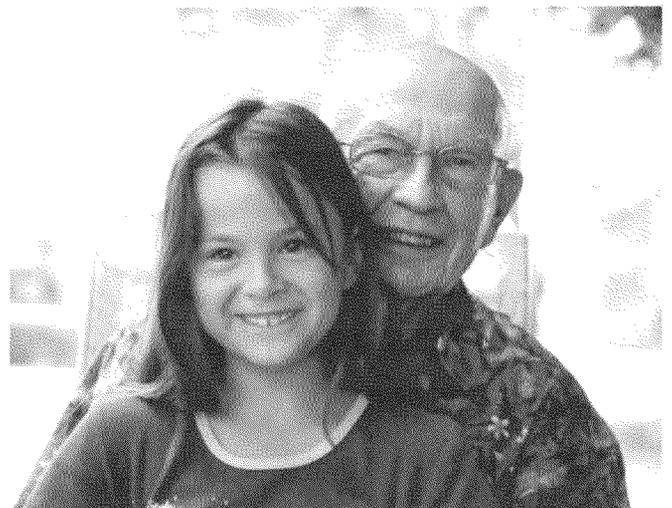
- Share County practices and learning with other private and public employers.
- Create a community engagement plan that utilizes members of the Task Force on Vital Aging and workgroups to reach out and share results of this final report with community groups and other organizations.
- Partner with the City of Portland's planning department in strengthening Portland and Multnomah County as a community for all ages by building on the "Age-Friendly Cities" report published by the World Health Organization.
- Leverage resources with other public and philanthropic funders in intergenerational programs, such as the SUN Schools Initiative and the Oregon Community Foundation and others.
- Maintain up-to-date vital aging resources on the County's website.
- Work with Greenlight Greater Portland, City of Portland, Oregon Business Council, Portland Business Alliance, State of Oregon and other appropriate groups in promoting the recruitment and retention of older adults as an economic development strategy.
- Pursue opportunities for national philanthropic funding and investment in Multnomah County as a model community for vital aging.

Public Policy Considerations

- Provide tax credits for employers who hire low-income older adults.
- Reduce minimum number of hours required in order to be eligible for health insurance.
- Advocate for change in IRS laws to allow individuals to work and draw on earned pensions in the same company after age 55.
- Change defined benefit retirement plan pay-outs from 'last three years' to 'best three years.'
- Advocate making health insurance portable and not tied to any one employer.
- Create greater flexibility in wage and hour laws for nonprofits to utilize stipends and other forms of compensation.



-
- Provide tax credits to individuals volunteering in nonprofit organizations or schools.
 - Open state employees' health insurance pool for nonprofit organizations to use the umbrella of a larger group to purchase health insurance for their employees.
 - Significantly expand national community service programs such as Experience Corps, AmeriCorps, RSVP, Foster Grandparents, Senior Companions and Peace Corps.



CONCLUSION

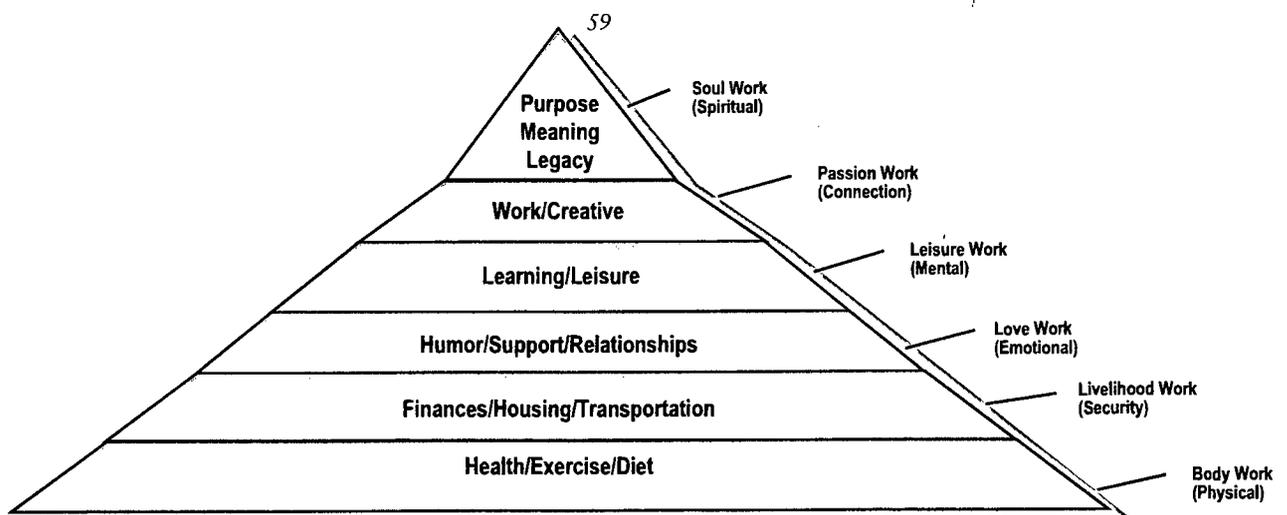
*Getting older is a fascinating thing. The older you get, the older you want to get.*⁵⁸

- KEITH RICHARDS

- Older adults represent a growing resource for employers and nonprofits
- One size does not fit all. Individual choice and flexibility will be the driving forces.
- Changes are needed in organizational technical practices and in the adaptive attitudes of managers and employees.
- Best practices for employing and engaging older adults make organizations more attractive to workers of all generations.
- Older adults represent a significant economic development opportunity. See the online complete report for more details.
- An age friendly community for older adults is an aging friendly community for all ages.

While the work of the Task Force is complete, the magnitude of these issues indicates the need for further discussion, planning and action. No organization will be untouched by the dramatic demographic change that is taking place.

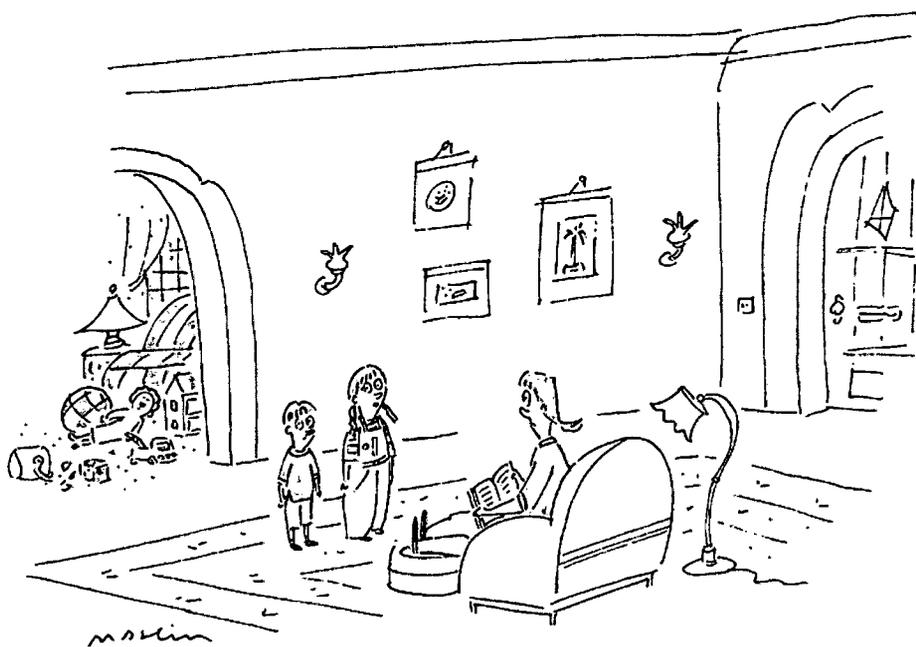
Each of us hopes to have the option of facing the question, “What can I do to create a purposeful and vital life in my later years?” This pyramid illustrates the hierarchy of needs of older adults which range from satisfying basic needs to attaining purpose and meaning.



© 2006, Jay C. Bloom

It is very hard to say no to work. We may courageously resign, take a sabbatical, or retire to a simpler, more rustic existence, but then we are engaged in inner work, or working on ourselves, or just chopping wood. Work means application, explication, and expectation. There is almost no life human beings can construct for themselves where they are not wrestling with something difficult, something that takes a modicum of work. The only possibility seems to be the ability of human beings to choose good work. At its simplest, good work is work that makes sense, and that grants sense and meaning to the one who is doing it and to those affected by it.⁶⁰

-DAVID WHYTE



"We're tired of playing. We want to work."

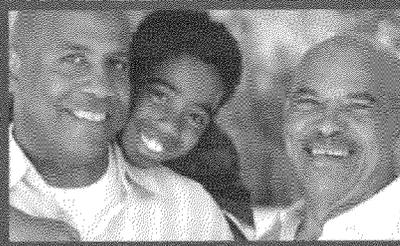
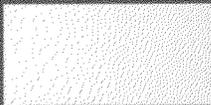
If our older generation wants to engage in our community, we cannot afford to pass on this gift. We challenge organizations and individuals to imagine the possibilities.

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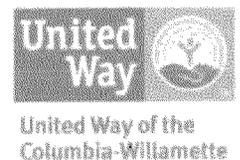
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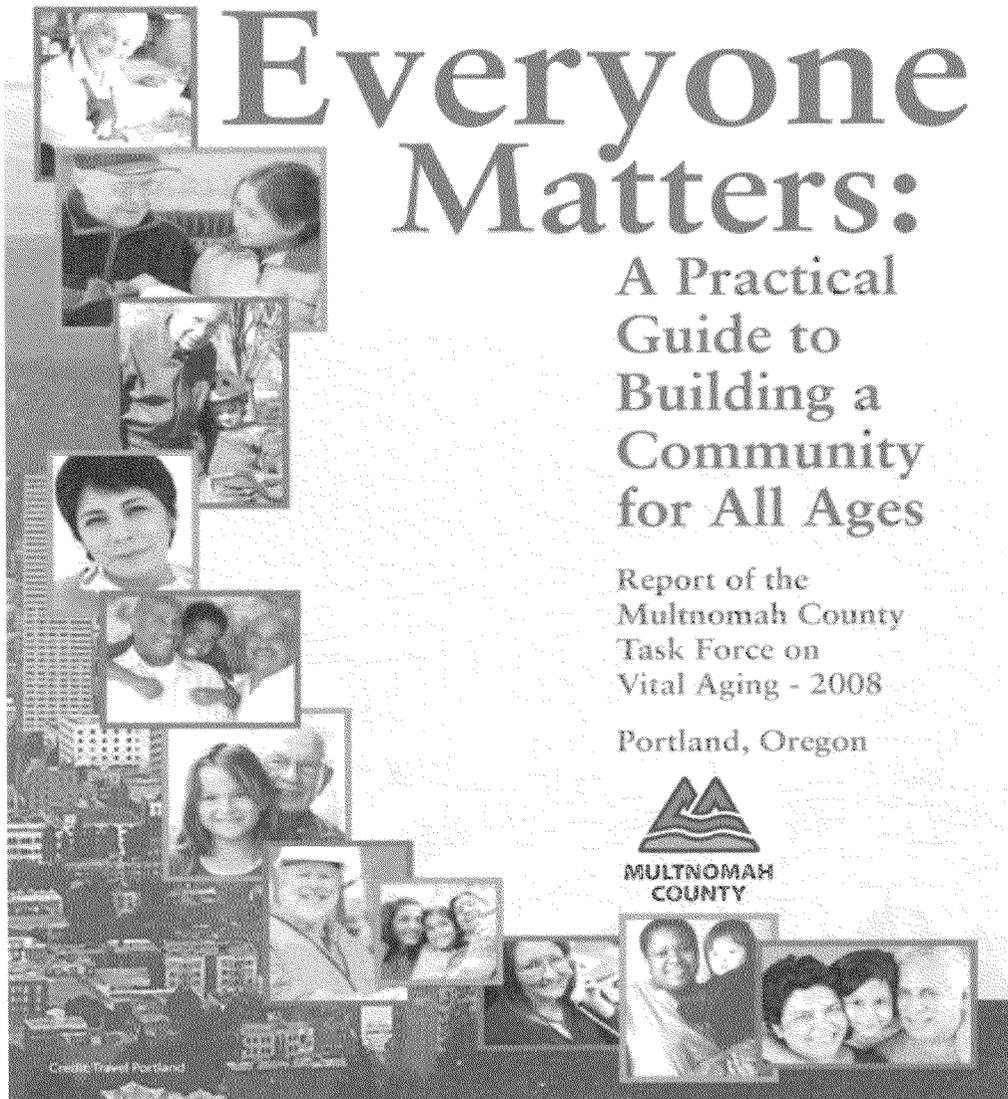




Credit: Travel Portland

Multnomah County Chair's Office
Ted Wheeler, Chair
501 SE Hawthorne Boulevard, Suite 600
Portland, Oregon 97214
503-988-3308
www.co.multnomah.or.us/chair





Everyone Matters:

A Practical Guide to Building a Community for All Ages

Report of the Multnomah County Task Force on Vital Aging - 2008

Portland, Oregon



MULTNOMAH COUNTY

Credit: Travel Portland

Task Force on Vital Aging

Arleen Barnett, Vice President of Administration, Portland General Electric

Greg Chaille, President, Oregon Community Foundation

Mark Dodson, Chief Executive Officer, Northwest Natural

Sho Dozono, President, Azumano Travel

Eileen Drake, Vice President of Administration & Legal Affairs, PCC Structural

Nick Fish, Attorney, Meyer and Wyse Law Firm

Gillian Floren, Vice President of Marketing, Greenlight Greater Portland

Joyce Furman, Community Leader

Jerry Hudson, Trustee, Collins Foundation

Pam Knowles, Chief Operating Officer, Portland Business Alliance

Carol Nielsen-Hood, Director, Gresham Chamber of Commerce

Preston Pulliams, President, Portland Community College

Dan Saltzman, Commissioner, Portland City Council

Harold Williams, Board Member, African American Chamber of Commerce

Jay Bloom, Task Force Staff, President, Bloom Anew

Paradigm Change Regarding Older Adults

Problem → Problem Solver

Client → Contributor

Retirement → Returnment

At-risk population to be dealt with and treated → Community asset to be valued and cultivated

Recommendations for:

Employers

Nonprofit organizations

Public and private funders

Community at large

Multnomah County government

Public policy makers

Recommendations for employers:

- Commit your organization to utilization of workers 50+
 - Reward employees who embrace commitment
 - Conduct a workforce audit
 - Create flexible options as much as possible
 - Cultivate culture that values cross-generational diversity
 - Proactively develop knowledge transfer strategies
 - Conduct multi-generational training
 - Support retraining and development programs
 - Offer life planning for pre-retirees
 - Allow flex-time for employees to engage in community
 - Maintain ongoing learning community
-

Recommendations for nonprofit organizations:

- Change language
 - Pay upfront costs
 - Assign management of unpaid staff to human resources
 - Don't assume money is number one motivation
 - Organize and sponsor regular nonprofit work fairs
 - Create work and compensation options
 - Create unpaid staff career ladders
 - Develop and promote best practices
-

Recommendations for the community at large:

- Create an online resource and information packet
 - Maintain website for older adults with resources
 - Make employment placement and training programs effective for the “new old”
 - Transform neighborhood schools into community centers
 - Strengthen opportunities for social interaction
-

Recommendations for Multnomah County:

- Be a model governmental employer of older adults
 - Identify one contact for volunteers
 - Strengthen intergenerational approaches
 - Expand outreach by Multnomah County Library
 - Award points in County Request for Proposals
 - Create vital aging awareness campaign
 - Share county practices
 - Develop community engagement plan
 - Build on World Health Organization “Age-Friendly Cities” report with City of Portland
 - Leverage resources to promote intergenerational strategies
-

Recommendations for public policy:

- Provide tax credits for employers
 - Reduce required number of hours for insurance eligibility
 - Change defined benefit retirement plan pay-outs
 - Make health insurance portable
 - Create greater flexibility in wage and hour laws for nonprofits to utilize stipends and other compensation
 - Provide tax credits to volunteers
 - Open state employees' health insurance pool for nonprofits
 - Expand national community service programs
-

Conclusions

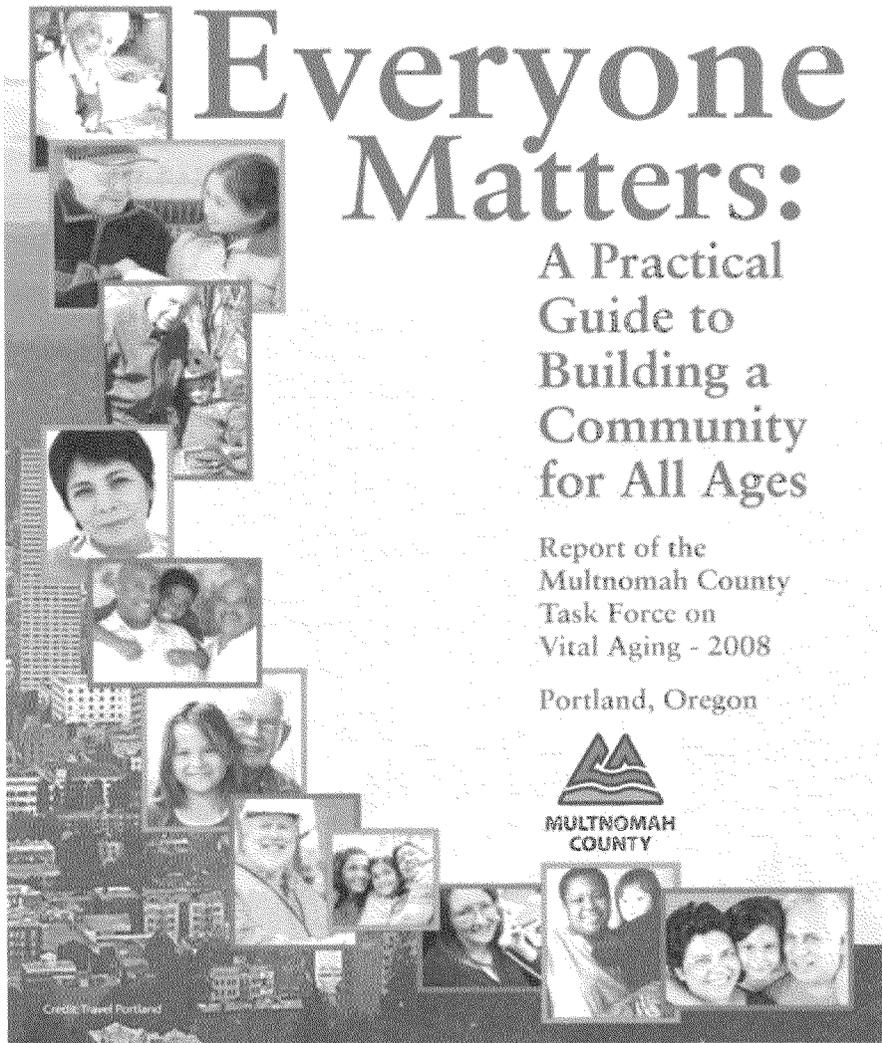
- Older adults represent a growing resource
 - One size does not fit all
 - Changes are needed in organization practices and attitudes
 - Best practices for employing and engaging older adults make organizations more attractive to workers of all generations
 - Older adults represent a significant economic development opportunity
 - An age-friendly community for older adults is an age-friendly community for all ages
-

Somehow we have to get older people back close to growing children if we are to restore a sense of community, a knowledge of the past, and a sense of the future.

-Margaret Mead

We are pushed by pain until we are pulled by vision.

-Reverend Michael Beckwith



Everyone Matters:

A Practical
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Portland, Oregon



www.co.multnomah.or.us/chair

The Multnomah County Vital Aging Employee Workgroup Invites You to a Networking Meeting Please Email Us If Interested (see below)



In the coming month, the Vital Aging Employee Workgroup will host a meeting to gauge interest in forming a Countywide networking group.

A networking group can talk about preparing for retirement, share information and resources about our aging workforce and discuss how to encourage older workers to stay with the County or come to the County to work.

In addition, the network group can serve as a forum where employees provide support to one another on issues affecting older adults.

Reply by
Friday March 21,
2008

If interested please email us and watch for an invitation:
raquel.aguillon@co.multnomah.or.us
Raquel Aguillon, Project Manager
503 988-3312 x24431
Hosted by the Multnomah County Vital Aging Workgroup

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 03/20/08

SUBJECT: Vital Aging Report

AGENDA NUMBER OR TOPIC: R-9

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Mary Ann Schwab

ADDRESS: 685 SE 38

CITY/STATE/ZIP: Portland, OR 9714

PHONE: DAYS: (503) 236-3522 EVES: _____

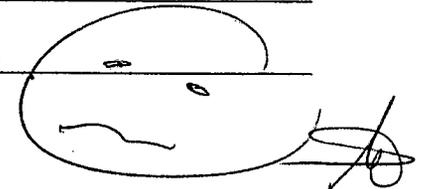
EMAIL: _____ FAX: _____

SPECIFIC ISSUE: employment & civic engagement
(see attached for my

WRITTEN TESTIMONY: stat current project

written
only

financed in-part with a
ONI Grant having \$
for material &
discussions

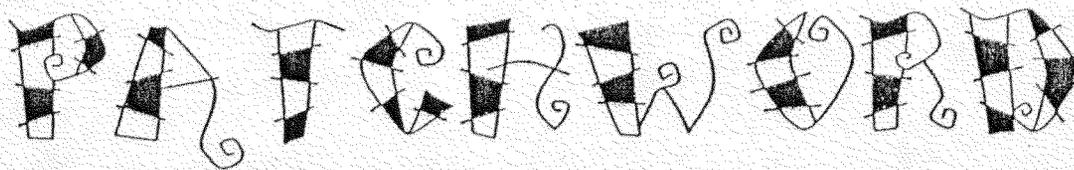
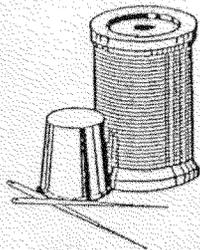


IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

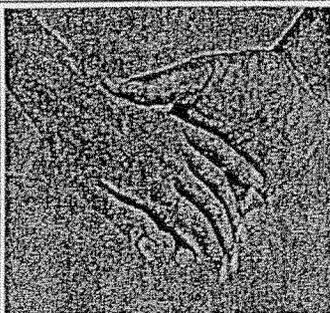


Northwest Quilters, Inc.

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MESSAGE FROM THE PRESIDENT...

An Opportunity to Help the Somali Women's Association Sewing Project



The Southeast Uplift Neighborhood Program has awarded a \$5,000 grant to the Somali Women's Association for their Sewing Project, in which immigrant women are taught to sew to ultimately allow them to participate in cottage industry and develop business and leadership skills. As a bonus, they also learn how to access available help from public and private organizations for education, medical care, and social opportunities. From the grant funds and with the assistance of local quilt shops and sewing centers, 10 new sewing machines have been purchased at discount prices.

Two NWQ members, Mary Ann Schwab and Sue Benson, have volunteered to assist in the sewing sessions, which will begin March 15th and go through May 24th. They are asking for our assistance in three ways:

1. Volunteers are needed to help teach fabric cutting both with scissors and rotary cutters and other aspects of sewing (there is a paid translator overseeing the classes).
2. Donation of scissors, seam rippers, thread, measuring tapes, rotary blades, batting, and good quality quilting fabric. (They suggest using coupons for discounts or Buy One Get One Free to maximize your buying power.) Mary Ann or Sue can collect these at NWQ meetings or UFO.
3. Sponsoring purchase of walking and quilting feet for the sewing machines, needles, rotary cutters and boards, and other notions. They suggest donations of \$20, with checks payable to Southeast Uplift, 3534 SE Main, Portland OR 97214 (note: Sewing Materials), all tax-deductible. These can be sent directly to SE Uplift (be sure they are designated for Sewing Materials) or brought to a NWQ meeting or UFO.

For questions, to volunteer, or for additional information, please contact Mary Ann Schwab (503-236-3522) or Sue Benson (503-653-9003).

THIS IS A PAID ADVERTISEMENT

Somali Women's Association
3534 SE Main Street
Portland, Oregon 97214
(503) 232-0010 ext. 320
swaofpdx@yahoo.com

Center Northeast Neighborhood's Project
4415 NE 87th Avenue Portland, OR 97220

Cully Neighborhood Social Group Networking Project
(Somali Women's Sewing Project)

Thank you Maria



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-10 DATE 03-20-08
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: R-10
Est. Start Time: 10:20 AM
Date Submitted: 03/12/08

BUDGET MODIFICATION: MCSO - 10

Agenda Title: **Budget Modification MCSO-10 Requesting \$50,290 from General Fund Contingency to Add 2.0 FTE Deputy Sheriffs to Support the Warrant Strike Force**

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** 10 minutes
Department: Non-D **Division:** District 3
Contact(s): Terri Naito
Phone: 503 988-5217 **Ext.** 85217 **I/O Address:** 503/6
Presenter(s): Commissioner Lisa Naito and invited others

General Information

1. What action are you requesting from the Board?

Approval of Budget Modification MCSO-10, requesting \$50,290 from the General Fund contingency to add 2.0 FTE Deputy Sheriffs to support the Warrant Strike Force.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

As part of a coordinated approach to increase accountability for offenders and to provide greater protection for victims and all citizens in Multnomah County, Commissioner Lisa Naito last Spring proposed a "three-pronged approach" to addressing the excessive numbers of outstanding misdemeanor, citation and felony warrants. Key to the approach was the establishment of a "Warrant Strike Force" utilizing Sheriff Deputies to serve and enforce warrants.

Last Fall the BCC approved Contingency funds for the first two-Deputy Warrant Strike Force Team. The success of the first Warrant Strike Force Team has been, well, striking. In just five months,

working in tandem with the District Attorney's Office, the Team successfully made 100 warrant arrests plus 14 Ballot Measure arrests and 20 non-Multnomah County warrant arrests; an additional 115 warrants were served. In all, there were 500 total combined warrant attempts and arrests.

To exponentially increase the positive impact of the Warrant Strike Force, a second two-Deputy Team is now called for and may be financed from remaining contingency funds allocated to the Warrants Resolution Project. A second Team will aid in developing intelligence for locating wanted subjects; provide efficiency in transporting inmates; facilitate the transportation of "out of area" wanted subjects to their appropriate jurisdictions; and provide safety "back up" for the first Team when serving warrants. The benefits are readily apparent. Continuing to aggressively address the excessive number of outstanding warrants is an efficient use of taxpayer dollars and has already proven to be a worthwhile investment of public funds. By squarely and consciously tackling the problem, Multnomah County is strengthening the integrity of our public safety system.

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

The Sheriff's Office requests \$50,290 from the General Fund contingency for FY 2008. Annualized, the cost of this request is \$201,158 for the positions alone. It can be anticipated that the department will incur increased costs for Facilities, automobiles, and associated equipment.

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

N/A

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

The Warrant Strike team's office is located at the Multnomah County District Attorney's Office. Team members work closely with District Attorney staff to prioritize and manage the execution of specific warrants. Primary partners also include the Department of Community Justice, Portland Police Bureau and Gresham Police Department.

ATTACHMENT A

Budget Modification

If the request is a Budget Modification, please answer all of the following in detail:

- **What revenue is being changed and why?**

The Risk Fund revenue is increased by \$8,031 to reflect the service reimbursement for insurance.
- **What budgets are increased/decreased?**

The General Fund contingency is reduced by \$50,290 and the Sheriff's Office FY 2008 appropriation is increased by a like amount.
- **What do the changes accomplish?**

The changes allow the Sheriff's Office to hire two FTE Deputy Sheriffs to support the Warrant Strike Force.
- **Do any personnel actions result from this budget modification? Explain.**

Yes. The Sheriff's Office position authorization is increased by 2.0 FTE.
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**

This is a direct cost to the General Fund. Department overhead is expected to be minimal and can be absorbed in the Sheriff's ongoing appropriation.
- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**

The contingency request is one-time-only; the function is expected to be ongoing.
- **If a grant, what period does the grant cover?**

N/A
- **If a grant, when the grant expires, what are funding plans?**

N/A

Contingency Request

If the request is a Contingency Request, please answer all of the following in detail:

- **Why was the expenditure not included in the annual budget process?**

The Board of County Commissioners specifically earmarked Contingency Fund dollars in the Warrants Resolution Project Budget Note.
- **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**

Funds were specifically earmarked by the Board in the Warrants Resolution Project Budget Note.
- **Why are no other department/agency fund sources available?**

All other funding has been allocated to specific programs within the Sheriff's Office.
- **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account. What are the plans for future ongoing funding?**

No new revenue will be produced. However, an audit by Snohomish County in Washington State

showed that having a sizeable outstanding warrant backlog (such as we continue to have in Multnomah County) is in large part caused by a high rate of “failures to appear” resulting in more time and money spent on warrants and warrant activities than is fiscally efficient. Reducing Multnomah County’s considerable backlog of outstanding warrants is likely to result in savings throughout the criminal justice system.

- **Has this request been made before? When? What was the outcome?**

Yes. This request was made as Sheriff’s Office program offers 60047A and 60047B during the FY 2008 budget process. The Board earmarked Contingency Funds as stated in the FY 2008 Budget Notes. In September 2007, \$201,870 of the earmarked funds were appropriated to fund the first two deputies for the Warrants Resolution Project.

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

ATTACHMENT B

BUDGET MODIFICATION: MCSO - 10

Required Signatures

**Elected Official or
Department/
Agency Director:**



Date: 03/12/08

Budget Analyst:



Date: 03/12/08

Budget Modification ID: MCSO-10

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Budget/Fiscal Year: 2008

Line No.	Fund Center	Fund Code	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
				Internal Order	Cost Center	WBS Element						
1	19	1000	20		9500001000		60470	(50,290)	(50,290)		Contingency	
2								0				
3	60-50	1000	50			SOOPS.WARRANTS	60000	30,652	30,652		Permanent	
4	60-50	1000	50			SOOPS.WARRANTS	60130	11,607	11,607		Salary-Related	
5	60-50	1000	50			SOOPS.WARRANTS	60140	8,031	8,031		Insurance	
6								0				
7	72-10	3500	20		705210		50316	(8,031)	(8,031)		Risk Fund	
8	72-10	3500	20		705210		60330	8,031	8,031		Risk Fund	
9								0				
10								0				
11								0				
12								0				
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25								0				
26								0				
27								0				
28								0				
29								0				
								0	0	0	Total - Page 1	
								0	0	0	GRAND TOTAL	

Current Year PERSONNEL CHANGE

Calculate costs/savings that will take place in this FY; these should explain the actual dollar amounts being changed by this Bud Mod.

						ANNUALIZED			
Fund	Job #	HR Org	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1000	2025		Deputy Sheriff		0.50	30,652	11,607	8,031	50,290
									0
									0
									0
									0
									0
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									0
TOTAL current year CHANGES					0.50	30,652	11,607	8,031	50,290

Annualized PERSONNEL DOLLAR CHANGE

Change on a full year basis even though this action affects only a part of the fiscal year (FY).

						CURRENT YEAR			
Fund	Job #	HR Org	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1000	2025		Deputy Sheriff		2.00	122,608	46,426	32,124	201,158
									0
									0
									0
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TOTAL Annualized CHANGES					2.00	122,608	46,426	32,124	201,158



Department of County Management
MULTNOMAH COUNTY OREGON

Budget Office

501 SE Hawthorne Blvd., Suite 531
Portland, Oregon 97214
(503) 988-3312 phone
(503) 988-5758 fax
(503) 988-5170 TDD

TO: Board of County Commissioners

FROM: Julie Neburka, Principal Budget Analyst

DATE: March 12, 2008

SUBJECT: General Fund Contingency Request for \$50,290 to fund 2.0 FTE in the Sheriff's Office to support the Warrant Strike Force. (Budget Modification MCSO-10).

Commissioner Naito's Office requests \$50,290 from the General Fund contingency to pay for 2.0 FTE Deputy Sheriffs in order to expand the Warrant Strike Force.

The departments and elected officials responsible for the Warrant Strike Force believe that these positions would increase the impact of the Warrant Strike Force by helping to develop intelligence for locating wanted subjects; providing efficiency in transporting inmates; facilitating the transportation of "out of area" wanted subjects to their appropriate jurisdictions; and providing safety "back up" for the first Team when serving warrants.

This request expands upon a Board Budget Note included in the County's FY 2008 budget. The amount that was set aside in contingency for the Warrant Strike Force already has been appropriated for that purpose (Bud Mods MCSO-04 and DA-01 in September, 2007); this request is in addition to those amounts.

General Fund Contingency Policy Compliance

The Budget Office is required to inform the Board if contingency requests submitted for approval satisfy the general guidelines and policies for using the General Fund Contingency. This request does not satisfy the general guidelines and policies, although it is related to County Policy Criteria #3 as it relates to an issue addressed in the Board's Budget Notes.

- Criteria 1 States contingency requests should be for one-time-only purposes. This request is not one time only and requires funding in the future.
- Criteria 2 Addresses emergencies and unanticipated situations. This request is not an emergency, and does not address an unanticipated situation.
- Criteria 3 Addresses items identified in Board Budget Notes. *This item was identified in a budget note; the items in the budget note, however, have already been funded. This request is in addition to those items.*



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 03/20/08
Agenda Item #: WS-1
Est. Start Time: 10:30 AM
Date Submitted: 03/05/08

Agenda Title: **Work Session to Compare Options to Fund Operations at the Wapato Facility in Fiscal Year 2009**

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

Requested Meeting Date: March 20, 2008 **Amount of Time Needed:** 90 minutes
Department: Non-Departmental **Division:** Chair's Office
Contact(s): Bill Farver
Phone: 503.988.5506 **Ext.** 85506 **I/O Address:** 503/600
Presenter(s): Bill Farver ; Karyne Dargan; Jay Heidenrich; Scott Taylor , Travis Graves and invited others

General Information

1. What action are you requesting from the Board?

This briefing is to present the current options under consideration for funding and operating the Wapato facility. Option A, - the original proposal from the Chair and Option C - a proposal forwarded by the District Attorney, MCCDA, and the Sheriff's Office. This is an opportunity for the Board to raise programmatic and budgetary questions and concerns about the proposals prior to the Chair making decisions regarding his Executive Budget. Final action on this issue will come within the context of the Board's deliberations on the FY 2009 budget.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Chair's Office is working with stakeholder groups and our public safety partners to develop a plan to open and operate the Wapato facility. A number of proposals have come forward and are being vetted through several workgroups as to their legal/labor, operational and budgetary issues. There have been several Board briefings to update the Commissioners on these proposals. Today is the opportunity to share and discuss Option C. All of the comments and concerns expressed by the Board will be taken into consideration as part of the FY 2009 Executive Budget development. Currently there are no program offers to support these proposals.

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

This briefing will present the best available data on the costs and policy choices within the two

options. The fiscal impacts will not address on-going funding strategies. Staff is currently working on additional scaling of treatment beds for Option C. That analysis is in process and will not be available for this Work Session.

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

Policy issues will be discussed during the Work Session.

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

County departments and agencies have been involved in these discussions to date. The Portland Business Alliance and Citizen Crime Commission have co-sponsored several discussions during the development of the proposals. The proposals address some issues raised by the citizen Grand Juries.

Required Signature

Elected Official or
Department/
Agency Director:



Date: 03/05/08

BOGSTAD Deborah L

From: WEST Kristen

Sent: Friday, March 14, 2008 2:49 PM

To: WHEELER Ted; NAITO Lisa H; COGEN Jeff; ROJO DE STEFFEY Maria

Cc: TAYLOR Scott - DCJ Director, SHERIFF; SHIRLEY Lillian M; BUTLER Douglas E - FPM; FULLER Joanne; NAITO Terri W; MADRIGAL Marissa D; MARTINEZ David; FARVER Bill; KIRK Christine A; SCHRUNK Michael D

I just spoke with Commissioner Roberts and he would like to have representatives from the various departments at the March 20th Wapato briefing to answer questions (DCJ, MCSO, DA, Corrections Health, Facilities and DCHS). He would like them to be able to answer some programming questions, should they come up. Thank you.

Kristen West

Office of Commissioner Lonnie Roberts
501 SE Hawthorne Blvd. Suite 600
Portland, OR 97214
503-988-5213 phone
kristen.west@co.multnomah.or.us

EXECUTIVE SUMMARY

**Version 3-19-08 5 pm
MULTNOMAH COUNTY OREGON**



PURPOSE OF WORKSESSION

- 1. Update where we are in the development of options.**
- 2. Do not have final budget numbers. Using different assumptions. Budget office will reconvene team following budget preparation.**
- 3. No decision today.**
- 4. Decision to be made in June in the context of the executive budget and the board budget for FY09.**

CONTEXT FOR EXECUTIVE BUDGET

- 1. Projected budget deficit of \$18 million.**
- 2. Worsening economy**
 - a. BIT likely lower, esp. in FY10**
 - b. Property tax will be lower than last year**
 - c. Inflation already higher – 3.8% will cost us an additional \$4 million in all funds next year (model assumed 3%)**
 - d. State and federal funds will be vulnerable to reductions next year**
 - e. Public safety levy more problematic given the economic climate**
- 3. Have an opportunity to use one time money to reduce debt. To the extent we use the one time money to continue services, we will dig a deeper hole and pass the problem to the next Board taking office in January, 2009.**
- 4. Programmatic assumptions impacting this discussion:**
 - a. Remainder of 8th floor closed at MCDC – 94 beds – savings \$2.4 towards Sheriff's 3% constraint**
 - b. Field Based Work release closed \$1.1 savings**
 - c. Structure sanctions to help DCJ reduce jail bed days - \$.493 additional cost**

THREE POLICY CHOICES

- 1. Open 150 secure alcohol and drug treatment beds at Wapato operated by DCJ**
 - a. Net Cost between \$5 and \$6.3, depending on who does security and transport**
 - b. Assumed cost and bed offset is closure of 7th floor at MCDC – comparable beds use**
 - c. Net system bed impact; none**
 - d. Legal issues: security and transport**

- 2. Open 150 secure alcohol and drug treatment beds at Wapato operated by DCJ and 150 general population beds operated by MCSO**
 - a. Net cost \$6.4 to \$6.8 million, if 7th and 6th floors at MCDC closed as offsets**
 - b. MCSO has indicated this assumption does not work because of classification issues. Alternatives would increase the cost of the option or reduce jail beds. Other options are more expensive because you would have to close less expensive beds (at MCIJ or through ending double bunking) and not have as much offsetting cost savings; estimates would be \$2 to \$3 million additional lost revenue shifts.**
 - c. Overall net cost estimate of Option C is \$8.5 to \$9.5**
 - d. Net system bed impact; uncertain.**

- 3. Open 96 work release beds at MCDC on the 8th (closed) floor**
 - a. Net cost \$3.1 million, minus other program appropriate program reductions**
 - b. Net system bed impact: plus 96 with Option A; unknown with Option C**
 - c. Legal issues: Conditional use process needed**

NEXT STEPS

- 1. Chair's Executive Budget – April 17**
- 2. Hearings and work sessions – April, May**
- 3. Board action – June 5**

Version 3-19-08 5 pm
MULTNOMAH COUNTY OREGON

Multnomah County Boardroom
10:00 am – 11:00 am
March 20, 2008



Wapato Background and Policy Discussion

PURPOSE OF WORKSESSION

- 1. Update where we are in the development of options.**
- 2. Do not have final budget numbers. Using different assumptions. Budget office will reconvene team following budget preparation.**
- 3. No decision today.**
- 4. Decision to be made in June in the context of the executive budget and the board budget for FY09.**

OBJECTIVE:

The purpose of this paper is to provide background for an informational work session designed to develop a common framework for policy discussion with the intent to provide guidance to the Chair in crafting the FY 2009 executive budget. This session will cover:

1. The history of the public safety levy and bond funds related to Wapato
2. The proposed Wapato options history
3. FY 2009 financial forecast and assumptions for developing the Executive Budget as context for this work session.
4. Shared public safety goals for corrections
5. Three major Policy Issues regarding Wapato
6. Other considerations
7. Decision making process

Oregon Budget Law:

As a reminder Oregon Budget Law allows very limited input from the Board of County Commissioners into the Executive Budget. Policy discussion is allowable to prioritize program areas. No decisions will be made at this session. This session is to update the Board on the progress made to date.

WAPATO'S PUBLIC SAFETY LEVY AND BOND FUND HISTORY:

SB1145: Passage of SB 1145 during the 1995 Legislative Session brought to the County responsibility for supervising felons sentenced to less than one year. The State assumed the burden of providing facilities in which to house these felons. The County proposed that the State construct 330 jail beds at Inverness Jail and two 75 bed secure residential facilities. The County contemplated combining the construction projects to house SB 1145 felons with bond financed construction to deal with local prisoners.

1996 Public Safety Bond Measure: The PS Bond Measure was closely tied to the County's application for State SB 1145 Construction support. Work at Inverness jail was to be funded by both the bond paying for 120 beds and by the State paying for 330 beds. Similarly, work at the new jail and A&D facilities (now known as Wapato) were to be funded

by both the bond for the new 210 bed jail and the State funding two 75 bed secure residential alcohol and drug / work release facilities

1996 Public Safety Levy: In May 1996 a three year Public Safety levy passed. It was a significant expansion from the 1993 levy. It not only contemplated operating additional facilities, it covered far more of the Sheriff's support operations than the 1993 levy. The 1996 Public Safety Levy anticipated the new jail operations for 210 jail beds and 150 A&D programs. The completed jail (Wapato) had 525 jail beds.

Measure 47: M47 was passed in November, 1996 and drastically changed the property tax system in the State of Oregon. Because of the shortcomings of Measure 47, the 1997 legislature amended it and the voters approved Measure 50 in May of 1997. The combination of Measure 47/50 and the amounts included in the 1996 levy make operating the facilities contemplated in 1995 a fiscal problem for the County.

Measure 47/50: M47/50 had a significant negative impact on the Public Safety General Obligation Bond measure passed in May of 1996 because it also contained language that disallowed General Obligation Bond proceeds to be used on deferred maintenance or equipment. The Bond measure included over \$12 million in equipment and deferred maintenance funding.

Wapato Facility: The 1996 Public Safety Levy contemplated the new jail being constructed in 1997 and opening in 1998. In 1999 the County pursued the Rivergate property and decided to co-locate the new 210 bed jail facility and the two 75 bed alcohol and drug / work release / mental health centers (150 bed total). Between 1999 and 2001 the County worked on complex conditional use permit processes, three citizen land-use appeals and other legal requirements which caused delays. The final purchase agreement was signed in 2001 and groundbreaking began in December 2001. In February 2003, the State authorized the County to change the use of the SB 1145 funds from building bed alcohol and drug / work release / mental health beds to building 300 jail beds. The 525 bed Wapato Jail was completed for use in July of 2004 but is **not** being operated due to lack of operational funds.

FY 2008/2009 PROPOSAL HISTORY TO OPERATE THE WAPATO FACILITY

Option A - In January, 2008 Chair Wheeler proposed opening 150 beds for use as a treatment center to be operated by the department of Community Justice. The treatment center would be populated by transferring inmates from the existing system. Additionally, a companion program was proposed to further reduce 75 jail bed days by reducing sanctions length of stay with alternative tools. This became known as Option A. The system capacity remained at 1,633 or current service level (or at 158 if the structured sanctions proposal was implemented). The annualized total on-going cost of this proposal was estimated at \$8,149,858.

Option B - In February, 2008, the District Attorney's Office proposed an alternate plan to open 150 jail beds at Wapato by transferring inmates within the existing system. Additionally 96 beds at MCDC were proposed for work release program and 96 beds of treatment beds were also proposed. Two dorms at MCIJ were also proposed for close custody. This became known as Option B. The system capacity remained at 1,633. The annualized total ongoing costs estimated at \$9,249,333.

Option C - As a result of operational issues with Option B, Option C was born. This proposal opened 150 jail beds and 150 treatment beds at Wapato by transferring inmates from within the system (by un-double bunking and closing one floor at MCDC). It also proposed converting one floor at MCDC to 96 work release beds. Two dorms at MCIJ were

also proposed for close custody. Some savings were achieved by shared site costs and reallocation of existing resources. The system capacity changed from 1,633 to 1,687. The annualized total on-going cost of this proposal was estimated at \$12,596,746.

Model Assumptions - All of the options are built on a certain set of programmatic and budgetary assumptions. The largest assumption is that these options are based on a current service level. This does not take into account the \$18.7 million general fund shortfall forecasted for FY 2009 and the subsequent constraint reductions that each department has been asked to take. The budgetary numbers and programmatic operations could change significantly if the FY 2009 reductions are taken into account. The models also made different assumptions about whether the 150 inmates transferred from MCDC would represent a un-double bunking of that system. Lastly, Options A and C also represent a full year of operations. Operational savings from a ramp up are currently being calculated.

The budgetary expenses and programmatic operations for these models will change if the assumptions are changed. The intent of building the models under these assumptions was to create a baseline and approximate apples to apples comparison.

The purpose of this memo is to take the good thinking developed from the previous models and to develop a new model based on the FY 2009 projected constraint cuts. This begins with a discussion of shared public safety goals.

DRAFT SHARED PUBLIC SAFETY GOALS FOR CORRECTIONS

1. Adequate beds to house offenders for purposes of pretrial holds, probation and parole sanctions, and intra-jurisdictional holds.
2. Cost effective use of our facilities.
3. Efficient use of our employees.
4. Array of sentencing options for judges that help reduce recidivism.
5. Restore credibility to the Multnomah County corrections system; thoughtfully implement recommendations from post factor study, grand jury reports and controlling costs through negotiating and implementing a new labor contract and implementing the Memorandum of Understanding with the Sheriff.

THE FY 2009 FINANCIAL FORECAST, EXECUTIVE BUDGET ASSUMPTIONS AND WAPATO

FY 2009 Forecast: The Budget Office has projected a \$18 - \$20 million operating shortfall in the General Fund for FY 2009. About \$13 million of that shortfall is due to the sunset of the ITAX and the remaining \$7 million is due to the on-going structural deficit.

Chair's General Assumptions for the Executive Budget:

1. We need to place the County on firm financial footing. The organization has been reducing its resources and services since FY 2001. This takes its toll on employees and spreads uncertainty and skepticism in the community. We must get to a place of sustainability and then set priorities about major investments in the services that the policy makers and the public value most highly.
2. Our system to prevent, prosecute and sanction offenders is crucial. We have a well documented public safety plan that called for 150 secure treatment beds. We need to

ask the public for their priorities and determine how we can work with voters to put forward a cost effective approach, knowing that this is not a good climate for increases in taxes.

3. We should maintain the current effective mix of services and not sacrifice our vital investments in prevention, early intervention, health and mental health treatment, services for the youth and elderly.
4. We need to advance a cost effective plan to improve the operations of the public safety system by opening the Wapato facility. We should provide a blueprint of how to make the facility's operations sustainable in the future.
5. We are at the beginning of a recession. The business income tax is declining. Abrupt changes in this revenue source have happened in the recent past and could plunge us deeper into an ongoing deficit mode. In addition, inflation is increasing. The CPI rose to 3.8%, resulting in an additional \$4 million (all funds) in personnel costs.
6. We need to do this now. We have an experienced, knowledgeable Board who understand the pain of successive budget reductions. That is not a task they want to pass to their successors.

Specific Programmatic Assumptions

7. As noted earlier past Wapato Options Models began at a current service level. These policy issues begin with the assumption of 96 fewer jail beds proposed by the Sheriff to meet constraint. (Program Offer H) This submission was based in part on the relative underutilization of the beds for the past year and on increasing Field Based Work Release (FBWR) capacity to 75 offenders on supervision. This would also un-double bunk 30 beds (taking capacity from 180 to 150). This results in an annualized savings of \$2,400,000. *(MCSO has subsequently indicated that they would prefer to achieve this \$2.4 savings by closing three dorms at MCIJ and closing 177 beds. The Chair plans to include the original constraint offer because of the additional loss of 83 beds under the MCIJ proposal).*
8. To offset the loss 96 beds, Community Justice's array of community supervision tools should be strengthened (including but not limited to electronic monitoring, community restitution projects, and day reporting center capacity). Implemented gradually over time, this approach should reduce DCJ reliance on sanction beds in the system from 400 to 325. These increased sanctions will cost an additional \$493,000.
9. Because of the ability to reduce jail beds through the use of enhanced community supervision tools and the difficulty of finding appropriate offenders to place on Field Based Work Release, the Chair will not fund FBWR in the FY09 submitted Executive Budget. This results in an ongoing savings of \$1.1 million.

NB. The models below can be adjusted for assumptions by adding or subtracting the savings or additional cost to each option.

Wapato Funding Options Under Consideration: There are four options to fund operations as the Wapato facility.

- Implement the DA jail study, Grand Jury report recommendations and the post factor study to net operational efficiencies.
- Additional service reductions or eliminations in other programs.
- Use of one-time-only money in FY 2009 and impact in FY 2010.
- Passage of the 2008 Public Safety and Services levy.

WAPATO'S THREE MAJOR POLICY ISSUES

Any plan to open and operate Wapato will have challenges. It is a complex and interdependent system with numerous levers that have legal, labor, operational and budgetary implications at every step of the way. We have made an attempt to distill this Gordian knot into three distinct policy issues. We have framed the issues in the form of a question. There is a subsequent discussion of impact to overall system capacity, summary costs (based on program offers) and a list of unresolved issues presented by each policy issue.

The Policy Questions:

1. Should we open 150 secure treatment beds at Wapato operated by DCJ?
2. Should we open 150 general population beds at Wapato in addition to the 150 secure treatment beds?
3. Should we provide Work Release beds operated out of MCDC?

Impact to System Capacity

	Capacity*	Treatment Beds	Jail Beds	Work release beds		Total System Capacity
Current Capacity	1,633	0	0		=	1,633 (Jail Beds Only)
FY 2009 Constraint ^{1/}	1,633	0	-94		=	1,539 (Jail Beds Only)
Policy #1 ^{2/} ORIGINAL OPTION A	1,539	+150	-150		=	1,539 (150 Treatment, 1,389 Jail Beds)
Policy #2 ^{3/} OPTION C (NO WR)	1,539	+150	-150		=	1,539 (150 Treatment, 1,389 Jail Beds)
Policy #3 ^{4/} ORIGINAL OPTION C	1,539	+150	-150	96	=	1,635 (150 Treatment, 1,389 Jail, 96 Work release)

**All subsequent capacity calculations after current capacity assume FY 2009 MCSO original constraint as the base and are based on each individual policy question.*

1/ FY 2009 MCSO constraint based on current services level reduces 94 beds. Alternative constraint reduces 177 beds by closing 177 beds in three dorms at MCIJ.

2/ Transfers 150 offenders from MCDC/MCIJ to treatment.

3/ Transfers 150 offender from MCDC/MCIJ to treatment, and transfers 150 general population beds at Wapato. No net change in jail beds. Change in type of jail beds.

4/ Work release operated out of 1 floor at MCDC increases 96 beds.

Impact to System Capacity by Facility

	Capacity	MCDC	MCIJ	Wapato		Total System Capacity
Current Capacity	1,633	596	1037	0	=	1,633 (Jail Beds Only)
FY 2009 Constraint	1,633	-94	0	0	=	1,539 (Jail Beds Only)
Capacity as of 7-1-08	1,539	502	1037	0		1,539 Jail beds only
Policy #1 OPTION A	1,539	352	1037	150	=	1,539 (150 Treatment, 1,389 Jail Beds)
Policy #2 OPTION C (NO WR)	1,539	202	1037	300	=	1,539 (150 Treatment, 1,389 Jail Beds)
Policy #3 OPTION C	1,633	298	1037	300	=	1,635 (150 Treatment, 1,389 Jail, 96 Work release)

Policy Issue #1 – 150 secure treatment beds a Wapato (“Option A”)

	DCJ Treatment Model	DCJ with MCSO responsible for security
DCJ Operating Costs	\$8.063	\$7.8
Corrections Health	\$1.1	\$1.1
MCSO Perimeter Security/Transport/Laundry	\$0.04 (laundry only)	\$1.829
Sub-Total	\$9.203	\$10.7
Reallocate Existing Resources from 150 beds at MCDC (7 th floor program offers F & G)	-\$4.229	-\$4.229
Total	\$4.974	\$6.5

MCSO prepares a purchasing plan for each facility each year. The purchasing plan divides the jail into segments for separate costing and analysis. MCDC has program offers that are lettered from A through I.

Offer A is the first building block for operating MCDC. Cost of \$14.8. This includes all the fixed costs and does not vary much as floors are closed. MCSO estimates a loss of one FSO position for each floor closed.

Issue	Description	Discussion
Security and Transport	County Attorney has advised that either DCJ or MCSO can provide security and transport. MCSO believes that this falls within their responsibility and authority.	City Planning Bureau will review operational plan and determine compliance with land use decision and permit.
Order of bed closure in system	How the beds are reduced in the system impacts total costs and operations (un-double bunk vs. floor closures) and ultimately system capacity.	Weigh risk and tradeoffs. Greater compliance with Post Factor study, grand jury recommendations at a greater cost. Consider classification issues.
Selection of a Treatment Provider	DCJ or contract out to community treatment provider?	DCJ estimates \$25/day for treatment only; State Contractor costs \$33/day for 14 hours of service; DCJ has the advantage of the existing admin. and support. Difficult to get an accurate comparison.
Overtime, Comp time & Post Factor	Impact of reducing posts on OT, Comp Time	Needs to be analyzed
Scaled Treatment Options	Impact to cost estimates scaling to 50 Treatment Beds 100 Treatment Beds 150 Treatment Beds	See Policy Issue 1D

Policy Issue #1A – close 177 MCIJ beds instead of 94 MCDC beds – same costs; 83 fewer beds (Sheriff suggested as alternative constraint reduction to make Option C more operationally viable)

Policy Issue #1B – MCSO does security and transport; added cost of \$1.529

Policy Issue #1C – un-double bunk beds at MCDC instead of closing 7th floor; added cost of \$2.8 to \$ 3.2 million depending on whether corrections health can be reduced

Policy Issue #1D - Open with 50 or 100 treatment beds (saves \$3.5 and \$1.71 respectively, assuming DCJ only operation) but resource shift from current jail beds used is reduced proportionally.

Policy Issue #2 – 150 general population beds in addition to 150 secure treatment beds a Wapato (Option C without work release)

	150 Treatment Beds	Shared Costs / Savings	150 General Population Beds	Total
Operating Costs	\$5.7		\$4.5	\$10.2
Corrections Health	\$1.2		\$1.2	\$2.4
Facility Shared Costs – security transport, electronics, transport		\$3.2		\$3.2
Sub-Total	\$6.9	\$3.2	\$5.7	\$15.8
Reallocate Existing Resources from 150 beds at MCDC		- \$4.2 (F @ G) - \$5.6 (D @ E) (\$9.8 total)		(\$9.8)
Additional staff for Closed custody beds at MCIJ				\$.421 / \$.788
Total	\$6.9	-\$6.6	\$5.7	\$6.421/ \$6.789
Grand Total				

I believe MCSO does not believe this plan is workable because it closes the 7th and 6th floors (Program offers F and G; D and E). D and E are closed under this scenario because general population beds are shifted to Wapato.

If this option were chosen, the Sheriff would request the replacement of the original constraint offer with comparable savings by closing three dorms at MCIJ. This would have the effect of reducing an additional 83 beds,

Does the \$4.5 include an offset for the Wapato Facility Commander moved from another facility? How is this possible?

How do we decide whether we need one or two dorms at MCIJ with additional staffing?

Issue	Description	Discussion
Potential Programmatic savings by co-location and other programmatic changes	Savings due to co-locating jail and treatment beds in one building.	Some of the expenses that could be "shared" thus reducing the cost to each include facilities and security. Other potential reductions to the base program offers for MCDC
MCSO Pilot Program	Sheriff proposes to pilot a program where Wapato would operate on 12 hour shifts.	Need to determine if there is a measurable impact on comp. and leave usage under this proposal.
Transfer of inmates from MCDC to MCIJ	There will be additional costs to transfer and supervise inmates transferred from maximum security facility (MCDC) to medium security facility (MCIJ)	Need to analyze costs and impacts to harden beds at MCIJ (close custody).
Order of bed closure in system	How the beds are reduced in the system impacts total costs and operations (un-double bunk vs. floor closures) and ultimately system capacity. Order of bed closer will impact MDCD base offer.	Weigh risk and tradeoffs. Greater compliance with PF study, grand jury recommendations at a greater cost. Consider classification issues.
Midyear opening	Costs to open mid-year. Implications to reducing beds at MCDC and cost savings of closing floors	Ramping up and ramping down costs along with operational plans have not been developed. Any midyear start up puts further pressure on FY 2010 where a full year of operations would need to be funded.

Policy Issue #2A – close 177 MCIJ beds instead of 94 MCDC beds – same costs/savings; 83 fewer beds

Policy Issue #2B – un-double bunk beds at MCDC instead of closing 6th and 7th floors; added cost of \$8.4 to 8.8 million depending on whether corrections health can be reduced

Policy Issue #2C - Open with 50 or 100 treatment beds (saves \$3.3 and \$1.4 respectively, but resource shift from current jail beds used is reduced proportionally)

Policy Issue #3 – Work Release Beds operated out of MCDC

This policy would add 96 work release beds. They would occupy one floor at MCDC for a total cost of \$3.442 million (less \$300,000 revenue) = \$3.142.. (MCSO \$3.350 + Corrections Health .091) MCSO/DA work group identified potential resource shifts to reduce cost; 4 work crews \$.498

Issue	Description	Discussion
Potential Remodeling and security issues. FBWR folded into new program	Typically Work Release beds are operated in the community. Operating WR out of a floor of a maximum security facility presents some new challenges. Field based work release would be folded into this new program.	It is likely remodeling would need to be done to transform jail cells to suit a lower security needed work release program. MC currently does not operate a WR program.
Work Release population	Who would populate this program?	Would inmates currently in jail or inmates currently under community supervision be work release candidates? To what extent would these inmates overlap the potential inmates for drug treatment and jail work crews, who serve both the jails and the community? Another "classification" issue is the pool great enough for secure drug treatment, work crews, work release, and medium security dorm supervision?
Conditional Use Process	None of our current facilities are permitted for work release. We would need to seek an amendment to the conditional use permit at MCDC, requiring at a minimum a Type II land use application process. ORS 169.690 requires that a citizens advisory committee be appointed by the City from citizens that are residents of the affected area.	No other legal requirements have been identified that would prevent operating a work release program out of a jail.
Loss of Work Crews	What would be the impact of reducing four work crews and saving \$.498?	Are these work crews that currently work inside the jails?

OTHER CONSIDERATIONS

How would the property crime measures on the ballot impact our decisions?

Under any option, the state may be looking for additional capacity or may ask the County to assume additional responsibility (with additional funds) to house and treat additional property crime offenders. Under the Legislative referral, there are funds for alcohol and drug treatment. Exact capacity needs are unclear because there would be some overlap with the current population and with our current plans for secure drug treatment.

DECISION MAKING PROCESS

3/20 BCC Work session to discuss policy issues and system impacts
 4/17 Chair Executive Budget released
 April-May Budget Work sessions and Hearings
 6/5 FY 2009 Budget is Adopted

MCDC Jail Purchasing Plan

FY 08/09 Proposed Budget
Offers are subject to change without notice

Current Service Levels

DRAFT



Multnomah County
Sheriff's Office

Map
5
FY 09

PROGRAM GROUP
Totals for Offer 60040
Total Beds 596
Total FTE 193.63; 163.03 MCSO; 30.60 CH

Total Program Cost	\$22,861,304
Total Admin & Support	\$3,989,428
Total Corrections Health	\$6,030,626
Total Costs	\$32,881,358

Purchasing Order

OFFER SET FIVE
Offer 60040- H & I
Beds - 156
FTE 24.2 Total; 22.1 MCSO; 2.1 CH

Program Cost	\$2,743,987
Admin & Support	\$0
Corrections Health	\$625,4659 +
Total Costs	\$3,369,452

OFFER SET FOUR
Offer 60040- F & G
Beds - 156
FTE 27.40 Total; 22.10 MCSO; 5.3 CH

Program Cost	\$2,674,264
Admin & Support	\$530,164
Corrections Health	\$1,024,742 +
Total Costs	\$4,229,170

OFFER SET THREE
Offer 60040- D & E
Beds - 156
FTE 35.57 Total; 33.47 MCSO; 2.1 CH

Program Cost	\$4,142,547
Admin & Support	\$821,247
Corrections Health	\$629,662 +
Total Costs	\$5,593,456

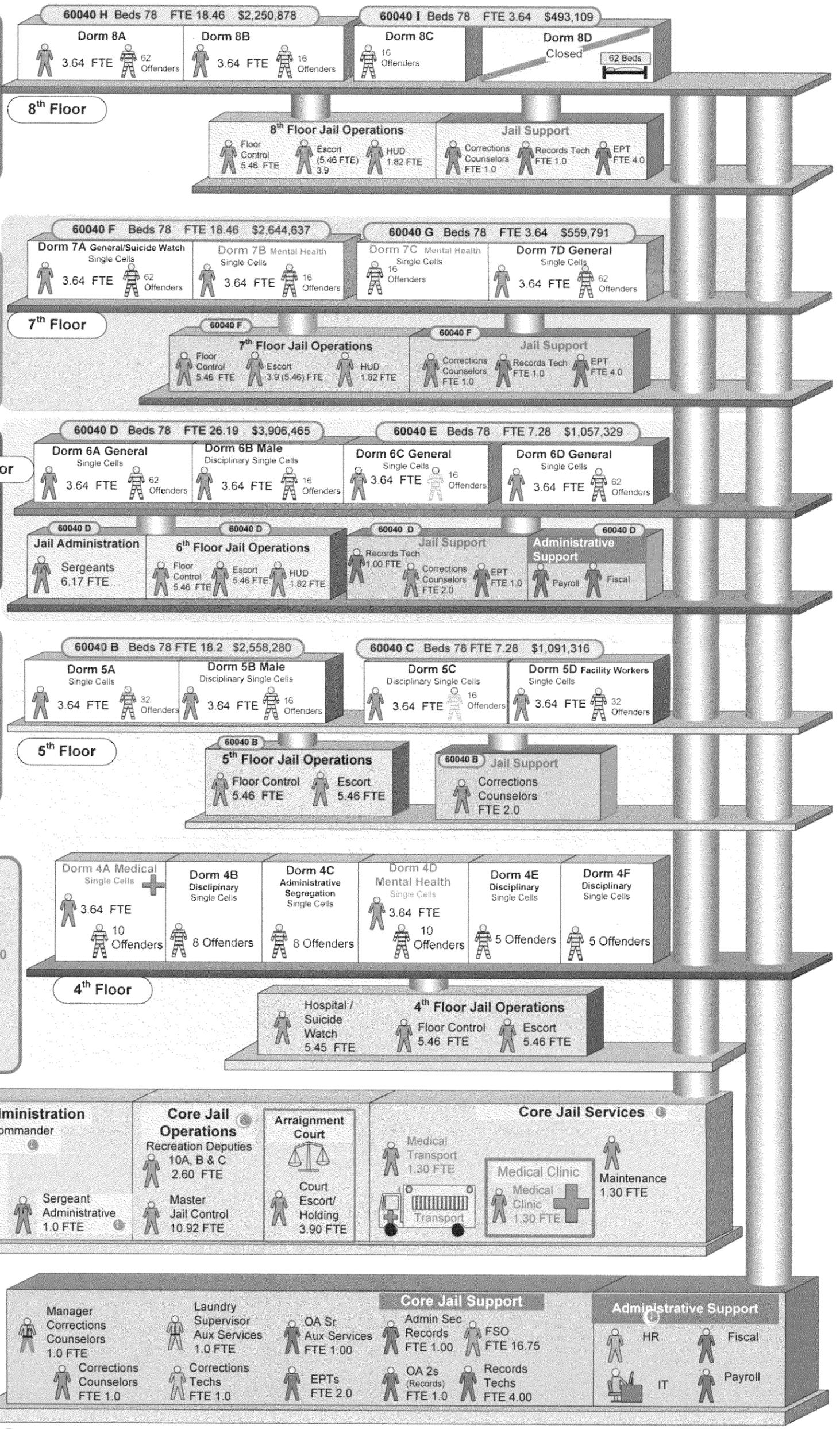
OFFER SET TWO
Offers 60040- B & C
Beds - 156
FTE 31.28 Total; 25.48 MCSO; 5.8 CH

Program Cost	\$3,045,779
Admin & Support	\$603,817
Corrections Health	\$1,206,391 +
Total Costs	\$4,855,987

Base Offer
OFFER SET ONE
Offer 60040 - A
Beds - 46
FTE 75.18 Total; 59.88 MCSO; CH 15.30

Program Cost	\$10,254,727
Admin & Support	\$2,034,200
Corrections Health	\$2,544,366 +
Total Costs	\$14,823,082

39.2% 39.2%



Costs include FTE, M&S, and ISRs

24 x 7 Twenty-four hours/seven days a week
 8 x 5 Eight hours/five days a week
 16 x 7 Sixteen hours/seven days a week
 Designates 100 % External Funding Source(s)
 Designates 50 % up to 100% External Funding Source(s)
 Designates under 50 % External Funding Source(s)