

#1

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME DONNA PURDIE

ADDRESS P.O. BOX 11452

PDY 97211

PHONE 284-0929

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC JEFFERSON CAMPAIGN

GIVE TO BOARD CLERK

COMM.
IN UN. 3

#2

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME Deanna Lynn Calef

ADDRESS 6939 NE Grand #7

Portland, OR 97211

PHONE 503-283-8160

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Domestic Violence

GIVE TO BOARD CLERK

#3

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME

JACKIE MERCER

ADDRESS

NARA / NW

17645 NW ST. Helens Hwy
PORTLAND OREGON 97231

PHONE

621-0114

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC NATIVE RESPONSE TEAM

GIVE TO BOARD CLERK

#4

SPEAKER SIGN UP CARDS

2

DATE May 17, 2001

NAME

Geoff Roth - Director
NAYA

ADDRESS

4000 N. Mississippi

Portland, OR 97227

PHONE

503-288-8177

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Native Response Team

GIVE TO BOARD CLERK

#5

3

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME NORREEN SMOKEY SMITH

ADDRESS Title IX

Indian Education

PHONE 503-916-6499

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Native Response Team

GIVE TO BOARD CLERK

#6

4

SPEAKER SIGN UP CARDS

DATE May 17, 2001

NAME Sue Ziglinski

ADDRESS 4000 N. Mississippi Ave

POX 97227

PHONE 503-288-8177

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Native Response Team

GIVE TO BOARD CLERK

#7

5

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME Alex Stone

ADDRESS NAYA 4000 N. Mississippi Ave
PDX, OR 97227

PHONE 503-288-8177

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC NATIVE RESPONSE TEAM

GIVE TO BOARD CLERK

#8

SPEAKER SIGN UP CARDS

DATE 5.17.01

NAME Robert Bernstein

ADDRESS 1730 S.E. 35 Place

PHONE 233 9671

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Youth Services

GIVE TO BOARD CLERK

#9

SPEAKER SIGN UP CARDS

DATE May 17, 201

NAME

Lanita Duke

ADDRESS

P.O. Box 12289

PHONE

287-9074

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC WIFT

GIVE TO BOARD CLERK

#11

SPEAKER SIGN UP CARDS

DATE 5.17.2001

NAME

MARCO LINDA BARBER

ADDRESS

5941 N. Fessenden St.

Portland, OR 97203

PHONE

(503) 289-2103

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC

Gift

GIVE TO BOARD CLERK

#12

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME

Sasha Bell

ADDRESS

P.O. Box 1228

Port. Or

PHONE

285-9871

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC WIT

GIVE TO BOARD CLERK

#13 ~~13~~

SPEAKER SIGN UP CARDS

DATE MAY 17th 2001

NAME SANDRA JOHNSON

ADDRESS 5139 N. LOMBARD
P. 97203

PHONE 503-285-9871 X 158

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Gift Program

GIVE TO BOARD CLERK

#14

Anjeanette Brown, #16
DEANNA PROVOO

#15

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME

LETICIA PERRY

ADDRESS

18088 SE Market

97233

PHONE

(503) 465-0170

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC GIFT PROGRAM

GIVE TO BOARD CLERK

#17

SPEAKER SIGN UP CARDS

DATE May 17, 2001

NAME

Chantaway Perry

ADDRESS

18088 SE Market

97233

PHONE

(503) 465-0170

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC GIFT PROGRAM

GIVE TO BOARD CLERK

#18

SPEAKER SIGN UP CARDS

DATE 05-17-01

NAME Chip Shields

ADDRESS 4310 NE MLK
97211

PHONE 281-2063

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Better People

GIVE TO BOARD CLERK

#19

SPEAKER SIGN UP CARDS

DATE 05/17/01

NAME Putty Katz

ADDRESS 4310 NE MLK

97211

PHONE 281-2663

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC BETTER PEOPLE

GIVE TO BOARD CLERK

#20

SPEAKER SIGN UP CARDS

DATE 05-17-01

NAME

Hon. Roosevelt Robinson

ADDRESS

4310 NE MLK

97211

PHONE

281-2663

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Better People

GIVE TO BOARD CLERK

#21

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME

Patricia Welch

ADDRESS

N. Portland WA

PHONE

503-988-6780

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC GIT Program

GIVE TO BOARD CLERK

#22

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME Nia Gray

ADDRESS 2920 White Salmon
West Linn, OR 97148

PHONE (503) 722-8546

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC GIFT PROGRAM

GIVE TO BOARD-CLERK

#23

SPEAKER SIGN UP CARDS

DATE 05/17/01

NAME Jay Swedblom

ADDRESS 4310 NE MLK

PHONE 281-2663

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Better People

GIVE TO BOARD CLERK

#24

SPEAKER SIGN UP CARDS

DATE 05/17/01

NAME

Larry Johnson

ADDRESS

4390 NE MLK

Portland, OR 97211

PHONE

281-2663

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC

Better People

GIVE TO BOARD CLERK

#25

SPEAKER SIGN UP CARDS

DATE 05/17/01

NAME

Arwen Bird

ADDRESS

4310 NE MLK

PHONE

281-2663

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Better People

GIVE TO BOARD CLERK

#26

SPEAKER SIGN UP CARDS

DATE 05/17/01

NAME Dr. Anette Jolin

ADDRESS 4310 NE MLK

97211

PHONE 281-2663

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Better People

GIVE TO BOARD CLERK

#27

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME

Pamela Tamburino

ADDRESS

2438 SE. 41st

Portland Oregon

PHONE

236-8828

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC The importance of Rehabilitation

GIVE TO BOARD CLERK

#28

SPEAKER SIGN UP CARDS

DATE

5/17/01

NAME

Valent White

ADDRESS

5272 NE 6th Ave

PTld, OR

PHONE

503-284-6302

SPEAKING
TOPIC

ON AGENDA ITEM NUMBER OR
MOTIONS FOR SENIORS

GIVE TO BOARD CLERK

#29

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME Dorothy Clark

ADDRESS 2935 NE 54

Pld 97213

PHONE 503-282-0371

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC MDT Nurses

GIVE TO BOARD CLERK

#30

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME

Barbara Balsevo

ADDRESS

4160 NE Broadway
Portland 97213

PHONE

503 - 280-1053

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC MDT

GIVE TO BOARD CLERK

31

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME

Marilyn Miller

ADDRESS

4707 SE Hawthorne

Portland, OR

PHONE

988-6000

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC CFSC

GIVE TO BOARD CLERK

32

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME

Josefina Herrera

ADDRESS

2438 SE 41st Ave Apt 202

Portland OR 97214

PHONE

503-232-8954

SPEAKING ON AGENDA ITEM NUMBER OR

TOPIC

The Budget cut for all agencies

GIVE TO BOARD CLERK

33

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME Crystal Deb Meadows-118

ADDRESS Rt. Imp. 2218 SE Cypress
Dr.

PHONE 503-267-9553

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC CFSC

GIVE TO BOARD CLERK

#34

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME

Susan Masin

ADDRESS

3440 SW Downsview Terr

PDX OR 97221

PHONE

503-292-1599

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC CFSC 14WCA

GIVE TO BOARD CLERK

#35

SPEAKER SIGN UP CARDS

DATE

5/17/01

NAME

Jeyleen Toranzo

ADDRESS

PO BOX 1596

Portland OR 97207

PHONE

503-243-1131

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC

Domestic violence

GIVE TO BOARD CLERK

#30

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME

Diane Feldt

ADDRESS

5139 N. Lombard

PHONE

285-9871

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC N. Portland Com. + Family Center

GIVE TO BOARD CLERK

GIFT + Connections

#37

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME Gail Albers

ADDRESS East Mult. Co Aging Svcs.
Gresham, OR

PHONE 988-3840 x243

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Community Health Nurse Cuts.

GIVE TO BOARD CLERK

#38

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME JANICE BOOKER

ADDRESS YWCA NE Center 5630 NE MLK BLVD

PHONE _____

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC CASE MANAGER YWCA YOUNG FAMILIES

GIVE TO BOARD CLERK PROGRAM

#39

SPEAKER SIGN UP CARDS

DATE Che Kaya Oliver

NAME ↙ 05/17/01

ADDRESS 4064 NE Grandth St

Portland, OR 97212

PHONE (503) 493-0243

SPEAKING ON AGENDA ITEM NUMBER OR

TOPIC Social services young fam
YWCA

GIVE TO BOARD CLERK

#40

SPEAKER SIGN UP CARDS

DATE Lacondra Brown

NAME Lacondra Brown

ADDRESS 8520 N Swift Way
Portland, OR 97250

PHONE 503-283-2725

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Social Services for youth

GIVE TO BOARD CLERK

#41

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME

Debra Knapp

ADDRESS

NE YWCA

PHONE

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC

GIVE TO BOARD CLERK

#42

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME Sara Stump

ADDRESS 2438 SE 41st 307
Port OR,

PHONE _____

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC R.P. Parent child

GIVE TO BOARD CLERK

#43

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME

Wendy Matteson

ADDRESS

2438 S.E. 41st #203

Portland, Or. 97214

PHONE

503 - 238-6853

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC

GIVE TO BOARD CLERK

#44

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME

Laura Lybrand

ADDRESS

85 NE Cook St

Portland OR 97212

PHONE

503-281-9104

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Family Comm. Centers & connections

GIVE TO BOARD CLERK

#46

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME MANI CANNON

ADDRESS YWCA NE Center

5630 NE MLK Blvd

PHONE 503-721-1746

SPEAKING ON AGENDA ITEM NUMBER OR

TOPIC YWCA FAMILIAS JOVENES - POREC

GIVE TO BOARD CLERK

#47

SPEAKER SIGN UP CARDS

DATE 05-07-01

NAME

Tammy Rausche

ADDRESS

7415 NE Walsey

PHONE

503-258-1919

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC STARTER

GIVE TO BOARD CLERK

#48

SPEAKER SIGN UP CARDS

DATE 05-17-01

NAME Shelley Bradley

ADDRESS 7415 NE Halsey

PHONE 503-258-1919

SPEAKING ON AGENDA ITEM NUMBER OR TOPIC SHULTER

GIVE TO BOARD CLERK

#49

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME

Kristine Eldridge

ADDRESS

—

PHONE

—

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Homelessness

GIVE TO BOARD CLERK

#50

SPEAKER SIGN UP CARDS

DATE May 17, 2001

NAME William E Robinson

ADDRESS 6325 NE 25th

Portland, OR 97211

PHONE 503 493-0161

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC ARP - African American

GIVE TO BOARD CLERK Program

Adult Corrections

#51

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME CHARLES JENNINGS

ADDRESS 6227 N.E. 18th St
Portland, OR

PHONE (503) 4931583

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC BETTER PEOPLE & A A P

GIVE TO BOARD CLERK

#52

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME Tina Russell

ADDRESS 6415 N/E GILSON
#25 PHOENIX, AZ 85013

PHONE 503-231-6328

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC CFSCS

GIVE TO BOARD CLERK

#53

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME Larissa Wilkerson

ADDRESS 2438 SE 41st St

PHONE 238-6628

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Richmond Place

GIVE TO BOARD CLERK!

XWCA

SPEAKER SIGN UP CARDS

RIKI BROWN

DATE 5/17/01

NAME

North Portland Connections

ADDRESS

Young Parents Program

5139 N. Lombard

PHONE

285-0627

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Teen Parent Program

GIVE TO BOARD CLERK

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME LISA NIKUNEN

ADDRESS 4531 SE Belmont
Portland OR

PHONE 503.234.3400

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC New Options for

GIVE TO BOARD CLERK women

SPEAKER SIGN UP CARDS

DATE

5/17/2001

NAME

From Julianne Ryan

ADDRESS

Jefferson County Community

~~2322~~ 2322 N Williams Av

PHONE

PHd 97227

SPEAKING ON AGENDA ITEM NUMBER OR TOPIC

Whole Family

GIVE TO BOARD CLERK

Violence Prevention

SPEAKER SIGN UP CARDS

DATE 5/17/01

NAME JOSEFINA GUILLIN PEREZ

ADDRESS 1005 JARRETT AVE PORTLAND

PHONE _____

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC TESTIFY FOR YWCA PROGRAM

GIVE TO BOARD CLERK

SPEAKER SIGN UP CARDS

DATE 5-17-01

NAME Darryl Orr

ADDRESS YWCA Shelter
4610 N Mariland

Portland OR

PHONE _____

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC _____

GIVE TO BOARD CLERK

ANNOTATED MINUTES

Tuesday, May 15, 2001 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

Interim-Chair Bill Farver convened the meeting at 9:36 a.m., with Commissioners Serena Cruz and Lonnie Roberts and Interim Commissioner Pauline Anderson present, and Vice-Chair Lisa Naito arriving at 9:38 a.m..

Interim Chair Bill Farver read a statement from Laddie Read regarding mental health.

B-1 Public Affairs Office Update on the 2001 Oregon Legislature. Presented by Gina Mattioda and Stephanie Soden.

GINA MATTIODA AND STEPHANIE SODEN LEGISLATIVE UPDATE PRESENTATION ON ISSUES INCLUDING REVENUE FORECAST, GOVERNOR'S NEW PROPOSED BUDGET, PORTLAND HARBOR CLEAN UP BILL AND SCHOOLS. STAFF TO DRAFT FLOOR LETTER REFLECTING BOARD POSITION. DIANA BIANCO PRESENTATION REGARDING HB 3245A-ENG MENTAL HEALTH BILL AND REQUEST FOR POLICY DIRECTION. BOARD DISCUSSION WITH STEVE WEISS ON OREGON ADVOCACY BILL IN RESPONSE TO RECENT SUICIDE AND THE NEED FOR THOROUGH, UNBIASED, INDEPENDENT INVESTIGATION, NOT BY COUNTY AGENCY WHO MONITORS PROGRAM. MS. MATTIODA TO TRACK BILL AND KEEP BOARD AND MS. BIANCO INFORMED. MS. MATTIODA, MS. SODEN AND HAROLD LASLEY PRESENTATION ON ISSUES INCLUDING HB 3953A-ENG, REGIONAL TRANSPORTATION AUTHORITY HB 3048, PERS OMNIBUS BILL AMENDMENTS, DEPARTMENT OF HUMAN RESOURCES REORGANIZATION, OREGON HEALTH PLAN, MENTAL HEALTH,

EARLY CHILDHOOD BUDGET, SCHOOL BASED HEALTH CLINIC, AFFORDABLE HOUSING, COMMUNITY LEARNING CENTER, COLUMBIA RIVER GORGE, COMMUNITY CORRECTIONS, CUSTODY UNITS, DEPARTMENT OF CORRECTIONS BUDGET, BILL TO EXPAND SCHOOLS IN JUVENILE DETENTION FACILITIES, OREGON YOUTH AUTHORITY BUDGET, LIVING WAGES, AND CHRISTMAS TREE BILL.

The briefing was adjourned at 10:30 a.m.

Tuesday, May 15, 2001 - 10:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET DELIBERATIONS

Interim-Chair Bill Farver convened the meeting at 10:40 a.m., with Commissioner Lonnie Roberts and Interim Commissioner Pauline Anderson present, Commissioner Serena Cruz arriving at 10:44, and Vice-Chair Lisa Naito excused.

B-2 DEPARTMENT OF AGING AND DISABILITY SERVICES Fiscal Year 2001-2002 Budget Presentation. Presented by Jim McConnell, Director; Mary Shortall, Deputy Director; Rey España , Planning Manager; Tanya McGee, Long Term Care Manager; Nancy Harp, Community Services Manager; Fran Landfair, Elders in Action CBAC; and Steve Weiss, Disability Services CBAC.

- I. Who We Are at ADS
- II. How Services Are Accessed
- III. How We Are Organized
- IV. How Well We Deliver Services
- V. FY 2002 Budget
- VI. Issues and Challenges
- VII. CBAC Report and Recommendations

JIM MCCONNELL PRESENTATION. STEVE WEISS AND FRAN LANDFAIR PRESENTED CBAC REPORTS AND RESPONSE TO BOARD

QUESTIONS. JIM MCCONNELL, MARY SHORTALL, TANYA COLIE MCGEE, NANCY HARP, DON CARLSON AND REY ESPAÑA PRESENTATIONS AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION ON ISSUES INCLUDING FUNDING TO RETAIN MULTIDISCIPLINARY TEAM NURSES, NEED TO WORK WITH LEGISLATORS TO SEE THAT OREGON PROJECT INDEPENDENCE GETS FEDERAL FUNDING, AND BOARD DIRECTION TO THE DIRECT REPORT MANAGERS FOR DEVELOPMENT OF A COUNTYWIDE POLICY FOR THE BOARD'S FUTURE CONSIDERATION, TO ADDRESS STATE FUNDING FORMULA ISSUES SUCH AS GRANTS IN AID AND AGING AND DISABILITY SERVICES EQUITY ISSUES IN COLLABORATION AND PARTNERSHIP WITH THE DEPARTMENT OF HUMAN RESOURCES REORGANIZATION EFFORTS, AND LATINO ELDERS SERVICES SUCH AS ADDITIONAL HOUSING AND MULTI-GENERATIONAL COMMUNITY CENTER.

There being no further business, the meeting was adjourned at 11:48 a.m.

Tuesday, May 15, 2001 - 2:30 PM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET DELIBERATIONS

Interim-Chair Bill Farver convened the meeting at 2:35 p.m., with Vice-Chair Lisa Naito, Commissioners Serena Cruz and Lonnie Roberts and Interim Commissioner Pauline Anderson present.

B-3 Discussion on Proposed Direction of Mental Health Redesign. Presented by Jim Gaynor and Staff.

**LOLENZO POE AND JIM GAYNOR
PRESENTATION OF MENTAL HEALTH SYSTEM
REDESIGN ACTION PLAN FOR MULTNOMAH**

COUNTY, PHASE I: RESOLVING THE ACUTE CARE CRISIS, AND RESPONSE TO BOARD QUESTIONS, DISCUSSION AND BOARD DIRECTION ON ISSUES INCLUDING TIMELINE FOR BUDGET DETAILS; PRIMARY ROLE OF PROVIDER; ALTERNATIVES OR TRADE OFFS IF PROPOSAL TOO EXPENSIVE; NEED TO NEGOTIATE PLAN FOR RAPID DEPLOYMENT OF CRISIS STABILIZATION SERVICES WITHIN 60 DAYS, IDENTIFY WHO WILL BE DEPLOYED TO DO THE WORK; COUNTY RISK TO PROVIDE SERVICES; NEED FOR COUNTY TO CONTINUE MANAGING SERVICES AND MAINTAIN GATE-KEEPING CONTROL FOR AUTHORIZING CARE; LANE COUNTY MODEL AND SHARING RISKS; AND NEED FOR THOUGHTFUL PLANNING. STAFF TO SET UP A MEETING WITH COMMISSIONER ANDERSON FOR FURTHER BRIEFING. BOARD DIRECTION FOR STAFF TO CLARIFY DIFFERENCES AND COSTS BETWEEN TODAY'S PLAN AND LANE COUNTY MODEL; ADDRESS BOARD CONCERN WHERE TODAY'S PLAN DOESN'T FOLLOW RESOLUTION CASE MANAGEMENT; COST ANALYSIS CONSISTENT WITH CASE MANAGEMENT FUNCTION; AND PROVIDE A WANTS COLLABORATIVE PROCESS UTILIZING COUNTY EXPERTISE AND THE PROVIDER NETWORKS. STAFF DIRECTED TO COME BACK WITH SPECIFIC CASE MANAGEMENT SCENARIOS WITHIN 30 DAYS. BOARD CONSENSUS ON BUDGET NOTE THAT STAFF COME BACK WITH PACKAGE OF BUDGET AMENDMENTS, OR REVISED MENTAL HEALTH BUDGET ON THE REDESIGN OF THE MENTAL HEALTH SYSTEM. CHAIR DIRECTED STAFF TO COME BACK IN LATE MAY OR EARLY JUNE FOR FURTHER BUDGET DISCUSSIONS.

There being no further business, the meeting was adjourned at 3:24 p.m.

Wednesday, May 16, 2001 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET DELIBERATIONS

Interim-Chair Bill Farver convened the meeting at 9:35 a.m., with Commissioners Serena Cruz and Lonnie Roberts and Interim Commissioner Pauline Anderson present, and Vice-Chair Lisa Naito arriving at 9:40 a.m.

B-4 HEALTH DEPARTMENT Fiscal Year 2001-2002 Budget Presentation

- 1. Introduction: Lillian Shirley, Department Director**
Department Mission and three Public Health goals: setting the framework for the Health Department's Budget
- 2. Citizens Budget Advisory Committee Report: Bill Hancock, Community Health Council President and Sonia Manhas, Director's Office**
- 3. Budget Summary: Lillian Shirley**
Restorations and cuts. How department decisions were made
Revenues and Expenditure Summaries
- 4. Federal Financial Participation: Tom Fronk, Director's Office**
Health Department, County, and State work.
- 5. Budget and Operations Review: Dave Houghton, Bonnie Kostelecky, Patsy Kullberg, Gary Oxman, Consuelo Saragoza, and Jane Spence.**
 - Assuring Access To Necessary And Dignified Health Care
 - Promoting The Health Of All County Residents
 - Protecting The Health Of All County Residents
- 6. Addressing Community Health Disparities**
- 7. Final BCC Questions & Answers; Closing: Lillian Shirley**

CHAIR FARVER CONGRATULATIONS TO CHAIR-ELECT DIANE LINN AND COMMISSIONER-ELECT MARIA ROJO DE STEFFEY ON THEIR SUCCESSFUL ELECTION YESTERDAY AND ADVISED THEY WILL BE SWORN IN ON JUNE 5, 2001.

LILLIAN SHIRLEY INTRODUCED SONIA MANHAS, ANNE POTTER AND BILL HANCOCK. BILL HANCOCK PRESENTED THE CBAC REPORT. LILLIAN SHIRLEY, CAROL FORD, TOM FRONK, CONSUELO SARAGOZA AND BONNIE KOSTELECKY PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION ON ISSUES INCLUDING CAREOREGON; FEDERAL FINANCIAL PARTICIPATION; OCHIN TRANSITION; OLDS TEAM FUNDING CONCERNS; OREGON CHILDRENS PLAN; STARS PROGRAM; CARES CHILD CARE GRANT; WORK WITH AGING AND DISABILITY SERVICES TO CONTINUE FUNDING 4 MULTI-DISCIPLINARY TEAM NURSES.

The meeting was recessed at 10:55 a.m. and reconvened at 11:07 a.m.

DAVE HOUGHTON AND GARY OXMAN PRESENTATION AND RESPONSE TO BOARD QUESTIONS REGARDING VECTOR CONTROL, DISEASE PREVENTION AND TREATMENT SERVICES CAPACITY, HIV/AIDS REPORTING, AND LEAD POISONING EDUCATION AND SCREENING SERVICES. LILLIAN SHIRLEY, GORDON EMPEY, JANE SPENCE, PATSY KULLBERG AND GARY OXMAN PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION ON ISSUES INCLUDING EAST COUNTY SERVICE CENTER; PRIMARY CARE SERVICES AND REDESIGN; OREGON ACTION COALITION; CHARITABLE CARE RULES; LOW INCOME/UNINSURED CLIENTS; CORRECTIONS HEALTH; NEED FOR CORRECTIONS HEALTH STAFF TO BE INVOLVED WITH LOCAL PUBLIC SAFETY COORDINATING COUNCIL; AND MENTAL HEALTH ISSUES. BOARD CONSENSUS TO ADD BUDGET NOTE DIRECTING STAFF TO MONITOR CLIENT FLOW AND ACCESS ISSUES AND TO PROVIDE BOARD UPDATES ON PRIMARY CARE CLINIC REVENUES. BOARD CONSENSUS TO ADD BUDGET NOTES LOCAL

PUBLIC SAFETY REVIEW OF COUNTY'S PRE-TRIAL RELEASE SYSTEM FOR INCREASED EFFICIENCIES, EFFECTIVENESS AND POTENTIAL COST SAVINGS. JANE SPENCE, CONSUELO SARAGOZA, JOY BELCOURT AND BONNIE KOSTELECKY PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION ON ISSUES INCLUDING MENTAL HEALTH AND DISABILITY DISCRIMINATION AND LACK OF FEDERAL REIMBURSEMENT FOR VETERANS AND SOCIAL SECURITY CLIENTS WHO ARE INCARCERATED; SCHOOL BASED HEALTH CENTERS; PHARMACEUTICAL COSTS, OUTREACH AND TREATMENT MODELS AND PARTNERSHIPS; EFFORTS TO PARTNER ON MATCHING FUNDS GRANTS TO ADDRESS AFRICAN AMERICAN INFANT MORTALITY AND OTHER HEALTH ISSUES. STAFF DIRECTED TO HAVE COUNTY ATTORNEY PROVIDE BOARD WITH LEGAL OPINION REGARDING VETERANS ADMINISTRATION POSITION NOT TO REIMBURSE COUNTY FOR SERVICES TO INCARCERATED VETERANS.

There being no further business, the meeting was adjourned at 12:15 p.m.

Wednesday, May 16, 2001 - 1:30 PM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET DELIBERATIONS

Interim-Chair Bill Farver convened the meeting at 1:35 a.m., with Commissioners Serena Cruz and Lonnie Roberts and Interim Commissioner Pauline Anderson present, and Vice-Chair Lisa Naito arriving at 1:40 p.m.

B-5 DEPARTMENT OF COMMUNITY AND FAMILY SERVICES Fiscal Year 2001-2002 Budget Presentation

- | | |
|---------------------------------|----------------------------------|
| I. Introduction | Lorenzo T. Poe, Jr., Director |
| II. CBAC Report | Doug Montgomery, CBAC Chair |
| III. Department Overview | Denise Chuckovich & Kathy Tinkle |

- Vision, Mission and Values
- Organizational Structure
- Expenditures, Revenues and FTE
- Efficiencies and Other Budget Reductions
- DCFS Services

IV. FY 2002 Issues and Challenges

- | | |
|-------------------------------------|----------------|
| • Developmental Disabilities | Howard Klink |
| • Behavioral Health | Janice Gratton |
| • SUN | Kathy Turner |
| • Community Programs & Partnerships | Mary Li |

V. Board Questions

LOLENZO POE INTRODUCTIONS. BILL MONTGOMERY PRESENTED CBAC REPORT. DENISE CHUCKOVICH, KATHY TINKLE, HOWARD KLINK, JANICE GRATTON AND KATHY TURNER PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION ON ISSUES INCLUDING DEPARTMENT OVERVIEW; LETTER FROM LADDIE READ; DEVELOPMENTAL DISABILITIES PROGRAM BUDGET; SKIP SCREENING; BEHAVIORAL HEALTH DIVISION BUDGET; EARLY INTERVENTION PROGRAM FUNDING; SUN INITIATIVE AND CASEY GRANT, STRATEGIC INVESTMENT PROGRAM REVENUES; NEED TO WORK WITH SCHOOL BOARD; BUCKMAN AND CLEAR CREEK SCHOOLS.

The meeting was recessed at 3:05 p.m. and reconvened at 3:15 p.m.

MARY LI AND JIM CLAY PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION ON ISSUES INCLUDING COMMUNITY PROGRAMS AND PARTNERSHIPS BUDGET; WEATHERIZATION PROGRAM AND COMMUNITY ACTION FUNDING SOURCE; MULTNOMAH COMMISSION ON CHILDREN AND FAMILIES BUDGET CUTS.

There being no further business, the meeting was adjourned at 3:40 p.m.

Thursday, May 17, 2001 - 9:00 AM
Multnomah Building, First Floor Commissioners Conference Room 112
501 SE Hawthorne Boulevard, Portland

EXECUTIVE SESSION

Interim-Chair Bill Farver convened the meeting at 9:03 a.m., with Commissioners Serena Cruz and Lonnie Roberts and Interim Commissioner Pauline Anderson present, and Vice-Chair Lisa Naito arriving at 9:05 a.m.

E-1 The Multnomah County Board of Commissioners will meet in executive session authorized pursuant to ORS 192.660(1)(f) to discuss confidential information that is protected under Federal and State housing provisions and other laws from disclosure and therefore exempt under either ORS 192.502(8) or (9) or both. Only representatives of the news media and designated staff are allowed to attend. Representatives of the news media and all other attendees are specifically directed not to disclose information that is the subject of the executive session. No final decision will be made in the executive session.

EXECUTIVE SESSION HELD.

There being no further business, the executive session was adjourned at 9:25 a.m.

Thursday, May 17, 2001 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

Interim-Chair Bill Farver convened the meeting at 9:30 a.m., with Vice-Chair Lisa Naito, Commissioners Serena Cruz and Lonnie Roberts and Interim Commissioner Pauline Anderson present.

CONSENT CALENDAR

***UPON MOTION OF COMMISSIONER NAITO,
SECONDED BY COMMISSIONER CRUZ, THE***

***CONSENT CALENDAR (ITEMS C-1 THROUGH C-6)
WAS UNANIMOUSLY APPROVED.***

DISTRICT ATTORNEY'S OFFICE

- C-1 Renewal of Intergovernmental Agreement 500167 with Tri-Met for the Continued Funding of 1 FTE Deputy District Attorney to the Tri-Met Neighborhood Based Prosecution Office

SHERIFF'S OFFICE

- C-2 Budget Modification MCSO 5 Appropriating \$45,000 from Portland Police Bureau Block Grant Revenue to Purchase 7 Mobile Data Centers for County Law Enforcement Vehicles

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- C-3 Budget Modification CFS 50 Transferring \$15,021 Great Start Revenue from the Commission on Children, Families and Community Budget to Fund a .21 FTE Program Development Specialist Senior Position
- C-4 Budget Modification CFS 51 Adding a .13 FTE Program Development Specialist for the Victims' Panel Coordinator from DUII Victims Panel Fees
- C-5 Budget Modification CFS 52 Adjusting Expenditure and Revenue Budgets in Community Programs and Partnerships to Reflect Additional Unanticipated Low Income Energy Assistance Program Funds from the State
- C-6 Budget Modification CFS 53 Adjusting Expenditures and Revenues for SUN Schools to Reflect Actual Expenditures and Revenue Agreements, and Appropriating a \$1,000 Donation from the Oregon Community Foundation via the City of Portland

REGULAR AGENDA
PUBLIC COMMENT

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

NO ONE WISHED TO COMMENT.

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- R-1 PUBLIC HEARING on the 2000 Affordable Housing Development Program Property Transfer Recommendations and Consideration of a RESOLUTION Approving the Transfer of Tax-Foreclosed Properties to Non-Profit Housing Sponsors for Low Income Housing Purposes

COMMISSIONER NAITO MOVED AND COMMISSIONER ANDERSON SECONDED, APPROVAL OF R-1. HC TUPPER EXPLANATION AND RESPONSE TO BOARD QUESTIONS. LOREA ALBA, REPRESENTING POWERHOUSE, AND DENNY WEST REPRESENTING THE HOUSING AUTHORITY OF PORTLAND, TESTIMONY IN SUPPORT. HC TUPPER AND MATT RYAN RESPONSE TO BOARD QUESTIONS REGARDING MERGER OF NE CDCS AND COUNTY LOAN DOCUMENTS. BOARD COMMENTS IN SUPPORT. RESOLUTION 01-061 UNANIMOUSLY ADOPTED.

- R-2 NOTICE OF INTENT to Apply for a "Build Mentally Healthy Communities" Grant from the Center for Mental Health Services for the Multnomah County Incredible Years Program

COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF R-2. JANICE GRATTON, BARBARA BRADY, MARGIE MCCLOUD AND LINDA CASTILLO EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND COMMENTS IN SUPPORT. NOTICE OF INTENT UNANIMOUSLY APPROVED.

DEPARTMENT OF HEALTH

- R-3 PROCLAMATION Designating the Week of May 20 through 26, 2001 as EMERGENCY MEDICAL SERVICES WEEK

COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF R-3. BILL COLLINS EXPLANATION AND INTRODUCTION. RANDY LAUER OF AMR READ PROCLAMATION AND INTRODUCED LUCY DRUM IN AUDIENCE. PROCLAMATION 01-062 UNANIMOUSLY ADOPTED.

NON-DEPARTMENTAL

- R-4 RESOLUTION Designating the Multnomah County Public Affairs Office to Coordinate the Public Involvement Processes for Siting of County-Owned and County-Leased Facilities and Repealing Resolution No. 98-164

COMMISSIONER NAITO MOVED AND COMMISSIONER ANDERSON SECONDED, APPROVAL OF R-4. GINA MATTIODA AND ALTHEA MILECHMAN EXPLANATION. BOARD COMMENTS IN SUPPORT. RESOLUTION 01-063 UNANIMOUSLY ADOPTED.

DEPARTMENT OF SUPPORT SERVICES

- R-5 RESOLUTION Authorizing Issuance and Sale of Short-Term Promissory Notes, (Tax and Revenue Anticipation Notes), Series 2001 in the Amount of \$20,000,000

COMMISSIONER NAITO MOVED AND COMMISSIONER NAITO SECONDED, APPROVAL OF R-5. HARRY MORTON EXPLANATION AND RESPONSE TO QUESTION OF COMMISSIONER ROBERTS. RESOLUTION 01-064 UNANIMOUSLY ADOPTED.

DEPARTMENT OF SUSTAINABLE COMMUNITY DEVELOPMENT

- R-6 RESOLUTION Approving Authorization for Facilities and Property Management Division to Utilize North Portland Health Clinic Project Contingency Funds to Assist the St. Johns Boosters Renovate and Improve Community Neighborhood Sign Adjacent to the North Portland Health Clinic Parking Lot

COMMISSIONER CRUZ MOVED AND COMMISSIONER NAITO SECONDED, APPROVAL OF R-6. PETER WILCOX EXPLANATION. JOE BEULLER, VICE-PRESIDENT OF ST. JOHN'S BOOSTERS, EXPLANATION AND COMMENTS IN SUPPORT. BOARD COMMENTS IN SUPPORT. RESOLUTION 01-065 UNANIMOUSLY ADOPTED.

AGING AND DISABILITY SERVICES DEPARTMENT

R-7 RESOLUTION: Acceptance of the Report of Contract Policy Team;
Adoption of Policies Governing Human Service Contracting

COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF R-7. JIM MCCONNELL AND FRANNA HATHAWAY EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND COMMENTS IN SUPPORT. CHAIR FARVER ASKED THAT THE BOARD CONTINUE SUPPORTING THIS EFFORT. RESOLUTION 01-066 UNANIMOUSLY ADOPTED.

The regular meeting was adjourned at 10:50 a.m.

Thursday, May 17, 2001 - 10:55 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

Interim-Chair Bill Farver convened the meeting at 10:55 a.m., with Vice-Chair Lisa Naito, Commissioners Serena Cruz and Lonnie Roberts and Interim Commissioner Pauline Anderson present.

B-6 Portland Development Commission's Gateway Regional Center Urban Renewal Area Plan. Presented by Kenny Asher and Don Mazzioti.

ABE VARGAS, KENNY ASHER AND DICK HOOLIE PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. STAFF TO PREPARE RESOLUTION FOR BOARD CONSIDERATION ON THURSDAY, MAY 31, 2001.

There being no further business, the meeting was adjourned at 11:56 a.m.

Thursday, May 17, 2001 - 6:00 PM
North Portland Branch Library, Upstairs Meeting Room
512 N Killingsworth, Portland

PUBLIC HEARING

Interim-Chair Bill Farver convened the meeting at 6:03 a.m., with Vice-Chair Lisa Naito and Interim Commissioner Pauline Anderson present, Commissioner Serena Cruz arriving at 6:04 p.m., and Commissioner Lonnie Roberts excused.

PH-1 Opportunity for Public Input on the 2001-2002 Multnomah County Budget.
Testimony Limited to Three Minutes Per Person.

CHAIR FARVER ANNOUNCED CHAIR-ELECT DIANE LINN AND COMMISSIONER-ELECT MARIA ROJO DE STEFFEY WILL BE SWORN IN ON JUNE 5, 2001. DONNA PURDY AND DEANNA LYNN CALEF OF JEFFERSON CARING COMMUNITY TESTIMONY IN SUPPORT OF FUNDING FOR EARLY CHILDHOOD, READINESS TO LEARN, NATIVE AMERICAN AND VIOLENCE PREVENTION PROGRAMS. JACKIE MERCER, GEOFF ROTH, NORREEN SMOKEY-SMITH, SUE ZIGLINSKI AND MISOKE ALEX STONE OF NARA AND NW NATIVE RESPONSE TEAM TESTIMONY IN SUPPORT OF FUNDING FOR SERVICES TO NATIVE AMERICANS, INCLUDING CHILD CARE, NAYA ALTERNATIVE SCHOOL, YOUTH ALCOHOL PROGRAMS AND HEALTH CARE. ROBERT BERNSTEIN PRESENTED STUDENT LETTERS AND TESTIMONY IN SUPPORT OF FUNDING FOR NORTH PORTLAND YOUTH AND FAMILY CENTER PROGRAMS AND SERVICES. LANITA DUKE, LARINDA RODRIQUEZ, MARQUINDA BARBER, SASHA BELL, SANDRA JOHNSON, ANJEANETTE BROWN, LETICIA PERRY, DEANNA BROWN AND CHANTANAY PERRY TESTIMONY IN SUPPORT OF FUNDING FOR THE NORTH PORTLAND COMPONENT OF THE GIFT PROGRAM. CHIP SHIELDS, PATTY KATZ AND ROOSEVELT JOHNSON REPRESENTING BETTER PEOPLE, TESTIMONY IN SUPPORT OF \$40,000

BUDGET AMENDMENT FOR TRANSITIONAL EMPLOYMENT SERVICES FOR EX-OFFENDERS. PATRICIA WELCH AND NIA GRAY TESTIMONY IN SUPPORT OF GIFT PROGRAM FUNDING. JAY SWEDBLUM, LARRY JOHNSON, ARWEN BIRD AND ANETTE JOLIN REPRESENTING BETTER PEOPLE, TESTIMONY IN SUPPORT OF \$40,000 BUDGET AMENDMENT FOR TRANSITIONAL EMPLOYMENT SERVICES FOR EX-OFFENDERS. PAMELA TEMBURINO, VALUENT WHITE, DOROTHY CLARK, BARABARA BALSERO TESTIMONY IN SUPPORT OF FUNDING FOR MULTIDISCIPLINARY TEAM NURSES FOR SENIORS. MARILYN MILLER, JOSETTE HERRERA AND DEB MEADOWS-WEST TESTIMONY IN SUPPORT OF FUNDING FOR COMMUNITY AND FAMILY CENTER PROGRAMS. SUSAN MASIN AND JEYLEEN TORANZO TESTIMONY IN SUPPORT OF FUNDING FOR YWCA AND JOLANDA HOUSE. DIANE FELDT TESTIMONY IN SUPPORT OF FUNDING FOR NORTH PORTLAND COMMUNITY AND FAMILY CENTER, GIFT AND TEEN CONNECTIONS PROGRAMS. MS. FELDT READ A LETTER OF SUPPORT FROM MIKE VERBOUT. GAIL ALBERS TESTIMONY IN SUPPORT OF FUNDING FOR EAST COUNTY AGING SERVICES. JANICE BOOKER, CHEKAYA OLIVER, LACONDRA BROWN, DEBRA KNAPPER AND SARA STUMP TESTIMONY IN SUPPORT OF FUNDING FOR YWCA YOUNG FAMILIES PROGRAM. CAROL FORD EXPLANATION IN RESPONSE TO A QUESTION OF COMMISSIONER NAITO. WENDY MATTESON, LAURA LYBRAND, AMBER BARTON, MANI CANNON, TAMMY RAUSCHL, SHELLEY BRADLEY AND KRISTINE ELDRIDGE TESTIMONY IN SUPPORT OF FUNDING FOR COMMUNITY AND FAMILY CENTER PROGRAMS, TEEN CONNECTIONS, YWCA HOMELESS SHELTER PROGRAMS. JEAN DEMASTER EXPLANATION OF STATE BUDGET CUTS IN RESPONSE TO QUESTION OF CHAIR FARVER.

WILLIAM ROBINSON TESTIMONY IN SUPPORT OF ADULT COMMUNITY CORRECTIONS PROGRAM FUNDING. IN RESPONSE TO A QUESTION OF COMMISSIONER NAITO, CHAIR FARVER ADVISED THE PROGRAM IS FUNDED IN THE DEPARTMENT BUDGET. CHARLES JENNINGS OF BETTER PEOPLE TESTIMONY IN SUPPORT OF FUNDING FOR AFRICAN AMERICAN PROGRAM WITHIN ADULT COMMUNITY CORRECTIONS. TINA RUSSELL TESTIMONY IN SUPPORT OF FUNDING FOR THE YWCA SAFE HAVEN SHELTER AND COMMUNITY AND FAMILY SERVICE CENTER PROGRAMS. LARISSA WILLIAMS TESTIMONY IN SUPPORT OF FUNDING FOR RICHMOND PLACE AND YWCA PROGRAMS.

There being no further business, the meeting was adjourned at 8:25 p.m.

BOARD CLERK FOR MULTNOMAH COUNTY, OREGON

Deborah L. Bogstad



Multnomah County Oregon

Board of Commissioners & Agenda

connecting citizens with information and services

BOARD OF COMMISSIONERS

Bill Farver, Interim 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

Pauline Anderson, Interim

Commission Dist. 1

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pauline.s.anderson@co.multnomah.or.us

Serena Cruz, Commission Dist. 2

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Lisa Naito, Commission Dist. 3

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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

ANY QUESTIONS? CALL BOARD

CLERK DEB BOGSTAD @ (503) 988-3277

Email: deborah.l.bogstad@co.multnomah.or.us

**INDIVIDUALS WITH DISABILITIES PLEASE
CALL THE BOARD CLERK AT (503) 988-3277,
OR MULTNOMAH COUNTY TDD PHONE
(503) 988-5040, FOR INFORMATION ON
AVAILABLE SERVICES AND ACCESSIBILITY.**

MAY 15, 16 & 17, 2001

BOARD MEETINGS

FASTLOOK AGENDA ITEMS OF INTEREST

Pg. 2	9:30 a.m. Tuesday Legislative Update
Pg. 2	10:30 a.m. Tuesday Aging & Disability Services Budget Deliberations
Pg. 2	2:30 p.m. Tuesday Proposed Direction of Mental Health Redesign Briefing
Pg. 3	9:30 a.m. Wednesday Health Budget Deliberations
Pg. 3	1:30 p.m. Wednesday Community & Family Services Budget Deliberations
Pg. 5-7	Thursday: 9:00 a.m. Executive Session; 9:30 Regular Meeting & 10:55 Briefing
Pg. 7	6:00 p.m. Thursday Budget Hearing at North Portland Branch Library

Thursday meetings of the Multnomah County Board of Commissioners are cable-cast live and taped and may be seen by Cable subscribers in Multnomah County at the following times:

Thursday, 9:30 AM, (LIVE) Channel 30
Friday, 11:00 PM, Channel 30
Saturday, 10:00 AM, Channel 30
(Saturday Playback for East County Only)
Sunday, 11:00 AM, Channel 30

Produced through Multnomah Community Television

Tuesday, May 15, 2001 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

B-1 Public Affairs Office Update on the 2001 Oregon Legislature. Presented by Gina Mattioda and Stephanie Soden. 1 HOUR REQUESTED.

Tuesday, May 15, 2001 - 10:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET DELIBERATIONS

B-2 **DEPARTMENT OF AGING AND DISABILITY SERVICES** Fiscal Year 2001-2002 Budget Presentation. Presented by Jim McConnell, Director; Mary Shortall, Deputy Director; Rey España, Planning Manager; Tanya McGee, Long Term Care Manager; Nancy Harp, Community Services Manager; Fran Landfair, Elders in Action CBAC; and Steve Weiss, Disability Services CBAC.

- I. Who We Are at ADS
 - II. How Services Are Accessed
 - III. How We Are Organized
 - IV. How Well We Deliver Services
 - V. FY 2002 Budget
 - VI. Issues and Challenges
 - VII. CBAC Report and Recommendations
-

Tuesday, May 15, 2001 - 2:30 PM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET DELIBERATIONS

B-3 Discussion on Proposed Direction of Mental Health Redesign. Presented by Jim Gaynor and Staff.

Wednesday, May 16, 2001 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET DELIBERATIONS

B-4 HEALTH DEPARTMENT Fiscal Year 2001-2002 Budget Presentation

- 1. Introduction: Lillian Shirley, Department Director**
Department Mission and three Public Health goals: setting the framework for the Health Department's Budget
 - 2. Citizens Budget Advisory Committee Report: Bill Hancock, Community Health Council President and Sonia Manhas, Director's Office**
 - 3. Budget Summary: Lillian Shirley**
Restorations and cuts. How department decisions were made
Revenues and Expenditure Summaries
 - 4. Federal Financial Participation: Tom Fronk, Director's Office**
Health Department, County, and State work.
 - 5. Budget and Operations Review: Dave Houghton, Bonnie Kostelecky, Patsy Kullberg, Gary Oxman, Consuelo Saragoza, and Jane Spence.**
 - Assuring Access To Necessary And Dignified Health Care
 - Promoting The Health Of All County Residents
 - Protecting The Health Of All County Residents
 - 6. Addressing Community Health Disparities**
 - 7. Final BCC Questions & Answers; Closing: Lillian Shirley**
-

Wednesday, May 16, 2001 - 1:30 PM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET DELIBERATIONS

B-5 DEPARTMENT OF COMMUNITY AND FAMILY SERVICES Fiscal Year 2001-2002 Budget Presentation

- | | |
|--|----------------------------------|
| I. Introduction | Lorenzo T. Poe, Jr., Director |
| II. CBAC Report | Doug Montgomery, CBAC Chair |
| III. Department Overview | Denise Chuckovich & Kathy Tinkle |
| • Vision, Mission and Values | |
| • Organizational Structure | |
| • Expenditures, Revenues and FTE | |
| • Efficiencies and Other Budget Reductions | |
| • DCFS Services | |
| IV. FY 2002 Issues and Challenges | |
| • Developmental Disabilities | Howard Klink |
| • Behavioral Health | Janice Gratton |
| • SUN | Kathy Turner |
| • Community Programs & Partnerships | Mary Li |
| V. Board Questions | |

Thursday, May 17, 2001 - 9:00 AM
Multnomah Building, First Floor Commissioners Conference Room 112
501 SE Hawthorne Boulevard, Portland

EXECUTIVE SESSION

- E-1 The Multnomah County Board of Commissioners will meet in executive session authorized pursuant to ORS 192.660(1)(f) to discuss confidential information that is protected under Federal and State housing provisions and other laws from disclosure and therefore exempt under either ORS 192.502(8) or (9) or both. Only representatives of the news media and designated staff are allowed to attend. Representatives of the news media and all other attendees are specifically directed not to disclose information that is the subject of the executive session. No final decision will be made in the executive session. 15 MINUTES REQUESTED.
-

Thursday, May 17, 2001 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

CONSENT CALENDAR - 9:30 AM **DISTRICT ATTORNEY'S OFFICE**

- C-1 Renewal of Intergovernmental Agreement 500167 with Tri-Met for the Continued Funding of 1 FTE Deputy District Attorney to the Tri-Met Neighborhood Based Prosecution Office

SHERIFF'S OFFICE

- C-2 Budget Modification MCSO 5 Appropriating \$45,000 from Portland Police Bureau Block Grant Revenue to Purchase 7 Mobile Data Centers for County Law Enforcement Vehicles

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- C-3 Budget Modification CFS 50 Transferring \$15,021 Great Start Revenue from the Commission on Children, Families and Community Budget to Fund a .21 FTE Program Development Specialist Senior Position

- C-4 Budget Modification CFS 51 Adding a .13 FTE Program Development Specialist for the Victims' Panel Coordinator from DUII Victims Panel Fees
- C-5 Budget Modification CFS 52 Adjusting Expenditure and Revenue Budgets in Community Programs and Partnerships to Reflect Additional Unanticipated Low Income Energy Assistance Program Funds from the State
- C-6 Budget Modification CFS 53 Adjusting Expenditures and Revenues for SUN Schools to Reflect Actual Expenditures and Revenue Agreements, and Appropriating a \$1,000 Donation from the Oregon Community Foundation via the City of Portland

REGULAR AGENDA - 9:30 AM
PUBLIC COMMENT - 9:30 AM

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

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES - 9:30 AM

- R-1 PUBLIC HEARING on the 2000 Affordable Housing Development Program Property Transfer Recommendations and Consideration of a RESOLUTION Approving the Transfer of Tax-Foreclosed Properties to Non-Profit Housing Sponsors for Low Income Housing Purposes
- R-2 NOTICE OF INTENT to Apply for a "Build Mentally Healthy Communities" Grant from the Center for Mental Health Services for the Multnomah County Incredible Years Program

DEPARTMENT OF HEALTH - 10:10 AM

- R-3 PROCLAMATION Designating the Week of May 20 through 26, 2001 as EMERGENCY MEDICAL SERVICES WEEK

NON-DEPARTMENTAL - 10:15 AM

- R-4 RESOLUTION Designating the Multnomah County Public Affairs Office to Coordinate the Public Involvement Processes for Siting of County-Owned and County-Leased Facilities and Repealing Resolution No. 98-164

DEPARTMENT OF SUPPORT SERVICES - 10:30 AM

R-5 RESOLUTION Authorizing Issuance and Sale of Short-Term Promissory Notes, (Tax and Revenue Anticipation Notes), Series 2001 in the Amount of \$20,000,000

DEPARTMENT OF SUSTAINABLE COMMUNITY DEVELOPMENT - 10:35 AM

R-6 RESOLUTION Approving Authorization for Facilities and Property Management Division to Utilize North Portland Health Clinic Project Contingency Funds to Assist the St. Johns Boosters Renovate and Improve Community Neighborhood Sign Adjacent to the North Portland Health Clinic Parking Lot

AGING AND DISABILITY SERVICES DEPARTMENT - 10:40 AM

R-7 RESOLUTION: Acceptance of the Report of Contract Policy Team; Adoption of Policies Governing Human Service Contracting

Thursday, May 17, 2001 - 10:55 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

B-6 Portland Development Commission's Gateway Regional Center Urban Renewal Area Plan. Presented by Kenny Asher and Don Mazzioti. 30 MINUTES REQUESTED.

Thursday, May 17, 2001 - 6:00 PM
North Portland Branch Library, Upstairs Meeting Room
512 N Killingsworth, Portland

PUBLIC HEARING

PH-1 Opportunity for Public Input on the 2001-2002 Multnomah County Budget. Testimony Limited to Three Minutes Per Person.

2001-2002 Multnomah County Budget Deliberations Schedule
***All sessions to be in held in the Multnomah Building,**
Commissioners Boardroom 100, 501 SE Hawthorne
Boulevard, except as noted*

Thur, April 26, 2001	9:30 to noon	Executive Budget Overview Presentation to Board and Regular Board Meeting
Tue, May 1, 2001	9:00 to 3:00 p.m.	Board Budget Work Session on Issues
Thur, May 3, 2001	9:30 to noon	Executive Budget Message and Board Approval of Budget for Transmission to Tax Supervising and Conservation Commission, Regular Board Meeting
Tue, May 8, 2001	9:30 to noon	Central Citizen Budget Advisory Committee Report & Department of Library Services Budget Hearing
Tue, May 8, 2001	1:30 to 4:00 p.m.	Department of Sustainable Community Development Budget Hearing
Wed, May 9, 2001	1:30 to 4:00 p.m.	Non-Departmental and Special Service Districts Budget Hearings
*Thur, May 10, 2001	6:00 to 8:00 p.m.	Public Hearing and Testimony on the Multnomah County Budget, Midland Branch Library, 805 SE 122nd Avenue, Portland
Tue, May 15, 2001	9:30 to noon	Public Affairs Office Legislative Update discussion, followed by Department of Aging and Disability Services Budget Hearing

2001-2002 Multnomah County Budget Deliberations Schedule
***All sessions to be in held in the Multnomah Building,**
Commissioners Boardroom 100, 501 SE Hawthorne
Boulevard, except as noted*

Tue, May 15, 2001	2:30 to 4:00 p.m.	Mental Health System Briefing
Wed, May 16, 2001	9:30 to noon	Health Department Budget Hearing
Wed, May 16, 2001	1:30 to 4:00 p.m.	Department of Community and Family Services Budget Hearing
*Thur, May 17, 2001	6:00 to 8:00 p.m.	Public Hearing and Testimony on the Multnomah County Budget, North Portland Branch Library, 512 N Killingsworth, Portland
Tue, May 22, 2001	9:30 to noon	District Attorney's Office Budget Hearing
Tue, May 22, 2001	1:30 to 4:00 p.m.	Department of Juvenile and Adult Community Justice Budget Hearing
Wed, May 23, 2001	9:30 to noon	Sheriff's Office Budget Hearing
Wed, May 23, 2001	1:30 to 3:00 p.m.	Department of Support Services Budget Hearing
*Wed, May 23, 2001	6:00 to 8:00 p.m.	Public Hearing and Testimony on the Multnomah County Budget, Gresham Branch Library, 385 NW Miller, Gresham
Tue, May 29, 2001	9:30 to noon	Capital Program Budget Hearing

2001-2002 Multnomah County Budget Deliberations Schedule
***All sessions to be in held in the Multnomah Building,**
Commissioners Boardroom 100, 501 SE Hawthorne
Boulevard, except as noted*

Tue, May 29, 2001	1:30 to 4:00 p.m.	Mental Health Council Briefing and Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, May 30, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, May 30, 2001	1:30 to 4:00 p.m.	Discussion, Follow-up Info, Review Budget Amendments Work Session
Tue, June 5, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Tue, June 5, 2001	1:30 to 4:00 p.m.	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, June 6, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Thur, June 7, 2001	1:30 to 3:00 p.m.	Tax Supervising and Conservation Commission Public Hearing and Testimony on Multnomah County Budget (quorum of BCC to attend)
Thur, June 7, 2001	6:00 to 8:00 p.m.	Public Hearing and Testimony on the Multnomah County Budget
Thur, June 14, 2001	9:30 to noon	Public Hearing and Testimony and Adoption of Budget and Amendments and Regular Board Meeting

LONNIE ROBERTS
Multnomah County Commissioner
District 4



501 SE Hawthorne Blvd., Suite 600
Portland, Oregon 97214
(503) 988-5213 phone
(503) 988-5262 fax
e-mail: lonnie.j.roberts@co.multnomah.or.us
www.co.multnomah.or.us/cc/ds4/

MEMORANDUM

TO: Chair Bill Farver
Commissioner Pauline Anderson
Commissioner Serena Cruz
Commissioner Lisa Naito
Board Clerk Deb Bogstad

FROM: Brett Walker
Staff to Commissioner Lonnie Roberts

DATE: May 21, 2001

RE: Commissioner Roberts Board Meeting Absence

Commissioner Roberts was unable to attend the public budget forum on May 17, 2001 at the North Portland Branch Library due to a scheduling conflict.

01 MAY 21 PM 2:11
MULTNOMAH COUNTY
OREGON
COUNTY COMMISSIONERS

SPEAKER # 1

JEFFERSON CARING COMMUNITY 5210 N. Kerby St. Portland, OR 97217 503-284-0929

May 17, 2001

To: Multnomah County Board of Commissioners
From: Donna Purdy, Coordinator, Jefferson Caring Community

This year's JCC County Budget Hearing Theme was " Breaking the Cycle of Violence: Building Community Assets in Education and Safety". January 10th Part A was a well attended event with 95 person signing in where community agency representatives detailed existing program assets and identified gaps in services. February 14 Part B we continued with 27 persons signing in where we focused on creating a summation and a single point agenda in which to rally with during the County Budget Hearing Process.

Jefferson Caring Community's priority issue single point agenda is as follows:

***** Whole Family Centered Violence Prevention and Intervention *****
with focus on:**

- **providing culturally specific violence prevention and intervention education, training and services to:**
 1. **families with pre-existing violence issues and who's children are in pre-school and/or Kindergarten**
 2. **first time mothers and fathers**
 3. **youth who are accessing residential drug and alcohol services**
 4. **youth who are incarcerated**

We ask that our priority be given consideration by you the Commissioners and the various Department Directors when hammering out programs in relationships with Issue Papers 1,2,3 under the Early Childhood, Early Intervention, Readiness to Learn Budget Issue Category. For instance, you plan to discuss expansion options including hospital visits for new mothers. We ask that that you infuse family violence assessments during intakes to those new mothers and create appropriate wrap-around intervention for both new mothers and fathers. We ask that you also infuse these priorities while addressing the Public Safety and the Reduction of Crime categories.

Jefferson Caring Community is also part of a team who is looking into the expansion of the Schools Uniting Neighborhood Program into various High School settings including Jefferson High School. One blatant need that presently exists and particularly in the light of Jefferson most likely becoming a SUN school, and as the Cluster School Models are being expanded, that the Multnomah County School Based Teen Health Clinic now located at Jefferson will need to be expanded and moved to a larger space somewhere on the Jefferson Campus. We ask that budgeting considerations be also made for this to happen as soon as possible.

JCC is also very concerned with the 100% cut in child care and the 30% cut in education retention in Native American programming. We ask that you not cut these programs to such a drastic extent and help us promote culturally specific services to our community members.

Recommended Strategy

I have come to this meeting to invite you to consider your budget adjustments from a new perspective discussed in a book titled, "Next: The road to the good society." It is published by Basic Books, NY,NY. 2001.

- Please fund programs that show each person, staff and patrons alike, full respect and dignity.
- Please include our Jefferson Cluster community into your balancing and partnering with state and market forces.
- Please fund programs that treat people as the ends, not the means.
- End programs that use people as the means. You can spot where they are. They leave the following symptoms: Spousal abuse, child abuse, violent crime, civil and international war, gangs, cults, and militia

I am requesting that you fund Whole Family Centered Violence Prevention and Intervention in my community.

- Provide culturally specific prevention and intervention education, training, and services to:
 - Families with pre-existing violence issues.
 - Children in pre-school or kindergarten.
 - First time mothers and fathers.
 - Youth who are accessing residential drug and alcohol services.
 - Youth who are incarcerated.

I am also requesting that you:

- Make alcohol and drug free housing available where students go to school Don't take students out of their own schools. They fail when you do.
- Support our Jefferson Caring Community organization so that we will continue with our mission and actions.
- 62 % of special education students at Jefferson High School do not live with their biological families. As a result, we require a full school health care clinic as well as a family resource center based at Jefferson High School.
- Please address domestic violence prevention at every service entry point no matter if it is a community, market, or state provider. Place educational and resource information in offices, grocery stores, banks, apartment complexes, community centers, schools, churches.
- In conclusion, please make the "Sister I'm Sorry" film mandatory viewing before each budget vote.

Domestic violence is preventable with your support. Our good society requires an end to domestic violence now. Thank you for all you are doing in our community. I am grateful you give us so much time and attention.

SPEAKER #2

Services for Individuals Served in a Specified Period

Services received from 07/01/1999 to 06/30/2000

Project: GIFT
Zip Code: All Zip Codes

Gender: All Genders
Service: All Services

Ethnicity: All Ethnicities
Staff: All Staff Members

Agency: Delaunay Family Services

Program: Delaunay Family Services-NPYFC

Code	Description	Hours	Contacts	Total Clients	Average	
					Hours	Contacts
1	needs assessment	181.75	188	40	4.54	4.00
2	crisis intervention	57.50	36	9	6.39	4.00
4	group counseling	166.00	56	17	9.76	3.00
6	skill building	351.00	90	22	15.95	4.00
7	support services	133.25	105	22	6.06	4.00
8	case coordination, referral and ar	95.75	90	24	3.99	3.00
9	ongoing support	113.50	135	22	5.16	6.00
10	recreation	33.00	7	7	4.71	1.00
11	mentorship/kinship	29.00	17	9	3.22	1.00
13	employment readiness and assis	36.00	11	10	3.60	1.00
14	employment support services	96.00	30	7	13.71	4.00
15	parenting education	3.00	1	1	3.00	1.00
18	victim compensation/community	16.00	4	2	8.00	2.00
19	transportation	21.00	22	6	3.50	3.00
20	emergency shelter/housing	114.00	29	10	11.40	2.00
21	transitional housing	26.00	7	4	6.50	1.00
24	nutrition service	49.00	14	4	12.25	3.00
28	basic skills education/tutoring	542.50	235	23	23.59	10.00
31	judicial alternatives	16.00	4	4	4.00	1.00

Program Totals: 2080.25 1081

Report 1

Demographics for Individuals Receiving Services in a Specified Period

Services received from 07/01/1999 to 06/30/2000

Project: GIFT

Gender: All Genders

Ethnicity: All Ethnicities

Zip Code: All Zip Codes

Service: All Services

Staff: All Staff Members

Agency: Delaunay Family Services**Program: Delaunay Family Services-NPYFC**

	<u>Value</u>	<u>Count</u>
Gender		
	Female	48
Ethnicity		
	Alaskan Native	1
	Black	31
	Native American	2
	Other Hispanic	3
	Other Race	4
	White	7
Household Comp.		
	multiple adults	1
	multiple adults with children	9
	multiple families with children	3
	single parent female	27
	two parent family	2
	Unknown	6
Referral Source		
	criminal justice institution and agency	2
	friend/family	17
	juvenile justice agency	10
	other agency	3
	public or private non-profit agency	4
	school	11
	self	1
Employment Status		
	full time	4
	not applicable	12
	not employed	24
	training program	4
	unknown	4
Highest Grade Completed		
	10th grade	9
	11th grade	6
	4th grade	1
	6th grade	4
	7th grade	2

Report 1

Demographics for Individuals Receiving Services in a Specified Period

Services received from 07/01/1999 to 06/30/2000

Project: GIFT

Gender: All Genders

Ethnicity: All Ethnicities

Zip Code: All Zip Codes

Service: All Services

Staff: All Staff Members

Agency: Delaunay Family Services

Program: Delaunay Family Services-NPYFC

	<u>Value</u>	<u>Count</u>
Highest Grade Completed	8th grade	15
	9th grade	5
	high school graduate	6
Residence Zip Code	7211	1
	97202	2
	97203	18
	97204	1
	97206	1
	97211	10
	97212	5
	97217	7
	97218	1
	97223	1
	97233	1
		Total Unduplicated Clients

Historical Overview of Federal Policies and Events

Overview of Early Events Affecting Indian Country

- **Prior to 1492** – The people who occupied this territory were independent nations and viewed themselves as having separate territories and histories. There was earlier European contact that occurred during Norse voyages but major exploration of this New World did not begin until after 1492. The first European contact acknowledged independent nations.
- **1492** – This first recorded documentation of Spanish contact with the New World.
- **1519** – Aztec Empire, first written documentation of the Aztec people.
- **1534** – After the knowledge of the “New World” became known other countries set sail to establish territories and claim riches for their homeland. The first recorded French contact was this year.
- **1607** – Jamestown established.
- **1620** – Pilgrims at Plymouth Rock; Manifest Destiny became the method of choice for the emerging new government. The immigrants determined that it was their responsibility and right as a lawful people to take and use the land and its resources regardless of who was living on the land at the time. This was especially true if those living on the land were considered to be uncivilized and uneducated by the “dominant” culture.
- **Prior to 1684** – Tribes were viewed as independent nations by foreign entities with the exception of Spain. Spain viewed the native occupants as citizens and subject to Spanish rule. As contact increased and alliances were formed, the reaction by the new explorers began to change.
- **1684** – The beginning of the exploration of the New World and expansion of settlement.
- ★ • **1776** – Establishment of the New Democracy and the Declaration of Independence as a nation separate from the British. It should be recognized that the U.S. is a nation that many Native people served their country in World War I and II; Korea, Vietnam, Desert Storm and the Middle East conflicts. Military service is acknowledged as honorable and patriotic.



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- **1794 – Jay Treaty**, November 9, 1794 - between the U.S. and Great Britain. Art. III guaranteed rights of British subjects, American citizens and "also the Indians dwelling on either side of said boundary line" to freely cross and recross the U.S. - Canadian border.
- **1832 – Law prohibiting drinking of alcohol by Indians.**
- **1855 – Court of Claims** - established by Congress to allow private parties to sue the United States for violation of contracts. A number of Indian tribes and individuals subsequently filed suits for treaty violations involving the taking of land. As the suits progressed, Congress perceived the danger of potential Indian claims and amended the Court of Claims statute to exclude those deriving from treaties. Another century would pass before any systematic process would be available for hearing claims of illegal land taking.
- **1871 – Congress enacted laws to terminate making of treaties with Indian tribes.** In addition, Congress enacted laws establishing Indian schools, tribal police, and tribal court systems.
- **Indian Wars**

Jim Thorpe's

- **1879 – Carlisle Indian School** was established by Henry Pratt, a Civil War veteran, whose initial goal was complete assimilation. "Kill the Indian and save the man" was his motto. Regimentation, reading, writing, arithmetic, the manual trades, and home economics were drilled into the students until the school was closed in 1918 (BIA 1988; O'Brien 1989; Szasz and Ryan 1988). Many students stayed at least 5 years, losing their language and all cultural ways of Indian life during this time. After receiving education at Carlisle many returned to the reservation to find no work for the trades they learned.

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- **1880 – 1930 - Assimilation and Allotment** - The drive to assimilate Indians into the mainstream of American life by changing their customs, dress, occupations, language, religion and philosophy has always been an element in Federal-Indian relations. In the latter part of the 19th century and the early part of the 20th century, this assimilationist policy became dominant. A major thrust of assimilation was education, thus the boarding school movement. Allotment was advocated as a means of further civilizing Indians by converting them from a communal land system to a system of individual ownership.

- **1887 – Dawes Act** - In 1887 Congress passed the Dawes Act (also known as the General Allotment Act). Each family head was to receive 160 acres, and a single person was to receive 80 acres. Title to land was to be held in trust for at least 25 years. If an allottee was declared competent to handle his own business affairs, the agent could recommend a fee patent prior to 25 years.



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- **1920** – Law sanctioning Native American Church, however in practice, American Indian people were not allowed to engage in Native religion and the use of peyote was still seen as a criminal violation. The Native American Church beliefs and practices were challenged until the U.S. Supreme Court determined religious practices are protected (1989).
- **1924 – Granting of U.S. citizenship to American Indians** - Some individuals and certain tribes had citizenship prior to this date, but with this law it became inclusive for all American Indians within the state boundaries. This created a problem for tribes that straddled borders with Mexico and Canada.
- **1928 – Merriam Report** - this report to Congress outlined the harsh treatment of boarding school authorities to Indian children. This report focused on the way many boarding schools disciplined children but was unsuccessful in attempts to make meaningful changes.
- **1930** – Congressional Hearing on the Status of American Indians.
- **1930** – Sen. Elmer Thomas (D-Oklahoma) headed a congressional investigation on child abuse in boarding schools. The results were devastating and many deaths of students from abuse went unreported.
- **1934 – Johnson O'Malley Act** - This act, as amended in 1936, permitted the government to contract with states, territories, corporations, private institutions, agencies, and political subdivisions to provide education and other services to American Indians (Cohen 1982). Despite this act, thirty years later Indian education remained far below national standards.
- **1930 – 1945 - Indian Reorganization Act** - This act ended the destructive land allotment system which had begun in earnest in 1887. Allotment had progressively dismantled numerous reservation land bases and forced affected tribes to have less resources available to its members. This act was purposely designed to help re-establish self-government and restore to tribes sufficient powers to represent tribal interests in a variety of political and economic circumstances. Tribal governments became formal organizations and traditional forms of tribal governing was discouraged. Much of the bureaucratic stranglehold and paternalism of the Bureau of Indian Affairs was continued.
- **1945 – 1960 - Termination of Trust Relationship Period** - Termination is used to describe a specific policy toward Indian affairs, the popularity for which peaked in Congress in 1953 and resulted in the infamous House Concurrent Resolution 108. The policy goal of HCR 108 was to end the federally recognized status of Indian tribes and their trust relationship with the



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United States "as rapidly as possible." Many of the policy's naive but sometimes well-intentioned supporters were convinced they were finally going to solve "the Indian problem" through yet another form of forced assimilation; making the Indian people become just like "other citizens." More than 200 tribes were terminated, meaning that their rights based on their status as American Indians were eliminated by the U.S. government and those individuals no longer had status as American Indians and were no longer eligible for services offered to other tribes.

- 
- **1950 – 1968 - Relocation** - During this period several programs were initiated through the Bureau of Indian Affairs that relocated American Indians from their reservation or tribal area to an urban setting. The intent was to move this population into the mainstream economy by resettling them in industrial or commercial areas in major cities. The outcome was that most individuals had limited marketing skills and could not compete with the working poor in those urban communities. As a result, this relocation project did not have the desired outcome, rather families migrated to and from reservation settings or became enmeshed in the new social service programs offered by federal or state funded programs. A few families were successful but for the majority of Indian families the relocation into a metropolitan environment did not prove to be beneficial. It was out of these generations of families who remain in the urban areas and the natural migration from rural to urban, that urban Indian centers and clinics emerged.
 - **1953 – Public Law 280** - This law gave six states mandatory and substantial criminal and civil jurisdiction over Indian country within their borders. The "mandatory" states were Alaska (added in 1958, except Metlakatla Reservation), California, Minnesota (except Red Lake Reservation), Nebraska, Oregon (except Warm Springs Reservation), and Wisconsin (Canby, 1981). This law also permitted other states to acquire similar jurisdiction in Indian Country. The choice was up to the state and did not require tribal approval. It was later changed in 1968 to require tribal consent. Ten additional states opted to accept some degree of jurisdiction and to date, some of these states have now returned at least part of their jurisdiction to the federal government (Cohen, 1982). These ten states who opted to accept some degree of jurisdiction are Arizona, Florida, Idaho, Iowa, Montana, Nevada, North Dakota, South Dakota, Utah and Washington. The authority they assumed varied from limited jurisdiction over things like air and water pollution only (Arizona), to slightly greater jurisdiction over criminal offenses and civil causes of action arising on highways (South Dakota), to full Public Law 280 jurisdiction (Florida) (Cohen, 1982).
 - **1954 – Indian Health Service** - IHS established a policy which disallowed health services to Indian women who married non-Indian men. It did not disallow services to Indian men who were married to non-Indian women. It was based on the assumption that if an Indian woman married a non-Indian



that he would be able to care for her and their children without assistance from federal programs.

- **1956 – Vocational Training Act** - This act was passed to respond to the movement of large numbers of Indians away from reservations to obtain work in urban areas and provide vocational training to Indians that was previously denied. The intent of this “relocation” policy was to assimilate Indians into the mainstream, however relocation left many to fend for themselves in urban areas that were unfamiliar to them. The implications of this policy was the further breakup of Indian families with no services for those living off-reservation (health care, education, etc.) and there was no training and/or education to prepare adults for jobs in the urban areas. As a result, there was more stress and no support systems such as extended families and relatives, for relocated families. Poverty in the urban areas was used as a reason for non-Indian social workers and agencies for removing Indian children from their homes and placing with more affluent white families.
- **1968 – Indian Civil Rights Act** - This act was passed as the first major piece of legislation enacted during the post-termination era that dealt specifically with Indian matters. A relevant and significant part of the act prohibited states from assuming jurisdiction over Indian Country, under Public Law 280, without first obtaining tribal consent (Deloria and Lytle, 1983). “Self determination” is a catch-all term that covers a variety of concepts including tribal restoration, self-government, cultural renewal, reservation resource development, self-sufficiency, control over education, and equal or controlling input into all policies and programs arising from the Native American-federal government trust relationship (Waldman, 1985). Tribes have the power to initiate the process of controlling the nature of the programs available to them from federal programs. Some assumed this act actually hindered tribes rather than helped them.
- **1972 – Indian Education Act** - This legislation established funding for special bilingual and bicultural programs, culturally relevant teaching materials, proper training and hiring of counselors, and establishment of an Office of Indian Education in the U.S. Department of Education. Most importantly, the act required participation of Native Americans in the planning of all relevant educational projects (Cohen 1982; O'Brien 1989).
- **1975 – Indian Self-Determination and Education Assistance Act (Self-Determination: Contracting and Compacting)** - This act authorizes federal agencies to contract with and make grants directly to Indian tribal governments for federal services, much like it does with state and local governments. This act is often referred to in “Indian Country” as “638” legislation, because it was passed as Public Law 93-638. Through grants and contracts, the act as amended, encourages tribes to assume responsibilities for federally funded Indian programs formerly administered by



employees in the Departments of Education, Interior, and Health and Human Services. Tribes decide if they wish to participate in a particular program. If they do, then funds and management decisions are subject to tribal control. It means that participating tribal governments can now control their own housing, education, law enforcement, social services, health and community development programs (American Indian Lawyer Training Program 1988; Cohen 1982; Kelly 1988; O'Brien 1989).

- **1976 – Indian Health Care Improvement Act** - In 1954 Congress transferred the badly ailing Indian Health Services out of the BIA and into the Public Health Service. Improvement of the amount and quality of medical services available to Native Americans was the reason behind the transfer, and it worked. But, as with the BIA, the IHS has had its share of problems regarding waste, mismanagement, and fraud. The Indian Health Care Improvement Act, as amended, established two broad goals for the IHS. They are, 1) to raise the health status of American Indians and Alaska Natives to the highest possible level, and 2) to encourage the maximum participation of Indians in the planning and management of IHS services.
- **1978 – American Indian Religious Freedom Act** - The passage of this act was designed "to insure that the policies and procedures of various federal agencies, as they impact upon the exercise of traditional Indian religious practices, are brought into compliance with the constitutional injunction that Congress shall make no laws abridging the free exercise of religion."
- **1978 – Indian Child Welfare Act (ICWA)** - The passage of the Indian Child Welfare Act of 1978 is an important milestone in congressional action to protect and maintain Indian families and tribes. The intent of the act is to stabilize Indian families by reducing the number of Indian children removed and placed in non-Indian adoptive and foster homes. The act established minimum federal standards for removal of Indian children and outlines procedures that aid in their placement in homes reflecting Indian culture as well as establishing programs within tribal systems to prevent the removal of Indian children from their homes. As with many legislative acts, there was not mandated funding.
- **1988 – Indian Gaming Regulatory Act (IGRA)** - The stated multiple purposes of this act are: 1) to provide a legislative basis for the operation and regulation of gaming by Indian tribes; 2) to establish a National Indian Gaming Commission as a federal agency to meet congressional concerns and protect gaming as a means of generating tribal revenue; 3) to promote economic development, self-sufficiency, and strong tribal governments; 4) to shield tribes from organized crime; and, 5) to assure fairness to operators and players.



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- **1989 – OVC Discretionary Grant Program in Indian Country** - In 1989, the Office for Victims of Crime (OVC) within the Department of Justice, Office of Justice Programs, began funding a discretionary grant program, providing money to states to fund on-reservation victim assistance programs through the Victim Assistance in Indian Country (VAIC) program. This was in response to the multiple victimization that occurred in Indian Country.
- **1990 – The Indian Child Protection and Family Violence Prevention Act (P.L. 101-630)** - The purpose of this act is to require that reports of abused Indian children are made to the appropriate authorities in an effort to prevent further abuse. This law establishes a reliable database for statistical purposes and to authorize a study to determine the need for a central registry for reported incidents of abuse. It called for the establishment of treatment programs on Indian reservations for victims of child sexual abuse and provides training and technical assistance related to the investigation and treatment of cases of child abuse and neglect. It also established Indian Child Resource and Family Services Centers in each Bureau of Indian Affairs Area Office, which consists of multidisciplinary teams of personnel with experience and training in the prevention, identification, investigation, and treatment of child abuse and neglect. In addition, it provides for the treatment and prevention of incidents of family violence, establishes tribally operated programs to protect Indian children and reduces the incidents of family violence in Indian Country and authorizes other actions necessary to ensure effective child protection on Indian reservations. However, no funds were appropriated for the establishment of treatment programs, training, technical assistance or the Resource and Family Services Centers. However, without mandated funding this legislation was severely impacted.
- **1990 – Native American Graves Protection and Repatriation Act (NAGPRA)** - This act mandates that all agencies and private museums which receive funding from the federal government have five years to inventory their collections of Native American human remains and related funerary objects. After they have completed their inventories, they are required to notify tribes where the materials originated, or from whose land the materials came. If a tribe requests that remains and objects be returned, that request is to be honored. This law establishes that Native American tribal groups own or control human remains or ceremonial and burial items which are discovered on tribal and federal lands. They also have the right to determine the disposition of such discovered remains and items.
- **1990 – Native American Languages Act** - This act declares a U.S. policy “to preserve, protect, and promote the rights and freedoms of Native Americans to use, practice, and develop Native American languages.” This officially reverses the scattered policies of the 19th and 20th centuries that so devastated Native languages.



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- **1994 – Federal Crime Control Bill** - This bill amends the Omnibus Crime Control and Safe Streets Act of 1968 to allow grants to increase police presence, to expand and improve cooperative efforts between law enforcement agencies and members of the community to address crime and disorder problems, and otherwise to enhance public safety. It also develops and strengthens effective law enforcement and prosecution strategies to combat violence against women and children, and develops and strengthens victim services in cases involving violent crimes against women.
- **1998 – OVC began direct funding to tribes** - OVC began direct funding to tribes, eliminating the state pass-through of the past decade (OVC, 1997). Today, many American Indian victim assistance programs do receive some funding from state VOCA monies as well as VAIC grants. Since its inception in 1989, the VAIC program has funded 52 reservation based victim service programs in 19 states.



Introduction to Indian Country

American Indian/Native Alaskan/Eskimo* Population

Based on 1990 US Census unless otherwise stated

Current Status

- 1.1 million American Indians are enrolled in a federally recognized tribe and have proof of being American Indian.
- 1.96 million persons are self-declared Indians, may be recognized as a state recognized tribe or have determined for themselves they have an identity as an American Indian.
- Native Americans make up eight-tenths of 1% of the total U.S. population (258 million).
- There was an increase of 38% in the American Indian population between the 1980 and 1990 census. This was due to several factors and not just increased birthrate.
- Increased number of American Indians counted on the census is due to higher fertility rates and improved procedures by the Census Bureau to count populations on trust and reservations lands, self-identification, and promoting of census information.
- The Native American population can be described as younger, less educated and poorer than the general population. This has implication for services and the ability of families to respond to crisis.
- Native Americans are the most impoverished ethnic minority population in America, with 31.6% of American Indians living below the poverty level compared with the national poverty rate of 13.1% for the general population.
- The poverty rate for American Indians was 27% in 1979 and has increased to 31% over a ten-year period (1979-1989). The poverty rate for non-Indians was 12% in 1979 and increased only 1% over the same ten-year period.
- In 1994, 11.7% of American Indians were under age 5, 39% of American Indians were under age 20 and 10.7% were age 54 years and over. In comparison with other races in 1994, 7.7% were under age 5, and 19.6% of all races population was over age 54. This means that almost 40% of the American Indian population are minors and in need of supervision and



guidance. This also means that the majority of American Indian children are more likely to live in poverty and have limited resources.

- The median age for American Indian population was 24.2 years compared to a median age for non-Indian populations of 32.9 years. The American Indian population is very young with a limited number of caregivers.
- The 1990 Census indicated that the median family income for American Indian families was \$21,750, compared to \$35,225 median income for the general population. There is a difference for the median household income for American Indians residing in reservation states and American Indians residing elsewhere. For American Indians residing in reservation states the median household income was \$19,897. This family income also compares to other population (non-Native) family income of \$30,056. The overall family income for American Indian families is lower and decreases when American Indian families reside in or near traditional homelands.
- Median income for American Indian families maintained by a female householder with no husband was \$10,742, compared with \$17,414 median income for all other families (non-Native) maintained by a female with no husband. American Indian females are less marketable and unskilled, in addition to living in an area unlikely to have employment opportunities. There is also the consideration that it is increasingly likely that more than half of all Indian children live in a single parent household and less likely to live in a two-parent household. Single parent households have less disposable income.
- Average unemployment rate for reservations is 45%, with some having an unemployment rate of 90%. In the American Indian population, 75% of the employed earn less than \$7,000 per year. Most reservations are in isolated, economically deprived locations making meaningful employment highly unlikely. Most income is derived from federal funding. In more recent times, tribes have had an opportunity to make economic decisions and a limited number of tribes have been successful in establishing revenue generating enterprises, such as gaming, recreational, or developing natural resources. But for most tribes which lack an infrastructure, it has been more difficult to create a stable economic base.
- *The Native population includes American Indians, Native Alaskans, Aleut, and Eskimos. Other terms used are Native Americans or First Nations. Some federal laws that use the term Native Americans may include Native Hawaiians. Many tribes prefer to be called by their original tribal names and not the European names they were given. Historically, who was considered American Indian according to federal laws held little debate. The inclusion of Aleut, Eskimo and Native Hawaiian creates a broader definition and has



implication for funding and eligibility for federal and state programs. It also creates confusion as to terminology. Also, there is a change in what tribal people wish to be called collectively and individually, which has added to the confusion about what is correct terminology. The concern about identity has to do with indigenous people being called a name unknown to them, removed to areas unfamiliar to them, experiencing a history that left the majority of them dead, and the present need for an accurate telling of their story. Other terms often used are First Nations and First Americans.

- Approximately 50% of the American Indians/Native Alaskans live in urban areas. Native Americans living in urban areas have a better economic base compared to Native Americans living on reservations or trust land. Part of the migration to urban areas has been the result of federal relocation, job seeking, escape of poverty, education programs and the general migration from a rural to an urban environment by all populations.
- The birth rate for Native Americans was 26.6* compared to 15.9* for all other populations (*rate per 1,000 live births). American Indian women are having children younger and are experiencing longer child bearing years compared to their non-Native counterparts. Pre-natal care for the mother and the early developmental stages of the baby is better today and the arrest of diseases that plagued many American Indians in the early 1900's are not as prevalent, i.e., tuberculosis, whooping cough, small pox, measles.
- Infant mortality rates for Native Americans was 8.8 compared with 6.9 for other populations. It has decreased 60% from 22.2 since 1974. This compares with 8.5 for other populations for 1974. It has been in the past ten years that the infant mortality rates for Native Americans has decreased to a level that is similar to the non-Native population. Prior to this date, the rate was almost three times the national average. Native infants were more at risk for early death in 1974, now they are more at risk for accidental deaths after their first year.

General Health of American Indians

- The birth rate for American Indians and Alaskan Natives was 26.6 (rate per 1,000 population) in 1991-1993. This is almost twice the birth rate for all races.
- The general physical health of Native Americans is the poorest of any group in the U.S. The lack of adequate medical facilities, medical professionals, funding sources and limited access have contributed to insufficient medical services.



- In certain communities, Fetal Alcohol Syndrome (FAS) is 33 times higher for Native American children than non-Native children. FAS is a major problem because infants may have more difficulty with normal eating and sleeping patterns as well as developmental delays. They may be at greater risk for child maltreatment because they may be hard to comfort and mothers and/or caregivers may find their lack of response frustrating. As young children and adolescents, these children need structure and may suffer from secondary disabilities. They are less likely to understand consequences associated with inappropriate behavior and may be easily lead into harmful or dangerous situations.
- Tuberculosis is 7.4 times greater for Native Americans (4.2 deaths for Native Americans per 100,000 as compared to .05 for all races). Tuberculosis is on the rise in Native communities and is compounded by other illness such as HIV-AIDS, alcoholism, and diabetes.
- Diabetes is almost 7 times greater for Native Americans (35.8 deaths for Native Americans per 100,000 as compared to 9.8 for all races). In certain tribes, the rate of adult on-set diabetes is almost 90%. Indian Health Service did not initially address the prevention of diabetes. It has been in more recent times that awareness in prevention has prompted more emphasis on nutrition, exercise and other preventive efforts. There has been concern that the kinds of foods that were provided through programs such as the USDA Food Commodity programs contrasted sharply with traditional native foods.
- Suicide has devastated some Indian communities. In some communities, cluster suicides has resulted in several adolescents dying and the ability of the community to decrease the number of at risk individuals has been marginal. Currently, 16% of Native American teenagers have attempted suicide as opposed to 4% of other teens (18 suicides per 100,000 Native American teens). The most at risk age group for suicide is males ages 12-27. They are 7 times more successful at hanging, shooting, or knifing themselves, than other males in this age group.
- Alcohol related deaths are 10 times the rate for Native Americans than for all other groups combined (42.7 deaths for Native Americans per 100,000 as compared to 6.0 for all races). Native Americans have had considerable exposure related to the rate of alcoholism within their communities. There are several theories speculating on biological, sociological, psychological, genetic, or environmental factors that may contribute to the degree of alcoholism. However, the actual reasons are not certain and there continues to be concern about the early drinking patterns and consumption levels of adolescents and the related health problems.



May 17, 2001

Testimony of Geoff Roth

Executive Director of the Native American Youth Association

To the Multnomah County Board of Commissioners

Good Evening, I want to thank all of the commissioners and community for taking time tonight to be here to care for the next 7 generations.

My name is Geoff Roth I am Lakota Sioux, my Hunkpapa clan now lives on the Standing Rock reservation. I have been the director of the Native American Youth Association for about 5 months

In that time I have been absolutely amazed at the exceptional commitment of the staff. Day in and Day out they focus there effective programming on a population of youth (some who are behind me) marginalized by mainstream education. This marginalization is illustrated by the above, state average dropout rates for American Indian/ Alaskan Natives over the past ten years.

Our culturally specific programs reach, and appropriately support many of these youth. We had planned on having a few of them speak to you but time constraints do not allow.

I have four talking points I would like to cover.

One, Native Programs best serve Native People

Two, Urban Indian populations do not receive the same services as reservation Indians

Three, there are 2 county funded Native Service Providers

- In FY 2001-2002, there is a proposed 100% cut in what the county supports for child care
- And a proposed 30% cut in what the county supports for Education Retention.

And four, Casino funds have never been awarded to the two Native service providers in Multnomah County

The Native American Youth Association has a contract through the department of Community and Family Services, Division of Community Programs and Partnerships to provide culturally specific student retention services. Through April we have served 168 American Indian Alaskan Native youth with over 5,000 service hours. We do this in many ways.

May 17, 2001

Testimony of Geoff Roth

Executive Director of the Native American Youth Association

To the Multnomah County Board of Commissioners

Student retention funds pay for operation of our Tutoring and Activity center, staffed by a state licensed Indian teacher and tutors with experience in a variety of academic areas. Tutoring staff assist students with homework and assure that all assignments in their regular classrooms are completed. They also provide extra activities that are culturally based to provide academic enrichment.

Our Culture Classes are taught by community members with expertise in native crafts and traditional ceremony. This program builds positive self-awareness and esteem within our entire community and especially with our native girls.

Our Sports Program supported by student retention has 4 active basketball teams.

Student retention funding also partially supports our Science, Math and culture based summer day camp. This program looks at science and math from a Native reference point, providing opportunities for youth to explore water shed restoration and healthy salmon habitats.

There are many more components to effectively serving these youth. Unfortunately, I can't tell you about all we do.

On February 25th 1988 Alex Stone (who will speak after me) testified to the Portland Public School Board. I would like to close with a quote from his testimony, He said; "I am distressed to see that our children have been the only group whose test scores have declined over the past 5 years. I am shocked to see that the drop-out rate for our students have been twice that of the district average for the past 9 years"

His 1988 testimony demonstrates a history of under funding educational support programs for American Indians. Please do not take from a budget that is already so small.

Please vote for Commissioner Andersons Budget Amendment

Thank you if you have any questions I would be happy to answer them.



**Native
American
Youth
Association**

Tutoring and Activity Center

Students are welcome to attend the Tutoring / Activity Center Monday through Thursday 4 to 6 pm. Tutors specializing in math, language arts, and native studies can assist students with homework assignments, participate in activities, and help themselves to a healthy snack

MASAP and Computer Lab

(Math and Science Augmentation Program)

Thanks to the generosity of the Vollum Fund of the Oregon Community Foundation, NAYA has a computer lab and math and science programs. These include Saturday Workshops and special field trips both through the year and during the Summer Program. The program is closely coordinated with the Tutoring Center.

Field Trips

During the winter and spring breaks the NAYA tutors plan field trips. These have included snow trips to Mount Hood, beach trips, movies, and cultural trips through the Columbia Gorge.

Summer School

Each summer we offer several sessions of activities that are both fun and educational. With our new Community Center as a base, this coming summer promises to be one of our most active ever!

NAYA Community Center

In the fall of 2000 we opened our Community Center! It houses our Tutoring Center, offices, a kitchen, and a community computer.

How to Get to the Center

The center is located at the corner of Mississippi and Shaver in North Portland. The # 4 Tri Met Bus passes right in front of the Center!

On school days NAYA provides transportation from different areas of Portland after school according to the following schedule:

Monday	Tuesday	Wednesday	Thursday
SW	NE	N	SE

Students must first meet with our case manager to be eligible for transportation.

Call (503) 288-8177 for information!



NW Regional Leadership Program

We offer internship opportunities for Native college students to develop a strong work ethic and leadership skills. NAYA interns also volunteer at the tutoring center. The program prepares students to provide leadership, guidance and mentorship within the Native community.

Family Healing Circle

The goals of the Family Healing Circle are to keep Native families safe and to educate our people in an effort to end the silence about domestic and sexual violence. We remember those words spoken by a wise man of our people that "only dogs get mad". The fact is that domestic violence is not, nor ever was a traditional value. This program takes a holistic approach to support families impacted by domestic and sexual violence by providing counseling, advocacy/referrals, and support groups. We work closely with local programs to facilitate successful safety planning and placement, provide transportation when needed, and assure the practice of culturally relevant services. Families increase healthy decision-making through a process of learning the many skills necessary to lead productive lives in today's society.



School Attendance Initiative

Through a collaboration with Multnomah County, Portland Public Schools and other agencies we provide an array of services to assist native students in maintaining good school attendance. The primary intervention is outreach to families to support their efforts to improve their children's attendance.

Cultural Classes

NAYA Cultural Classes meet once a week. Native craft makers from our community help students learn traditional skills through beadwork, leather work, and the making of regalia for powwows.

Sports Program

NAYA has been about sports since the early 1970's! Today the tradition continues with a variety of basketball teams, including boys and girls from grade school through high school. In the past the teams have traveled to the Warm Springs, Umatilla, Klamath and Yakama reservations for tournaments. NAYA is also always looking for coaches to help with our many teams!

Mission Statement

The Native American Youth Association provides a vehicle for native American Youth to make healthy decisions and grow in positive ways. Through a holistic approach, incorporating the physical, mental, spiritual and emotional needs of our young people, NAYA programs seek to empower youth by building their self-identity, pride and self-esteem. NAYA also seeks to improve the lives of Portland area Native Americans by helping to strengthen the family and community.

Any youth who identifies themselves as Native American is eligible to participate in NAYA activities.

Native American Youth Association

4000 N. Mississippi
Portland, OR 97227

Phone: (503) 288-8177

Fax: (503) 288-1260

Email: staff@nayapdx.org

Website: www.nayapdx.org

Native American Youth Association
FY 2001-2002 Proposed County Budget Cuts

Student Retention: \$32,314 cut for FY02

Student retention funds pay for operation of the Tutoring and Activity center, Culture Classes, Sports Program, and other educational enrichment programming as well as partial funding of our Math and Science Summer Camp. These programs are briefly highlighted below. They all effectively enrich the lives of marginalized American Indian youth and community. Providing 5,533 hours of service to 108 American Indian youth since July 1, 2000.

Tutoring/Activity Center

NAYA offers after school tutoring services Monday through Thursday from 3 to 6pm. The student retention funds pay for 3 to 4 tutors to work with groups of kids who need assistance in completing homework assignments and special projects. These funds pay for a certified teacher to head the tutoring center and work with schools to provide accurate wrap-around academic services. Our Education Retention Specialist (ERS) provides case management support to all NAYA youth providing crisis intervention, emergency assistance to families, and social assistance.

Culture Classes: Bead working, Regalia Outfits

The student retention funds pay for materials & supplies for the classes, and community members to teach these classes. Classes focus on beading, traditional dress, and traditional arts and crafts. The youth and community are requesting expansion of the program to include classes for drum and flute making, tool making, storytelling, and native languages.

Sports Program:

Student retention funds pay for recruitment and outreach, league fees, and sports banquet. This year, NAYA had four basketball teams. In-kind donations are also solicited from Nike. The youth would like to see the program expanded to include more sports.

School Break Enrichment Programs

This year, nearly 50 youth participated in the Winter Break activities. Two parents volunteered their time and made traditional Indian meals. During Spring Break, NAYA invited 20 youth who regularly attend tutoring sessions on several hikes along the Columbia Gorge. Well-known storyteller Ed Edmo led the group on a trip to the Celilo Longhouse where we ate lunch and listened to traditional stories, and Horse Thief State Park to see the petroglyphs including "She Who Watches"

Math and Science Summer Camp

30 youth participated last year and will again this year in science and math based day camp. With cooperation from Portland Public Schools for meals, and many other programs we provide an effective culturally enriched program taught by a state licensed American Indian teacher.

SPEAKER # 7

May 17, 2001

Good evening Members of the Commission:

My true name is: "Mis-oke," I'm Cheyenne and My Christian name is, Alex J. Stone

Thank you for giving us this opportunity to express to you our needs and concerns for the Indian people.

I truly understand your position at very difficult time when so many are asking for your help.

Though we may live in a time very different from our grandparents, we must help our families and children balance the Indian way of life within the non-Indian world. Otherwise they may get lost and forget who they are in modern world of difficult times.

To help you understand, some myths about Indian families, Even in today's society most non-Indian people still think that Indians are governmental recipients and receive government checks each month. This is not true!

Some Indians choose to live on reservations and others are direct descendants from the 1950's BIA relocation and other live here in Portland for the education, employment opportunities. A few Indian families were successful but the majority were not. It was out of these generations of families who remained in the urban areas and the natural migration from rural to urban that Indian centers and clinics emerged.

Regardless where a Indian family lives, reservation or urban homes, they will watch TV, play video games, but they also will dance at a pow wow and learn how to respect the circle of life and hold onto cultural values that have been handed sown from generation to generation. These teachings are not taught in the Portland Public School District or any school.

Because Indian cultural is so diverse and our youth come from different tribal backgrounds, with families with different values systems, it requires that we successfully live in a bi-cultural world- in both the Indian world and the non-Indian world.

Indian youth will often identify with other ethnic groups and put aside all knowledge of their culture, their tribe and even their relatives. Some manage to cut themselves off completely, much to the disappointment of their family and friends. Others slip back and forth between the Indian world and the non-Indian world, and they become confused by their attempts to fit in and feel good about themselves and their backgrounds. Because they find little direction in their quest to find their identity and pride, they often get involved with alcohol and drugs or in criminal activities.

Many of them reach out only to find that, because of their age group and minority status, they are not a priority among policymakers. They refuse to seek out help from non-Indian agencies because they feel a negativity when they can't fit in, Once turned away or referred to another staff or agency, they will not return.

"Indians helping Indians" is the point that I want to get across tonight, so I strongly encourage your support for our Indian families and youth through the Native American Youth Association, Native American Rehabilitation. Association and the Indian Education Project of the Portland Public School District.

Thank you.

Submitted by
BOB BERNSTEIN

SPEAKER #8 April 2001

To Whom It May Concern:

My name is Kahrissa Yazzolino. I am currently a sophomore, at Roosevelt High School. I am writing this letter, due to the fact that I have recently been informed that budgets will soon be cut, from all, or most of the programs and services that the North Portland Youth and Family Center provides.

In 1998, I was interviewed, and soon after I was accepted to be involved in the "Girls Only" group. Since about 1998, also I have been receiving bus tickets, and passes when I needed them. These past two years I have also went with people from the Youth and Family Center, to the United Girls Summit.

With the help of the Youth and Family Center, I wouldn't have transportation to, and from school or work. I also wouldn't have been able to get the help and support, of the transition from middle, to high school that the "Girls Only" group provided me with. Last of all, I wouldn't have had such great people to talk to and share comments, advice, and opinions, with the assurance, that everything I said to them would be kept confidential.

These are the reasons that I hope you consider not cutting the funding from the North Portland Youth and Family Center.

Thank you for your time,

Kahrissa Yazzolino

Kahrissa Yazzolino

24 Hour Youth and
Family Helpline
Harry's Mother
(503) 233-8111

Participating
Agencies

Asian Family Center

Boys and Girls Aid
Society

Eastwind Center

El Programa Hispano

FamilyWorks

Harry's Mother

Morrison Center

Native American Youth
Association

North Portland Youth
and Family Center

Outside In

Portland Impact

Resolutions Northwest

Roots and Branches

Self Enhancement, Inc.

Westside Youth and
Family Services

**PROGRAM
COORDINATION**

Jenny Crawford
Youth Services
Consortium
4839 NE Martin Luther
King Jr. Blvd
Suite 8
Portland, OR 97211
(503)281-6151, ext. 26

I m Dallas Lazinka and before I met Bob Burnstien I wasn't able to afford camps, but then he notified me about this Youth Investment System. The help I got for paying for camps helped me get the best possible experience that I know I will never forget and always appreciate your Youth Investment System.

-thank you-



Date
4-13-2001

24 Hour Youth and Family Helpline
Harry's Mother
(503) 233-8111

The youth center has helped me be successful in life.

Participating Agencies

Asian Family Center

Boys and Girls Aid Society

I have somebody that will listen to me and talk to me.

Eastwind Center

El Programa Hispano

FamilyWorks

What I like most of all we don't sit in a office. When I'm trapped in a office its harder for me listen.

Harry's Mother

Morrison Center

Native American Youth Association

When Bob was on vacation 4-12-2001 I actually missed talking to him because hes someone to talk to.

North Portland Youth and Family Center

Outside In

Hes a good role model to all kids, young adults and adults.

Portland Impact

Resolutions Northwest

from:
Sofia Bennett

Roots and Branches

Self Enhancement, Inc.

Westside Youth and Family Services

PROGRAM COORDINATION

Jenny Crawford
Youth Services Consortium
4839 NE Martin Luther King Jr. Blvd
Suite 8
Portland, OR 97211
(503)281-6151, ext. 26



To whom this may concern,

Hello my name is Amy Slaughter, I am from the Girls Only Group. Recently I've heard that they might not have this group anymore.

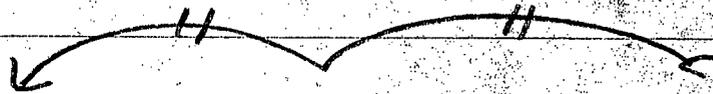
Well see when I was in the 8 grade, I got in trouble alot, my parents were going through a divorce and I just really was not ready for High School. So I heard about this group that was concerning some of these issues. So Nicole Gathier had a meeting with me to tell me a little bit more about the group. There was alot of people wanting to get in. But I was lucky and got in. There was about 6 girls from Portsmouth Middle School and 3 girls from George Middle School. See we have all been in this group for about a year. The group has given us all happy and sad times. A good memory I have is when we all went White Water Rafting! That trip i'm sure cost a good amount of money, but it also brought all of us closer together. It wasent just fun, our leaders are the best. We have this thing called Check In every wednesday, where we tell each other our feelings and get a lot of support from each other.

So what i'm trying to explain here

is I know this group might be expensive but I'll tell you, alot of the 8 grade girls need it! High School can be really hard, and I think every girl needs the support I have got, before and through out High School to be successtul. And without the Gills group I don't know where me, or some of the girls in the group would be without the group.

Sincerely,
Amy Staughton

THANKS FOR YOUR TIME!



Testimony of Jay Swedblom, Better People Board Member

Mr. Chair and Commissioners.

My name is Jay Swedblom. I am employed by Intel Corporation. I am a resident of NE Portland.

I testify here tonight as one of Better People's over 250 donors and as one of Better People's nine volunteer board members. Each year, the Better People Board accomplishes the none-too-easy task of raising tens of thousands of dollars to help ex-offenders turn their lives around. From what we can see, the community supports our program wholeheartedly, as witnessed by 31 clients who were on our waiting list at the end of April. There are 31 people waiting to fit into one of Better People's 72 slots. I have attended several Better People graduations where I have heard dozens of people tell stories similar to those you just heard.

The main point I want to make is this: In these times of budget cuts, Multnomah County would be wise to complement and maximize existing resources.

Better People simply wants the chance to compete for \$40,000. And if the County Commission enables Better People to compete for \$40,000, I am here to tell you that the Board of Directors and I will raise the funds to match the county's commitment 3-to-1. For every dollar the county invests, we'll find three dollars to stretch the dollar put in by Multnomah County. This is exactly the kind of public/private partnership that is needed in these lean times. Last year alone, the board, staff and alumni raised \$130,009 from individuals and small foundations.

Please add a budget amendment for \$40,000 for ex-offender employment services.

Thank you for your consideration.

Testimony of Annette Jolin, Ph.D.

Mr. Interim Chair and County Commissioners.

My name is Annette Jolin. I am a professor in the Mark Hatfield School of Government, Administration of Justice Division at Portland State University.

I am here today to testify about the evaluation that I was involved in entitled, "Changing Offenders' Behavior: Evaluating Moral Reconciliation Therapy (MRT®) in the Better People" which is attached to the copies of my testimony.

Chip Shields approached me in April 1997 about his idea of combining best practices in offender rehabilitation with the best practices in living wage job placement services to create a new Portland-based agency that would reduce recidivism in Multnomah County.

What he wanted to do was to take a well regarded cognitive behavioral approach, a therapy that changes the way offenders think and behave, and combine it with living-wage job placement and long-term job retention follow-up that would last a minimum of one year.

As a researcher, I thought that incorporating the cognitive behavioral therapy was important because there is not much reliable evidence that employment programs *by themselves* reduce recidivism (the rate at which offenders return to crime).

Mr. Shields said that he wanted this to use only the most rigorous methods possible in analyzing the program's effect on recidivism. To this end he had developed a concept paper for a random assignment evaluation. As some of you may know, random assignment is generally considered the most effective way to test an intervention's effectiveness. A random assignment experiment compares two groups of participants whose members differ only in that those in one group receive the intervention, i.e. treatment and the other group does not. This design removes the likelihood that other factors known to be related to repeat offending such as criminal history, age at first arrest, gender, drug and alcohol abuse and so on do not skew the findings.

I was to be going to the University of Stuttgart, Germany for two years, so I brought Dr. Nella Lee, also of the Administration of Justice Department at Portland State, to assist on

this project. Dr. Jay Thomas of the Pacific University's psychology department was also brought in as an advisor. The team agreed that a random assignment experiment would be premature at this early point in Better People's history. The team agreed that Better People should take smaller steps first to see if any evidence existed that Better People reduced recidivism before the organization embarked on a costly random assignment experiment.

Jim Rood, the Adult Assistant Director of the Multnomah County Department of Community Justice was kind to allocate some staff resources to obtain the data. When I returned from Germany in September 2000, Better People staff Clariner Boston had received the data from the Department of Community Justice and was in process of analyzing the data and writing of the report. Ms. Boston, by the way, is a well-respected visiting professor in the Administration of Justice department, as well as a Better People staff member.

I helped her in that analysis and contributed to the presentation of the data. In an initial step we wanted to test whether participation in the Better People cognitive-behavioral MRT program component resulted in a reduction of recidivism. We compared six-months follow-up re-arrest, re-indictment, and re-conviction data for 68 Better People program participants (Treatment Group) and compared them to data we obtained for 68 offenders who attended a Better People orientation, but did not participate in the program (Comparison Group).

It should be noted that unlike other programs that argue they are effective in reducing recidivism by presenting anecdotal information in the form of carefully selected case studies Better People took it upon itself to evaluate the program's impact on offender recidivism even in the absence of funding to carry out this complex task.

The results of this preliminary study are encouraging. Findings suggest that participation in Better People's cognitive behavioral therapy component, Moral Reconciliation Therapy (MRT), is associated with a reduction in recidivism.

As you can see on the marked page IV of the Executive Summary, 21% percent of the Comparison Group was *re-arrested* over a six-month period compared to nine percent of the Treatment Group. Thirteen percent of the Comparison Group was *re-indicted* compared to three percent of the Treatment Group. Twelve percent of the Comparison

Group was *re-convicted* compared to three percent of the Treatment Group. These findings are concordant with findings from other studies that have examined the approach used by Better People (MacKenczie and Brame, 1995; Finn, 1998; Little, Robinson, and Burnette, 1993; Little and Robinson, 1997; see report for full references).

Attached you will also find the summary of a report entitled "Comparative Costs and Benefits of Programs to Reduce Crime: A Review of National Research with Implications for Washington State." It is an economic cost-benefit analysis of programs to reduce crime conducted by Steve Aos. The analysis found that crime victims and taxpayers received \$11.48 in benefits for every dollar invested in MRT. In other words there is third-party evidence that the approach used by Better People increases public safety and saves taxpayers money.

To summarize, the results of this evaluation, while preliminary in scope, indicate that Better People makes use of an approach that is an effective here in Oregon as well as in other locations around the country. With the state cutting prison programming, and Measure 11 offenders returning to the community, it would appear that Better People is a good public safety investment for Multnomah County.

Thank you for your time and consideration. I would be happy to answer any questions.

**Changing Offenders' Behavior:
Evaluating *Moral Reconciliation Therapy (MRT®)* in the
*Better People Program***

Clariner M. Boston, MPA, MS, Administration of Justice
with the assistance of
Alison L. Meier, BA, Sociology

with technical assistance from
Annette Jolin, Ph.D.

This evaluation was authored by Clariner M. Boston, MPA, MS Administration of Justice, recruitment specialist, with the assistance of Alison L. Meier, BA, sociology, job developer, of *Better People*. Ms. Boston is also a visiting adjunct professor at the Mark Hatfield School of Government, Division of Administration of Justice, Portland State University (Portland, Oregon).

Annette Jolin, Ph.D., professor, Mark Hatfield School of Government, Division of Administration of Justice, Portland State University (Portland, Oregon), contributed significant technical assistance.

Better People is a Portland, Oregon-based, living-wage employment and cognitive behavioral counseling program for adult probationers, parolees, and other former offenders. The *Better People* mission is to *dramatically reduce recidivism in Multnomah County and other areas*.

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Metro Public Defenders
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Volunteers of America
Stephaine Parrish Taylor
Oregon Voc. Rehab. - N. Portland
Randy West
Uhuru Sa Sa-Oregon State Penitentiary
Brad Vollmer
7th Step - Oregon State Penitentiary

February 12, 2001

Dear Colleague:

I am pleased to present the results of Better People's initial recidivism evaluation by Clariner M. Boston, MS, MPA and Alison Meier with technical assistance from Annette Jolin, Ph.D.

The results are encouraging. Findings indicate that participation in Better People's cognitive behavioral therapy component, Moral Reconciliation Therapy (MRT®), was associated with significantly lower recidivism when comparing those who attended at least one MRT® group session (Treatment Group) to those who attended a Better People orientation, but did not participate in the program (Comparison Group).

Twenty-one percent of the Comparison Group were *re-arrested* over a six-month period compared to nine percent of the Treatment Group. Thirteen percent of the Comparison Group were *re-indicted* compared to three percent of the Treatment Group. Twelve percent of the Comparison Group were *re-convicted* compared to three percent of the Treatment Group.

The results are timely. Oregon's corrections budget is surpassing the higher education budget, and no matter how many people are incarcerated, 95 percent will be released. This evaluation is a first step in demonstrating Better People's effectiveness in reducing recidivism (offenders returning to crime).

Better People will remain committed to using the most rigorous methods possible in gauging its effect on recidivism so that the public and policy makers may have a clearer understanding of what works.

I thank you for your help in furthering our mission of dramatically reducing recidivism in Multnomah County and other areas. As always, if I can ever be of service, please don't hesitate to call at 503-281-2663.

Always with hope,



William (Chip) Shields
Executive Director

Enclosure

Acknowledgements

This evaluation represents the culmination of diligent efforts by many individuals dedicated to examining *what works* in reducing recidivism (offenders returning to crime).

We thank Karen T. Rhein, former Administrative Operations Administrator, Multnomah County Department of Community Justice (Multnomah County, Oregon) for her many hours researching the criminal records of the 136 study participants involved in this research project. We also thank Elyse Clawson, Department Director and James Rood, former Deputy Director and currently the Adult Assistant Director, Multnomah County Department of Community Justice (Multnomah County, Oregon) for making the data available.

We owe a great deal of gratitude to Annette Jolin, Ph.D., Mark Hatfield School of Government, Division of Administration of Justice, Portland State University (Portland, Oregon) for sacrificing personal hours to analyze the data and for contributing to the final written report. We also recognize former faculty member, Nella Lee, Ph.D., also of the Division of Administration of Justice at the Mark Hatfield School of Government, for her advice on this project. Yalda Noozai, Practicum Student, Division of Administration of Justice, Mark Hatfield School of Government, Portland State University (Portland, Oregon) provided clerical support for the project.

We express gratitude to William (Chip) Shields, executive director of *Better People*, for his support and time in helping to finalize this report. We also owe many thanks to fellow staff members David Applin and Berry Scheib for their efforts when we were working on this project. We also thank John Lewis for preparing the document for publication.

Finally, we offer special thanks to all referring agencies, donors and individuals that have indicated an interest in this evaluation and its outcomes. The results support important first steps in *Better People's* fulfillment of its mission.

The Authors

Abstract

In 1998, *Better People*, a privately funded, not-for-profit organization, began offering services to former offenders (people who have criminal records) in Portland, Oregon. The *Better People* program has three primary components: cognitive behavioral therapy using Moral Reconciliation Therapy¹ (MRT)®, assistance with gaining employment, and assistance with employment retention. This preliminary study assesses the impact on offender recidivism as a result of the cognitive behavioral therapy (MRT®) component. Findings indicate less recidivism for *Better People* Treatment Group participants than for a Comparison Group of non-participants.

¹ The term 'conation' was used in clinical psychology prior to the extensive use of the term 'ego.' Conation refers to how one consciously makes decisions. MRT® represents a redirecting of decision-making from lower to higher stages of moral reasoning. (Little, 1996)

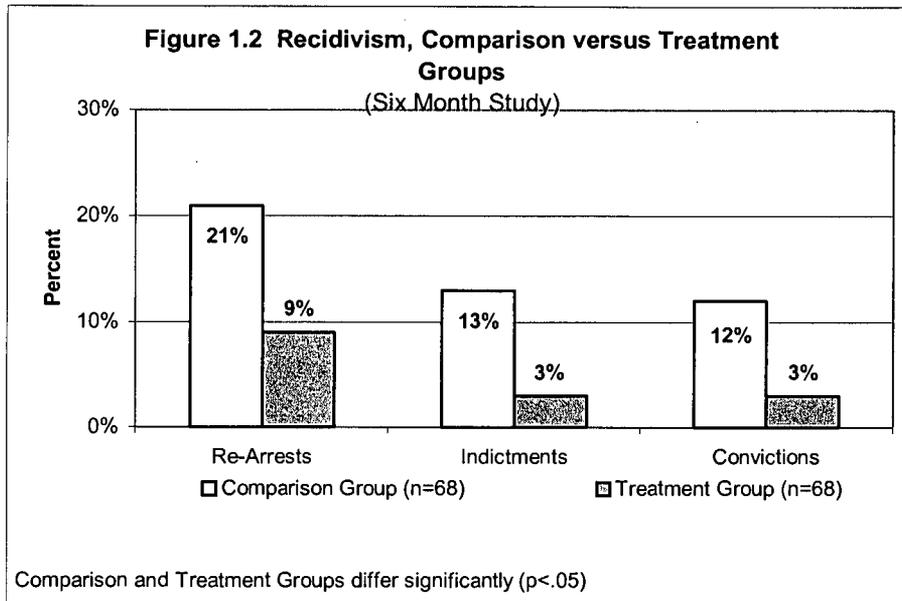
Executive Summary

In June of 1998, *Better People* began a new community-based former offender program serving clients from the Portland, Oregon metropolitan community. The program has three primary components: cognitive behavioral therapy using Moral Reconciliation Therapy (MRT®), assistance with gaining employment, and assistance with employment retention. The MRT® component's major objective is to increase the former offender's decision making from low moral reasoning to higher moral reasoning as he or she progresses through the program's *Steps*.

This evaluation to assess the MRT® component of the program's effectiveness in reducing recidivism was based on the behaviors of study participants contacting *Better People* between June and December of 1998. Study participants' criminal records were observed from June 1998 through November 1999. For outcome data we examined three levels of recidivism -- re-arrest, re-indictment, and re-conviction -- during a six-month follow-up period. Oregon Law Enforcement Data Systems (LEDS) computerized records were used to obtain pertinent criminal data.

We examined contacts with the criminal justice system for 68 former offenders who had participated in the MRT® component of the *Better People* Program -- the Treatment Group (TG). We compared that data to contacts with the criminal justice system for 68 former offenders who attended an Orientation but had not participated in the MRT® or any other *Better People* program components -- the Comparison Group (CG). There were no significant differences in age, ethnicity/race, and gender between the Treatment Group and the Comparison Group.

As Figure 1.2 indicates, there were significantly fewer re-arrests among former offenders who had participated in the MRT® program than among former offenders who had not participated in the program. Nine percent of Treatment Group participants were re-arrested compared to 21 percent of Comparison Group participants.



Re-indictments and re-convictions for MRT® (Treatment Group) participants were also significantly lower than for former offenders who had not received MRT® treatment (Comparison Group). Three percent of Treatment Group participants were re-indicted while 13 percent of Comparison Group participants were re-indicted. Finally, 3 percent of Treatment Group participants were re-convicted compared to 12 percent of Comparison Group participants.

Introduction

Throughout the past three decades, researchers have asked, and continue to study, whether offender rehabilitation efforts are effective at reducing recidivism and antisocial behavior. There is concern as to whether rehabilitation efforts produce beneficial changes in former offenders who participate in rehabilitation programs.

The generic goals of rehabilitation are to change one's thinking and behavior. The *Better People* program has three components that work to achieve this goal: cognitive behavioral therapy (MRT®)², assistance with gaining employment, and employment retention. This evaluation observes the impact of MRT® on *Better People* program participants assigned to this study project. Former offenders were assigned to either a Treatment Group or Comparison Group depending on whether they participated in the program or chose not to after attending an orientation.

This report details the findings from a preliminary evaluation study of the effects of MRT® on former offenders participating in the *Better People* program in the Portland, Oregon (Multnomah County) community. The purpose of this study was to gain insight into the impact of MRT® on re-arrests, re-indictments, and re-convictions of program participants.

Program History.

The *Better People* mission is to *dramatically reduce recidivism in Multnomah County and other areas*. *Better People* works with individuals who have prior criminal records. The program does not discriminate based on the type of prior conviction(s). All study participants had prior criminal records with varied types of convictions. Most potential clients seek *Better People* services on a voluntary basis. Approximately half of former offenders self-refer and half are referred by public/private service agencies.

Better People is a counseling program that assists former offenders in obtaining and retaining permanent employment. Former offenders seeking information about *Better People* are required

² Moral Reconciliation Therapy (MRT®) is a cognitive behavioral therapy system designed by Gregory Little, Ed. D. and Kenneth Robinson, Ed. D., Correctional Counseling, Memphis, Tennessee. The program is based on Lawrence Kohlberg's moral development theory. It also incorporates Erik Erikson's work on ego and identity development and behavioral conditioning as well as the works of Abraham Maslow, Carl Jung and Ron Smothermon. The program was developed in 1985 and is currently used throughout forty states and also in Canada and Puerto Rico.

to attend *Orientation* to become acquainted with the merits of the program as a means of determining their participation. Clients must be at least eighteen years old, a minimum of thirty days clean and/or sober, committed to attending MRT® group sessions, responsible for a one-time, non-refundable enrollment fee of \$25, and have a prior criminal record. In addition, clients must be willing to seek and accept employment, provided the offer is reasonable.

Once an individual meets program requirements, he or she is enrolled in the program and assigned to an MRT® group. Clients meet under the direction of *Better People* MRT® facilitators who are certified by Correctional Counseling Incorporated. Groups convene twice per week and attendance becomes an ongoing part of the client's individual file. Clients use a workbook containing exercises referred to as *Steps*.³

As with all cognitive behavioral interventions, MRT® Steps begin with relatively simple tasks that progressively increase in complexity and difficulty (see Appendices I & II). Lower Steps are concerned with issues of honesty, trust, acceptance, and awareness. Higher Steps move toward active processes of healing damaged relationships and long-term planning. In the process the client is essentially given the opportunity to reconstruct his or her identity and personality.

Clients are required to pass MRT® Steps sequentially. After attending one group session clients are eligible to be referred for *temporary* employment.⁴ Passing Step Three is a prerequisite to being referred for *permanent* employment.⁵ Clients also benefit from the third program component, a retention program, that monitors a client's work performance, in cooperation with the employer, as a means of assisting the client in remaining employed.

Other MRT® Evaluations.

MRT® is in use in over 40 states throughout the United States, and also in Canada and Puerto Rico. MRT® has been studied in a large-scale independent evaluation of participant inmates in the Oklahoma Department of Corrections (MacKenzie and Brame, 1995). Findings indicated *that individuals who participated in MRT® showed a moderate but statistically significant drop in misconduct and recidivism* (National Institute of Justice Journal, 1997).

³ Each client receives a copy of a workbook: *How to Escape Your Prison* (Little, 1996).

⁴ *Better People* works with temporary employment agencies who, aware that clients have prior criminal records, seek to refer them for short-term employment to their customers.

⁵ *Better People* only works with employers paying a minimum of eight dollars an hour and providing health benefits.

MRT® was also found to reduce recidivism in a Delaware Department of Corrections Life Skills Program (Finn, 1998) and in a five-year recidivism study on felony drug offenders (Little, Robinson, and Burnette, 1993). According to Little and Robinson (1997), MRT's® developers, over 40 published reports since 1986 have indicated that MRT® reduces recidivism anywhere from 25 percent to 50 percent.

Sandhu (1998) measured the impact of cognitive behavioral treatment, MRT®, as applied to 288 drug offenders at the B. J. Correctional Center, Alva, Oklahoma, from October 1, 1996 to March 31, 1998. Research outcomes indicated significant improvement in pre- and post-therapy results; incidents of positive urine analysis testing, prison misconduct, substance relapses, and rates of recidivism decreased.

Methodology

Study Objective.

The goal of this study was to determine if MRT® makes a difference in a study participant's contact with the criminal justice system. Each study participant was observed for six months following the day after his or her last contact with the *Better People* program.

Selection of Study Groups.

The study involved a Treatment Group and a Comparison Group. The research project included only former offenders seeking services from, or participating in, the *Better People* program between June 1998 and December 1998. Study participants were identified from a population of 186 former offenders who attended a *Better People* orientation during the identified period. Table 1.1 identifies the characteristics of this pool of potential study participants.

Table 1.1. Characteristics of the General Population

	Number	Percent
Race		
African American	80	43%
European American	54	29%
Other	9	5%
Unknown	43	23%
Gender		
Women	58	31%
Men	128	69%
Average Age	35 years	

Some former offenders attending Orientation did not pay the enrollment fee and therefore could not participate. Other former offenders attended Orientation, paid the \$25 enrollment fee, yet chose not to participate. The Comparison Group was chosen from these groups of former offenders.

Another group of former offenders attended Orientation, paid the \$25 enrollment fee, and attended at least one MRT® group session up through Step Five. These clients made up the Treatment Group.

The evaluation project began with a general population of 186 former offenders. During the period of study 91 clients comprised the potential Treatment Group population and 95 former offenders comprised the potential Comparison Group population. To ensure that each group had an equal number of members, researchers assigned every fourth person to the appropriate study group. Both the Comparison Group (receiving no treatment) and the Treatment Group (receiving treatment), had 68 members, for a total of 136 study participants.

Comparison Group study participants' criminal records were observed for a six-month period starting the next day after the date that they attended Orientation. Treatment Group study participants' criminal records were also observed for a period of six months starting the following day after the date that they ended their relationship with the *Better People* program.

Study Group Characteristics.

There were no significant differences between the demographic characteristics of study participants in the Treatment Group compared to study participants in the Comparison Group. Native Americans, Hispanics, Asian and those of mixed heritage did not seek the services of *Better People* in large numbers. The sample size reflects a low number of study participants representing these ethnic groups. Table 1.2 provides the characteristics of the Treatment Group and Comparison Group.

Revised Tables 1.2 and 1.3

Typographical errors were detected in the following two tables after the report went to print. The revisions are in brackets.

Table 1.2. Sample and Sub-Group Characteristics

	Comparison Group n=68		Treatment Group n=68		Total N=136	
	Number	Percent	Number	Percent	Number	Percent
Race						
African American	30	44%	33	49%	63	46%
European American	16	24%	24	35%	40	29%
Other*	5	7%	3	4%	8	6%
Unknown	17	25%	8	12%	25	18%
Gender						
Women	20	29%	26	38%	46	[34%]
Men	48	71%	42	62%	90	[66%]
Average Age	35 (s.d. 10.26)		34 (s.d. 8.66)		34 (s.d. 9.47)	

* This category included four Native Americans and one Asian American

Table 1.3. Recidivism, Comparison versus Treatment Groups

	Comparison Group n=68		Treatment Group n=68		Total N=136	
	Number	Percent	Number	Percent	Number	Percent
Arrests						
Re-Arrested	14	21%	6	9%*	20	15%
Not Re-Arrested	54	79%	62	91%	116	85%
Indictments						
Indicted	9	13%	2	3%*	11	[8%]
Not Indicted	59	87%	66	97%	125	[92%]
Convictions						
Convicted	8	12%	2	3%*	10	[7%]
Not Convicted	60	88%	66	97%	126	[93%]

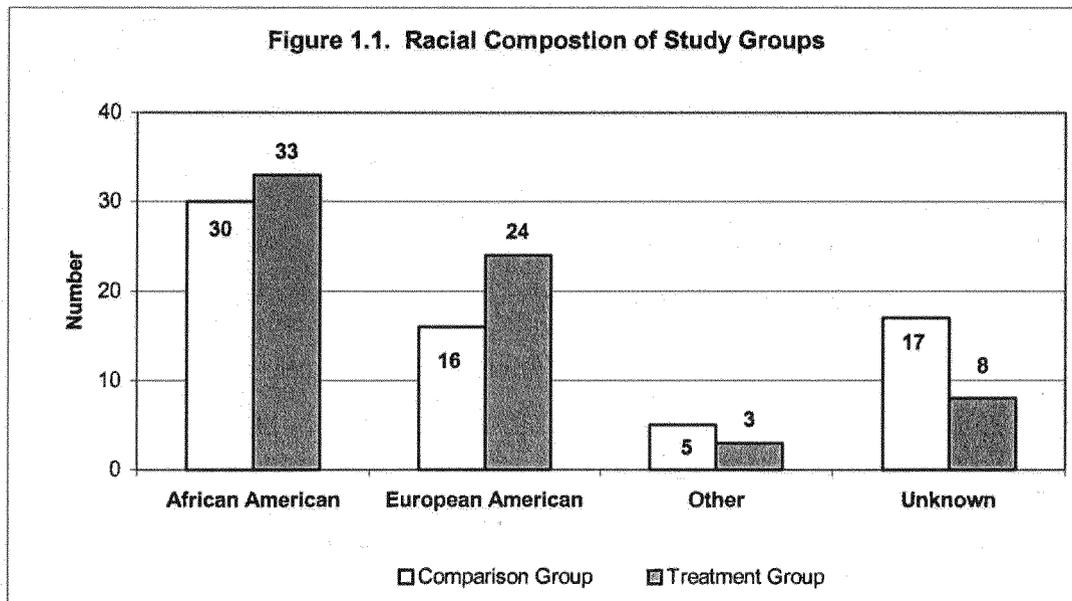
* Comparison and Treatment Groups differ significantly (p<.05)

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African American	30	44%	33	49%	63	46%
European American	16	24%	24	35%	40	29%
Other*	5	7%	3	4%	8	6%
Unknown	17	25%	8	12%	25	18%
Gender						
Women	20	29%	26	38%	46	68%
Men	48	71%	42	62%	90	132%
Average Age						
	35 (s.d. 10.26)		34 (s.d. 8.66)		34 (s.d. 9.47)	

* This category included four Native Americans and one Asian American

Figure 1.1 provides the racial composition of the study groups.



Measurement.

The independent variable, whether a client received MRT® treatment, was captured in *Better People* computerized client attendance records. The Treatment Group's MRT® participation ranged from attending at least one group session to completing Step Five of the Twelve Step process. These study participants were considered as having received some level of MRT®

treatment.⁶ The Comparison Group consisted of former offenders who did not *actively* enroll in the program after attending Orientation. They were considered as not having received treatment. The dependent variable, recidivism, was measured at three levels: re-arrest, re-indictment, and re-conviction.

Source of Data Collection.

Data were obtained from former offenders assigned to either the Treatment Group or Comparison Group who participated in or sought participation in the *Better People* program from June through December of 1998.

Multnomah County Department of Community Justice officials provided data from the Law Enforcement Data System (LEDS). LEDS maintains a systematic computerized accounting of complaints, arrests, indictments, and/or convictions of individuals having contact with the criminal justice system throughout the State of Oregon. When entering the system, an individual is assigned a State Identification number (SID). This number is used to identify all contacts with the criminal justice system in Oregon.

Observation Period.

The LEDS data were provided from June 1998 through November 1999. The observation period to review a study participant's contact with the criminal justice system was six months after his or her final contact with the *Better People* program.

Results

Former offenders who sought *and* received MRT® treatment (Treatment Group) had significantly fewer new arrests in the six months following their last contact with the program than did former offenders who had not received such treatment (Comparison Group). Significant differences were also observed regarding re-indictments and for the most stringent of recidivism measures: re-convictions. The comparisons are described in Table 1.3 and Figure 1.2.

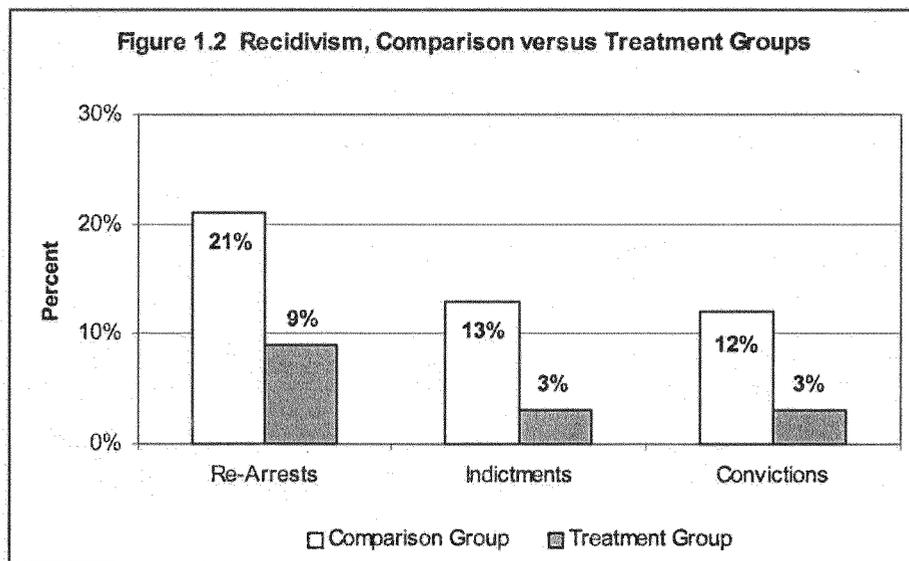
⁶ Many Treatment Group clients also received employment services. However, the impact of employment was not a variable measured in this study. Additional study is recommended to consider if employment services and employment have significant impact on decreasing rates of recidivism.

Table 1.3. Recidivism, Comparison versus Treatment Groups

	Comparison Group n=68		Treatment Group n=68		Total N=136	
	Number	Percent	Number	Percent	Number	Percent
Arrests						
Re-Arrested	14	21%	6	9%*	20	15%
Not Re-Arrested	54	79%	62	91%	116	85%
Indictments						
Indicted	9	13%	2	3%*	11	16%
Not Indicted	59	87%	66	97%	125	184%
Convictions						
Convicted	8	12%	2	3%*	10	15%
Not Convicted	60	88%	66	97%	126	185%

* Comparison and Treatment Groups differ significantly (p<.05)

Twenty-one percent of the Comparison Group was rearrested during the study period compared to 9 percent of the Treatment Group. Thirteen percent of the Comparison Group was re-indicted compared to 3 percent of the Treatment Group. Twelve percent of the Comparison Group was re-convicted compared to 3 percent of the Treatment Group.



Study Limitations.

Participants' allocation to the Treatment Group or the Comparison Group was based upon a self-selection process (participants could choose whether to participate in the *Better People* program). Those who, past the point of attending Orientation, returned for at least one MRT® group session became potential members of the Treatment Group. Those who did not take part in MRT® group sessions became potential members of the Comparison Group. This allows for the possibility that those who persisted past the point of attending an Orientation may have differed in ways that favored their crime-free adjustments to living in the community.

While not necessarily a limitation, there is a certain treatment dilution inherent in the study design when the effect is assessed after the mid-point rather than after the program's completion. On the other hand, an assessment half way through the treatment process may lessen the *creaming*⁷ effect that is common in treatment program evaluations of this kind.

In addition, Treatment Group participants received assistance in gaining employment. The impact of this service should be studied to determine if a correlation exist between employment and criminal justice contacts.

Discussion

This preliminary evaluation provides further evidence that the use of MRT® helps to reduce recidivism. The findings add credence to the *Better People* theory that cognitive behavioral therapy is effective and as such, it is reasonable to conclude that it complements other program components such as employment assistance.

Politicians, criminal justice practitioners, and the general public have seen criminal justice costs escalate over several decades. This is especially true in corrections (incarceration). Across the nation, legislative action, responding to public demand instead of valid research, has reduced the possibility of early release for *good behavior*. The result has been over-crowded prisons. Legislators, faced with this increased focus on incarceration and with shrinking budgets, also find it easy to restrict or eliminate rehabilitation programs.

⁷ *Creaming* refers to a self-selection or program selection process that implies that program evaluators cannot be sure whether a participant's success is due to his or her ability to remain with a program or, if the substance of the program and its effect on the participant is what leads to a reduction of recidivism (Jolin, 2001).

Reducing the rising costs of arrests, court trials, imprisonment and post sentencing supervision are major concerns. Determining *what works* in reducing these costs has been an ongoing question. Legislators, criminal justice administrators, and interested parties continue to seek practical solutions.

Recognizing the proven benefits of the use of MRT® when working with former offenders offers a reasonable, partial solution toward reducing such costs. Studies of the effectiveness of MRT® when used in working with offenders and former offenders continue to provide positive results.

This evaluation indicates that former offenders who did not receive treatment were significantly more likely to be involved with the criminal justice system than clients who received treatment. In addition, the use of MRT® has been shown to reduce recidivism anywhere from 25 to 50 percent (depending on the jurisdiction) throughout more than 40 states in the United States.

By itself, reducing recidivism is a laudable goal. More praiseworthy, however, is changing people's lives so that they become more responsible, respectable and caring; so that they build stronger character and are able to care for their families and for themselves. Such action increases public safety and improves the community. This evaluation indicates that policy makers should focus on and continue to study programs *that work* by keeping people out of jail instead of focusing on ways to keep people incarcerated.

Future research will focus on the effect of employment services and employment combined with the use of MRT®. In addition, this research will observe the impact of MRT® on graduates of the *Better People* program.

Better People proposes to do research in cooperation with county correctional and/or adult community programs. This effort will involve random assignment either to the *Better People* program, to no program/treatment or to some other community based treatment program. Outcomes will be observed to determine if the MRT® process coupled with employment services further reduces rates of recidivism.

Better People contends that combining MRT® with living wage employment and long term retention monitoring positively influences the thinking and behavior of former offenders, and helps to keep them from returning to the criminal justice system.

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Appendix I - Moral Reconciliation Therapy (MRT®) Steps

STEPS 1 & 2 require the client to demonstrate honesty and trust.

STEP 3 requires acceptance of rules, procedures, treatment requirements and other people.

STEP 4 represents building a genuine and exhaustive self-awareness.

STEP 5 creates a written summary and plan to deal with the many relationships in their lives that have been damaged because of their substance abuse (and other antisocial behavior).

STEP 6 begins to uncover the right things for clients to do with his/her life and addresses the causes of happiness and unhappiness.

STEP 8 involves refining one-year goals into a plan of action with a timetable.

STEP 9 requires that the individual continue to assist and meet the timetables that he or she sets him or herself.

STEP 10 represents a moral assessment and judgement of all the elements in one's life.

STEP 11 reassesses the relationships in one's life, as well as forming a plan of action to heal the damage that has occurred.

STEP 12 creates a new set of goals. These are set for one year, five years and ten years with the client's judgement of how accomplishing each goal relates to his or her happiness. (Most clients complete MRT with this step.)

STEP 13 through 16 represent confrontation of the self with ever-expanding awareness of self. Individual goals are progressively defines and expanded to include the welfare of others.

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Appendix II - MRT® FREEDOM LADDER

<p>Steps 13 - 16 Evaluate relationship between inner self and personality</p>	<p>GRACE Few persons reach this state where they see others as an extension of themselves. Reaching grace means one must give oneself to a major cause. In this stage, a person's identity fuses with others as well as a social cause. Doing the right things, in the right ways, for the right reasons, are primary concerns. Values are placed on human life, justice, dignity, and freedom. Gandhi, King, and Mother Theresa are a few examples.</p>
<p>Step 12 - Choosing moral goals</p>	<p>NORMAL People who experience this state have incorporated their identity into how they live their lives. Thus, they have their needs fulfilled without a great deal of effort. To those on this stage, work isn't work. However, their identity nearly always involves the welfare of others, whether it is the welfare of their employees or family. They often become involved in social causes and have genuine concern for others. They give great consideration to their own conduct and are not quick to judge others. They attempt to keep all their relationships on honest, trustworthy levels where they are accountable. It is clear that people in this stage have chosen the right identify (set of goals). Moral judgements are based about half-and-half on societal and ethical principles.</p>
<p>Step 11 - Keeping moral commitments</p>	<p>EMERGENCY A sense of urgency in completing goals dominates this stage because individuals are totally committed to fulfilling personal goals. The goals of people in this stage are broader and include the welfare of others rather than goals being narrow and self-serving. They feel in control of their lives, but often feel that they have committed and are in risk of failure if they slow down. Most of their decisions are based on what is best for society and their organizations, but they show higher, idealized, ethical principles as well. In addition, they sometimes "slip" to lower levels of reasoning but attempt to rectify this as soon as they realize it.</p>
<p>Step 10 - Maintain Positive Change Step 9 - Commitment to change</p>	<p>DANGER The major distinction between danger and nonexistence is that those in danger have committed to long term goals. They feel the risk of danger and have communicated their desires to others. They feel a definite direction in life and see relationships as necessary, important, and satisfying. They usually gain their identity from their long-term goals and recognize the requirements of situations quickly. Most of these people make their moral judgements from the societal contract level and "law and order." Many of them "slip" to lower stages of reasoning but feel a sense of personal let down when this occurs.</p>
<p>Step 8 - Short term goals and consistency Step 7 - Long term goals and identity</p>	<p>NON-EXISTENCE Those in nonexistence do not have a firm sense of identity and do not feel connected to the world. They often feel little purpose in their life, but do not feel responsible for what happens to them. While they feel somewhat alienated, they can have satisfying relationships. Oral judgements can be made from "law and order," pleasing others, reciprocity, or pleasure/pain.</p>
<p>Step 6 - Helping others Step 5 - Healing damaged relationships</p>	<p>INJURY People in this stage know when they have hurt others or themselves and feel responsible for it. Low self esteem, guilt and feelings of inadequacy often predominate. While they seem to "let down" others and themselves frequently, they recognize that they are the source of their problems. This is the first stage that positive relationships can occur. People in injury have trouble following through on their goals and personal commitments. Oral judgements are based on pleasing others, pleasure/pain and reciprocity.</p>
<p>Step 4 - Awareness</p>	<p>UNCERTAINTY People in this stage may lie, cheat and steal, but they are uncertain if they should. They typically have no long term goals usually don't know if there is a direction that is right for them. They show rapidly changing beliefs and a basic uncertainty about other people. They say, "I don't know," a lot and sometimes are uncertain whether they should or can change. This stage typically doesn't last long. Their moral judgements are based on pleasing others as well as pleasure/pain and reciprocity.</p>
<p>Step 3 - Acceptance</p>	<p>OPPOSITION People in opposition are quite similar to those in disloyalty. However, those I opposition are somewhat more honest about it; they pretend less. Those in opposition tend to blame society, the rules, or the unfairness of others for their problems and state in life. They are in open opposition to established order. They tend to be rigid and unadaptable and are more confrontational, hostile, and openly manipulative. Constant conflict is often seen. Moral judgements come from pleasure/pain and reciprocity.</p>
<p>Step 2 - Trust Step 1 - Honesty</p>	<p>DISLOYALTY The stage of disloyalty is the lowest moral and behavioral stage in which people can function. Lying, cheating, stealing, betraying, blaming others, victimizing, and pretense (pretending) are the behaviors characterizing it. Negative emotions, including anger, jealousy, resentment, hatred and depression dominate. Relationships are exploitative. People in disloyalty view the world as a place that cannot be trusted and believe that everyone else lies, cheats, and feels negative emotions. Moral judgements are made on the basis of their pleasure/pain and reciprocity.</p>



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Better People recognizes the contribution of former board members Jane Jackson, Daniel Semmens, and Christopher Lundberg.

TO: MULTNOMAH COUNTY BUDGET HEARING/TESTIMONY
May 17, 2001

ATTENTION: COUNTY COMMISSIONERS

I am very concerned about the proposed budget cut that will eliminate four Community Health Nurse positions assigned to the Multi-Disciplinary Teams of Aging and Disability Services in Multnomah County. Since working with the team for the past 11 years, I have found the expertise of a medical professional invaluable for clients who have no doctor, refuse to seek medical attention or are so cognitively impaired they are unable to access medical care. In my job as a Protective Service worker, I feel confident in my assessment of an elderly person in a high risk situation that the added evaluation of a physical assessment gives me a well rounded picture of the person I have to protect.

There have been many instances when I have had to react to an urgent situation and the only expert with the availability to assess an elderly person is a nurse. To lose this position out of the team is like cutting the third leg off a three legged stool. (The other leg is the geriatric mental health specialist.)

It would be foolish to cut out such a valuable program when we are trying to keep people in their own homes which is not only the best place for them but also the most cost effective. There have been times when medical attention is all that a person needs to stabilize them.

I would urge you strongly to restore this program's funding in next year's Aging and Disability budget.

Thank you for your consideration in this matter.

Sincerely,



Donna Waltman, Adult Protective Service Worker, L.C.S.W

IN HOME NURSING SERVICES CUTS TO SENIORS

Currently Multnomah County Health Dept is in the process of planning to cut in-home nursing services to senior (those over 60 years of age). The program is called MDT, which stands for Multi-Disciplinary Team. This team is composed of social workers, case managers, mental health specialists, and registered nurses. The nurse provides direct care such as help with modifications, evaluation of health problems, and assistance in connecting with medical care.

This group of four nurses provides care to hundreds of seniors that live within the boundaries of Multnomah County. Without a nurse as part of this team there would not be medical services for many seniors who would not be able or eligible for medical care from other sources.

Enclosed you will find a description of who and what the Multi-Disciplinary Team is and the nurses role on this team, productivity data from July99 to Jan 01. And letters from a few people who feel this senior program must remain in the budget to serve this high risk senior population Multnomah County

MULTNOMAH COUNTY
HEALTH DEPARTMENT
AND
AGING SERVICES

MULTIDISCIPLINARY
TEAM



INFORMATIONAL SUMMARY
Multnomah County Multidisciplinary Teams
May 1994

- Goal:** To provide relevant intervention for "at-risk" adults experiencing multiple and interrelated health, mental health, alcohol and drug, social, and environmental problems.
- Location:** Four geographic areas within Multnomah County. Teams go into the client's home or place of residence to provide service.
- The Team:** The multidisciplinary teams (MDT) consist of a social worker and case manager from Aging Services Division (ASD), a nurse from Health Department (HD), and a geriatric mental health specialist from five mental health agencies under contract with Community and Family Services Division (CFSD). On the East Team, alcohol and drug consultation and assessment is provided by Providence Medical Center's Older Adult Alcohol and Drug Program.
- Referrals:** ASD Branch and District Center case managers, relocation case managers and protective service workers refer appropriate clients to the MDT for comprehensive assessment, consultation, and treatment services.

Community Health Nurse's Role on Multi-disciplinary Team

Who are seen: senior's sixty years of age, living in their home. They must in live in Multnomah County and be referred by a senior center case manager or a branch office case manager in aging service. **There is no charge for the service.**

Assessment: The Community Health Nurse will participate with other MDT members in a holistic assessment of the client's physical, psychological, social and functional status. Included in the assessment and plan will be the client's supporting system. As well as the availability of community resources. The CHN will collaborate with MDT members in case planning.

Brief Treatment: Short-term nursing services will be provided to work toward resolution of those problems identified by the assessment and to design an effective long-term plan for on going health care. Specific nursing services provided include, (but are not limited to): medication, skin care, injections, management of diabetes and other chronic illness, monitoring of vitals signs (blood pressure, pulse, respiration's), monitoring of fluid and nutritional intake, etc. The MDT nurse will attempt to utilize other existing nursing services for which a client is eligible.

Consultation: Case review, problem solving, treatment planning, development of plans for: medication monitoring, nutrition, mobility, skin care, bowel/bladder care, and safety in the home with case manager. family or other individuals providing care or service to the client.

Case staffing Presentation of cases to the multidisciplinary team for in depth comprehensive analysis, problem-solving, joint treatment planning, and review of critical incidents. Coordination and scheduling of case staffing will be arranged through the MDT social worker. Presentation of cases can be made by one or several involved team members to the entire treatment team. Community providers are encouraged to come to the staffing as appropriate.

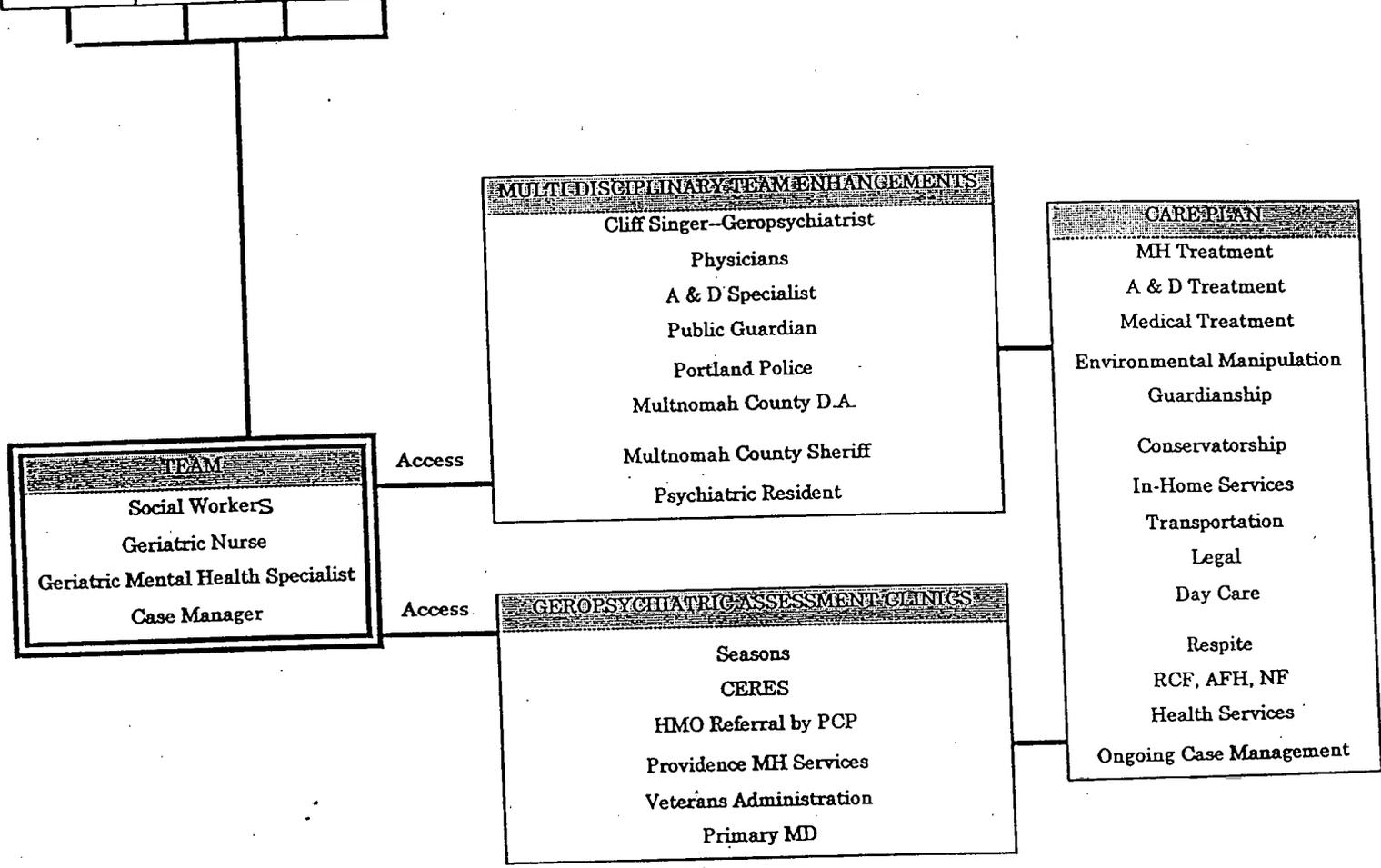
Training: Presentations are arranged by the CHN with MDT. Topics would be health related and address MDT member needs at the time. Also presentations to the community as requested.

AGING SERVICES MULTI-DISCIPLINARY TEAM

MODEL

Access

Gatekeeper	District Centers	ASD Branch	Central I&R
------------	------------------	------------	-------------



TEAM
Social Workers Geriatric Nurse Geriatric Mental Health Specialist Case Manager

MULTI-DISCIPLINARY TEAM ENHANCEMENTS
Cliff Singer--Geropsychiatrist Physicians A & D Specialist Public Guardian Portland Police Multnomah County D.A. Multnomah County Sheriff Psychiatric Resident

GEROPSYCHIATRIC ASSESSMENT CLINICS
Seasons CERES HMO Referral by PCP Providence MH Services Veterans Administration Primary MD

CARE PLAN
MH Treatment A & D Treatment Medical Treatment Environmental Manipulation Guardianship Conservatorship In-Home Services Transportation Legal Day Care Respite RCF, AFH, NF Health Services Ongoing Case Management

MDT CHN Reporting Form

Year to Date (Jul 00 – Jan 01)

Site	Refs	En-counters	Undup Clients	Consult hours	Assess x 4 Initial Visits # of Hours	Treatments x 2 F/U Visits # of Hours	BP Clinics			Other Screenings/Clinics			Trainings			Misc. Hrs.	Leave Hrs.
							How many	# Clients	# Hours	How Many	# Clients	# Hours	How Many	# Clients	# Hours		
EAST/MID	68	343	137	438.3	236	276	6	144	13.7							259	
N/NE	61	228	177	260	168	386									106	200	
SE	63	262	178	250	252	452	10	75	13			13	12	44	46	167	
WEST	46	304	260	265	164	506									16	144	
TOTS	238	1137		1213.3	820	1620	16		26.7			13		44	168	770	

The MDT CHNs are Glea Pruitt, (East and Mid); Shirley Lawson (N/NE); Claire Wart (SE); and Fred Butsch, (West).
Data for West includes input from both Barbara Balseiro and Fred Butsch for Sep, 2000.

CONSULTS/ASSESSMENT/TREATMENT: List actual number of hours spent consulting with others. Use x.25, x.50, or x.75 for fifteen minute increments. Do not record less than .25 hours (15 minutes). Count the number of assessments (Initial visits) done in the current month and multiply by 4 (the number at the top of the column) to determine the number of hours spent in that activity. Do the same thing for Treatments (Follow-up visits) except multiply by 2.

BP CLINICS and OTHER SCREENINGS/CLINICS:

Keep track of how many times you offer BP or other screening in a group setting, the number of clients served and how many hours. Count partial hours in 1/4 hour increments as noted above. The number of clients does not reflect an unduplicated number of people since you may see the same client more than once a month. Include preparation and travel time for the activity when determining the number of hours. **DO NOT INCLUDE FLU CLINICS IN THIS CATEGORY.**

TRAININGS: Keep track of how many trainings, classes taught, educational programs YOU PRESENTED. If two or more of you present at the same training, only one of you list the number of clients, but each CHN records the number of activities and the number of hours for that training. Include travel and preparation time. Include time spent with students and list the number of students. However, put a '1' in the *How Many* column.

MISC. HOURS: Use this category to record the number of hours spent in activities not recorded elsewhere on this form. EXAMPLE: Flu Clinics. Task Force meetings, Advisory Boards.

LEAVE HOURS: Include holidays, sick, vacation, and education leave hours.

MDT CHN Reporting Form

End of Year (Jul 99 – Jun 00)

Site	Refs	En-coun- ters	Und up Clien ts	Consult hours	No. of Asses s x 4 Initial Visits	No. of Treatm ent s x 2 Follow-up Visits	BP Clinics			Other Screenings/Clinics			Trainings			Misc. Hrs.	Leave Hrs.
							# of Hours	# of Hours		How Many	# Clients	# Hours	How Many	# Clients	# Hours		
EAST/ MID	105	536	227	717.75	452	442	12	250	25.75				1	2	2	21	188
N/NE	95	483	297	367	268	886				1	22	4				126	342
SE	97	325	199	704	370	480	15	104	23				19	38	67	56	406
WEST	68	496	408	302	212	870				3	1	26	1	10	3	68	220
TOTS	365	1840		2090.75	1302	2678	27		48.75	4		30	21		72	271	1156

The MDT CHNs are Glea Pruitt, (East and Mid); Shirley Lawson (N/NE); Claire Wart (SE); and Fred Butsch, (West).

CONSULTS/ASSESSMENT/TREATMENT: List actual number of hours spent consulting with others. Use x.25, x.50, or x.75 for fifteen minute increments. Do not record less than .25 hours (15 minutes). Count the number of assessments (Initial visits) done in the current month and multiply by 4 (the number at the top of the column) to determine the number of hours spent in that activity. Do the same thing for Treatments (Follow-up visits) except multiply by 2.

BP CLINICS and OTHER SCREENINGS/CLINICS: Keep track of how many times you offer BP or other screening in a group setting, the number of clients served and how many hours. Count partial hours in 1/4 hour increments as noted above. The number of clients does not reflect an unduplicated number of people since you may see the same client more than once a month. Include preparation and travel time for the activity when determining the number of hours. **DO NOT INCLUDE FLU CLINICS IN THIS CATEGORY.**

TRAININGS: Keep track of how many trainings, classes taught, educational programs YOU PRESENTED. If two or more of you present at the same training, only one of you list the number of clients, but each CHN records the number of activities and the number of hours for that training. Include travel and preparation time. Include time spent with students and list the number of students. However, put a '1' in the *How Many* column.

MISC. HOURS: Use this category to record the number of hours spent in activities not recorded elsewhere on this form. **EXAMPLE:** Flu Clinics. Task Force meetings. Advisory Boards.

LEAVE HOURS: Include holidays, sick, vacation, and education leave hours.

Bill Farver, Interim Chair of the Board
Multnomah County Commissioners
501 SE Hawthorne, Portland, OR 97214
05/07/2001

Dear Commissioner Farver;

There are currently four Community Health Nurses assigned to work on Multi-Disciplinary Teams whose focus is to serve the high-risk older adult population of Multnomah County. I have become aware that this program's funding has not been included in the Neighborhood Health budget for the fiscal year beginning July 1, 2001. I further understand that there are significant matching dollars available if the program remains intact.

In my work as the Bain Chair, Providence Center on Aging, I have numerous contacts with nurses functioning in this role. I have always found their work to be both high quality and much needed. In fact, we schedule our medical residents to spend a day with them as they make visits to homes of frail elders. In that way, young doctors learn first hand the hard work involved in maintaining health in this vulnerable population.

Similarly, in my work as President of the American Geriatric Society, the nation's largest organization of geriatric care providers, I often sing the praise of Oregon's commitment to home and community-based care. There are now ample studies documenting the effectiveness of community nurses in decreasing high hospital costs, re-admissions, improving functional status, reducing mortality, and improving quality of life.

I respectfully request that you consider restoring the dollars in the Aging Disability budget where dollar amounts can be matched more effectively to double county resources. Interventions designed to reduce the high cost of care are much preferable to letting frail elders experience preventable conditions.

Thank you for your continued service to the community.

Sincerely,

Kenneth Brummel-Smith, MD
Bain Chair, Providence Center on Aging
3510 NE 122nd St, Ste 200
Portland, OR 97230

cc: Pauline Anderson – Interim District 1, Serena Cruz – District 2, Lisa Naito – District 3,
Lonnie Roberts – District 4

Bill Farver, Interim chair of the Board
Multnomah County Commissioners
501 SE Hawthorne St., Portland, Or 97214
5-8-01

Dear Commissioner Farver,

Currently, there are four Community Health Nurses assigned to work on the Multi-Disciplinary Teams serving high-risk seniors in Multnomah County. I understand that this program's funding has not been included in the Neighborhood Health budget for the fiscal year beginning July 1, 2001. I also understand that there are matching dollars available if this vital program remains intact.

I am a Geriatric Mental Health Specialist with Network Behavioral Healthcare, and I have been involved with the Multi-Disciplinary Team serving southeast Portland since its inception about 11 years ago. The nursing component of these teams is vital to the effectiveness of the multi-disciplinary approach. Innumerable at-risk seniors have been able to maintain their independence, with reduced pain, improved overall health and an improvement in life satisfaction due to the work of the MDT Community Health Nurses. The work of the Multi-Disciplinary Teams has helped seniors age-in-place, eliminating the need for more costly care options.

I respectfully request that you consider restoring the dollars in the Aging and Disability Services Budget where dollar can be matched more effectively to double county resources.

Thank you for your consideration in this matter

Sincerely,

Mark Nishi-Strattner, M.Ed.
Geriatric Mental Health Specialist
Network Behavioral Healthcare, Inc

IN HOME NURSING SERVICES CUTS TO SENIORS

Currently Multnomah County Health Dept is in the process of planning to cut in-home nursing services to senior (those over 60 years of age). The program is called MDT, which stands for Multi-Disciplinary Team. This team is composed of social workers, case managers, mental health specialists, and registered nurses. The nurse provides direct care such as help with modifications, evaluation of health problems, and assistance in connecting with medical care.

This group of four nurses provides care to hundreds of seniors that live within the boundaries of Multnomah County. **Without a nurse as part of this team there would not be medical services for many seniors who would not be able or eligible for medical care from other sources.**

This is a petition to restore the MDT senior program to Multnomah County

Name Print/Signature	Address:	Phone #:
Linda Miller / Linda Miller	5272 NE 6 th ave Portland, OR, 97211	(503) 282-7449
William Miller / William Miller	5272 NE 6 th ave Portland, OR 97211	(503) 284-3585
DOLLIE EXLEY / Dollie Exley	5272 NE 6 th ave #309	(503) 460-9261
Marge Yundt / Marge Yundt	5272 NE 6 th ave #209	503 (331) 6235
Frances Hampton	5272 NE 6 th ave #101	503(281-4643)
Wardell Hampton	5272 NE 6 th ave #101	503(281-4643)
Joyce Chavez	5272 NE 6 th ave Apt 106	503(288-9458)
Alice Cox	5272 NE 6 th ave #110	503-284-6059
Virgil Van Munching	5272 NE 6 th ave #109	503-281-3260
Theresa Rudge		
Louise Howe	5272 NE 6 th 313	503-289-1447
Ann C Dolse	5272 NE 6 th 303	503-281-0487
Gabrielle A. Stuck	5272 NE 6 th AV.	308-502-193-
Ruth E McNeal	5272 NE 6 th ave	503 288-1617 470

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Name Print/Signature

Address:

Phone #:

Joe Johnson 5272 N-E 6th ave 288-9748
Ruth Moreland 5272 NE 287-9457

Angela Jacobs 5272 NE beh 307

Kimberly Linn 281-8577

528-2613

Zelma Sykes 52 NIV 6th PH 300

528-2710

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Name Print/Signature	Address:	Phone #:
ALFREDA WISSNER	5272 NE 6 th Ave	2825941 3358605
Barna Park	5272 N.E. 6 th ave	
Alvin Armstrong	5272 N.E. 6 th ave	288-9545
Sybil Hardwick	5272 NE 6th	
Lomile Nichols	5272 N.E. 6 th ave	
Cassal B. Noree	5272 NE 6th apt 203	
S.V. Hunt	5272 NE 6th #208	Ph 2871057 Ph 503.282-7946
Nattie Jones		

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Name Print/Signature	Address:	Phone #: 503-287-
NORMA E ANDERSON	1529 NE 21st #302-PORTLAND	5733
ENID O GOKIK	6442 N YALE ST PORTLAND, OR 97203	206-8129
Sara M. Bradley	6815 W. Knight Portland OR 97217	503-289-4667
Sheila Gailley	105 N. E. 69, PORTLAND 97213	
Mercedes Gomez-	7715 North Ellet Portland	503-289-2614
JOE RUSCIGNO	17922 N. PENINSULAR 97217	503-289-6979
G.K. McLaughlin	5234 N. OBERLIN - PORTLAND	
G.K. McLAUGHLIN	5234 N. OBERLIN ST 97203	503-285-6274
Joyce McHAUGHLIN		
Joyce McLaughlin		
Barbara Paveles	7509 N. Jersey Portland OR 97203	503-286-0469
Sue McConaghy	7509 N. Jersey	503-286-0469
John J. Huber	7729 W. Van Horst St	503-286-1027
Penelope Provost	18445 NW Sawie Rd Portland OR	503-621-3012

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Name Print/Signature	Address:	Phone #:
DIANA FORSTER <i>Diana Forester</i>	5927 NE Alameda Pkwy	288-7782
SUSAN HAAS <i>Susan Haas</i>	1134 NE Killingsworth Pkwy	335-3204 NE AGING SERVICES, MDT HELPS MY CLIENTS! Probably same lines
Margaret C Sanders <i>Margaret C Sanders</i>	3025 NE 17th Ave Portland	503-282-5272 NE Portland Aging Services - MDT RN - helps tremendously with intake questions regarding physical & medical status of pending medical clients -
STEVE WHITLEY MATTIE LAJUANA RIAL	9000 NE MLK BLVD #149	503-735-1938
Patricia Dove <i>Patricia Dove</i>	NE ASO	503-988-5470
Jonica Hollingsworth <i>Jonica Hollingsworth</i>	NE ASO	503-988-5470
Jill Nave <i>Jill Nave</i>	NE ASO	503-988-5470
Jennie Sander <i>Jennie Sander</i>	NE ASO	(503) 988-5470
Sheila Kard <i>Sheila Kard</i>	NE ASO	503-988-5470
Karen Stratton <i>Karen Stratton</i>	NE ASO	503-988-5470
Thomas Thomas <i>Thomas Thomas</i>	NE ASO	503-988-5470
Evelyn ONeal <i>Evelyn ONeal</i>	NE ASO	503-988-5470

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This is a petition to restore the MDT senior program to Multnomah County

Name Print/Signature

Address:

Phone #:

Elizabeth Rummel	NE ADS	503.988-5470
Elizabeth Rummel		" " "
Hannah Herman	NE - ADS	" " "
James Edmundo	NE ADS	" " "
Jeri Andrew	NE ADS	" " "

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Name Print/Signature

Address:

Phone #:

MR Malcolm Key 4400NE B way

Edwina Russell 2733 Lige St. S.W.

Beatrice Neal 5049 N. E 9th

Matthew Coats

John Black

DONALD O'NEAL
Hazel L. Littleton 1017 NE Thompson

Wesley B. Daw

ARM (unclear) Colman 2743 NE 8th Ave

Andrea Bowles

Gimmie Green

Wesley McCarney

William Holley

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This is a petition to restore the MDT senior program to Multnomah County

Name Print/Signature	Address:	Phone #:
Katherine Bailey	4933 NE 22ND AVE	503 281-4097
Ida Patterson	66 N. E. Fargo	2499134
Brownie Gooden		

Jessie Snodgrass
Leonard Lewis
Kelsey White
Ella Crow
Brenda James
Gloria J. Jackson - 503 281-4097
Jan Carpenter 285-5332
Hillie Bluffman 503 288-2762
Willa Baker 503 2495038
Rochelle Brown 503 2495038 4025 N. Wantenber
Portland OR 97227

IN HOME NURSING SERVICES CUTS TO SENIORS

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Name Print/Signature

Address:

Phone #:

LEONARD R. McPATRICK
MURIEL OLIVER

1258 NW SUMMIT AVE
708 N. KILLINGWORTH ST

(503) 223-7931

Jo Lo Nelson

3806 NE 14

Henry Brin

2836 NE 10

Dean Clark

Dorothy A. Rogers

Margaret
Janice Carter

5123 N. Kerby Ave

Nellie Conroy

Bob Johnson

W. E. Cage

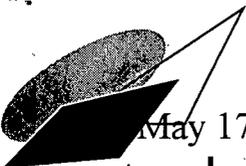
Brenda Merritt

Ben Pierce

Dora McCrae

3973 N. Missoula 503-287-6420

~~Barbara~~ Barbara Park



May 17, 2000

Unity Inc. Multnomah County Board of County Commissioner
A BEHAVIORAL HEALTH CARE COMPANY

FROM: Diane M. Feldt, North Portland Community & Family Center

I'm Diane Feldt, Director of the North Portland Community & Family Center and I am here on behalf of the families and children served through core services at the Center, Connections Young Moms and the North GIFT Program. Community and Family Centers are what there is of a safety net for homeless families, for families otherwise headed for the Juvenile Justice and SCF systems, and for the mental health system as it tends to relate to the working poor. We provide services to families who need counseling and do not have the resources to pay for it. We see youth whose parents have checked out on life and parents whose children at times must seem momentarily possessed. We advocate for families and young people with public and alternative schools to take them back or take them in. In North we serve the smallest service district with the highest percentage of clustered risk factors demonstrated by a sheet attached to my comments.

We are also the umbrella for Connections Young Moms' and one of three GIFT contracts. We are aware the Dept. of Community & Family has cut their \$95,000 contribution to Connections funding. Connections is the only countywide effort to assist high-risk teen moms. Our Young Moms' program works. I know young adults now making more money than I do and they will tell you it is because of this program. Changes in the interpretation of guidelines for welfare have made helping this population more difficult. That is too long a conversation for here and can wait.

The North GIFT Program is designed to help primarily young women of color, some of whom are parenting. Over the past three summers it's Revolutionary Math project has taken 45 youth performing under the benchmark in math and raised their test scores 2.5 years. Evaluation was done by pre, post testing. GIFT provides a bridge for young girls and young women whose life experience does not tend to include the supports young people need to move into productive, self sufficient adulthood. Self-sufficiency has been a primary goal since we began this program. I understand other GIFT Programs have not been as aggressive. That was their choice and the choice of the County in the last bid process. I've met with the girls; I know the depth of need. GIFT is aimed at high-risk girls of

North Portland
 Youth & Family Center

color. I have had the privilege of hearing their talk of the barriers they face barriers I cannot ever fully appreciate. I do know what we've been doing in North is a bridge to cross those barriers. I ask you on their behalf to continue to do so.

Socio-economic/demographic data on North Portland

Analysis of 1996 data by Multnomah County Office of Planning & Development.

Has 8.2% of the total population of Multnomah County.

The lowest per capita income:

North:	\$14,499
Mid Co:	\$15,251
Northeast:	\$16,355
East Co:	\$16,376
Southeast:	\$16,871
Westside:	\$30,959

County-wide: \$18,564

The highest percentage of population below poverty level:

North:	19.6%
Northeast:	16.6%
Mid Co:	14.7%
Southeast:	14.5%
Westside:	11.5%
East Co:	10.9%

County-wide: 14.1%

The second highest concentration of non-Caucasian residents:

Northeast:	32.9%
North:	23.7%
Southeast:	13.3%
Mid Co:	12.4%
Westside:	8.1%
East Co:	7.8%

County-wide: 15.4%

The highest concentration of Hispanic residents:

North:	7.4%
East Co:	5.6%
Northeast:	5.4%
Mid Co:	3.9%
Southeast:	3.9%
Westside:	2.5%

County-wide: 4.5%

The highest percentage of households with single female heads and children:

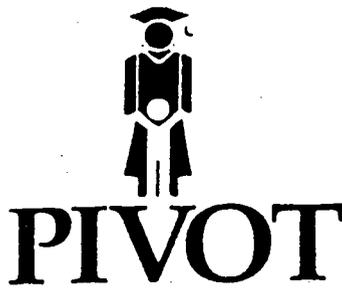
North:	11.5%
Northeast:	11.1%
Mid Co:	8.2%
East Co:	7.9%
Southeast:	6.6%
Westside:	3.1%

County-wide: 7.5%

The highest proportion on public assistance:

North:	24.5%
Northeast:	21.0%
Mid Co:	18.8%
Southeast:	16.1%
East Co:	14.8%
Westside:	10.7%

County-wide: 16.7%



April 10, 2001

Sandra Johnson, GIFT Program
Unity Inc.
5139 N. Lombard
Portland, OR 97203

I would like to take this opportunity to praise the services offered by the GIFT Program and share my sincere hopes that the funding will continue to be available for this much needed resource.

I've had the pleasure of working in collaboration with the GIFT Program for about 3 years. In my capacity of Case Manager with the PIVOT Job Corp, I work closely with teen moms to assist with housing resources and referrals. It's been wonderful to have the GIFT Program available to students who may not qualify for other housing options. Often I work with women that have had criminal convictions or evictions on their records and it's nearly impossible to find assistance for housing. I know that I can refer them to the GIFT Program and that they are provided with advocacy and services to help them get into housing and learn how to keep it. I especially appreciate all the extra support offered by Sandra Johnson in tirelessly working with sometimes difficult clients. She provides housing education and support groups that are realistic for the population as well as working with women in their homes to ensure that they are leading lifestyles that will enable them to stay in their housing. It's this kind of support that proves to be successful with our clients.

The opportunity for housing assistance, let alone housing support programs, has become slim in our community, especially for young moms with past criminal histories. It's so very important that this portion of our population not be left out from much needed services. I can't emphasize strongly enough how important the GIFT Program has been to our agency and the women we serve.

Sincerely,



Molly A. Aleshire
Case Manager

Sisters in Action For Power

March 7, 2001

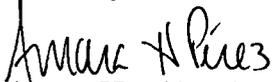
Dear County Commissioners,

I am writing on behalf of Sisters in Action for Power to express our disappointment with the de-funding of the GIFT program. As you may know Sisters in Action for Power is an intergenerational, multi-racial, community based organization that works with low income women and women and girls of color. We have been working with young women ages 11-19 for over five years.

GIFT has provided much needed services for girls living in Portland related to academic and social achievement and collaboration with other youth programs. Sisters in Action for Power has worked with Lanita Duke for several years in supporting the leadership and civic participation of low income girls and girls of color. This work is extremely important to the community given the effects of poverty, racism and gender violence on girls of color in Multnomah County. Programs for young women are central to empowering girls and addressing the variety of needs young women face. With so few existing girls' programming it is even more disheartening GIFT will be terminated.

We hope you will reconsider your decision to cut funding for GIFT. If you have any questions please feel free to contact us.

Sincerely,



Amara Haydée Pérez
Executive Director

CC: Lanita Duke



Northeast Coalition of Neighborhoods, Inc.

citizen participation
crime prevention
livability
youth gangs
rider advocate
weed & seed
naco

4815 Northeast 7th Avenue
Portland, Oregon 97211
Telephone 503.823.4575
Facsimile 503.823.3150

March 28, 2001

To Whom It May Concern:

Re: Funding for Gang Influenced Female Team

I was very concerned to hear that funding for the Gang Influenced Female Team (G.I.F.T.) will be discontinued as of June 30, 2001. The G.I.F.T. Program provides a much-needed service for teenage females at risk of gangs, violence and teen pregnancy. Over the past ten years, G.I.F.T. has worked in partnership with the Northeast Coalition of Neighborhoods (NECN) to provide prevention and intervention services to females in North and Northeast Portland.

In light of the recent crisis regarding female to female gang violence and the high rate of teen pregnancy among our young women, I urge you to reconsider discontinuation of G.I.F.T. and restore funding to the current level for the next fiscal year.

Please feel free to contact me at 503 823.4575.

Sincerely,

John G. Canda
Executive Director
Northeast Coalition of Neighborhoods, Inc.

glm



Northeast Coalition of Neighborhoods, Inc.

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March 28, 2001

To Whom It May Concern:

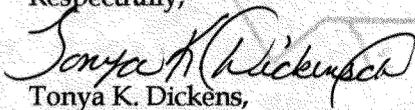
Re: **Gang Resource Influence Team (GIFT)**

I was saddened to hear that the GIFT program is in jeopardy of loosing their funding. GIFT is a much needed service in our community and has been a valuable resource for many females who participate in our program.

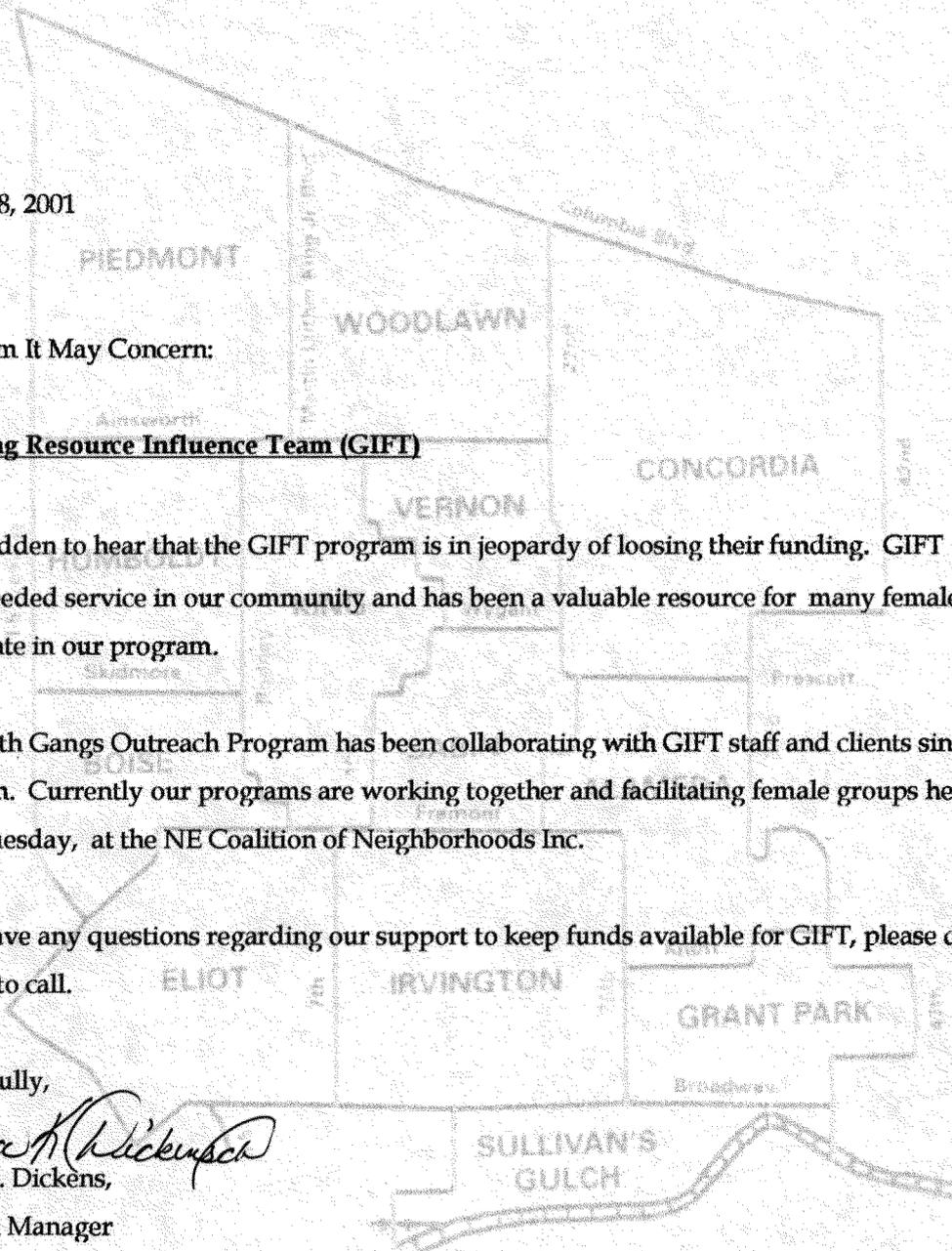
The Youth Gangs Outreach Program has been collaborating with GIFT staff and clients since its inception. Currently our programs are working together and facilitating female groups held every Tuesday, at the NE Coalition of Neighborhoods Inc.

If you have any questions regarding our support to keep funds available for GIFT, please don't hesitate to call.

Respectfully,


Tonya K. Dickens,

Program Manager



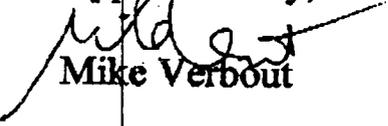
Dear County Commissioners:

I deeply regret that I am unable to be present this evening to offer testimony in person regarding the Multnomah County budget. However, this evening is our Family Math Night at school, and therefore I appreciate Pam Arden offering these concerns on my behalf. Be assured that I understand that you are facing an extremely challenging budget year. I understand that projections estimate a shortfall of around \$20 million dollars in your general fund budget. So as you make difficult decisions and find the need to prioritize, I respectfully submit to you the following:

- ◆ Continue to support Early Childhood programs for the St. Johns area.
- ◆ Continue funding for the Student Attendance Initiative in the Roosevelt cluster.
- ◆ Support programs that focus on youth development. For example, SUN School (before and after school activities and family involvement) and Touchstone (support children and families holistically).
- ◆ Fund in-school services, particularly services for elementary age students (school based health/mental health clinics at the elementary level, utilizing creative staffing.)
- ◆ Culturally/linguistically appropriate services for Latinos and other ethnic and cultural groups.
- ◆ Support for the Regional Arts and Culture Council.

Again, thank you for this opportunity to share with you the needs of 640 students their families and the staff of James John School. As mentioned earlier, I acknowledge your dollar shortfall but believe that with greater interagency collaboration, increased interdepartmental and inter-organizational collaboration, grant writing, and creative staffing, much can be accomplished.

Appreciatively,


Mike Verbout



MULTNOMAH COUNTY OREGON

SPEAKER #37

AGING AND DISABILITY SERVICES DEPARTMENT
East Aging Services Branch (503) 988-3840
501 NE Hood Ave, Suite 100
Gresham, OR 97030
FAX (503)988-5676 TTY (503)988-5678
HELPLINE (503) 988-3646

BOARD OF COUNTY COMMISSIONERS
BILL FARVER ● INTERIM CHAIR OF THE BOARD
PAULINE ANDERSON ● INTERIM DISTRICT 1 COMMISSIONER
SERENA CRUZ ● DISTRICT 2 COMMISSIONER
LISA NAITO ● DISTRICT 3 COMMISSIONER
LONNIE ROBERTS ● DISTRICT 4 COMMISSIONER

May 17, 2001

Multnomah County Board of Commissioners
501 SE Hawthorne
Portland, Oregon 97214

I understand that the four Community Health Nurses assigned to work with Adult Protective Services and on Multi-Disciplinary Teams whose focus is to serve the high-risk older adult population of Multnomah County will have their positions cut as of June 30, 2001. I have become aware that this program's funding has not been included in the Neighborhood Health budget for the fiscal year beginning July 1, 2001.

I am a Community Adult Protective Services Investigator within the East County/Gresham area. I am writing to you today as a representative of the most vulnerable of the vulnerable in our elderly population. The Community Health Nurses play an integral part within the Adult Protective Services Program. They are called upon to give critical assessments and in-home treatments for adults suffering from self-neglect and physical neglect and abuse. The Community Health Nurses have the ability to respond to urgent situations and they provide the essential role of medical liaison to provide effective advocacy for our clients within the medical community. Many of our clients are not able to navigate throughout the health system and many would have had their medical conditions rapidly deteriorate to life-threatening levels without our community health nurse's interventions.

The Community Health Nurse Program also serves both Medicaid and non-Medicaid individuals. Many of our vulnerable clients are non-Medicaid because they are simply unable to navigate the Medicaid services system due to conditions such as dementia, isolation due to physical abuse, or neglect by family or other caregivers. Thus, these clients deeply need someone who can assess their medical issues within their own home in a timely manner and also someone to develop a rapport with these individuals as they try and link them up with the appropriate medical services.

The Community Health Nurse also serves a critical function in my weekly Multi-Disciplinary Team. This team is comprised of protective service workers, geriatric mental health specialist, district attorney, local police, and alcohol and drug specialist. The community health nurse's input as we staff critically complex cases involving medication issues, medical impacts on cognitive function, and nutrition issues is essential to keep our vulnerable clients safe.

I respectfully request that you consider restoring the dollars in the Aging Disability budget where dollar amounts can be matched more effectively to double county resources. Thank you for your continued service to the community

Sincerely,

Gail Albers
Investigator/MDT Coordinator
Adult Protective Services Unit of East Multnomah County

Attn. to: Bill Farver, Interim Chair of the Board
cc: Pauline Anderson – Interim District 1
cc: Serena Cruz – District 2
cc: Lisa Naito – District 3
cc: Lonnie Roberts – District 4

YWCA

East County Senior District Center
501 NE Hood Ave. Suite 100
Gresham, OR 97030
(503) 988-3840 ext.246
FAX (503) 988-5676

5-15-01

County Commissioners:

501 SE Hawthorne

Portland, OR 97214

Attention to: Bill Farver – Interim Chair of Board

Cc: Pauline Anderson – Interim District 1

Cc: Serena Cruz – District 2

Cc: Lisa Naito – District 3

Cc: Lonnie Roberts – District 4

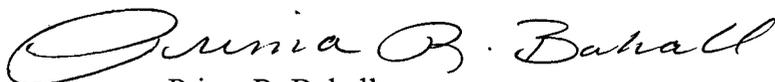
I understand that there are currently four Community Health Nurses to work on Multi-Disciplinary Teams (MDT) whose focus is to serve the high-risk older adult population of Multnomah County.

I am a Case Manager working for the YWCA District Center in partnership with Multnomah Aging & Disability Services (ADS.) I find the Community Health Nurse, Glea Pruitt, to be extremely beneficial to my clients both in MDT and in the field. Glea continues to assist clients that may otherwise be unable to stay in their homes without her assistance. My clients and I benefit from her knowledge, advocacy, resourcefulness and assistance. I rely on Glea to conduct routine health & well-being checks, assist clients with medication management and/or monitor clients' safety in the home. Glea has also assisted me in encouraging clients to accept In-Home services and/or consider living alternatives that promote their safety and independence. I fear losing the Community Health Nurse, because my clients will be losing a very valuable service.

I have become aware that this program's funding has not been included in the Neighborhood Health budget for fiscal year beginning July 1, 2001. I respectfully request that you consider restoring the dollars in the ADS budget where dollar amounts can be matched more effectively to double county resources.

Thank you for your continued service to the community.

Sincerely,



Prima R. Bohall

Case Manager, East YWCA Senior Services

May 17, 2001

To Whom It May Concern:

We are teen parents from the north Portland area. We're coming to you with our concerns about the Connections Teen Parent Program and the North Portland Community and Family Centers. We feel that if you take away our only source of support, that more than half of us would probably be homeless, drug addicts, alcoholics, or maybe even dead.

When we first came to the Connections group, we felt alone and helpless. But now we have realized that we are not alone. Unfortunately, there are a lot of people that have the same problems and have experienced the same or maybe even more than we have. A lot of us have come from either gangs or broken homes, with no family and no help from anyone but ourselves.

It's hard being a single parent whether you have one kid or ten, but try doing it with no support or without someone who cares. The Connections program is more like our family and our home than just a support group.

Without the support and friendly faces of our teen parent group most of us would probably end up back where we started, alone with no one to listen to us or even care what happens tomorrow.

We're asking that you take a minute or two to look at how your decision is going to affect a lot of people, now and in the future. It's hard enough just having to deal with all the criticism of being a teen parent. Now we might lose the only help we have to make a difference in our lives as well as our futures. All we're asking is for you to think about it before you make your final decision. Our families are the future of Multnomah County. Please continue to help us be the best we can be. Thank you for taking the time to listen to what we have to say.

Sincerely,

The Connections Teen Parent Program
North Portland Community and Family Center