

ANNOTATED MINUTES

Tuesday, May 12, 1998 - 9:30 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

BUDGET WORK SESSION

Chair Beverly Stein convened the meeting at 9:33 a.m., with Vice-Chair Sharron Kelley and Commissioner Gary Hansen present, and Commission Districts 1 and 3 positions vacant.

WS-1 Multnomah County Health Department 1998-99 Budget Overview and Highlights. HD Citizen Budget Advisory Committee Presentation. Issues and Opportunities. Board Questions and Answers.

BILLI ODEGAARD, TOM FRONK, SANDRA SPIEGEL, DENISE CHUCKOVICH, WENDY RANKIN, JAN SINCLAIR AND KATHLEEN FULLER-POE PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION.

There being no further business, the meeting was adjourned at 10:58 a.m.

Tuesday, May 12, 1998 - 1:30 PM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

BUDGET WORK SESSION

Chair Beverly Stein convened the meeting at 1:30 p.m., with Vice-Chair Sharron Kelley present, Commissioner Gary Hansen arriving at 1:35 p.m. and Commission Districts 1 and 3 positions vacant.

WS-2 Multnomah County Department of Community and Family Services 1998-99 Budget Overview and Highlights. DCFS Citizen Budget Advisory Committee Presentation. Issues and Opportunities. Board Questions and Answers.

LOLENZO POE, IRIS BELL, KATHY TINKLE, MURIEL GOLDMAN, MARY LI, ROBERT

**TRACHTENBERG, NORMA JAEGER AND
HOWARD KLINK PRESENTATION AND
RESPONSE TO BOARD QUESTIONS AND
DISCUSSION.**

There being no further business, the meeting was adjourned at 3:05 p.m.

Thursday, May 14, 1998 - 9:30 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:35 a.m., with Vice-Chair Sharron Kelley and Commissioner Gary Hansen present, and Commission Districts 1 and 3 positions vacant.

CONSENT CALENDAR

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

NON-DEPARTMENTAL

- C-1 Appointment of James Craft and Reappointment of Jim Fuji to the Multnomah County AGRICULTURAL BOARD OF REVIEW
- C-2 Appointment of Catherine Fortenberry to the Multnomah County ANIMAL CONTROL ADVISORY COMMITTEE
- C-3 Appointment of Dan Hull to the Multnomah County EMERGENCY MEDICAL SERVICES ADVISORY BOARD
- C-4 Reappointment of Royal Harshman as Multnomah County Representative to the MT. HOOD CABLE REGULATORY COMMISSION
- C-5 Reappointment of Laurie Craghead to the MULTNOMAH COUNTY PLANNING COMMISSION

REGULAR AGENDA

PUBLIC COMMENT

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

NO ONE WISHED TO COMMENT.

DEPARTMENT OF SUPPORT SERVICES

- R-2 RESOLUTION Supporting City of Portland Proposed Options to Repay Urban Renewal Bonds

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-2. DAVE WARREN, MARK MURRAY, TIM GREWE AND CHRIS SCHERER EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. RESOLUTION 98-56 UNANIMOUSLY APPROVED.

DEPARTMENT OF JUVENILE AND ADULT COMMUNITY JUSTICE

- R-3 Intergovernmental Agreement 700718 with the Multnomah Education Service District Funding the Multnomah Youth Cooperative Program to Provide Alternative Educational Services and Vocational Training to Ten Post-Adjudicated, Probationary Youth Referred to the Program by Juvenile Counseling Staff

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-3. BILL MORRIS EXPLANATION. AGREEMENT UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-4 RESOLUTION Authorizing the Chair to Execute an Intergovernmental Agreement Establishing the South/North Land Use Final Order (LUFO) Steering Committee

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED,

**APPROVAL OF R-4. SHARON KELLY OF METRO
EXPLANATION. RESOLUTION 98-57
UNANIMOUSLY APPROVED.**

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

R-5 PUBLIC HEARING and APPROVAL of 1998-99 Consolidated Plan and Annual Action Plan for the Community Development Block Grant Program Allocating Funds to Eligible Projects Located within the Cities of Fairview, Troutdale, Maywood Park, and Wood Village, and Unincorporated Areas of Multnomah County as Recommended by the Program's Policy Advisory Board

**COMMISSIONER KELLEY MOVED AND
COMMISSIONER HANSEN SECONDED,
APPROVAL OF R-5. CECILE PITTS AND KAREN
WHITTLE EXPLANATION. ROBERT HUGGINS OF
LEGAL AID TESTIMONY IN SUPPORT OF
HOUSING ASSISTANCE AND FAIR HOUSING
PROJECTS FUNDING. BRENDA JOSE
TESTIMONY IN SUPPORT OF ADAPT-A-HOME
PROGRAM FUNDING. FRED POLLASTRINI
TESTIMONY IN SUPPORT OF HABITAT FOR
HUMANITY FUNDING AND RESPONSE TO
COMMISSIONER KELLEY'S QUESTIONS ABOUT
HABITAT PROJECTS IN ROCKWOOD. CAROLYN
PIPER TESTIMONY IN SUPPORT OF HUMAN
SOLUTIONS TRANSITIONAL HOUSING FOR
HOMELESS FUNDING. CONSOLIDATED PLAN
AND ANNUAL ACTION PLAN UNANIMOUSLY
APPROVED.**

There being no further business, the meeting was adjourned at 10:20 a.m.

Thursday, May 14, 1998 - 10:00 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

BUDGET WORK SESSION

Chair Beverly Stein convened the meeting at 10:28 a.m., with Vice-Chair Sharron Kelley and Commissioner Gary Hansen present, and Commission Districts 1 and 3 positions vacant.

WS-3 Multnomah County Department of Library Services 1998-99 Budget Overview and Highlights. DLS Citizen Budget Advisory Committee Presentation. Issues and Opportunities. Board Questions and Answers.

GINNIE COOPER, SUSAN HATHAWAY-MARXER, ANGEL LOPEZ, BECKY COBB, JEANNE GOODRICH AND ELLEN FADER PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION.

There being no further business, the meeting was adjourned at 11:35 a.m.

OFFICE OF THE BOARD CLERK
FOR MULTNOMAH COUNTY, OREGON

Deborah L. Bogstad

Deborah L. Bogstad



MULTNOMAH COUNTY, OREGON

BOARD OF COMMISSIONERS

Beverly Stein, Chair

1120 SW Fifth Avenue, Suite 1515
Portland, Or 97204-1914
Phone: (503) 248-3308 FAX (503) 248-3093
Email: Mult.Chair@co.multnomah.or.us

Vacant, Commission District 1

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Portland, Or 97204-1914
Phone: (503) 248-5220 FAX (503) 248-5440
Email:

Gary Hansen, Commission Dist. 2

1120 SW Fifth Avenue, Suite 1500
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Phone: (503) 248-5219 FAX (503) 248-5440
Email: Gary.D.Hansen@co.multnomah.or.us

Vacant, Commission District 3

1120 SW Fifth Avenue, Suite 1500
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Sharron Kelley, Commission Dist. 4

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Portland, Or 97204-1914
Phone: (503) 248-5213 FAX (503) 248-5262
Email:
Sharron.E.Kelley@co.multnomah.or.us

**Any Questions? Call Board Clerk
Deb Bogstad @ 248-3277**

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

MAY 12 & 14, 1998 BOARD MEETINGS

FASTLOOK AGENDA ITEMS OF INTEREST

2	Health Department Budget Session
2	Department of Community & Family Services Budget Session
3	Consent Calendar Appointments
3	Resolution Supporting Portland Urban Renewal Debt Repayment Option
4	Agreement Supporting Multnomah Youth Cooperative Program
4	Resolution Establishing South/North Land Use Final Order Steering Committee
4	Hearing on 1998-99 Annual Action Plan for CDBG Funded Projects
4	Library Services Budget Session
5	Budget Session & Hearing Schedule

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, 10:00 PM, Channel 30
Sunday, 1:00 PM, Channel 30
Produced through Multnomah Community
Television

Tuesday, May 12, 1998 - 9:30 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

BUDGET WORK SESSION

WS-1 Multnomah County Health Department 1998-99 Budget Overview and Highlights. HD Citizen Budget Advisory Committee Presentation. Issues and Opportunities. Board Questions and Answers. 2.5 HOURS REQUESTED.

Tuesday, May 12, 1998 - 1:30 PM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

BUDGET WORK SESSION

WS-2 Multnomah County Department of Community and Family Services 1998-99 Budget Overview and Highlights. DCFS Citizen Budget Advisory Committee Presentation. Issues and Opportunities. Board Questions and Answers. 2.5 HOURS REQUESTED.

Thursday, May 14, 1998 - 9:30 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

REGULAR MEETING

CONSENT CALENDAR

NON-DEPARTMENTAL

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- C-2 Appointment of Catherine Fortenberry to the Multnomah County ANIMAL CONTROL ADVISORY COMMITTEE
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REGULAR AGENDA

PUBLIC COMMENT

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DEPARTMENT OF SUPPORT SERVICES

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DEPARTMENT OF JUVENILE AND ADULT COMMUNITY JUSTICE

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DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-4 RESOLUTION Authorizing the Chair to Execute an Intergovernmental Agreement Establishing the South/North Land Use Final Order (LUFO) Steering Committee

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- R-5 PUBLIC HEARING and APPROVAL of 1998-99 Consolidated Plan and Annual Action Plan for the Community Development Block Grant Program Allocating Funds to Eligible Projects Located within the Cities of Fairview, Troutdale, Maywood Park, and Wood Village, and Unincorporated Areas of Multnomah County as Recommended by the Program's Policy Advisory Board

Thursday, May 14, 1998 - 10:00 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)

Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

BUDGET WORK SESSION

- WS-3 Multnomah County Department of Library Services 1998-99 Budget Overview and Highlights. DLS Citizen Budget Advisory Committee Presentation. Issues and Opportunities. Board Questions and Answers. 1.5 HOURS REQUESTED.

1998-99 MULTNOMAH COUNTY BUDGET WORK SESSIONS AND PUBLIC HEARINGS

23-Apr	Thursday	9:30 am	PUBLIC HEARING, Executive Budget Presentation and Approval
28-Apr	Tuesday	9:30 am	Central Citizen Budget Advisory Committee Report
		9:45 am	Juvenile & Adult Community Justice
29-Apr	Wednesday	9:30 am	Sheriff
		6:00 pm	PUBLIC HEARING @Gresham Library 385 NW Miller
5-May	Tuesday	9:30 am	District Attorney
		10:30 am	Non-Departmental
6-May	Wednesday	1:30 pm	Environmental Services
		3:00 pm	Support Services
12-May	Tuesday	9:30 am	Health
		1:30 pm	Community & Family Services
14-May	Thursday	10:30 am	Library (after regular Board meeting)
19-May	Tuesday	9:30 am	Aging and Disability Services
		10:30 am	Revenue Overview
		11:00 am	General Work Session (potential)
		1:30 pm	General Work Session (potential)
20-May	Wednesday	9:30 am	Alcohol and Drug Treatment Services Work Session
		6:00 pm	PUBLIC HEARING in Board Room
26-May	Tuesday	9:30 am	PUBLIC HEARING TSCC Hearing
		10:30 am	General Work Session (potential)
		1:30 pm	General Work Session (potential)
28-May	Thursday	9:30 am	PUBLIC HEARING, Adopt Budget

Unless otherwise indicated, all budget sessions will be held in the Multnomah County Courthouse, Boardroom 602, 1021 SW Fourth Avenue, Portland.

MEETING DATE: May 12, 1998
AGENDA #: WS-2
ESTIMATED START TIME: 1:30 PM

(Above Space for Board Clerk's use only)

AGENDA PLACEMENT FORM

SUBJECT: Department of Community and Family Services Budget Work Session

BOARD BRIEFING: DATE REQUESTED: Tuesday, May 12, 1998
REQUESTED BY: Chair Beverly Stein
AMOUNT OF TIME NEEDED: 2.5 hours

REGULAR MEETING: DATE REQUESTED: _____
AMOUNT OF TIME NEEDED: _____

DEPARTMENT: Non-Departmental DIVISION: Chair Beverly Stein

CONTACT: Dave Warren TELEPHONE #: 248-3822
BLDG/ROOM #: 106/1400

PERSON(S) MAKING PRESENTATION: Lorenzo Poe, DCFS CBAC Chair, Staff

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUGGESTED AGENDA TITLE:

Multnomah County Department of Community and Family Services
1998-99 Budget Overview and Highlights;
DCFS Citizen Budget Advisory Committee Presentation;
Issues and Opportunities; Board Questions and Answers

SIGNATURES REQUIRED:

ELECTED OFFICIAL: *Beverly Stein*

(OR)
DEPARTMENT
MANAGER:

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
98 MAY - 7 PM 6:35

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions? Call the Board Clerk @ 248-3277



MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES
421 SW SIXTH AVENUE, SUITE 700
PORTLAND, OREGON 97204
PHONE (503) 248-3691
FAX (503) 248-3379
TDD (503) 248-3598

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

**DEPARTMENT OF COMMUNITY AND FAMILY SERVICES
FY 1998-99 BUDGET WORKSESSION
AGENDA
MAY 12, 1998**

1. DEPARTMENT OVERVIEW

- Strategic Plan
- Financial Overview

Lorenzo Poe

Iris Bell
Kathy Tinkle

2. CBAC REPORT

Muriel Goldman

3. ISSUES

- Provision of Coordinated Services to Hispanic Families
- Benchmark Adds:
 - Touchstone
 - Homeless Families
 - Homeless Youth
- Community Building
 - Outer Southeast
 - Outer Northeast
- Interdepartmental Initiative For Comprehensive A&D Services
- Fairview Closure and Long Range Plan

Iris Bell

Mary Li

Mary Li

Norma Jaeger

Howard Klink

4. BOARD QUESTIONS & ANSWERS

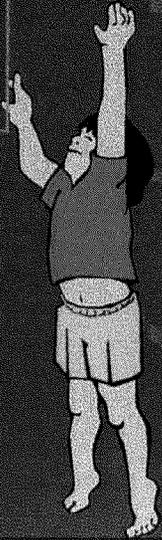
Multnomah County

DEPARTMENT
OF
COMMUNITY AND FAMILY
SERVICES

1998-99
BUDGET

Lorenzo T. Poe Jr, *Director*

May 12, 1998



The Department of Community and Family Services is recognized for its leadership and excellent employees participating in the growth of strong healthy families and diverse caring communities through collaborations and partnerships.



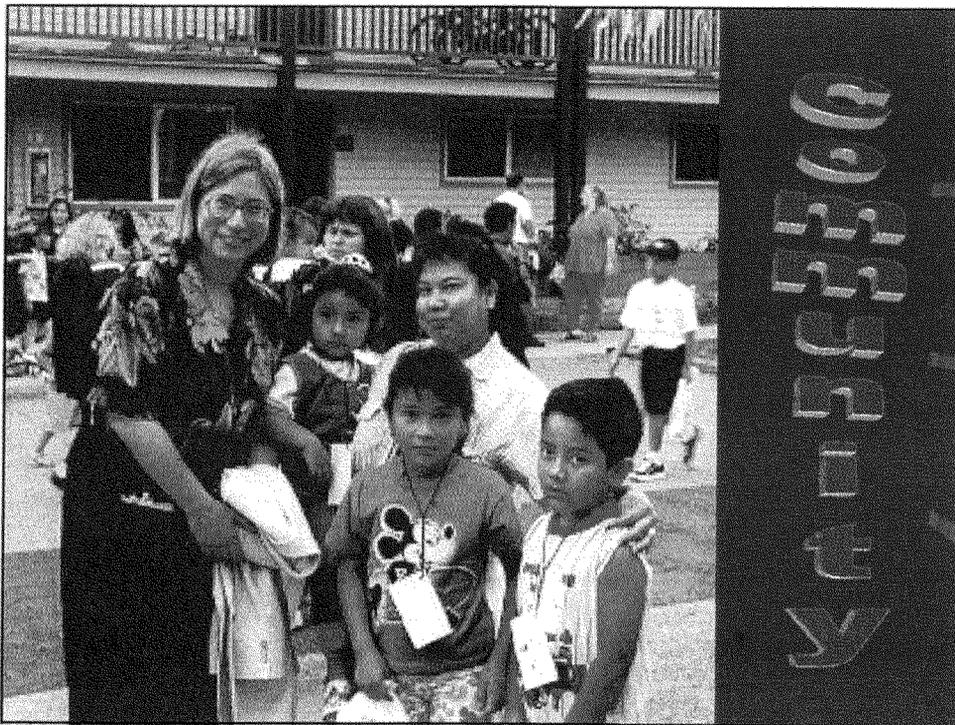
Department of Community and Family Services
1998/99 BUDGET

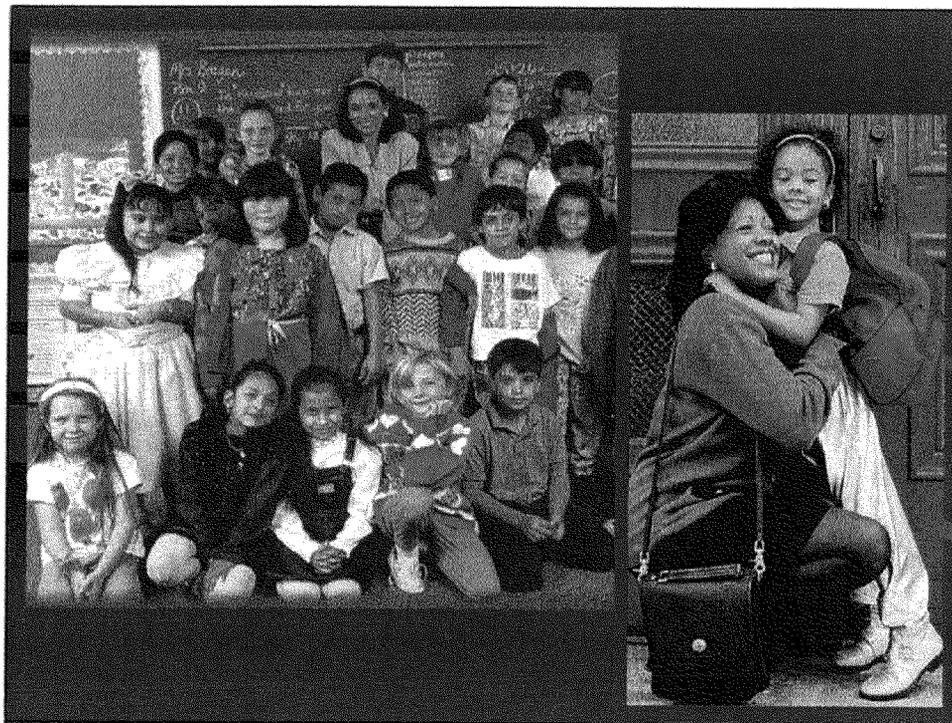
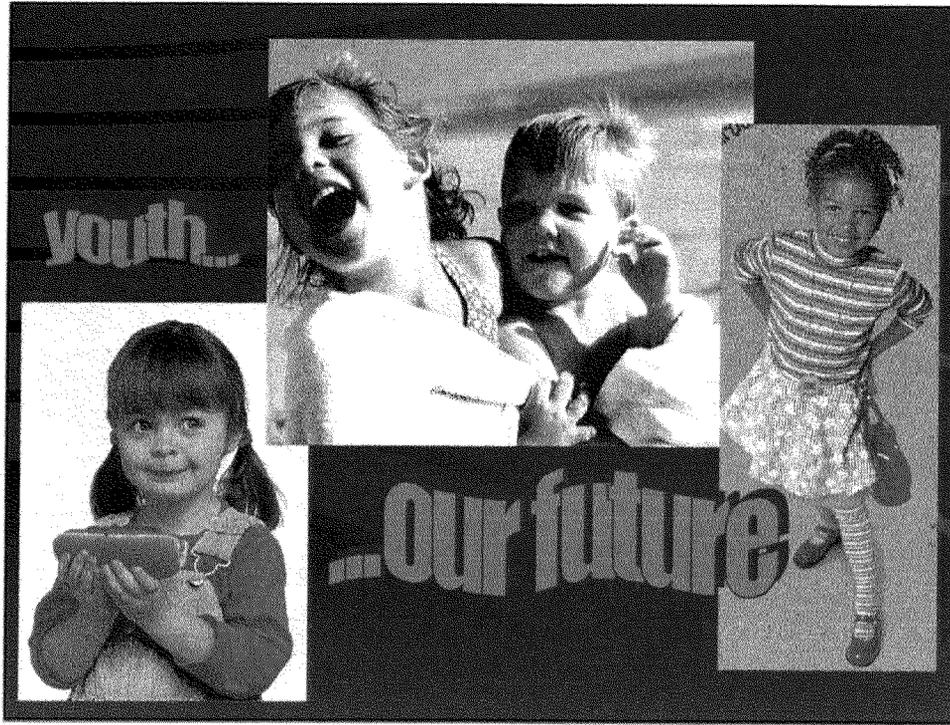
Long-Term Benchmarks

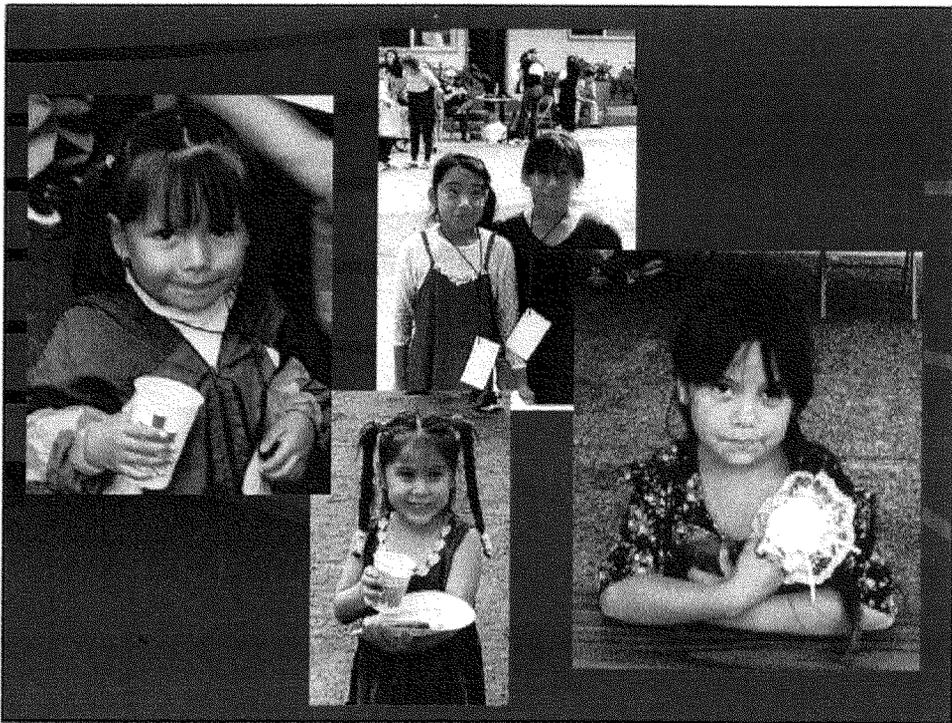
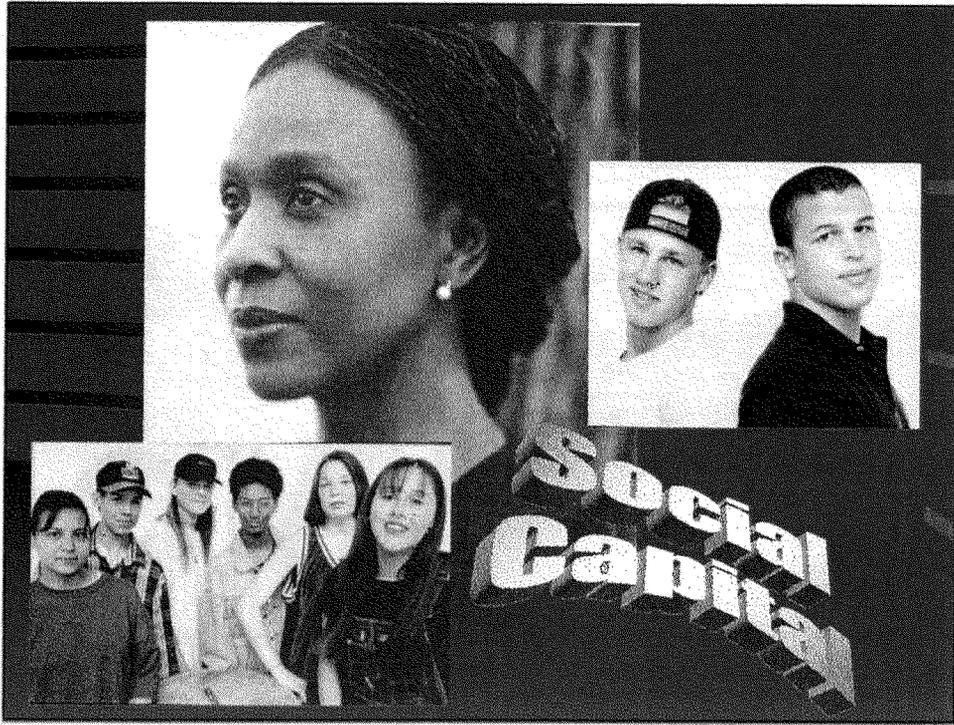
... School Completion

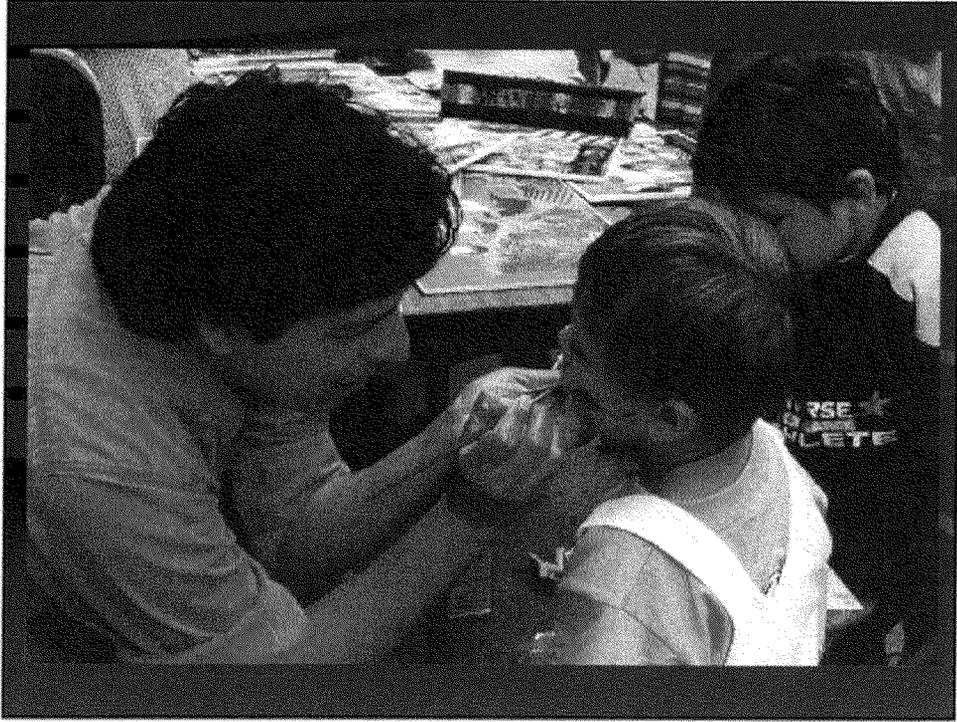
... Reduction of Child Poverty

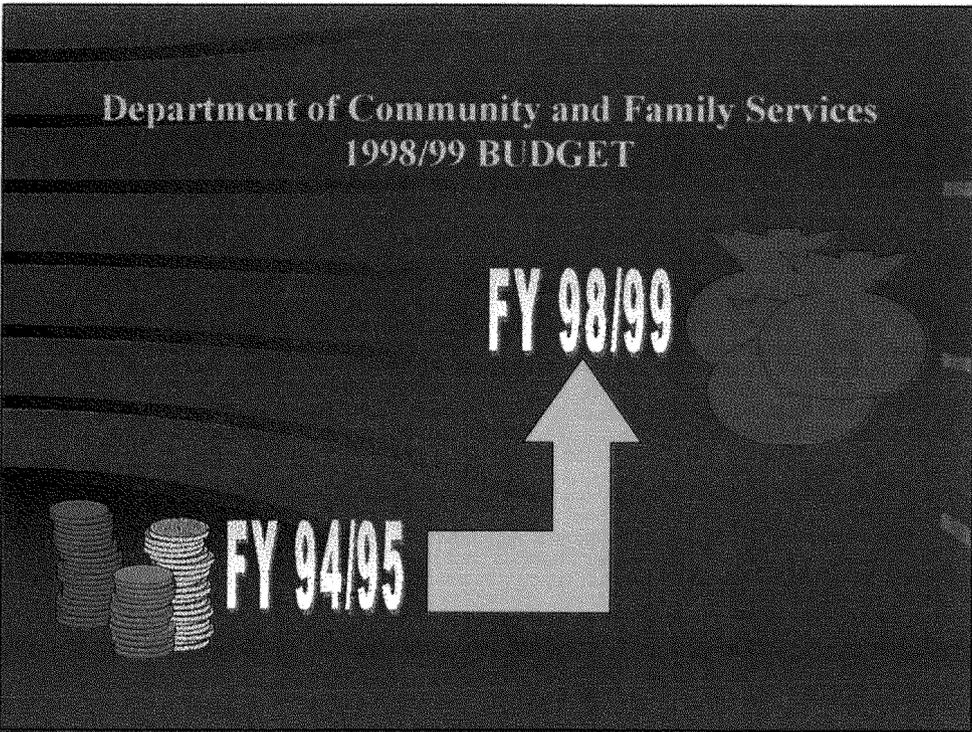
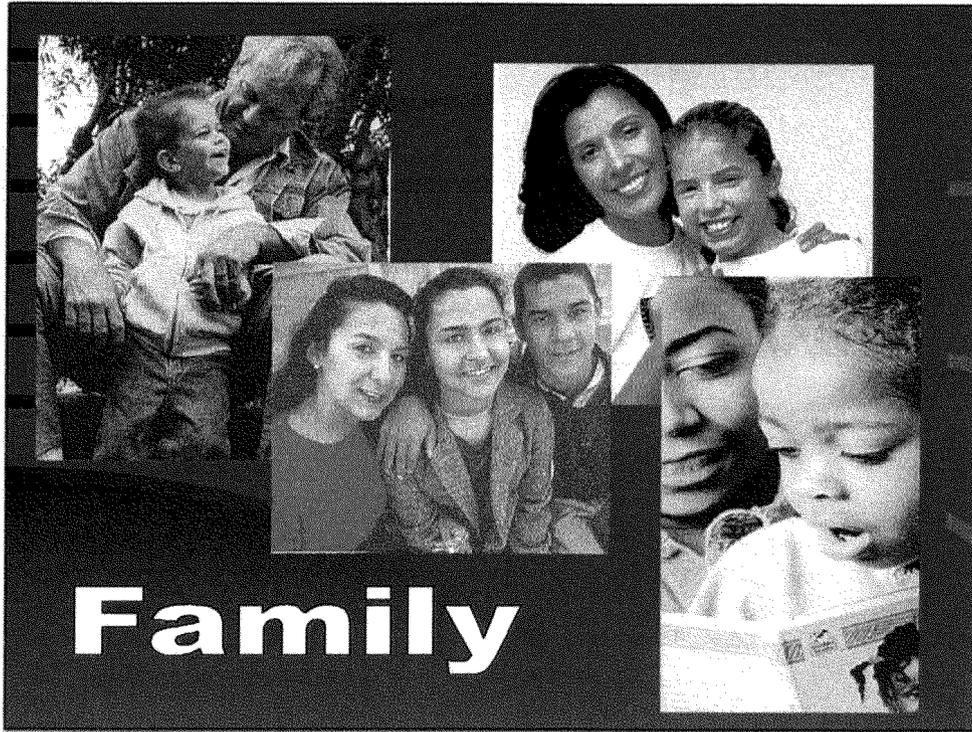
... Reduction of Crime



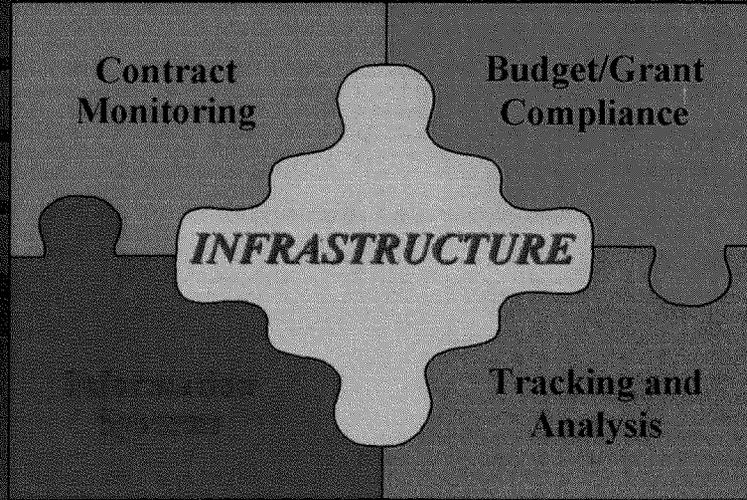








Department of Community and Family Services
1998/99 BUDGET



Department of Community and Family Services
1998/99 BUDGET

Strategic Plan

Department of Community and Family Services
1998/99 BUDGET

- Three-Year Strategic Plan Objectives

- DCFS will have fully implemented the OQI initiative assessment and attained the OQI nomination award.
- DCFS will have the appropriate processes in place to assure that staff are informed and engaged in communicating the business of the Department.
- DCFS will use a Community Building planning process to manage resources for the delivery of social services county-wide.

Department of Community and Family Services
1998/99 BUDGET

- Three-Year Strategic Plan Objectives *..continued*

- DCFS will have the human resources, technological capacity, and efficient processes in place to effectively manage the internal business of the Department.
- DCFS will operate with a fully integrated data system that provides client, financial and program data throughout the Department.

Department of Community and Family Services
1998/99 BUDGET

- Key Results

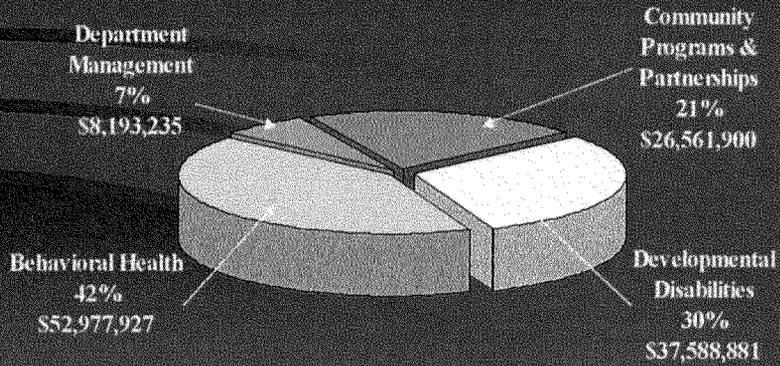
- to help guide the department's identification of best practices
- alignment of program and system activities with county benchmarks

Department of Community and Family Services
1998/99 BUDGET

Financial
Overview

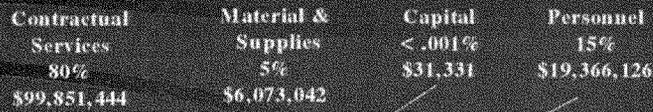
**Department of Community and Family Services
1998/99 BUDGET**

Total Expenditures by Division
\$125,321,943



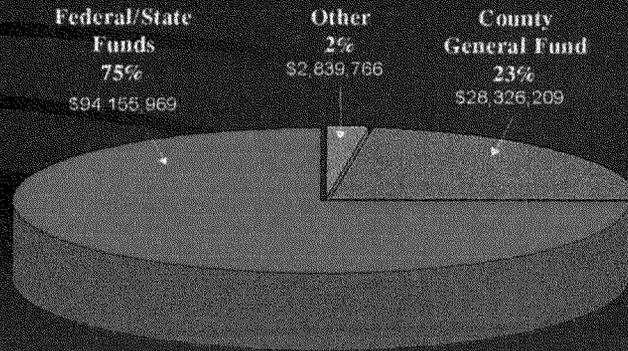
**Department of Community and Family Services
1998/99 BUDGET**

Total Expenditures by Type
\$125,321,943



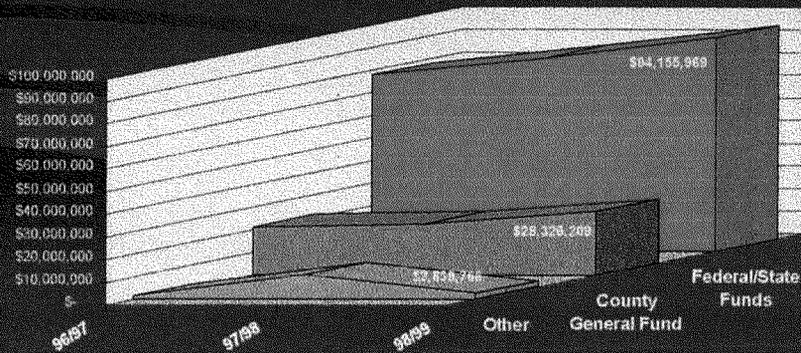
Department of Community and Family Services
1998/99 BUDGET

Total Revenue by Source
\$125,321,943



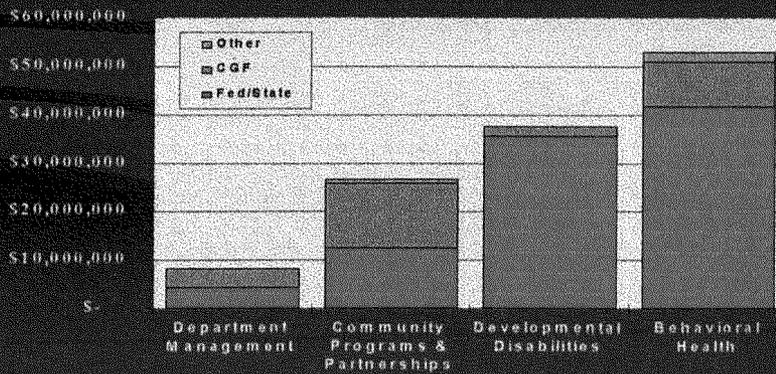
Department of Community and Family Services
1998/99 BUDGET

Revenue Comparison by Year
\$125,321,943



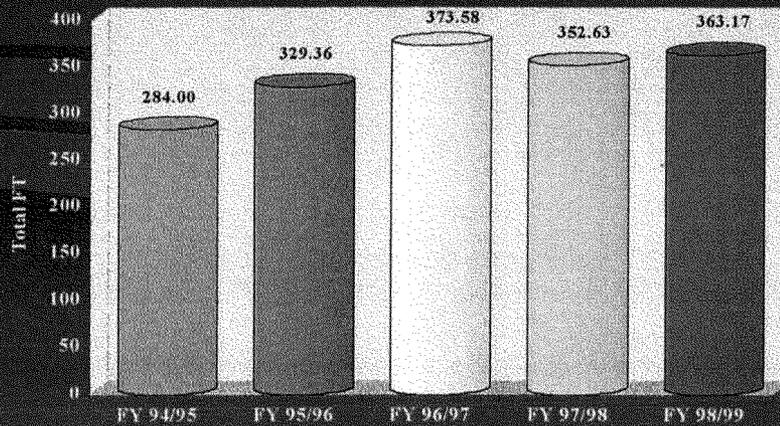
Department of Community and Family Services 1998/99 BUDGET

Revenue Source by Division
\$125,321,943



Department of Community and Family Services 1998/99 BUDGET

Summary of Staffing Changes
Total FTE 363.17



Department of Community and Family Services
1998/99 BUDGET

CBAC Report *Muriel Goldman*



Department of Community and Family Services
1998/99 BUDGET

Issues

Department of Community and Family Services
1998/99 BUDGET

• Issues

- Coordinated services to Hispanic Families *Iris Bell*
- Benchmark Adds *Mary Li*
- Community Building *Mary Li*
- Interdepartmental Initiative for a comprehensive system of A&D Services *Norma Jaeger*
- Fairview Closure & Long Range Plan *Howard Klink*

Department of Community and Family Services
1998/99 BUDGET

- Provision for Coordinated Services to Hispanic Families



Department of Community and Family Services
1998/99 BUDGET

– Benchmark Adds

- Touchstone
- Homeless Families
- Homeless Youth



Department of Community and Family Services
1998/99 BUDGET

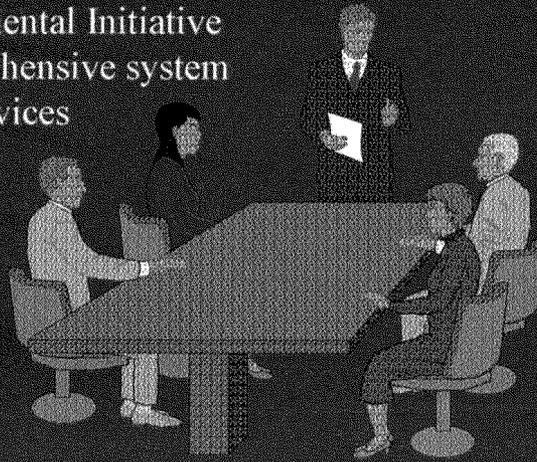
– Community Building

- Outer Southeast
- Outer Northeast



Department of Community and Family Services
1998/99 BUDGET

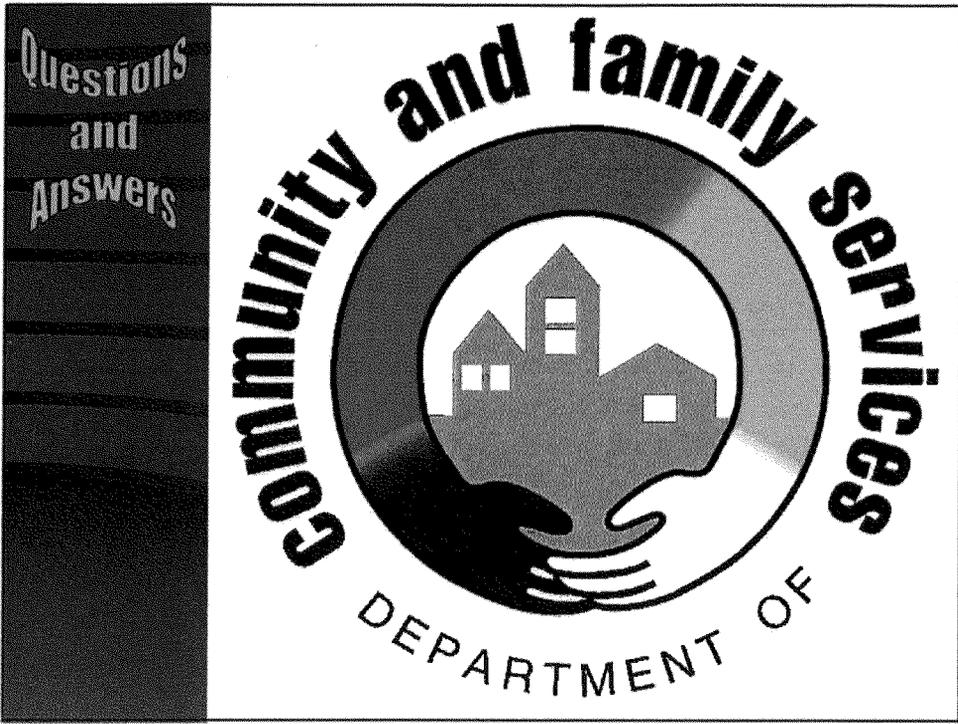
– Interdepartmental Initiative
for a comprehensive system
of A&D Services



Department of Community and Family Services
1998/99 BUDGET

– Fairview Closure &
Long Range Plan





May 12, 1998
CBAC Presentation to Multnomah County Board of Commissioners
Dept. of Community and Family Services
By Muriel Goldman, CBAC Member

Chair Stein, County Commissioners Hansen and Kelley, thank you for giving us the opportunity to speak to the Department's budget. Our Chair, Doug Montgomery, is out of state and has asked me to substitute for him.

- Our CBAC has been meeting monthly throughout the year with CFS management and staff, reviewing programs and projects and learning about key activities. We are very appreciative of the Department's openness in sharing information and responding to our questions as well as our suggestions.
- It has been a pleasure to find ourselves in a position where we were not being asked to prioritize reductions in existing budgets as was the case last year and in previous years.
- We applaud the County's and specifically the CFS Department's ongoing commitment to children, youth and families and other vulnerable populations and this budget clearly shows that. It makes sure that current services are at least maintained and opens up very important opportunities through advancing some new initiatives. We believe all of these proposed budget actions are consistent with this County's long-term benchmark goals of school completion, reduction of child poverty and reduction of crime.

Just a few examples to amplify my previous remarks on the direction our county is going both in its existing programs and its new initiatives:

- Support for Portland and East County school districts: We applaud the new initiatives that link the schools and the community and provide the necessary supports to children that will help them remain in school.
- Homeless family vouchers for 100 homeless families with children -- a short-term response while allowing time to develop a long term interagency solution to shelter and housing needs of homeless families. It is significant that in this time of general economic well-being in our county, there are still a growing number of families with children who lack access to even the basic needs -- a safe roof over their heads.
- Homeless youth -- this provides an opportunity for the county, the city, service providers, and the business community to partner in finally addressing the serious problems that face homeless youth and the community.
- Outreach and community building in Outer Southeast. Expanding programs and encouraging grassroots community building is crucial, as some of the fastest population growth of families who are eligible for county services is occurring in Outer Southeast. We believe that this governmental approach to community building is people-friendly and encourages those most affected to help in the solutions.
- Hispanic mental health for a growing population in our community. The entire county is involved in a real collaborative effort between government and the Hispanic communities to provide mental health and health care for people who otherwise lack access to these important services.
- County general fund dollars to replace the current state dollars for Youth Investment. This intent is indicative of the county's intent to pick up and support current proven programs that serve youth and their families who often fall through the cracks -- youth of color, gay and lesbian youth, girls and other acting out adolescents who are not eligible for state child protective services nor juvenile department services. We hope this will be an on-going commitment.
- Both the county infrastructure and the information system within CFS need a major boost in general fund support in order to maintain accountability and meet the county's services responsibilities. CFS

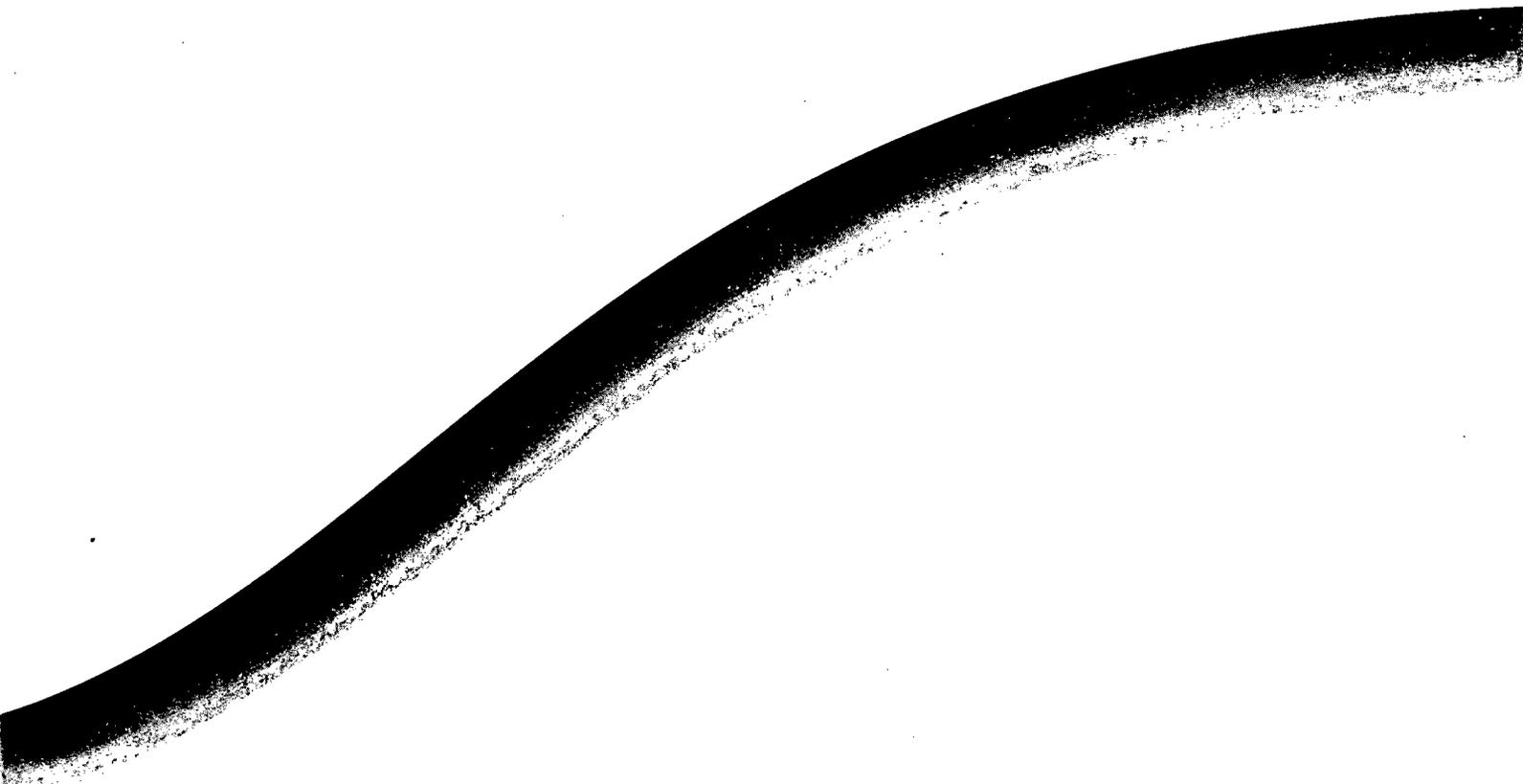
receives so much funding from other sources with the result that these funds have taxed the systems and the current infrastructure.

Thank you for giving us the opportunity to share our opinions today.



MULTNOMAH COUNTY OREGON

1998-99



BUDGET

**Packet #11
Community & Family Services**

May 26, 1998 - Follow up Information



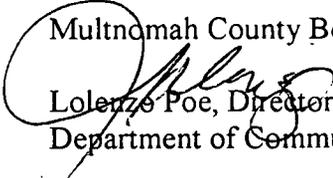
MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES
421 SW SIXTH AVENUE, SUITE 700
PORTLAND, OREGON 97204
PHONE (503) 248-3691
FAX (503) 248-3379
TDD (503) 248-3598

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Multnomah County Board of Commissioners

FROM:  Loretta Poe, Director
Department of Community and Family Services

DATE: May 21, 1998

SUBJECT: Response To Follow Up Questions from the May 12, 1998 Budget Worksession

Below are the responses to the 5 follow-up questions from our May 12 budget worksession as well as a response to a question from the May 6 budget worksession for the Department of Support Services.

May 12 – DCFS Budget Worksession

- 1. In the area of homeless youth, has any analysis been given to the program run by the “Y” that helps transition the youth back to school? What does your department know about the strengths and weaknesses of this program? How would your department incorporate a \$50,000 amendment to this initiative?**

The Department would incorporate a \$50,000 amendment into a contract with the “Y” to help stabilize, on a one time only basis, the services for this coming year. During that period, it would be expected that issues around the need for a waiver and other options for the future of the Transitional School program would be explored. Please the attachment “A” which includes memorandum from both Portland Public Schools and the YWCA regarding the Transitional School.

- 2. What is the current salary range for direct caregivers in the Disability group homes? What other data can you provide concerning the turnover rate in this line of work?**

Direct care staff are paid an average of \$6.45 per hour, not including benefits. A study to collect more up to date information is currently underway. The Fairview dividend will increase wages, over a one year period, to an average of \$8.00 per hour.

The most recent data that we have, provided by the State almost 2 years ago, indicates that the turnover among Oregon's private nonprofit programs averages 77% for residential and 42% for vocational services each year.

3. Could you please send the report compiled by Howard Klink's staff evaluating the recent "Rainbow Proposal" that Sharron Kelley received?

Please see attachment "B".

4. a) Could you please send the report summarizing the discussions Department Directors have had with the provider community regarding program evaluation. b) What is your response to the need for centralized evaluation component for A&D program?

- a) We have requested that a copy of this report, prepared by Jim Carlson of the Department of Support Services, be forwarded to the Board of Commissioners.
- b) Some capacity already exists within the Department of Support Services in a unit that has 3 FTE to conduct or arrange for program evaluations of key issue areas. It seems appropriate for each department providing alcohol and drug services to monitor and evaluate those programs and for the central evaluation unit to coordinate the standards by which the monitoring and evaluating occur within the departments.

The central evaluation unit could coordinate system-wide evaluations whether provided internally or contracted out to an external agency. If the current capacity of that unit is not at an adequate level to coordinate the evaluation of A&D services countywide, consideration of additional resources should be explored.

5. Could you send the report your department has written about Community Building, particularly about the use of the \$65,000 included in the 1997-98 budget?

Please find in Attachment "C" the most recent status reports from the Community Building Core Team. In the February 6, 1998 report, you will find a brief account of the status of each of the six project areas funded by the 465,000 included in our 1997-98 budget.

May 6 – DSS Budget Worksession

2. Provide job description for the Target Cities Evaluators. Discuss the potential for locating this unit in organizations other than Community and Family Services.

In Attachment "D", you will find the job description for the Target City Evaluator positions. The Target City Evaluation Team is responsible for the evaluation of the Portland Target City Project (PTCP) and is funded through the PTCP cooperative agreement with the state Office of Alcohol and Drug Abuse Programs and the Center for Substance Abuse Treatment through the Federal fiscal year 1998-99. The evaluation team's mission is to demonstrate the effect of and develop knowledge from the PTCP system change efforts.

The evaluation plan includes three specific, major projects and several smaller projects. The three major projects are:

A client outcome study comparing client change in alcohol and drug abuse, employment and income, family and social functioning, health and mental health, and criminal justice activity as six and twelve months after admission for 407 clients receiving treatment before the PTCP, 344 clients receiving treatment through PTCP efforts and 89 clients concurrent with but not involved in PTCP;

A social security evaluation comparing client functioning while receiving benefits because of alcohol and drug issues to changes at six, twelve, eighteen, and twenty-four months after being excused from benefits; and

The process evaluation documenting and interpreting changes between the years immediately preceding the PTCP and the PTCP implementation years for the alcohol and drug system. The system is defined as community treatment providers, DUII process, the Sheriff's Office and the In-jail Intervention Program, the mental health precommitment services for those with alcohol and drug use, the criminal justice system and the drug court.

Given these specific projects and the cooperative funding agreement, the Department will be required to complete this evaluative process and upon completion could consider the potential movement of the function to a centralized area. If the desire is to transfer the function to a centralized location prior to completion of the grant requirements, it will be incumbent upon the central unit to complete the grant evaluation requirements.

Attachments

Cc: Dave Warren
Daphne Teals
Iris Bell
Kathy Tinkle
Susan Clark
Howard Klink
Mary Li
Floyd Martinez

A

MEMORANDUM

TO: Mary T. Li
FROM: Donna Shackelford *DS*
DATE: May 19, 1998
RE: YWCA Transitional School

This memo is a response to a request for information about the YWCA Transitional School that serves children without permanent housing in our community.

As you know, the Portland Public Schools has indicated its intention to terminate its funding of the Transitional School. The school district has seized on the Oregon Department of Education's recent interpretation that the school district's funding of the Transitional School violates the McKinney Act. Transitional School advocates and staff have researched this interpretation and believe it to be flawed. Originally, staff believed that a Federal waiver to the Act would resolve this issue. Senators Earl Blumenauer, Gordon Smith and Ron Wyden and Congresswoman Elizabeth Furse have all been working on obtaining this waiver. It is now believed that a waiver may not be required to continue to fund this service through PPS. There are nine programs similar to the Transitional School that receive public funds and flourish in partnership with their local school districts (at least three of which -- including District 4J in Eugene, Oregon -- receive McKinney funds).

An additional issue is the January Oregon Department of Education IASA Review. This review was undertaken without a site visit to the school and without direct input from the YWCA, the school staff or the Steering Committee. A response to the review was written by the School Director, Cheryl Bickle, and Development Director, Joanna Carlson in March. Attached is a copy of that response.

Portland Public Schools receive basic school support for these children and has done a commendable job in serving some of these children. There is also a need for an alternative choice for homeless children and their parents. Most of the children enrolled in the Transitional School were not attending any school at the time they were enrolled in the Transitional School. The Transitional School's services certainly supports homeless children getting into, staying in and eventually completing their schooling.

The Transitional School addresses several special needs of homeless children. Often students will be moved 4 or 5 times in a two month time frame. With this number of moves, it would be difficult for parents to register the children in the public school system. Because the Transitional School contracts with taxi companies to provide transportation for the school, they are able to be flexible in their scheduling. The average length of enrollment is two months. After children have attended the school for 25 days, parents are required to read and sign a form explaining their rights and options and stating specifically which school they want their children to attend after 30 days.

In my opinion, there may be a public and political impact in supporting the Transitional School. In a time of decreasing revenues for public education, it might be perceived that allocating \$50,000 to support the Transitional School is taking away resources from other programs. Portland Public Schools will argue that the Transitional School program duplicates services already offered in the public schools.

Overall, children of homeless families are best served by a collaborative partnership that allows parents to choose which program, in their judgment, best meets the needs of their children. The proposed actions by PPS will at best limit the options available to these families.

**PORTLAND PUBLIC SCHOOLS**

501 N. Dixon Street / Portland, Oregon 97227
Telephone: (503) 916-3200 • FAX: (503) 916-3110
Mailing Address: P.O. Box 3107 / 97208-3107

Diana E. Snowden
Superintendent

OFFICE OF THE SUPERINTENDENT **MAR 11 1998**

5 March 1998

MEMORANDUM

TO: Diana Snowden
Board of Education

FROM: Carol Matarazzo *CM*

RE: YWCA Transitional School for Homeless Youth

There will soon be a change in the relationship between PPS and the YWCA's Transitional School. This change is being mandated by the ODE and it requires that PPS cease financial support of the Y school.

The main reason cited by ODE is that the support of a school for homeless children is a violation of federal law which prohibits the isolation and stigmatization of homeless children. We have had extensive meetings with ODE and they remain dissatisfied with any compromise solution which includes continued support of the Y school. Please see the attached letter from Associate Superintendent Merced Flores.

In the past, the District has supported the Y school because we believed that the additional support the program was able to bring to homeless children on a very short term basis was better than that which we could provide. Circumstances have changed and we can now access additional Title I funds which will enable us to keep homeless kids in their school of origin or in the school nearest their housing. We believe that we can now provide equal or better service than the Y. In addition, children can have access to ESL, Special Ed and other compensatory services which are not available at the Transitional School.

Needless to say, we cannot risk the loss to the District of federal funds if ODE finds us noncompliant with federal law. We will work with ODE and the Y to plan and find funding for supplementary services that the Y could provide for homeless children such as preschool, summer school and tutoring. We will prepare with the Y a plan to close the school in June of this year.

We have greatly appreciated the partnership with the Y and the excellent cooperation we have received from Director Karen Hill as we have sought resolution of this problem. There are still many, many voids in the wide range of intensive services needed by homeless families and we will work with the Y to design programs to fill them.

CM:cp

c: ✓ Chet Edwards
Jane McClellan

**Portland School District 1 IASA Review
McKinney Homeless Education Program
January 12-15, 1998**

Overview

Portland Public Schools has the largest number of homeless students and shelters among districts in the state, and a unique system for delivery of educational services to address their needs. Commendations are in order for the work the district is doing to serve most homeless students, particularly through the McKinney Project (Project Return) and the assistance provided to the Salvation Army Greenhouse education program for youth. The coordination of Title IA set-asides for homeless education in the district is also commended.

A small percentage of homeless children and families in the district, however, do not appear to have the same access to educational opportunities to meet the state's content and performance standards as their nonhomeless peers. Findings of non-compliance for the district occur with regard to students enrolled at the district's Transitional School for Homeless Children. The isolation of students for a school program which replaces the regular, mainstream school environment for homeless children is a major area of non-compliance which the district needs to address through both short and long-term measures.

Commendations

Project Return

- Project Return is commended for its organization and administration in providing services to hundreds of homeless children, youth and families each year. Tracking mobile and/or homeless students is complex work and Project Return staff have demonstrated their ability to manage the data and maintain the reporting requirements of the McKinney subgrant.
- Project Return has excelled particularly in the measurement of student outcomes. One significant example of a measured program outcome has been the decrease in the frequency of school changes for students, through efforts to maintain each student at one school throughout the year, despite student mobility.
- The support and organization of homeless student transportation with district and Metro bus systems is another long-term accomplishment of Project Return.

Area of Non-Compliance/ McKinney Act Reference	Action Necessary
Section 722 (g)1(G) District has not revised policies and procedures which could act as barriers to the enrollment and attendance of homeless children and youth.	2. Use McKinney Act and models from other districts to draft policy additions and changes to be presented before school board; schedule for board consideration/adoption before the start of the 1998-1999 school year. Review procedures for enrollment of homeless students and revise so that appropriate placement is expedited for all students.
Section 722 (g)1(H); Section 723(b)4 District has not adopted policies or procedures to ensure that homeless children are not isolated or stigmatized. District cannot demonstrate that students attending the Transitional School for Homeless Children are not isolated from nonhomeless students.	3. Draft policy using McKinney Act and samples from other districts, and present before school board, as above. Re-organize or eliminate programs which currently tend to isolate or stigmatize homeless students, prior to the start of the 1998-1999 school year.
Section 722(g)3(A) Public school students attending the Transitional School for Homeless Children may not have been allowed to complete the school year in their school of origin or attend a district school where nonhomeless students are eligible to attend.	4. Within 30 days, district will systematize procedures so that homeless students do not enter the Transitional School before the district provides pre-screening for the student and enrollment information to the family regarding the option of having children attend their school of origin or a school where nonhomeless students are eligible to attend.
Section 722(g)3(B) While the District may comply with parental requests to place children at the Transitional School for Homeless Children, it cannot demonstrate that such parents have been adequately informed by the Transitional School of the educational rights and options of their children in obtaining a free, appropriate public education.	5. Within 30 days, District will develop procedures and documents to expediently and adequately inform homeless families and youth of their rights to a free and appropriate public education.
Section 722(g)4-7 Homeless children entering the Transitional School may not be evaluated immediately to determine eligibility and need for federal programs such as Special Education, bilingual services, Head Start, Even Start and other programs for which they may be eligible, nor are comparable services provided at the Transitional School.	6. Within 30 days, District will adopt procedures to immediately evaluate students (as in #3 above) before they enter the Transitional School, and facilitate the enrollment of program-eligible students into schools which do provide comparable services.

Additional Directives from the U.S. Department of Education

During November 1997, staff from the Transitional School contacted a Program Analyst for the McKinney Program at the U.S. Office of Compensatory Education. Their questions involved whether it was appropriate for PPS and Project Return to remove children from their school when there were signed parental consent forms "allowing" them to attend. The situation arose after Project Return had strengthened its efforts to identify Special Education students at the school and place them in public schools where they could receive the services they required. This written response from the U.S. Department of Education to the Transitional School staff was also forwarded to the Oregon Department of Education:

Your LEA is acting within accordance to the law when they consider parental wishes when placing students within other schools that can meet their educational needs...The homeless children in question have been identified as special needs children and your school is incapable of providing educational services that they are entitled to under the law.

It is the district's legal responsibility to ensure that homeless children who are eligible and have been identified for special educational services receive these services in an expedient manner.

F://comped/homeless/1998/ppsreviewfinal.doc

WHAT CAN PPS DO IN ADDITION TO THE YWCA SERVICES:

1. **TITLE I** identification, evaluation and services to all homeless children.
2. **SPECIAL EDUCATION** referrals, evaluations and services.
 - Specialized transportation for identified academic, behavioral and handicapped students
3. **ESL** referral, evaluation and services:
 - Support groups
 - Specialized transportation to schools with ESL programs
4. **COUNSELING** referrals, evaluations and services.
 - Support groups (cultural, social, emotional)
 - Touchstone (family and student advocates)
 - Project Return outreach to homeless families
5. **TAG** referrals, assessments and services.
6. **ALTERNATIVE SCHOOL** placements and education.
7. **SCOPE & SEQUENCE CURRICULUM FOR PE.**
8. **SCOPE & SEQUENCE CURRICULUM FOR MUSIC.**
9. **SCOPE & SEQUENCE FOR SCIENCE & COMPUTERS.**
10. **OTHER SUPPORT SERVICES DURING SCHOOL HOURS.**
 - Family resource centers
 - Family empowerment programs for preschoolers.
 - Project Return educational assistants for homeless students in identified schools without Title I services.
11. **SUPPORT SERVICES OUTSIDE SCHOOL HOURS.**
 - Family resource centers
 - Organized sports
 - Homework clubs in most middle and some elementary schools
 - Night schools

NEEDS FOR HOMELESS EDUCATION

- Before and after school programs
- Preschool
- Lice education and prevention center
- Summer school

That could be provided by YWCA.

YWCA TRANSITIONAL SCHOOL

m ♦ e ♦ m ♦ o ♦ r ♦ a ♦ u ♦ d ♦ u ♦ m

TO: YWCA Board of Directors

FROM: Joanne Carlson
Cheryl Bickle

DATE: Friday, March 27, 1998

SUBJECT: Response to Oregon Department of Education's IASA Review of Portland Public School District's Homeless Programs

The YWCA recently received a copy of the Oregon Department of Education's IASA Review of Portland Public School District's Homeless Programs (Attachment C), sent to Carol Matarazzo, Assistant Superintendent of PPS, under cover of a letter from Merced Flores, Associate Superintendent, Office of Student Services, ODE (Attachment B). The ODE review targeted the YWCA Transitional School as an area of major "concern" for PPS because the school is not in compliance with provisions of the McKinney Act that prohibit use of McKinney funds for programs that "isolate" homeless students from mainstream public school students. Subsequently, PPS used ODE's findings as justification for the district's decision to discontinue funding for the Transitional School. That decision was communicated in a letter from Carol Matarazzo to PPS Superintendent Diana Snowden and the Board of Education (Attachment D).

In response to the IASA review, we have prepared a document that addresses both the broad issues and specific concerns raised by the ODE (Attachment A). We believe that this document should be the basis for a letter to Merced Flores, with copies to Norma Paulus, Diana Snowden, Carol Matarazzo, and the Board of Education.

Other attachments are in support of specific items in our response to the IASA review and are referenced in that document.

Attachments:

- A. Response to Oregon Department of Education's IASA Review of Portland Public School District's Homeless Programs
- B. Cover letter from Merced Flores, forwarding IASA review to Carol Matarazzo
- C. ODE's IASA Review of PPS Homeless Programs
- D. Letter from Carol Matarazzo to PPS Superintendent Diana Snowden and the Board of Education
- E. Form signed by parents at the time children are enrolled in the Transitional School, acknowledging that they have been informed of their rights and options
- F. Form signed by parents after children have been enrolled in the Transitional School for 25 days, requiring them to specify where their child will attend school after 30 days
- G. Project Return letter to parents regarding special services

Response to Oregon Department of Education's IASA Review of Portland Public School District's Homeless Programs

Although we do not take issue with the ODE's finding that the YWCA Transitional School does not comply with specific sections of the McKinney Act, we take strong exception to several statements and implications in the IASA Review:

ODE Finding	Our Response
<p>Section 721(1) District cannot demonstrate that children attending the district's Transitional School for Homeless Children have access to the same free, appropriate public education, including public preschool education, as provided to other children and youth in the district.</p>	<p>Neither PPS nor ODE has demonstrated that children attending the school do <i>not</i> have access to the same free, appropriate public education, including public preschool education, as provided to other children and youth in the district. No child is assigned to the Transitional School by the district or any other agency. In preparing its "findings", ODE did not visit the Transitional School or contact members of the staff or the Steering Committee.</p>
<p>Section 722 (g)1(G) District has not revised policies and procedures which could act as barriers to the enrollment and attendance of homeless children and youth.</p>	<p>PPS has actively created barriers to prevent parents from choosing to send their children to the Transitional School. These barriers include letters and phone calls leading parents to believe that it is illegal for them to enroll their children in the Transitional School.</p>
<p>Section 722 (g)1(H); Section 723(b)4 District has not adopted policies or procedures to ensure that homeless children are not isolated or stigmatized. District cannot demonstrate that students attending the Transitional School for Homeless Children are not isolated from nonhomeless students.</p>	<p>Children are stigmatized by homelessness, no matter where they attend school. This "finding" implies that homeless children are assigned to the Transitional School by the district. This is patently untrue. Every child attending the Transitional School over the past eight years has been voluntarily enrolled by their parents, and most were not attending <u>any</u> school at the time they were enrolled in the Transitional School. The McKinney Act notwithstanding, parents have a constitutional right to choose which school their children will attend.</p>
<p>Section 722(g)3(A) Public school students attending the Transitional School for Homeless Children may not have been allowed to complete the school year in their school of origin or attend a district school where nonhomeless students are eligible to attend.</p>	<p>Again, most of the children whose parents voluntarily enrolled them in the Transitional School were not attending <u>any</u> school at the time they were enrolled in the Transitional School. Before the children are enrolled in the Transitional School, either school staff or shelter staff carefully outline the three options available: the school of origin, as defined by the McKinney Act; a district school; or the YWCA Transitional School. In addition, parents are required to read and sign a form explaining their rights and options (Attachment E). After children have attended the school for 25 days, parents are required to read and sign a second form explaining their rights and options and stating specifically which school they want their children to attend after 30 days (Attachment F).</p>

Response to Oregon Department of Education's IASA Review of Portland Public School District's Homeless Programs

As a general comment, it is baffling to us that ODE could complete a review of PPS's homeless programs in which the YWCA Transitional School figures so prominently without at least one site visit to the school and without direct input from the YWCA, the school staff or the Steering Committee. After eight years of service to the district's homeless children, it is equally baffling that ODE's review pointedly excludes the Transitional School from its list of Commendations. We can only assume that all information about the school was provided by PPS staff and reflects the district's expressed bias in favor of in-district programs.

Our own position is not—and has never been—that students are better served by one program or another. Our abiding conviction is simply that children of homeless families are best served by a collaborative partnership between PPS and the Transitional School that allows parents to choose which program, in their judgment, best meets the needs of their children. If this approach is in conflict with the letter of the McKinney, we fervently believe it is in keeping with the spirit of all legislation aimed at helping children of homeless families succeed academically, socially and emotionally.

**Portland School District 1 IASA Review
McKinney Homeless Education Program
January 12-15, 1998**

Overview

Portland Public Schools has the largest number of homeless students and shelters among districts in the state, and a unique system for delivery of educational services to address their needs. Commendations are in order for the work the district is doing to serve most homeless students, particularly through the McKinney Project (Project Return) and the assistance provided to the Salvation Army Greenhouse education program for youth. The coordination of Title IA set-asides for homeless education in the district is also commended.

A small percentage of homeless children and families in the district, however, do not appear to have the same access to educational opportunities to meet the state's content and performance standards as their nonhomeless peers. Findings of non-compliance for the district occur with regard to students enrolled at the district's Transitional School for Homeless Children. The isolation of students for a school program which replaces the regular, mainstream school environment for homeless children is a major area of non-compliance which the district needs to address through both short and long-term measures.

Commendations

Project Return

- Project Return is commended for its organization and administration in providing services to hundreds of homeless children, youth and families each year. Tracking mobile and/or homeless students is complex work and Project Return staff have demonstrated their ability to manage the data and maintain the reporting requirements of the McKinney subgrant.
- Project Return has excelled particularly in the measurement of student outcomes. One significant example of a measured program outcome has been the decrease in the frequency of school changes for students, through efforts to maintain each student at one school throughout the year, despite student mobility.
- The support and organization of homeless student transportation with district and Metro bus systems is another long-term accomplishment of Project Return.

Area of Non-Compliance/ McKinney Act Reference	Action Necessary
<p>Section 722 (g)1(G) District has not revised policies and procedures which could act as barriers to the enrollment and attendance of homeless children and youth.</p>	<p>2. Use McKinney Act and models from other districts to draft policy additions and changes to be presented before school board; schedule for board consideration/adoption before the start of the 1998-1999 school year. Review procedures for enrollment of homeless students and revise so that appropriate placement is expedited for all students.</p>
<p>Section 722 (g)1(H); Section 723(b)4 District has not adopted policies or procedures to ensure that homeless children are not isolated or stigmatized. District cannot demonstrate that students attending the Transitional School for Homeless Children are not isolated from nonhomeless students.</p>	<p>3. Draft policy using McKinney Act and samples from other districts, and present before school board, as above. Re-organize or eliminate programs which currently tend to isolate or stigmatize homeless students, prior to the start of the 1998-1999 school year.</p>
<p>Section 722(g)3(A) Public school students attending the Transitional School for Homeless Children may not have been allowed to complete the school year in their school of origin or attend a district school where nonhomeless students are eligible to attend.</p>	<p>4. Within 30 days, district will systematize procedures so that homeless students do not enter the Transitional School before the district provides pre-screening for the student and enrollment information to the family regarding the option of having children attend their school of origin or a school where nonhomeless students are eligible to attend.</p>
<p>Section 722(g)3(B) While the District may comply with parental requests to place children at the Transitional School for Homeless Children, it cannot demonstrate that such parents have been adequately informed by the Transitional School of the educational rights and options of their children in obtaining a free, appropriate public education.</p>	<p>5. Within 30 days, District will develop procedures and documents to expediently and adequately inform homeless families and youth of their rights to a free and appropriate public education.</p>
<p>Section 722(g)4-7 Homeless children entering the Transitional School may not be evaluated immediately to determine eligibility and need for federal programs such as Special Education, bilingual services, Head Start, Even Start and other programs for which they may be eligible, nor are comparable services provided at the Transitional School.</p>	<p>6. Within 30 days, District will adopt procedures to immediately evaluate students (as in #3 above) before they enter the Transitional School, and facilitate the enrollment of program-eligible students into schools which do provide comparable services.</p>

Additional Directives from the U.S. Department of Education

During November 1997, staff from the Transitional School contacted a Program Analyst for the McKinney Program at the U.S. Office of Compensatory Education. Their questions involved whether it was appropriate for PPS and Project Return to remove children from their school when there were signed parental consent forms "allowing" them to attend. The situation arose after Project Return had strengthened its efforts to identify Special Education students at the school and place them in public schools where they could receive the services they required. This written response from the U.S. Department of Education to the Transitional School staff was also forwarded to the Oregon Department of Education:

Your LEA is acting within accordance to the law when they consider parental wishes when placing students within other schools that can meet their educational needs...The homeless children in question have been identified as special needs children and your school is incapable of providing educational services that they are entitled to under the law.

It is the district's legal responsibility to ensure that homeless children who are eligible and have been identified for special educational services receive these services in an expedient manner.

F:/comped/homeless/1998/ppsreviewfinal.doc

Attachment E

YWCA TRANSITIONAL SCHOOL
6433 NE Tillamook
Portland, OR 97213
Telephone: 916-5743 - Fax: 916-2706

I understand that alternative services provided at the YWCA Transitional School are not supervised by the Portland School District. I will not expect the Portland School District to take any responsibility for any aspect of the program for the services, or in the manner in which the services are provided even if the school staff has knowledge of any particular aspect of the program or suggests it has a resource.

In Oregon homeless children have the right to attend either their regular neighborhood school, the public school closest to their current housing, or any public school that best meets their needs. Students may also temporarily attend the YWCA Transitional School with the support of the school district when their housing and transportation needs make it difficult or impossible for the family to get the child to public school.

Child's Name

Date

Parent

Dec-09-97 10:10A PROJECT RETURN-JANE MC CL (503)

P.02

Attachment G

**PORTLAND PUBLIC SCHOOLS****OFFICE OF ALTERNATIVE EDUCATION****PROJECT RETURN HOMELESS PROGRAM**Mailing Address: Whitaker Middle School
5700 N.E. 39th / Portland, OR 97211Chet Edwards, Counselor
Jane McClellan, Counselor

Telephone: (503) 289-6588

Date: Dec 9, 1997

Dear Parents of:

In reviewing your child's school records, the records indicate that your child has an IEP and requires Special Education services.

Special Education services are not available at the YWCA Transitional School where your child is now attending. By law, Portland Public Schools is required to provide Special Education services, and these services are available at the public school.

The last day your child will be attending the YWCA Transitional School is

Dec. 10, 1997

Please contact Jane McClellan, Counselor, or Patti Schatz, Community Agent, at Project Return at 916-6588. They will assist you in the appropriate school placement of your child.

If you have general concerns about special education, call Hugh Ellis at 916-5840, Ext. 366.

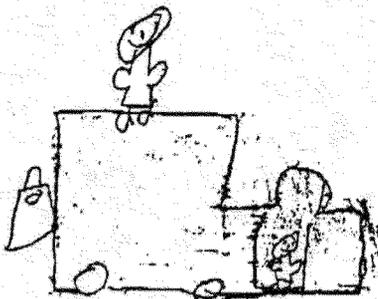
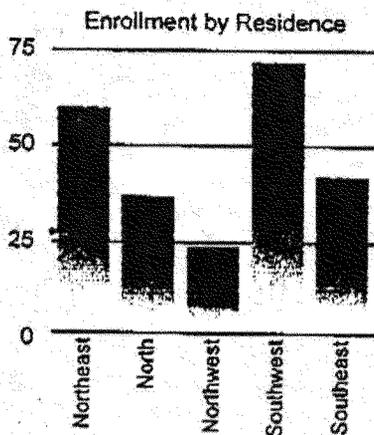
Hugh Ellis, Assistant Supervisor
Special Education Office
Grant/Madison Region

YWCA TRANSITIONAL SCHOOL

1995-96 Year-End Report

I have a lot of frien here
 And I got a nice teacher too.
 every body is nice to me and
 makes me feel at home.
 So that is why I like
 this School.

Zabrielle
 Grade 3



Richie
 Grade 3

average length of stay. Our average daily attendance was 80% of average daily enrollment, a remarkably high rate of attendance considering the relative instability of our students' lives. Average length of stay was comparable to past years at about nine weeks. While this is a very short time in absolute terms, experience has taught us that a student can get grounded academically and make noticeable progress in nine weeks. Third grader Zabrielle had missed half of her first grade and half of her second grade school years. While she was enrolled in our school from late November 1995 to June 1996, she went from reading at the pre-primer level to reading at the second grade level. In math, she not only learned to regroup in both addition and subtraction, she learned all of her multiplication facts and beginning division. Her academic growth was remarkable and was matched by her growth in self-esteem and positive attitude towards school.

ZABRIELLE and many others like her validate our belief that consistent attendance in one school does make a difference in the academic progress a student makes. Over the past several years we have built a flexible transportation program using cabs and two 14-passenger vans (acquired through grants from the Ronald McDonald Children's Charities and the Junior League of Portland), and one bus route leased from Portland Public Schools. Unfortunately, a new federal regulation prohibits us from transporting more than nine children in each van, effectively reducing their capacity by one third and causing our transportation costs to soar. Currently, we are investigating the purchase of a 20-passenger school bus. Our long-term goal is to acquire three 20-passenger school buses and minimize our use of cabs.

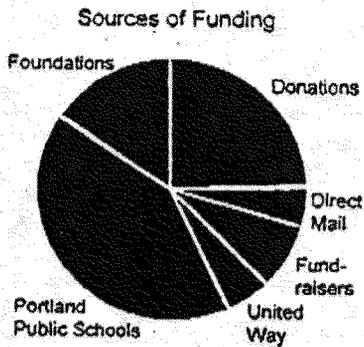
REMOVING the barriers that prevent children from attending school is an essential element of our program's success. Often our own efforts are matched

YWCA TRANSITIONAL SCHOOL

1995-96 Year-End Report

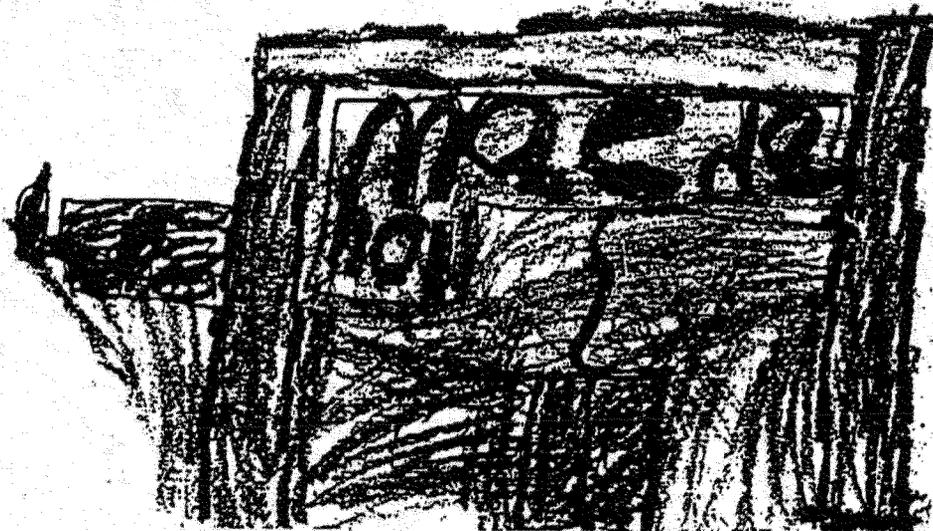
the presentation of their "Children's Champion" award to the school's director.

PUBLIC recognition of the school is not only gratifying, it validates our program and its mission and helps generate community awareness which in turn enables us to continue expanding our broad base of support. However, our work is most gratifying when we see it reflected in the positive attitudes of students like third-grader Richie. Caught in a cycle of poverty and homelessness, Richie's only way out is through education. For him, as for countless other homeless children, it will be a long, tortuous road. The good news is that Richie knows where he has to go. And thanks to the continuing generosity of our many friends and supporters, the YWCA Transitional School was there to help him on his way.



Name Richie

Something that I want when I grow up is a job
 I will need to finish school and
and get my diploma and
~~other stuff~~
 Here is what I want ↓



Richie
Grade 3

INTEROFFICE MEMORANDUM

TO: HOWARD KLINK

FROM: A&D WORK GROUP: DAN ALEDO, REX SURFACE, ELAINE PETERSON, LEE GREER,
CLAIRE WEISS, RON SCHILLING, RANDAL SHERWOOD, SECELIA HOLTE, LYNN
GEORGE, MARY BETH KURLO

SUBJECT: ANALYSIS OF THE NEED FOR SPECIALIZED A&D SERVICES FOR THE DD
POPULATION

DATE: APRIL 29, 1998

CC: DAN ALEDO

ENCLOSED IS THE ANALYSIS OF ALCOHOL AND DRUG TREATMENT SERVICES THAT YOU REQUESTED IN RESPONSE TO THE MARK SMITH CENTER PROPOSAL. THE A&D WORK GROUP APPRECIATED THE OPPORTUNITY TO PARTICIPATE IN THE ANALYSIS, AND GIVE THEIR INPUT.

THE WORK GROUP WOULD ALSO LIKE TO RECOGNIZE AND THANK DDSD STAFF MEMBERS WHO CONTRIBUTED INFORMATION TO THE SURVEY PERTAINING TO THEIR CASE LOAD'S A&D TREATMENT NEEDS. IF YOU WOULD LIKE TO SEE COPIES OF THE SURVEY, FEEL FREE TO CONTACT LYNN GEORGE.

Multnomah County's
Developmental Disabilities Service Division
**Analysis of the need for Specialized Alcohol and Drug Treatment
Services for the Developmentally Disabled Population**

GOALS AND OBJECTIVES:

The goal of this analysis is to:

- 1) provide an assessment of the proposed A&D treatment model (The Mark Smith Center) identifying strengths and problem areas;
- 2) provide an assessment of the current availability of residential or non-residential A&D treatment specialized for DD adults;
- 3) provide an assessment of the need for A&D services within our population;
- 4) develop a funding estimate that would reflect the minimum amount required for planning and operating the proposed model for 3-5 consumers

**1) A PRELIMINARY ASSESSMENT OF THE MARK SMITH CENTER
PROPOSAL**

Background:

Rainbow Adult Living's current proposal for "The Mark Smith Center" grew out of Rainbow's long struggle to provide appropriate residential and vocational services to a group of people they serve who are severely affected by alcohol and drug dependence. In late 1994, Rainbow developed a proposal to operate an "Alcohol and Drug Group Home" for several of these clients. The initial proposal was essentially a bare request for funds without serious programmatic content or a well developed budget. The Multnomah County Developmental Disabilities Program turned down the request. Subsequently, DD Program management asked Nancy Tucker, Diagnosis and Evaluation PDS, for an opinion about whether such a group home was a good idea. Nancy referred this question to the then-existing DD Program Clinical Resource Review Team. The team advised that it was impossible to give an opinion without knowing more about the people Rainbow proposed to serve in this group home. A work group was appointed to obtain information about these individuals. The DD program contracted with Tom TenEyck (a Professor at OHSU's Addictions Treatment and Training Program) to assist with the evaluation. Tom TenEyck, Lynn Stott-Meyo (PDS from the Multnomah County Alcohol and Drug Program), Lee Greer, and Nancy Tucker (from the DD Program) developed an assessment tool, and assessed the support needs of a number of people served by Rainbow. The group made extensive recommendations about services to each individual, and made some general recommendations to both Rainbow and the DD program. A copy of the March 2, 1995 memorandum of general recommendations is attached (Appendix A).

Mark Smith, for whom the proposed Mark Smith Center is named, was one of the individuals served by Rainbow who was assessed. Sadly, Mark passed away shortly after the assessment due to having a fatal seizure that was suspected to be exacerbated by his alcohol use.

After receiving the recommendations of the evaluation group, the Developmental Disabilities Program established an Alcohol and Drug Advisory Team (Appendix B). The team's function was to coordinate and monitor services of the people assessed. It operated for over a year with mixed results. Both Rainbow and the Team learned a lot about the practical aspects and challenges of providing services within the DD system for people severely affected by chemical dependency. Two major barriers became apparent: 1) the lack of appropriate alcohol and drug treatment services for people with cognitive limitations; and 2) the conflict of philosophies between the DD system and the A & D system.

The Alcohol and Drug Advisory Team drafted a Status Report and Recommendations dated May 22, 1996 summarizing its work. A copy is attached (Appendix C).

Summary of the current proposal:

- A program of comprehensive sobriety support services to serve 24 individuals who have difficulty with traditional substance abuse programs due to cognitive disabilities.
- Eight "slots" each assigned to and paid for by DDS Services, Community Corrections, and the Office of Alcohol and Drug Abuse Programs.
- Coordinated but separate service elements: "A basic principle of operation of the program will be separation of services. Distinct service elements will be established, and these will be delivered separately and distinctly (28)." Four main service elements are identified (29):
 - 1) Alcohol and drug free housing (ADFH): provided by Central City Concern;
 - 2) Treatment: provided by Annand Counseling Center, paid for by Oregon Health Plan;
 - 3) Sobriety support services: provided by Rainbow;
 - 4) Basic Case Management: provided by Rainbow (not needed for persons referred by the DDS system who already have case management services (30)).
- A Primary Recovery Unit (5th service element): to provide night-shelter style housing for participants not currently clean/sober. Problems regarding funding of this are acknowledged.
- In addition, those who need additional supports would receive them from other service agencies such as Supported Living or SILP through the DDS program.
- Treatment will be group treatment on an adapted 12 step model, initially 5 days per week.
- Sobriety Support Services: include assisted affiliation with community Alcoholics Anonymous and Narcotics Anonymous groups.

Strengths of the proposal:

The proposal demonstrates a clear and detailed understanding of the nature of the problem, and the need for specialized treatment, based on both Rainbow's experience and research in the current literature. Rainbow's formulation of the problem is in terms of a 12 Step or "disease" model of alcoholism. This is the approach of their consultant, Jerry Annand. This model is not the only model used for theory and treatment, and is perhaps not the "latest." However, it is an accepted and widely used model.

- The concept of allying with another agency which would provide alcohol and drug free housing is basically sound. This is a solution (at least partially) to the problem within a DD Supported Living Model of excluding drinking/using individuals from housing.

- The model of adapted treatment coordinated with sobriety support services is creative and has a realistic possibility of success for some individuals.

Problem areas and issues needing further attention before a Center is established:

- *Oregon Health Plan payment:* The Mark Smith Center treatment model is based on intensive and long term treatment. Currently providers fund very short treatment durations and obtaining extensions can be problematic. Before a program is established, systemic work with the Oregon Health Plan and OHP providers is necessary to negotiate agreements assuring that funding will be available for this (5, 18).
- *Consent to treatment, "hooks and handles:"* Clear policies need to be established regarding how individuals would be referred to and "placed" in the Mark Smith Center, to avoid issues of involuntary treatment and training. Rainbow's approach in the past, which has been to some extent supported by the state, is to simply put people in what they think is an appropriate place. This appeared to be the case with their 1994 proposal for the "A& D group homes". If Rainbow has a location in ADFH with "slots to fill," they may be inclined to assign people there without concern for legal "technicalities." In 1995, the DD Program and A and D Assessment Team identified two kinds of barriers to alcohol and drug treatment for individuals who have developmental disabilities: The first is the lack of appropriate treatment and support resources. The second barrier is the lack of "hooks" (motivating factors) and "handles" (legal authority to require treatment or impose consequences). The Mark Smith Center might well meet the first barrier for many people. It might meet the second barrier to some extent for individuals once they have entered the Center. The proposal includes many creative motivators, and loss of housing can be a "handle" for some. However, the real problem is how to get the person to agree to participate initially. For a person who is on parole or probation or under PSRB authority, the PO or PSRB could require the person to participate as a condition of release, with threat of re-incarceration as a consequence for non-participation. Commitment or guardianship might serve as a "handle" for some, but it is a weak handle since there are probably no meaningful consequences for non-participation. Consent of the individual can, of course, furnish legal consent.
- *Lifestyle, social development, and self esteem, and Rainbow's track record:* The proposal identifies stigma and frustration over disability as a factor in alcohol and drug abuse (6). Social skill issues (9) and social isolation (11) are also identified. Some of the people who are potential clients for the Mark Smith Center were institutionalized at an early age, then came into the community and quickly developed addict/alcoholic identities; they are in many ways similar to people who become addicts/alcoholics at adolescence in that they do not have a positive, non-substance related adult identity to fall back on in recovery. Identity and self esteem issues, and developing a sober lifestyle are critical-- another way of expressing this is "how do you like yourself and have a good time without drinking and using?" Rainbow has some theory about this in their proposal, but historically Rainbow Supported Living and SILP have not been very good at helping individuals develop productive lifestyles, enjoy recreation, or integrate into the larger community. The agency has tended to be crisis oriented, shifting staff resources to deal with emergencies. Some agency sites have become known as gathering places for people (both people served by Rainbow and others) who drink, use and "hang out." The agency has also at times used "s/he didn't want to" as the end of the discussion regarding non-crisis supports, rather than looking for creative ways to

motivate people. The issue is how, at the Mark Smith Center, Rainbow can avoid these pitfalls and help people see a clean/sober life as not only tolerable but also fun.

- *Leaving treatment, housing, or Supported living services:* The proposal recognizes the difficult issue of people wishing to leave the Center. Their proposed resolution is that "Decisions made by the client during active periods of use (especially if made under the influence) should not be treated as decisions made with informed consent, especially if these decisions may result in a threat to an individual's health and safety." The A&D Advisory Team and the Behavior Intervention Committee have struggled with this issue. There is a serious legal problem of denying an individual's wish to exit services. This issue needs further work (15).
- *"Two hats:"* A main target population appears to be some individuals already served by Rainbow. For these people, Rainbow would be wearing "two hats"- they would be both the Sobriety Support service providers from the Center, and the SL/SILP providers. This may be problematic in a number of ways. First, one strength of the proposal is keeping DD providers out of the housing business to avoid the problem of DD providers being involved in evictions for non-sobriety and other regulation allowable in ADFH but problematic in the DD system. The Sobriety Support Services Coordinator, at least, would be involved in these functions. Theoretically, it would be possible to completely separate the two functions. However, this might be difficult for Rainbow, which has traditionally operated with very close connections, including staff sharing, between its service elements. Staff sharing could also exacerbate problems identified in Lifestyles (etc.) above.
- *Having Rainbow ATE participants to "provide assistance in terms of kitchen cleaning, janitorial work, delivery, and some basic food prep" is unworkable* at least as the Rainbow ATE program is currently constituted: Rainbow ATE participants currently volunteer for some non-profit agencies. For Rainbow to have them "volunteer" to work for Rainbow, or even for a closely affiliated agency like Central City Concern, in order to offset costs, would undoubtedly run afoul of Wage and Hour Laws and would probably be considered a rights violation as well (32, 38).
- *Food service:* This needs to be looked at more carefully. If there are no cooking facilities for residents and one common meal is established, where will they get other meals? If the bulk of SS/SSI is going to housing, it will leave little for restaurant meals (32). The café concept is interesting and perhaps workable, but this is an ambitious project, which would likely require a great deal of separate advance planning. Some other provision for meals would be required in the interim. The model seems similar to that of Sisters of the Road, which Rainbow might contact for "cloning" information, if it has not already done so. It should be noted however, that Sisters of the Road is not self sustaining by meal sales, but depends heavily on grants and active fund raising (32).
- *The "Primary Recovery Unit:* There needs to be clarification of where individuals will go when they must leave the Center due to drinking and using, especially people who have Supported Living or SILP services. Rainbow's long term plan is for a Primary Recovery Unit on a "night shelter" model, but they recognize issues of funding and this is not included in their preliminary budget. For individuals who receive Supported Living Services, it is essential to have an answer to this question at the outset (33-34).

- *Evaluation:* Since the Mark Smith Center would be a pioneering effort, it is essential that ongoing evaluation be an integral part of the project. No evaluation component is included in the proposal.

2) ASSESSMENT OF THE CURRENT AVAILABILITY OF RESIDENTIAL OR NON-RESIDENTIAL A&D TREATMENT SPECIALIZED FOR DD ADULTS:

- The only A&D treatment service specialized for DD adults in Multnomah county identified in the survey was the Rainbow 12 step program.

3) ASSESSMENT OF THE NEED FOR A&D SERVICES WITHIN OUR POPULATION:

The following section will draw attention to the current trends in A & D treatment for individuals with developmental disabilities; provide an overview of the availability of residential or non-residential A & D treatment resources (non-DD specialized services being used currently for the DD population); and an assessment for the need for A & D treatment services specialized for people with developmental disabilities.

Of the 26 DDSD staff surveyed, 13 staff members responded that they have clients needing A&D services:

- **63 individual consumers that we serve are in need of Alcohol and Drug Services. Of those 63 consumers:**
- 15 have funded vocational services (voc. funding ranges from \$200.00 to \$1245.50 with an average cost of \$779.71);
- 18 have funded residential services (res. funding ranges from \$380.33 to \$4172.71 with an average cost of \$2411.32);
- 3 have Horizon's grant funding
- 36 have no funded services;
- 15 are currently getting A&D treatment;
- 8 receive DD specialized services through the Rainbow 12 Step Program;
- 7 have received A&D treatment services in the past, but have not remained clean and sober;
- 1 has remained clean and sober for one year after treatment;
- 35 have not received any A&D treatment;
- Of the 22 clients who currently receive A&D treatment services or who have had services in the past, the following are the most commonly used resources:

- *Alcoholics Anonymous/Narcotics Anonymous
- *North Portland Treatment Center
- *Network Project Stop
- *Individual Counseling Network
- *St. Vincent Hospital
- *CODA
- *Portland Acupuncture and Addictions Center
- *Hooper Detox
- *Tualatin Valley Centers
- *Estate Hospital

- *Garlington Center
 - *Depaul
 - *Mt. Hood Mental Health Intake
 - *Rainbow 12 step program
 - *Delauney Mental Health West
- The following are additional A&D resources that DDS has used in the past:
 - *FAS Counseling and Consultation
 - *Pacific Gateway Hospital
 - *Rising Spirits Association (Chemical Dependency Assessments only)
 - *Oxford House Hotline/Rose City House (Transitional Housing)

When asked, "In an ideal world, what services are needed?" The most common responses were:

- long term inpatient and out patient treatment programs individually designed for patients having developmental disabilities and mental illnesses;
- Drug free social drop in centers for clients that have developmental disabilities;
- Individual and group counseling sessions with therapists that are trained to work with individuals having developmental disabilities;
- Long term transition housing for individuals with developmental disabilities;
- A&D classes and ongoing A&D education;
- Adding A&D component to the Family Resource Center;
- African-American culture support;
- One-on-one mentoring program for people with DD;
- A&D support group for individuals with DD.

4) FUNDING ESTIMATE OF PLANNING AND OPERATING COSTS FOR 3-5 CONSUMERS:

Due to limited research time, we were unable to estimate accurate numbers to reflect planning and operating costs for this pilot project. However, we were able to identify some funding issues associated with implementing the Mark Smith Center model, and provide sample costs for funding a non-DD residential A&D treatment service:

Cost Effectiveness:

- At a cost of \$587 per month (plus housing costs), the program would be extremely cost effective.
- For many individuals, no additional funds would need to be allocated. For many individuals currently in DD funded services, this payment could be made out of current service payments and no additional funds would need to be allocated on an ongoing basis. For example, the 5 alcohol and drug dependent individuals served by Rainbow whose support needs were assessed in 1995 had service payments of around \$2500 to \$5100 at that time. Given the support needs of those people at that time (for example, none had round-the-clock staffing), their service payments should easily have covered the cost.

Questions about payment from service payments:

- Is there a contracting problem with doing this? This should be referred to the appropriate PDS or other contract specialists for an opinion;
- If a person is served by a DD funded residential provider other than Rainbow, could that provider refuse payment?

Financial issues about startup and about a smaller pilot project:

- Economies of scale may make it harder to provide the service at \$587/mo. for fewer than 24 people;
- If the treatment model includes treatment groups and a sober community, it may not be feasible to set up a pilot program for a very small number of individuals;
- Start-up costs should be budgeted to include a "phase-in" period because staffing may not be able to be reduced beyond a certain level, despite a small number of participants.

The Mark Smith Center Proposal represents an outpatient A&D treatment model closely affiliated with specialized residential supports for DD adults. The following figures represent residential non-DD A&D treatment service costs. It is difficult to compare these costs to the Mark Smith Center proposed costs because they are very different types of services.

- Current cost of residential (non-DD specialized) alcohol treatment: \$8249/yr
- Current cost of residential (non-DD specialized) drug treatment: \$10,833/yr
- These figures may be augmented by the agency using treatment fees, food stamp funds, or other funding sources.

The amount initially authorized for outpatient treatment:

- \$1800 for Care Oregon
- \$1200 for ODS
- Agencies can apply for extensions on this amount if further treatment is clinically justified. Since the proposal stresses that treatment for CD/CD individuals may progress at a slower rate, higher authorization amounts may need to be negotiated individually with each Managed Care Plan under OHP.

Appendix A

DATE: March 2, 1995

TO: Dennis Adams, Program Manager

FROM: Alcohol and Drug assessment team :
Nancy Tucker (Diagnosis and Evaluation Coordinator)
Lee Greer (Behavior Specialist)
Tom TenEyck (Assistant Professor, Department of
Psychiatry, OHSU and Director of OHSU's Addictions
Treatment and Training Program)
Lynn Stott-Meyo (Program Development Specialist, Mult.Co.
Alcohol and Drug Program)

RE: General Recommendations

At your request we have assessed support needs for five individuals who are affected by alcohol and/or drugs and who are supported residentially by Rainbow Adult Living. We have provided individual written assessments including recommendations for supports for each person. In addition, we have some general recommendations.

As we discussed in the recent Forum on Alcohol and Drug Issues, there are two kinds of barriers to providing appropriate services for individuals who are developmentally disabled and affected by alcohol and/or drugs. One is the lack of a "hook" (motivating factor) or "handle" (legal authority to require treatment or impose consequences). The other is the lack of alcohol and drug treatment and support resources accessible to people with developmental disabilities, and a lack of effective treatment models. In assessing these five individuals we identified some "hooks" and "handles" that are being underused. We also identified some resources that are usable or could be made useable with supports available in the DD system and with networking and education of A & D providers. These individuals also have some needs which cannot be met, or not very well met, in the present system.

We see this evaluation both as a learning experience and a pilot project. We believe that the individual, interdisciplinary, case conference format that we used to is an excellent tool for identifying needs of and resources for individuals with very challenging combinations of diagnoses.

We recognize the central role of each individual's ISP team in support planning. Our process was not intended to replace that process. Rather, it supplements it by providing an "outside look" at each person and their current supports, and some specific recommendations for each person and for their support system generally.

Our general recommendations are as follows:

1. Rainbow should be commended for its ongoing commitment to providing services to these very challenging individuals.

2. Each of these individuals must have supports and services which are individually designed. The needs of these individuals, while having some things in common, are very diverse. The individuals would not be well served by one group home or similar program.
3. Rainbow needs to acquire consultation services from an Alcohol and Drug professional to guide development and oversight of services to each individual. The consultant should be someone with experience providing alcohol and drug treatment to people with mental illness, and if possible, experience working with people with developmental disabilities. The consultant should be approved by the Multnomah County Developmental Disabilities Program and should meet with a person or team designated by the DD Program prior to and throughout service provision.
4. Rainbow needs to develop a detailed Individual Support Plan and Residential Support Plan for each person and monitor implementation closely to assure staff consistency. The A & D consultant needs to be involved in development and monitoring. Plans should be very specific, detailing which support services are appropriate and which are not (i.e. those which might constitute "enabling"), consequences of specific behavior, etc.. Plans are subject to ISP team approval.
- 5.. Rainbow and the A & D consultant should develop a staff training plan to assure initial and on-going training in alcohol and drug issues for all staff working with these individuals.
6. All staff working with these individuals should have easy access to the A & D consultant to discuss issues or problems as they arise.
7. For any individual who has a separate alcohol and drug treatment program, Rainbow needs to coordinate residential and vocational services with A & D treatment to assure consistency. If possible, joint ISP meetings/staffings should be held. Individual plans should include agreements delineating specifics, such as what information should be communicated, by whom, etc.. Rainbow staff should communicate at least every other week with the treatment program, documenting contacts and follow through.
8. For individuals who express an interest in attending AA or NA or who are required to attend, Rainbow needs to assist the individual to develop a network of AA meetings to which the individual can relate and a sponsor who the individual admires and who is available for support. Staff should make a number of contacts at AA to brainstorm with them which are the best meetings to try and any special accommodations they might be able to make in order to best integrate the individual.
9. Rainbow should provide more supports for most of these individuals. Many them say they want specific supports from Rainbow that they are not now receiving, and most of the supports they identified are appropriate and might assist the individuals in

attaining or maintaining sobriety. Examples are: locating, providing transportation to, and helping with integration into AA meetings; assistance in accessing recreational activities; assistance in getting to medical and other appointments; and locating and providing a counselor. Some of the individuals and some staff said that they thought Rainbow didn't have the time to provide more supports.

10. Rainbow staff and DD Program Service Coordinators need more information about the responsibilities of Social Security Representative Payees. The "handle" of payeeship appears to be underused, probably because of a lack of information.

11. Rainbow should provide progress reports to Multnomah County DD Program ^{once} twice a month, outlining progress made toward the recommendations for each individual and the individual's alcohol and drug status. Rainbow representatives, including the Executive Director and the Rainbow A & D consultant, should meet monthly with a person or team designated by Multnomah County DD Program to review progress.

12. The Multnomah County DD Program needs to have access to an alcohol and drug consultant of its own with the same qualifications as in 3, above.

13. The DD Program needs a small ongoing team to oversee the programming for these individuals. Team members need to be knowledgeable about alcohol and drug issues and have access to the Multnomah County DD A&D consultant for advice as needed.

14. All Service Coordinators serving these individuals, and Program Development Specialists involved in their residential and vocational program should have training in alcohol and drug issues and should have access to the DD Program A & D consultant.

15. Rainbow and the DD program need to assist the A & D Consultants to understand the philosophies and regulations under which DD provider agencies operate.

16. Consultants, A & D providers, the County DD and A & D programs, the State DD and A & D programs, and agencies serving the five assessed people and other alcohol and drug affected individuals with developmental disabilities need to have ongoing dialogue about where A & D treatment and DD policies conflict and how these conflicts can be resolved so that individuals' interests are well served.



Appendix B

MULTNOMAH COUNTY OREGON

COMMUNITY & FAMILY SERVICES DIVISION
DEVELOPMENTAL DISABILITIES PROGRAM
426 S.W. STARK, 5TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3658 FAX (503) 248-3648
TDD (503) 248-3598

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

DATE: April 21, 1995

TO: Those involved in provision and monitoring of services to 5 identified individuals served by Rainbow Adult Living (see distribution list below)

FROM: Dennis Adams 

RE: Alcohol and Drug Advisory Team

An Alcohol and Drug Advisory team has been established to assist the Developmental Disabilities Program in the integration of appropriate services for persons with developmental disabilities and coexisting chemical dependency needs. It is envisioned that this team may, in the future, offer a variety of consultative services such as conducting individual case reviews (as requested by Service Coordinators) to generate recommendations, developing staff training opportunities, assisting in the identification of Alcohol and Drug treatment and support resources, etc..

On a time limited basis, this team will, in addition to its consultative role, assist the Developmental Disabilities Program in the additional function of coordinating the monitoring of services to five specific individuals served by Rainbow Adult Living. Such oversight will occur during a period of transition in service provision. To accomplish this task, the Team will provide consultation to persons involved in existing ongoing monitoring efforts (see below), as needed, regarding A&D treatment philosophy and community resources. Coordination of monitoring efforts will be accomplished by Team involvement in any or all of the following activities: obtaining reports of ongoing monitoring activities; chart reviews; attendance at ISP meetings; interviews with individuals and staff; meetings with Rainbow and Multnomah County staff; and other activities. The Team will summarize findings for my review, and make recommendations for my review and approval.

Once persons responsible for ongoing provision and monitoring of services have received sufficient consultation to independently perform these new functions (this assumes that resources for ongoing A&D consultation remain available), the A & D Advisory Team will phase out its oversight involvement, but may continue its role

If you have a disability and need special accommodations, please call (503) 248-3658 TDD (503) 248-3598.
Persons requiring a sign language interpreter, please call at least 48 hours in advance.

AN EQUAL OPPORTUNITY EMPLOYER

The following represent some of the criteria which define service delivery and monitoring responsibilities.

Case Management OARs
Supported Living OARs and Vocational Program OARs
Multnomah County Contract Conditions
Existing Variances to OARs
Office of Developmental Disability Services On-Site Evaluation Report
Program Development Specialist and Case Management Job Descriptions
Rainbow Adult Living's written Policies and Procedures

I request that each of the persons (or category of persons) listed above as responsible for ongoing monitoring functions develop a written plan describing their role in monitoring provision of services to the 5 individuals. In developing these plans, I request that these persons refer to any relevant existing monitoring criteria, including those listed above, and the recommendations of the A & D assessment team. The plans should address specific tasks which will be undertaken to fulfill their monitoring role. Such plans might address the ongoing monitoring role, as well as a more intensive plan for monitoring during this transition period. The length and detail of each monitoring plan will vary, depending on the responsibilities inherent in the position.

I request that these monitoring plans be submitted to me no later than Monday May 8, 1995. Thank you for your continuing commitment and cooperation.

Distribution List:

Julie Beaton
Aubrey Davis
David Dischner
Elisa Deierlein
Lee Greer
Secelia Holte
Norma Jaeger
Howard Klink
Dawn Madden
Lannie McGuire
Mehran Nabavi
Lorenzo Poe
Sandra Potter
Torrance Royer
Kirk Sharrer
Jon Smith
Lynn Stott
Tom TenEyck
Nancy Tucker
Robin Williams
ODDS Licensing Team
Developmental Disabilities Program Staff
Developmental Disabilities Management Team

Appendix C

Alcohol and Drug Advisory Committee Status Report and Recommendations to Dennis Adams

Meeting May 3, 1996
Report finalized May 22, 1996

Present: Tom TenEyck, Lee Greer, Secelia Holte, Rex Surface, Nancy Tucker, (input obtained from David Dischner)

The Alcohol and Drug Advisory Committee was formed in April, 1995 at the request of Dennis Adams. The Committee was established to serve two primary functions. The first of these functions was to assist the Developmental Disabilities Program with the integration of appropriate services for persons with developmental disabilities and coexisting chemical dependency needs. This was envisioned to include a variety of consultative services such as: conducting individual case reviews (as requested by Service Coordinators or others) to generate recommendations; developing staff training opportunities; assisting in the identification of Alcohol and Drug treatment and support resources; etc..

The second function was to be performed on a time limited basis. The Committee was asked to coordinate the monitoring of services to five specific individuals served by Rainbow Adult Living (RAL). Each of these five (now four) individuals had (and has) a very serious alcohol and/or drug problem, and everyone involved agreed that new options for service delivery needed to be developed. During a period of transition, the Committee was to offer consultation regarding A & D treatment philosophy and resources to those persons responsible for ongoing monitoring and assist in coordination among those persons. The planned outcome was that, once persons responsible for ongoing provision and monitoring of services had received sufficient consultation to independently perform these new functions, the A & D Committee would phase out its oversight involvement.

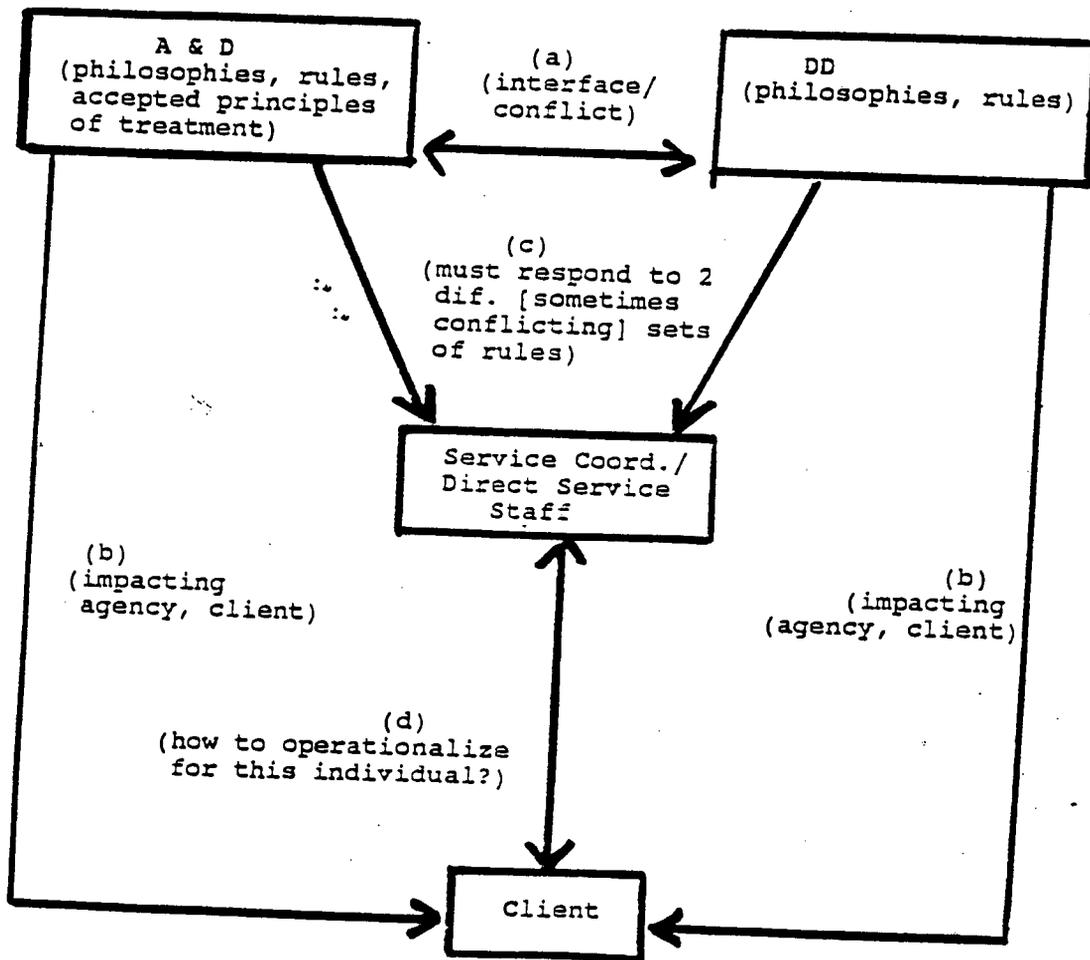
This RAL oversight (which primarily fell under our second function) occupied the majority of the Committee's efforts during the past year. What follows is an analysis of what the Committee was able and not able to accomplish in this role. Included is our interpretation of RAL, Multnomah County DD Program, ODDS and the Committee's successes, attitudes, and functioning in relationship to these issues. Following this analysis are recommendations for the future.

The RAL oversight process was a challenge in communication and coordination which, at times, resulted in frustration. Some of this the Committee recognizes as inevitable, since there is always a sense of urgency and tension whenever we work with persons who are placing themselves at such extreme risk. Furthermore, in these cases there are no clear and easy answers. There were risks with every decision, whether action was taken or not. The death of one of the original five individuals reinforced our realization of the importance of grappling with these complex issues. Nevertheless, coordination between so many "players" was difficult and roles sometimes became confused. Communication, at times, was less clear and direct than what would have been best. Although the Committee was able to facilitate some interagency coordination within the county (DD, A & D, MED), there were disappointments regarding what could not be coordinated or accessed. However, in evaluating our work, we need to remember that the "success rate" after treatment (defined by sobriety/remaining clean) for non-disabled people is low. In addition, we chose five of the most severely addicted, desperate people in our system upon which to focus our efforts. Obviously, our outcome data will be affected adversely by this fact. One thing that we have learned is that intervention should occur earlier in the individual's process of addiction. This is a challenge since the DD system is "crisis driven", with our limited resources usually focused on the most immediate and dire needs.

The Committee believes, however, that RAL, county, and state staff have gained increased knowledge as a result of this process. The increased knowledge has helped us to identify more precisely the areas in which A & D and DD systems are in conflict, and the true gaps in service provision.

Each person responsible for an aspect of monitoring developed, in consultation with the Committee, a plan which delineated their role in the process and specific monitoring activities they would accomplish. Most of the Multnomah County and ODDS staff responsible for monitoring did not participate as fully as their plans described or as the Committee had hoped. In addition, the follow through by RAL, ODDS, and county staff on A & D Committee recommendations was inconsistent.

The Committee empathized with the role of the Service Coordinators, who seemed to constantly feel "caught in the middle" - needing to align with the DD system, wishing to cooperatively work with RAL and advocate for the individuals, and uncertain how best to pragmatically "take a step forward". There were no "maps" for this new territory. The following diagram provides a visual representation of this dilemma:



(The client has freedom to make choices and there is no assurance that these choices will be adaptive, rather than maladaptive)

The Committee contributed its own impediments to this demanding and complex task. Because others sometimes did not adequately assume their monitoring and coordination roles (as the Committee understood those roles), the burden fell upon certain Committee members for activities outside of the realm of oversight. This may have contributed to the blurring of roles. This should have been identified more clearly early in the process, with a request to reassess priorities. Instead, some Committee members simply assumed the responsibility. Another factor was the length of time which this function demanded. The original goal was for the Committee to provide assistance and then phase out oversight involvement, with an estimated timeline of six months to one year. Some members felt this level of focus on four people to be unjustified given their other responsibilities and priorities. Some Committee members viewed their role to include oversight of specific A & D treatment and program planning issues. Others were less interested in the specifics, perceiving their role as more general. All found this extended process very time intensive (considering other job demands).

Currently, RAL staff generally appear to have gained a basic understanding of A & D principles. In addition, they seem to have gained some awareness of how to apply those principles in interactions with individuals. Some staff have done exemplary work. RAL's consultation with Jerry Annand seems to have offered a significant contribution. However, only recently have RAL (as well as Multnomah County and ODDS) staff begun to grapple with how, in a specific and practical way, these A & D principles can be applied within the constraints and framework of the developmental disabilities system (including OARs). For example, RAL's recent proposal regarding making access to the residence contingent upon sobriety provided some specificity from which discussion can begin.

Some of the challenge and frustration the Committee experienced came from RAL's "corporate culture" or "agency style", which some on the Committee viewed as, at times, dependent: wanting others to provide the answers, and angry they are not provided. There were instances in which they requested assistance, then disregarded suggestions. Later they requested the same assistance again. For example, RAL asked the Committee for a general statement of support for the concept of making services contingent upon sobriety or participation in treatment. The Committee asked for specifics (including an individualized plan and analysis of OARs). RAL did not provide this, however they continued to request general approval of the concept and imply that the Committee was impeding appropriate provision of services. At other times, when the Committee suggested specifics, RAL accused the Committee of attempting to micro-manage. Their communication often gave the unspoken message that the "system" (DD and A & D and the Committee) is the problem (not enough resources, not enough assistance, too much oversight, etc.).

RAL staff often seemed to view DD rules and policies primarily as impediments. The Committee viewed their style as enthusiastic, impulsive, focused on short term "fixes", and impatient when much planning and analysis is involved. They made comments that there was no time for careful planning and analysis because "people are going to die". RAL summary reports often mentioned that inadequate A & D treatment resources were available for an individual. These reports failed to adequately acknowledge that, although resources may have been limited, there were times when available services were refused by the individual or could not be provided because the individual would not maintain sobriety for a minimal time in order to engage in treatment. In addition, a perspective that the DD rules are "roadblocks", does not adequately consider and incorporate the important values inherent in them. Of course, it is easier, faster, and less frustrating to bypass the rules rather than carefully analyze each, with a careful and respectful commitment to abide by their underlying values.

On the other hand, the developmental disabilities system too often views its rules as "God's original word". To enforce the rules in such a rigid and literal sense can be a way to avoid the really complex issues. Rather than a roadblock to bypass, we use "the word" as a shield to artificially deflect and simplify the difficult decisions. Thus, neither the "system" (county or state) nor the

provider provide the treatment the client needs.

There exists an inherent, and inevitable, tension between DD philosophy/rules and A & D philosophy/rules. The committee views this tension not only as OK, but even desirable, since it demands a careful and thorough consideration in order to determine a healthy balance between the two perspectives. At this point in time, however, there has been inadequate "give and take" and the tension has served to impede rather than to balance. Referring to the diagram above, Service Coordinators have been in the position of grappling with this interface at the level of (c) in an attempt to operationalize on behalf of the individual (d). What is needed is more (much more) dialogue and resolution at the level of (a). The DD system cannot simply say this doesn't work, and walk away. We still have a problem to solve.

This communication has just begun. The Committee reached an impasse in that it could struggle with the inherent conflicts on a philosophical level, but did not have the power to resolve them at the actual level of application. It is for this reason that people in decision making roles (those who license and monitor services, allocate funds, participate in individual support planning) must engage in extensive, and open-minded dialogue. The goal would be an analysis of how to incorporate appropriate A & D treatment principles in the delivery of services to people with developmental disabilities while complying with the law and the values behind the OARs. These "decision makers" should be delegated the authority and the mandate to successfully grapple with these issues. Perhaps accessing "outside" facilitation would assist in this process.

The Committee was unable to do anything significant to provide consultation to others in the Developmental Disabilities Program (function number one) because we were so focused on these individual cases (function number two). However, it was through agonizing with these individual cases that we were able to identify some of the real barriers in obtaining or providing services to people with these needs. Committee members and others (including RAL) still view there to be a need for a Committee to continue for the purpose of addressing function number one. The Committee will meet in the near future to more specifically define this role. More input will be elicited in the definition of this service. These recommendations will be provided in a future document.

The Committee recommends that its RAL oversight function (number two) be terminated, with oversight for these services relinquished to those persons in roles responsible for ongoing monitoring. Reports regarding the current status of the four targeted individuals are attached.

STATUS OF A & D PROJECT INDIVIDUAL
May 22, 1996

" B.B. "

This report is based on information from Robin Williams, B.B.'s service coordinator, updated May 21, 1996.

Current living situation: Apartment at 36 SE 80th, #18. She lives with her boyfriend, who does not receive DD services. They are being evicted through no fault of B.; the landlord lost the Section 8 certificate. Rainbow had planned to look for a new apartment for B., but see "ISP" below.

Where she actually stayed, last 3 months: In her apartment with her boyfriend.

Legal status/issues: No charges pending. Not on probation. Custody of her child has been resolved. The child will not live with her. She is negotiating for some visitation.

Medications: Zoloft, 25 mg. in A.M., Klonopin 0.5 mg. at bedtime. She seems to be taking the medication regularly. She says it isn't working quite well enough, but she is observed to be calmer, more composed, and even happier. The doctor will probably taper her off the Klonopin unless she participates in A&D treatment. She has other non-psychotropic medications.

A & D treatment: She attends NA and AA meetings independently and sporadically. She is in non-A&D-specific counseling; attendance is good. This may lead to some A&D treatment because she will be told that without treatment they will taper her Klonopin.

Drinking/drug use in last 3 months: Drug and alcohol use has not been visible. She told her physician that she has an occasional beer. Over the last couple of weeks, there has been "some suspicion that something is going on". She is thought to be dating other men. No direct evidence of alcohol/drug use, although they are concerned because she has a pattern of use when there are changes in her life.

Work/ATE: Rainbow ATE. Participation about 50%. ISP goal is 75% participation. She does volunteer work at SE Uplift, doing mailers and flyers. Lately she has been expressing interest in employment (SEE ISP below).

ISP: Annual ISP was 10/5/95. Other meetings 2/22, and 4/4. On 5/20, an ISP meeting was held. After discussion and planning of ways to accommodate B.'s wish to look for a job on her own, and ways for her to gradually assume more responsibility for her finances, B. stated that she wanted no supervision at all and wanted out of everything. She was reminded of the provision in her annual ISP that if she says she wants to terminate services, this will start a 60 day period of no assistance of any kind being offered. During

the 60 days, B. can ask for assistance from RAL if she needs or wants it, and they will provide it. A request for help during the 60 days will be interpreted as changing her mind about wanting to exit. B. repeated her request, so it was documented that the 60 day trial period has begun. Rainbow will document any contacts B. makes with them. A check-in ISP meeting is planned for 30 days. During this time Torrance is to limit his activities, as B.'s payee, to giving her a living allowance every other week. B. also talked about whether she needed to have a case manager and Robin told her she did not if she was not in services. Robin plans to offer to assist B. with doctor and counseling appointments during the 60 day trial period. If B. does exit RAL, exiting case management also will be explored at that time.

Availability for services: She has been available except for one week that she was running from her boyfriend and spent time at her mothers. Rainbow has to "track her down" sometimes to provide services.

STATUS OF A & D PROJECT INDIVIDUAL
May 22, 1996

"G. C."

This report is based on information from Robin Williams, B.B.'s service coordinator, updated May 21, 1996.

Current living situation: He is currently in the Multnomah County Jail, since 5/17. On that day he overdosed on heroin, apparently deliberately, and stepped off some part of the Steel Bridge onto pedestrian steps in what is reported to be a suicide attempt. He stopped breathing but was resuscitated and is now in jail by order of his parole officer.

His "official" living situation is a small house at 14110 SE Division.

Where he actually stays, last 3 months: About 55% in and out of 3 motels. About 30% in jail. About 15% with friends, although other alternatives were offered.

Legal status/issues: He is on post prison supervision until 2/5/97. His P.O. is Barbara Ehrlich. As stated above, he is in jail for violating terms of his release. He would probably have been arrested even without the OD, because he has missed his UAs. His P.O. does not want to release him and is searching for options.

Medications: None prescribed currently.

A & D treatment: Sporadic attendance at 12 -Step meetings and Rainbow's "First step meeting." No other active treatment except detox in jail.

Drinking/drug use in last 3 months: Not abstinent for more than a week unless incarcerated. Drugs of choice appeared to be speed/methamphetamine, however his recent overdose was heroin. Just prior to that, he was thought to be using only alcohol. He had his first clean UA 3 weeks ago, but has not shown up for scheduled UAs since.

Work/ATE: Rainbow ATE (Beverly Hetrick) reports that when he is out of jail his participation is 100%. He does volunteer work at the Zoo two days a week (composting, recycling, litter patrol) and two days a week at Fish (stocking shelves, filling food baskets, loading trucks).

ISP: "4/29/96 attempt at annual." Other meetings 2/21, 3/6.

Time available for services: Unavailable about 10-15% of the time (when he is with his friends.) During this time he sometimes calls the SILP office and maintains contact.

Other information: Statement from Robin Williams, Service Coordinator, made prior to G.'s recent arrest: " I am aware that G.'s service payment is being reviewed for termination or reduction. I suppose I have been very clear that I oppose this.. I am convinced that the only service model that will work for him would use the entire current service payment, though if successful I can imagine a reduction in his rate over time. Sadly, it is very hard to talk about new approaches to his needs because of the persistent concerns about the competency of Rainbow Supported Living Program to deliver even the most rudimentary of services, much less the design and implementation of a ground breaking program. Rather than reducing or stripping G of his service payment, I ask all involved to instead consider a move of G.'s service payment to another SILP provider in good standing. This way, provider performance could become less of a variable when judging G.'s needs relevant to his service rate, and perhaps a more competent effort at treatment could be made."

Subsequent to G.'s recent arrest, Robin reported that she had talked to Jessica Leitner about the possibility of G. going to EOTC. Also she has suggested that Jerry Annand, RA's consultant look for a treatment program for G.

STATUS OF A & D PROJECT INDIVIDUAL
May 22, 1996

"W.D."

This report is based on information from Aubrey Davis, W.D.'s service coordinator, updated May 22, 1996.

Current living situation: 517 SE 29th, an apartment. He moved there on 5/2. Prior to that he was at Rainbow 29th (across the street) in an apartment.

Where he actually stays: In his apartment.

Legal status/issues: He is on probation until August 96. He was arrested for probation violation on 2/16 and spent 11 days in the Justice Center's psychiatric wing. Released 2/26.

Medications: Prolixin injection every 3 weeks, Benztropine 2 mg. b.i.d., antabuse 500 mg. daily. No show for his prolixin injection 5/17. He is taking his antabuse.

A & D treatment: Attending weekly group treatment at AT&TC. He is attending Rainbow 1st step meetings which are held in his apartment.

Drinking/drug use in last 3 months: UA positive for marijuana 3/26. RAL reports 3 days of intoxication and one day of marijuana use. Vomit has been seen in his apartment and it is suspected that Walter has occasionally vomited because he drank while on Antabuse.

Work/ATE: Works with SERP cleaning parking lots. Attendance averages 17 out of 21 days.

ISP: Annual ISP 1/8/96. Last special ISP was written 5/15/96, addressing his move to the apartment on 5/2.

Time unavailable for services: "Supports are very limited due to him not showing up for appointments with staff or refusing to participate." In last month and a half he has been hanging out with a group that drinks and uses drugs. They often gather in his apartment. During that time he has been unavailable or refusing service more often than not.

Other information: Aubrey believes that so long as W. is hanging around with his current group, there will be problems. He questions whether Rainbow 29th and the surroundings are appropriate for anyone at this time, due to the street people and other non Rainbow "drinkers and partiers" are hanging out there. He believes there is not enough staff supervision. The atmosphere encourages drug and alcohol use, and also puts people (including those who don't drink and party) with being abused or exploited in various ways including for money, and possibly sex.

STATUS OF A & D PROJECT INDIVIDUAL
May 22, 1996

"M.C."

This report is based on information from Aubrey Davis, M.C.'s service coordinator, updated May 22, 1996.

Current living situation: No known address.

Where she actually stays: Has been sporadically in shelters. Has been evicted from motels, Inns, and some shelter places. Unclear exactly where she is staying.

Legal status/issues: Nothing known to be pending. She was arrested for failure to appear on trespassing charge, but was released and charges dropped.

Medications: Alupent and Azmacort inhalers, imipramine 25 mg. b.i.d., and loratidine 10 mg daily. (Note: Nancy Tucker expresses concern about who is prescribing since imipramine, a tricyclic antidepressant, is not a good mix with alcohol use.

A & D treatment: None.

Drinking/drug use in last 3 months: Unknown due to sporadic contact. She was sober 4 weeks when in court ordered treatment in January. In February, RAL staff suspected drinking 10-12 times.

Work/ATE: Rainbow ATE. Worked 21 out of possible days 33 days, mostly collating or distributing flyers.

ISP: Last ISP was 3/12/96 exiting her out of residential services.

Time unavailable for services: n/a

Other information: Her appeal of her termination has not been decided. Rainbow is providing some services during the appeal. If she's sober, they get her a motel room. Assist with med monitoring and medical appointments, Beverly of Rainbow ATE is the person Mickey usually asks for help. They have also arranged for her to be able to take a bath or do her laundry. Rainbow is still her payee.

MEMORANDUM

To: The Sponsor Group

February 6, 1998

From: The Core Team

Subject: Status Report

These are exciting times. On November 13, 1997, Multnomah County unanimously passed a resolution endorsing the idea of community building. On January 7, 1998, the City of Portland followed suit and unanimously passed a resolution endorsing the idea community building. These resolutions included references to such things as commitment to comprehensive planning with communities for service delivery; focusing on the needs of customers; working with the State, schools, cities and the business community to plan services together, remove barriers, and leverage resources; interdepartmental cooperation and coordination to reach the goal of county wide community building. The emphasis is on capacity building and leadership from the communities.

Along with passing the resolution, the County approved the allocation of \$65,000 to be used toward the development of community building in the initial six areas.¹ The Caring Communities and others in each of the areas are currently working with the area lead people² on the Core Team to determine the use of the money in each of the areas. Four of the proposals have been turned in and the other two are anticipated to be in by next week.

The efforts occurring in the six areas are works in progress and are evolving at varying levels. In what follows we have provided a brief account of the status of each of the six areas.

Outer Southeast Portland:

The growth and progress in the case of the Outer SE Portland community building efforts have been progressing beyond expectations. Some of the primary advances that have been made include the following.

- *The Continuing Collaboration.* The Outer Southeast Community Project (OSECP) Executive Committee and the Marshall Caring Community's Next Steps Team (which has a comparable role to the executive committee) have merged to form what is now a unified body called the *Outer Southeast*

¹ The areas are: North Portland, Inner Northeast (Humboldt), Outer Southeast Portland, Floyd Light, Rockwood, and West Portland.

² The lead people from the Core Team are: North Portland – Pam Arden; Inner Northeast (Humboldt) Lorenzo Poe; Outer Southeast Portland – Norm Monroe; Floyd Light – Charles Jordan; Rockwood – Sue Larsen; and West Portland – Nancy Biasi.

Partnership. They held their 2nd joint meeting in January. This group has been able to address some areas in which there has been contention between the groups and they have been able to reach an inclusive resolution to the issues.³

- *More Collaboration.* OSECP is currently working with the STEPS program to coordinate efforts to seek a competitive grant from the US Department of Labor under the Welfare to Work legislation. They will attend a briefing in Sacramento CA on February 12th dealing with the program.
- *And More Collaboration.* OSECP's resource development committee has become a vehicle for sharing agency budget information and seeking funding opportunities jointly. Initially this effort was confined to the original nine members. However, through the ongoing collaboration and interaction of OSECP, the Marshall Caring Community and others, the work of the resource committee is growing and more inclusive.
- *And Even More Collaboration.* On March 11, The County (Bill Farver) and the State (Maureen Casterline) are meeting with the Outer Southeast Partners to discuss issues such as input into the Chair's Executive Budget and sustaining the projects in Outer Southeast.
- *Community Schools.* A writing session is planned at Lane School on February 6th to prepare a grant to build a comprehensive service system to work with entire families at Lane Middle school and the surrounding schools. In addition, Lane and Lent Schools are looking at the possibilities of developing community schools based on the model of the Washington Heights Schools/Boys and Girls Aid Society in New York City.⁴
- *Working with the Annie E. Casey Foundation.* On the first weekend in March, members of the OSECP will be meeting with Bill Potapchuck. He will provide the partners with some training on developing community outcomes and indicators of community success. In addition, Casey Foundation representatives will be here on March 4th, 5th, and 6th, to discuss funding decisions and strategies.
- *A Follow-up Item – Yet more Collaboration.* The last report mentioned a new facility to house 40 staff from the State Department of Human resources and the possibility of the inclusion of community based organizations, Portland

³ This point is important in that it demonstrates the fact that the *Outer Southeast Partnership* is not merely a perfunctory group sharing information. They have begun to grapple with some difficult issues and have broken through the barriers facing them. The issues have included such things as working towards genuine inclusiveness in resource development, sharing budget information and common planning.

⁴ On January 15th and 16th Dr. Betty Rose (School Principal) and Jessica Davis (Boys and Girls Aid Society) visited the area and made presentations on their community schools in Washington Heights.

and Mt. Hood Community Colleges, and other activities to create a full service, community friendly, family-strengthening facility. The State Department of Administrative Services is continuing with the process of looking at two potential property bids.

The work in the Outer Southeast Project has, to date, developed further than in the other areas, but it is not the only area where work has progressed.

Humboldt Target Area/Jefferson Caring Community (Inner Northeast Portland):

- *Collaboration.* The Jefferson Caring Community (JCC) has integrated and enhanced service delivery through two significant accomplishments and many on-going projects. In 1995 JCC and the Multnomah County Northeast District Coordinating Team merged. Now planning and service provision are integrated among State, County, and local service providers through the JCC. Also in 1995, the JCC established the Beach School Family Resource Center. The Center works with children and families in the Jefferson Region to provide them with a seamless platform of services and facilitates intra-agency services to the clients. The Family Resource Center Coordinator is now full time.
- *More Resources.* The Urban league received a Kettering Foundation grant for the S.T.A.R.S. (Students Today Aren't Ready for Sex) Programs up and running in every middle school in Portland.
- *The City's 12 point plan – More Collaboration.* The City's goals are to implement a 12 point strategic plan to track youth gangs and youth violence incidents, reduce/eliminate youth violence in neighborhood "hot spots," and disrupt the flow of illegal guns to juveniles. The partners to this effort include the Portland Police Bureau and area law enforcement agencies, U.S. Attorney/Oregon, Multnomah County District Attorney, Multnomah County Sheriff's Office, Multnomah County Department of Adult and Juvenile Community Justice, Federal Bureau of Alcohol, Tobacco and Firearms, FBI, Oregon State Police, Local Public Safety Coordinating Council, Neighborhood Crime Prevention, and other agencies and organizations in youth services, gang services and firearms reduction efforts.
- *Parent Volunteer Training.* In collaboration with the Hand in Hand Program, Jefferson's Touchstone Program, Hispanic Resource Center, and Youth Volunteer Corp., JCC helped open the Jefferson High Parent Volunteer Resource Center. The first Parent-Volunteer Training and Luncheon to place on January 28, 1998.

- *Peace Action Zone.* The boundaries of the JCC have become a "Peace Action Zone" and a Peace Action Team has been organized to address ways to enhance community knowledge of violence/crime prevention and peace issues. Two projects are currently under development: 1) a quarterly JCC Peace Action Community Calendar with listings of various area community meetings and violence/crime prevention numbers; and 2) community forums on violence prevention and associated issues to be held in various area community centers.
- *Humboldt as a "Lighted School."* Early efforts are underway with the Alliance for Community Schools and Family Centers' "Lighted School Strategy." The JCC has agreed to become a part of a state-wide steering/planning committee to strategize the marketing, budget and implementation phases of this new program. The goal for the JCC is to see Humboldt School become a "Lighted School."

West Portland:

- *Transition.* The lead person from the Core Team working with the West Portland Project was Diane Linn. She is being temporarily replaced by Nancy Biasi. The West District Caring Community (WDCC) is spearheading the CBI efforts in the area.
- *Coordinating Team Efforts.* Currently acting as a catalyst to explore creative community uses of new Portland Fire Bureau and Portland Public School sites. This includes both use of new and retired buildings. Two elements have been discussed: 1) possible co-location of services; and 2) community involvement in planning for new sites. Future efforts include support of an enhanced community process around the use of new Fire Stations and convening discussion around the planned closure of the Multnomah Station.
- *Employment and Workforce Development Team.* Currently developing a business plan for the creation of a "One Stop" employment services model. Future efforts include provide ongoing support to the development of the West Side One Stop integrated, user friendly, employment system.
- *Wilson High School Area Team.* The initial activities included Christmas activities (and food baskets) developed and provided by Caring Community partners for children, youth and families in the Hillsdale Terrace and Robert Gray middle school areas. In February they will undertake a "Community Mapping" process that will illuminate community strengths and service gaps.
- *Homeless and Runaway.* A subcommittee has been highly successful in enhancing health services for this population. The Project Luck Providers

have participated in the Citizen's Crime Commission Study on Homeless and Runaway Youth and are awaiting the results of that study to integrate those findings into a future focus.

North Portland:

- *Ongoing Success:*
 - ✓ Roosevelt Neighborhood Family Resource Center
 - ✓ Roosevelt School-based Health Clinic
 - ✓ George and Portsmouth Middle School Health Clinics
 - ✓ Truancy Diversion Project

- *Current Efforts:*
 - ✓ Time For Kids Pilot Program Grant – Portland Parks and Recreation
 - ✓ St. Johns Woods Apartments – Drug Elimination Grant
 - ✓ Workforce Development Board – Summer Youth Employment Program
 - ✓ Family Festival – Multnomah County's Family Center System

- *Plans for Outreach Development:*
 - ✓ Develop a Caring Community of North Portland Brochure
 - ✓ Print brochures
 - ✓ Obtain mailing lists for neighborhood associations, community organizations, business community, and the faith community
 - ✓ Mail the brochures
 - ✓ Follow-up phone calls and schedule appointments to meet with organizations events.
 - ✓ Increase community base membership of The Caring Community of North Portland and its sub-committees
 - ✓ Support committee-related activities

Rockwood:

The Community Building Initiative site at Rockwood is still in the preliminary stages of development. The Rockwood area was the last area to be included as one of the six initial CBI areas. Unlike the other "project specific" areas such as Floyd Light, West and Humboldt, Rockwood still lacks a single focus activity. Instead, this project focuses on a specific population – viz., the Latino

community. Part of the expected learning of this project will be how the needs of minority populations and populations of color can be addressed by CBI⁵

The first step of the project in Rockwood has been to begin to identify and meet with key organizers in the area. The Core Team members who have begun to make connections and contacts with the East County Caring Community, the City of Gresham, Mayor Gussie McRoberts, Police Chief Bernie Guisto, the Housing Development Program (Human Solutions), the Multnomah County Family Center, Edgefield/Eastwind, and the prominent provider of Latino services in Rockwood, El Programa Hispano.

CBI presentations have been made to El Programa Hispano and East County Caring Community. The emphasis of these discussions has been what a project like this might focus on. Continued community input and outreach will continue to be addressed. One early possible recommendation for an activity has been brought forward by Eastwind Family Center and Metropolitan Group. Through a contract with Multnomah County, the marketing firm of Metropolitan Group is working with Family Centers to develop neighborhood celebrations called "Family Festivals." These events are being designed to bring neighbors and community members together in a festive way that encourages both family and individual participation. This is an early suggestion and has not yet had a full discussion – it is meant only to serve as an example of what the community may want.

Some Action Items for the Sponsor Group:

- Consideration of the use of Lane, Lent and their feeder schools on an extended hours basis in order to pursue the types of innovations modeled by the Washington Heights Community School joint programs between the schools and the Boys and Girls Aid Society – overcoming the barriers of extended hours and janitorial considerations.
- Inclusion of the Outer Southeast Partners early in the budget process of the County and possibly a parallel inclusion the budget processes of the other partners.
- Consideration of the issue of the immediate continuation of the projects currently operated by the OSECP. The issue here is that the timing is such that there have been tremendous strides made in the Outer Southeast Project

⁵ The CBI definition of "Community" in terms of a geographic area and the people who live in and have an interest in that area. It does not address the issue of the African American community, or the Latino community, etc. Rockwood provides us with an attempt to learn how to integrate the varying notions of "community."

yet the "survival" issues of the various projects run counter to, and provides a major obstacle to, community building efforts.

- Supporting efforts to negotiate and re-enforce the development of community building outcomes as opposed to programmatic or service delivery outcomes.

MEMORANDUM

To: The Sponsor Group
From: The Core Team
Subject: Status Report

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Center for Community Building

Goal: To move towards making community building county wide.

Community building needs to be seen as a countywide activity and we need to develop internal and external capacity to plan, implement and organize. The Center for Community Building is being developed to take the lead in the development of CBI within the County.

Short term: The Center will perform directed research, develop tools and technical resources to support CBI development.

Long term: Provide impetus, coordination and support to implement CBI county wide. The Center will have four key components:

1. Internal county reform in support of implementation of the Community Building Initiative. This component will examine and address the county's internal business operations and additionally examine and improve upon the county's ability to respond to and work with neighborhoods.
2. Develop county capacity to engage external partners (individuals, associations, and organizations) and increase their ability to participate in community building activities.
3. Coordinate training for community building participants, implementation staff, and sponsors, in the development of technical skills and general knowledge and principles of community building.
4. Coordinate resource development activity for expansion of the community building initiative, resources will be sought to support community organizing and technical assistance. Included in this component is the analysis and development of a model for a new public service corporation to replace the center for community building and undertake the primary responsibility for implementing the community building initiative.

The Center will be separate from the County Departments and closely aligned with the office of the County Chair. Care is being taken to ensure that we do not create, nor appear to create, an "additional layer of Bureaucracy. On the contrary, we believe that

the Center will symbolize our willingness to do business differently and to draw on the whole county to accomplish our goals.

On May 5th an initial team met to initiate the development of the Center.¹ The team assigned the following task areas:

- a) External Community Design (Rhys Scholes, Rey Espana)
- b) Caring Communities, Family Centers, Family Resource Centers – Their relationships and interaction (Sue Larsen, Maxine Thompson, Jan Sinclair)
- c) Internal systemic changes (Norm Monroe, Lorenzo Poe, Dianne Iverson, Tom Darby)
- d) Public Relations roll out (Rhys Scholes, Gina Mattioda).

On May 11, Norm Monroe, Dianne Iverson and Tom Darby also met to discuss over all design, planning, and potential staffing² of the virtual Center.

A Working Paper: 24 Month Projections

Attached to this memo is a package that was presented to the Core Team at their April 22nd meeting. The primary document is a working paper for the development of a 24 month projection of CBI. The next step in the development of these projections include making presentations to, and incorporating the comments of: 1) the Leaders Round Table (including the LRT Action Team) and 2) the Caring Community Coordinators.³ Once completed, the working paper will provide a basis for guiding our overall efforts for the next 24 months.

The Outer Southeast Community Partnership

On April 23rd, the Outer Southeast Community Partnership (the working groups from the Outer Southeast Community Project and the Marshall Caring Community) held a retreat to begin the development of a strategic plan. The retreat was facilitated by Bill Potapchuck (Center for Community Problem Solving – Casey Foundation). Although they were not able to develop the plan at the retreat, they were able to agree to have a smaller team of people develop a tentative plan and submit it to the larger group as a next step.

¹ The initial group consisted of Lorenzo Poe, Dianne Iverson, Norm Monroe, Ray Espana, Maxine Thompson Sue Larsen, and Tom Darby.

² The staffing of the virtual center does *not* entail the hiring of new staff members. It is a matter of identifying those who are already working with various aspects of community building and who would be helpful in developing and operating the center.

³ The presentation team will consist of Norm Monroe, Nancy Biasi, Jerry Shively, and Tom Darby.

A Working Paper: 24 Month Projections
(Presented to the Core Team April 22, 1998)

To: Core Team Members

April 21, 1998

From: Tom Darby

Subject: Working Paper: 24 Month Projections

The "Working Paper" document is exactly what it says. It is a compilation of the work that Norm Monroe and I did in order to provide a framework of what the next 24 months could look like and the tasks that need to be done. The list is by no means complete and you may want to move some of the things around that *are in* the document.

I have also included a verbatim list of some of the tasks/issues that Norm listed on a separate document.

We hope that it is helpful in getting us started down the path to a more complete look at CBI in the next two years.

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Working Paper: 24 Month Projection

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Component	6 Months	12 Months	18 Months	24 Months
<p>Sponsor Group/Leaders Roundtable</p>	<ol style="list-style-type: none"> 1. Begin having joint meetings. <ul style="list-style-type: none"> ♦ Examine potential integration of the two bodies. ♦ Reconciliation of Leaders Roundtable mission and CBI mission. ♦ Agree upon scope of work that will carry out the mission. ♦ Recruit/add the President of Portland State University to the Sponsor Group. ♦ Recruit other partners participate in the initiative. 	<ol style="list-style-type: none"> 1. Formal merger of the two bodies which will meet to: <ul style="list-style-type: none"> ♦ Remove barriers to the CBI. ♦ Discuss long term multiple use for public owned facilities. ♦ Examine need to move outside of government for additional resources. 2. Schedule Sponsor Group meetings in the communities to discuss CBI mission, goals and process. 3. Secure a seat on the Sponsor Group for a community member. 	<ol style="list-style-type: none"> 1. Examine and agree upon a single budgetary process. . 2. Examine and agree upon a single unit CBI multidiscipline team. A virtual CBI center with inter-jurisdictional membership. 3. Negotiate agreed upon policy with funders. 	<ol style="list-style-type: none"> 1. Introduce legislation and administrative measures to facilitate CBI
<p>Core Team – Leaders Roundtable Action Team</p>	<ol style="list-style-type: none"> 1. Joint meetings of the two groups. <ul style="list-style-type: none"> ♦ Reconciliation of CBI goals and Action Team goals. ♦ Agree on scope of work involved. ♦ Review need for additional members –particularly considering community membership. ♦ Explore ways of to involve public safety officials. 2. Review of strategic plans of the Caring Communities. 3. Using the structure of the Caring Communities to focus on neighborhoods. 3. Review current service delivery and resource systems for benefits and barriers to CBI (on-going). 	<ol style="list-style-type: none"> 1. Formal merger of the two groups. 2. Examine feasibility of developing local area “Core Teams” with community representation or community representation of the Core Team. 3. Examine alternatives for a single budgetary process and develop a plan to be submitted to the Sponsor group. 4. Explore Technical Assistance Policy with funders (e.g., Foundations, other gov’t partners, local colleges and universities). 5. Review current service delivery and resource systems for benefits and barriers to CBI (on-going) 6. Develop a joint budget for Community Leadership Training. 7. Interim evaluation of the 6 initial areas’ progress. 	<ol style="list-style-type: none"> 1. Work with partners to assign key staff to the multidiscipline/multi-jurisdictional team. 2. Secure a site for the CBI team. 3. establish a community grants process. 	<ol style="list-style-type: none"> 1. Comprehensive evaluation of the outcomes of the 6 areas. This should indicate clearly what the lessons are that we have learned from the efforts.
<p>Center For Community Building</p>	<ol style="list-style-type: none"> 1. CBI Center functioning <i>within</i> the County to: <ul style="list-style-type: none"> ♦ Examine and address the County’s internal business 	<ol style="list-style-type: none"> 1. Work with the County Departments to address internal structure and develop ad hoc working teams to address specific issues. 	<ol style="list-style-type: none"> 1. Expand capacity to be able to function to work in conjunction with the multidiscipline CBI team. 	<ol style="list-style-type: none"> 1. Possible merger of the County’s CBI unit and the Multi-jurisdictional team. 2. Obtain personnel from each of the partners for the CBI office.

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<p>Center For Community Building con't.</p>	<p>operations and improve upon the county's ability to work with neighborhoods.</p> <ul style="list-style-type: none"> ◆ Develop capacity to engage external partners ◆ Coordinate training for community building participants, implementing staff and sponsors in the development of technical skills, and general knowledge and principles of community building ◆ Coordinate resource development activity for expansion of the CBI; analysis and development of a model for a new public service corporation to undertake the primary responsibility for implementing the CBI. <p>2. Work with the Core Team on the development and implementation of the Strategic Plan.</p> <p>3. Review the Strategic Plan with the Core Team and discuss implementation strategies.</p> <p>4. Obtain technical assistance for technical assistance for communities, as well as gov't partners and staff.</p>	<p>2. Monitor county participation in the various designated areas to identify lessons which will address systemic revision.</p>		<p>3. Comprehensive evaluation of the initial 6 areas clearly indicating the lessons learned.</p> <p>4. Time table and strategic plan for expanding CBI model county-wide.</p>
<p>Multi-jurisdictional/Multidiscipline Team</p>			<p>1. Definition and clarification of scope of work and responsibilities.</p>	<p>1. Possible merger of the County's CBI unit and the Multi-jurisdictional team.</p> <p>2. Comprehensive evaluation of the initial 6 areas/lessons learned.</p>
<p>Caring Communities</p>	<p>1. Roles defined.</p> <p>2. Caring communities will develop plans for implementation of roles.(strategic plan).</p> <p>3. Adoption for a formal process of collaboration with partners.</p> <p>4. Identification of barriers to implementation of CBI (on-going).</p> <p>5. Establish Community Forums in each of the roll out areas (Family Festivals).</p>	<p>1. Explore stable funding sources for the Caring Communities.</p>		

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<p>The six initial CBI areas. (the development and specifics of each of the areas will vary greatly and the stages of progress will look different. However, there are certain <i>kinds of things</i> that should start emerging.</p>	<p>1. There should be some sort of activities occurring which would evidence development of strategic plans.</p>	<p>1. Some sort of baseline information should have been established to give a framework for learning lesson from the CBI experiences.</p>	<p>1. Basic structures should be in place for community building within the area.</p>	<p>1. All of the areas should be functioning.</p>
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**Program Evaluation Specialist
Portland Target City Project**

Job Description

Under the direction of the Portland Target City Project (PTCP) Director of Evaluation, develop and implement a detailed plan for longitudinally evaluating the PTCP intervention. Specifically, examine the effects of the project on the alcohol and drug abuse service system with emphasis on client outcome and system change.

Specific job responsibilities include:

Develop a detailed evaluation design, consistent with the PTCP Evaluation Plan, for developing and implementing systems for collecting, analyzing, and reporting data.

Develop and oversee policies and procedures relating to the outcome evaluation.

Oversee the development of outcome objectives and the measurement and reporting processes for the outcome objectives.

Develop and implement tools required for valid measurement of outcomes. Assess the validity and reliability of the measures used in the outcome evaluation.

Train and field supervise staff in participant assessments and insure inter-rater reliability.

Oversee the work of the Oregon Survey Research Laboratory (OSRL) who are contracted with the PTCP to conduct the follow-up interviews.

Develop data management protocols and manage large data set(s).

Select appropriate data analysis methods, both qualitative and quantitative. Conduct complex qualitative and quantitative analyses.

Interpret PTCP evaluation results and communicate findings, implications, and recommendations (in the form of presentations, formal evaluation reports, policy recommendations, and professional/academic articles) to the PTCP staff, the Behavioral Health Division of the Department of Community and Family Services, the Multnomah County PTCP Policy Steering Committee, the Oregon State Office of Alcohol and Drug Abuse Programs, the Center for Substance Abuse Treatment (CSAT), the local professional and paraprofessional community, and professional and academic communities throughout the nation. Establish linkages and collaboration to facilitate this exchange and allow findings to continuously improve project performance.

Assist the PTCP Director of Evaluation in contributing to the national CSAT multi-site evaluation.

Contribute to a team-oriented workplace. Work closely and collaboratively with Portland Target City Project (PTCP) staff, specifically the Evaluation team.

Attend and participate in weekly Evaluation Team meetings and PTCP staff meetings. Attend and participate in monthly PTCP Policy Steering Committee meetings and corresponding Evaluation Subcommittee meetings. Attend other meetings as appropriate.