

ANNOTATED AGENDA

Tuesday, May 8, 1990 - 9:30 AM
Multnomah County Courthouse, Room 602

FORMAL ITEMS

Chair Gladys McCoy convened the meeting at 9:35 a.m., with Vice-Chair Gretchen Kafoury and Commissioner Sharron Kelley present, Commissioner Rick Bauman arriving at 9:39 a.m., and Commissioner Pauline Anderson excused.

1. Proclamation in the Matter of Proclaiming the Week of May 6 to 12, 1990 as Be Kind to Animals Week in Multnomah County, Oregon

MIKE OSWALD, PHIL CLIFFORD AND SHARON HARMON PRESENTATIONS. PROCLAMATION READ. DEPUTY HOUSTON INTRODUCED ROCKY OF THE CANINE CORPS AND RESPONDED TO BOARD QUESTIONS. UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER KELLEY, PROCLAMATION 90-70 WAS UNANIMOUSLY APPROVED.

2. Proclamation in the Matter of Proclaiming the Week of May 6 to 12, 1990 as National Corrections Officers Week in Multnomah County, Oregon

COMMISSIONER KAFOURY MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF PROCLAMATION. JOHN SCHWEITZER READ PROCLAMATION AND COMMENTED IN SUPPORT. PROCLAMATION 90-71 UNANIMOUSLY APPROVED.

PLANNING ITEM

3. PD 1-90 Review the decision of the Planning Commission of February 26, 1990, denying requested change in zoning designation from LR-10, low density residential district (minimum lot size of 10,000 square feet) to LR-7, low density residential district (minimum lot size of 7,000 square feet) for the northerly portion of the subject site; thereby disallowing a planned development for the entirety of the

site, which would have allowed its development with a 124-unit mobile home park, all property located at 13300 SE Holgate Blvd. (Continued from May 1, 1990)

PLANNER MARK HESS DISCUSSED PROPOSED CONDITIONS SUBMITTED BY PLANNING STAFF. IN RESPONSE TO A QUESTION OF COMMISSIONER KAFOURY, MR. HESS WAS PROVIDED A COPY OF THE PROPOSED CONDITIONS SUBMITTED BY LEO BASCH AND NEIGHBORS. MR. BASCH DISCUSSED HIS PROPOSED CONDITIONS. AT THE DIRECTION OF CHAIR McCOY, THE PARTIES ADJOURNED TO THE CONFERENCE ROOM TO DISCUSS A POSSIBLE COMPROMISE. FOLLOWING CONSULTATION AND DISCUSSION AND UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER KELLEY, THE PLANNING ITEM WAS CONTINUED TO TUESDAY, MAY 22, 1990.

The meeting was recessed at 10:05 a.m. and reconvened at 11:05 a.m.

INFORMAL

4. Review of May 10, 1990 Agenda Items R-16 through R-20 (Contingency Requests).

BOARD REVIEWED AND DISCUSSED UNANIMOUS CONSENT ITEMS R-21 AND R-22 WITH KELLY BACON AND DISCUSSED POSSIBLE AMENDMENT TO ITEM R-15 CONCERNING PROPOSED NUMBER OF MEMBERS TO BE APPOINTED TO LIBRARY BOARD WITH GINNIE COOPER AND JOHN DuBAY.

There being no further business, the meeting was adjourned at 11:30 a.m.

Tuesday, May 8, 1990 - 1:30 PM
Multnomah County Courthouse, Room 602

INFORMAL BRIEFINGS

Chair Gladys McCoy convened the meeting at 1:35 p.m., with Vice-Chair Gretchen Kafoury and Commissioner Sharron Kelley present, Commissioner Rick Bauman arriving at 1:40 p.m., and Commissioner Pauline Anderson excused.

3. Briefing on the North/Northeast Youth Gang Outreach Program. Presented by Macceo Pettis, Sharon McCormack, Brian McNicholas and Norm Monroe.

MACCEO PETTIS, SHARON MCCORMACK, NORM MONROE AND BRIAN McNICHOLAS PRESENTATIONS AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION.

2. Briefing on the concept proposal creating an Affordable Housing Land Trust/Land Bank to aid in developing vacant and abandoned properties. Presented by Norm Monroe, Cecile Pitts, Steve Rudman, Neil Hunter and Ramsey Weit.

RAMSEY WEIT, STEVE RUDMAN, NEIL HUNTER, NORM MONROE AND CECILE PITTS PRESENTATIONS AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. STAFF DIRECTED TO PREPARE WRITTEN MATERIAL CLARIFYING LAND TRUST/LAND BANK/LAND CORPORATION CONCEPTS FOR FOLLOW UP BRIEFING SUBMISSION THE FIRST OF JUNE.

1. Briefing on the revised Acute Care Plan document to be submitted to the Emergency Board on May 17, 1990. Presented by Rex Surface, Nancy Barron, Robert McCork and Gary Smith.

GARY SMITH, BOB McCORK AND REX SURFACE PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION.

INFORMAL

4. Review of May 10, 1990 Agenda. Time Certain 3:00 PM.

CARY HARKAWAY EXPLANATION OF R-1. COMMISSIONER KELLEY SUBMITTED PROPOSED AMENDMENTS TO R-14 FOR BOARD

**REVIEW AND DISCUSSION WITH GRANT
NELSON AND BILL VANDEVER. HERB WILSON
EXPLANATION OF R-2 AND RESPONSE TO
BOARD QUESTIONS. LARRY BAXTER
EXPLANATION OF R-3 AND R-4.**

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

Wednesday, May 9, 1990 - 9:00 AM
Multnomah County Courthouse, Room 602

WORK SESSION

Chair Gladys McCoy convened the meeting at 9:10 a.m., with Vice-Chair Gretchen Kafoury and Commissioners Pauline Anderson, Rick Bauman and Sharron Kelley present.

Discussion to Establish Goals and to Determine Priorities for Funding of Public Safety Programs. Discussion to Include Board of County Commissioners, Sheriff, District Attorney, Department of Justice Services and Department of Human Services Staff (Continued from May 1, 1990)

**HAL OGBURN, DUANE ZUSSY, GRANT NELSON,
WAYNE SALVO AND CARY HARKAWAY
RESPONSE TO BOARD QUESTIONS AND
DISCUSSION. FOLLOWING BOARD DISCUSSION,
COMMISSIONER KAFOURY MOVED, SECONDED
BY COMMISSIONER ANDERSON, TO PASS THE
PROPOSED USE OF ORS 137.306-308 COUNTY
ASSESSMENT (1065) MONIES PACKAGE IN THE
SUM OF \$388,000 TO THE COMMUNITY
CORRECTIONS ADVISORY COMMITTEE FOR ITS
APPROVAL. MR. NELSON RESPONSE TO BOARD
QUESTIONS. BOARD DISCUSSION. MOTION
UNANIMOUSLY APPROVED. COMMISSIONER
KAFOURY MOVED, SECONDED BY
COMMISSIONER BAUMAN, TO APPROVE \$100,000
MINIMUM FUNDING FOR MCRC; THAT
SHERIFF WILL NEGOTIATE FOR CONTRACT
WITH STATE; AND THAT SHERIFF WILL
PURSUE AND COME BACK WITH
ARRANGEMENTS ON EMPTY BED/PV CENTER.**

BOARD DISCUSSION. MOTION APPROVED WITH COMMISSIONERS KAFOURY, BAUMAN, KELLEY AND McCOY VOTING AYE, AND COMMISSIONER ANDERSON VOTING NO. COMMISSIONER KAFOURY CLARIFIED THAT THIS WAS IN ADDITION TO THE SHERIFF'S \$215,000 IDENTIFIED REVENUE. FOLLOWING BOARD DISCUSSION AND UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER ANDERSON, APPROVAL OF \$76,000 MINIMUM FUNDING FOR THE DISTRICT ATTORNEY WAS UNANIMOUSLY APPROVED. UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER BAUMAN, APPROVAL OF \$100,000 MINIMUM FUNDING FOR DRUG AND ALCOHOL INTENSIVE SUPERVISION WAS APPROVED WITH COMMISSIONERS ANDERSON, KAFOURY, BAUMAN AND McCOY VOTING AYE, AND COMMISSIONER KELLEY ABSTAINING. CHAIR McCOY EXPLAINED THAT WHILE THE AMOUNTS MAY CHANGE BEFORE FORMAL BUDGET ADOPTION IN JUNE, THE VOTES TODAY REFLECT A COMFORT LEVEL, AND THAT THE MATTERS WILL BE READDRESSSED FOLLOWING THE MAY EMERGENCY BOARD RESULTS AND POSSIBLE DEPARTMENT COST SAVINGS.

There being no further business, the meeting was adjourned at 11:25 a.m.

Thursday, May 10, 1990, 9:30 AM
Multnomah County Courthouse, Room 602

FORMAL AGENDA

Chair Gladys McCoy convened the meeting at 9:33 a.m., with Vice-Chair Gretchen Kafoury, Commissioners Pauline Anderson and Sharron Kelley present.

NON-DEPARTMENTAL

- R-12 Proclamation in the Matter of Proclaiming May 15, 1990 as Peace Officers Memorial Day and May 13 to 19, 1990 as Police Week in Multnomah County, Oregon

CHUCK FESSLER PRESENTATION AND EXPLANATION. PROCLAMATION READ. UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER KELLEY, PROCLAMATION 90-72 WAS UNANIMOUSLY APPROVED.

Commissioner Rick Bauman arrived at 9:40 a.m.

CONSENT CALENDAR

- C-2 Liquor License application submitted by Sheriff's Office with recommendation that same be approved as follows: Class A Dispenser Renewal for The Wood Shed Restaurant, 16015 SE Stark, Portland

UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER KELLEY, C-2 WAS UNANIMOUSLY APPROVED.

- C-1 Annual Volunteer Award Ceremony/Reception presented by Robert Luce of the Citizen Involvement Committee

BOB LUCE PRESENTATION. THE BOARD GREETED, ACKNOWLEDGED AND PRESENTED AWARDS TO FRED STICKEL AND THE CITIZEN CRIME COMMISSION, VINCENT WANNASSAY, KHAT NEANG, BOI TRINH, KHAMPHANH CHANTHAVONG, BRUCE BLAITOUT, SENG FO CHAU, ROBIN HYATT AND OASIS (OLDER ADULT SERVICE AND INFORMATION SYSTEM), ORPHA BROWN, HELEN PICKETT, MARY WHITE, MARY GODFREY, LYNN TRUPP, MARY TRUPP, MARLENE BYRNE, PAUL EISENBERG, DELORES JUDKINS, FRANK HOWATT, MOLLY O'REILLY, BOB PETERSON, PET AMBASSADOR DEJA BLEU, DARRYN LaGAIPA, MARY LEE NITSCHKE, LAURA SMITH, MARION PATTISON, ELFIE RICHARDS, BOB CARLSON, CHUCK PAESCH, DOUGLAS TRACY, LAWRENCE McCAGG, LISA CLAY, DEBBIE SMITH, THELMA GOLDEN,

CAROL MURDOCK, GUILLERMO CHAMORRO, RITA BANKHEAD, RON BRONSKI AND THE COLUMBIA VILLA PROJECT, MIKE HESTON AND CASCADE RAIN RUNNERS, GREG GUSTAFSON, HEIDI GUSTAFSON, PAUL NORR, KEITH CRAWFORD, BERNIE MEDINA, OLGA VALE AND RACHEL SUMMER. RECEPTION IMMEDIATELY FOLLOWED IN HALLWAY.

The meeting recessed at 10:15 a.m. and reconvened at 10:35 a.m.

DEPARTMENT OF JUSTICE SERVICES

- R-1 Budget Modification DJS #23 Within the Community Corrections Division, Authorizing Reclassification of Alternative Community Service Position from "Community Projects Leader" to "Community Service Placement Specialist"

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER BAUMAN, R-1 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-2 Request to Sell Certain County Property Located at NE Cleveland and NE 6th Avenue, Gresham, at Private Sale Pursuant to ORS 271.530(3)(a)

HERB WILSON EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. COMMISSIONER ANDERSON'S MOTION TO APPROVE FAILED FOR LACK OF A SECOND. BOARD DIRECTED DES STAFF TO OFFER PROPERTY FOR SALE AT PUBLIC AUCTION IN JULY.

- R-3 Order in the Matter of Conveying Deeds for Certain Real Property to the City of Portland, Oregon, Various Parcels, Item No. 88-164

UPON MOTION OF COMMISSIONER ANDERSON, SECONDED BY COMMISSIONER KELLEY, ORDER 90-73 WAS UNANIMOUSLY APPROVED.

- R-4 Order in the Matter of Declaring Various Tax Foreclosed Properties Abandoned or in a State of Waste and Ordering the Tax Collector to Issue a Deed

***FORECLOSED PROPERTY OWNER BONNIE TANN
TESTIMONY REQUESTING ADDITIONAL TIME
TO CLEAN UP THE PITTOCK GROVE PROPERTY.
LARRY BAXTER EXPLANATION AND RESPONSE
TO BOARD QUESTIONS AND DISCUSSION.
COMMISSIONER BAUMAN MOVED, SECONDED
BY COMMISSIONER KAFOURY, TO SET THE
PITTOCK GROVE PROPERTY MATTER OVER TWO
WEEKS. MOTION TO CONTINUE PITTOCK
GROVE PROPERTY MATTER TO THURSDAY, MAY
24, 1990 UNANIMOUSLY APPROVED. MR.
BAXTER DIRECTED TO CHECK PROPERTY AND
REPORT BACK TO BOARD ON MAY 24. UPON
MOTION OF COMMISSIONER KAFOURY,
SECONDED BY COMMISSIONER BAUMAN,
AMENDED ORDER 90-74 WAS UNANIMOUSLY
APPROVED.***

- R-5 Resolution in the Matter of Approval of the Fire Code Ordinance of Tualatin Valley Fire and Rescue, a Rural Fire Protection District No. 1

***UPON MOTION OF COMMISSIONER ANDERSON,
SECONDED BY COMMISSIONER BAUMAN,
RESOLUTION 90-75 WAS UNANIMOUSLY
APPROVED.***

- R-6 Budget Modification DES #17 Authorizing Transfer Within Fleet Services of \$30,000 from Personal Services and \$100,000 from Capital to Materials and Services to Pay for Costs Related to Unanticipated Repairs and User Demand for Fleet Services

***UPON MOTION OF COMMISSIONER ANDERSON,
SECONDED BY COMMISSIONER KAFOURY, R-6
WAS UNANIMOUSLY APPROVED.***

- R-7 Budget Modification DES #18 Authorizing Transfer Within Electronic Services of \$1,500 from Materials and Services to Capital for the Purchase of a Desoldering Station

***UPON MOTION OF COMMISSIONER ANDERSON,
SECONDED BY COMMISSIONER KELLEY, R-7
WAS UNANIMOUSLY APPROVED.***

DEPARTMENT OF HUMAN SERVICES

- R-8 Budget Modification DHS #40 Authorizing an Increase in the Aging Services Division, Community Action Program FY 1989-90 Materials and Services Budget by \$647,552

***UPON MOTION OF COMMISSIONER KELLEY,
SECONDED BY COMMISSIONER KAFOURY, R-8
WAS UNANIMOUSLY APPROVED.***

- R-9 Ratification of DHS #102390-1, Intergovernmental Agreement Modification #1 Between the State of Oregon Senior and Disabled Services Division and Multnomah County - Additional Revenue for Increased Community Services

- R-10 Budget Modification DHS #45 Authorizing an Increase in the Aging Services Division Budget by \$235,366 in Federal Title III and Title XIX and State of Oregon Project Independence Funds

***DUANE ZUSSY EXPLANATION. UPON MOTION
OF COMMISSIONER KELLEY, SECONDED BY
COMMISSIONER KAFOURY, R-9 AND R-10 WERE
UNANIMOUSLY APPROVED.***

- R-11 Budget Modification DHS #52 Authorizing Transfer of \$974 from Materials and Services to Capital Improvement for a Washing Machine for the Juvenile Justice Division Detention Unit and a Personal Computer for the Resource and Development Unit

***DUANE ZUSSY EXPLANATION. UPON MOTION
OF COMMISSIONER KELLEY, SECONDED BY
COMMISSIONER KAFOURY, R-11 WAS
UNANIMOUSLY APPROVED.***

- R-13 Budget Modification Non #10 for Commission District No. 4, Authorizing Transfer of \$6,944 from Professional Services to Equipment for Purchase of Two Personal Computer Systems

***COMMISSIONER KELLEY MOVED, SECONDED
BY COMMISSIONER BAUMAN, APPROVAL OF R-***

**13. COMMISSIONER KELLEY EXPLANATION.
BUDGET MODIFICATION UNANIMOUSLY
APPROVED.**

ORDINANCES - NON-DEPARTMENTAL

- R-14 First Reading of an Ordinance Amending Multnomah County Code Chapter 2.20 Replacing the Department of Justice Services with the Department of Community Corrections and Repealing Ordinance No. 621 (Office of Justice Planning)

ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER KAFOURY MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF FIRST READING WITH AMENDED PARAGRAPHS H AND I ON PAGE 4 AS PROPOSED BY COMMISSIONER KELLEY. COMMISSIONER BAUMAN MOVED, SECONDED BY COMMISSIONER ANDERSON, APPROVAL OF THE ORIGINALLY SUBMITTED LANGUAGE IN PARAGRAPH I OF PAGE 4. FOLLOWING DISCUSSION WITH COUNTY COUNSEL LAURENCE KRESSEL, BAUMAN MOTION APPROVED, WITH COMMISSIONERS ANDERSON, KAFOURY, BAUMAN AND McCOY VOTING AYE, AND COMMISSIONER KELLEY VOTING NO. COMMISSIONER KELLEY EXPRESSED CONCERN THAT SHERIFF AND DISTRICT ATTORNEY ARE NOT HERE TO SPEAK TO THE AMENDMENTS AND ADVISED SHE WILL WAIT UNTIL SHE HEARS FROM THEM BEFORE SUPPORTING THE ORDINANCE. NO ONE WISHED TO TESTIFY. FIRST READING OF ORDINANCE WITH AMENDED PARAGRAPH H OF PAGE 4 APPROVED, WITH COMMISSIONERS ANDERSON, KAFOURY, BAUMAN AND McCOY VOTING AYE, AND COMMISSIONER KELLEY VOTING NO. SECOND READING THURSDAY, MAY 17, 1990.

- R-15 First Reading of an Ordinance Relating to Library Services, Establishing the Multnomah County Public Library, Creating an Advisory Library Board, Making Necessary Changes to Existing County Code and Setting an Operative Date

ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER ANDERSON MOVED AND COMMISSIONER BAUMAN SECONDED, APPROVAL OF FIRST READING. COUNTY COUNSEL JOHN DuBAY EXPLANATION AND DISCUSSION OF PROPOSED AMENDMENTS AS OUTLINED IN MAY 9, 1990 MEMO FROM JIM SCHEPPKE, OREGON STATE LIBRARY ADMINISTRATOR. FOLLOWING DISCUSSION AND UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER BAUMAN, IT WAS UNANIMOUSLY APPROVED TO AMEND SECTION 1(D). FOLLOWING DISCUSSION AND UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER KELLEY, AMENDMENTS TO SECTION 2(A) AND 2(B), AND SECTION 8(A) WERE UNANIMOUSLY APPROVED. NO ONE WISHED TO TESTIFY. FIRST READING OF ORDINANCE, AS AMENDED, UNANIMOUSLY APPROVED. SECOND READING THURSDAY, MAY 17, 1990.

CONTINGENCY REQUESTS

- R-16 Budget Modification DES #19 Authorizing Transfer of \$214,200 from Contingency to Expo Center Budget for Reconstruction of Access From Marine Drive

COMMISSIONER KAFOURY MOVED AND COMMISSIONER ANDERSON SECONDED, APPROVAL OF R-16. DAVE WARREN EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

- R-17 Budget Modification DGS #18 Authorizing Transfer of \$308,554 from Contingency to Sheriff's Office to Cover the Costs of the Deputy Sheriff's Wage Settlement

FOLLOWING DISCUSSION AND UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER ANDERSON, BUDGET MODIFICATION DGS #18 TRANSFERRING

\$330,012 WAS UNANIMOUSLY APPROVED, AS AMENDED.

- R-18 Budget Modification DGS #19 Authorizing Appropriation of \$467,980 in Insurance Recovery Revenue in the Insurance Fund for Transfer to the General Fund to Help Offset Costs Associated with Construction of a New Laundry Facility at the Multnomah County Inverness Jail

UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER KELLEY, R-18 WAS UNANIMOUSLY APPROVED.

- R-19 Budget Modification DJS #22 Authorizing Transfer of \$16,222 from Contingency to Professional Services for Payment of Statutorily Required Probate Court Medical Examiner Fees

UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER BAUMAN, R-19 WAS UNANIMOUSLY APPROVED.

- R-20 Budget Modification Non #8 Authorizing Transfer of \$2,101 from Contingency to Dues and Subscriptions to Pay Multnomah County's Share of a Voluntary Association of Oregon Counties Assessment to Fund Intensified Staff Effort on Land Use Issues

COMMISSIONER KAFOURY MOVED, SECONDED BY COMMISSIONER BAUMAN, APPROVAL OF R-20. DAVE WARREN EXPLANATION IN RESPONSE TO QUESTIONS OF COMMISSIONER KELLEY. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

AT THE REQUEST OF CHAIR McCOY AND UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER KELLEY, CONSIDERATION OF THE FOLLOWING ITEMS WAS UNANIMOUSLY APPROVED.

UNANIMOUS CONSENT ITEMS

- R-21 Budget Modification DHS #53 Authorizing Transfer of \$3,933 from Contingency to Aging Services Division to Fund a Columbia Villa Project Coordinator Position for One Month of Current Fiscal Year

**DUANE ZUSSY EXPLANATION AND RESPONSE
TO BOARD QUESTIONS. BOARD DISCUSSION
AND COMMENTS. COMMISSIONER KELLEY'S
MOTION TO APPROVE FAILED FOR LACK OF A
SECOND.**

R-22 Budget Modification DJS #24 Within District Attorney's Department,
Authorizing Transfer of Regional Organized Crime and Narcotics Task
Force Funds in the Amount of \$42,000 from Professional Services to
Capital Equipment for Purchase of Vehicles for Investigative Purposes

**UPON MOTION OF COMMISSIONER KAFOURY,
SECONDED BY COMMISSIONER KELLEY, R-22
WAS UNANIMOUSLY APPROVED.**

*There being no further business, the meeting was adjourned at 11:45
a.m.*

OFFICE OF THE BOARD CLERK
FOR MULTNOMAH COUNTY, OREGON

Deborah L. Bogstad

Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
GRETCHEN KAFOURY • DISTRICT 2 • 248-5219
RICK BAUMAN • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
JANE MCGARVIN • Clerk • 248-3277

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

May 7 - 11, 1990

Tuesday, May 8, 1990 - 9:30 AM - Formal Items Page 2
Tuesday, May 8, 1990 - 9:30 AM - Planning Item Page 2
Tuesday, May 8, 1990 - 11:00 AM - Informal Review . . Page 2
Tuesday, May 8, 1990 - 1:30 PM - Informal Briefings . Page 2
Tuesday, May 8, 1990 - 3:00 PM - Informal Review . . . Page 2
Wednesday, May 9, 1990 - 9:00 AM - Work Session Page 3
Thursday, May 10, 1990 - 9:30 AM - Formal Meeting . . Page 3

Thursday Meetings of the Multnomah County Board of Commissioners are recorded and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers
Friday, 6:00 PM, Channel 27 for Paragon Cable (Multnomah East) subscribers
Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

Tuesday, May 8, 1990 - 9:30 AM

Multnomah County Courthouse, Room 602

FORMAL ITEMS

1. Proclamation in the Matter of Proclaiming the Week of May 6 to 12, 1990 as Be Kind to Animals Week in Multnomah County, Oregon
2. Proclamation in the Matter of Proclaiming the Week of May 6 to 12, 1990 as National Corrections Officers Week in Multnomah County, Oregon

PLANNING ITEM

3. PD 1-90
Review the decision of the Planning Commission of February 26, 1990, denying requested change in zoning designation from LR-10, low density residential district (minimum lot size of 10,000 square feet) to LR-7, low density residential district (minimum lot size of 7,000 square feet) for the northerly portion of the subject site; thereby disallowing a planned development for the entirety of the site, which would have allowed its development with a 124-unit mobile home park, all property located at 13300 SE Holgate Blvd. (Continued from May 1, 1990)

INFORMAL

4. Review of May 10, 1990 Agenda Items R-16 through R-20 (Contingency Requests). Time Certain 11:00 AM
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Tuesday, May 8, 1990 - 1:30 PM

Multnomah County Courthouse, Room 602

INFORMAL BRIEFINGS

1. Briefing on the revised Acute Care Plan document to be submitted to the Emergency Board on May 17, 1990. Presented by Rex Surface and Gary Smith.
2. Briefing on the concept proposal creating an Affordable Housing Land Trust/Land Bank to aid in developing vacant and abandoned properties. Presented by Norm Monroe, Cecile Pitts, Steve Rudman and Ramsey Weit.
3. Briefing on the North/Northeast Youth Gang Outreach Program. Presented by Maceo Pettis and Norm Monroe.

INFORMAL

4. Review of May 10, 1990 Agenda. Time Certain 3:00 PM

PUBLIC TESTIMONY WILL NOT BE TAKEN AT INFORMAL MEETINGS

Wednesday, May 9, 1990 - 9:00 AM

Multnomah County Courthouse, Room 602

WORK SESSION

1. Discussion to Establish Goals and to Determine Priorities for Funding of Public Safety Programs. Discussion to Include Board of County Commissioners, Sheriff, District Attorney, Department of Justice Services and Department of Human Services Staff. (Continued from May 1, 1990)
-

Thursday, May 10, 1990, 9:30 AM

Multnomah County Courthouse, Room 602

FORMAL AGENDA

CONSENT CALENDAR

- C-1 Annual Volunteer Award Ceremony/Reception presented by Robert Luce of the Citizen Involvement Committee. Time Certain 9:30 AM - TO BE FOLLOWED BY A 15 MINUTE RECEPTION IN HALLWAY
- C-2 Liquor License application submitted by Sheriff's Office with recommendation that same be approved as follows: Class A Dispenser Renewal for The Wood Shed Restaurant, 16015 SE Stark, Portland

DEPARTMENT OF JUSTICE SERVICES

- R-1 Budget Modification DJS #23 Within the Community Corrections Division, Authorizing Reclassification of Alternative Community Service Position from "Community Projects Leader" to "Community Service Placement Specialist"

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-2 Request to Sell Certain County Property Located at NE Cleveland and NE 6th Avenue, Gresham, at Private Sale Pursuant to ORS 271.530(3)(a)
- R-3 Order in the Matter of Conveying Deeds for Certain Real Property to the City of Portland, Oregon, Various Parcels, Item No. 88-164
- R-4 Order in the Matter of Declaring Various Tax Foreclosed Properties Abandoned or in a State of Waste and Ordering the Tax Collector to Issue a Deed
- R-5 Resolution in the Matter of Approval of the Fire Code Ordinance of Tualatin Valley Fire and Rescue, a Rural Fire Protection District No. 1

- R-6 Budget Modification DES #17 Authorizing Transfer Within Fleet Services of \$30,000 from Personal Services and \$100,000 from Capital to Materials and Services to Pay for Costs Related to Unanticipated Repairs and User Demand for Fleet Services
- R-7 Budget Modification DES #18 Authorizing Transfer Within Electronic Services of \$1,500 from Materials and Services to Capital for the Purchase of a Desoldering Station

DEPARTMENT OF HUMAN SERVICES

- R-8 Budget Modification DHS #40 Authorizing an Increase in the Aging Services Division, Community Action Program FY 1989-90 Materials and Services Budget by \$647,552
- R-9 Ratification of DHS #102390-1, Intergovernmental Agreement Modification #1 Between the State of Oregon Senior and Disabled Services Division and Multnomah County - Additional Revenue for Increased Community Services
- R-10 Budget Modification DHS #45 Authorizing an Increase in the Aging Services Division Budget by \$235,366 in Federal Title III and Title XIX and State of Oregon Project Independence Funds
- R-11 Budget Modification DHS #52 Authorizing Transfer of \$974 from Materials and Services to Capital Improvement for a Washing Machine for the Juvenile Justice Division Detention Unit and a Personal Computer for the Resource and Development Unit

NON-DEPARTMENTAL

- R-12 Proclamation in the Matter of Proclaiming May 15, 1990 as Peace Officers Memorial Day and May 13 to 19, 1990 as Police Week in Multnomah County, Oregon
- R-13 Budget Modification Non #10 for Commission District No. 4, Authorizing Transfer of \$6,944 from Professional Services to Equipment for Purchase of Two Personal Computer Systems

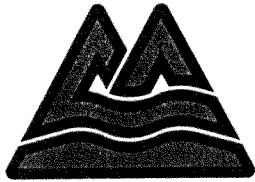
ORDINANCES - NON-DEPARTMENTAL

- R-14 First Reading of an Ordinance Amending Multnomah County Code Chapter 2.20 Replacing the Department of Justice Services with the Department of Community Corrections and Repealing Ordinance No. 621 (Office of Justice Planning)
- R-15 First Reading of an Ordinance Relating to Library Services, Establishing the Multnomah County Public Library, Creating an Advisory Library Board, Making Necessary Changes to Existing County Code and Setting an Operative Date

CONTINGENCY REQUESTS

- R-16 Budget Modification DES #19 Authorizing Transfer of \$214,200 from Contingency to Expo Center Budget for Reconstruction of Access From Marine Drive
- R-17 Budget Modification DGS #18 Authorizing Transfer of \$308,554 from Contingency to Sheriff's Office to Cover the Costs of the Deputy Sheriff's Wage Settlement
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- R-19 Budget Modification DJS #22 Authorizing Transfer of \$16,222 from Contingency to Professional Services for Payment of Statutorily Required Probate Court Medical Examiner Fees
- R-20 Budget Modification Non #8 Authorizing Transfer of \$2,101 from Contingency to Dues and Subscriptions to Pay Multnomah County's Share of a Voluntary Association of Oregon Counties Assessment to Fund Intensified Staff Effort on Land Use Issues

0701C/33-37/dr
5/3/90



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
GRETCHEN KAFOURY • DISTRICT 2 • 248-5219
RICK BAUMAN • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

SUPPLEMENTAL AGENDA

UNANIMOUS CONSENT ITEMS

Thursday, May 10, 1990 - 9:30 AM

Multnomah County Courthouse, Room 602

- R-21 Budget Modification DHS #53 Authorizing Transfer of \$3,933 from Contingency to Aging Services Division to Fund a Columbia Villa Project Coordinator Position for One Month of Current Fiscal Year
- R-22 Budget Modification DJS #24 Within District Attorney's Department, Authorizing Transfer of Regional Organized Crime and Narcotics Task Force Funds in the Amount of \$42,000 from Professional Services to Capital Equipment for Purchase of Vehicles for Investigative Purposes

0701C/38/dr
5/7/90

MAY 08 1990

Meeting Date: _____

Agenda No.: Inf #1

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: MED Acute Care Plan, Emergency Board Request

BCC Informal May 8, 1990 BCC Formal _____
(date) (date)

DEPARTMENT DHS DIVISION Social Services

CONTACT Rex Surface TELEPHONE 3691

PERSON(S) MAKING PRESENTATION Rex Surface, Gary Smith

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 20 minutes

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested, as well as personnel and fiscal/budgetary impacts, if applicable):

At the Board's direction (4/17/90) we are returning to provide the Acute Care Plan document rewritten incorporating the input of inpatient and outpatient providers, consumers, and advocates. The Plan will be submitted to the E. Board May 17, 1990.

(If space is inadequate, please use other side)

SIGNATURES:

ELECTED OFFICIAL _____

Or

DEPARTMENT MANAGER Duane Tussy (cc)

(All accompanying documents must have required signatures)



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
SOCIAL AND FAMILY SERVICES DIVISION
ADMINISTRATIVE OFFICES
426 S.W. STARK ST., 6TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3691

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Duane Zussy
FROM: Gary Smith *ms*
DATE: May 3, 1990
SUBJECT: State Proposal for County Share of Acute Care Funding

I have had several discussions with Barry Kast that have resulted in some improvement in our ability to agree with the proposed acute care budget.

1. The State agrees to leave the projected County "contribution" to the acute care budget for 89-91 at about \$958,000, which is the amount in the approved County budget for 90-91. As you know, we are forecasting a higher actual CGF expenditure amount, in the neighborhood of \$1,200,000, unless we can offset with savings in State funded programs.
2. The State agrees to drop the 7% inflation factor that they had added to the County funded amount. This reduces what the State wants us to put up by over \$200,000 per biennium.
3. Barry has discussed Commissioner Bauman's proposal regarding legislation to reduce or eliminate County liability for local hospital costs with the State Executive Department. At this point there is no support for such legislation. An alternative proposal I suggested might cap County liability in return for some sort of maintenance of effort language. In either case, some political effort would need to be expended to promote the idea of new legislation. The Mental Health Directors' Association will once again support legislative reform next session. Barry says the State views Multnomah County very positively in view of our historic effort to serve our clients locally, which is largely why they are willing to put \$6 million of new revenue into this County. The problem is that statewide legislation to reduce local liability could cost the State several million dollars and they're not willing to take on additional costs when, in their view, most counties aren't holding up their end of the bargain. I see his point.
4. The State agrees to enter into the May E-Board record that if Multnomah County's local hospital costs do not decrease as a result of the new acute care system, the State will do what it can to increase funding to offset local hospital costs. Barry is willing to put that in writing to us as well. This is a breakthrough.

5. The State agrees that our current option to shift State dollars from one program area to another will remain, barring an unforeseen change in our Intergovernmental Agreement. While the opportunity to make these shifts is solely dependent on expenditure patterns, we have been very successful in shifting under expenditures into the local hospitalization line item which has saved the County significant amounts of CGF.

As it now stands, the State is asking us to commit in good faith to a budgeted CGF expenditure of \$2.6 million for 91-93. In all likelihood, given current expenditure patterns, the County's exposure for 91-93 will exceed \$2.6 million if we do nothing. I have asked our consultant, Bob McQuirk, to use his computerized forecasting model to make an estimate of our 91-93 hospital charges to give us a better idea of what we're talking about.

RECOMMENDATION:

I think the County is in a very favorable position at this point. The State has compromised and built in a mechanism of safeguards for us to limit our exposure. And, after all, we should realize significant service improvements, public safety improvements, and community liveability improvements via the additional \$6 million in new State, Federal and private funding. I recommend that the Board of County Commissioners approve the current plan.

#####

GWS/mas

[4619B]



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SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Multnomah County Acute Care Planning Participants

FROM: Gary Smith *GS*

DATE: May 8, 1990

SUBJECT: Regarding: Acute Care Systems Modification

Thanks for your involvement in planning for acute care in Multnomah County.

Attached are the results of your efforts. You will find the April 30th Plan submitted by the County to the State. You will also find the State's communication to the Legislative Emergency Board regarding our plan.

We will be contacting many of you to participate in development of procedures and standards to implement the Plan. Your continuing interest and assistance is valued.

6759Y GS/nb

MULTNOMAH COUNTY
CRISIS/ACUTE CARE PLAN

May 8, 1990

Prepared by

Nancy Barron, Ph.D.
Rex Surface
Mental and Emotional Disabilities Program

Submitted to

Gary Smith, Director
Social Services Division
Department of Human Services
Multnomah County

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I. PLAN SUMMARY

Multnomah County crisis/acute care services are being enhanced to add to the continuum of services available to mental health consumers, their families and providers and to assure the most effective use of resources. The plan creates a coordinated system of community care which will assure timely response to need and easier of access at the most appropriate, and least restrictive, level of care. Among the objectives are to reduce the number of mentally ill people in the criminal justice system and the number of police holds at Dammasch. The plan was designed with input from consumers, consumer advocates, providers and county staff. It will continue to evolve with their input.

The plan will add centralized management systems while maintaining multiple access points to care. Systems management will be increased through a crisis/acute care system manager, care management staff, a management information system, and coordinated policies and protocols. These additions will give the County additional tools with which to manage its system to assure effective use of services and to maximize the resources available to its mental health consumers.

A 24 bed special care facility will add a type of acute care services previously unavailable. Consumers will be priority one individuals, people in mental health crisis, and specific groups such as recidivists in the involuntary commitment process. The number of admissions is expected to be approximately 774 per year. The length of stay is expected to be approximately 8127 days.

Consumers in need of hospital services for medical needs related to a psychiatric emergency will have timely access to them. With existing funds, hospital beds will be assured at an economical rate. Individuals' precommitment hospitalization will be paid by third party payers or, for indigent patients, by the County.

Crisis respite services will allow individuals to be diverted from the evaluation and treatment facility of hospital setting if their conditions warrant. Thus, an individual may stabilize in the least restrictive setting which is appropriate to his or her clinical need.

Mobile crisis response allows the professionals to intervene where the crisis occurs rather than forcing persons in crisis to be brought to the mental health system. Special mobile outreach also will be provided in the core area. Crisis teams will triage patients into the most appropriate level of care from the hospital emergency room. Community treatment services allow focused treatment for persons not eligible for or in need of community support services. The additional capacity is intended to allow the crisis teams to perform 24 hour crisis services including face to face mobile crisis response.

Program success will be measured by multiple indicators. Policy, implementation, consumer and program outcomes will be evaluated.

CRISIS/ACUTE CARE BUDGET AND UNITS OF SERVICE

As of MAY 8, 1990

	12 MO COST	ANNUAL UNITS	MONTHS	TOTAL89-91	89-91 UNITS *

1) NonHospital Crisis Service	1,318,094	3,116 EPISODES	12	1,318,094	3,116 EPISODES
2) Crisis Respite 10 to 15 Beds	259,850	15-20 BED DAYS	9	194,888	15-20 BED DAYS
3) Mobile Crisis Outreach	100,000	16 HOURS/DAY	9	75,000	16 HOURS/DAY
4) Transportation	101,250	1,825 TRANSPTS	9	75,938	1,369 TRANSPTS
5) Precommitment Services	700,426	1,588 INVSTGTNS	12	700,426	1,588 INVSTGTNS
6) Commun. Hospital - Holds	1,402,054	3,505 BEDDAYS @	12	1,402,054	3,505 BEDDAYS @ 400
7) Emergency Rooms	175,000	3,889 EVALUATNS	9	131,250	2,917 EVALUATNS
8) Voluntary Hospitalization	106,555	266 BEDDAYS @	5	44,398	111 BEDDAYS @ \$400
9 CTS/A (outpatient)	533,711	321 EPISODES	10	444,759	268 EPISODES
10) Special Care Facility	1,900,000	8,127 BEDDAYS	5	791,667	3,386 BEDDAYS
11) Managed Care	93,100	1.75 FTE	9	69,825	1.75 FTE
12) Crisis Acute Care Mgmt Info Sys	96,436		12	96,436	
13) Local Administration				91,515	
14) Evaluation				45,757	
15) Residential Acquisition				250,000	
16) Startup				355,000	
				6,087,006	

* Startup issues may result in some underutilization this first year of operations.

III. MISSION, GOALS, AND OBJECTIVES

Mission Statement: SSD will develop and maintain a local, cost effective, centrally managed, and coordinated mental health crisis/acute care system which provides equitable, easy access and appropriate, quality, managed care in the least restrictive environment consistent with clinical need of consumers.

Below are the specific goals and objectives by which SSD will managed its resources to assure this mission. These are listed in two categories -- management and services. First is listed the goal followed by the (indented) objective(s) to reach the goal.

A. Management Goals and Objectives

- 1.0 Management policies and procedures assures services which maximally benefit consumers.
 - 1.1 Develop criteria to evaluate consumer outcome, consumer satisfaction, program, policies, services, and system effectiveness. (See also 8 below)
 - 1.2 Review existing, and develop additional, system protocols -- and publish them.
 - 1.3 Hire an acute care/crisis system manager to develop, coordinate and evaluate.
 - 1.4 Develop a management information system to trace service capacity, to provide on-line consumer based tracking system, and other management tools.
 - 1.5 Develop a care management unit to identify problem areas.
 - 1.6 Involve consumers, advocates, providers and county staff in plan development.
- 2.0 Assure quality services according to professional standards.
 - 2.1 Set standards for quality services.
 - 2.2 Implement centrally managed quality assurance and utilization review procedures for persons within the crisis/acute care system.
- 3.0 Be fiscally responsible.
 - 3.1 Act as the payor of last resort for mental health services for indigent priority one individuals and other specifically designated populations.
 - 3.2 Move toward consumer-based payments for services.
 - 3.3 Develop cost effective alternatives to acute hospital care.

- 3.4 Explore alternative contracting and reimbursement options for hospital services.
- 3.5 Identify areas of fiscal and programmatic concern through review of services.

B. Service Goals and Objectives

- 4.0 Assure that the individual has timely access to service in as near the natural setting as possible.
 - 4.1 Adopt criteria for appropriate levels of care.
 - 4.2 Authorize services in the least restrictive environment (LRE) appropriate to clinical need and conducive to maximally cost/effective intervention.
 - 4.3 Maintain an appeals or grievance process for consumers.
- 5.0 Assure an array of coordinated services in Multnomah County which spans treatment modalities and levels of treatment settings and allows an individual to access and move to the most appropriate service.
 - 5.1 Develop 24-hour mobile crisis response.
 - 5.2 Develop CTS/A capacity for persons entering the crisis/acute care system.
 - 5.3 Enhance crisis respite resources to divert clients from the special care facility or inpatient services.
 - 5.4 Expand voluntary hospital capacity to reduce number of physician holds and assure another type of care through development of a special care facility with a 24 bed capacity.
 - 5.5 Coordinate crisis functions including mobile outreach, mobile crisis response, screening and evaluation, service assignment, brief crisis counseling/therapy, and response to walk-ins.
 - 5.6. Assure priority for persons ready for discharge from the state hospital who need community services.
- 6.0 Assure the crisis/acute care system is equitably accessible to consumers and collaborating care givers according to geography, age, and psychiatric condition (priority).
 - 6.1 Assure availability of mobile and walk-in crisis in regionalized locations.

- 6.2 Assures accessibility for all ages by expanding mobility of the crisis teams, inclusion of adolescent beds in hospital contracts, coordination with the Social Services Division Office of Child and Adolescent Mental Health Services regarding Community Treatment Services for Children, and coordination with Aging Services Division regarding mental health needs of elderly persons.
- 7.0 Holds will be sent to the State hospital system only when all local resources are exhausted.
 - 7.1 Short term, voluntary patients in need of inpatient or residential treatment will be handled in the community as possible.
 - 7.2 Committed patients anticipated to be in need of short term (fewer than 21 days) in-patient treatment will be treated in the special care facility as space allows.
- 8.0 The following five indicators will be among those measured to demonstrate the effectiveness of the Multnomah County Crisis/Acute Care Services.
 - 8.1 Divert to a less restrictive environment, 25% (837 consumers) in FY 1991/92 and 35% (1,260 consumers) in FY 1992/93 of consumers at risk of voluntary or involuntary hospitalization.
 - 8.2 Reduce the number and rate of involuntary hospitalization to 1,883 holds (32.8 holds per 10,000 persons) in FY 1991/92 and 1,755 holds (30.5 holds per 10,000 persons) in FY 1992/93.
 - 8.3 Provide voluntary inpatient services to 628 consumers in FY 1991/92 and 585 consumers in FY 1992/93 in an evaluation and treatment facility. Further, 147 consumers in FY 1991/92 and 207 consumers in FY 1992/93 will be diverted from civil commitment to voluntary hospitalization.
 - 8.4 Eliminate all holds diverted to Dammasch State Hospital in FY 1991/92 and FY 1992/93.
 - 8.5 Reduce the Multnomah County average daily census by 17 patients in FY 1991/92 and 22 patients in FY 1992/93.

IV. PLAN DESCRIPTION

A. Introduction

Crisis/acute care services constitute an array of service components or functions which are sometimes different from the state-defined service elements. The service components include:

- Care management
- Mobile crisis response
- Response to walk-ins and current consumers

- Screening
- Evaluation
- Information and referral
- Brief crisis counseling/therapy
- Mobile outreach
- Transportation
- Taking of two-party notices of mental illness
- Placement of program-initiated police holds
- Precommitment investigation
- Community treatment services
- Crisis respite
- A special care facility
- Community hospitalization
- State hospitalization
- Management of the transition of patients leaving the state hospital

Additional components important to a crisis/acute care system include skilled nursing services and secure ongoing residential placements for those in crisis. However, these components are not addressed within this plan.

The configuration of the current crisis system includes Metro Crisis Intervention Services, the core service agency crisis teams which perform nonhospital crisis services and precommitment services, three quadrant hospitals, two additional contract hospitals for diversion of committed patients, and the state hospital system. Metro presently performs all-hours crisis screening and the on-call function for the core service agencies after hours. Both phone counseling and limited mobile response occur, and transportation of voluntary, medically stable consumers sometimes occurs.

The crisis teams provide limited mobile response, screening, evaluation, walk-in crisis response, and brief counseling and therapy for crisis stabilization during daytime hours. After hours, there is limited phone response and extremely limited face-to-face or mobile response. There is limited crisis respite available through the crisis teams. The crisis teams include staff assigned to precommitment services. Most of the crisis team members are authorized to place program initiated peace officer holds.

The transition of the crisis functions from the current to the planned configuration depends on the presence of the other services relevant to acute care and an orderly, coordinated process of change over time. Below is a discussion of the components which will be changed to initiate the objectives listed. The changes here will be implemented incrementally as developed.

We anticipate that there will still be more need than resources. Having the service available may increase visible demand. Response and lack of response to needs will be documented and centrally maintained.

B. Systems Management

SSD will hire a crisis/acute care system manager to develop, direct, evaluate and coordinate the crisis/acute care system. It will also develop a care management unit and expand its management informations system.

1. Care Management Unit. SSD will develop a care management unit within MED including a care management staff with responsibility for quality/utilization management. Initial staffing will include 2.0 FTE care management coordinators with background in both direct service to the chronically or severely mental ill and clinical administration (one funded from local administration), .25 FTE psychiatrist for consultation and case review, and .5 FTE Office Assistant II.

A centrally coordinated quality assurance program will be developed to assess the appropriateness and duration of services to consumers and to assure that limited sources are used for consumers most in need, or those at greatest risk of hospitalization. Review of services will be retrospective and by sample. The results will be used initially for education of the system participants and to identify problem areas. If the sampling indicates, additional managed care controls may be added such as concurrent review of admissions and other service elements used by persons entering through crisis services. Following failure of attempts to educate, payment may be disallowed for unauthorized admissions.

2. Management Information Systems. SSD will develop an on-line management information for: tracking of consumer entering the crisis/acute care system; tracking availability of services; and providing additional information for managing the system.

The Office of Mental Health Services with the assistance of SSD will submit an application to the Mental Health Statistics Improvement Program of the National Institute of Mental Health for assistance in funding the development of the management information system for acute care in Multnomah County as a pilot for statewide application.

C. Non-hospital Crisis Services

1. Crisis Teams. Present CSA crisis teams will be maintained. The crisis response will be an integrated community response with multiple access sites to service. All crisis services will be available on a 24 hour basis. There will be protocols to assure a uniform crisis response. The county will convene a participatory process to create or review protocols. Protocols will be publicized. The process will include inpatient and outpatient providers, consumers, and advocates. There will be increase mobile crisis response by the crisis teams. It will be face to face and more visible.

2. **Emergency Department Access Points.** Crisis team members will be available at contract hospital emergency rooms to provide assessment and triage into the most appropriated level of care. This will increase the possibility of diversion and of minimizing police and physician holds. This service will be supported by second leg transport and be integrated with the mobile function. Negotiated agreements with the hospitals for emergency room space will be developed. There are liability issues which will need to be defined, but there is a commitment from all parties to work through these issues.
3. **Mobile Outreach.** A dedicated mobile outreach unit will serve primarily the city's core. It will be pro-active, but also will respond to calls from consumers, families, homes, police, businesses, and others. It will provide face to face assessment of the situation. It will stabilize the situation on site when possible; it will transport. It will have a dispatch base. It will be staffed by mental health professionals. In recognition that the scope of services is beyond that of mental health, and is developed in response to the business community, attempts will be made to determine additional sources of funding for the service.
4. **Crisis Respite.** Crisis respite will be enhanced. Development of facilities modeled after Sac House will be encouraged. Other options may include family or other facilities. Crisis respite will be used as a diversion option to admission to the special care facility or the hospitals.
5. **Hotline and Information Referral Services.** Metro Crisis will continue to provide hotline and information/referral services. The nature and extent of these services will be re-evaluated. Protocols for enhanced coordination will be developed.

SSD will perform reviews of all protocols to assure that they are followed. SSD will evaluate the developmental progress of the crisis/acute care system, the impact of policy and/or service changes, consumer outcomes and satisfaction. Monitoring will be increased of program performance indicators such as response time, mobile responses, coordination across quadrants and facilities, and utilization.

D. **Precommitment Services**

These services will continue to be provided by the CSA crisis teams with availability to other agencies assured. There will be increased accountability through an evaluative systems management process including measures of clinical efficiencies, effectiveness, cost, and coordinated protocols. SSD will actively coordinate with the OMHS regarding training and certification of investigators and examiners.

SSD will work with the court to develop efficient procedures for withdrawal of holds for patients who wish to convert to voluntary status. The release of voluntary patients to the special care facility will be facilitated as possible because it is a less costly option and a more appropriate level of care. SSD will intensify efforts to involve the court in maximizing the efficiency of the system. The possibility of a weekend probate judge to issue court orders of release for no-hearing recommendations or another means of release will be explored.

E. Community Treatment Services for Adults (CTS/A)

Community treatment services will be initiated by the CSA's for persons entering in crisis. SSD will request a waiver from OMHS for the duration of a CTS/A episode so that treatment may be provided to severely mentally ill persons in crisis who are not eligible for community support services. Providers may run over the contracted number of slots. These persons include priority groups specifically defined as eligible for the crisis acute care system, for instance, recidivists in the precommitment system who are seldom if ever committed.

Residential placement options should be developed for consumers receiving CTS/A.

F. Community Support Services (CSS)

SSD will develop procedures for prioritizing CSS for acute care consumers in cooperation with the executive directors, crisis managers, community support managers and out-patient providers.

G. Special Care Facility

SSD will develop a 24-bed special care facility with a primary emphasis of voluntary hospitalization. Capacity for persons on holds will also be maintained. There will be intensive involvement of staff from outpatient providers to facilitate timely discharge and coordination of services. The facility program will be similar to Highline of Seattle. SSD will manage an RFP process for the special care facility.

If licensed as a residential facility, SSD will request a waiver from the OMHS to allow state-certified hold rooms. The special care facility may also be licensed as a special health care facility or a residential facility.

As with other services, human rights issues will be respected in all policies and procedures developed for this facility. Persons committed to treatment under ORS 426 are the responsibility of the Mental Health and Developmental Disabilities Services Division. Therefore, these patients will be released only with approval of Mental Health and Developmental Disabilities Services Division.

H.

Community Hospitalization

1. **Present system.** The current configuration of hospital services includes three hospitals, operating on a letter of agreement to abide by terms of a FY 86-87 contract which includes reimbursement according to a percent of charges, and two "diversion" hospitals.

As with crisis services, it is recognized that the successful transition of the community hospital services from the current configuration depends on the presence of the other services relevant to acute care and will be implemented through an orderly, coordinated process.

Note that SSD will continue to assure that consumers in need of medical services have timely access to them. Hospital services will be provided to all persons in precommitment status until the special care and respite capacity is developed and policies are developed which allow referrals as appropriate to the special care facility and crisis respite.

2. **Provider selection and reimbursement.** The planned configuration of hospital services includes immediate access to community hospitals for consumers in psychiatric crises who have need for medical services. SSD will engage a process for acute care hospital services which considers number of beds, proximity and accessibility, level of care, access points, and reserve capacity. The number of hospitals will depend in part on the number of beds needed after the acute care system modifications have taken place. The contract process may include:

- 1) changing the reimbursement through selection of a preferred provider;
- 2) exercising the legal right of the county to approve facilities for reimbursement for commitment; and
- 3) reserving capacity. Alternatives for reserving capacity include paying for a certain number of beds whether or not they are filled, and paying at a higher rate to cover variable costs for each filled bed, whether reserved or not.

SSD will establish contract relationships with community hospitals. The process will be consistent with the prudent buyer concept. SSD may select one or several inpatient providers. Reimbursement to any hospital may be based on the contracted rate established through an RFP or negotiation of a per diem or other fixed rate.

SSD will establish procedures for transferring patients from community hospital services to the special care facility as clinical condition or legal status (conversion to voluntary) may permit. A decrease in the number of beds is anticipated upon the additional care alternative available through the special care facility, respite beds, and CTS/A, but the number is approached cautiously because of concerns about demand.

A model which illustrates utilization estimates given the proposed system and assumptions is included as an attachment to this plan.

I. State Hospitalization

A significant goal of this plan is to prevent admission to Dammasch of those patients who could be treated appropriately by other programs/services in Multnomah County. However, when care at Dammasch is the proper course, the following guidelines will be implemented.

1. Transfers to state hospital. SSD, OMHS, DSH, and OSH agree to transfer to the state mental health division any committed patient who after 21 or fewer days in the special care unit or approved community hospital is judged by the care management staff to be in need of further, intermediate care at a state hospital. A letter of agreement to this effect will be developed by the above parties.

2. Discharges. SSD will assure timely, appropriate discharge and priority access to community services for state hospital patients.

J. Transportation

Transportation has been a thorny problem. Of particular difficulty is "second leg" transportation, which includes transportation of a consumer after contact with the mental health system. For example, an emergency room staff person decides that a walk-in consumer needs to be on a hold, but there are beds only at another hospital where the physician does not have admitting privileges.

A second leg transport is needed to respond to the emergency room, crisis teams, hospitals and the acute care facility and may move patients from one to the other. The staff should be deputized to allow for voluntary transportation when that is needed.

The police will still provide first leg transportation for person in need of a peace officer hold, a program initiated peace officer hold, or for persons who are overtly violent or uncontrollable.

The Psychiatric Emergency Operations Team, the Portland Police Bureau, and the Acute Care Workgroup Subcommittee have studied these transportation issues and reviewed different models and options. The system modifications to acute care are predicated on the assumption that appropriate transportation is a priority service for the system functioning well. Further discussion will precede choice of model and funding mechanism.

6734Y

BUDGET NOTE:

Start Up

Facility

Renovation, \$100,000

Furnishings, 75,000

Supplies (Start Up) 50,000

Crisis Respite

Renovation

Furnishings & Supplies 20,000

Mobile Response

Vehicle, radio systems 30,000

Consultation

Hospital RFP

Facility RFP/RFQ

M.I.S.

Facility Model

Protocols 50,000

Case Management

Computer

Printing/Publicity

Office expenses

Furnishings

Training 30,500

GRAND TOTAL **\$ 355,500**

04-May-90

OFFICE OF MENTAL HEALTH SERVICES
MULTNOMAH COUNTY CRISIS/ACUTE CARE PROGRAM
1989-91

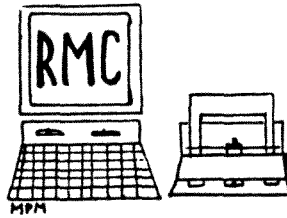
E-Board Reserved When Planned Start Date was April 1, 1990

1,100,000

Service	12 month Cost	Start Date	Months	Total 89-91 Cost	GF in Base Budget	GF in Budget for Inpatient Facility	E Board Reserve	County GF	County OF	FF
Crisis Services	1,318,094	07/01/90	12	1,318,094	1,250,964					67,130
Respite Beds	259,850	10/01/90	9	194,888		161,138			33,750	
Mobile Outreach	100,000	10/01/90	9	75,000		75,000				
Transportation	101,250	10/01/90	9	75,938		75,938				
Precommitment Invest.	700,426	07/01/90	12	700,426	700,426					
Inpatient Holds	1,402,054	07/01/90	12	1,402,054	453,829	389,121		559,104		
Hospital ER Cost	175,000	10/01/90	9	131,250		131,250				
Inpatient, Voluntary	106,555	02/01/91	5	44,398		44,398				
Outpatient	533,711	09/01/90	10	444,759		372,452				72,307
24 bed facility	1,900,000	02/01/91	5	791,667		103,467	163,840	399,360	125,000	
Care Management	93,100	10/01/90	9	69,825		69,825				
MIS	96,436	07/01/90	12	96,436		96,436				
Local Administration				91,515		91,515				
Evaluation				45,757		45,757				
Residential Aquisition	250,000			250,000		250,000				
Startup	355,000			355,000		355,000				
Total	7,391,476			6,087,006	2,405,219	2,261,296	163,840	958,464	158,750	139,437
Estimated Additional Diversion Costs as a Result of Later Start							982,958			
Estimated Reserve Balance							(46,798)			

OFFICE OF MENTAL HEALTH SERVICES
MULTNOMAH COUNTY CRISIS/ACUTE CARE PROGRAM
1991-93 Rollup with 9.5% Cost of Living Adjust
04-May-90

Service	Total 91-93 Cost	GF in Base Budget	GF in Budget for Inpatient Facility	E Board Reserve	County GF	County OF	FF
Crisis Services	2,886,626	2,739,611					147,015
Respite Beds	569,073		470,523			98,550	
Mobile Outreach	219,000		219,000				
Transportation	221,739		221,739				
Precommitment Investig	1,533,933	1,533,933					
Inpatient Holds	3,070,498	993,886	2,076,613				
Hospital ER Cost	383,250		383,250				
Inpatient, Voluntary	233,355		233,355				
Outpatient	1,168,827		978,804				190,023
24 bed facility	4,161,000		904,000		2,600,000	657,000	
Care Management	186,200		186,200				
MIS	192,872		192,872				
Local Administration	234,654		234,654				
Evaluation	117,327		117,327				
Residential Aquisition	0						
Startup	0						
Total	15,178,354	5,267,430	6,218,337	0	2,600,000	755,550	337,037



Robert McGuirk, Consultant

Health Care Marketing, Planning and Certificate of Need

MEMORANDUM

TO: Nancy Barron, Ph.D.

SUBJECT: Crisis/Acute Care Plan Delivery System Model

FROM: Bob McGuirk *MB*

The attached Draft Crisis/Acute Care Plan Delivery System Model has been prepared for review and discussion with the various provider and consumer advisory panels. The purpose of this model is to identify performance expectations that are required to reduce the Multnomah County Dammasch Hospital daily census by 16 to 20 patients. I would like consumers and providers to review the various assumptions to see if they are realistic and/or desirable.

The basic elements of the model are diversion of crisis patients from hospitalization and operating the E & T facility as a voluntary facility. The model assumes that persons entering the crisis service system will increase as capacity to serve additional consumers increases. Although the model shows that 25% to 35% of persons entering the crisis system require diversion, the model assumes that diversion patient conditions will be less acute and that the patients can be diverted if there are adequate CTS/A and Crisis/Respite resources.

The model shows that the E & T facility can meet Multnomah County and State objectives. The facility can be essentially a voluntary unit and can reduce Dammasch census on a bed for bed basis, if diversions from hospitalization; diversions from commitment and lengths of stay for E & T patients are achieved.

I look forward to discussing this delivery system model and further refining this component of the Plan.

MULTNOMAH COUNTY CRISIS/ACUTE CARE PLAN
DELIVERY SYSTEM MODEL: DISCUSSION DRAFT (4/19/90)

BUDGET FORECAST

MULTNOMAH COUNTY

County Population

Population Source is Portland State University.

POPULATION AT RISK

Crisis Admit Rate/10,000 Persons

The crisis rate is a forecast of the trend in the hold rate over the last 5 years.

Total Potential Holds

Not all patients will be hospitalized, some will be diverted through CTS/A and Crisis/Respite services.

% of Crisis Admits Diverted by
Crisis-Respite & CTS/A

The diversion per cent estimate results in a hospitalization rate of 40.6 per 10,000 persons, a 10% decrease in the current rate.

Number of Consumers Diverted
From Hospitalization

The number of diversion patients will become CTS/A clients.

% of Inpatients Requiring
Involuntary Holds

The 75% of total hospitalizations requiring hospital holds is a Work Group estimate.

GENERAL HOSPITAL

Total Patients Requiring
Crisis Hospitalization

Patients requiring crisis hospitalization are patients refusing voluntary treatment and patients that require a more secure setting.

Hospital Involuntary Holds

The involuntary hold rate will drop to 30.5/10,000 which is about 15% higher than the state average.

Current County % Payment

% of County Payment is based on the county's current estimate of cost.

Adjusted County % Payment

Adjusted % assumes that 15% of voluntary E&T costs are paid by 1st and 3rd party coverage versus 65% of costs for hospital patients.

County Paid Hospital Holds

Length of Stay All Holds

Length of stay for holds is assumed to decrease by .6 days through adjustment in court procedures and conversion to voluntary status.

Hospital Hold Patient Days

Hospital Hold Bed Census

Hospital hold census is assumed to be spread through 3 hospitals.

E & T FACILITY

E & T Facility Budgeted
Census

The E & T is budgeted to operate at 84% occupancy and will be managed to not exceed the 20 average census level.

E & T Voluntary Admits

E & T voluntary admits are assumed to represent all county pay patients that previously had decompensated requiring hospitalization. Most voluntary units run at average stays of 9 - 12 days.

Length of Stay

E & T Voluntary Days

Voluntary E & T Census

Voluntary E & T census can not exceed 20 to remain within budget.

Projected Commitments

Increases in commitments were based on increase in county population.

% Converting to Voluntary
Status Eligible for E & T

The 40% hold to voluntary conversion factor is based on Lane County experience.

Potential Voluntary E & T
Commitment Diversion Admits

Voluntary transfers will be limited by an average census limit of 20. A number of patients will still be committed to Dammasch that wanted local treatment.

Length of Stay

Length of stay is set at 7 days, assuming that the transfers take place on day 3 of the involuntary hold.

Potential Voluntary Commitment
Commitment Diversion Days

Total E & T Admits and
Transfers

Expected Admissions and Transfers -- Voluntary Admits and Voluntary Transfers (Commitment Diversions) less capacity limitations.

Potential E & T Patient Days

A 20 patient average census results in 7,300 patient days. Actual patient demand for services is greater than capacity.

Total Potential Census

Voluntary Patient Admits
or Additional Commitment
Diversion Admissions @ 7 Day
Length of Stay Over 20 ADP

A negative patient admit/transfer number represents potential patients that are diverted/committed to Dammasch.

DAMMASCH IMPACT

Dammasch Reduction Admits

Dammasch reduction admits are patients that elected and received voluntary treatment rather than an extended stay at Dammasch.

Length of Stay

Dammasch length of stay is estimated as 30 days for short term commitment patients.

Patient Days

Dammasch Bed Reduction

Bed reduction based on commitment diversions due to voluntary treatment.

Dammasch Bed Reduction
for Hold Patients

Bed reduction based on the county system treating 100% of holds.

Total Dammasch Reduction

Sum of commitment diversion days and Dammasch hold days.

MULTNOMAH COUNTY CRISIS/ACUTE CARE PLAN
DELIVERY SYSTEM MODEL: DISCUSSION DRAFT (4/19/90)

BUDGET FORECAST

MULTNOMAH COUNTY	FY 89	FY 91	FY 92	FY 93
County Population		572,351	573,993	575,499

POPULATION AT RISK

Crisis Admit Rate/10,000 Persons	45.2		58.3	62.6
Total Potential Holds	2,584		3,347	3,601
% of Crisis Admits Diverted by Crisis-Respite & CTS/A			25%	35%
Number of Consumers Diverted From Hospitalization			837	1,260
% of Inpatients Requiring Involuntary Holds			75%	75%

GENERAL HOSPITAL

Total Patients Requiring Crisis Hospitalization			2,510	2,341
Hospital Involuntary Holds			1,883	1,755
Current County % Payment	35%		35%	35%
Adjusted County % Payment	35%		30%	30%
County Paid Hospital Holds	904		565	527
Length of Stay All Holds	4.6		4.0	4.0
Hospital Hold Patient Days	11,886		7,531	7,022
Hospital Hold Bed Census	33		21	19

E & T FACILITY

E & T Facility Budgeted Census			20	20
E & T Voluntary Admits			628	585
Length of Stay			10	10
E & T Voluntary Days			6,276	5,851
Voluntary E & T Census			17	16
Projected Commitments			661	665
% Converting to Voluntary Status Eligible for E & T			40%	40%
Potential Voluntary E & T Commitment Diversion Admits			265	266
Length of Stay			7	7
Potential Voluntary Commitment Commitment Diversion Days			1,852	1,861
Total E & T Admits and Transfers			774	792
Potential E & T Patient Days			8,127	7,712
Total Potential Census			22.3	21.1
Voluntary Patient Admits or Additional Commitment Diversion Admissions @ 7 Day Length of Stay Over 20 ADP			-118	-59

DAMMASCH IMPACT

Dammasch Reduction Admits			146	207
Length of Stay			30.0	30.0
Patient Days			4,391	6,208
Dammasch Bed Reduction			12	17
Dammasch Bed Reduction for Hold Patients			5	5
Total Dammasch Reduction			17.03	22.01



Department of Human Resources
OFFICE OF THE DIRECTOR

318 PUBLIC SERVICE BUILDING, SALEM, OREGON 97310 PHONE 378-3033

The Honorable Vera Katz
 The Honorable John Kitzhaber
 Co-Chairpersons
 State Emergency Board
 State Capitol Building
 Salem, Oregon 97310

The Mental Health and Developmental Disability Services Division requests an allocation of \$163,840 from funds reserved by the January Emergency Board to expand acute psychiatric services in Multnomah County. The Division also requests that the balance of the \$1.1 million reserve in the Emergency Fund be retained pending further review of the costs of inpatient care provided in private hospitals to committed patients diverted from state hospital admission.

Nature of the Emergency

At the January, 1990, meeting of the Emergency Board the Division informed the Board of the needs of homeless persons for whom mental health services are extremely limited and of the continuing crowding at state hospitals which has resulted in the placement of committed persons in private hospital beds. To date such placements have consumed nearly 3,500 days of care. To address this emergency, the Division, in concert with Multnomah County, brought forward a proposal to move up the starting date on the acute care program funded by the 1989 Legislative Assembly and to expand its community crisis services through the development of a new residential evaluation and treatment center.

In its response, the Board allocated \$800,000 to the Division to increase access to inpatient care and established a reserve of \$1,100,000 in the Emergency Fund for the further expansion of regional acute care in the Portland Metropolitan Area. The Board directed the Division to return at a later meeting to report final details of the Multnomah County plan and the proposed use of the reserve.

The Honorabale Vera Katz
The Honorable John Kitzhaber
Page 2

In the four intervening months the planning process has intensified and all key stakeholders in the county have been engaged in planning for service development. Multnomah County has secured the services of consultants with expertise in managed care and in the provision of residential crisis services. The result is a plan which preserves existing hospital capacity in the county, adds a new residential crisis center, and builds an array of necessary and relevant crisis, aftercare, and transportation services on a realistic, achievable timetable. It provides the county with the tools needed to manage the system, assure equitable and timely access to appropriate care, and control its use of costly state hospital resources. The plan enjoys wide support in the county, demonstrates a significant commitment of county general funds, and has earned the confidence of the Division based on a clear statement of goals, objectives and operating principles. Accordingly, with legislative support the Division is now prepared to implement the Multnomah County Crisis/Acute Care Plan.

Multnomah County Crisis/Acute Care Plan

The county plan has projected clear goals for the operation of the enhanced system. These goals include:

- o Elimination of emergency holds for Multnomah County at Dammasch;
- o Reduction of the county's use of Dammasch by an average of 17 beds by 1991-92;
- o Reduction in rates of involuntary hospitalization and civil commitment; and
- o An increase in voluntary care in less restrictive settings.

This proposal builds upon the support for Psychiatric Inpatient Services funded by the 1989 Legislature by assembling in a single system all of the major elements of acute care.

- o Multnomah County will begin immediately drafting of the operating procedures and standards that will enable it to direct, coordinate, evaluate and finance the crisis/acute care system. This will include the addition of a care management unit within the Social Services Division, major improvements to the county's management information system and the development of a quality assurance and utilization review process.
- o Starting in July 1990 the county will restructure its state-funded crisis services, commitment investigation program and the provision of local and voluntary hospital care to assure timely crisis response and uniformity of delivery throughout the county. In contrast to the January proposal, the current plan incorporates all existing services in the base budget to increase the impact of the program and make full use of the expertise of the provider agencies and hospitals.
- o In September 1990, with a new allocation of state funds, more than 300 outpatient slots will come on line to make available new capacity to provide follow-up services to persons identified in crisis for whom existing community support services are unavailable or inappropriate. The addition of outpatient services will accomplish two changes in the system. First, many persons have up to now been followed by crisis workers for long periods of time, thus reducing crisis availability of provider agencies. In addition, dedicated outpatient services will provide stable treatment programs for many of those whose repeated crisis episodes have proved to be a costly drain on hospital and commitment services. Better treatment for these persons will greatly increase the stability and quality of their lives and reduce cost in the system.
- o In October 1990, mobile outreach services will be added in the city core to address the unique problems of the urban homeless population. The county will also develop new crisis/respite beds to offer a low cost and safe alternative to restrictive inpatient or secure residential care. To solve the difficult problem of moving consumers to appropriate services following initial contact, a new transportation component will be added. Police will continue to provide "first leg" transportation to initial assessment sites in many cases. A second leg transport will allow clients to

The Honorable Vera Katz
The Honorable John Kitzhaber
Page 4

move to the most appropriate service following evaluation. Since many of these initial evaluations will occur in hospital emergency rooms, transportation will facilitate admission to services other than hospital level care. Financial support for emergency room services will also become available in October.

- o A 24-bed evaluation and treatment residential facility will come on line in February 1991. The center will provide 24-hour nursing supervision, evaluation, initial psychiatric treatment, and coordination of follow-up plans. While the capacity for involuntary holds will be assured, the primary emphasis of the center will be on voluntary acute care which has not been available in the county system since June of 1986 when Dammasch state Hospital closed its doors to voluntary admissions as a result of crowding. It is widely believed that access to voluntary care will significantly reduce the need for involuntary holds and commitment to the state hospital.

Later startup than previously anticipated, a significant contribution of county general funds and the projection of client fees and third party resources have combined to reduce to \$163,840 the amount of additional state general funds from the reserve needed to start this new program. However, later startup has also required that the assumptions regarding the costs of diversionary inpatient care be revisited. The costs were estimated in late January and were included in the Department's March Rebalancing Plan. Current projections based on actual billings and services to date indicate that total costs may exceed our previous estimate by \$982,958. Based on this projection, the Division is requesting that the balance in the reservation be maintained until a later meeting of the Board to assure that these added costs can be covered.

Action Required

The Mental Health and Developmental Disability Services Division requests an allocation from reserved funds of \$163,840 and that the balance of the reserve be maintained pending further review of the costs of diversionary inpatient care for committed persons.

The Honorable Vera Katz
The Honorable John Kitshaber
Page 5

Legislation Affected

Chapter 486, Section 1 (2), OL 1989 + \$163,840 General
Funds.

Sincerely,

Kevin W. Concannon
Director
Department of Human Resources

Richard C. Lippincott, M.D.
Administrator
Mental Health and Developmental
Disability Services Division

KWC:RCL:BSK:a:jw

Attachments

*DHR
Back up
pieces*

OFFICE OF MENTAL HEALTH SERVICES
 MULTNOMAH COUNTY CRISIS/ACUTE CARE PROGRAM
 1991-93 Rollup with 9.5% Cost of Living Adjust
 04-May-90

Service	Total 91-93 Cost	GF in Base Budget	GF in Budget for Inpatient Facility	E Board Reserve	County GF	County OF	FF
Crisis Services	2,886,626	2,739,611					147,015
Respite Beds	569,073		470,523			98,550	
Mobile Outreach	219,000		219,000				
Transportation	221,739		221,739				
Precommitment Investig	1,533,933	1,533,933					
Inpatient Holds	3,070,498	993,886	2,076,613				
Hospital ER Cost	383,250		383,250				
Inpatient, Voluntary	233,355		233,355				
Outpatient	1,168,827		978,804				190,023
24 bed facility	4,161,000		904,000		2,600,000	657,000	
Care Management	186,200		186,200				
MIS	192,872		192,872				
Local Administration	234,654		234,654				
Evaluation	117,327		117,327				
Residential Aquisition	0						
Startup	0						
Total	15,178,354	5,267,430	6,218,337	0	2,600,000	755,550	337,037

04-May-90

OFFICE OF MENTAL HEALTH SERVICES
MULTNOMAH COUNTY CRISIS/ACUTE CARE PROGRAM
1989-91

E-Board Reserved When Planned Start Date was April 1, 1990

1,100,000

Service	12 month Cost	Start Date	Months	Total 89-91 Cost	GF in Base Budget	GF in Budget for Inpatient Facility	E Board Reserve	County GF	County OF	FF
Crisis Services	1,318,094	07/01/90	12	1,318,094	1,250,964					67,130
Respite Beds	259,850	10/01/90	9	194,888		161,138			33,750	
Mobile Outreach	100,000	10/01/90	9	75,000		75,000				
Transportation	101,250	10/01/90	9	75,938		75,938				
Precommitment Invest.	700,426	07/01/90	12	700,426	700,426					
Inpatient Holds	1,402,054	07/01/90	12	1,402,054	453,829	389,121		559,104		
Hospital ER Cost	175,000	10/01/90	9	131,250		131,250				
Inpatient, Voluntary	106,555	02/01/91	5	44,398		44,398				
Outpatient	533,711	09/01/90	10	444,759		372,452				72,307
24 bed facility	1,900,000	02/01/91	5	791,667		103,467	163,840	399,360	125,000	
Care Management	93,100	10/01/90	9	69,825		69,825				
MIS	96,436	07/01/90	12	96,436		96,436				
Local Administration				91,515		91,515				
Evaluation				45,757		45,757				
Residential Aquisition	250,000			250,000		250,000				
Startup	355,000			355,000		355,000				
Total	7,391,476			6,087,006	2,405,219	2,261,296	163,840	958,464	158,750	139,437

Estimated Additional Diversion Costs as a Result of Later Start

982,958

Estimated Reserve Balance

{46,798}

503 373 7951

OFFICE OF MENTAL HEALTH SERVICES
MULTNOMAH COUNTY CRISIS/ACUTE CARE PROGRAM
Request for Exception to Base
04-May-90

Service	1991-93 GF Cost to Run	GF Base	GF Base Exception	1991-93 FF Cost to Run	FF Base	Base Exception
Crisis Services	2,739,611	2,739,611	0	147,015		147,015
Respite Beds	470,523	11,081	459,442			0
Mobile Outreach	219,000	150,338	68,662		24,473	(24,473)
Transportation	221,739	69,068	152,671		11,243	(11,243)
Precommitment Investig	1,533,933	1,533,933	0			0
Inpatient Holds	3,070,498	993,886	2,076,613			0
Hospital ER Cost	383,250		383,250			0
Inpatient, Voluntary	233,355	44,722	188,633			0
Outpatient	978,804	50,835	927,968	190,023	8,276	181,747
24 bed facility	904,000	2,018,838	(1,114,838)		565,826	(565,826)
Care Management	186,200		186,200			0
MIS	192,872		192,872			0
Local Administration	234,654		234,654			0
Evaluation	117,327	36,891	80,437			0
Residential Aquisition						0
Startup						0
Total	11,485,767	7,649,204	3,836,563	337,037	609,819	(272,781)

OFFICE OF MENTAL HEALTH SERVICES
CALCULATION OF COST OF LOCAL HOSPITALIZATION OF COMMITTED CLIENTS DIVERTED FROM STATE HOSPITALS
04-May-90

	Average ADP over Capacity	Days in Period	Cost per Day	State Share	Total Cost to Division
July 1, 1989 - April 20, 1990	11	293	500	80.00%	1,233,600
April 21, 1990 - Aug. 31, 1990	11	132	500	80.00%	555,752
Sept. 1, 1990 - Sept. 30, 1990	7	29	500	80.00%	75,697
Oct. 1, 1990 - Oct. 31, 1990	3	30	500	80.00%	30,307
Nov. 1, 1990 - Dec. 31, 1990	0	60	500	80.00%	0
Jan 1, 1991 - June 30, 1991	4	180	500	80.00%	288,000

Total Cost of Local Hospitalization of Committed Persons

2,183,356

Previous Cost when Multnomah Inpatient Unit was opening April 1990
Increase Cost of delaying opening of Multnomah Inpatient Unit

1,200,398
982,958

To calculate Average ADP over capacity:

July 1, 1989 - April 20, 1990

Total diversions in first 293
days of 1989-90 = 3,084
Average number of diversions
per day = 11

April 21, 1990 - August 31, 1990

Effect on ADP of opening
Multnomah inpatient unit = 0 Unit delayed until Feb. 1991
Remaining ADP over capacity = 11

Sept. 1, 1990 - Sept. 30, 1990

Effect on ADP of opening
Southern Oregon Unit = 4
Remaining ADP over capacity = 7

Oct. 1, 1990 - Oct. 30, 1990

Additional Effect on ADP of opening
Southern Oregon Unit = 4
Remaining ADP over capacity = 3

Nov. 1, 1990 - Dec. 31, 1990

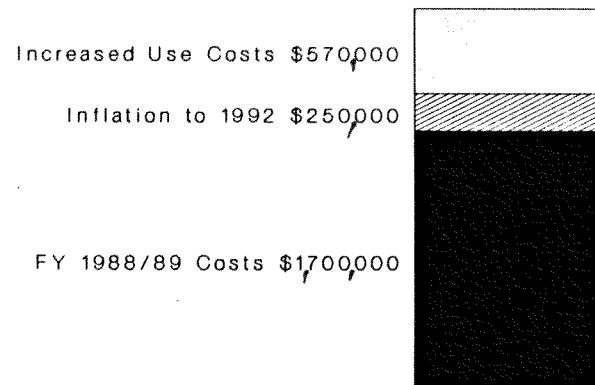
Additional Effect on ADP of opening
Southern Oregon Unit = 4
Remaining ADP over capacity = 0

Jan 1, 1991 - June 30, 1991

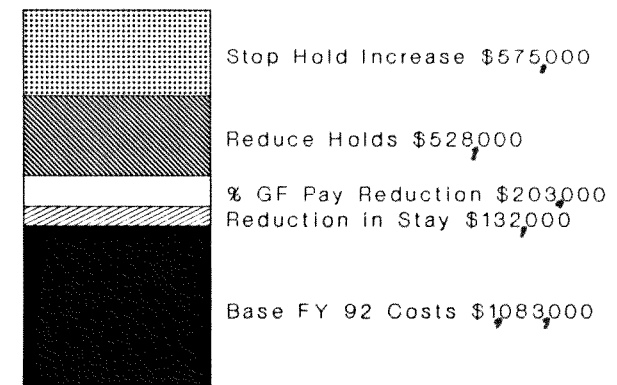
Effects of increasing
statewide population on ADP
for last six months of
biennium =

Patient populations in adult psychiatric and
gero-psychiatric at the state hospitals has been slowly
rising since 1983 at a rate of 13.5 patients per year.
4 Thus, expansion of capacity is needed just to maintain the
current status. Given the current overcapacity situation,
the proposed expansion will accomodate projected growth
only through the end of 1990.

CRISIS/ACUTE CARE SYSTEM ESTIMATED COUNTY AND STATE GENERAL FUND COSTS FY 1991/92

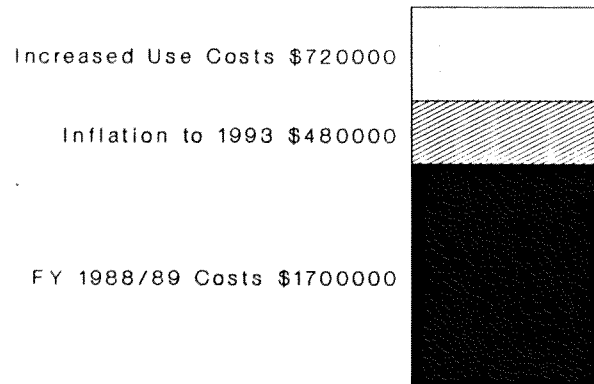


No Changes in System
With Current Trends

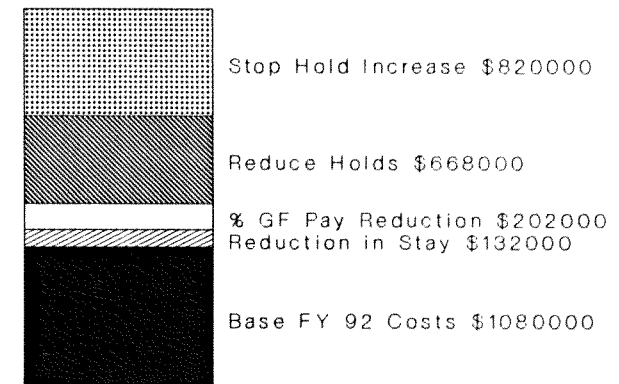


Proposed System
Excludes Per Diem Changes

CRISIS/ACUTE CARE SYSTEM ESTIMATED COUNTY AND STATE GENERAL FUND COSTS FY 1992/93

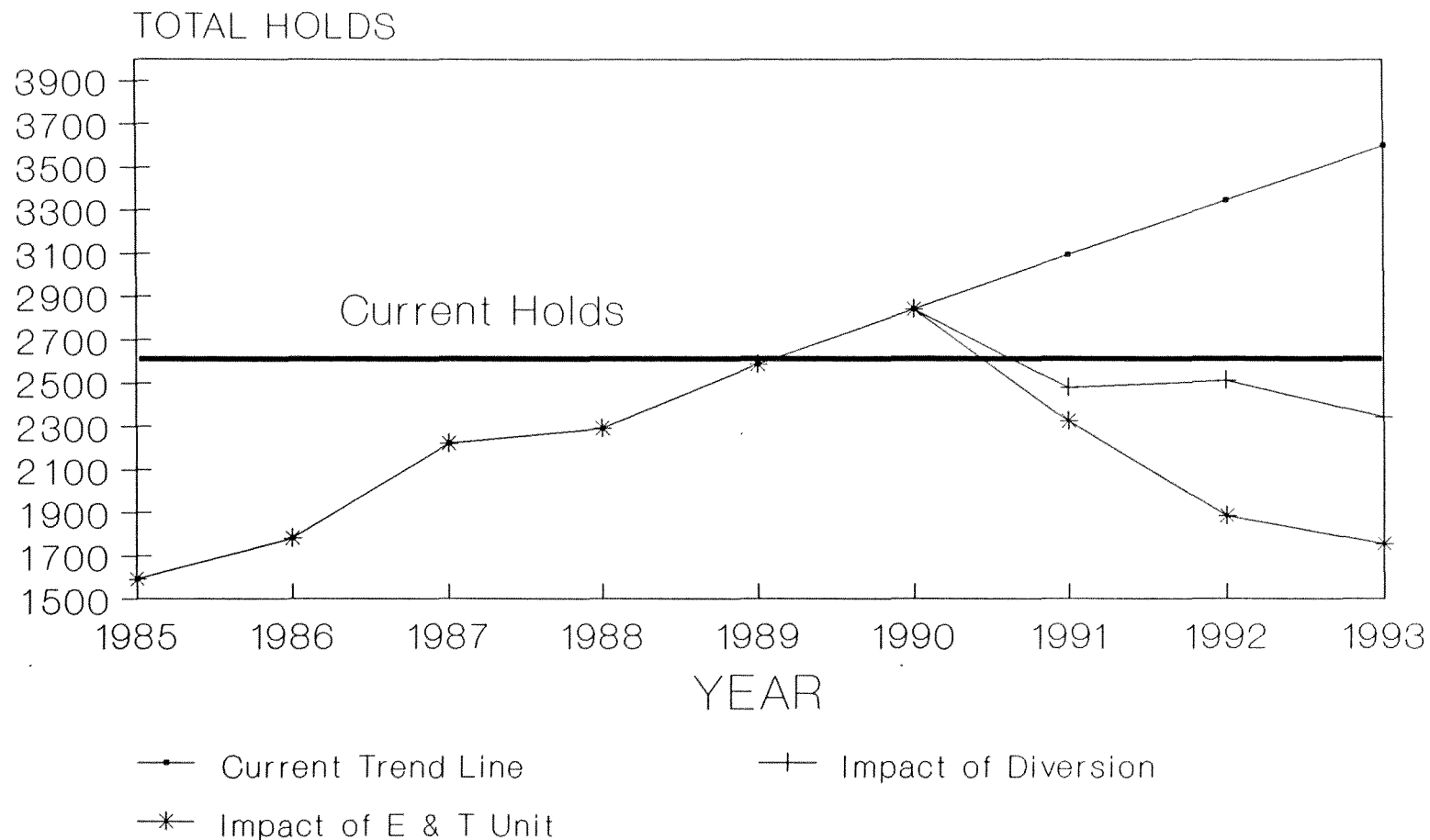


No Changes in System
With Current Trends



Proposed System
Excludes Per Diem Changes

MULTNOMAH COUNTY EMERGENCY HOLDS ANALYSIS OF SYSTEM CHANGES



RMC: MAY 8, 1990

Meeting Date: MAY 08 1990

Agenda No.: Inf #2

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: Affordable Housing Land Trust/Land Bank

BCC Informal May 8, 1990 BCC Formal _____
(date) (date)

DEPARTMENT BCC DIVISION Kafoury/McCoy

CONTACT Ramsay Weit/Norm Monroe TELEPHONE 5275/3308
Steve Rudman, Portland HCD Office

PERSON(S) MAKING PRESENTATION Weit/Monroe/Pitts

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☒ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 30 minutes

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested,
as well as personnel and fiscal/budgetary impacts, if applicable):

Presentation of concept proposal creating Land Trust/Land Bank to
aid in developing vacant/abandoned properties. (Attachment 4 pages.)

(If space is inadequate, please use other side)

SIGNATURES:

ELECTED OFFICIAL Gretchen Kafoury

Or

DEPARTMENT MANAGER _____

(All accompanying documents must have required signatures)

RECEIVED
CLERK OF
COUNTY COMMISSIONER
1990 MAY -1 PM 4:16
MULTI-COUNTY
OREGON

DRAFT

Concept Proposal: Affordable Housing Land trust/ Land Bank

1. Rationale

- Difficult to find properties for transitional housing, special needs housing, even affordable family rental housing
- Ambitious challenge of HAP study (\$400-500 million)
- New affordable housing production systems are needed as well as strategies to create permanent solutions
- Current program emphasis is not market sensitive. Deep public subsidies are required to address negative equity situation (eg, Nehemiah and Portland Homestead programs). However, few public programs exist to provide permanent affordable housing opportunities
- Acquiring properties (both housing and vacant lots) to meet affordable housing needs in perpetuity will maximize use of public subsidies

2. Policy -Comprehensive Plan Amendment: Housing Policy:

Vacant and Abandoned Housing and Community Revitalization
(before Portland Planning Commission on May 15)

Policy "The City will support and assist public and private actions to:

1. Prevent abandonment or long-term vacancy of housing units and return abandoned units to a useful life as quickly as possible.
2. Improve the physical and economic/social environment in areas where abandonment is concentrated.
3. Redevelop affordable housing to be compatible with existing architectural styles on vacant infill lots in areas where abandonment has occurred.
4. **Maintain a land bank for long-term redevelopment of vacant lots where housing has been lost."**

Policy Objectives -(selected)

1. To bring vacant and abandoned housing back to useful residential life as quickly as possible.
7. To support and encourage specific actions by nonprofit housing organizations to acquire and rehabilitate abandoned housing, and to make vacant and abandoned lots less hazardous and available for new development or alternative recreational use.

8. Where appropriate through City programs, pursue city acquisition of abandoned housing and residential lots in targeted neighborhoods.
9. Devise new public and private housing programs to include grants or donations and flexible loan underwriting guidelines which acknowledge market impact of abandonment.
10. Devise new public and private programs which encourage production of affordable infill housing compatible with existing architectural styles in those areas where abandonment and vacant residential lots are concentrated.
17. Promote coordination of public, private, and nonprofit agencies in order to concentrate their program resources on vacant and abandoned housing in targeted areas.

3. Strategy

A land bank is a community-owned and managed nonprofit corporation that acquires properties through purchase or donations, and sells them to suitable individuals and organizations who will occupy them.

A land trust is also a community-owned and managed nonprofit corporation. It acquires and holds property in permanent stewardship for the common good of the community, making it available to individuals and organizations through long-term leases.

4. Benefits. Land banks and land trusts can help communities save properties that are key to an area's stabilization. The properties might be deteriorated or abandoned houses or vacant lots owned by private absentee landlords or properties held by public agencies. Land banks and land trusts can work to counter real estate speculation and the displacement of neighborhood residents, to eliminate blight, to increase home ownership, and to control property for the community's common good.

5. How it works. After acquiring a property, the land bank arranges for its rehabilitation, finds suitable buyers, and assists them in arranging financing.

A land trust, after acquiring the property, offers the use of it through lifetime or long-term leases which may be transferred to the leaseholders' heirs if they wish to continue using the land. While leaseholders do not own the land, they may own buildings and other improvements on the land. If the leaseholders move, they may sell or remove these buildings and improvements. Typically, the land trust retains a first option to buy the improvements at the owner's original cost, adjusted for inflation and depreciation.

6. Acquisition and Finance possibilities:

- With 501(c)(3) tax exemption can attract donations and bargain sales.
- Loans from socially responsible investors directly or through intermediaries.
- Long term loans can be leveraged with help of donations or small loans.
- LT's can arrange mortgages for buyers which both address concerns of lenders and protect LT's long-term interest in the property by allowing LT to cure default.
- Tax Foreclosures.
- HUD Bargain Sales.
- Municipal employees enforcing building codes can steer owners toward LT.
- Sweat equity.
- Other public funds and grants.

7. City Programs which Supplement Land Trusts

(based on Burlington, Vt. Community Land Trust (CLT) model)

- CLT receives priority for renovation loans.
- City can construct new housing on lands owned or acquired by CLT.
- Mortgage assistance programs go to families purchasing houses on CLT land.
- Undeveloped municipal lands can be deeded over to CLT with provisions as to how it should (or should not) be developed.
- City can coordinate job development activities with the market formed by CLT building and renovation.

8. Proposed Structure:

Establish a non-profit corporation with a board comprised of representation from Multnomah County, City of Portland, Housing Authority, PDC, community development corporations, homeless providers, and community at large members.

Capitalization from public sector will be required. Staff could be funded in many ways, such as CDBG, P.I.L.O.T., foundation grants (OCF Neighborhood Partnership Fund) or donated in-kind from bureaus.

9. Possible programs:

- land bank selected tax foreclosed properties from Mult. Co.
- seek donation and bargain sale of other public foreclosure and REO properties
- establish land trust programs for homeless transitional housing and special needs facilities with non-profit providers
- explore a range of permanent affordable housing programs including, neighborhood-based community land trusts or limited equity cooperatives, and affordable rental projects of community development corporations programs

Appendix

Acquisition and Rehabilitation Models:

- NY In-Rem Programs -- Quick-vesting law enabled city foreclosures after one year of unpaid taxes. The law produced many city-owned abandoned buildings. The Division of Alternative Management Programs (DAMP_ allows tenants, edc's and so forth to upgrade and eventually purchase the buildings. The program uses staged rental increases to cover operating expenses. Of originally foreclosed buildings, 68 percent sold for \$250/apartment as co-ops or community housing.
- Urban Homesteading Assistance Board, NYC -- Low-income homesteaders would use own efforts (sweat-equity) and dollars to take control of housing from the city. Under the Tenant Interim Lease Program, tenant groups take management responsibility for buildings under renewable 11 month lease. If, after a period of tenant management, the city is satisfied, the city will sell buildings as low-income co-ops. Program provides training, revolving loans, and a variety of services.
- Cook County's (Chicago) Multifamily Tax Reactivation Program -
 - County acquires tax delinquent multifamily properties through 1983 ordinance and transfers property to non-profit developers who renovate to provide low-income housing.
- Stop Wasting Abandoned Property, Providence, R.I. -- Nonprofit organization, which returns vacant units to active use, located owners and potential buyers and negotiates terms of sale. Also works with city to initiate tax foreclosures. Purchasers contribute roughly 60 percent of work. Only mechanical and plumbing done by contractor. Have recently formed a land trust.

MAY 08 1990

Meeting Date: _____

Agenda No.: Inf #3

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: Youth Gang Outreach Briefing

BCC Informal May 8, 1990 BCC Formal _____
(date) (date)

DEPARTMENT Nondepartmental DIVISION County Chair's Office

CONTACT Norm Monroe TELEPHONE 248-3308

PERSON(S) MAKING PRESENTATION Norm Monroe

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 20-30 Minutes

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested,
as well as personnel and fiscal/budgetary impacts, if applicable):

Youth Gang Outreach Briefing

(If space is inadequate, please use other side)

SIGNATURES:

ELECTED OFFICIAL Gladys McCarty

Or

DEPARTMENT MANAGER _____

(All accompanying documents must have required signatures)

CLERK OF
COUNTY OF
MULTNOMAH COUNTY
OREGON
1990 MAY -1 PM 4:30

**NORTH/NORTHEAST
YOUTH GANGS/YOUTH CONCERNS
CONTACT ROUTING LIST**

MAY 1990

NORTHEAST COALITION OF NEIGHBORHOODS, INC.

**4815 NE 7th Avenue
Portland, Oregon 97211
(503) 248-4575**

Formation of the North/Northeast Youth Gangs Task Force

The initial step in forming the Task Force began through the efforts of the Northeast Coalition of Neighborhoods. In January and February 1987, the Northeast Neighborhood Office staff and the Coalition board members began receiving phone calls from neighborhood residents, parents and youth-serving agencies about alleged gang activity in the community. Similar concerns were surfacing in North Portland. Briefings were arranged with Police Intelligence personnel to determine the extent of actual gang member presence. The Northeast Coalition voted in April to begin organizing the Youth Gangs/Youth Concerns Task Force.

The first North/Northeast Youth Gangs/Youth Concerns Task Force meeting was held in May 1987. The Task Force formed to provide a coordinated approach to address the emerging problem of gangs in Portland, Oregon. As a result the Task Force is a community initiated and community-based, made up of community activists, City, County and State officials and agencies, as well as law enforcement, schools and youth serving agencies.

The Task Force employs the North/Northeast Youth Gangs Program, who provides outreach to youth, families and communities; public presentations; hotline services and information and referral services.

Monthly information sharing meetings are held to track on gang activity dispel rumors, and to provide update on the effort of the Youth Gangs Program and the cooperative efforts all Task Force members.

The Task Force is also willing to network with other cities on gangs issues.

Contact Persons for the Task Force are:

Sharon McCormack, Task Force Chairperson, (503) 248-4575
Maceo Pettis, Youth Gangs Program Director, (503) 248-4112
4815 NE 7th Avenue
Portland, Oregon 97211

If you are not listed on the Contact/Routing List and would like to get meeting notification, or information, etc., fill in your name, position title, agency and agency address, and telephone number in the spaces provided below.

Mail to:

North/Northeast Youth Gangs Task Force
C/O: Youth Gangs Program
4815 NE 7th Avenue 97211
(503) 248-4112



Add my name to the North/Northeast Youth Gangs Task Force Routing List.

Please Print

Name		Position/Title		
Agency Name				
Address	Street	City	State	Zip
()				
Telephone Number				

JAW1/90

**YOUTH OUTREACH
YOUTH GANGS PROGRAM
4815 NE 7th Avenue
Portland, OR 97211
(503) 248-4112
Hotline: 248-GANG**

YOUTH GANGS PROGRAM STAFF

Maceo Pettis	Program Director
Brian McNicholas	Outreach Coordinator
Robbin Mayfield	Graffiti Technical Advisor/Supervisor
Pamela Davis	Volunteer Coordinator

OUTREACH SERVICE AREAS

- ☐ North Interstate to St. Johns; North Columbia to North Willamette.
- ☐ Northeast Columbia Blvd to Northeast Broadway; Northeast 15th to North Interstate.
- ☐ Northeast Columbia to Northeast Broadway; Northeast 33rd to North Interstate.

***SCHOOLS**

**Roosevelt High School
Jefferson High School
Grant High School
Benson High School
Cleveland High School
Wilson High School
Lincoln High School
Marshall High School
Franklin High School
Madison High School
Portland Opportunities Industrialization Center (POIC)
Vocational Village**

***Middle and Elementary Feeder Schools as assigned, according to the above listed high schools.**

**NORTH/NORTHEAST YOUTH GANGS/YOUTH CONCERNS TASK FORCE
CONTACT/ROUTING LIST**

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Commissioner Blumenauer's Office	
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CONTACT/ROUTING LIST, May 1990**

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Office of the Mayor
Room 303-City Hall
1220 SW 5th Avenue
97204 248-4120

Steve Moskowitz
Gail Washington

Assistant
Community Liaison

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST, MAY 1990**CITY of PORTLAND, continued****CITY HALL, continued**

BUREAU/AGENCY	PERSON	TITLE/POSITION
Commissioner Bogles' Office Room 404-City Hall 1220 SW 5th Avenue 97204 248-4682	David Hedges	Assistant
Commissioner Blumenauf's Office Room 407-City Hall 1220 SW 5th Avenue 97204 248-5575	Loretta Young	Assistant
Commissioner Lindbergs' Office Room 414-City Hall 1220 SW 5th Avenue 97240 248-4145	Art Alexander	Assistant
Commissioner Kochs' Office Room 211- City Hall 1220 SW 5th Avenue 97204 248-4151	Barbara Porco-Criqui	Assistant
Crime Prevention Program Room 204-City Hall 1220 SW 5th Avenue 97204 248-4519	Ed Blackburn Paul Duong	Manager Refugee Coordinator
Bureau of Community Development 808 SW 3rd, Suite 600 97204 796-5161	Barbara Madigan	Coordinator
Bureau of Parks Room 502-Portland Building 1120 SW 5th Avenue 97204 796-5193	Michelle Harper	Assistant
Bureau of Human Resources Room 131-City Hall 1220 SW 5th Avenue 97204 796-5290	Marcia Douglas	City/School Liaison

BUREAU of POLICE:

Central Precinct 1111 SW 2nd Avenue 97204 796-3277 Officer	Tom Potter Gary Fantz Loren Christensen	Community Policing Detective Crime Information
East Precinct 4735 E. Burnside 97215 248-5696	Wayne Inman David Houcke	Captain Officer

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST, MAY 1990**CITY of PORTLAND, continued****BUREAU of POLICE, continued**

BUREAU/AGENCY	PERSON	TITLE/POSITION
North Precinct 7214 N. Philadelphia 97203 248-5720	Alan Orr	Captain
Gang Enforcement Team (GET) 629 NE Oregon Street 97232 248-4106	Neil Crannell Dorothy Elmore	Officer Officer

MULTNOMAH COUNTY OREGON

Gladys McCoy County Chairpersons' Office Room 134-County Courthouse 1021 SW 4th Avenue 97204 248-3308	Judy Boyer	Assistant
Commissioner Kafourys' Office Room 605-County Courthouse 1021 SW 4th Avenue 97204 248-5219	Virginia Baugh Terry Anderson Margaret Bax	Assistant Assistant Assistant
Multnomah County District Attorney's Office 101-R600-County Courthouse 97204 326-2666	Michael Brown	Deputy District Attorney
Multnomah County 1120 SW 3rd Avenue 97204 248-4145	Robert G. Skipper	Assistant Sheriff
Multnomah County Sheriff's Office 11540 NE Inverness, Dr. 97220 248-5060	Gary Walker	Corrections Sergeant
Safety Action Team Columbia Villa 4412 N. Trenton 97203 285-5150	Rod Englert	Lieutenant
Multnomah County Juvenile Department Coordinator Juvenile Probation 1401 NE 68th Avenue 97213 248-3460	Ray Cecchi Alandria Taylor Willie Brown Thuy Vanderline	Supervisor Employment Counselor Counselor

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST MAY 1990**MULTNOMAH COUNTY OREGON, continued**

BUREAU/AGENCY	PERSON	TITLE/POSITION
Multnomah County Juvenile Department Northeast Field Office Juvenile Probation GRIT 4815 NE 7th Avenue 97211 248-3978	Jimmy Brown John Miller Larry Harding	Supervisor Counselor Counselor
Picture House 1401 NE 68th Avenue 97213 238-8266	James Bowles	Director

MULTNOMAH COUNTY DEPARTMENT of HUMAN RESOURCES:

Public Affairs Office 7th Floor-J.K. Gill Building 426 SW Stark Street 97204 248-3782	Howard Klink	Director
Social Services Division Youth Service Center Administration 6th Floor- J.K. Gill Building 426 SW Stark Street 97204 248-3691	Ron Potrue	Coordinator
Juvenile Services Commission 6th Floor-J.K. Gill Building 426 SW Stark Street 97204 248-3691	Michael Morrissey Gayle McCornack Jana McClellan	Director Coordinator Program Specialist

STATE of OREGON:

State Youth Gangs Strike Force P.O. Box 86710 97286-0710 248-5066	Steve Hollingsworth	Officer
Children's Service Division Albina Satellite Office 4815 NE 7th Avenue 97211 280-6993	B.J. Findlay-Branch Carlos Crutch	Supervisor Case Worker
State Juvenile Parole Services Northeast Area Office 4815 NE 7th Avenue 97211 280-6631	Lee Vaughn John Randolph James McWilliams	Supervisor Case Worker Case Worker

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST MAY 1990**STATE of OREGON, continued**

BUREAU/AGENCY	PERSON	TITLE/POSITION
Minority Affairs Office 815 NE Davis Street 97232 238-3685	Don Fraizer	Coordinator
Adult & Family Services Albina Branch-Suite A 5411 NE M.L.K. Blvd. 97211 280-6629	Erma Hepburn	Branch Manager
State of Oregon Employment Division 1401 SW 4th Avenue 97201 229-6948	David Little Frank Granger	Jobs Representative Jobs Representative
Department of State Police 3700 SE 92nd Avenue 97266 238-8440	Rick Brady	Sergeant
Assessment & Observation Center 1401 SE 68th Avenue 97213 238-3677	Robin Cole Havan Jones	Director Assistant Director

UNITED STATES GOVERNMENT:

Department of Justice & Community Relations Division 915 2nd Avenue, #1898 Seattle, Washington 98174 (206) 442-4465	Bob Lamb Gil Hirabayaski	Regional Director Field Representative
Immigration & Naturalization Services Portland Office 511 NW Broadway 97209 211-2139	Joseph Shaffer	Field Representative

PORTLAND PUBLIC SCHOOLS:

Alternative Education Terwilliger Site 6318 SW Corbett 97201 280-5783	Alcena Boozer Sharon Graham	Student Activist Secretary
DOI Madison Cluster Office 8020 NE Tillamook 97213 280-5787	Paul Benninghoff	Director

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST, MAY 1990**PORTLAND PUBLIC SCHOOLS, continued**

BUREAU/AGENCY	PERSON	TITLE/POSITION
Portland Public Schools Police Force 501 N. Dixon Street 97227 249-3307	Mac Lockett Larry Linne Dave Taylor	Chief Officer Officer
Portland Public Schools Child Services Center 531 SE 14th Avenue 97214 280-5840	Carolyn Sheldon Judy Chambers	
Student Discipline Program 531 SE 14th 97214 280-6249	Cathy Schar	Supervisor
ELEMENTARY SCHOOLS:		
Ball Elementary School 4221 N. Willis 97203 280-6250	Ray Miller	Counselor
Beach Elementary School 1710 N. Humbolt 97217 280-6236	Marta Pohlman	Discipline Specialist
King Elementary School 4906 NE 6th Avenue 97211 280-6155	Laverne Davis	Principal
Rigler Elementary School 5407 NE Prescott 97218 280-6150	Tyce Rosenberg	Counselor
MIDDLE SCHOOLS:		
Hayhurst Middle School 5037 SW Iowa 97221 280-6300	Roy Lapp	Child Dev. Specialist
Portsmouth Middle School 5103 N. Willis 97203 280-5666	Vic Rini Elaine Jamison Faye Palmerton	Principal Assistant Principal Teacher
Whitaker Middle School 5700 NE 39th Avenue 97211 280-5620	Edna Pittman	Discipline Specialist

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST, MAY 1990**PORTLAND PUBLIC SCHOOLS, continued**

BUREAU/AGENCY	PERSON	TITLE/POSITION
HIGH SCHOOLS:		
Benson High School 546 NE 12th Avenue 97232 280-5100	Fred Jackson	Vice Principal
Grant High School 2245 NE 36th Avenue 97212 280-5160	Myra Rose	Principal
Jefferson High School 5210 N. Kerby Street 97217 280-5180	Dan Zenor	Vice Principal
Portland Public Schools Youth Employment Institute 1704 NE 26th Avenue 97212 280-1058	Linda Kelly	PPS/PIC Liaison
SCHOOLS OTHER AREAS:		
Parkrose High School 11717 NE Sumner 97220 257-5275	Gary Rosso	Teacher
Milwaukie High School 11300 SE 32nd Milwaukie, Oregon 97222 653-3750	Dave Freeland	Teacher
COLLEGES		
Portland Community College Specialist Open Campus P.O. Box 19000 97219 244-6111 X2485	Neal Naigus	Development
Oregon State University Public Safety Building 101 Corvallis, Oregon 97331-6301 (503) 754-3010 or 754-4473	Bill Green	Lieutenant
YOUTH SERVICE CENTERS:		
Urban League 10 N. Russell Street 97227 280-2600	Darryl Tukufu	Executive Director

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST, MAY 1990**YOUTH SERVICE CENTERS, continued**

BUREAU/AGENCY	PERSON	TITLE/POSITION
Northeast Youth Service Center Urban League 10 N. Russell Street 97227 280-2600	Mardell Taylor	Counselor
Southeast Youth Service Center Coordinator 926 SE 45th Avenue 97215 231-9578	Julie Barbour	Community
North Portland Youth Service Center Delauney Mental Health 7704 N. Hereford 97203 285-0627	Diane Feldt	Director

CHURCHES

Corner Stone C.O.G.I.C. 2216 NE Killingsworth 97211 281-4587	Billie Johnson John Roden Albert Blackmon	Pastor Associate Pastor Associate Pastor
--	---	--

CONCERNED AGENCIES/COMMUNITY GROUPS/CONCERNED BUSINESSES

Delauney Mental Health Center 7704 N. Hereford 97203 285-0627	Dolores Morgan	Executive Director
United Way of Columbia Willamette Services 718 W. Burnside 97209 228-9131	Don Ballinger Barbara Patrick	Senior Vice President Assoc. Comm.
Boys & Girls Aide Society 2301 NW Glisan 97210 222-9661	Mark Alter	
North/Northeast Mental Health 4950 NE M.L.K. Blvd 97211 249-0066	Barbara Cotton	Mental Health Spec.
Portland Trailblazers 700 NE Multnomah Street 97232-2172 234-9291	Michael Harper	Speakers Bureau Dir.

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST, MAY 1990**CONCERNED AGENCIES/COMMUNITY GROUPS/CONCERNED BUSINESSES:**

BUREAU/AGENCY	PERSON	TITLE/POSITION
Self Enhancement, Inc. 2156 NE Broadway 97232 249-1721	Ray Leary Tony Hopson	Director Assistant Director
Job Corps-Northeast/Youth Resource Desk 4815 NE 7th Avenue 97211 287-0823	Becky Black	Director
Tri-Met 4012 SE 17th Avenue 97202 238-4872	Bruce Harder	Executive Director
Tri-Met Security 4012 SE 17th Avenue 97202 238-4872	Charles Hill Art Winslow	Chief Officer
Tri-Met/Community 4012 SE 17th Avenue 97202 239-6450	Harvey Garnett	Community Liaison
Private Industry Council 520 SW 5th -Suite 400 97204 241-4600	Marnella Bingham	Program Manager
Metropolitan Human Relations Commission 1120 SW 5th, Suite 520 97204 796-5138	Jeannette Pai Georgia Owens	Executive Director Assistant
Masonic Grand Lodge of Oregon 3140 SW Westwood Drive 97225 292-6604	Jack Armstrong	
Washington State Probation/Parole 8411 NE HWY 99 Vancouver, WA 98665 (206) 699-2201	Mary Fontana	Counselor
Clark County Juvenile Probation/Parole 500 W. 11th Vancouver, WA 98665	Jill McGinnis	Counselor
Tri-County Youth Consortium 2000 SW 1st, Suite 100 97201 227-6445	Robert Donough Regena Warren	Coordinator Services Coordinator

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST, MAY 1990

CONCERNED AGENCIES/COMMUNITY GROUPS/CONCERNED BUSINESSES, continued

<u>BUREAU/AGENCY</u>	<u>PERSON</u>	<u>TITLE/POSITION</u>
Straight Talk C/O: Warren Goldsby Oregon State Penitentiary 2605 State Street 97310	Anthony Brown	
Young Life P.O. Box 12378 97212 287-5332	Kenneth Washington	
Voices for Refugees 5404 NE Alameda 97213	Margaret Koach	
C.E. Butler & Associates 1130 NE Alberta Street 97211 288-1522	Charles Butler	
Neil Kelly & Associates 804 N. Alberta 97217 248-6062	John Frazier, Sr	
Oregon Special Patrol Agency 1829 NE Broadway 97232 281-1339	Ardis Hart	Chief

CONCERNED CITIZENS

Bob Nelson
5827 NE 28th
97211 287-4050

Phil Lang
5050 NE Killingsworth
97218 284-9342

Steve Buel
2106 SE 76th
97215 774-7551

William McClendon
3734 SE 15th, Apt #3
97202

Ollie Smith
2146 NE Rodney
97212

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST, MAY 1990

CONCERNED CITIZENS, continued

Susan Murche
1064 SW Westwood Drive
97201

Mary Klein
2866 SW Hillsboro
97201

Sarah Thomas
2611 NE 12th
97212

Liz Lee
1748 NE Tillamook
97212

NORTH/NORTHEAST YOUTH GANGS TASK FORCE ROUTING LIST, MAY 1990

NOTES: