

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 4.27.16

SUBJECT: Multnomah County Fiscal Year 2017 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): County Human Services, Domestic & Sexual Violence Coordination

NAME (PRINT & INCLUDE PRONUNCIATION): Rebecca Nickels

ADDRESS: 1226 NE Highland St.

CITY/STATE/ZIP: Portland OR 97211

PHONE: DAYS: 503-872-8627

EVES: 503-320-5429

EMAIL: rebecca@pnw.org

FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order that testimony is given or ask Invited Guests or Elected Officials to speak first.
3. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
4. Public comment is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
5. A buzzer will signify the end of your allotted time.
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IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

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Hello, my name is Rebecca Nickels, and I work for the Portland Women's Crisis Line. At PWCL, we believe that everyone deserves a life free of domestic and sexual violence. We're Multnomah County's primary crisis line for survivors of domestic and sexual violence, and we answer approximately 23,000 calls per year from survivors and those who care about them. We also respond to local hospitals when sexual assault survivors go there for forensic and wellness exams immediately after an assault. We're just one program out of many that is available every hour and every day when survivors are ready to reach out and work towards their safety.

I want to thank the Board for prioritizing services to survivors by having a Domestic & Sexual Violence Coordination Office within County Human Services. This office supports the 12 programs in Multnomah County who serve survivors. This allows us to not only come together when working with survivors, but also allows us to come together to plan for areas where our system can grow and improve.

Recently, our local system went through both a regional planning and a strategic planning process. One of the areas we identified that needed growth was culturally specific and culturally responsive services to survivors. Within the Chairs' Budget is a program offer that increases capacity by creating a Family Advocate program model that will provide trauma informed parenting support to specific populations of survivors. It also establishes a fund that can be used by multiple programs to access translation and interpretation services for survivors who are English language learners.

Commented [RN1]: Program Offer #25048B

Both of these things will make an amazing impact for survivors because it will increase access to services, *and* it will ensure that survivors and their children will receive services that are catered to their individual needs and strengths. As an organization that serves all survivors, we see the gaps in our system on a daily basis. We want to make sure that survivors of color, survivors who are immigrants and refugees, and survivors who don't speak English receive robust services that not only address the violence they've experienced, but also provides a sense of community and familiarity that will support their healing. We know that survivors are best served when they feel comfortable and connected to their communities. This additional capacity to our system will get survivors from culturally specific populations much closer to that possibility.

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): ROSE

NAME (PRINT & INCLUDE PRONUNCIATION): ~~Thomas~~ Sullivan Rhodes

ADDRESS: 1732 SW 13th Ave

CITY/STATE/ZIP: Portland / OR / 97205

PHONE: DAYS: (503) 919-0416 EVES: _____

EMAIL: rhodes.sullivan.93@gmail.com FAX: _____

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Sullivan Rhodes

I believe that the ROSE

Program has, more than once,

saved my life. I took myself

to detox after going to a group

~~was by a ROSE~~ in the ROSE

Program. They continue provide

additional support to me

and my peers. I know that

if I ever am in need

of someone to talk to

or other support I can

call the ROSE team

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Rose

NAME (PRINT & INCLUDE PRONUNCIATION): Jordan Niles

ADDRESS: 222 SW Harrison St. #11B

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 503-753-3194 EVES: _____

EMAIL: jniles@newavenues.org FAX: _____

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I am a young man in long term recovery, & my position as a peer mentor at New Avenues has been a life-altering experience.

The youth I work with are my biggest teachers. I have learned so much from them about unconditional love, and watching them gain sobriety and sobriety is such a treat. I believe the ROSE program is doing

VITAL work within an extremely marginalized and often cast-aside group.

Our future leaders are struggling with issues ~~at~~ surrounding homelessness - addiction and mental illness, they deserve our support and unconditional love. Please be a part of the solution in the downtown core,

with love,

Jordan Niles

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): ROSE

NAME (PRINT & INCLUDE PRONUNCIATION): RECOVERY ORIENTED SUPPORT
& ENGAGEMENT

ADDRESS: 4004 SE CELIA CUE
39th ave

CITY/STATE/ZIP: Portland/OR/97202

PHONE: _____

DAYS: ANY

EVES: ANY

EMAIL: l.c.cue@gmail.com

FAX: _____

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I AM A PEER MENTOR
EMPLOYED AT OUTSIDE-IN.
I CANNOT SAY ENOUGH ABOUT
THE AMAZING PROGRAM
LIFE WOULD BE TRULY DIFFERENT
WORK ANYWHERE ELSE. THIS
IS BECAUSE OF THE YOUTH THAT
WE WORK WITH. I HAVE
WATCHED YOUTH GROW, CHANGE &
REALLY BECOME ADULT, LEADER
& I BELIEVE THE FUTURE OF ^{THE} FUTURE OF
SOCIAL JUSTICE. THIS IS A
VERY VALUABLE PROGRAM WE
ARE WRITING BECAUSE WE
DID NOT HAVE THE CHANCE
TO SPEAK.

-CELIA CUE

971-222-9013

OUTSIDE IN

MENTOR

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): ROSE program

NAME (PRINT & INCLUDE PRONUNCIATION): Heather Penzel

ADDRESS: 2530 SE 42nd Ave

CITY/STATE/ZIP: Portland OR 97215

PHONE: DAYS: 503 902 8137 EVES: _____

EMAIL: hpenzel@Newavenues.org FAX: _____

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As a dual diagnosis specialist, I have the privilege of working with homeless youth who experience mental health and/or addiction issues. Today, I was able to assist a pregnant 23 year old youth begin treatment for meth addiction. This was only possible through the trust built through investment and engagement over time, meeting her where she's at, and empowering her to take steps to stability for herself and her son. I am also able to supervise peer mentors who facilitate drug-free activities and offer the support of lived experience in homelessness and recovery. They often bridge the gap between youth and clinicians and support clients in ways only they can. This is only possible through the ROSE Program. Thank you for your continued support!

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): ROSE PROGRAM

NAME (PRINT & INCLUDE PRONUNCIATION): KIMBERLEE HARRISON

ADDRESS: 700 SE 5TH AVE. APT M104

CITY/STATE/ZIP: CANBY, OR 97013

PHONE: DAYS: (503) 593-8690

EVES: _____

EMAIL: kharrison@janusyouth.org

FAX: _____

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I AM THE MENTAL HEALTH SPECIALIST WITH JANUS YOUTH. AS SUCH, I AM PART OF THE ROSE TEAM AND SUPERVISE A PEER MENTOR. I AM PRIMARILY BASED OUT OF STREETLIGHT/PORCHLIGHT SHELTERS, BUT ALSO PROVIDE MH SUPPORT AT OTHER AGENCIES WITHIN THE HOMELESS YOUTH CONTINUUM (NAYA, NAFY, AND OI). I BELIEVE THAT THE ROSE PROGRAM IS NOT JUST IMPORTANT FOR HOMELESS YOUTH - I BELIEVE IT IS IMPERATIVE. REC GROUPS & MENTAL HEALTH SUPPORT, AS WELL AS TREATMENT REFERRALS, HELP YOUTH WHO MAY BE EXPERIENCING SUBSTANCE USE & MENTAL HEALTH ISSUES ON TOP OF BEING HOMELESS. PLEASE CONSIDER APPROVING FUNDING FOR THE ROSE PROGRAM. THANK YOU IN ADVANCE FOR YOUR SUPPORT.

SINCERELY,

Kimberlee Harrison, QMHP