

ANNOTATED MINUTES

*Tuesday, June 13, 1995 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BUDGET SESSION

Chair Beverly Stein convened the meeting at 9:30 a.m., with Vice-Chair Sharron Kelley, Commissioners Gary Hansen, Tanya Collier and Dan Saltzman present.

WS-1 Work Session to Review and Discuss the Proposed Multnomah County 1995-96 Budget.

CHAIR STEIN PRESENTED OVERVIEW OF PROCESS. BILL FARVER PRESENTED AND EXPLANATION OF MEMO DATE JUNE 12, 1995 REGARDING PROPOSED BUDGET AMENDMENTS AND DISCUSSION OF VARIOUS AREAS OF CONCERN. BOARD AND STAFF DISCUSSION AND DELIBERATIONS REGARDING FOLLOW UP ISSUES IDENTIFIED DURING PREVIOUS BUDGET WORK SESSIONS. COMMISSIONER HANSEN PROPOSED BUDGET AMENDMENTS FOR OUTSIDE-IN PRENATAL CARE AND NEEDLE EXCHANGE SUPPLEMENT. COMMISSIONER SALTZMAN PROPOSED BUDGET AMENDMENT TO CUT DAY CARE POSITIONS PENDING JULY DISCUSSION. BOARD DISCUSSION AND CLARIFICATION OF PROPOSED BUDGET NOTES. DISCUSSION OF PROPOSED TECHNICAL AMENDMENTS TO BE REVIEWED ON 6/14/95.

There being no further business, the meeting was adjourned at 11:53 a.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**


Carrie A. Parkerson

*Tuesday, June 13, 1995 - 7:00 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BUDGET HEARING

Chair Beverly Stein convened the hearing at 6:55 p.m., with Vice-Chair Sharron Kelley, Commissioners Gary Hansen and Tanya Collier present, and Commissioner Dan Saltzman excused.

PH-1 The Multnomah County Board of Commissioners Will Convene for the Purpose of Receiving Public Testimony on the Proposed 1995-96 Multnomah County Budget

JANIS SABIN ELLIOT TESTIMONY IN SUPPORT OF FUNDING FOR EARLY CHILDHOOD DEVELOPMENT, CARE AND EDUCATION PROGRAMS AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. MS. ELLIOT TO PROVIDE BOARD WITH ADDITIONAL INFORMATION PRIOR TO BUDGET ADOPTION. PERYL GOTTESMAN AND DICK SWEARINGEN TESTIMONY IN SUPPORT OF ADDITIONAL FUNDING FOR COURT APPOINTED SPECIAL ADVOCATES (CASA). JAMIE TILLMAN RESPONSE TO BOARD QUESTIONS AND DISCUSSION. BOARD COMMENTS AND DISCUSSION. BRUCE GOLDBERG AND LINDA ERWIN TESTIMONY IN SUPPORT OF FUNDING FOR VIOLENCE PREVENTION ACTIVITIES AND PROGRAMS.

There being no further testimony, the hearing was adjourned at 7:25 p.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**



Deborah L. Bogstad

**Wednesday, June 14, 1995 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland**

BUDGET SESSION

Chair Beverly Stein convened the meeting at 9:30 a.m., with Vice-Chair Sharron Kelley, Commissioners Gary Hansen, Tanya Collier and Dan Saltzman present.

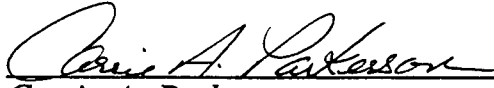
WS-2 Work Session to Review and Discuss the Proposed Multnomah County 1995-96 Budget.

CHAIR STEIN OUTLINED PROCESS. DAVE WARREN PRESENTED HANDOUT AND PROVIDED OVERVIEW AND EXPLANATION. PRESENTATION FROM SHERIFF

DAN NOELLE REGARDING SHERIFF'S OFFICE BUDGET ISSUES. BOARD QUESTIONS, COMMENTS AND DISCUSSION. MR. WARREN EXPLANATION OF LIST OF POSSIBLE PROPOSED AMENDMENTS TO BE CONSIDERED FOR ADOPTION OF THURSDAY, JUNE 15, 1995. BOARD AND STAFF DISCUSSION AND COMMENTS REGARDING PROPOSED BUDGET NOTES.

There being no further business, the meeting was adjourned at 11:43 a.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**


Carrie A. Parkerson

**Wednesday, June 14, 1995 - 1:30 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland**

BUDGET SESSION

WS-3 Work Session to Review and Discuss the Proposed Multnomah County 1995-96 Budget.

CANCELLED.

**Thursday, June 15, 1995 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland**

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:35 a.m., with Vice-Chair Sharron Kelley, Commissioners Gary Hansen, Tanya Collier and Dan Saltzman present.

CONSENT CALENDAR

CHAIR STEIN ADVISED THAT COMMISSIONER SALTZMAN IS ON THE PORTLAND COMMUNITY COLLEGE BOARD AND REQUESTED THAT ITEM C-3 BE MOVED TO THE REGULAR AGENDA SO THAT HE MAY ABSTAIN FROM VOTING. UPON BOARD CONSENSUS, C-3 IS MOVED TO REGULAR AGENDA.

**UPON MOTION OF COMMISSIONER KELLEY,
SECONDED BY COMMISSIONER HANSEN, THE
CONSENT CALENDAR (ITEMS C-1, C-2, AND C-4
THROUGH C-7) WAS UNANIMOUSLY APPROVED.**

NON-DEPARTMENTAL

- C-1 In the Matter of the Appointment of Ernie Bonner to the Mt. Hood Cable Regulatory Commission*

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- C-2 Ratification of Amendment No. 2 to Intergovernmental Agreement, Contract #101575, between Multnomah County Community and Family Services Division, Child and Adolescent Mental Health and Youth Program and Portland Public School District to Add Day Treatment Educational Services for a Partners Project via the Nickerson Center, Effective January 30, 1995 through June 30, 1995*

DEPARTMENT OF COMMUNITY CORRECTIONS

- C-4 Ratification of an Intergovernmental Agreement, Contract #900106, between Clackamas County and Multnomah County to Provide a Facility for a Work Release-Probation Violation Center, Effective July 1, 1995 through June 30, 1996*
- C-5 Ratification of Amendment No. 2 to Intergovernmental Revenue Agreement, Contract #900344, between Board of Parole and Post-Prison Supervision and Multnomah County Regarding the Conducting of Parole and Post-Prison Supervision Violation Hearings and Local Sanction Hearings, Effective Upon Execution through December 31, 1995*

DEPARTMENT OF HEALTH

- C-6 Ratification of Amendment No. 2 to Intergovernmental Revenue Agreement, Contract #200704, between the Oregon Health Sciences University Child Development and Rehabilitation Center and Multnomah County Provides a 1.4 FTE Public Health Nurse to Serve as Coordinator for OHSU's CoCoon Program for Children with Special Health Needs and Extends Agreement, Effective Upon Execution through June 30, 1996*

SHERIFF'S OFFICE

- C-7 Ratification of an Intergovernmental Agreement, Contract #800246, between Metro and Multnomah County Sheriff's Office to Provide Solid Waste Flow Control and General Investigative Police Services and Provide a Supervised Inmate Work Crew to Clean Up Illegal Dump Sites within Jurisdictional Boundaries to Metro, Effective July 1, 1995 through June 30, 1996*

REGULAR AGENDA

PUBLIC COMMENT

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

RICHARD KOENIG COMMENTED IN OPPOSITION TO FAMILY SERVICES MEDIATION PROCESS AND CARL ATKINS COMMENTED IN SUPPORT OF THE EDGEFIELD STATION PROJECT.

DEPARTMENT OF COMMUNITY CORRECTIONS

- C-3 Ratification of an Intergovernmental Agreement, Contract #900086, between Multnomah County and Portland Community College to Provide Instructional Support Services for the Londer Learning Center, for the Period July 1, 1995 through June 30, 1996*

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, C-3 WAS APPROVED, WITH COMMISSIONERS STEIN, COLLIER, KELLEY AND HANSEN VOTING AYE AND COMMISSIONER SALTZMAN ABSTAINING DUE TO HIS POSITION ON THE PORTLAND COMMUNITY COLLEGE BOARD.

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- R-2 Request for Approval of a Notice of Intent to Apply with the Department of Health and Human Services for Demonstration Partnership Program (DPP) Funds for a Youth Employment Stabilization Grant*

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-2. JOHN PEARSON EXPLANATION. NOTICE OF INTENT UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-3 Budget Modification DES #10 (Revised) Requesting Authorization to Transfer Budgeted Funds from Facilities Fund Contingency to Personal Services to Fund the Justice Center Energy Retrofit Project*

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-3. CRAIG CALKINS EXPLANATION AND RESPONSE

**TO BOARD QUESTIONS. BUDGET MODIFICATION
UNANIMOUSLY APPROVED.**

NON-DEPARTMENTAL

- R-4** *Second Reading and Possible Adoption of a Proposed ORDINANCE Relating to the Pay Ranges and COLA Increases for Exempt Employees*

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF THE SECOND READING AND ADOPTION. CURTIS SMITH EXPLANATION. ORDINANCE NO. 822 WAS UNANIMOUSLY APPROVED.

- R-5** *RESOLUTION in the Matter of the Adoption of the 1995-96 Budget for Multnomah County, Oregon, for the Fiscal Year July 1, 1995 to June 30, 1996 and Making the Appropriations thereunder, Pursuant to ORS 294.435*

COMMISSIONER COLLIER MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-5. DAVE WARREN PRESENTED AND EXPLAINED THE LETTER OF CERTIFICATION FROM THE TAX SUPERVISING & CONSERVATION COMMISSION WHICH IS REQUIRED BEFORE THE 1995-96 BUDGET CAN BE ADOPTED. MR. WARREN EXPLAINED PROCESS AND ACTION NEEDED. MR. WARREN ALSO AND PROVIDED PRESENTATION AND SUGGESTED RESPONSES TO THE TAX SUPERVISING RECOMMENDATIONS. BOARD DISCUSSION AND COMMENTS.

COMMISSIONER HANSEN MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF PROPOSED PROGRAM AMENDMENTS ASD 6; CFS 1a, 2a, 17, 20a & 22; DA 1, 8 & 9; DES 4 & 18; HD 2, 12 & 13; JJD 7, 8, 14, 15, 6 & 17; LIB 5; MCSO & MCSO 16; NOND 1, 8, 10, 17 & 18. MR. WARREN EXPLANATION. PROGRAM AMENDMENTS ASD 6 THROUGH NOND 18 UNANIMOUSLY APPROVED.

COMMISSIONER COLLIER MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF PROPOSED AMENDMENT NON 1. COMMISSIONER KELLEY EXPLAIN WHY NOT SUPPORT THIS AMENDMENT. AMENDMENT NON 1

APPROVED WITH COMMISSIONERS HANSEN, COLLIER, SALTZMAN AND STEIN VOTING AYE, AND COMMISSIONER KELLEY VOTING NO.

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF PROPOSED REVENUE AMENDMENTS ASD 7, 8 & 9; CFS 6, 7, 8, 10, 11, 14, 16, 18, & 19; DA 2, 3, 4, & 6; DCC 1 & 2; DES 14 & 16; HD 4, 5, 7, 9, 10 & 11; JJD 5, 10, 11, 12 & 13; MCSO 5, 5a & 8; NOND 13; REV 1, 2, 3, 4 & 5. MR. WARREN EXPLANATION. REVENUE AMENDMENTS ASD 7 THROUGH REV 5 UNANIMOUSLY APPROVED.

COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF PROPOSED CARRYOVER AMENDMENTS CFS 4; DES 5, 8, 9, 10, 12, 13, 19, 20, 21 & 23; HD 8; LIB 1 & 3; MCSO 12, 13, 14 & 15; NOND 2, 4, 7, 11, 12, 14, 16, 18 & 19. MR. WARREN EXPLANATION. CARRYOVER AMENDMENTS CFS THROUGH NOND 19 UNANIMOUSLY APPROVED.

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF PROPOSED TECHNICAL AMENDMENTS CFS 5, 9, 10, 12, 13, 15 & 21; DA 7; DES 6, 7, 17 & 22; HD 6; LIB 2 & 4; MCSO 9, 10 & 11; NOND 3, 5, 9 & 15. MR. WARREN EXPLANATION. TECHNICAL AMENDMENTS CFS 5 THROUGH NOND 15 UNANIMOUSLY APPROVED.

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF PROPOSED BUDGET NOTES. BOARD CONSENSUS TO AMEND BUDGET NOTE 13 TO READ "IT IS THE BOARD'S INTENTION TO END MATRIX RELEASES FROM COUNTY JAILS AT THE EARLIEST POSSIBLE DATE." BUDGET NOTES UNANIMOUSLY APPROVED AS AMENDED.

FOLLOWING BOARD COMMENTS AND DISCUSSION, RESOLUTION 95-139 WAS UNANIMOUSLY APPROVED.

R-6 RESOLUTION in the Matter of Levying Ad Valorem Property Taxes for Multnomah County, Oregon for Fiscal Year 1995-96

COMMISSIONER COLLIER MOVED AND

**COMMISSIONER KELLEY SECONDED, APPROVAL OF
R-6. DAVE WARREN EXPLANATION. RESOLUTION
95-140 WAS UNANIMOUSLY APPROVED.**

There being no further business, the meeting was adjourned at 10:30 a.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**

A handwritten signature in cursive script, reading "Carrie A. Parkerson", written over a horizontal line.

Carrie A. Parkerson

AGENDA NUMBER WS-1

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222



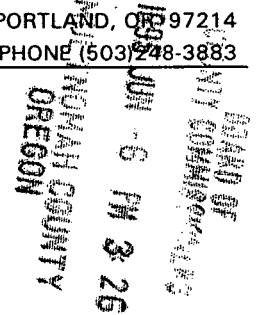
MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS

BEVERLY STEIN
DAN SALTZMAN
GARY HANSEN
TANYA COLLIER
SHARRON KELLEY

BUDGET & QUALITY
PORTLAND BUILDING
1120 S.W. FIFTH - ROOM 1400
P. O. BOX 14700
PORTLAND, OR 97214
PHONE (503) 248-3883

TO: Board of County Commissioners
FROM: Dave Warren *DCW*
DATE: June 6, 1995
SUBJECT: Amendment List for June 1, 1995



Attached is the updated list of amendments to the 1995-96 budget that have been proposed by the Board. I will send you periodic reiterations of this list as the budget hearings continue.

The amendments are numbered by the department that will receive the principal change in appropriations if the proposal is adopted by the Board. The description is very brief, but I hope enough to distinguish the amendment from others that may address similar topics. The column headed "Change in Cost" will show the total expenditure change on the amendment, regardless of the fund in which the expenditure is located. The "FTE" column shows how many positions are changed by the proposal. The "Increase / Decrease GF Contingency" column shows the net impact of the amendment on the General Fund. If the amendment adds more expenditures than are covered by revenues, it will decrease General Fund Contingency. If the amendment cuts expenditures, the General Fund Contingency will increase.

Because the proposed amendments have not been fully prepared by the affected departments, the amounts shown on this list should be considered preliminary and tentative. Later lists will show amounts that have been more thoroughly reviewed.

If you have any questions, please call.

c. Larry Aab
Kelly Bacon
Susan Clark
Elyse Clawson
Ginnie Cooper
Lance Duncan
Marie Eighmey
Margaret Epting
Bill Farver
Tom Fronk
Joanne Fuller
Kathy Gillette

Tamara Holden
Susan Kaeser
Jim McConnell
Sheriff-elect Dan Noelle
Billi Odegard
Mike Oswald
Lorenzo Poe
Carol Rex
District Attorney Mike Schrunk
Tom Simpson
Meganne Steele
Kathy Tinkle
Betsy Williams
CIC
Patrol

Date	Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
<u>ALL AMENDMENTS</u>					
5/9	ASD 1	Add East County office	84,588		(84,588)
5/9	ASD 2	Increase emergency/ transportation	45,315		(45,315)
5/9	ASD 3	Multi-ethnic outreach	69,439		(69,439)
5/9	ASD 4	Additional Public Guardian staff	37,358	1.50	(37,358)
5/9	ASD 5	Additional protective services staff	23,264	1.00	(23,264)
5/10	DES 1	Custodial enhancements	Being Devel.	?	?
5/10	DES 2	Staff time to coordinate bridge lighting	20,000	0.00	(20,000)
5/10	DES 3	Archivist	39,210	1.00	(39,210)
5/18	DES 4	Support for Edgefield Station	20,000	0.00	(20,000)
5/11	NON 1	Incentive Awards for Exempt employees	9,000	0.00	(9,000)
5/23	MCSO 1	Support for fire district radio conversion	74,742	0.00	(74,742)
5/23	MCSO 1a	Alternative using COP's for radio purchase	25,300	0.00	(25,300)
5/23	MCSO 2	Enhance Target Cities program	43,004	1.00	(43,004)
5/23	MCSO 3	Jail population data analysis position	44,652	1.00	(44,652)
5/23	MCSO 4	Warrants backlog staff	152,886	3.00	(152,886)
5/23	MCSO 5	Funding for Restitution Center at 120 bed level	0	0.00	(870,390)
5/23	MCSO 6	Annualize funding for Warehouse Jail	819,641	13.32	(819,641)
5/23	MCSO 7	Temporary Restraining Order staff	133,227	2.00	(133,227)
5/23	DA 1	Paternity rights education project	82,000	1.00	(27,060)
5/24	JJD 1	PIC summer programs	30,000	0.00	(30,000)
5/24	JJD 2	VORP at 94-5 level	50,000	0.00	(50,000)
5/24	JJD 3	CASA at 94-5 level	8,957	0.00	(8,957)
5/24	JJD 4	Annualize cost of Morrison Center	33,000	0.00	(33,000)
5/30	CFS 1	DD high school transition	400,000	0.00	(162,077)
5/30	CFS 2	Supplement CARES	126,642	2.00	(126,642)
5/30	CFS 3	Mental Health for homeless youth	55,554	1.00	(55,554)
5/31	NOND 1	Auditor carryover for courthouse expertise	20,000	0.00	0

Net Effect on Contingency

(3,005,306)



MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS

BEVERLY STEIN
DAN SALTZMAN
GARY HANSEN
TANYA COLLIER
SHARRON KELLEY

BUDGET & QUALITY

PORTLAND BUILDING
1120 S.W. FIFTH - ROOM 1400
P. O. BOX 14700
PORTLAND, OR 97214
PHONE (503) 248-3883

TO: Board of County Commissioners
FROM: Dave Warren *DCW*
DATE: June 9, 1995
SUBJECT: Amendment List for June 9, 1995

RECEIVED
JUN 12 AM 9:53
MULTNOMAH COUNTY
OREGON

Attached is the updated list of amendments to the 1995-96 budget that have been proposed by the Board. It differs from prior lists in that it has two parts:

1. The amendments proposed by the Board during the budget hearings,
2. Amendments (technical, carryover, etc.,) proposed by departments

The amendments are numbered by the department that will receive the principal change in appropriations if the proposal is adopted by the Board. The description is very brief, but I hope enough to distinguish the amendment from others that may address similar topics. The column headed "Change in Cost" will show the total expenditure change on the amendment, regardless of the fund in which the expenditure is located. The "FTE" column shows how many positions are changed by the proposal. The "Increase / Decrease GF Contingency" column shows the net impact of the amendment on the General Fund. If the amendment adds more expenditures than are covered by revenues, it will decrease General Fund Contingency. If the amendment cuts expenditures, the General Fund Contingency will increase.

If you have any questions, please call.

c. Larry Aab
Kelly Bacon
Susan Clark
Elyse Clawson
Ginnie Cooper
Lance Duncan
Marie Eighmey
Margaret Epting
Bill Farver
Tom Fronk
Joanne Fuller
Kathy Gillette

Tamara Holden
Susan Kaeser
Jim McConnell
Sheriff-elect Dan Noelle
Billi Odegaard
Mike Oswald
Lorenzo Poe
Carol Rex
District Attorney Mike Schrunk
Tom Simpson
Meganne Steele
Kathy Tinkle
Betsy Williams
CIC
Patrol

AMENDMENTS — June 9, 1995

Date	Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
BOARD AMENDMENTS					
5/30	CFS 1	DD high school transition	400,000	0.00	(160,000)
5/30	CFS 2	Supplement CARES	126,642	2.00	(134,283)
5/30	CFS 3	Mental Health for homeless youth	55,554	1.00	(55,554)
6/7	CFS 20	Mentally ill C-felon diversion from jails	73,511	0.00	(73,000)
5/9	ASD 1	Add East County office	84,588	0.00	(84,588)
5/9	ASD 2	Increase emergency/ transportation	45,315	0.00	(45,315)
5/9	ASD 3	Multi-ethnic outreach	69,439	0.00	(69,439)
5/9	ASD 4	Additional Public Guardian staff	37,358	1.50	(37,358)
5/9	ASD 5	Additional protective services staff	23,264	1.00	(23,264)
6/6	HD 1	Restaurant award program	?	0.00	(20,000)
6/6	HD 2	Lane Middle School	189,117	?	(189,117)
6/6	HD 3	Violence reduction education	70,000	?	(70,000)
5/24	JJD 1	PIC summer programs	30,000	0.00	(30,000)
5/24	JJD 2	VORP at 94-5 level	50,000	0.00	(50,000)
5/24	JJD 3	CASA at 94-5 level	8,957	0.00	(8,957)
5/24	JJD 4	Annualize cost of Morrison Center	33,000	0.00	(33,000)
5/23	MCSO 1	Support for fire district radio conversion	42,500	0.00	(42,500)
5/23	MCSO 1a	Alternative using COP's for radio purchase		0.00	
5/23	MCSO 2	Enhance Target Cities program	43,004	1.00	(43,004)
5/23	MCSO 3	Jail population data analysis position	44,652	1.00	(44,652)
5/23	MCSO 4	Warrants backlog staff	152,886	3.00	(152,886)
5/23	MCSO 5	Funding for Restitution Center at 120 bed level	0	0.00	(825,000)
5/23	MCSO 5a	Cuts High Impact State funding	(7,396,725)	0.00	(355,578)
5/23	MCSO 6	Annualize funding for Warehouse Jail	610,689	13.32	(610,689)
5/23	MCSO 7	Temporary Restraining Order staff	133,227	2.00	(133,227)
5/23	DA 1	Paternity rights education project	82,000	1.00	(22,721)
5/10	DES 1A	Custodial enhancements	48,130	1.00	(48,130)
	DES 1B	Custodial enhancements	50,000	0.00	(50,000)
	DES 1C	Custodial enhancements	50,000	0.00	(50,000)
5/10	DES 2	Staff time to coordinate bridge lighting	20,000	0.00	(20,000)
5/10	DES 3	Archivist	39,210	1.00	(39,210)
5/18	DES 4	Support for Edgefield Station	20,000	0.00	(20,000)
5/11	NON 1	Incentive Awards for Exempt employees	9,000	0.00	(9,000)
5/31	NOND 1	Auditor Courthouse Study	20,000	0.00	(20,000)
6/7	NOND 8	Support for PMCoA	7,532	0.00	(7,532)
SUBTOTAL					(3,578,004)

Date	Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
DEPARTMENTAL REQUESTS					
REV 1		Increase Animal Control Revenue for FY94-95 Carry	0	0.00	110,000
REV 2		Various Revenue Revisions	0	0.00	295,854
REV 3		Business Income Tax and carryover	0	0.00	251,220
CFS 4		Carryover weatherizat'n rebates to purchase van	14,119	0.00	0
CFS 5		Reclassifies adult mental health positions	0	0.00	0
CFS 6		Increases LIEAP rev.; use for prof svcs, computers	25,566	0.00	496
CFS 7		Increases CAPO revenues; adds 1.5 positions	239,327	1.50	6,086
CFS 8		Increase LIEAP rev., increase passthru, add 1 FTE	1,452,671	1.00	11,565
CFS 9		Adjusts weatherization expenditures	0	0.00	832
CFS 10		Transfers staff to contracts unit, reclasses posns	0	-0.58	0
CFS 11		Increases Great Start, Level 7 carryover	516,591	0.00	3,591
CFS 12		Shifts DD Pass Thru to Prof Svcs	524	0.00	0
CFS 13		Adjusts div mgmt salary, savings to computers	(134)	0.00	0
CFS 14		Adjusts integrated services revenues	12,951	0.00	0
CFS 15		Adjusts Partners Project revenues	0	0.00	0
CFS 16		State mental health grant carryover	2,386,247	0.00	0
CFS 17		Increases Target Cities revenues	1,075,323	11.00	30,148
CFS 18		Increases YEEP revenues, used for pass through	36,524	0.00	0
CFS 19		Adjusts Child/Youth revs, sets aside \$82.5K for MCC	353,862	0.00	3,202
CFS 21		Cuts Medical Director posn, xfers funds to prof svcs	0	-0.50	0
ASD 7		Adds Medicaid Case Mgr and temp, reclasses	64,872	1.00	2,160
ASD 8		Increases private assessments revenue	6,021	0.00	96
ASD 9		Increases IIIB, Rental income and Title XVIII rev.	49,176	0.00	497
HD 4		Corrects errors in personnel budge Increases Ambulance Fees	27,832	5.95	578
Hd 5		Reduces Linkage Grant, Increases NIDA Grant, Moves 3 Alcohol&Drug evaluation Spec to CFS	29,387	0.30	554
HD 6		Adds and Drops positions in CareOregon budget, adds funds for move to County facility	25,573	0.00	2,024
HD 7		Adds 1.4 million in Ryan White Grant funds, 1.3 is pass through	1,416,292	0.70	6,378
HD 8		Carries over \$15,000 for hand held inspection system in Restaurant Inspections	15,000	0.00	0
HD 9		<i>Reduces Regional Detention Adds General Funds for JJD Health</i>	5,345	0.00	(5,345)
HD 10		Increases Breast & Cervical Cancer Grant	28,724	0.00	0
HD 11		Increases Robert Wood Johnson Grant	32,374	0.00	0
HD 12		Shifts Funds in Postponing Sexual Involvement Grant	0	0.00	0
JJD 5		Revises regional detention, adds PPS alt. schools	120,000	0.00	(54,519)
JJD 6		Transfers staff, reclassifies posns	0	0.00	0

Date	Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
DEPARTMENTAL REQUESTS					
	JJD 7	Converts Project Payback PT to position	41,000	1.00	285
	JJD 8	Adds Day Reporting posn, reprograms Casey	43,719	1.00	1,931
	JJD 9	Adds reg'l det. beds, funds PIC, training, VORP	81,525	0.00	0
	JJD 10	Adds State revenue for 32 bed lease	0	0.00	88,320
	DCC 1	Adjusts revenues for STOP I program	87,950	0.00	0
	DCC 2	Adds STOP II grant	125,000	0.00	0
	MCSO 8	Outside funding for Work in Lieu of Jail	48,452	0.00	0
	MCSO 9	Reclassify W-house Workers to Equip/Prop Techs	92,081	0.00	0
	MCSO 10	Reclassify Fac Bldg Mgr to Equip Unit Admin	0	0.00	0
	MCSO 11	Reclassify Comm Svc Off to Int Comm Svc Coord	457	0.00	0
	MCSO 12	Carryover funds for jail bus	120,000	0.00	0
	MCSO 13	Carryover 6% premium pay for First Responders	19,103	0.00	0
	MCSO 14	Carryover fingerprint/video imaging equipment	121,349	0.00	0
	MCSO 15	Carryover bar coding contract, costs	23,119	0.00	0
	DA 2	Adjusts FINVEST grant	(11,601)	0.00	(257)
	DA 3	Adds Byrne Anti-Drug Grant	82,594	1.00	4,406
	DA 4	Adjusts Forfeiture to actual carryover amount	132,651	0.00	4,502
	DA 6	Adds DDA to Neighborhood DA for Tri Met	63,639	1.00	0
	DA 7	Adjusts DDA positions	0	0.00	0
	DA 8	Increase VAPAG revenue	10,000	0.00	0
	DA 9	Increase Discovery revenue, use for supplies	15,000	0.00	0
	DA 10	Increase CAMI grant	20,820	0.00	667
	DA 11	Uses video lottery revenue for remodeling	75,000	0.00	0
	LIB 1	Carryover	208,427	0.00	0
	LIB 2	Reclassifications	0	0.00	0
	LIB 3	Carryover	48,708	0.00	0
	LIB 4	M&S to PS for Warehouse Worker	0	1.00	0
	DES 5	Fleet Capital C/O	263,200	0.00	0
	DES 6	Fleet Adj	196,134	0.00	0
	DES 7	Distribution Tech	12,829	0.00	0
	DES 8	A/C Capital Carryover	14,408	0.00	0
	DES 9	Various DP C/O	1,368,792	0.00	0
	DES 10	A&T C/O Offc Furn.	12,844	0.00	0
	DES 11	Eliminated	0	0.00	0
	DES 12	A&T C/O Computers	35,235	0.00	0
	DES 13	Trans Capital CO	(16,967)	0.00	0
	DES 14	Trans CMAQ	225,000	0.00	0
	DES 15	Bridge Tech	0	0.00	0

Date	Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
DEPARTMENTAL REQUESTS					
	DES 16	Corner Eq Chg	(99,200)	0.00	
	DES 17	Facilities Reclasses	0	0.00	0
	DES 18	Energy Program	556,331	0.00	0
	DES 19	DES Admin CO	24,696	0.00	0
	DES 20	FREDS Eq CO	3,000	0.00	0
	DES 21	Planning C/O	?	0.00	0
	DES 22	A&T Tech between categories	0	0.00	0
	NOND 2	Carryover of RESULTS Grants	10,912	0.00	0
	NOND 3	Purchasing Reorganization	0	0.00	0
	NOND 4	Carryover Ptlld Bldg Async Server	13,500	0.00	0
	NOND 5	Cap Lease Ret. 64 Juvenile Beds	243,201	0.00	0
	NOND 6	Technical Commissioner Kelley M&S to PS	0	0.00	0
	NOND 7	Carryover Columbia Gorge	39,356	0.00	1,503
	NOND 9	Technical Reclassifications in MCCF	0	0.00	0
	NOND 10	Carryover Criminal Justice Model	71,126	0.00	0
	NOND 11	Carryover On-line Policies/Procedures	20,000	0.00	0
	NOND 12	Carryover Sex Offender Program Evaluation	12,652	0.00	0
	NOND 13	Strategic Investment Program	20,000	0.00	0
	NOND 14	Carryover Chair's Office Equipment	22,460	0.00	0
	NOND 15	Revises GO Bond Fund, Repays GF for 94-5	499,706	0.00	0
	NOND 16	Carryover \$10,000 HB 2004 revenue	10,000	0.00	0
	NOND 17	Carryover \$55,000 County Counsel for equip.	55,000	0.00	0
	Total All Departments/All Funds		12,997,375	25.37	766,774



MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN
DAN SALTZMAN
GARY HANSEN
TANYA COLLIER
SHARRON KELLEY

BUDGET & QUALITY
PORTLAND BUILDING
1120 S.W. FIFTH - ROOM 1400
P. O. BOX 14700
PORTLAND, OR 97214
PHONE (503)248-3883

TO: Chair Beverly Stein
Commissioner Dan Saltzman
Commissioner Gary Hansen
Commissioner Tanya Collier
Commissioner Sharron Kelley

FROM: Dave Warren, Principal Budget Analyst **DCW**

DATE: June 12, 1995

SUBJECT: What Has Happened on the Budget Notes for 1994-95

BOARD OF
COUNTY COMMISSIONERS
1995 JUN 12 PM 4:05
MULTNOMAH COUNTY
OREGON

When the Board adopted the 1994-95 Budget, it also stated a number of actions that departments should pursue during the year. What follows is a brief recap of those budget notes and what departments have done during the year to comply with the Board's direction.

Each note is presented and followed by a summary of what has taken place or what stands in the way of completing action on the note.

1. The Board of County Commissioners intends to consider the social work outreach problem in the Roosevelt Cluster in light of a School District 1 plan to cut the outreach position in that area. The Board may use a Contingency Transfer if other options are not available to address this problem.

The social outreach situation in the Roosevelt Cluster did not develop as had been anticipated at the time the budget was adopted. No request for funding came to the County and, consequently, no Contingency transfer was proposed to the Board.

2. The appropriation for the Asian Acculturation Center will be made available at the 1994-95 approved level, subject to the annual County budget process, for a two year period. Specific outcomes to be measured include: the success of the program in leveraging other non-governmental funds and the success of the program in linking clients to other services and assimilation. Future funding will not be included in the 1996-97 current service level budget. Continuation of this program will be based on achievement of these outcomes and other outcome measures to be determined by the community and Family Services Division and the contract agency.

The Asian Family Center recently had an opening day ceremony to formally unveil its new site in NE Portland. It has actually been serving children and families since November of 1994, and is operated by the International Refugee Center of Oregon (IRCO). IRCO was recently awarded County funds through an RFP process which took place in January of this year. The center is operating in a start-up mode and expects to be fully operational by July of this year.

June 12, 1995

The center is a member of the County's Family Center System and provides culturally appropriate and relevant services from a pan-Asian perspective, which emphasizes family unity and strengths, and understanding of American society, culture and service systems.

Specific services to be offered at the center include: parent education and support, service access and case management, family intervention, recreation, skill building, cultural enhancement and support, and intergenerational programming. The center expects to serve approximately 200 people by July 1. Eventually, the center will have a staff of 15 and serve 500 children and families on an annual basis.

The center is supported by county funds through the Community and Family Services Division, Oregon Commission on Children and Families funds, and the United Way of the Columbia-Willamette.

3. The Board of County Commissioners intends that spending of the \$100,000 added for support of Hispanic services in 1994-95 will not take place before the County has pursued joint planning discussions with other agencies, (including, at minimum, school districts, the Private Industry Council, Community and Family Services, and the Chair's Hispanic Advisory Committee).

During the summer of 1994-95, a community planning process was held jointly by the community and Family Services Division and the Private Industry Council, to identify needs and priorities of Hispanic students and to develop a coordinated program using County and TPIC funds. A plan was developed and approved by the Hispanic Advisory Committee (County) and the TPIC Board of Directors; it resulted in a jointly developed Request for Proposal to select three service provider-school district coalitions, which were funded to implement student retrieval and retention services and make long-lasting institutional change. The County transferred its funds to TPIC for contracting, as a means to coordinate service expectations and contractual obligations.

Services are currently being delivered through the Portland Public School District by the Oregon Council for Hispanic Advancement (OCHA) for student retention services and by Portland Impact for student retrieval services. In East County, the school districts have aligned with Catholic Charities El Programmo Hispano for an east county student retention project.

All three programs report significant progress in introducing services to the Hispanic population and getting to know the families. At Marshall High School, 50 parents attended the Hispanic project's Back to School Night, in contrast to the 8 parents who showed up for a recent Parent's Night.

The County funds will continue to support family outreach and institutional change. There is great uncertainty over the status of the TPIC funds, which are federal Job Training Partnership Act funds and are slated for significant to total reductions.

4. The Board of County Commissioners intends for Juvenile Justice to pursue electronic replacement of paperwork in the Juvenile Justice system.

The Juvenile Justice Division has made progress in this area in two major areas. The first is through the project funded by the Data Processing Management Committee to develop a new juvenile information system. We have completed the Business Requirements for the system. The second area has been through technical assistance offered by the Casey Foundation. In planning an information system, there is a unique opportunity to find and eliminate paper intensive tasks and paperwork and to look at automating what can be, not necessarily what is the current way of doing business. Metis Associates, Inc. completed a work flow analysis of the juvenile justice system in October 1994. The results of this study will be used in conjunction with the development of the new automated system to meet the requirements of Juvenile Justice. The Casey Foundation is also funding a document imaging system which will eliminate some paperwork and make documents more accessible.

June 12, 1995

5. The Board of County Commissioners requests the District Attorney to explore collecting child support for homeless youth and distributing funds to caring agencies.

The District Attorney's Office, in concert with Commissioner Saltzman's staff, explored the question of using child support payments to reimburse shelter and other nonprofit agencies for the services they were providing to individual, displaced teens in the County. It is a complicated legal question that also poses some serious administrative difficulties. Courts may order parents to pay child support to any individual or agency who is a willing and suitable guardian *ad litem*. In making the determination, the court has an obligation to insure that child support is spent wisely and for the benefit of the minor child. The agency would assume the responsibility and liability for the welfare and support of the child. Administratively, the agency would most likely not enter into such an arrangement unless its contact was going to be consistent. Unfortunately, many of their contacts with the "street teens" are intermittent, duplicative and less than comprehensive. In the final analysis, any request to alter the course of child support payments in a particular case will be determined by the court.

6. The Board of County Commissioners requires that proceeds from drug testing fees be accounted for in a separate account and used to support funding of Probation Officers supervising predatory sex offenders.

The Department of Community Corrections began collecting a drug testing fee from offenders in May 1995. Those fees are accounted for separately by the Finance division, although they are collected in the same fashion as the current supervision fee. The Department has dedicated two Probation/Parole Officers to supervise sex offenders in the Intensive Case Management Unit.

7. The Board of County Commissioners intends to consider the issue of guarding hospitalized prisoners when the Auditor has completed his overtime study and may use a Contingency transfer to address the issue at that time.

In December 1994, Gary Blackmer issued his report on Corrections Overtime. This report examined overtime use through 1993-94. It addressed the issue of hiring additional staff to guard inmates at local hospitals. Based on the cost of this function in April, the Auditor recommended against adding four additional staff to cover this post (as had been proposed), estimating the total additional cost would exceed overtime savings by \$21,000. The Sheriff chose not to bring the proposal to the Board for a Contingency transfer.

The 1995-96 Budget, however, does include funding for a hospital post. This request, for 1.82 FTE, was brought to the Chair after analysis of the overtime cost during the last twelve months and the continued growth in the number of prisoners being guarded in hospitals. The Chair included the proposed add package in her Proposed Budget.

8. The Board of County Commissioners intends for the Library to explore partnering with Portland Public Schools for library services.

In the current year's budget (1994-95), the Board of County Commissioners included money (about \$120,000) to support cooperation between the Library and schools. The specific nature of that cooperation was to be determined during the year. Two projects that were part of the Library's initial proposal were accomplished. homework help centers were begun in four branch libraries, and about \$40,000 was spent for library materials to specifically support school curriculum needs. Of the remaining money, \$50,000 was cut in the County's mid-year budget adjustment. Chair Stein and Library liaison Commissioner Tanya Collier have been working with Library Director Cooper to determine the process for identifying the best ways for the Library and schools to cooperate. The process has been outlined, and work should begin soon.

June 12, 1995

9. The Board of County Commissioners intends that fees dedicated into the Library Entrepreneurial Initiative Fund will continue to be allocated to that fund through December 1995.

Fees dedicated to the Library Initiative Fund are continuing to be collected and recorded in the Fund. The 1995-96 budget assumes continuation of the program and continued dedication of the same fees to it.

10. The Board of County Commissioners requests the Library to pursue revenues collected as part of Cable Franchise Fees and dedicated to public information purposes as a funding source for library activities.

Library personnel believed that this note was aimed at triggering a joint project involving the Budget and Quality Office. As a result, the initiative did not begin in time to affect 1995-96 funding. The City of Portland Bureau of Cable and Franchise, which administers the Public Education in Government (PEG) program, has informed the Library that all the PEG funds for 1995-96 have already been allocated. The Bureau disburses about \$250,000 per year from this fund and most of the funds next year have gone to schools. The funds must be used for capital equipment.

The Bureau will be awarding allocations for 1996-97 in the fall of 1995 and the Library intends to contact the Bureau in late summer to get more information about the application process.

11. The Board of County Commissioners intends to review the legislative support process and may use a Contingency transfer of additional appropriations to address funding needs for this activity.

The legislative support process appeared to meet the County's basic requirements and no additional appropriations were proposed.

12. The Board of County Commissioners has approved the addition of a Labor Relations Specialist for 1994-95 but intends to end County support of that position at the termination of the 1995 bargaining cycle.

By extending contracts for all bargaining units, (except the Deputy District Attorneys), to deal with the impacts of Measure 8 passed in November, 1994, the Board and Labor Relations removed the need for continuation of this position. The position is not included in the 1995-96 Chair's Proposed Budget.

13. The Board of County Commissioners intends for County Counsel to pursue work load analysis for the County Counsel's office to determine the appropriate mix of resources to deliver legal services.

County Counsel has developed and implemented a system for tracking attorney time by client (e.g. Elections Division, Planning Division, Corrections Division) and by work type (e.g. contract review, ordinance/resolution drafting, legal consultation). The system is comparable to timekeeping systems used in the private bar, but without the emphasis on client billing. County Counsel will be able to use the data for a variety of purposes, including analysis of staffing patterns based on workload demand and available resources.

14. The Board of County Commissioners intends to explore appropriate uses of TSCC with the Legislature.

The Board reviewed this issue in discussions establishing the County's legislative agenda. Several variations were considered, but no proposal was included in the final agenda.



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN • CHAIR • 248-3308
DAN SALTZMAN • DISTRICT 1 • 248-5220
GARY HANSEN • DISTRICT 2 • 248-5219
TANYA COLLIER • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
CLERK'S OFFICE • 248-3277 • 248-5222

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

JUNE 12, 1995 - JUNE 16, 1995

Tuesday, June 13, 1995 - 9:30 AM - Budget Session Page 2

Tuesday, June 13, 1995 - 7:00 PM - Budget Hearing Page 2
Multnomah County Courthouse, Room 602

Wednesday, June 14, 1995 - 9:30 AM - Budget Session Page 2

Wednesday, June 14, 1995 - 1:30 PM - Budget Session Page 2

Thursday, June 15, 1995 - 9:30 AM - Regular Meeting Page 3

*Thursday Meetings of the Multnomah County Board of Commissioners are
cablecast live and taped and can be seen by Cable subscribers in Multnomah County
at the following times:*

Thursday, 9:30 AM, (LIVE) Channel 30
Friday, 10:00 PM, Channel 30
Sunday, 1:00 PM, Channel 30

Produced through Multnomah Community Television

**INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD
CLERK AT 248-3277 OR 248-5222, OR MULTNOMAH COUNTY TDD PHONE 248-
5040, FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.**

*Tuesday, June 13, 1995 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BUDGET SESSION

WS-1 Work Session to Review and Discuss the Proposed Multnomah County 1995-96 Budget.

*Tuesday, June 13, 1995 - 7:00 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BUDGET HEARING

PH-1 The Multnomah County Board of Commissioners Will Convene for the Purpose of Receiving Public Testimony on the Proposed 1995-96 Multnomah County Budget

*Wednesday, June 14, 1995 - 9:30 AM
(IF NEEDED ONLY)
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BUDGET SESSION

WS-2 Work Session to Review and Discuss the Proposed Multnomah County 1995-96 Budget.

*Wednesday, June 14, 1995 - 1:30 PM
(IF NEEDED ONLY)
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BUDGET SESSION

WS-3 Work Session to Review and Discuss the Proposed Multnomah County 1995-96 Budget.

REGULAR MEETING

CONSENT CALENDAR

NON-DEPARTMENTAL

- C-1 *In the Matter of the Appointment of Ernie Bonner to the Mt. Hood Cable Regulatory Commission*

COMMUNITY AND FAMILY SERVICES DEPARTMENT

- C-2 *Ratification of Amendment No. 2 to Intergovernmental Agreement, Contract #101575, between Multnomah County Community and Family Services Division, Child and Adolescent Mental Health and Youth Program and Portland Public School District to Add Day Treatment Educational Services for a Partners Project via the Nickerson Center, Effective January 30, 1995 through June 30, 1995*

DEPARTMENT OF COMMUNITY CORRECTIONS

- C-3 *Ratification of an Intergovernmental Agreement, Contract #900086, between Multnomah County and Portland Community College to Provide Instructional Support Services for the Londer Learning Center, for the Period July 1, 1995 through June 30, 1996*
- C-4 *Ratification of an Intergovernmental Agreement, Contract #900106, between Clackamas County and Multnomah County to Provide a Facility for a Work Release-Probation Violation Center, Effective July 1, 1995 through June 30, 1996*
- C-5 *Ratification of Amendment No. 2 to Intergovernmental Revenue Agreement, Contract #900344, between Board of Parole and Post-Prison Supervision and Multnomah County Regarding the Conducting of Parole and Post-Prison Supervision Violation Hearings and Local Sanction Hearings, Effective Upon Execution through December 31, 1995*

DEPARTMENT OF HEALTH

- C-6 *Ratification of Amendment No. 2 to Intergovernmental Revenue Agreement, Contract #200704, between the Oregon Health Sciences University Child Development and Rehabilitation Center and Multnomah County Provides a 1.4 FTE Public Health Nurse to Serve as Coordinator for OHSU's CoCoon Program for Children with Special Health Needs and Extends Agreement, Effective Upon Execution through June 30, 1996*

SHERIFF'S OFFICE

- C-7 *Ratification of an Intergovernmental Agreement, Contract #800246, between Metro and Multnomah County Sheriff's Office to Provide Solid Waste Flow Control and General Investigative Police Services and Provide a Supervised Inmate Work Crew to Clean Up Illegal Dump Sites within Jurisdictional Boundaries to Metro, Effective July 1, 1995 through June 30, 1996*

REGULAR AGENDA

PUBLIC COMMENT

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

COMMUNITY AND FAMILY SERVICES DEPARTMENT

- R-2 *Request for Approval of a Notice of Intent to Apply with the Department of Health and Human Services for Demonstration Partnership Program (DPP) Funds for a Youth Employment Stabilization Grant*

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-3 *Budget Modification DES #10 (Revised) Requesting Authorization to Transfer Budgeted Funds from Facilities Fund Contingency to Personal Services to Fund the Justice Center Energy Retrofit Project*

NON-DEPARTMENTAL

- R-4 *Second Reading and Possible Adoption of a Proposed ORDINANCE Relating to the Pay Ranges and COLA Increases for Exempt Employees*
- R-5 *RESOLUTION in the Matter of the Adoption of the 1995-96 Budget for Multnomah County, Oregon, for the Fiscal Year July 1, 1995 to June 30, 1996 and Making the Appropriations thereunder, Pursuant to ORS 294.435*
- R-6 *RESOLUTION in the Matter of Levying Ad Valorem Property Taxes for Multnomah County, Oregon for Fiscal Year 1995-96*



DAN SALTZMAN, Multnomah County Commissioner, District One

1120 S.W. Fifth Avenue, Suite 1500 • Portland, Oregon 97204 • (503) 248-5220 • FAX (503) 248-5440

M E M O R A N D U M

TO: Clerk of the Board
Board of County Commissioners

FROM: Andrea Jilovec, ⁰⁵Commissioner Saltzman's Office

RE: Absence to BCC Planning Session

DATE: May 25, 1995

Commissioner Saltzman will be absent from the BCC Planning session on Tuesday, June 13, 1995.

DRS:amj

CLERK OF
COUNTY COMMISSIONERS
1995 MAY 25 PM 2:53
MULTNOMAH COUNTY
OREGON

Distributed
by Bill Lower
afternoon of 6-12
ABC did not receive.

*Budget Session
6-13-95
Handout #1*



Beverly Stein, Multnomah County Chair

Room 1515, Portland Building
1120 S.W. Fifth Avenue
Portland, Oregon 97204

Phone: (503) 248-3308
FAX: (503) 248-3093
E-Mail: MultChair@aol.com

TO: Board of County Commissioners
FROM: Beverly Stein
DATE: June 12, 1995
RE.: Budget Amendments

- - - - -
As we near the end of our budget deliberations, I have a number of amendments to propose that I think can deal with several of the major issues that the Board has raised over the past month.

My goal is to resolve the major issues next week so that we can adopt amendment on June 14. Final adoption of the budget will occur on June 28, following receipt of our letter of certification from Tax Supervising and Conservation Commission. Also, I am suggesting that we defer one set of decisions until July.

I will describe the amendments in narrative and list them on the attached chart. I would appreciate your feedback. We will present them to you on Tuesday during our worksession.

SHERIFF'S OFFICE

At the request of the Sheriff, I recommend that we leave the budget as submitted, with the exception of funding for the Restitution Center. My budget assumed SB1145 funds for the Restitution Center. Because implementation has now been delayed until 1996-7, I believe we need to find "bridge financing" to maintain the current level of beds.



For maintaining the Restitution Center at the current funding level we need to identify \$825,000 in additional revenue. The Sheriff and I recommend the following amendments:

Recognition and appropriation of money from a variety of sources:

- Interest on video lottery (OTO)	\$ 75,000
- Animal control fees (OTO)	\$100,000
- Additional GF money (small increases in state pass through revenue)	\$ 50,000
- Additional BIT (1994-5 OTO)	<u>\$120,000</u>
Subtotal	\$345,000
 - Salary Savings in Sheriff's Office for 1995-96 (to be determined during the course of the year)	 <u>\$480,000</u>
TOTAL	\$ 825,000

The Sheriff and I discussed the Board's interest in equipment for Sauvie Island BOEC response, warrants service, including TROs for victims of domestic violence, the District Attorney's request for an additional investigator position, and support for Target Cities alcohol and drug treatment within the jails. The Sheriff will consider these requests as he reviews and prioritizes current functions within his office.

JUVENILE JUSTICE

Concerns were raised at the Board about the reductions in several juvenile justice contracts. The reductions were made before the current Director began work and reflected JJD's best information at budget development time.

I am proposing that we restore funding for six months for the major contracts that were reduced (VORP \$25,000 of the \$50,000; PIC \$15,000 of the \$30,000; CASA \$5,000 of the \$10,000) and ask the Department to provide us with an evaluation of these services in December. (If we decide to continue the contracts at current service levels, we can access contingency funds at that time).

To fund these contract restorations, the Department will recognize the additional revenue from renting one bed to Clatsop County. The potential revenue should be in the \$50,000 range.

These short term actions should put us in a better position to decide on appropriate ongoing contract amounts for these providers.

Finally, I recommend that we annualize the Morrison Center sex offender treatment contract (\$33,000) and provide the county match for the Mt. Scott Center for Learning summer program (\$5,500) from delayed start up of the \$400,000 in juvenile services community programs.

STATE HUMAN RESOURCES REDUCTIONS

I placed \$500,000 into our contingency pending the outcome of state budget deliberations. In addition, we will have an additional \$120,000 BIT revenue for 1995-6, and the remainder of the additional pass through from the state - \$80,000.

The worst case scenarios with the state did not materialize. While we have the broad outlines of state cuts and legislative changes, the specific numbers and implications are not totally known. Until we know the specific cuts, we will not know the best use of the money.

The Board has also indicated interest in a number of adds. My recommendation is to fund the Board's top priorities which are relevant to our Urgent Benchmarks and return in July to discuss how to use the remaining funds to backfill state reductions. This will give us the opportunity to get feedback from the CBACs and Departments in determining priorities among human service needs. The following appear to be priority items for the Board that I propose funding now.

Lane Middle School clinic (half year funding, including \$75,000 OTO capital costs) <i>Urgent Benchmarks: Reducing Teen Pregnancy; Increase Health Care Services</i>	\$189,000
Anti violence public education campaign (remainder to be matched by other jurisdictions or businesses) <i>Urgent Benchmarks: Reduce Violent Crime; Increase Success of Diversion Programs</i>	\$35,000
Demonstration "STOP" program for the mentally ill (half year, pending agreement with District Attorney and courts) <i>Urgent Benchmarks: Increase Success of Diversion Programs; Increase Mental Health Care Services</i>	\$37,000

Expansion of CARES services for abused children (to start in October) <i>Urgent Benchmarks: Reduce Domestic Abuse; Increase Mental Health Care Services</i>	\$100,000
Teen Paternity Rights and Responsibilities Project <i>Urgent Benchmark: Reducing Teen Pregnancy</i>	\$22,000
Developmentally Disabled Transition Services (pending Medicaid availability and SSI and/or family contributions; to start in January or earlier if other resources identified; annualized next year at an amount reflective of program's ability to leverage other resources <i>Urgent Benchmarks: Reduce Domestic Violence; Increase Mental Health Care Services</i>	\$ 80,000
TOTAL	\$458,000

Then, we can reprogram approximately \$250,000 in July for appropriate state reductions, or other Board amendments.

MISCELLANEOUS

I believe there is Board support for the following:

- | | |
|------------------------------|----------|
| 1. Employee Incentive Awards | \$ 9,000 |
| 2. PMCOA | \$ 7,000 |

These can be funded from the Library amendment which frees up general fund money and charges the bond for moving costs (\$16,000).

If the Board chooses to do the following, the projects can be funded without additional general fund support.

- | | |
|--|-----------|
| 3. Edgefield Station project
(from CIP contingency on an OTO basis
- assuming CIP will benefit when property sold) | \$ 20,000 |
|--|-----------|

- | | |
|--|-----------|
| 4. Planning assistance for elderly services
in Brentwood-Darlington
(OTO; from salary savings from hiring new positions in Aging | \$ 29,000 |
| 5. Auditor Courthouse Study
(from carryover in Auditor's Budget) | \$ -0- |

PROPOSED BUDGET NOTES

1. The Sheriff will assist Sauvie Island Fire District in their capital needs in joining the new 911 system (assuming the continued commitment from the Fire District to capital funds already identified). The Board will encourage the Sauvie Island and Corbett Districts to make appropriate changes in their funding base, consult the County EMS office for possible funding, and/or work with the User Board to provide ongoing operating funds.
2. The Board will consider contingency requests for:
 - full restoration after a Departmental evaluation of VORP, PIC and CASA
 - additional resources for the Mental Health Triage Center
 - matching funds for the District Attorney's Americorp grant
3. Encourage the East and West Soil Conservation Districts to explore merger.
4. Animal control should participate in the development of a program with other jurisdictions to fund a technician to assist local jurisdictions in developing an approach to control problem wildlife, including coyotes. \$10,000 in additional animal control revenue from 1994-5 is included in contingency if an acceptable plan is presented.
5. If allowed under state law, institute a restaurant awards program funded through program revenue.
6. Continue to explore the establishment of an East County Senior office. Reinitiate discussions with the City of Gresham for matching funds and with the Gresham Seniors Inc. concerning their continuing role in using a County owned facility in Gresham for senior activities.
7. Ask the Sheriff to explore the establishment of a booking fee in the corrections facilities.

Please give me your feedback on this package as soon as possible. Thank you.

AMENDMENTS Chair's Proposal

Date	Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
CHAIR'S PROPOSAL					
RESOURCES					
		Setaside in Contingency pending State decisions	NA	NA	500,000
		Interest on video lottery (OTO)	NA	NA	75,000
REV 1		Animal Control fees carried over	NA	NA	110,000
REV 2 (partial)		State revenues (liquor, cigarette, lottery, etc)	NA	NA	107,295
REV 2 (partial)		School lunch reimbursement	NA	NA	24,346
REV 3		BIT 94-5 and 95-6	NA	NA	251,220
JJD 11		Additional Juvenile bed lease (Clatsop)	NA	NA	50,000
SUBTOTAL GF REVENUES AVAILABLE					1,117,861
PROPOSED SPENDING					
5/23	MCSO 5	Funding for Restitution Center at 120 bed level	0	0.00	(825,000)
	MCSO ?	Salary savings	(480,000)	0.00	480,000
	JJD ?	Six Month funding of VORP/PIC/CASA reductions	45,000	0.00	(45,000)
	JJD ?	Morrison Center / Mt. Scott Summer Learning programs	38,500	0.00	(38,500)
	JJD ?	Delay start up of community programs	(38,500)	0.00	38,500
6/6	HD	Lane Middle School	189,117	?	(189,117)
6/6	HD	Violence reduction education (half from other)	35,000	?	(35,000)
6/7	CFS 20	Mentally ill C-felon diversion from jails (half year)	36,756	0.00	(36,500)
5/30	CFS 2	Supplement CARES (October start)	103,850	1.50	(100,712)
5/30	CFS 1 half year	DD transition (with Medicaid, SSI, contributions)	200,000	0.00	(80,000)
5/23	DA 1	Teen paternity rights education project	82,000	1.00	(22,721)
5/11	NON 1	Incentive Awards for Exempt employees	9,000	0.00	(9,000)
6/7	NOND 8	Support for PMCoA	7,532	0.00	(7,532)
	Lib ?	Shift move and storage to bond fund	(16,000)	0.00	16,000
SUBTOTAL GF REQUIREMENTS					(854,582)
Remaining Setaside pending State decisions					263,279
OTHER AMENDMENTS					
5/18	DES 4	Support for Edgefield Station	20,000	0.00	CIP
	ASD	Planning at Brentwood Darlington	29,000	0.00	salary svgs
5/31	NOND 1	Auditor Courthouse Study	20,000	0.00	0

AMENDMENTS --- June 12, 1995

Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
<u>PROGRAM AMENDMENTS</u>				
ASD 1	Add East County office	84,588	0.00	(84,588)
ASD 2	Increase emergency/ transportation	45,315	0.00	(45,315)
ASD 3	Multi-ethnic outreach	69,439	0.00	(69,439)
ASD 4	Additional Public Guardian staff	37,358	1.50	(37,358)
ASD 5	Additional protective services staff	23,264	1.00	(23,264)
CFS 1	DD high school transition	400,000	0.00	(160,000)
CFS 17	Increases Target Cities revenues	1,075,323	11.00	30,148
CFS 2	Supplement CARES	138,466	2.00	(134,283)
CFS 20	Mentally ill C-felon diversion from jails	73,511	0.00	(73,000)
CFS 3	Mental Health for homeless youth	55,554	1.00	(55,554)
DA 1	Paternity rights education project	82,000	1.00	(22,721)
DA 11	Uses video lottery revenue for remodeling	75,000	0.00	0
DA 8	Increase VAPAG revenue	10,000	0.00	0
DA 9	Increase Discovery revenue, use for supplies	15,000	0.00	0
DES 18	Energy Program	556,331	0.00	0
DES 1A	Custodial enhancements	48,130	1.00	(48,130)
DES 1B	Custodial enhancements	50,000	0.00	(50,000)
DES 1C	Custodial enhancements	50,000	0.00	(50,000)
DES 2	Staff time to coordinate bridge lighting	20,000	0.00	(20,000)
DES 3	Archivist	39,210	1.00	(39,210)
DES 4	Support for Edgefield Station	20,000	0.00	(20,000)
HD 1	Restaurant award program	?	0.00	(20,000)
HD 12	Cuts Health Educators and shifts Funds in Postponing Sexual Involvement from Personal Serv. to Professional Services	0	(1.10)	0
HD 2	Lane Middle School	189,117	?	(189,117)
HD 3	Violence reduction education	70,000	?	(70,000)
JJD 1	PIC summer programs	30,000	0.00	(30,000)
JJD 2	VORP at 94-5 level	50,000	0.00	(50,000)
JJD 3	CASA at 94-5 level	8,957	0.00	(8,957)
JJD 4	Annualize cost of Morrison Center	33,000	0.00	(33,000)
JJD 7	Converts Project Payback PT to position	41,000	1.00	285
JJD 8	Adds Day Reporting posn, reprograms Casey	43,719	1.00	1,931
JJD 9	Funds PIC, VORP, training	81,525	0.00	(81,525)
MCSO 1	Support for fire district radio conversion	42,500	0.00	(42,500)
MCSO 1a	Alternative using COP's for radio purchase		0.00	
MCSO 2	Enhance Target Cities program	43,004	1.00	(43,004)
MCSO 3	Jail population data analysis position	44,652	1.00	(44,652)
MCSO 4	Warrants backlog staff	152,886	3.00	(152,886)
MCSO 6	Annualize funding for Warehouse Jail	610,689	13.32	(610,689)
MCSO 7	Temporary Restraining Order staff	133,227	2.00	(133,227)
NON 1	Incentive Awards for Exempt employees	9,000	0.00	(9,000)

AMENDMENTS --- June 12, 1995

Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
NOND 1	Auditor Courthouse Study	20,000	0.00	0
NOND 10	Carryover Criminal Justice Model	71,126	0.00	0
NOND 17	Carryover \$55,000 County Counsel for equip.	55,000	0.00	0
NOND 8	Support for PMCoA	7,532	0.00	(7,532)
SUBTOTAL PROGRAM AMENDMENTS		4,705,423	40.72	(2,426,587)

AMENDMENTS --- June 12, 1995

Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
<u>REVENUE AMENDMENTS</u>				
ASD 7	Adds Medicaid Case Mgr and temp, reclasses based on Medicaid funds	64,872	1.00	2,160
ASD 8	Increases private assessments revenue	6,021	0.00	96
ASD 9	Increases IIIB, Rental income and Title XVIII rev.	49,176	0.00	497
CFS 11	Increases Great Start, Level 7 carryover	516,591	0.00	3,591
CFS 14	Adds City revenues, cuts DHR funds for Int. Svcs	12,951	0.00	0
CFS 16	State mental health grant carryover	2,386,247	0.00	0
CFS 18	Increases YEEP revenues, used for pass through	36,524	0.00	0
CFS 19	Adjusts Child/Youth revs, sets aside \$82.5K for MCCF future allocation	353,862	0.00	3,202
CFS 6	Increases LIEAP rev.; use for prof svcs, computers	25,566	0.00	496
CFS 7	Increases CAPO revenues; adds 1.5 positions	239,327	1.50	6,086
CFS 8	Increase LIEAP rev., increase passthru, add 1FTE	1,452,671	1.00	11,565
DA 10	Increase CAMI grant	20,820	0.00	667
DA 2	Adjusts FINVEST grant	(11,601)	0.00	(257)
DA 3	Adds Byrne Anti-Drug Grant	82,594	1.00	4,406
DA 4	Adjusts Forfeiture to actual carryover amount	132,651	0.00	4,502
DA 6	Adds DDA to Neighborhood DA for Tri Met	63,639	1.00	0
DCC 1	Adjusts revenues for STOP I program	87,950	0.00	0
DCC 2	Adds STOP II grant	125,000	0.00	0
DES 14	Trans CMAQ	225,000	0.00	0
DES 16	Corner Eq Chg	(99,200)	0.00	0
HD 10	Increases Breast & Cervical Cancer Grant	28,724	(0.34)	0
HD 11	Increases Robert Wood Johnson Grant	17,000	0.25	0
HD 4	Corrects errors in personnel budget Increases Ambulance Fees Adds 2.65 FTE to Nurse Cuts Corrections Health. Adds 1 Eligibility Specialist. Adds .75 resource specialist. Cuts various positions and on call to restore nurses.	27,832	4.70	1,220
Hd 5	Reduces Linkage Grant, Increases NIDA Grant, Moves 3 Alcohol&Drug evaluation Spec to CFS	29,387	0.30	554
HD 7	Adds 1.4 million in Ryan White Grant funds, 1.3 is pass through	1,416,292	0.70	6,378
HD 9	Reduces Regional Detention Adds General Funds for JJD Health	5,345	0.00	(5,345)
JJD 10	Adds CSD revenue for loan of Juv. Couns. Supvr	89,275	1.00	0
JJD 11	Adds State revenue for 32 bed lease	0	0.00	88,320
JJD 12	Adjusts Regional Detention rev. for new leases	0	0.00	27,006
JJD 13	Reduces Washington Co. Debt Pmt for new bldg	0	0.00	(119,732)
JJD 5	Revises regional detention, adds PPS alt. schools	120,000	0.00	0
MCSO 5	Funding for Restitution Center at 120 bed level	0	0.00	(825,000)
MCSO 5a	Cuts High Impact State funding	(7,396,725)	0.00	(355,578)
MCSO 8	Outside funding for Work in Lieu of Jail	48,452	0.00	0
NOND 13	Strategic Investment Program	20,000	0.00	0

AMENDMENTS — June 12, 1995

Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
REV 1	Increase Animal Control Revenue for FY94-95 Carryover	0	0.00	110,000
REV 2	Various Revenue Revisions	0	0.00	295,854
REV 3	Business Income Tax and carryover	0	0.00	251,220
	 SUBTOTAL REVENUE AMENDMENTS	 176,243	 12.11	 (488,092)

AMENDMENTS --- June 12, 1995

Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
CARRYOVER AMENDMENTS				
CFS 4	Carryover weatherizat'n rebates to purchase van	14,119	0.00	0
DES 10	A&T C/O Offc Furn.	12,844	0.00	
DES 12	A&T C/O Computers	35,235	0.00	
DES 13	Trans Capital CO	(16,967)	0.00	0
DES 19	DES Admin CO	24,696	0.00	0
DES 20	FREDS Eq CO	3,000	0.00	0
DES 21	Planning C/O	?	0.00	0
DES 5	Fleet Capital C/O	263,200	0.00	0
DES 8	A/C Capital Carryover	14,408	0.00	0
DES 9	Various DP C/O	1,368,792	0.00	0
HD 8	Carries over \$15,000 for hand held inspection system in Restaurant Inspections	15,000	0.00	0
LIB 1	Carryover for library books and materials	208,427	0.00	0
LIB 3	Carryover of proceeds from sale of Central Library surplus equipment	48,708	0.00	0
MCSO 12	Carryover funds for jail bus	120,000	0.00	0
MCSO 13	Carryover 6% premium pay for First Responders	19,103	0.00	0
MCSO 14	Carryover fingerprint/video imaging equipment	121,349	0.00	0
MCSO 15	Carryover bar coding contract, costs	23,119	0.00	0
NOND 11	Carryover On-line Policies/Procedures	20,000	0.00	0
NOND 12	Carryover Sex Offender Program Evaluation	12,652	0.00	0
NOND 14	Carryover Chair's Office Equipment	22,460	0.00	0
NOND 16	Carryover \$10,000 HB 2004 revenue	10,000	0.00	0
NOND 2	Carryover of RESULTS Grants	10,912	0.00	0
NOND 4	Carryover Ptld Bldg Async Server	13,500	0.00	0
NOND 7	Carryover Columbia Gorge	39,356	0.00	1,503
	SUBTOTAL CARRYOVER AMENDMENTS	2,403,913	0.00	1,503

AMENDMENTS --- June 12, 1995

Dept & Number	Topic	Change in Cost	FTE	Increase (Decrease) GF Contingency
TECHNICAL AMENDMENTS				
CFS 10	Transfers 10 positions to contracts unit, reclasses 2PDS to Lead, 1 PDT to PDS, 1 PDS to .88 Eval Spec., 1 PDS to .29 PDT/.75 PDS	0	-0.58	0
CFS 12	Shifts DD Pass Thru to Prof Svc	524	0.00	0
CFS 13	Adjusts div mgmt salary, savings to computers	(134)	0.00	0
CFS 15	Adjusts Partners Proj. rev. (corrects rev. sources)	0	0.00	0
CFS 21	Cuts Medical Director posn, xfers funds to prof svcs	0	-0.50	0
CFS 5	Reclassifies adult mental health positions	0	0.00	0
CFS 9	Adjusts weatherization expenditures	0	0.00	832
DA 7	Adjusts DDA positions	0	0.00	0
DES 15	Bridge Tech	0	0.00	0
DES 17	Facilities Reclasses	0	0.00	0
DES 22	A&T Tech between categories	0	0.00	0
DES 6	Fleet Adj	196,134	0.00	0
DES 7	Distribution Tech	12,829	0.00	0
HD 6	Adds and Drops positions in CareOregon budget, adds funds fo move to County facility	25,573	0.00	2,024
JJD 6	Transfers staff, reclassifies posns	0	0.00	0
LIB 2	Reclassifications, Branch Administrator to Branch Manager, Clerk 1 to Clerk 2, and 3.5 Computer Techs to Computer System Operators - based on savings from charging moving and storage to Bond Fund	0	0.00	0
LIB 4	M&S to PS for Warehouse Worker	0	1.00	0
MCSO 10	Reclassify Fac Bldg Mgr to Equip Unit Admin	0	0.00	0
MCSO 11	Reclassify Comm Svc Off to Int Comm Svc Coord	457	0.00	0
MCSO 9	Reclassify W-house Workers to Equip/Prop Techs	92,081	0.00	0
NOND 15	Revises GO Bond Fund, Repays GF for 94-5	499,706	0.00	0
NOND 3	Purchasing Reorganization	0	0.00	0
NOND 5	Cap Lease Ret. 64 Juvenile Beds	243,201	0.00	0
NOND 6	Technical Commissioner Kelley M&S to PS	0	0.00	0
NOND 9	Technical Reclassifications in MCCF	0	0.00	0
	SUBTOTAL TECHNICAL AMENDMENTS	1,070,371	-0.08	2,856

MULTNOMAH COUNTY'S URGENT BENCHMARKS

Children & Families

- ◆ **Reduce Teen Pregnancy**
Pregnancy rate per 1,000 females ages 10 - 17 [by ethnicity]
- ◆ **Increase Percentage of Drug - Free Babies**
Percentage of infants whose mothers did not use illicit drugs, alcohol or tobacco during pregnancy.
- ◆ **Reduce Domestic Abuse**
 - a. Child Abuse- Number of children abused or neglected per 1,000 persons under 18. [by ethnicity]
 - b. Spousal Abuse - Spouse or domestic abused per 1,000 persons [by ethnicity]
 - c. Elderly Abuse - Elder abuse per 1,000 persons [by ethnicity]
- ◆ **Reduce Student Alcohol & Drug Use**
 - a. Percentage of students free of involvement with alcohol in the previous month.
 - b. Percentage of students free of involvement with illicit drugs in the previous month.
[both of the above measured at 8th and 11th grades]

Public Safety

- ◆ **Reduce Violent Crime**
Crimes against people [by juveniles and adults]
- ◆ **Increase Success of Diversion Programs**
Percentage of diverted offenders who commit any offense within one year after completing the diversion program. [by juveniles and adults]
- ◆ **Reduce Recidivism**
Percentage of felons who commit new felonies within three years of re-entry into the community.
[by juveniles and adults]

Access to Services

- ◆ **Increase Drug Treatment Services**
Percentage of people seeking alcohol or drug treatment who receive it.
- ◆ **Increase Health Care Services**
Percentage of population with economic access to health care [by ethnicity]
- ◆ **Increase Mental Health Care Services**
Percentage of population with access to public or private treatment for mental or emotional problems
[by children and adults]

MULTNOMAH COUNTY'S URGENT BENCHMARKS [CONTINUED]

Good Government

◆ Increase County Workforce and Contractor Diversity

Percent of minorities and women presently employed by the County or its contracted service providers versus percent presently available within the local labor market.

◆ Increase County Government Accountability & Responsiveness

a. Citizen Satisfaction- Percentage of citizens who are satisfied that County services are necessary, responsive and cost-effective. [by type of service]

b. Government Responsiveness -percent of citizen volunteers in a governmental advisory capacity who are satisfied that their recommendations were carefully and respectfully considered.

c. Cost of Government - per capita cost of government.



Multnomah County Sheriff's Office

12240 N.E. GLISAN ST., PORTLAND, OREGON 97230

JOHN BUNNELL
SHERIFF

(503) 255-3600

FAX REQUEST/RECEIPT AND TRANSMITTAL SHEET

Date 6/13/95 1430 Hours

TO:

Commissioners Collier & Kelley

FAX NUMBER ADDRESSED TO:

248-5262

FROM:

LARRY AAS

SENDING FAX NUMBER:

251-2439

ATTENTION AND/OR SPECIAL INSTRUCTIONS:

RE: MEMO MENTIONED IN 6/13 WORK SESSIONNUMBER OF PAGES INCLUDING TRANSMITTAL SHEET:

CONFIDENTIALITY STATEMENT

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the addressee listed on this coversheet. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone at the number listed below. Thank you.

CONTACT NUMBER: 251-2439TR/FAXSHEET 2/HD
PS 70 - Revised 3/95

User of National Sheriff's Association Convention - June 16, 1995

BOARD OF
COUNTY COMMISSIONERS
JUN 13 PM 3 25
MULTNOMAH COUNTY
OREGON

**MULTNOMAH COUNTY OREGON**

HEALTH DEPARTMENT
DETENTION CENTER, CORRECTIONS HEALTH
1120 S.W. THIRD AVENUE, 4TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3978 FAX (503) 248-3975

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

MEMORANDUM

TO: Billi Odegaard, Director
Health Department

FROM: Kathy Page, Corrections Health Manager

DATE: June 5, 1995

RE: Hospital Contracts

PROBLEM: Multiple sites may be used to hospitalize prisoners which creates staffing difficulty (over-time) for the Sheriff's Office.

FACTS: Portland Adventist Medical Center is Contract Hospital for Medical/Surgical/Psychiatric clients.

- Centrally located in county for all law enforcement admissions.
- Centrally located in county for all Correctional facilities.
- 1994 total admissions were 42 prisoners totaling 167 days.

OHSU is Contract Hospital for High Risk Obstetric Patients

- Most pregnant women are high risk and not suitable for admission to Portland Adventist Medical Center.
- Most infants must go to Neonatal ICU.
- 1994 total admissions were 3 prisoners totaling 37 days.

Emanuel/OHSU are only used if prisoner (pre/post incarceration) condition is such that they enter into the trauma system, or if PAMC is on divert due to excess number of patients in Emergency Room.
1994 total admission was 1 prisoner totaling 3 days.

Other (Providence) is used only if services are not available at PAMC, e.g. cardiac surgery, broken cat scan. This is extremely rare and could happen at any hospital.

AN EQUAL OPPORTUNITY EMPLOYER

Page 2
June 5, 1995

QUESTION: Would it be possible to reduce the number of hospitals to which persons are referred?

YES - If we contracted with one of the trauma hospitals (OHSU or Emanuel)

This would allow general admission, OB and trauma services to be delivered at one hospital. This is assuming that a community hospital would want to deliver care to prisoners. In the past OHSU asked Multnomah county to take its prisoners somewhere else and PAMC was the only community hospital interested in serving this population.

Would this save money?

Probably not - it may actually cost even more because:

1. PPB now has the most street arrests that end up in the trauma system due to gun shot wounds etc. The cost of guarding these clients is now covered by Portland Police Bureau. Multnomah County Sheriff's Office does not guard prisoners at Emanuel unless they are arrested by MCSO. Thus having a contract with a trauma designated hospital would increase our expenditures as Multnomah County assumes responsibility for guarding these additional prisoners.
2. Speciality care within the hospital will still be provided in special areas. OB in OB, Psych in Psych unit, critical care patients will be in ICU. This will all require individual officers whether it is at PAMC or OHSU.
3. Larger teaching institutions, (OHSU, Emanuel) keep clients longer due to inexperienced physicians who are less likely to discharge clients early, let alone to a somewhat unknown "corrections system".
4. Physicians at PAMC have 16 years experience working with Multnomah County Corrections Health staff and are quite comfortable discharging prisoners back to us who need extensive nursing care.

RECOMMENDATION:

Leave Prisoner Contract at PAMC due to its central location. Continue to monitor prisoners admissions and provide as much care in the correctional facilities as possible.

0695-04.MEM

**MULTNOMAH COUNTY OREGON**

HEALTH DEPARTMENT
DETENTION CENTER, CORRECTIONS HEALTH
1120 S.W. THIRD AVENUE, 4TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3978 FAX (503) 248-3975

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

MEMORANDUM

TO: Billi Odegaard, Director, Health Department
Tom Fronk, Fiscal Director

FROM: Kathy Page, Corrections Health Manager

DATE: June 5, 1995

RE: USM Beds at US Federal Courthouse

FULL CULTURAL COMPETENCY IN SERVICE DELIVERY IS OUR DESTINATION

The US Federal Courthouse would be treated as an annex to the MCDC, similar to the CHJ.

The inmates would be prescreened for the facility with only medically and psychiatrically stable inmates being assigned to that facility.

A nurse would need to hold sick call three times a week with all inmates returned to MCDC if medical or dental services were needed.

Cost of the medical support would be \$52,000, which would not include outside hospitalization.

0695-07.MEM

AN EQUAL OPPORTUNITY EMPLOYER

Budget Session
5-30-95
Handout #7
W8-1

Multnomah County Mental Health Budget Hearing - May 30, 1995

Carol M. Boos
775 NE Laurelhurst Place

Member of: AMI - Alliance for the Mentally Ill
MEDAC - Mental & Emotional Disabilities Advisory Council
NAMI- National AMI, Portland contact for the Missing
Mentally Ill Persons Network

The reason I'm involved in this particular volunteer work is that we have a daughter with schizophrenia who was missing eleven months.

I'd like to recommend the June "National Geographic" feature article on The Brain. Illustrations show a healthy brain contrasted with an unhealthy brain with: stroke, alzheimers disease, or schizophrenia. We take care of people who suffer strokes and alzheimer's. In the last decade the understanding brought about by brain imaging technologies and effective, new medications have made it possible to be hopeful that our family members can have a life.

We need the fully funded centralized crisis triage center and expanded mobile response team now. For those fortunate enough to understand their need for medical care; they should be able to seek that care before their condition has deteriorated to the depth of being "in imminent danger to self or others". That's really an outrageous requirement for medical care in an era when most of us believe in preventative health care in every other area.

Outreach is essential. We can't expect the most severely ill with a brain disease to keep appointments at a building as you or I would. Our daughter hasn't taken medication for 6 or 7 months and is severely disabled right now. It wouldn't have had to happen if there had been outreach. She has a University degree so there's already been a big investment in her by tax payers, her family and

Multnomah County Mental Health Budget Hearing - May 30, 1995

Carol M. Boos
775 NE Laurelhurst Place

Member of: AMI - Alliance for the Mentally Ill
MEDAC - Mental & Emotional Disabilities Advisory Council
NAMI- National AMI, Portland contact for the Missing
Mentally Ill Persons Network

The reason I'm involved in this particular volunteer work is that we have a daughter with schizophrenia who was missing eleven months.

I'd like to recommend the June "National Geographic" feature article on The Brain. Illustrations show a healthy brain contrasted with an unhealthy brain with: stroke, alzheimer's disease, or schizophrenia. We take care of people who suffer strokes and alzheimer's. In the last decade the understanding brought about by brain imaging technologies and effective, new medications have made it possible to be hopeful that our family members can have a life.

We need the fully funded centralized crisis triage center and expanded mobile response team now. For those fortunate enough to understand their need for medical care; they should be able to seek that care before their condition has deteriorated to the depth of being "in imminent danger to self or others". That's really an outrageous requirement for medical care in an era when most of us believe in preventative health care in every other area.

Outreach is essential. We can't expect the most severely ill with a brain disease to keep appointments at a building as you or I would. Our daughter hasn't taken medication for 6 or 7 months and is severely disabled right now. It wouldn't have had to happen if there had been outreach. She has a University degree so there's already been a big investment in her by tax payers, her family and

Neurobiological Disorders Society, Inc. The Historical Perspective

By Richard E. Peschel, M.D., Ph.D. and Enid Peschel,
Ph.D., editors, *Neurobiological Disorders*

The authors, in their newsletter *Neurobiological Disorders*, for Fall, 1994, Volume 1, Number 1, (their maiden issue), explore the disparities between the ancient pseudo-scientific "explanations" for **tuberculosis, cancer and smallpox** and the *real scientific causes* that finally, in this century, resulted in control of those dread diseases by the use of antibiotics, vaccines and scientifically based therapies. They compare the evolution of medical knowledge and beliefs during the heyday of these three diseases with the knowledge and beliefs during the similar evolution of treatments for neurobiological brain diseases.

To be sure, complete control of cancer lies in the future; however, the authors reveal that for 17 centuries, the "humoral" theory of cancer controlled medical thinking regarding this dread disease, and that "the older, completely inappropriate language claimed that cancer 'was a sign of degeneration'."

With regard to smallpox, the newsletter says that "In 1994, it is hard to imagine the terror and suffering that smallpox once engendered for over 1,000 years. For centuries, epidemics of smallpox raged throughout the world. In London, between 1701 to 1800, there were 195,865 deaths from smallpox in a population of 653,900. In 1707 an outbreak of smallpox in Iceland killed 18,000 people out of a total population of only 50,000....Typically, before a true scientific explanation of smallpox--or any disease-- is discovered, societies promote many bogus theories about the disease and use inaccurate and prejudicial language about human beings who suffer from it. The pre-scientific language about smallpox included the ubiquitous humor theory, along with numerous beliefs that 'atmospheric conditions' and the 'environment' 'caused' the illness. ...Edward Jenner's spectacular discovery in 1800 that the less severe disease of cowpox could protect a person from the devastating, often lethal, disease of smallpox...eventually led to widespread and successful vaccination programs. Even so, it took many years to overcome people's initial resistance and skepticism about vaccination...Today we know that smallpox is caused by a virus called Variola major. Modern immunization techniques have virtually eliminated smallpox from the world as a major disease."

The authors of the newsletter cited also disclose that with regard to tuberculosis, "the facts about TB are staggering. In the last 200 years, TB has killed approximately one billion people worldwide....In 1900, 7 million people per year died of TB, and at least 50 million human beings per year suffered from active infection....Before scientific research discovered the tuberculin bacillus, medical and religious authorities asserted with great conviction numerous theories to explain the etiology of TB--including bad air, sinful behaviour, environment, human weakness, spontaneous generation, and so on. None of these theories was based on science, empirical evidence, or effective treatment, and none of these theories decreased the pain, suffering, or death rate of human beings with TB....Only a series of scientific and verifiable discoveries that spanned more than half a century ultimately led to the control of TB, one of the most devastating diseases in the history of mankind.

The scientific breakthrough process began in 1882 when Robert Koch discovered that a bacterial infection, the tuberculous bacillus, caused TB....many leading medical experts of the day rejected Koch's findings. Gradually, however, the evidence that TB was an infectious disease became too overwhelming for people to ignore or criticize." It took more than 50 years for scientists to discover Streptomycin (1943) and isoniazid (1950s) to at last bring TB under control.

The emphasis of the authors is that the thinking of society had to change. They had to discard the older language about TB: "It was no longer acceptable to blame patients with TB for their supposed 'weakness of character' or 'sinful behavior'...Nor was it acceptable to claim that 'miasma' or vague 'environmental causes' such as the weather 'caused' TB....discovering the TB bacillus allowed scientists to accurately study patients with TB and to differentiate them from patients with other types of infectious and non-infectious diseases....scientific medicine could develop a true clinical expertise based on accurate classification....public health measures could be instituted that would effectively prevent TB patients from spreading the disease to other people when it was in the most infectious state."

The authors state that "for long periods of time society and institutions often resist or deny major scientific breakthroughs. ...This is particularly true if the scientific breakthrough requires a new way of viewing man's position in the universe. In the cases of TB, cancer and smallpox, it took many years for these major new scientific discoveries to be fully integrated into society. A corollary of this phenomenon is that often the most vociferous resistance to revolutionary scientific discoveries comes from the 'leading authorities' of the day...even though scientific breakthroughs may occur that enable one to understand disease, it may take many more years for scientists to develop successful treatments for the disease...before researchers discover a true scientific understanding of a disease, numerous bogus and ineffective theories and treatments will abound. Often, even after effective treatment is available, ineffective and sometimes harmful theories and treatments may persist."

Furthermore, they state that "typically, society stigmatized and shunned cancer patients. Many hospitals would not admit cancer patients to their wards. In 1913, when a Connecticut woman's husband died in a Swiss hotel, the woman was fined \$155 because the hotel feared that her husband's cancer was contagious....Thanks to scientific discoveries about cancer, our society has been forced to discard the older language about cancer (humors, contagious, stigma, degeneration)...The new language of cancer includes gene mutations, oncogenes, oncoproteins, allelic loss, suppressor gene function, epidermal growth factors and epidermal growth factor receptors."

The authors of the Neurobiological Newsletter cited declare that "the purpose of the Neurobiological Disorders Society, Inc. (NBDs) is to develop and nurture a neuroscientific dialogue with human beings who are ready and able to move into the twenty-first century based on the neuroscientific revolution".

Continued on page 6

(NBDs, continued from page 5)

They state that "During the last two decades, a revolution has occurred in the neurosciences. Not only has this revolution produced new ways of studying and imaging the brain; for the first time ever, it has also allowed scientists to perform a detailed analysis of the structure and function of the brain, revealing an organ of extraordinary complexity and organization. 'Our own human memories are ... encoded in the brain, in the ten thousand million nerve cells that comprise the human cerebrum--and the ten million million connections and pathways between those cells'. For the first time in human history, some of the most fundamental aspects of human behavior are amenable to scientific study and discovery. Based on verifiable neuroanatomy and neurochemistry of the brain, scientific models are emerging that begin to explain fundamental brain functions such as vision and memory. In addition, molecular genetics and studies of early neuronal development are unlocking the secrets of early brain development. Advancing at a rapid pace, these research programs offer great hope for understanding both normal and abnormal brain development. ... As the neurologist Richard M. Restak states so eloquently in (his book) *RECEPTORS*: 'Today, ... our understanding of the brain and central nervous system has taken a quantum leap.... In short, all things mental--both normal functions and disorders of thought and emotion--originate from some corresponding order or disorder at the molecular level'. Yet as with all revolutionary scientific changes, many people will resist this new way of thinking. Many 'leading authorities' will present arguments (such as reductionism, Cartesian dualism, and so on) for rejecting the neuroscientific approach to human behavior. ...the neuroscience revolution has created a new language which must be applied to both normal human behavior and to neurobiological disorders (NBD) such as autism and other pervasive developmental disorders, obsessive-compulsive disorder, bipolar [manic-depressive] disorder, major depressive disorder, schizophrenia, schizoaffective disorder, attention deficit hyperactivity disorder, anxiety disorders, and Tourette's disorder...the neuroscience revolution provides hope for the future for the millions of children and adults suffering from NBD. 'Employing technologies developed during receptor research, neuroscientists will approach schizophrenia and manic-depressive illnesses much as neurologists approached muscular dystrophy: at the molecular basis, discovering the gene responsible for the illness along with the protein that the defective gene coded for'...Most important and most immediate, the neuroscience revolution will forever remove the arbitrary and non-scientific stigma and prejudice that have been associated with NBD--brain diseases that have wrongly been called 'mental' illnesses--compared to other medical illnesses such as cystic fibrosis, cancer or multiple sclerosis. When viewed from a framework of molecular biology and neuroscience, NBD are physical illnesses with an underlying neurochemical and neuroanatomical etiology. **On a molecular level, NBD are not different from other physical illnesses.**"

The newsletter goes on to say "Our society already accepts that some other kinds of neurobiological--or neurological--disorders are physical illnesses, including, for example, seizure disorders, migraine headache, multiple sclerosis, Parkinson's disease, Huntington's disease, traumatic brain injury, cerebral palsy, spina bifida, Alzheimer's disease, mental retardation, learning disabilities, stroke, and so on....The purpose of NBDs (The Neurobiological Disorders Society, Inc.)

is to promote education, research, and support for human beings with NBD within the context of the new language and the new revolutionary concepts generated by the neuroscience revolution. One of the primary goals of NBDs will be to educate the public, as well as the legal, educational, social services, governmental, and health care systems, that on a neuroscientific and molecular biology level, there is no difference between NBD and other medical disorders such as heart disease, diabetes, stroke, seizure disorders, and so on. As a result of these revolutionary scientific findings, the policies of these various institutions regarding NBD must be the same as their policies for other medical illnesses."

*Editor's Note: Doctors Richard and Enid Peschel included a review of a variety of neuroscientific journals for their cited newsletter. They state that "If there is just one book you should read this year. **Receptors** by Richard M. Restak is the book."*

One of the copies will be available from the UAMI library. The Paperback edition will be available April first at \$12.95 from Bantam Books (New York).

COPING WITH...

Twelve Aspects of Coping for Persons with Schizophrenia

by Frederick J. Frese

As with the acquisition of most skills, learning to cope with a disability is a function of experience and guidance from others. The author, diagnosed with schizophrenia at age 25, is now a psychologist who works with persons hospitalized with mental illness. He has frequently delivered presentations about coping with schizophrenia during the past three years. His ideas are based on his personal experience of living with the disorder, his experience with his patients, and that which "rings true" to his thoughts on twelve aspects of learning to live with this serious mental disorder.

When people lie, sparks are set off in the brain, thus melting brain chemicals which may be the conscience and pride. I was two years old when I got my doctorate, an M.D. from Harvard. I got a Ph.D. in comparative literature and a law degree at the same time, as well as a phi beta kappa in care-giving from Sunny Acres."

The above is a paraphrased sample of speech from one of my actively psychotic schizophrenic friends. She is really a very nice person and has a lot of good ideas, but obviously something is not quite right with the way she is thinking.

I, too, am a person with schiz-

ophrenia. I am not currently psychotic but I have been in the state of psychosis frequently enough to

*I cannot tell you
how difficult it
is for a person
to accept the
fact that he
or she is
schizophrenic.*

have become somewhat familiar with the trips there and back.

After years of keeping my experiences with schizophrenia a secret, a few years ago I decided to become open about my condition. Initially I revealed my background during talks I was giving locally. Later, at the invitation of various groups of professionals, consumer/survivors and family members, I began giving talks around the country. At first I gave a talk calling for partnership between consumer/survivors, professionals and family members. The speech was fairly well received. But at the

annual convention of the South Dakota Alliance for the Mentally Ill I was asked to give two different speeches to the same audience. I decided to give the second speech on coping skills. In doing so I learned consumers and family members would far more like to hear about how to go about living with schizophrenia than about more theoretical or political aspects of caring for the mentally ill.

My first speech in South Dakota was given almost three years ago. Since then I have given the same basic talk several dozen times in about half the states. The speech has evolved considerably since it was first delivered, as audience members contributed comments that I felt were particularly valuable.

My talk addresses twelve aspects of coping with schizophrenia. I have organized it a little differently for this article, but I still keep the basic twelve aspects as the organizational framework for the presentation. What follows is the essence of the basic speech, adapted for publication.

1.) Denial, acceptance, and one's belief structure

I cannot tell you how difficult it is for a person to accept the fact that he or she is schizophrenic. Since the time when we were very young we have all been conditioned to accept that if something is crazy or insane, its worth to us is automatically dismissed. We live

Frederick J. Frese, Ph.D., is Director of Psychology at Western Reserve Psychiatric Hospital, and is the immediate past president of the National Mental Health Consumers Association.

Address correspondence to Dr. Frese at the Western Reserve Psychiatric Hospital, P.B. Box 305, Northfield, Ohio 44067.

in a world that is held together by rational connections. That which is logical or reasonable is acceptable. That which is not reasonable is not acceptable.

The nature of this disorder is that it effects the chemistry that controls your cognitive processes. It effects your belief system. It fools you into believing that what you are thinking or what you believe is true and correct, when others can usually tell that your thinking processes are not functioning well.

I had been hospitalized five times before I was willing to consider the possibility that there might be something wrong with me. We are all conditioned from birth not to accept that which is crazy or insane. That which is insane is beyond the pale of that which those in our human family will accept. We accept that which is logical, that which is rational and reasonable. That which is crazy is dismissed. Therefore it is very difficult for us to accept that what we are thinking is in fact crazy. Psychosis is a "catch 22." If you understand that you are insane then you are thinking properly and are therefore not insane. You can only be psychotic if in fact you believe that you are not. Therefore almost everyone with this disorder initially denies that they have it. Some deny it all their lives. Most of the 300 patients I have in the hospital where I work will tell you that they are not mentally ill. Denial of the disorder comes as part of the territory for most of us who have it. Some of those who have the disorder not only deny that they have it but also deny that it exists.

It is exceedingly difficult for you to admit to yourself that your mind does not function properly. It fools you. With this disorder you develop an epistemological structure that is not consonant with that of the vast majority of those in the larger, majority population.

But if one does not acknowl-

edge that they have the disorder, how can it be helped? Why would anyone want to be cured of a disorder that they do not believe they have?

I find that a good approach for persons in such denial is to point out that, even though they may not have the disorder, it is true that they have been treated by others as though they do have mental illness. They will usually agree with this thesis, especially if they have been hospitalized. Often these folks will

*It is exceedingly
difficult for you
to admit to
yourself that
your mind does
not function
properly.*

accept being referred to with a term like, "survivor." Once they have accepted the fact that others may view them as mentally ill, they then have some motivation to learn more about the disorder.

It is generally best not to try to make a "frontal assault" against denial. Try to establish a trusting relationship and gradually chip away or "defreeze" the rigid cognitive defensive structure that constitutes the denial.

2.) Knowledge of the Disorder.

In this, the Decade of the Brain, evidence continues to mount that viewed from an objective, or scientific perspective, schizophrenia is a brain-based disorder. It can be best conceptualized as an imbalance in the biochemistry of the brain's neurotransmitting systems (Gershon & Rieder, 1992; Wong et. al., 1986). Studies are published with great frequency now, further establishing the neurophysi-

ological correlates and consequences of serious mental illness. As articulated by one prominent psychiatrist, "Patients have to be taught to accept the fact that they are ill, that this is not a mystical experience but a disease—an illness that needs treatment." (Cancro, 1992).

From the viewpoint of the person with the disorder, however, the phenomenon can be very much like a mystical experience. The young psychiatrist, Carol North (1987), describes herself as being in a parallel reality or at a cosmic juncture. I (Frese, 1993a) have referred to one of my breakdowns as "cruising the cosmos." David Zelt (1981) describes himself as being "constantly in touch with the infinite and the eternal."

The nature of the disorder is that it affects the brain's thought and belief systems, it affects a person's confidence in what is truthful. Therefore, to the person who is experiencing the disorder it very much can be a mystical journey where poetic relationships and metaphorical associations dictate truth. To the person who is experiencing the disorder, these subjective experiences are very real indeed.

Therefore, while one should try to understand as much as possible about how the disorder is accompanied by biochemical irregularities, one should also understand that for the person who has the schizophrenia, it indeed can be a mystical or even a religious experience.

Often these mystical experiences can be most seductive. One has the feeling that he is having special insights and even special powers. One is no longer restricted by the rigid control of rationality. One begins engaging in what experts have called paleologic (Arieti & Brody, 1974) or parataxic thinking (Sullivan, 1953). Many consumer/survivors prefer the term, "poetic" logic.

3.) Medication, chemicals.

Persons with serious mental

illness are disabled, just like people who are blind, deaf or crippled. Like others who are disabled we can be helped by artificial support. Where the blind may have a cane or a seeing eye dog, the deaf may be helped with a hearing aid, and the crippled may be helped with a wheelchair or a crutch, we, too, can be helped by artificial means. Because our disability is one of a biochemical imbalance, it is reasonable that our "crutch" is chemical. For us, our crutch is the neuroleptic medications that we take. In order to keep our brain's biochemical processes properly balanced, we need the assistance of helpful chemicals, prescribed medications. Certainly without having such medications available, I would not be able to function as I do today. True, there are side effects of these drugs: akathisia, akinesia, dyskinesia, dystonia, etcetera, and these can be quite problematic, even disabling. But the medications are becoming better. Around the country I have met dozens of persons who have been helped by clozapine, which has only been widely available in this country for a relatively short time. The drugs Risperidone, Roxiam, and Olanzapine, which may be widely available during the next few years hold out further hope for those of us who are disabled with mental illness. Those of us who are dependent on these drugs should attempt to learn all we can about them and their side effects, both short term and long term. These medications hold such hope for us.

But just as some chemicals function to assist us, others are harmful to us. Such "street drugs" as PCP and amphetamines are much more likely to cause a recovered schizophrenic to relapse into psychosis than they are to have a similar effect on a "normal" individual. Likewise, marijuana and alcohol also increase the likelihood that persons with these vulnerabilities are going to experience mental breakdowns.

Those of us with these vulnerabilities to breakdowns in our biochemical systems need to learn as much as possible about the effects of drugs so that we can utilize and avoid them in a judicious manner.

4.) "Paleologic" or delusional thinking.

When a healthy individual

*Certainly,
without having
such medication
available, I
would not be
able to function
as I do today.*

functions in a normal manner, encountering moderate degrees of stress and pressure, his or her physiological systems operate in a healthy manner. But when stress increases and is sustained, physiological systems begin to wear and weaken. Eventually they malfunction. They break.

Different individuals react in different ways. Some people react more with blood pressure increases, others more readily react with sweaty palms. Still others react with increased gastro-motility, their stomachs "churn." Psychophysicologists refer to this as "response specificity," and point out that people tend to develop symptoms in the physiological systems in which they are most reactive (Sternbach, 1966). Blood pressure reactors develop hypertension, skin reactors develop hives, stomach reactors develop ulcers.

From this perspective it is not unreasonable to view some of us as neurotransmitter reactors. When

we are functioning in a normal manner, we are rational, but we tend to overreact to stress with our emotions and our cognitions. Ordinarily we reason as others do. Our mechanisms for processing information in a logical, rational manner are intact. We are said to use linear logic and Aristotelian reasoning. When our systems encounter pressures, our physiological/mental processes react as a defense. Our mental processes react in such a manner as to defend against the stressors. We may become more vigilant, more suspicious. Our thinking may speed up, our minds may begin to race. We may start developing new, more original ways of thinking about things. Our coping mechanisms begin to strain. At some point our minds begin to break. At first they just crack a little. They craze. Then we begin to "go crazy." We lose our ability to remain rational. Instead our minds revert to an evolutionarily earlier way of functioning.

Beneath our centers for rational processing in the brain resides the paleocortex, the limbic cortex, the reptilian brain. Here are the centers of emotions, of anger, of fear, of humor and of love. Ordinarily from this paleocortex, emotional activity affects us as when we are moved to tears by a story or to laughter by a joke. But we rapidly recover control and are guided by rationality. We remain confident that that which is reasonable or logical is true. We can believe that which strikes us as rational.

But when our rational processes break, our cognitions become dominated by the activities of the paleocortex. Our mental processes begin to become dominated by paleologic (Arieti & Brody, 1974) activity. We begin to lose our confidence in rational processing and begin to see truth in nonlinear relationships.

5.) Social deficits.

Miller and Flack (1990) pre-

sented an interesting paper recently. In observing schizophrenics in social interaction and comparing us with normals, they found that we tend not to look at the person to whom we are talking. From our perspective there is good reason for this, of course. We are more easily distracted and if we look at others while we are talking we will see their facial reactions, making it more difficult to focus on what we are saying. This naturally can be most disconcerting to the person with whom we are conversing. Normals expect signs of interaction when they are speaking with others. Since we often fail to respond in the expected manner, we throw them off.

Miller and Flack also point out that compared to normals we schizophrenics are much less likely than normals to nod in agreement or move our hands in rhythm with our partner's speech. Often when we do nod appropriately it will be later in the course of talking than is usually expected. The reason for such delaying is that we spend a longer time processing information than normals. Such delays of course tend to throw off the rhythms of a conversation. Normals find this disconcerting. They often do not realize that our failure to send and receive the expected cues during conversation are part of our disability.

Normals send other signals in conversational encounters. They use short statements at the beginning and end "How are you?" or "See you Wednesday" and longer statements in the middle. They also lower the pitch of their voice to indicate they are finished. Schizophrenics tend not to do this. We seem to have a defect in our cue signalling mechanisms. As a result we often have difficulty in knowing when we should be ending a conversation or how to do it. Miller and Flack feel we are defective in our capacity to engage in shared (conversational) activities. I would agree but I feel if we know the nature of these defects and

those with whom we come in frequent contact know about these deficits, we can better work together to overcome them.

Others (Lysaker, Bell, Milstein, Goulet, & Bryson, 1993) have reported that schizophrenic's deficits in social communication skills interfere with their functioning in vocational settings. They

Insults, hostile criticisms, and other forms of psychological assault wound me deeply...

point out that schizophrenics may perceive a joke as a threat, or otherwise misinterpret communications by coworkers and employers. Often persons with schizophrenia can perform the work as well as normals, but due to their deficits in social and communication skills they have more difficulty in the work setting often, to the point of even losing the employment.

Clearly, those of us with schizophrenia need to know more about our deficits and those who frequently interact with us need to know about our deficits in social interaction. Together we can work to better compensate for them.

6.) Replaying/rehearsing

Often when you visit a psychiatric hospital you will see patients who seem to be talking to people who are not there. In their one-sided conversations they will often become quite animated. Because they are talking to people who are not there, it is usually assumed that they must be hearing voices and talking back to them. Although

this may sometimes be the case, often something quite different is at play.

Those of us with schizophrenia are very sensitive to having our feelings hurt. Insults, hostile criticism and other forms of psychological assault wound us deeply, and we bear scars from these attacks to a much greater degree than do our normal friends. Because we have this hypersensitivity, naturally enough we try to protect ourselves and prepare ourselves from possible future attacks. By way of this, one of the things we do is replay in our minds situations where we have been hurt, trying to develop strategies of response so that if we find ourselves in similar situations again we will not be so damaged again. What we are doing in our minds is saying to ourselves, "What I should have said was..." or "I should have told that guy that I am just as good as he is." We rehearse or replay situations over and over in our minds, and we often find ourselves speaking in an audible fashion when we are doing this. We have a definite compulsion to engage in this sort of behavior.

Many years ago my wife became so bothered by my tendency to do this, that we worked out an agreement that I would try to engage in this behavior only when I was in the shower in the morning and while I was mowing the lawn. The lawn mower motor tended to drown out the sound of my mumbling.

Persons with schizophrenia need to know that we have this tendency to talk to ourselves and that this behavior tends to upset normals. I recommend that whenever we have a need to do this that we do the same thing that we do when we have other physiologically based needs to function in a manner not welcome in polite social circumstances. We should excuse ourselves, withdraw to a restroom, or other area where we can be in private and rehearse/replay until we get the

urge to do so out of our system.

Despite this advice, I frequently find myself in social situations where I am talking to myself, usually in a soft tone. It is at times like these that I am most gratified that others know that I am disabled with schizophrenia. Because of this I think others expect me to be a little different. So when they see me talking to myself they do not seem to be quite so perplexed.

7.) *Expressed emotion (EE)* .

The EE concept was developed by George Brown and his associates in the Institute of Psychiatry in London in the 1950's (Brown, Carstairs, & Topping, 1958). Brown's studies focused on the relation between family variables and the likelihood of relapse on the part of persons with schizophrenia who had recently been released from the hospital. Those investigators found that patients who went to live with family members who were highly emotionally involved were much more likely to relapse than those patients who went to families who were less "hostile," or who exhibited less "expressed emotion." Furthermore, the relationship between emotional involvement and relapse was not related to the severity of symptoms at the time of discharge.

High EE was defined as involving three factors. These are from the Camberwell Family Interview (Brown & Rutter, 1966):

- 1.) Statements of resentment, disapproval, or dislike, and any comments expressed with critical intonation that is, a critical tone, pitch, rhythm, or intensity in their voice.
- 2.) Hostile remarks indicating personal criticism.
- 3.) Emotional overinvolvement, constant worrying about minor matters, overprotective attitudes, intrusive behavior.

Additionally, warmth, expressed in terms of positive comments and voice tone, appear to be

added protection for persons discharged to low-EE environments and dissatisfaction, even when not expressed in a critical or hostile manner, appeared to increase relapse risk in high-EE households.

It is my experience that those of us with schizophrenia are indeed very sensitive to hostile criticism and other forms of expressed emotion. But it is not only in the fami-

*Persons with
schizophrenia
should realize
that they can
become over-
stimulated by
exciting circum-
stances as well as
by stressful
circumstances.*

ly context. Whenever persons with schizophrenia encounter criticism, insults, or other forms of psychological oppression, we tend to be damaged in a manner that increases the likelihood of our relapsing into psychosis. This vulnerability tends to be part of the disorder. Those who have this disorder need to know that they are vulnerable in this manner. Other persons who come into frequent contact with the mentally ill also need to know that we are particularly sensitive in this regard.

As with those in the AA organization, those of us with schizophrenia need to avoid the persons, places, and things where we are likely to encounter expressed emotion. But of course, we will not always be able to avoid such circumstances. For those times when we are going to encounter hostile

criticism, etc., I recommend that we be prepared to protect ourselves by developing a mechanism for communicating to others something about the nature of our disability. Some years ago I developed a card which I carry in my wallet. When I find myself being faced with unfair criticism I will present the person doing the criticizing with my card, which has these words written on it:

"Excuse me. I need to tell you that I am a person suffering from a mental disorder. When I am berated, belittled, insulted, or otherwise treated in an oppressive manner I tend to become emotionally ill. Could I ask that you restate your concern in a manner that does not tend to disable me? Thank you for your consideration."

While I don't use this card frequently, I do find it gives me assurance to have it with me.

8.) *Stress and excitement.*

Not long ago three former patients at our hospital were the focus of a local TV news program on mental illness. All three performed very well for the program but unfortunately within three weeks each of them had relapsed and were back in the hospital. My own breakdowns frequently occur while I am attending conferences or shortly thereafter. I often find that visits to a shopping mall where there is much stimulation causes me too much stress.

Persons with schizophrenia should realize that they can become overstimulated by exciting circumstances as well as by stressful circumstances. We need to develop techniques to limit the effects that overstimulation may have on our systems. I find that when I begin to become overstimulated it is often helpful to politely excuse myself and withdraw from the situation. If I am at a conference I can withdraw to my room or if I am at a mall I can withdraw to a less stimulating environment.

I find that if I know ahead of time that I am going to be in a

stressful or exciting situation for an extended period of time it is helpful to increase the dosage of my medication prior to involving myself in such events.

At meetings where there are often sharp exchanges between the participants, I find that it is helpful to withdraw from the circle of participants and sit at a distance from the verbal exchanges. It is less taxing to be out of the line of verbal fire that often occurs during meetings where important issues are being discussed.

9.) *Music and hobbies/woodshedding*

Because the nature of our disorder is such that our ability to sustain our rational processes is damaged, it is often helpful if we engage in activities that do not tax our logical abilities. Music, art, and poetic type endeavors are often easier for us to handle. For this reason I encourage persons disabled with schizophrenia to engage in these forms of expressions as a way of communicating.

As Tim Woodman (1987) relates in describing his disorder: "What really helped was art therapy. I got a lot of satisfaction out of painting, and it seemed to me to go some way toward answering my unspoken desire for personal harmony" (p. 330).

In my own case I find that dancing for extended periods of time can be very therapeutic. There is something about being able to express yourself in a non-rational manner that helps release pressures that have built up from stresses that have been encountered. Often these musical or artistic expressions come forth in a manner that is not readily appreciated by others. Nevertheless, the fact that we are expressing ourselves can be most therapeutic. A term that has been adopted for such activity is "woodshedding." (J. S. Strauss, personal communication, December 17, 1990.) This term is taken from jazz, where a musician will go out away from

others to a woodshed and experiment with various sounds until the sounds begin to form patterns that can be appreciated by others. For those of us with schizophrenia, engaging in woodshedding activities, whether they be in art, music, or poetry, can be a viable method for building a bridge back to the

*To help counter
the negative
images, it is of
course helpful
to have positive
images of the
mentally ill to
put forth.*

world of normality.

Not long ago a patient of mine who engages frequently in writing poetry wrote a poem that I feel carried a particularly insightful message to mental health workers. She wrote:

"Be my teacher
Not a preacher,
And as I learn,
Give me a turn."

10.) *Stigma/discrimination.*

Traditionally those of us who were struck with mental illness were ejected from society and placed in isolated asylums. The words "crazy," "insane," and "nuts" have come to mean those things that can be immediately dismissed as unimportant by the members of the normal population. Until about thirty years ago those of us who were determined to be insane were removed and not expected to return to society. When we did start returning we were not generally welcomed. As I pointed out in a recent article (Frese, 1993b), the movies have a

tradition of portraying the mentally ill as monsters. The news media also primarily addresses mental illness when one of us has killed or has committed some other form of bizarre crime.

While normals can speak openly and even casually about cancer or heart disease, the topic of schizophrenia elicits primarily emotional reactions like fear or derisive humor. Normals are not comfortable with the thought of a seriously mentally ill person living in their neighborhood, being in school with them, or being in their workplace. We still frighten them. They do not know what to expect from us.

Recently the National Mental Health Consumer's Association adopted a six-part national agenda. One of that organization's six designated issues is discrimination, for which the following is stated, "Discrimination, abuse, ostracism, stigmatization and other forms of social prejudice must be identified and vigorously opposed at every opportunity." Likewise there has been established a National Stigma Clearinghouse (260 Washington Ave., Albany, NY 12210) which monitors and challenges media stereotypes of the mentally ill.

For those of us who have returned and have found that we are not as welcome as we would like to be, we have a challenge. We must work together to change the image we have with those in what I sometimes refer to as the "the chronically normal community." As more and more of us are becoming open about the nature of our disability, we have an obligation to share with others as much as we can about mental illness so that there is less fear and greater understanding and acceptance. To help counter the negative images, it is of course helpful to have positive images of the mentally ill to put forth. Mike Jaffe (1993) and his family have done us all an outstanding service by producing and widely distributing posters highlighting "people with mental illness (who) enrich our lives." They

point out that such persons as Robert Schumann, the composer, Vaslov Nijinski, the dancer, Eugene O'Neill, the playwright and many other accomplished individuals, suffered from serious mental illness.

Of course I cannot leave the topic of discrimination without mentioning the Americans with Disabilities Act (ADA). This recent legislation is seen as a significant step forward for us in the area of employment opportunities, building on legislation that has been exilving during the past two decades.

Numerous consumer/survivor activists have stated that the stigma that accompanies serious mental illness in many ways is worse than the illness itself.

11.) *Revealing/covering.*

Since deciding to become open, and even public, about my condition, I have received quite a bit of media coverage. One consequence of this is that recovered mentally ill persons, including many professionals, who have not been open about their condition, contact me and ask if it is wise to share such information with others, particularly their employers. Some time ago I developed a strategy for approaching others such as employers.

The consumer/employee takes an article about myself or another recovered person and shows it to the boss. If the boss's reaction is positive, saying something like, "That person must be very brave and is probably making a real contribution," then you know it may be safe to share with him or her about your own background.

If, on the other hand, the boss's reaction is more along the lines of, "I'm sure glad we don't have a 'nut case' like that working here," then you might want to be a little more cautious. Interestingly enough, those who have tried this strategy in mental health settings have received both types of reaction. Those who receive a positive

reaction generally follow up and reveal that they, too, are recovered persons. Usually this is a therapeutic relief for them. It is very difficult to carry a "shameful" secret with you. When we consumers meet at conventions and elsewhere I often hear statements like, "I am so tired of hiding," from those who are not open to others about their condition.

However, as a practical matter, many persons probably should not be too open about their past. The ADA affords some protection and even advantage to officially stating that you have a disability but there is still much discrimination.

If you decide not to reveal to others, how do you cover for the time you were in the hospital? If you are unemployed how do you answer when asked what you do for a living? Many consumers find these very difficult questions to handle.

I advise that you respond by saying you are a writer, an artist, a (mental health) consultant, or perhaps that you "free lance," depending on how you have been spending your time. None of these responses are lies, per se, but they leave considerable latitude for interpretation and they do not require that you have a specific employer or work location.

Whether you decide to reveal or not is a serious personal decision. If you are older, established in a career, particularly in the mental health field, it is probably safer to become open about your condition. Obviously, the closer you are to retirement age the better. But if you are younger, just starting out, you might want to be very careful about becoming too open about being a person with serious mental illness. One important thing to remember is that once you tell others about yourself, you cannot untell them. Once you become open, there will be insults, subtle and otherwise. If you decide to reveal, be prepared to do a lot of educating of our "chronically normal" friends.

12.) *Networking/consumer groups/self-help*

Whenever I was released after being hospitalized, I always knew that there were others who were like me, those who had received psychiatric inpatient treatment and were now in the community. But I had no way of knowing who these people were. Everything was clouded in secrecy. There was no practical way for one to meet others who had similar experiences. As a result, being a recovering mentally ill person was a very lonely experience. As I did, too many discharged persons spend too much time alone in a room watching television or just looking at walls.

Fortunately this situation is changing. Fourteen years ago the National Alliance for the Mentally Ill (NAMI) was founded and regular meetings of family members now occur in virtually all of the states and larger cities in the country and in many smaller ones. Many of these groups encourage involvement of recovering persons themselves as well as family members. Indeed, NAMI has a national network of recovered persons called the Consumer Council. Recently members of this network have been gaining more influence within NAMI and as of this writing they occupy three positions on the NAMI Board of Directors.

In addition to the consumers active with the NAMI organization there are two independent national consumer organizations which are active in networking and advocating for recovered persons. The National Association of Psychiatric Survivors (NAPS) is active in advocating for the rights of consumers, but takes a position in opposition to any form of forced treatment, a stance that some recovered persons are not comfortable with. NAPS can be reached at, P.O. Box 618, Sioux Falls, SD 57101.

The third nationally active organization for recovered persons which is regularly recognized in discussions of public policy involving the mentally ill is the National

Mental Health Consumers' Association (NMHCA). This organization is also independent and it has traditionally taken no formal position concerning the forced treatment issue. The NMHCA organization is headquartered at 4401-A Connecticut Ave. NW, Suite 308, Washington D. C. 20008.

All three organizations have meetings, elect officers, and produce periodic newsletters. Depending on one's degree of comfort with the family movement and feelings about the forced treatment issue, one or more of these groups could be of interest to recovered persons wanting to become more active in advocating for bettering conditions for persons with mental illness.

In addition to these national groups most cities and states have consumer organizations with which one can affiliate. It has been my experience that recovering persons benefit greatly from associating with others with similar disabilities.

In some areas consumers have taken the initiative to establish facilities for recovering persons that are operated by themselves. They may or may not work in concert with traditional mental health providers, but control of these operations remains in the hands of recovered persons themselves. These are usually referred to as self-help efforts and are generally found to be cost effective and much appreciated by the consumers who are involved with them. Indeed, recently when the Board of Directors of the NMHCA organization was asked to identify their highest priority as to restructuring the delivery of mental health care in this country, the NMHCA Board members unanimously identified self-help as their major issue. With this kind of enthusiastic support, it is likely that self-help consumer-run drop-in centers, social clubs, and crisis facilities will become more widely available. ■

REFERENCES

- Arieti S., & Brody, E. (1974). *American handbook of psychiatry*, (Vol. 3) (2nd ed.). New York: Harper and Row.
- Brown, G. W., Carstairs, G. M., & Topping, G. G. (1958). Post-hospital adjustment of chronic mental patients. *Lancet*, 2, 685-689.
- Brown, G. W., & Rutter, M. (1966). The measurement of family activities and relationships: A methodological study. *Human Relations*, 19, 241-263.
- Cancro, R. (1992). Researchers see a time of hope for schizophrenia breakthrough. *OMH News*, 3, 3-6.
- Frese, F. J. (1993a). Cruising the cosmos, part three: Psychosis and hospitalization. A consumer's personal recollection. In A. B. Hatfield & H. P. Lesley (Eds.), *Surviving mental illness*. New York: Guilford Press.
- Frese, F. J. (1993b). The movies and the mentally ill. *The Journal of the California Alliance for the Mentally Ill*, 4, 8-10.
- Gershon, E. S., & Rieder, R. O. (1992, September). Major disorders of mind and brain. *Scientific American*, 267, 126-133.
- Jaffe, M. (1993). Posters posters. *The Journal of the California Alliance for the Mentally Ill*, 4, 61-62.
- Lysaker, P. L., Bell, M. D., Milstein, R. M., Goulet, J. G. & Bryson, G. J. (1993). Work capacity in schizophrenia. *Hospital and Community Psychiatry*, 48, 278-280.
- Miller, D. R. & Flack, W. F. (1990). A socio-psychological approach to understanding schizophrenia. Paper presented at the annual convention of the American Psychological Association, Boston, MA.
- North, C. S. (1987). *Welcome silence: My triumph over schizophrenia*. New York: Simon and Schuster.
- Sternbach, R. A. (1966). *Principles of Psychophysiology*. New York: Academic Press.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York: Norton.
- Woodman, T. (1987). First person account: A pessimist's progress. *Schizophrenia Bulletin*, 13, 329-331.
- Wong, D. F., Wagner, H. N., Tune, L. E., Dannals, R. F., Pearlson, G. D., Links, J. M., Tamminga, C. A., Brousselle, E. P., Ravert, H. T., Wilson, A. A., Toung, J. K. T., Malat, J., Williams, J. A., O'Tuana, L. A., Snyder, S. H., Kuhar, M. J., & Gjedde, A. (1986). Positron emission tomography reveals elevated D-2 dopamine receptors in drug-naive schizophrenics. *Science*, 234, 1558-1563.
- Zelt, D. (1981). First person account: The messiah quest. *Schizophrenia Bulletin*, 7, 527-531.