

ANNOTATED MINUTES

Tuesday, January 8, 2002 - 7:30 to 9:00 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

LOCAL PUBLIC SAFETY COORDINATING COUNCIL EXECUTIVE COMMITTEE MEETING

A quorum of the Multnomah County Board of Commissioners will be attending the Local Public Safety Coordinating Council Executive Committee meeting. This meeting is open to the public. Agenda topics include discussion of Public Safety Levies. For further information, contact Steven Seal at (503) 988-5522.

Thursday, January 10, 2002 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

Chair Diane Linn convened the meeting at 9:35 a.m., with Commissioners Lisa Naito, Serena Cruz, Lonnie Roberts and Maria Rojo de Steffey present.

REGULAR AGENDA **NON-DEPARTMENTAL**

- R-1 Appointment of Commissioner District 4 Lonnie Roberts as Multnomah County Vice-Chair for the 2002 Calendar Year Pursuant to Section 3.60 of the Home Rule Charter of Multnomah County

**COMMISSIONER ROJO MOVED AND
COMMISSIONER NAITO SECONDED, APPROVAL
OF R-1. CHAIR LINN EXPLANATION.
APPOINTMENT OF COMMISSIONER LONNIE
ROBERTS AS VICE CHAIR FOR 2002
UNANIMOUSLY APPROVED.**

CONSENT CALENDAR

***UPON MOTION OF COMMISSIONER NAITO,
SECONDED BY COMMISSIONER CRUZ, THE
CONSENT CALENDAR (ITEMS C-1 THROUGH C-
14) WAS UNANIMOUSLY APPROVED.***

NON-DEPARTMENTAL

- C-1 Appointment of Lance Erz and Jim Davis to the CITIZEN INVOLVEMENT COMMITTEE
- C-2 Reappointment of Regina Hauser to the MERIT SYSTEM CIVIL SERVICE COUNCIL
- C-3 Budget Modification DCFS 02-06 Requesting \$26,000 from General Fund Contingency to Implement Certain Services for Sexual Minority Youth in Multnomah County (Clarification of the Board's Intent at its December 20, 2001 Meeting)

PUBLIC CONTRACT REVIEW BOARD

- C-4 ORDER Exempting from the Formal Competitive Bid Process an Extension of the Contract with Doty & Associates for Library Signage Until June 30, 2003

ORDER 02-001.

- C-5 ORDER Exempting from the Formal Competitive Bid Process an Extension of the Contract with National Library Relocation Services until June 30, 2003

ORDER 02-002.

- C-6 ORDER Approving the Extension of the Exemption for Spacesaver Specialist to Provide Library Shelving Until June 30, 2003

ORDER 02-003.

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- C-7 ORDER Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

ORDER 02-004.

- C-8 Intergovernmental Agreement 4600002786 with the City of Portland, North Portland Neighborhood Office, Serving as Fiscal Agent for the Latino Network, Providing \$30,000 to Fund a Community Development Coordinator Position for the Latino Network, for the Period July 1, 2001 through June 30, 2002

DEPARTMENT OF COMMUNITY JUSTICE

- C-9 Budget Modification DCJ 02-03 Adding \$150,000 Byrne Grant Revenue to the Department of Community Justice to Fund the Hope, Education, Resources, Options for Children Who Witness Domestic Violence (H.E.R.O. for Kids) Program
- C-10 Budget Modification DCJ 02-04 Adding \$131,702 Byrne Grant Revenue to the Department of Community Justice to Support the Multnomah County Multisystemic Therapy Treatment Foster Care Program
- C-11 Budget Modification DCJ 02-05 Adding \$79,311 Oregon Judicial Department Grant Revenue to the Department of Community Justice to Support the OJD's Federal "Randomized Sanctions to Reduce Drunk Driving Recidivism" Program

DEPARTMENT OF MANAGEMENT AND BUSINESS SERVICES

- C-12 RESOLUTION Authorizing Private Sale of Certain Tax Foreclosed Property to Donald E. Heffron, Including Direction to Tax Title for Publication of Notice Pursuant to ORS 275.225

RESOLUTION 02-005.

SHERIFF'S OFFICE

- C-13 Budget Modification MCSO 02-06 Appropriating \$74,900 of Revenue from the Oregon Department of Transportation DISP Grant to Continue Funding for the Driving Under the Influence Intensive Supervision Program
- C-14 Budget Modification MCSO 02-07 Appropriating \$79,988 of Revenue from Tri-County Metropolitan Transportation District of Oregon for One Additional Deputy to Serve in the Tri-Met Transit Police Division, Operated and Administered by the Portland Police Bureau

REGULAR AGENDA
PUBLIC COMMENT

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

DAVE KUNKEL SUBMITTED COPIES OF LETTERS FROM SAUVIE ISLAND FARMERS AND COMMENTED REGARDING THE PROBLEMS WITH THE SAUVIE ISLAND BRIDGE. COMMISSIONERS NAITO, ROJO, ROBERTS AND LINN ADVISED THEY SHARE ISLANDERS' CONCERNS AND ARE COMMITTED TO FINDING SHORT AND LONG TERM SOLUTIONS AS QUICKLY AS POSSIBLE. LARRY GOHL PRESENTED A PARABAL ENTITLED "THE TEACHER" REGARDING CANINE EUTHANISIA. JOY GOHL ASKED FOR AN APPOINTMENT TO SPEAK WITH CHAIR LINN DIRECTLY REGARDING ANIMAL CONTROL ISSUES.

DISTRICT ATTORNEY'S OFFICE

R-2 Approval of Participation in the Federal Equitable Sharing Agreement Providing an Equitable Share of Federally Forfeited Cash, Property, Proceeds, and Any Interest Earned Thereon in Federal Forfeiture Cases When the District Attorney has Contributed to the Underlying Investigation

COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF R-2. ERIN OLSON EXPLANATION. AGREEMENT UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

R-3 RESOLUTION Approving the January 2002 Coordinated Plan for Children, Families and Community for Multnomah County, Oregon

COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF R-3. KATHY TURNER AND MEGANNE STEELE EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND COMMENTS IN

SUPPORT. MS. TURNER COMMENTS IN APPRECIATION OF THE CONTRIBUTIONS OF SHELLEY KOWALSKI AND CHRIS TEBBEN. RESOLUTION 02-006 UNANIMOUSLY ADOPTED.

DEPARTMENT OF MANAGEMENT AND BUSINESS SERVICES

- R-4 Sublease Agreement with the National College of Naturopathic Medicine for Office Space, Storage Space, Shared Use of Exam Rooms, Reception Area and Other Common Areas at the Rockwood Neighborhood Health Access Clinic, 800 SE 181st Avenue, Portland

COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF R-4. JENNIFER DE GREGORIO EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND COMMENTS IN SUPPORT. AGREEMENT UNANIMOUSLY APPROVED.

- R-5 RESOLUTION Adopting Policy Direction to Support Employee Commute Options and Parking Strategies

COMMISSIONER CRUZ MOVED AND COMMISSIONER ROJO SECONDED, APPROVAL OF R-5. COMMISSIONER CRUZ EXPLANATION AND ACKNOWLEDGEMENT IN APPRECIATION OF TEAM EFFORTS. AMY JOSLIN INTRODUCED INDIGO TEIWES-CAIN OF PROGRESSIVE INVESTMENT AND SUSAN CHRISTENSEN OF THE DEPARTMENT OF ENVIRONMENTAL QUALITY. MS. JOSLIN POWERPOINT PRESENTATION, EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. COMMISSIONER NAITO ADVISED HER STAFF ASSISTANT OPPOSED CERTAIN RECOMMENDATIONS AND FELT STAFF REPORT DID NOT ACCURATELY REFLECT TEAM CONSENSUS. COMMISSIONERS ROBERTS, LINN, NAITO AND CRUZ COMMENTS IN APPRECIATION OF TEAM EFFORTS. RESOLUTION 02-007 UNANIMOUSLY ADOPTED.

There being no further business, the regular meeting was adjourned at 11:00 a.m. and the briefing was convened at 11:08 a.m.

Thursday, January 10, 2002 - 10:20 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

B-1 Legislative Briefing, Discussion and Update on Governor's Budget Rebalance Proposal. Presented by Gina Mattioda and Stephanie Soden.

***GINA MATTIODA AND STEPHANIE SODEN
PRESENTATION AND RESPONSE TO BOARD
QUESTIONS AND DISCUSSION.***

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

BOARD CLERK FOR MULTNOMAH COUNTY, OREGON

Deborah L. Bogstad



Multnomah County Oregon

Board of Commissioners & Agenda

connecting citizens with information and services

BOARD OF COMMISSIONERS

Diane Linn, Chair

501 SE Hawthorne Boulevard, Suite 600
Portland, Or 97214

Phone: (503) 988-3308 FAX (503) 988-3093

Email: mult.chair@co.multnomah.or.us

Maria Rojo de Steffey,

Commission Dist. 1

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Portland, Or 97214

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Email: district1.@co.multnomah.or.us

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Lisa Naito, Commission Dist. 3

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Email: lisa.h.naito@co.multnomah.or.us

Lonnie Roberts, Commission Dist. 4

501 SE Hawthorne Boulevard, Suite 600
Portland, Or 97214

Phone: (503) 988-5213 FAX (503) 988-5262

Email: lonnie.j.roberts@co.multnomah.or.us

ANY QUESTIONS? CALL BOARD CLERK DEB BOGSTAD @

(503) 988-3277; Email:

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

Americans with Disabilities Act Notice: If you need this agenda in an alternate format, or wish to participate in a Board Meeting, please call the Board Clerk (503) 988-3277, or Multnomah County TDD Phone (503) 988-5040, for information on available services and accessibility.

JANUARY 10, 2002

BOARD MEETING

FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	7:30 a.m. Tuesday LPSCC Executive Board
Pg 2	9:30 a.m. Thursday Appointment of Vice-Chair for 2002 Calendar Year
Pg 2	9:30 a.m. Thursday Opportunity for Public Comment on Non-Agenda Matters
Pg 3	9:35 a.m. Thursday Resolution Approving the January 2002 Coordinated Plan for Children, Families and Community
Pg 3	9:55 a.m. Thursday Resolution Adopting Policy Direction to Support Employee Commute Options and Parking Strategies
Pg 3	10:20 a.m. Thursday Legislative Briefing
***	Board and Agenda Web Site: http://www.co.multnomah.or.us/cc/index.html

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

Thursday, 9:30 AM, (LIVE) Channel 30

Friday, 11:00 PM, Channel 30

Saturday, 10:00 AM, Channel 30

(Saturday Playback for East County Only)

Sunday, 11:00 AM, Channel 30

Produced through Multnomah Community Television

(503) 491-7636, ext. 333 for further info

or: <http://www.mctv.org>

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DISTRICT ATTORNEY'S OFFICE - 9:30 AM

- R-2 Approval of Participation in the Federal Equitable Sharing Agreement Providing an Equitable Share of Federally Forfeited Cash, Property, Proceeds, and Any Interest Earned Thereon in Federal Forfeiture Cases When the District Attorney has Contributed to the Underlying Investigation

NON-DEPARTMENTAL - 9:35 AM

- R-3 RESOLUTION Approving the January 2002 Coordinated Plan for Children, Families and Community for Multnomah County, Oregon

DEPARTMENT OF MANAGEMENT AND BUSINESS SERVICES - 9:50 AM

- R-4 Sublease Agreement with the National College of Naturopathic Medicine for Office Space, Storage Space, Shared Use of Exam Rooms, Reception Area and Other Common Areas at the Rockwood Neighborhood Health Access Clinic, 800 SE 181st Avenue, Portland
- R-5 RESOLUTION Adopting Policy Direction to Support Employee Commute Options and Parking Strategies

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BOARD BRIEFING

- B-1 Legislative Briefing, Discussion and Update on Governor's Budget Rebalance Proposal. Presented by Gina Mattioda and Stephanie Soden. 30-45 MINUTES REQUESTED.

Agenda



PUBLIC SAFETY
COORDINATING
COUNCIL OF
MULTNOMAH
COUNTY

Local Public Safety Coordinating Council Executive Board Meeting
Chair, Commissioner Lisa Naito

January 8, 2002
7:30 to 9:00 a.m.

Multnomah Building
501 SE Hawthorne
Multnomah County Commissioners' Board Room 1st Floor

Agenda

- I. Introductions and Announcements
- II. Review of Agenda and Minutes
- III. Discussion of Public Safety Levies
 - A. Financial Context and Summary of Other Potential Levies
 - B. City/County Public Safety Levies
 - 1. Multnomah County
 - a. Sheriff's Office
 - b. Department of Community Justice
 - 2. City of Portland
 - a. Portland Police Bureau
- IV. Next Meeting and Agenda

For More Information and Americans with Disabilities Act Notice:

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**Serving
Public
Safety
Agencies in
Multnomah
County**

MEETING DATE: January 10, 2002
AGENDA NO: R-1
ESTIMATED START TIME: 9:30 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's use only)

AGENDA PLACEMENT FORM

SUBJECT: Appointing Vice-Chair for 2002 Calendar Year

BOARD BRIEFING:

DATE REQUESTED: _____

REQUESTED BY: _____

AMOUNT OF TIME NEEDED: _____

REGULAR MEETING:

DATE REQUESTED: Thursday, January 10, 2002

AMOUNT OF TIME NEEDED: 1 minute

DEPARTMENT: Non-Departmental

DIVISION: Chair's Office

CONTACT: Deb Bogstad

TELEPHONE #: (503) 988-3277

BLDG/ROOM #: 503/600

PERSON(S) MAKING PRESENTATION: Chair Diane Linn

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

Appointment of Commissioner District 4 Lonnie Roberts as Multnomah County Vice-Chair for the 2002 Calendar Year Pursuant to Section 3.60 of the Home Rule Charter of Multnomah County

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

Diane M. Linn

(OR)

DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us

MEETING DATE: January 10, 2002
AGENDA NO: C-1
ESTIMATED START TIME: 9:30 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Appointment to Citizen Involvement Committee

BOARD BRIEFING: DATE REQUESTED: _____
 REQUESTED BY: _____
 AMOUNT OF TIME NEEDED: _____

REGULAR MEETING: DATE REQUESTED: January 10, 2002
 AMOUNT OF TIME NEEDED: Consent Calendar

DEPARTMENT: Non-Departmental DIVISION: Chair's Office
CONTACT: Delma Farrell TELEPHONE #: (503) 988-3953
 BLDG/ROOM #: 503/600

PERSON(S) MAKING PRESENTATION: N/A

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

Appointment of Lance Erz and Jim Davis to the Citizen Involvement Committee

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Diane M. Linn
(OR)

DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us

MEETING DATE: January 10, 2002
AGENDA NO: C-2
ESTIMATED START TIME: 9:30 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Reappointment to Merit System Civil Service Council

BOARD BRIEFING: DATE REQUESTED: _____
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: _____

REGULAR MEETING: DATE REQUESTED: January 10, 2002
AMOUNT OF TIME NEEDED: Consent Calendar

DEPARTMENT: Non-Departmental DIVISION: Chair's Office
CONTACT: Delma Farrell TELEPHONE #: (503) 988-3953
BLDG/ROOM #: 503/600/Chair

PERSON(S) MAKING PRESENTATION: N/A

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

Reappointment of Regina Hauser to the Merit System Civil Service Council

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Diane M. Linn
(OR)

DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR:

12/20/2001

(Date)

DEPARTMENT: Non -DepartmentalDIVISION: Commission District #1CONTACT: David Martinez, District #1PHONE: 503.988.6796

* NAME(S) OF PERSON MAKING PRESENTATION TO BOARD:

Commissioner Maria Rojo de Steffey, Kathy Turner, Executive Director, Commission on Children Families and Community, and invited guests.SUGGESTED AGENDA TITLE (To assist in preparing a description for the printed agenda)

Request for \$26,000 from the General Fund contingency to implement certain services for sexual minority youth in Multnomah County.

2. DESCRIPTION OF MODIFICATION: [Explain the changes being made: What budget does it increase / decrease? What do the changes accomplish? Where does the money come from?]

[] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

During the passage of the FY 02 budget, the Board of County Commissioners reserved \$50,000 in contingency funds to support sexual minority youth, to be released when a best use could be determined. The Advocacy Team for Sexual Minority Youth, with leadership and support from Commissioner Rojo de Steffey, has developed specific recommendations, consistent with the BCC approved Strategic Plan for Sexual Minority Youth, which included an immediate release of \$8,000 for prioritized urgent use; and a commitment to return to the BCC later in FY 2002 with prioritized recommendations for the remaining \$42,000. This Bud Mod allocates \$26,000 of the remaining contingency funds to the Sexual Minority Youth Recreation Center and toward the development of a program for sexual minority youth of color.

3. REVENUE IMPACT: [Explain revenues being changed and reason for the change]

Transfers \$26,000 from the General Fund contingency to the Department of Community & Family Services for programs for sexual minority youth.

TOTAL \$26,000

4. CONTINGENCY STATUS [To Be Completed by Budget]

_____ Fund Contingency BEFORE THIS MODIFICATION AS OF _____
 (Specify Fund)

AFTER THIS MODIFICATION: _____

Originated By:

Date:

Elected Official

Date:

9/4/2001

Maria Rojo de Steffey

1-3-02

Plan / Budget Analyst:

Date:

Employee Services:

Date:

Julie Neburka

1-3-2

Board Approval:

Date:

N. BORCH (Bozstad)

01-10-02

Budget Modification:

DCFS 02-06

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Line No.	Fund Center	Fund Code	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
			Internal Order	Cost Center	WBS Element						
1	20-30	76010			CPP2YTHIN.CGF	60170	0	26,000	26,000		Prof Svcs per ATSMY Action Plan
2	20-30	76010			CPP2YTHIN.CGF	60350	0	4,129	4,129		Indirect on above
3	19	1000		9500001000		60470	0	(26,000)	(26,000)		Reduce GF contingency
4	19	1000		9500001000		50310	0	(4,129)	(4,129)		Add indirect revenue to GF
5	20-00	1000	1			60560	0	30,129	30,129		Cash Transfer Expenditure in CGF
6	20-30	76010			CPP2YTHIN.CGF	50320	0	(30,129)	(30,129)		Transf Gen Fund to CFS
7								0			
8								0			
9								0			
10								0			
11								0			
12								0			
14								0			
15								0			
16								0			
17								0			
18								0			
19								0			
20								0			
21								0			
22								0			
23								0			
24								0			
25								0			
26								0			
								0	0		Total - Page 1
								0	0		GRAND TOTAL

Changed from \$32,129 to \$30,129

MEMORANDUM

TO: Multnomah County Board of Commissioners

FROM: Jim McConnell, Interim Director
Department of Community and Family Services

SUBJECT: Advocacy Team for Sexual Minority Youth Recommendations &
Budget Modification CFS# 02-06

DATE: December 20, 2001

- I. **Recommendation/Action Requested:** At the request of Commissioner Rojo de Steffey, the Commission on Children, Families, and Community (CCFC) and the Department of Community and Family Services (DCFS) recommends approval of Budget Modification CFS #02-06. Modification authorizes \$33,500 from the General Fund Contingency budget for implementation of the most recent recommendations from the Advocacy Team for Sexual Minority Youth. Funding is referenced in FY 02 Budget Notes as "Sexual Minority Youth Services". Request is for one-time-only funding.
- II. **Background/Analysis:** During 1999 and 2000 a team of diverse volunteer citizens (Advocacy Team for Sexual Minority Youth) was brought together by County Commissioner Sharron Kelley and the CCFC to plan and advocate for sexual minority youth.

In FY 01 CCFC provided some emergency funds to stabilize urgent needs with the system, and to make capital improvements to the Sexual Minority Youth Recreation Center (SMYRC), making it safer, cleaner, larger and more welcoming.

In September 2001, the Board of County Commissioners approved a budget modification investing \$8,000 of the designated General Fund contingency to be allocated to the Sexual Minority Youth Recreation Center (SMYRC) and appointed the Sexual Minority Youth Advocacy Team through appointment by Chair Linn.

In the FY 01-02 budget, most of the funding allocated to sexual minority youth services was cut. Advocacy Team members appealed to the Board to restore at least \$50,000 of the funds that had been cut, and to target those funds to the interests of sexual minority youth. Through a budget note, the Board reserved \$50,000 for sexual minority youth.

Recommendations call for:

- \$18,000 to SMYRC for general operating expenses;
- \$8,000 to support services for sexual minority youth of color; and,
- \$7,500 for development of outcomes, performance measures, organizational capacity assessment, and system assessment completion per the Strategic Plan adopted by the Board on December 21, 2000.

III. **Financial Impact:** Budget Modification CFS #02-06 reduces the General Fund Contingency by \$33,500.

IV. **Legal Issues:** None

V. **Controversial Issues:** Funds are one-time-only, but are allocated to support on-going infrastructure services. Expectations for continued funded will be created by this action which may become an issue in the coming FY 02-03 budget process.

VI. **Link to Current County Policies:** Request and funded services align with following County Urgent Benchmarks:

- School Success;
- Reduce Juvenile Crime; and,

Resolution #00-203, *Strategic Plan for Sexual Minority Youth* and the December 20, 2001 Advocacy Team presentation to the Board.

VII. **Citizen Participation:** The Advocacy Team for Sexual Minority Youth, an appointed Team of volunteer citizens developed these recommendations. Other citizen groups, notably youth groups, have contributed to this work through the Sexual Minority Youth study survey, through attendance at Advocacy Team meetings and relaying information through Advocacy Team members.

VIII. **Other Government Participation:** Individuals representing the Oregon Health Division, Multnomah County school districts and other jurisdictions either have been involved, or have indicated an interest in being involved.



MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS
DIANE LINN
MARIA ROJO DE STEFFEY
SERENA CRUZ
LISA NAITO
LONNIE ROBERTS

BUDGET & QUALITY
MULTNOMAH BUILDING
501 SE HAWTHORNE BLVD, 4TH FLOOR
P. O. BOX 14700
PORTLAND, OR 97214
PHONE (503) 988-3883

SUPPLEMENTAL STAFF REPORT

TO: Board of County Commissioners

FROM: Julie Neburka, Budget & Quality Office *JN*

DATE: December 19, 2001

RE: Bud Mod DCFS 02-06

Commissioner Rojo de Steffey, the Commission on Children, Families, and Communities (CCFC), and the Department of Community & Family Services (CFS) are requesting \$26,000 from the General Fund Contingency in order to fund two parts of the strategic plan for increasing supports for sexual minority youth in Multnomah County. During the FY 2002 budget process, ongoing funding for programs for sexual minority youth was eliminated. A budget note, however, allowed the Action Team for Sexual Minority Youth to return to the Board with a plan for restoring up to \$50,000 from the General Fund for such programs. This request follows one made earlier this fiscal year in which \$8,000 was allocated from contingency for the Sexual Minority Youth Recreation Center.

If approved, this request would provide funds from the General Fund Contingency through CFS for the following items:

- | | |
|--|-----------------|
| • Operating funds for the Sexual Minority Youth Recreation Center for the rest of FY 02: | \$18,000 |
| • Re-development of a program for sexual minority youth of color: | <u>\$8,000</u> |
| TOTAL REQUEST: | \$26,000 |

The Budget Office recommends approval of this bud mod, with the caveat we noted when the Commission came to the Board earlier in the year with its previous request: the organization that operates the Sexual Minority Youth Recreation Center is experiencing an ongoing funding gap and to date no ongoing funding has been identified. Likewise, ongoing funding will need to be identified should a program for sexual minority youth of color be developed.

The Board Budget Notes for FY 2002 identify the General Fund contingency as an appropriate place from which to request one-time funding for programs for sexual minority youth. This bud mod will reduce the General Fund contingency by \$26,000.

MEETING DATE: January 10, 2002
AGENDA NO: C-4
ESTIMATED START TIME: 9:30 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: PCRB EXEMPTION REQUEST TO EXTEND THE CONTRACT WITH DOTY & ASSOCIATES FOR LIBRARY SIGNAGE UNTIL JUNE 30, 2003

BOARD BRIEFING: DATE REQUESTED: _____
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: _____

REGULAR MEETING: DATE REQUESTED: January 10, 2002
AMOUNT OF TIME NEEDED: N/A

DEPARTMENT: DMBS DIVISION: Finance/CPCA
CONTACT: Franna Hathaway TELEPHONE #: 988-5111 X22651
BLDG/ROOM #: 503/4th floor

PERSON(S) MAKING PRESENTATION: Consent Calendar

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

SUBJECT: PCRB EXEMPTION REQUEST TO EXTEND THE CONTRACT WITH DOTY & ASSOCIATES FOR LIBRARY SIGNAGE UNTIL JUNE 30, 2003

1/14/02 copies to Catherine Kuo

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
(OR)

DEPARTMENT MANAGER: Franna Hathaway

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us

MULTNOMAH COUNTY LIBRARY



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Ginnie Cooper, Director of Libraries

MEMORANDUM

To: Franna Hathaway, Purchasing Director, Department of Support Services
Through: Ginnie Cooper, Library Director
From: Mike Harrington, Library Facilities & Operations Manager
Re: Exemption for Doty & Associates
Date: December 21, 2001

OK
F#1gmt

RECEIVED
PURCHASING SECTION
2001 DEC 26 AM 10:43
MULTNOMAH COUNTY

BACKGROUND

On May 21, 1996 Multnomah County voters approved \$29,000,000.00 in General Obligation Bonds to modify, reconstruct, construct or make improvements to several library facilities. During the planning phase, four library branches were identified for new construction. They are Woodstock, Hollywood, Hillsdale, and Sellwood Libraries. Since the passage of the bonds and the planning phase of the project, new direction has been issued by the Board of County Commissioners. The Commissioners have asked that all new construction be evaluated for incorporation of mixed-use (co-locating other functions in one building). This process has delayed the original schedule for furnishings and equipment. As of November 4, 2001 under the Chair's direction the Library Department has assumed managerial control for Library Projects.

FINDINGS

This signage contract was bid in 1999 (Bid # B99-5059) and was awarded to Doty & Associates. The bid expired on September 24, 2001. In the past Facilities Management issued purchase orders for each library branch referencing the bid. There are four library branches remaining for signage. Sellwood, Northwest, Hollywood, and Hillsdale. These branches were identified in the original bid. The estimated dollar value to complete the signage package is \$ 40,000 dollars. The estimated time extension needed for completion of this work is June 30, 2003. The price of the assigned purchase orders will be in accordance with the bid.

CONCLUSIONS

Because the signage bid package was solicited to ensure standardization and the best competitive pricing, we feel extending the termination date of the bid is in the best interest of Multnomah County. In addition we have identified the costs for the remaining branch signage package, which now can be included in this request. We recommend approval of this exemption request.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

ORDER NO. _____

Exempting from the Formal Competitive Bid Process the extension of Contract with Doty & Associates for Library Signage until June 30, 2003

The Multnomah County Board of Commissioners Finds:

- a. The Board, acting in its capacity as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rules 10.140, a request from the Library Department for exemption from the formal competitive bid process to extend the contract with Doty & Associates until June 30, 2003.
- b. As it appears in the memorandum from Ginnie Cooper, the request for exemption is based upon the fact that the signage contract was bid in 1999 and was awarded to Doty & Associates. The bid expired on September 24, 2001. There are four library branches remaining for signage: Sellwood, Northwest, Hollywood and Hillsdale. These branches were identified in the original bid. Because the signage bid package was solicited to ensure standardization and the best competitive pricing, it is in the best interest of Multnomah County to extend the contract. The estimated dollar value to complete the signage package is \$40,000.
- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rules 10.140.

The Multnomah County Board of Commissioners, Acting as the Public Contract Review Board Orders:

The contract with Doty & Associates may be extended until June 30, 2003.


ADOPTED this day of January, 2002.

BOARD OF COUNTY COMMISSIONERS FOR
MULTNOMAH COUNTY, OREGON, ACTING AS
THE PUBLIC CONTRACT REVIEW BOARD

Diane M. Linn, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By  _____
John Thomas, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

ORDER NO. 02-001

Exempting from the Formal Competitive Bid Process an Extension of the Contract with Doty & Associates for Library Signage Until June 30, 2003

The Multnomah County Board of Commissioners Finds:

- a. The Board, acting in its capacity as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rules 10.140, a request from the Library Department for exemption from the formal competitive bid process to extend the contract with Doty & Associates until June 30, 2003.
- b. As it appears in the memorandum from Ginnie Cooper, the request for exemption is based upon the fact that the signage contract was bid in 1999 and was awarded to Doty & Associates. The bid expired on September 24, 2001. There are four library branches remaining for signage: Sellwood, Northwest, Hollywood and Hillsdale. These branches were identified in the original bid. Because the signage bid package was solicited to ensure standardization and the best competitive pricing, it is in the best interest of Multnomah County to extend the contract. The estimated dollar value to complete the signage package is \$40,000.
- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rules 10.140.

The Multnomah County Board of Commissioners, Acting as the Public Contract Review Board Orders:

The contract with Doty & Associates may be extended until June 30, 2003.

ADOPTED this 10th day of January, 2002.



BOARD OF COUNTY COMMISSIONERS FOR
MULTNOMAH COUNTY, OREGON, ACTING AS
THE PUBLIC CONTRACT REVIEW BOARD


Diane M. Linn, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
John Thomas, Assistant County Attorney

MEETING DATE: January 10, 2002
AGENDA NO: C-5
ESTIMATED START TIME: 9:30 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: PCRB EXEMPTION REQUEST TO EXTEND THE CONTRACT WITH
NATIONAL LIBRARY RELOCATION SERVICES UNTIL JUNE 30, 2003

BOARD BRIEFING: DATE REQUESTED: _____
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: _____

REGULAR MEETING: DATE REQUESTED: January 10, 2002
AMOUNT OF TIME NEEDED: N/A

DEPARTMENT: DMBS DIVISION: Finance/CPCA
CONTACT: Franna Hathaway TELEPHONE #: 988-5111 X22651
BLDG/ROOM #: 503/4th floor

PERSON(S) MAKING PRESENTATION: Consent Calendar

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐
OTHER

SUGGESTED AGENDA TITLE:

SUBJECT: PCRB EXEMPTION REQUEST TO EXTEND THE CONTRACT WITH
NATIONAL LIBRARY RELOCATION SERVICES UNTIL JUNE 30, 2003

01/14/02 Copies to Catherine Kwong

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
(OR)

DEPARTMENT MANAGER: Franna Hathaway

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us

MULTNOMAH COUNTY LIBRARY

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Ginnie Cooper, Director of Libraries

OK
FHLgmt



MEMORANDUM

To: Franna Hathaway, Purchasing Director, Department of Support Services

Through: Ginnie Cooper, Library Director

From: Mike Harrington, Library Facilities & Operations Manager

Re: Exemption for National Library Relocation Services

Date: December 21, 2001

BACKGROUND

On May 21, 1996 Multnomah County voters approved \$29,000,000.00 in General Obligation Bonds to modify, reconstruct, construct or make improvements to several library facilities. During the planning phase, four library branches were identified for new construction. They are Woodstock, Hollywood, Hillsdale, and Sellwood Libraries. Since the passage of the bonds and the planning phase of the project, new direction has been issued by the Board of County Commissioners. The Commissioners have asked that all new construction be evaluated for incorporation of mixed-use (co-locating other functions in one building). This process has delayed the original schedule for owner furnished items. As of November 4, 2001 under the Chair's direction the Library Department has assumed managerial control for Library Projects.

FINDINGS

The book moving contract was bid in 1998 (Bid # B99-5157) and was awarded to National Library Relocation Services. The contract expired (Contract # 4600000514) on October 31, 2001, which included amendment # 2. This amendment included costs for Northwest and Sellwood, but since the contract has expired I need to extend the time to pay these invoices. The remaining two branches Hollywood and Hillsdale were identified in the original bid. The estimated dollar value to complete the book moving through the last branch is \$ 21,000 dollars. The estimated time extension needed for completion of this work is June 30, 2003. The price of the contract amendment will be in accordance with the bid.

RECEIVED
PURCHASING SECTION
2001 DEC 26 AM 10:13
MULTNOMAH COUNTY

CONCLUSIONS

Because the original book moving bid included Hillsdale and Hollywood and through no fault of the contractor the project was delayed we feel extending the termination and date of the bid is in the best interest of Multnomah County. This will allow the Library Department continuity in the planning process and avoid cost increases. We recommend approval of this exemption request.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

ORDER NO. _____

Exempting from the Formal Competitive Bid Process the extension of Contract with National Library Relocation Services until June 30, 2003

The Multnomah County Board of Commissioners Finds:

- a. The Board, acting in its capacity as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rules 10.140, a request from the Library Department for exemption from the formal competitive bid process to extend the contract with National Library Relocation Services until June 30, 2003.
- b. As it appears in the memorandum from Ginnie Cooper, the request for exemption is based upon the fact that the book moving contract was bid in 1998 and was awarded to National Library Relocation Services. The contract expired on October 31, 2001. The remaining two branches Hollywood and Hillsdale were identified in the original bid. Extension of the contract is in the best interest of Multnomah County because it will allow the Department continuity in the planning process and avoid cost increases. The estimated dollar value to complete the book moving through the last branch is \$21,000.
- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rules 10.140.

The Multnomah County Board of Commissioners, Acting as the Public Contract Review Board Orders:

The contract with National Library Relocation Services may be extended until June 30, 2003.

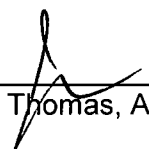
ADOPTED this day of January, 2002.

BOARD OF COUNTY COMMISSIONERS FOR
MULTNOMAH COUNTY, OREGON, ACTING AS
THE PUBLIC CONTRACT REVIEW BOARD

Diane M. Linn, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By  _____
John Thomas, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

ORDER NO. 02-002

Exempting from the Formal Competitive Bid Process an Extension of the Contract with National Library Relocation Services until June 30, 2003

The Multnomah County Board of Commissioners Finds:

- a. The Board, acting in its capacity as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rules 10.140, a request from the Library Department for exemption from the formal competitive bid process to extend the contract with National Library Relocation Services until June 30, 2003.
- b. As it appears in the memorandum from Ginnie Cooper, the request for exemption is based upon the fact that the book moving contract was bid in 1998 and was awarded to National Library Relocation Services. The contract expired on October 31, 2001. The remaining two branches Hollywood and Hillsdale were identified in the original bid. Extension of the contract is in the best interest of Multnomah County because it will allow the Department continuity in the planning process and avoid cost increases. The estimated dollar value to complete the book moving through the last branch is \$21,000.
- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rules 10.140.


The Multnomah County Board of Commissioners, Acting as the Public Contract Review Board Orders:

The contract with National Library Relocation Services may be extended until June 30, 2003.

ADOPTED this 10th day of January, 2002.




BOARD OF COUNTY COMMISSIONERS FOR
MULTNOMAH COUNTY, OREGON, ACTING AS
THE PUBLIC CONTRACT REVIEW BOARD



Diane M. Linn, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 

John Thomas, Assistant County Attorney

MEETING DATE: January 10, 2002
AGENDA NO: C-6
ESTIMATED START TIME: 9:30 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: PCRB EXEMPTION REQUEST TO EXTEND THE EXEMPTION FOR
SPACESAVER SPECIALIST TO PROVIDE LIBRARY SHELVING UNTIL JUNE 30, 2003

BOARD BRIEFING: DATE REQUESTED: _____
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: _____

REGULAR MEETING: DATE REQUESTED: January 10, 2002
AMOUNT OF TIME NEEDED: N/A

DEPARTMENT: DSS DIVISION: Finance/CPCA
CONTACT: Franna Hathaway TELEPHONE #: 988-5111 X22651
BLDG/ROOM #: 503/4th floor

PERSON(S) MAKING PRESENTATION: Consent Calendar

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐
OTHER

SUGGESTED AGENDA TITLE:

SUBJECT: PCRB EXEMPTION REQUEST TO EXTEND THE EXEMPTION FOR
SPACESAVER SPECIALIST TO PROVIDE LIBRARY SHELVING UNTIL JUNE 30, 2003
01/14/02 copies to CATHERINE KWONG

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
(OR)

DEPARTMENT MANAGER: Franna Hathaway

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us

MULTNOMAH COUNTY LIBRARY

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Ginnie Cooper, Director of Libraries

OK
FTH/jmt



MEMORANDUM

To: Franna Hathaway, Purchasing Director, Department of Support Services

Through: Ginnie Cooper, Library Director

From: Mike Harrington, Library Facilities & Operations Manager

Re: Amend Exemption Order 98-157 – Spacesaver Specialist

Date: December 21, 2001

RECEIVED
PURCHASING SECTION
2001 DEC 26 AM 10:43
MULTNOMAH COUNTY

BACKGROUND

On May 21, 1996 Multnomah County voters approved \$29,000,000.00 in General Obligation Bonds to modify, reconstruct, construct or make improvements to several library facilities. During the planning phase, four library branches were identified for new construction. They are Woodstock, Hollywood, Hillsdale, and Sellwood Libraries. Since the passage of the bonds and the planning phase of the project, new direction has been issued by the Board of County Commissioners. The Commissioners have asked that all new construction be evaluated for incorporation of mixed-use (co-locating other functions in one building). This process has delayed the original schedule for furnishings and equipment. As of November 4, 2001 under the Chair's direction the Library Department has assumed managerial control for Library Projects.

FINDINGS

Spacesaver's exemption was for the library to be able to have interchangeable shelving throughout the library system. The need to still there for this requirement. The exemption expired October 1, 2001. The exemption was for a three-year duration. We would like to extend the termination date of the exemption to June 30, 2003 to include the Hillsdale Library Project. We estimate the cost of Hillsdale's shelving at \$50,000 dollars.

CONCLUSIONS

Because the original exemption order included Hillsdale we feel extending the termination date of the exemption is in the best interest of Multnomah County. This will allow us to achieve the original goal of the exemption for interchangeable shelving throughout the library system. We recommend approval of this exemption request.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

ORDER NO. _____

Approving the extension of the Exemption for Spacesaver Specialist to Provide Library Shelving until June 30, 2003

The Multnomah County Board of Commissioners Finds:

- a. The Board, acting in its capacity as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rules 10.140, a request from the Library Department to extend the exemption for Spacesaver Specialist to provide library shelving until June 30, 2003
- b. As it appears in the memorandum from Ginnie Cooper, the request for exemption is based upon the fact that the exemption for Spacesaver Specialist (Board Order 98-157) was for the library to be able to have interchangeable shelving throughout the library system. The need is still there for this requirement. The exemption expired on October 1, 2001. The Library Department is requesting to extend the exemption to June 30, 2003 to include the Hillsdale Library Project. Extension of the exemption is in the best interest of Multnomah County because it will allow the Department to achieve the goal of interchangeable shelving throughout the library system. The cost of Hillsdale's shelving is estimated at \$50,000.
- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rules 10.140.

The Multnomah County Board of Commissioners, Acting as the Public Contract Review Board Orders:

The exemption for Spacesaver Specialist (Board Order 98-157) may be extended until June 30, 2003.

ADOPTED this day of January, 2002.

BOARD OF COUNTY COMMISSIONERS FOR
MULTNOMAH COUNTY, OREGON, ACTING AS
THE PUBLIC CONTRACT REVIEW BOARD

Diane M. Linn, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By  _____
John Thomas, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

ORDER NO. 02-003

Approving the Extension of the Exemption for Spacesaver Specialist to Provide Library Shelving Until June 30, 2003

The Multnomah County Board of Commissioners Finds:

- a. The Board, acting in its capacity as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rules 10.140, a request from the Library Department to extend the exemption for Spacesaver Specialist to provide library shelving until June 30, 2003
- b. As it appears in the memorandum from Ginnie Cooper, the request for exemption is based upon the fact that the exemption for Spacesaver Specialist (Board Order 98-157) was for the library to be able to have interchangeable shelving throughout the library system. The need is still there for this requirement. The exemption expired on October 1, 2001. The Library Department is requesting to extend the exemption to June 30, 2003 to include the Hillsdale Library Project. Extension of the exemption is in the best interest of Multnomah County because it will allow the Department to achieve the goal of interchangeable shelving throughout the library system. The cost of Hillsdale's shelving is estimated at \$50,000.
- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rules 10.140.

The Multnomah County Board of Commissioners, Acting as the Public Contract Review Board Orders:

The exemption for Spacesaver Specialist (Board Order 98-157) may be extended until June 30, 2003.

ADOPTED this 10th day of January, 2002.



BOARD OF COUNTY COMMISSIONERS FOR
MULTNOMAH COUNTY, OREGON, ACTING AS
THE PUBLIC CONTRACT REVIEW BOARD

Diane M. Linn, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By

John Thomas, Assistant County Attorney

MEETING DATE: January 10, 2002
AGENDA NO: C-7
ESTIMATED START TIME: 9:30 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Director Custody Holds per ORS 426.215

BOARD BRIEFING: DATE REQUESTED: _____
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: _____

REGULAR MEETING: DATE REQUESTED: Thursday, January 10, 2002
AMOUNT OF TIME NEEDED: N/A

DEPARTMENT: DCFS DIVISION: Behavioral Health

CONTACT: Shawin Khan TELEPHONE #: (503) 988-5464, ext 27067
BLDG/ROOM #: 166/6

PERSON(S) MAKING PRESENTATION: Consent Calendar

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

ORDER Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

01/14/02 copies to Shawin Khan

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
(OR)

DEPARTMENT MANAGER: James McConnell

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us



Department of Community and Family Services
MULTNOMAH COUNTY OREGON

Behavioral Health Division
421 SW Sixth Avenue, Suite 600
Portland, Oregon 97204-1618
(503) 988-5464 phone
(503) 988-3926 fax
(503) 988-3598 TDD

SUPPLEMENTAL STAFF REPORT

To: Board of County Commissioners
From: Shawin Khan
Date: December 27, 2001
Date of Agenda Placement:
Re: Authorizing designees of the Mental Health Program
Director to direct a peace officer to take an allegedly
mentally ill person into custody.

1. Recommendation/Action Requested:
Authorize additional individuals to direct peace officers to take an allegedly
mentally ill person into custody.
2. Background/Analysis:
Outpatient mental health agencies depend upon certain staff having the ability to assess
clients for a Director Designee Custody. This certification allows the designee to direct
the police to take into custody any individual with mental health issues who is judged
dangerous to self or others. Police then transport the individual to a treatment center
(Crisis Triage Center or emergency room). As agencies experience staffing turnovers,
new staff need to be trained and authorized.
3. Financial Impact:
None
4. Legal Issues:
In accordance with ORS 426.215
5. Controversial Issues:
Not aware of any controversial issues.
6. Link to Current County Policies:
Authorizing mental health staff to perform this function promotes public safety.
7. Citizen Participation: N/A
8. Other Government Participation: N/A

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDER NO. _____

Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

The Multnomah County Board of Commissioners Finds:

- a) If authorized by a county governing body, a designee of a mental health program director may direct a peace officer to take into custody a person whom the designee has probable cause to believe is dangerous to self or others and whom the designee has probable cause to believe is in need of immediate care, custody, and treatment of mental illness.
- b) There is a current need for specified designees of the Multnomah County Mental Health Program Director to have the authority to direct a peace officer to take an allegedly mentally ill person into custody.
- c) All the designees listed below have been specifically recommended by the Mental Health Program Director and meet the standards established by the Mental Health Division.

The Multnomah County Board of Commissioners Orders:

- 1. The individuals listed below are authorized as designees of the Mental Health Program Director for Multnomah County to direct any peace officer to take into custody a person whom the designee has probable cause to believe is dangerous to self or others and whom the designee has probable cause to believe is in need of immediate care, custody or treatment for mental illness.
- 2. Added to the list of designees are:
 - Catherine MacCallum
 - Connie McMullen
 - Nora C. Church
 - Ebony Sloan
 - Daniel Johnson
 - Sherri Sims
 - Del Webb
 - ~~Rochel Norman~~
 - Brent Nothern
 - Mike Evans

ADOPTED this 10th day of January, 2002.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By _____
Katie Gaetjens, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDER NO. 02-004

Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

The Multnomah County Board of Commissioners Finds:

- a) If authorized by a county governing body, a designee of a mental health program director may direct a peace officer to take into custody a person whom the designee has probable cause to believe is dangerous to self or others and whom the designee has probable cause to believe is in need of immediate care, custody, and treatment of mental illness.
- b) There is a current need for specified designees of the Multnomah County Mental Health Program Director to have the authority to direct a peace officer to take an allegedly mentally ill person into custody.
- c) All the designees listed below have been specifically recommended by the Mental Health Program Director and meet the standards established by the Mental Health Division.

The Multnomah County Board of Commissioners Orders:

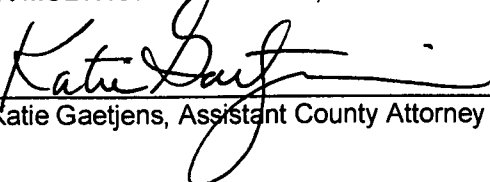
1. The individuals listed below are authorized as designees of the Mental Health Program Director for Multnomah County to direct any peace officer to take into custody a person whom the designee has probable cause to believe is dangerous to self or others and whom the designee has probable cause to believe is in need of immediate care, custody or treatment for mental illness.
2. Added to the list of designees are:
Catherine MacCallum
Connie McMullen
Nora C. Church
Ebony Sloan
Daniel Johnson
Sherri Sims
Del Webb
Rachel Harmon
Brent Nothorn
Mike Evans

ADOPTED this 10th day of January, 2002.

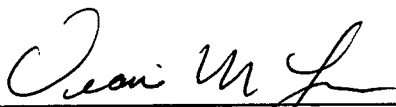


REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Katie Gaetjens, Assistant County Attorney

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Diane M. Linn, Chair

MEETING DATE: January 10, 2002
AGENDA NO: C-8
ESTIMATED START TIME: 9:30 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT Intergovernmental Agreement for FY 2001-2002 with City of Portland North Portland Neighborhood Office, Acting as Fiscal Agent for the Latino Network to fund a Community Development coordinator position. The funding is for \$30,000.

BOARD BRIEFING: DATE REQUESTED: _____
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: _____

REGULAR MEETING: DATE REQUESTED: _____ Next Available
AMOUNT OF TIME NEEDED: _____ Consent

DEPARTMENT: Community and Family Services DIVISION: Director's Office

CONTACT: James McConnell TELEPHONE #: (503) 988-3691
BLDG/ROOM #: 166/7

PERSON(S) MAKING PRESENTATION: _____ N/A

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

Approval Of An Intergovernmental Agreement Renewal With The City of Portland North Portland Office, Fiscal Agent for the Latino Network for FY 01/02.

01/14/02 ORIGINALS TO DANA JEAN MAGUIR

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
(OR)

DEPARTMENT MANAGER: James McConnell

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us



MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES
421 SW SIXTH AVENUE, SUITE 700
PORTLAND, OREGON 97204-1618
PHONE (503) 988-3691
FAX (503) 988-3379
TDD (503) 988-3598

BOARD OF COUNTY COMMISSIONERS
DIANE M. LINN • CHAIR OF THE BOARD
MARIA ROJO DE STEFFEY • DISTRICT 1 COMMISSIONER
SERENA CRUZ • DISTRICT 2 COMMISSIONER
LISA NAITO • DISTRICT 3 COMMISSIONER
LONNIE ROBERTS • DISTRICT 4 COMMISSIONER

TO: Diane M. Linn, Chair
Board of County Commissioners

FROM: James McConnell, Acting Director
Department of Community and Family Services

James McConnell (DC)

DATE: December 20, 2001

SUBJECT: FY 2001/02 Intergovernmental Agreement with City of Portland/North Portland
Neighborhood Office acting as Fiscal Agent for the Latino Network.

I. Recommendation/ Retroactive Action Requested: The Department Director recommends County Chair approval of the attached IGA with City of Portland, North Portland Neighborhood Office as fiscal agent for the Latino Network for the period of July 1, 2001 through June 30, 2002. This IGA is retroactive due to extended time the Latino Network needed to procure a Fiscal Agent.

II. Analysis: The Department of Community and Family Services is contracting with this entity for the services of a Community Development Coordinator for the Latino Network. The Coordinator will be working with the Caring Community initiative.

III. Background: Funds for this contract are in the Department budget.

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

(See Administrative Procedure CON-1)

Contract #: **4600002786**

Pre-approved Contract Boilerplate (with County Counsel signature) ☒ Attached ☐ Not Attached

Amendment #: **0**

Class I	Class II	Class III
<input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption) <input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption) <input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> Architectural & Engineering not to exceed \$10,000 (for tracking purposes only)	<input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount) <input type="checkbox"/> PCR Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount)	<input type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000 <input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <div style="text-align: center;"> APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS AGENDA # C-B DATE 1-10-02 DEB BOGSTAD, BOARD CLERK </div>

Department: <u>Community and Family Services</u>	Division: <u>Director's Office</u>	Date: <u>December 21, 2001</u>
Originator: <u>Sue Larsen</u>	Phone: <u>24421</u>	Bldg/Rm: <u>166/7</u>
Contact: <u>Dana Jean Maginn</u>	Phone: <u>22583</u>	Bldg/Rm: <u>166/7</u>

Description of Contract **This contract purchases a Community Development Coordinator. City of Portland North Portland Neighborhood Office is serving as the fiscal agent for the Latino Network. Contract dates are July 1, 2001 through June 30, 2002.**

RENEWAL: <input type="checkbox"/>		PREVIOUS CONTRACT #(S):	
REP/BID: <input type="checkbox"/>	IGA: <input type="checkbox"/>	REP/BID DATE:	ORS/AR:
EXEMPTION: <input type="checkbox"/>	EXEMPTION EXPIRATION:	DATE:	#:
CONTRACTOR IS: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> QRF <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NONE (Check all boxes that apply)			

Contractor City of Portland North Portland Neighborhood Office, acting as Fiscal Agent for the Latino Network	
Address <u>2410 N Lombard</u> <u>Portland OR 97217</u>	Remittance Address _____ (If different) _____
Phone <u>503-823-4524</u>	Payment Schedule / Terms
Employer ID# or SS# <u>93-6002236</u>	<input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt
Effective Date <u>July 1, 2001</u>	<input checked="" type="checkbox"/> Monthly \$ <u>Invoice</u> <input type="checkbox"/> Net 30
Termination Date <u>June 30, 2002</u>	<input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other
Original Contract Amount \$ <u>30,000</u>	<input type="checkbox"/> Requirements \$ _____
Total Amt of Previous Amendments \$ <u>0</u>	
Amount of Amendment \$ <u>0</u>	
Total Amount of Agreement \$ <u>30,000</u>	Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED SIGNATURES

Department Manager <u>James MacMurell (pc)</u>	DATE <u>12/24/01</u>
Purchasing Manager _____	DATE _____
County Counsel <u>Katie Galt</u>	DATE <u>12/27/01</u>
County Chair <u>Chari Gurey</u>	DATE <u>1-10-02</u>
Sheriff _____	DATE _____
Contract Administration _____	DATE _____

SAP VENDOR CODE 40377						DEPT REFERENCE					
LINE #	FUND	AGENCY	ORG	SUB ORG	ACTIVITY	OBJ/ REV	SUB OBJ	REP CAT	LGFS DESCRIPTION	AMOUNT	INC DEC
01								See	Attached		
02											

INTERGOVERNMENTAL AGREEMENT

This is an Agreement between The City of Portland, Office of Neighborhood Involvement, North Portland Neighborhood Services (CONTRACTOR) and Multnomah County (County), pursuant to authority granted in ORS Chapter 190.

I. PURPOSE:

The purpose of this IGA is to outline the responsibilities and expectations of a Community Development Coordinator. The Contractor will act as the fiscal agent for the position. The Coordinator will directly support the agenda and identified workplan of the Latino Network. This position will focus on the Latino Community and will link with and support the Caring Community Initiative.

The parties agree as follows:

II. CONTRACTOR RESPONSIBILITIES:

The funds provided under this agreement will be used for the following purposes:

\$ 30,000.00 to fund the position of Community Development Coordinator for the Latino Network.

Contractor shall submit to the County for approval, within 90 days of execution, the following:

- Workplan for the Latino Network's fiscal year 01-02 agenda and priorities;
- A job description for the Community Development Coordinator position; and,
- An annual budget for the Latino Network Community Development project.

The Community Development Coordinator will:

1. Attend monthly meetings of the Caring Community Coordinators, as convened by the Department of Community and Family Services (DCFS);
2. Participate in designated training sessions in conjunction with DCFS staff, Caring Community Coordinators, and other entities to learn community organizing skills and models that further Community Building;
3. Coordinate with the Schools Uniting Neighborhoods (SUN) initiative to assist with new site development, support ongoing implementation and promote community linkages;
4. Coordinate with County sponsored initiatives.

Contractor shall assure that the position implements the activities and priorities of the Latino Network's workplan. Contractor will also assure that the coordinator fulfills all the responsibilities and common expectations of a Caring Community Coordinator; follows the same process for coordinator selection; understands and supports the activities of Community Building; and meets the same requirement for outcome reporting as identified in the attached documents, (Attachment E and F)

III. RESPONSIBILITIES OF COUNTY: The County agrees to:

Pay CONTRACTOR Up to \$30,000. COUNTY shall pay amounts due to CONTRACTOR on a quarterly basis upon receipt of the progress and expenditure reports. The progress and expenditure reports are due the 15th calendar day following the quarter that expenses are incurred.

CONTRACTOR shall be paid for specific services based upon the payment terms set forth under Attachment A. of this contract. Payment terms and required reports for that payment method and basis shall apply to the CONTRACTOR.

IV. PAYMENT TERMS - All Contracts:

1. Chargeable Expenditures. CONTRACTOR may charge expenditures under this Contract only if they are:
 - a) In payment for services performed under this Contract;
 - b) In payment of an obligation incurred during the Contract period;
 - c) Performed in conformance with all applicable state and federal regulations and statutes; and

d) Not in excess of maximum payable under this Contract.

2. Reporting Requirements.

a) Reporting requirements specific to Cost Reimbursement are described below.

b) Notwithstanding any other payment provision of this Contract, failure of CONTRACTOR to submit required reports when due, may result in the withholding or reduction of payments under this Contract. Such withholding of payment for cause may continue until CONTRACTOR submits required reports, or establishes, to COUNTY'S satisfaction, that such failure arose out of causes beyond the control and without the fault or negligence of CONTRACTOR.

3. Recovery of Funds. Any COUNTY funds spent for purposes not authorized by this Contract shall be deducted from future payments or refunded to COUNTY at COUNTY'S discretion. Payments by COUNTY in excess of authorized amounts shall be deducted from payment or refunded to COUNTY no later than thirty (30) calendar days after Contract expiration or after notification by COUNTY. CONTRACTOR shall be responsible for any prior contract overpayments and unrecovered advances provided by COUNTY. Repayment of prior period obligations shall be made by CONTRACTOR in a manner specified by COUNTY. Except when CONTRACTOR is a city, county, or public school district, COUNTY shall be entitled to the legal rate of interest for late payment from the date such payments become delinquent, and in case of litigation, to reasonable attorney's fees.

4. Refunds. Any refunds to the state or federal government resulting from state (OAR 309-013-0120 through 0220) or federal audits shall be the sole responsibility of CONTRACTOR. CONTRACTOR agrees to make all such repayments within twenty working days of receipt of formal notification by COUNTY of disallowance of CONTRACTOR expenditures, or fees.

5. Protection Against Loss or Damages. COUNTY shall have the right to withhold from payments due CONTRACTOR such sums as are necessary in COUNTY'S sole opinion to protect COUNTY from any loss, damage, or claim which may result from CONTRACTOR'S failure to perform in accordance with the terms of the Contract or failure to make proper payment to suppliers or subcontractors.

6. Request for Payment. CONTRACTOR shall submit all final requests for payment or an estimate of the final requests for payments no later than July 20th or the next working day after July 20th to the Department of Community and Family Services (DCFS). DCFS will not process final requests or estimates for final request for payment documents not received within the specified time and the expense shall be the CONTRACTOR'S responsibility.

V. PAYMENT TERMS -Cost Reimbursement: Cost reimbursement Contracts are paid monthly based on expenditure report or paid by monthly allotment based on CONTRACTOR'S annual budget. Cost Reimbursement Based on Expenditure Report Payment Terms:

1. COUNTY will pay for cost reimbursement contracts when COUNTY receives required expenditure reports as detailed in program instructions in the Statement of Work. CONTRACTOR shall have sole responsibility for submitting required reports in order to obtain contract payments. If required reports are received on time and are complete and correct, COUNTY will process reimbursements within 10 working days of receipt of monthly expenditure report.

2. Quarterly / Monthly Expenditure Reports (Exhibit 6A) are due the 20th calendar day of the month following the month in which the expenditures were incurred. Reported expenditures shall be supported by properly executed payrolls, time records, invoices, contracts, vouchers, orders, and any other accounting documents pertaining in whole or in part to the contract, in accordance with Generally Accepted Accounting Principles (GAAP), Oregon Administrative Rules, and applicable federal requirements. Expenditures shall be segregated by service items (elements) within the agency accounting system and so reported on the required fiscal reports. CONTRACTOR shall maintain all above-referenced accounting documents within a local facility of the CONTRACTOR.

3. An Annual Budget (see example in exhibit 6C) is due within one month and twenty (20) calendar days of contract effective date; revised annual budget(s) is due within thirty (30) calendar days of COUNTY'S receipt of executed contract amendments if cumulative year-to-date dollar changes for that

service element exceed 25%. Contractor shall submit an Annual Budget only for those service items (elements) that are paid on a cost reimbursement basis.

VI. TERM: The term of this agreement shall be from July 1, 2001 to June 30, 2002.

VII. TERMINATION: This agreement may be terminated by either party upon thirty (30) days written notice.

VIII. INDEMNIFICATION: Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, County shall indemnify, defend and hold harmless CONTRACTOR from and against all liability, loss and costs arising out of or resulting from the acts of County, its officers, employees and agents in the performance of this agreement. Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300 CONTRACTOR shall indemnify, defend and hold harmless County from and against all liability, loss and costs arising out of or resulting from the acts of CONTRACTOR, its officers, employees and agents in the performance of this agreement.

IX. INSURANCE: Each party shall each be responsible for providing worker's compensation insurance as required by law. Neither party shall be required to provide or show proof of any other insurance coverage.

X. ADHERENCE TO LAW: Each party shall comply with all federal, state and local laws and ordinances applicable to this agreement.

XI. NON-DISCRIMINATION: Each party shall comply with all requirements of federal and state civil rights and rehabilitation statutes and local non-discrimination ordinances.

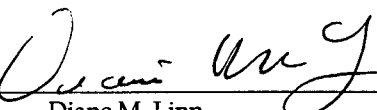
XII. ACCESS TO RECORDS: Each party shall have access to the books, documents and other records of the other which are related to this agreement for the purpose of examination, copying and audit, unless otherwise limited by law.

XIII. SUBCONTRACTS AND ASSIGNMENT: Neither party will subcontract or assign any part of this agreement without the written consent of the other party.

XIV. THIS IS THE ENTIRE AGREEMENT: This Agreement constitutes the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.

MULTNOMAH COUNTY, OREGON

CITY OF PORTLAND, NORTH
PORTLAND NEIGHBORHOOD OFFICE

By 
Diane M. Linn

By _____

Title: Multnomah County Chair

Title: _____

Date 01-10-02

Date _____

REVIEWED:

APPROVED AS TO FORM:

TOM SPONSER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY

CITY ATTORNEY

By 
Katie Gaetjens, Assistant County Attorney

By _____

Date 11/3/02

Date _____

Multnomah County Department of Community & Family Services
Service Contract No.

EXHIBIT 6A – Quarterly/Monthly Expenditure Report Form

For Period from ____/____/____ to ____/____/____

Page ____ of ____

Contractor: _____

Address: _____

	Release Order Item #:	Release Order Item #:	Release Order Item #:	Release Order Item #:	Release Order Item #:	Release Order Item #:
	CURRENT PERIOD	YEAR TO DATE	CURRENT PERIOD	YEAR TO DATE	CURRENT PERIOD	YEAR TO DATE
EXPENDITURES						
PERSONNEL						
Salaries & Wages						
Taxes & Benefits						
SUBTOTAL PERSONNEL						
SERVICES & SUPPLIES						
Communications						
Professional Services						
Depreciation						
Education & Training						
Equipment Rental						
Indirect Expenses						
Insurance						
Occupancy						
Office Supplies						
Postage						
Printing						
Other (List) _____						

SUBTOTAL SER/SUPPLIES						
TOTAL EXPENDITURES						

DD Residential Providers ONLY: Vacancy Contingency Fund Balance _____

I understand that all expenditures reported are subject to audit and that all expenditures must be program related and allowable according to applicable cost principles and regulations. I certify that I am an authorized representative of the above organization and that this statement of expenditures is accurate and true, to the best of my knowledge.

AGENCY SIGNATURE: _____ Date: ____/____/____ CONTACT PERSON: _____

Name, Please Print: _____

TITLE: _____

PHONE: _____

OFFICE USE ONLY	DCFS Program Office Approval: _____ Date: ____/____/____		
DATE RECEIVED	<u>RELEASE</u> <u>ORDER ITEM</u> #: Allotment for Month of _____ <u>Adjustments:</u>	<u>RELEASE</u> <u>ORDER ITEM</u> #: Allotment for Month of _____ <u>Adjustments:</u>	<u>RELEASE</u> <u>ORDER ITEM</u> #: Allotment for Month of _____ <u>Adjustments:</u>
BY DCFS FISCAL:			
DATE PMT PROCESSED BY DCFS FISCAL:			
TOTAL PAYMENT:			
\$			
PV #:	NET PMT:	NET PMT:	NET PMT:

Multnomah County Department of Community & Family Services**Service Contract No.****Exhibit 6C – Contractor Annual Budget Form**

For FY July _____ through June _____

Contractor: _____

Address: _____

	Source/Type Description	Release Order Item #	Release Order Item #	Release Order Item #
--	----------------------------	----------------------	----------------------	----------------------

REVENUE**This Contract**

State

County General Fund

Local 2145

Title XIX

Other: _____

Other State Funds: _____**Federal Funds:** _____

Client Fees

Third Party Payments

Contributions

United Way

Other: _____

TOTAL REVENUE**EXPENDITURES****Personnel**

Salaries & Wages

Taxes & Benefits

Total Personnel**Services and Supplies**

Communications

Professional Services

Depreciation

Education & Training

Equipment Rental

Indirect Expenses

Insurance

Occupancy

Office Supplies

Postage

Printing

Other: _____

Total Services & Supplies**TOTAL EXPENDITURES****TOTAL BUDGETED EXPENDITURES FOR ENTIRE ORGANIZATION: \$ _____**

Authorized Organization Signature: _____

Date: _____

Name, Please Print: _____

Phone #: _____

Attachment E

The purpose of this section of the contract is to renew an agreement for Caring Community Services. These services are a part of an overall Caring Community Initiative designed to:

1. Coordinate state, local and school services to develop a single entry access to human services in an accessible location;
2. Link health, educational and social services to meet multiple and/or complex needs of individuals, families and the communities in which they live;
3. Coordinate services in a way that respects and promotes the goals and strengths of communities, individuals and families; and
4. Provide a vehicle to facilitate service integration, community involvement and service coordination.

CONTRACTOR RESPONSIBILITIES:

The Caring Communities are community-based teams that are intended to be responsive to the evolving needs of their particular communities. Because of this, each will look somewhat different. However, it is expected that each of the Caring Communities will fulfill common expectations. Contractor is responsible to assure that the Caring Community meets the following common expectations:

1. Establish a leadership structure and decision making process to ensure that the work of the Caring Community is carried out;
2. Hold and facilitate regular meetings of the Caring Community with minutes prepared and distributed, and the maintenance of a roster of participants. Coordinators will facilitate ongoing meetings of subcommittees that support the work of the Caring Community;
3. Facilitate community collaboration. Assure that efforts are made to engage Caring Community members to work through critical issues together. Provide a forum and facilitation to work out differences among various partners;
4. Develop and implement an Annual Work Plan including measurable goals and objectives. Coordinators will be expected to report on their progress toward workplan goals, provide updates and revisions on a quarterly basis, and to provide overall project evaluative information as it is developed.
5. Leverage and access additional resources from the Caring Community partners to support projects developed with the funding provided through this agreement;
6. Develop an annual operating budget for the Caring Community;

7. Coordinator Selection

A. Ensure that a job description exists for the Coordinator that has been developed in partnership with the Caring Community.

B. Recruitment, Selection and Performance Evaluation – In the selection of a coordinator, the contractor will establish and implement an open and participatory recruitment and selection process to hire and fill the position. It is expected that a representative body of partners of the Caring Community, (i.e. County personnel, State DHS personnel, School personnel, etc.) will participate in the interviews and selection process. Input from members and partners of the Caring Community will be included in the final selection process.

C. The Contractor is responsible to develop and implement an annual performance evaluation for the coordinator(s). This process should include feedback and input from the Caring Community partners and membership. The completed annual performance will be submitted to the County with the final quarterly report. (see reporting requirements)

8. Community Building:

The overall principles and goals of community building are to:

- ☐ Promote approaches to service delivery and neighborhood planning that are multi-jurisdictional; (include citizens, agencies, schools, businesses and governmental entities in projects that are collaboratively designed and developed, blend funding, and are jointly implemented and co-managed);
- ☐ Build on the ongoing work of communities through engaging residents and community members in developing solutions to local issues and concerns;

- ☐ Increase the capacity of neighborhoods by leveraging monetary and human resources, reducing the duplication of services and building on existing assets; and
- ☐ Build relationships not only within communities, but between communities and outside agencies and institutions linking and networking communities to funding agencies, providers and government agencies.

There are a number of activities the COUNTY believes are essential to developing and strengthening Community Building efforts. There is a strong role for Caring Community Coordinators to play in assuring that each Caring Community understands the concepts and principles of Community Building and approach the development of services to meet community needs in a manner consistent with the County's Community Building Initiative. The COUNTY'S expectation is that a minimum of at least 20 percent of Each Caring Community Coordinator's time be spent on the following activities in support of community building:

Coordinators are expected to:

- A. Involve in the Caring Community the organizations and groups critical to the success of the Community. Specific groups to involve in the Caring Communities should include (but not be limited to) parents and community residents, government agencies, schools, community-based organizations, human service organizations, and business organizations.
- B. Conduct ongoing outreach and recruitment to engage citizen participation to ensure that the local community population is represented and the new members to the Caring Community are oriented and welcomed.
- C. Develop a mechanism to continually review and expand outreach efforts.
- D. Make ongoing efforts to connect and link representatives from local schools, governmental agencies, private and not-for-profit businesses and civic programs and other significant community leaders or groups to further the overall goal of community participation;
- E. Develop mechanisms for engaging ethnically and economically diverse communities in the Caring Community. Each site shall develop and implement a plan to expand their capacity to engage ethnically diverse cultures, especially as related to individuals and families who do not speak English as a first language or are recent immigrants. Each site should make special efforts to include and involve people in a manner that reflects the diversity in the communities.
- F. Participate in designated training sessions in conjunction with the County's Department of Community and Family Services staff and other entities to learn community organizing skills and models that further Community Building;
- G. Coordinate with and support community linkages to SUN Schools and their development;
- H. Coordinate with County sponsored initiatives, (i.e. community budget forums, etc.)
- I. Attend monthly meetings of the Caring Community Coordinators, as convened by the Multnomah County, Department of Community and Family Services.

9. REPORTING REQUIREMENTS: (see also Attachment F)

A. Written progress reports detailing activities and accomplishments shall be reported as shown below and submitted to the County (see required formats). Report periods and due dates are as follows:

Report period:	Due Date:
As of July 1, 2001	October 15, 2001
July 1, 2001 to December 31, 2001	January 15, 2002
January 1, 2002 to June 30, 2002	July 15, 2002

Progress reports shall consist of both a narrative summary and the accompanying data. The following are to be reported annually (due the first quarter- October 5, 2001):

- 1. The Caring Community Annual Work Plan;
- 2. Current Caring Community Membership Participation (include a roster of participants, membership on "action teams", and an average frequency of participation); and
- 3. Report the group's most common decision making process, (i.e. specifically how they address conflict);
- 4. Program yearly budget.

The following are to be reported fiscal mid year and end year (January 15, 2002 and July 15, 2002):

- 1. Progress made on accomplishing goals and outcomes of the Annual Work Plan. (Include any outcome data, and or describe the activities and special projects that occurred in the last quarter.)

2. Participation and Outreach. Describe the efforts, strategies and/or barriers to the ongoing engagement of citizens, agencies, businesses, and diverse communities);
3. Training attended and or /needed. List any training and/or skills the Caring Community has identified that would help outreach efforts, decision-making processes, conflict resolution, etc.
4. Describe challenges, barriers or learning that occurred in the last quarter.
5. Please describe any other information that is thought to be instrumental in the ongoing development of the Caring Community. (A required reporting format follows)

Attachment F

Caring Community Narrative Reporting Format

NOTE ON YOUR REPORT THE TIME PERIOD YOU ARE REPORTING FOR

ANNUAL BASELINE REPORTING INFORMATION: (submit the following information once per fiscal year, due October 15):

- ☐ The Caring Community Annual Work Plan
- ☐ Participation reporting - Include the total number of members on your Caring Community operations committee - either numerically or through a roster of participants. Provide a general description and/or numerically denote of who they represent, (i.e. community, provider agency, governmental or public agency, school, citizen participant, etc.) and an average frequency of participation. (For example, if your roster contains 350 members, but 50 generally attend your operations committee. - report the 50). Submit a list of the membership of participants on related sub-committees or Action Teams.
- ☐ Report on the group's most common decision making process, including how the Caring Community makes decisions; what kinds of decisions they make; and how they address conflict.

MID AND END-OF-YEAR REPORTING INFORMATION: (Information included in these reports should reflect activities accomplished in the preceding six months. Mid-year due January 15 for July through Dec.; end-of-year due July 15, for January through June):

Work Plan and Summary of Supporting Activities (Below information can be shown on updated Work Plans)

- ☐ Chronological listing of major activities occurring in the last six month period; (include any flyers, newsletters, etc.)
- ☐ Show how activities tie to accomplishing work plan goals, including how the activities tie to benchmarks or other community plans and goals;
- ☐ Report data on activities (i.e. number of participants in activities, number of youth or families served, and anything else pertinent to the activities).

Participation and Outreach

- ☐ Address how the Caring Community accomplishes ongoing recruitment and outreach, including the specific efforts made in the last six month period;
- ☐ Describe the efforts made to determine what may be barriers to participation (i.e. times and location of meetings, structure of meetings, etc.);
- ☐ Describe the strategies the Caring Community uses to engage diverse communities.

Trainings Attended/Needed

- ☐ List trainings the Caring Community coordinator attended that relate to CBI or Caring Community coordinating development (i.e. such things as community organizing, outreach, etc.);
- ☐ List training Caring Community participants attended because the group identified it as a beneficial skill or knowledge for the Caring Community process;
- ☐ List any training needs identified by the Caring Community (as a whole), [especially those seen as beneficial to developing skills that support Community Building].

Challenges/Barriers/Learnings

- ☐ Please use this area to list any specific challenges that arose in the last six months; and any strategies or plans your Caring Community implemented or developed to address those challenges;
- ☐ Identify any challenges that couldn't be addressed or those that were identified as true barriers. (Please discuss how your group thinks these barriers might be addressed; including whether any specific agencies or groups were identified that could facilitate resolution of the barrier.)
- ☐ Describe any events that have been learning experiences and how (or if) they might be replicated in other areas.

Miscellaneous

- ☐ Please feel free to add any additional information that you think is important.



IGA Contract

Vendor Address

PORTLAND CITY OF NORTH PORTLAND
NEIGHBORHOOD OFFICE
2410 N LOMBARD ST
PORTLAND OR 97217

Information

Contract Number 4600002786
Date 11/14/2001
Vendor No. 40377
Contact/Phone CFS Dir Off. Svc /
Validity Period: 07/01/2001 - 06/30/2002
Minority Indicator: Not Identified

Estimated Target Value: 30,000.00 USD

Item	Material/Description	Target Qty	UM	Unit Price
0001	<p>Program Contact: Sue Larsen 503-988-3691 x 24421</p> <p>H17500001 Caring Community Coordination (USD)</p> <p>Plant: F010 Community & Family Services Requirements Tracking Number: IGA Per Invoice/Cost Reimbursement</p>	30,000	Dollars	\$ 1.0000



MULTNOMAH COUNTY OREGON
CENTRAL PROCUREMENT AND CONTRACT ADMINISTRATION
P.O. BOX 14700, PORTLAND, OREGON 97293-0700

Phone: (503) 988-5111

Fax: (503) 988-3252

ATTACHMENT A

Page 1 of 1

Release Order

Vendor Address

PORTLAND CITY OF NORTH PORTLAND
NEIGHBORHOOD OFFICE
2410 N LOMBARD ST
PORTLAND OR 97217

Information

Release Order	4500022939
Date	11/14/2001
Vendor No.	40377
Buyer/Phone	CFS Dir Off. Svc /
Validity End Date	06/30/2002
Incoterms	FOB

Ship To:

Multnomah County
Community & Family Services
421 SW 6th
Portland OR 97204

Special Instructions:

Item	Material/Description	Quantity	UM	Unit Price	Net Amount
0001	<i>Program Contact: Sue Larsen 503-988-3691 x 24421</i> H17500001 Caring Community Coordination (USD) Tracking Number: IGA WBS: CFSDO CARE COMM CGF Release order against contract 4600002786 Item 00001 <i>Per Invoice/Cost Reimbursement</i>	30,000	USD	\$ 1.0000	\$ 30,000.00
				Total	\$ 30,000.00

Multnomah County Risk Management's Certified List of Self-Insured Government Entities

In response to a request to assist in streamlining the preparing of Inter-Governmental Agreements (IGAs), Risk Management has developed a "certified" list of self-insured government entities. This is intended to aid the IGA preparer by supplying a list of various government entities who have provided Risk Management with proof of their self-insurance for liability and/or workers' compensation coverage. This list is to be used only when preparing an IGA. Any other type of procurement document or contract must have the necessary proof of insurance as stipulated in the document or contract.

This list is not all-inclusive, therefore, you may be writing an IGA with a government entity that is self-insured and not listed here. If you would like to have that government entity added to this list (proof of their self-insurance will be required), please call Helen E. Smith/Risk Management, 306-5851 or extension 65851. -106/1430

<u>Government Entity</u>	<u>Self-Insured For General Liability</u>	<u>Self-Insured For Workers' Comp.</u>
City of Gresham	No	Yes
City of Portland	Yes	Yes
Clackamas County	Yes	Yes
Clark County	Yes	No
Cowlitz County	Yes	Yes
Marion County	Yes	Yes
Metro	Yes	No
OHSU	Yes	Yes
State of Oregon	Yes	Yes
State of Washington	Yes	Yes

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR:

(Date)

DEPARTMENT: Community JusticeDIVISION: ECDCONTACT: Shaun ColdwellPHONE: 988-3961

* NAME(S) OF PERSON MAKING PRESENTATION TO BOARD:

Joanne Fuller/Kathy TrebSUGGESTED AGENDA TITLE (To assist in preparing a description for the printed agenda)

Add \$150,000 Byrne grant revenue to the Department of Community Justice to fund the Hope, Education, Resources, Options for Children Who Witness Domestic Violence (H.E.R.O. for Kids) Program.

2. DESCRIPTION OF MODIFICATION: [Explain the changes being made: What budget does it increase / decrease? What do the changes accomplish? Where does the money come from?]

[x] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

This budget modification adds one Research/Evaluation Analyst 1 to ECD and increases three expense lines--Professional Services by \$102,482; Supplies by \$1,500; Education/Training by \$1,500--in that program. These increases, totaling \$150,000, are funded by new Byrne grant funds awarded to DCJ for the H.E.R.O. program. In addition, the modification provides the required \$50,000 matching funds by reducing ACJ Professional Services and reprogramming those Oregon Department of Corrections dollars into \$46,328 Professional Services and \$672 staff Telephone expense in ECD and \$3,000 for staff computer equipment in DCJ Information Services budget.

Because the grant does not permit use of grant or match funds for Indirect Cost, the modification increases DCJ Cash Transfer by \$7,620 to cover the grant-related Indirect Cost.

3. REVENUE IMPACT: [Explain revenues being changed and reason for the change]

Increases WBS # CJ003.BYRNE.HERO by:	\$150,000
Fed/State Fund Cash Transfer Revenue	\$7,620
General Fund Service Reimbursement Revenue from Indirect	\$7,620
Insurance Fund Service Reimbursement Revenue	\$5,994
Data Processing Fund Service Reimbursement Revenue	\$3,000

TOTAL \$174,234

4. CONTINGENCY STATUS [To Be Completed by Budget & Planning]

(Specify Fund) Fund Contingency BEFORE THIS MODIFICATION (as of _____): \$ _____
AFTER THIS MODIFICATION: \$ _____

Originated By:

Date:

Department Director:

Date:

Shaun Coldwell12/17/01Joanne Fuller12/17/01

Plan / Budget Analyst:

Date:

Employee/Services:

Date:

Kathy Treb12-19-01

Board Approval:

Date:

Deborah C. Bogstad01-10-02

BUDGET MODIFICATION: # DCJ02_03
EXPENDITURES & REVENUES

Budget Fiscal Year: 01/02

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Line No.	Fund Center	Fund Code	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
			Internal Order	Cost Center	WBS Element						
1	50-05	1505			9950000041	60000	0	32,385	32,385		Incr Permanent, 1.0 FTE R/E Analyst 1.
2	50-05	1505			9950000041	60130	0	6,239	6,239		Incr Fringe, 1.0 FTE R/E Analyst 1.
3	50-05	1505			9950000041	60140	0	5,994	5,994		Incr Insurance, 1.0 FTE R/E Analyst 1.
4	50-05	21191			CJ003.BYRNE.HERO.CON	60170	0	102,482	102,482		Incr Prof Svcs, \$30000 wraparound svcs
6								0			and \$72,482 for remaining contracted sv.
7	50-05	21191			CJ003.BYRNE.HERO	60240	0	1,500	1,500		Incr Supplies for new staff & program.
8	50-05	21191			CJ003.BYRNE.HERO	60260	0	1,400	1,400		Incr Educ/Train'g, one nat'l eval conference.
9								0		150,000	Total Byrne H.E.R.O. grant expense
10	50-05	21191			CJ003.BYRNE.HERO	50190	0	(150,000)	(150,000)	(150,000)	Total CJ003.BYRNE.HERO revenue
11								0			
12	50-05	1505		500201		60350	13,569.47	21,189	7,620		Incr Byrne Ind Cost in ECD, \$150000 x 5.08%.
13	50-05	1505		500201		50320	0	(7,620)	(7,620)		Incr Cash Transfr Rev in ECD.
14	50-00	1000	4			60560		7,620	7,620		Incr DCJ Cash Transfer expense.
15	19	1000			9500001000	50310		(7,620)	(7,620)		Incr General Fund Indirect revenue.
16								0		0	Byrne grant-related IC actions
17								0			
18	50-10	1505		501001		60170	494,041	444,041	(50,000)		Decr ACJ Mgmt Prof Svcs.
19	50-10	1505		501001		60350	47,257	44,717	(2,540)		Decr ACJ Mgmt Ind Cost, \$50000 x 5.08%.
20	50-10	23000			CJ010.GRANTAID.ADM	50180		52,540	52,540		Reduce OR Dept of Corr rev in ACJ Mgmt
21								0		0	Total ACJ Mgmt
22								0			
23	50-05	1505		500201		60170	0	46,328	46,328		Incr ECD Prof Svcs, portion of grant match,
24								0			addition to contracted svcs to children.
25	50-05	1505		500201		60370	0	672	672		Incr ECD Telephone exp, add for for new
26								0			R/E Analyst 1.
27	50-05	1505		500201		60350	13,569.47	15,957	2,388		Incr ECD Ind Cost, \$47000 x 5.08%.
28	50-10	23000			CJ010.GRANTAID.ADM	50180		(49,388)	(49,388)		Incr OR Dept of Corr rev in ECD.
29								0		0	Total ECD
									0	0	Total - Page 1
									0	0	GRAND TOTAL

BUDGET MODIFICATION: # DCJ02_03
EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Budget Fiscal Year: 01/02

Line No.	Fund Center	Fund Code	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
			Internal Order	Cost Center	WBS Element						
30	70-03	3503		709608		60240	41,380	44,380	3,000		Incr IS Supplies, computer for new R/E Ayst.
31	19	1000		9500001000		50310		(3,000)	(3,000)		Intl Svc Reimb against DCJ
32								0			
33	50-90	1505		509401		60350	2,102	2,254	152		Incr IS Ind Cost, \$3000 x 5.08%.
34	50-90	1505		509401		60380	41,380	44,380	3,000		Incr Intl Svc Data Proc
35	50-10	23000			CJ010.GRANT AID.ADM	50180		(3,152)	(3,152)		Incr OR Dept of Corr rev in IS.
36								0		0	Total DCJ-IS Mgmt Svcs Fed/State
37	70-80	3500		708000		50310		(5,994)	(5,994)		Insurance Fund
38	70-80	3500		708000		60330		5,994	5,994		Insurance Fund
39								0			
40								0			
41								0			
42								0			
43								0			
44								0			
45								0			
46								0			
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48								0			
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58								0			
									0	0	Total - Page 2
									0	0	GRAND TOTAL

5. ANNUALIZED PERSONNEL CHANGE

Change on a full year basis even though this action affects only a part of the fiscal year (FY).

						ANNUALIZED			
Fund	JCN	HR Org Unit	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1505	6085	62762	Research/Evaluation Analyst 1	709126	1.00	32,385	6,239	5,994	44,618
									0
									0
									0
									0
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			TOTAL ANNUALIZED CHANGES		1.00	32,385	6,239	5,994	44,618

6. CURRENT YEAR PERSONNEL DOLLAR CHANGE

Calculate costs/savings that will take place in this FY; these should explain the actual dollar amounts being changed by this Bud Mod.

						CURRENT YEAR			
Fund	JCN	HR Org Unit	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1505	6085	62762	Research/Evaluation Analyst 1	709126	1.00	32,385	6,239	5,994	44,618
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			TOTAL CURRENT FY CHANGES		1.00	32,385	6,239	5,994	44,618



MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY JUSTICE

Administrative Services
501 SE Hawthorne
Portland, Oregon 97214
Phone (503) 988-3701
Fax (503) 988-5791

BOARD OF COUNTY COMMISSIONERS

Diane Linn • Chair of the Board
Maria Rojo de Steffey • District 1 Commissioner
Serena Cruz • District 2 Commissioner
Lisa Naito • District 3 Commissioner
Lonnie Roberts • District 4 Commissioner

MEMORANDUM

TO: BOARD OF COUNTY COMMISSIONERS

FROM: Joanne Fuller, Interim Director
Department of Community Justice

DATE: December 11, 2001

RE: Byrne H.E.R.O. Budget Modification DCJ02_03 Approval

- I. **Action Requested:** Approve Budget Modification DCJ02_03, adding \$150,000 in Byrne grant revenue to fund DCJ's H.E.R.O. for Kids program.
- II. **Background Analysis:** The Department of Community Justice has received grant award notification of \$150,000 in Byrne grant revenue to fund the Hope, Education, Resources, Options for Children Who Witness Domestic Violence [H.E.R.O. for Kids] program. The revenue funds \$72,482 contracted services for assessments, case plans, and education/support services. It adds \$30,000 for "wraparound services" for those in need of more intensive treatment services. The grant also includes funding for a research and evaluation analyst dedicated full-time to data collection support for the program process and outcome evaluations. An additional \$50,000 in departmental matching funds, provided from state grant in aid revenue, adds \$46,328 to the contracted services and covers operational expense for the research/evaluation analyst.
- III. **Financial Impact:** This is the first of a possible 4-year period of Byrne grant funding for the H.E.R.O. program. Because the Byrne grant does not permit Indirect Cost to be paid from grant or matching funds, this modification increases the Department's general fund cash transfer to cover the grant-associated Indirect Cost, returning that expense to general fund indirect revenue for a zero net change to general fund.
- IV. **Legal Issues:** N/A
- V. **Controversial Issues:** N/A
- VI. **Link to Other County Policies:** N/A
- VII. **Other Government Participation:** Federal/state and county coordination/participation.

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR:

(Date)

DEPARTMENT: Community JusticeDIVISION: JCJCONTACT: Shaun ColdwellPHONE: 988-3961

* NAME(S) OF PERSON MAKING PRESENTATION TO BOARD:

Joanne Fuller/Dave KochSUGGESTED AGENDA TITLE (To assist in preparing a description for the printed agenda)

Add \$131,702 Byrne grant revenue to the Department of Community Justice to support the Multnomah County Multisystemic Therapy Treatment Foster Care program.

2. DESCRIPTION OF MODIFICATION: [Explain the changes being made: What budget does it increase / decrease? What do the changes accomplish? Where does the money come from?]

[x] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

This budget modification adds one Research/Evaluation Analyst 2, \$250 in staff Supplies and \$2,050 Education/Training to ECD. It increases JCJ Counseling Mgmt contracted services by \$64,809. These increases, totaling \$131,702, are funded by new Byrne grant funds awarded to DCJ for the Multnomah County MST Foster Care project. In addition, the modification provides the required \$43,901 matching funds by using \$43,901 of the total MST Foster Care contracted services restored to the budget by pre-Adopted Budget amendment 02_DCJ_CC_03..

Because the grant does not permit use of grant or match funds for Indirect Cost, the modification increases DCJ Cash Transfer by \$6,690 to cover the grant-related Indirect Cost.

3. REVENUE IMPACT: [Explain revenues being changed and reason for the change]

Increases WBS # CJ003.BYRNE.MST by:	\$131,702
Increase Fed/St Fund cash transfer revenue to DCJ	\$6,690
General Fund Service Reimbursement revenue	\$6,690
Insurance Fund Service Reimbursement revenue	\$9,426

TOTAL \$154,508

4. CONTINGENCY STATUS [To Be Completed by Budget & Planning]

_____ Fund Contingency BEFORE THIS MODIFICATION (as of _____): \$ _____
 (Specify Fund) AFTER THIS MODIFICATION: \$ _____

Originated By:

Date:

Department Director:

Date:

Plan / Budget Analyst:

Date:

Employee Services:

Date:

Board Approval:

Date:

BUDGET MODIFICATION: # DCJ02_04

Page 1 of 4

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Line No.	Fund Center	Fund Code	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	
			Internal Order	Cost Center	WBS Element						
1	50-05	1505			9950000042	60000	0	45,219	45,219		Incr Perman
2	50-05	1505			9950000042	60130	0	9,948	9,948		Incr Fringe,
3	50-05	1505			9950000042	60140	0	9,426	9,426		Incr Insuranc
4	50-05	21192			CJ003.BYRNE.MST.EVAL	60240	0	250	250		Incr Supplies
6	50-05	21192			CJ003.BYRNE.MST.EVAL	60260		2,050	2,050		Incr Educ/Tr
7							0	0		66,893	Subtotal Byr
8	50-05	21192			CJ003.BYRNE.MST.EVAL	50190	0	(66,893)	(66,893)	(66,893)	Subtotal CJ
9	50-50	21192			CJ003.BYRNE.MST.CON	60170	0	64,809	64,809		Incr Prof Svc
10								0			beds, \$35360
11								0		64,809	Subtotal Byrr
12	50-50	21192			CJ003.BYRNE.MST.CON	50190	0	(64,809)	(64,809)	(64,809)	Subtotal CJ003.BY
13								0			
14	50-05	1505		500201		60350	13,569.47	16,967	3,398		Incr Byrne Ind
15	50-05	1505		500201		50320	0	(3,398)	(3,398)		Incr Cash Trar
16	50-50	1505		507001		60350		3,292	3,292		Incr Byrne IC i
17	50-50	1505		507001		50320		(3,292)	(3,292)		Incr Cash Trar
18	50-00	1000	4			60560		6,690	6,690		Incr DCJ Cas
19	19	1000			9500001000	50310		(6,690)	(6,690)		Incr General
20	70-80	3500		708000		50310		(9,426)	(9,426)		Insurance Fun
21	70-80	3500		708000		60330		9,426	9,426		Insurance Fun
22								0			
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								0	0		Total - Page
								0	0		GRAND TO

5. ANNUALIZED PERSONNEL CHANGE

Change on a full year basis even though this action affects only a part of the fiscal year (FY).

						ANNUALIZED			
Fund	JCN	HR Org Unit	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1505	6086	62762	Research/Evaluation Analyst 2	709127	1.00	45,219	9,948	9,426	64,593
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			TOTAL ANNUALIZED CHANGES		1.00	45,219	9,948	9,426	64,593

6. CURRENT YEAR PERSONNEL DOLLAR CHANGE

Calculate costs/savings that will take place in this FY; these should explain the actual dollar amounts being changed by this Bud Mod.

						CURRENT YEAR			
Fund	JCN	HR Org Unit	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1505	6086	62762	Research/Evaluation Analyst 2	709127	1.00	45,219	9,948	9,426	64,593
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			TOTAL CURRENT FY CHANGES		1.00	45,219	9,948	9,426	64,593



MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY JUSTICE

Administrative Services
501 SE Hawthorne
Portland, Oregon 97214
Phone (503) 988-3701
Fax (503) 988-5791

BOARD OF COUNTY COMMISSIONERS

Diane Linn • Chair of the Board
Maria Rojo de Steffey • District 1 Commissioner
Serena Cruz • District 2 Commissioner
Lisa Naito • District 3 Commissioner
Lonnie Roberts • District 4 Commissioner

MEMORANDUM

TO: BOARD OF COUNTY COMMISSIONERS

FROM: Joanne Fuller, Interim Director
Department of Community Justice

DATE: December 11, 2001

RE: Byrne Foster Care Budget Modification DCJ02_04 Approval

- I. **Action Requested:** Approve Budget Modification DCJ02_04, adding \$131,702 in Byrne grant revenue to support DCJ's MST Foster Care program.
- II. **Background Analysis:** The Department of Community Justice has received grant award notification of \$131,702 in Byrne grant revenue to add funding to the Multnomah County Multisystemic Therapy (MST) Treatment Foster Home program. The new revenue buys contracted services consisting of two foster care beds, clinical supervision, and incentive payments of \$10 twice a year to comparison families for pre- and post interviews. The grant also funds a research and evaluation analyst dedicated full-time to the MST program; operational supplies; and staff attendance at a national MST conference. The \$43,901 grant match requirements are met by using a portion of the \$95,000 remaining from the \$380,000 general fund support offered to the Treatment Foster Care program in amendment 02_DCJ_CC_03, which preceded adoption of the FY02 budget. \$285,000 of that original \$380,000 support was cut during the recent County mid-year re-balancing actions.
- III. **Financial Impact:** This is the first of a possible 4-year period of Byrne grant funding for the MST Foster Care program. Because the Byrne grant does not permit Indirect Cost to be paid from grant or matching funds, this modification increases the Department's general fund cash transfer to cover the grant-associated Indirect Cost, returning that expense to general fund indirect revenue for a zero net change to general fund.
- IV. **Legal Issues:** N/A
- V. **Controversial Issues:** N/A
- VI. **Link to Other County Policies:** N/A
- VII. **Other Government Participation:** Federal, state and county coordination/participation.

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR:

(Date)

DEPARTMENT: Community JusticeDIVISION: ACJCONTACT: Shaun ColdwellPHONE: 988-3961

* NAME(S) OF PERSON MAKING PRESENTATION TO BOARD:

Joanne Fuller/Carl JaberSUGGESTED AGENDA TITLE (To assist in preparing a description for the printed agenda)

Add \$79,311 Oregon Judicial Department grant revenue to the Department of Community Justice to support the OJD's federal "Randomized Sanctions to Reduce Drunk Driving Recidivism" program.

2. DESCRIPTION OF MODIFICATION: [Explain the changes being made: What budget does it increase / decrease? What do the changes accomplish? Where does the money come from?]

[x] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

This budget modification adds one Probation/Parole Officer and supplemental Overtime to the ACJ DUI unit.

Because the grant does not permit use of grant funds for Indirect Cost, the modification increases DCJ Cash Transfer by \$4,029 to cover the grant-related Indirect Cost.

3. REVENUE IMPACT: [Explain revenues being changed and reason for the change]

Increases WBS # CJ021.DRUNKDRIVING by:	\$79,311
Federal State Fund cash transfer revenue	\$4,029
General Fund service reimbursement revenue	\$4,029

TOTAL \$87,369

4. CONTINGENCY STATUS [To Be Completed by Budget & Planning]

_____ Fund Contingency BEFORE THIS MODIFICATION (as of _____): \$ _____
 (Specify Fund) AFTER THIS MODIFICATION: \$ _____

Originated By:

Date:

Department Director:

Date:

Shaun Coldwell12/17/01Shirley Joanne Fuller12/17/01

Plan / Budget Analyst:

Date:

Employee Services:

Date:

Henry12-19-01

Board Approval:

Date:

DEBORAH L BOGSTAD01-10-02

BUDGET MODIFICATION: # DCJ02_05

Page 1 of 4

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Line No.	Fund Center	Fund Code	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	
			Internal Order	Cost Center	WBS Element						
1	50-10	1505		9950000043		60000	245,105.52	293,903	48,797		Increase Per
2	50-10	1505		9950000043		60110	-	5,605	5,605		Increase Ove
3	50-10	1505		9950000043		60130	62,014.80	75,615	13,600		Incr Fringe,
4	50-10	1505		9950000043		60140	65,196.00	76,505	11,309		Increase Insur
6								0		79,311	Subtotal OJD
7								0			
8								0			
9	50-10	32023			CJ021.DRUNKDRIVING	50190	0	(79,311)	(79,311)	(79,311)	Subtotal CJ02
10								0			
11	50-10	1505		504500		60350	20,263.29	24,292	4,029		Incr OJD Ind C
12	50-10	1505		504500		50320		(4,029)	(4,029)		Incr Cash Tr
13	50-00	1000	4			60560		4,029	4,029		Incr DCJ Cas
14	19	1000		9500001000		50310		(4,029)	(4,029)		Incr General
15	70-80	3500		708000		50310		(11,309)	(11,309)		Insurance Fl
16	70-80	3500		708000		60330		11,309	11,309		Insurance Fl
17								0			
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26								0			
27								0			
28								0			
29								0			
									0	0	Total - Page
									0	0	GRAND TO

5. ANNUALIZED PERSONNEL CHANGE

Change on a full year basis even though this action affects only a part of the fiscal year (FY).

Fund	JCN	HR Org Unit	Position Title	Position Number	FTE	ANNUALIZED			
						BASE PAY	FRINGE	INSUR	TOTAL
1505	6276	61829	Probation/Parole Officer	709112	1.00	48,797	12,199	10,749	71,745
									0
									0
									0
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			TOTAL ANNUALIZED CHANGES		1.00	48,797	12,199	10,749	71,745

6. CURRENT YEAR PERSONNEL DOLLAR CHANGE

Calculate costs/savings that will take place in this FY; these should explain the actual dollar amounts being changed by this Bud Mod.

						CURRENT YEAR			
Fund	JCN	HR Org Unit	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1605	6276	61829	Probation/Parole Officer	709112	1.00	48,797	12,199	10,749	71,745
									0
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			TOTAL CURRENT FY CHANGES		1.00	48,797	12,199	10,749	71,745



MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY JUSTICE

Administrative Services
501 SE Hawthorne
Portland, Oregon 97214
Phone (503) 988-3701
Fax (503) 988-5791

BOARD OF COUNTY COMMISSIONERS

Diane Linn • Chair of the Board
Maria Rojo de Steffey • District 1 Commissioner
Serena Cruz • District 2 Commissioner
Lisa Naito • District 3 Commissioner
Lonnie Roberts • District 4 Commissioner

MEMORANDUM

TO: BOARD OF COUNTY COMMISSIONERS

FROM: Joanne Fuller, Interim Director
Department of Community Justice

DATE: December 11, 2001

RE: OJD Drunk Driving Recidivism Budget Modification DCJ02_05 Approval

- I. **Action Requested:** Approve Budget Modification DCJ02_05, adding \$79,311 in Oregon Judicial Department grant revenue to fund a Probation/Parole Office personnel position.
- II. **Background Analysis:** The Department of Community Justice has received grant award notification of \$79,311 in State of Oregon Judicial Department (OJD) "Randomized Sanctions to Reduce Drunk Driving Recidivism" grant revenue. This revenue funds a Probation/Parole Officer position to supervise the extra cases that will result from OJD's participation in the federal drunk driving recidivism program.
- III. **Financial Impact:** This is the second year of a possible 5-year period of OJD grant funding but the first year in which we have been invited to participate in this program. The Multnomah Circuit Court has verified that the intergovernmental agreement between OJD and Multnomah County limits grantor reimbursement to salaries/wages and payroll fringe benefits. Therefore, to cover the Indirect Cost associated with the new revenue, this modification increases the Department's general fund cash transfer and returns that expense to general fund indirect revenue. The result is a zero net change to general fund.
- IV. **Legal Issues:** N/A
- V. **Controversial Issues:** N/A
- VI. **Link to Other County Policies:** N/A
- VII. **Other Government Participation:** Federal, state and county coordination/participation.

MEETING DATE: January 10, 2002
AGENDA NO: C-12
ESTIMATED START TIME: 9:30 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's use only)

AGENDA PLACEMENT FORM

SUBJECT: Request Approval of Private Sale

BOARD BRIEFING: Date Requested: _____
Requested by: _____
Amount of Time Needed: _____

REGULAR MEETING: Date Requested: January 10, 2002
Amount of Time Needed: _____

DEPARTMENT: DMBS DIVISION: Housing

CONTACT: Gary Thomas TELEPHONE #: 503-988-3590 x22591
BLDG/ROOM #: 503/320/Tax Title

PERSON(S) MAKING PRESENTATION Consent Calendar

ACTION REQUESTED:

{ } INFORMATION ONLY { } POLICY DIRECTION {X} APPROVAL { } OTHER

SUGGESTED AGENDA TITLE:

Request approval of Private Sale of Tax Foreclosed Property under ORS 275.225 to DONALD E. HEFFRON.

Return original documents and copies of all to Becky Grace 503/320 following approval

01/14/02 original & copies of all to Becky Grace

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
OR

DEPARTMENT MANAGER: Michael Oswald

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.I.bogstad@co.multnomah.or.



Department of Sustainable Community Development
MULTNOMAH COUNTY OREGON

501 SE Hawthorne Blvd, Suite 320
Portland, Oregon 97214
(503) 988-5000 phone
(503) 988-3048 fax

SUPPLEMENTAL STAFF REPORT

TO: Board of County Commissioners
FROM: Tax Title, Gary Thomas
DATE: Thursday, January 10, 2002
RE: Request approval to sell a Tax Foreclosed Property by Private Sale

1. Recommendation/Action Requested:

Approval to sell a Tax Foreclosed Property by Private Sale.

2. Background/Analysis:

This property was deeded to the County on 9/26/1995, through foreclosure for non-payment of property taxes. This property was made available to Government Agencies and Non-Profit Housing Developers of Multnomah County during fiscal year 1995/1996, in accordance with Multnomah County Code Chapter 27. The Multnomah County Tax Title Division conducted a sealed bid auction limited to only adjacent property owners. The individual named in this proposed sale was the successful bidder.

The property was previously shown on the Assessment & Taxation records as being 2,400 square feet. The size of the parcel is approximately 39' x 38.5' or 1,499 square feet. Also, the property was mistakenly valued at a higher total which is reflected in the back taxes and interest shown in Exhibit A under itemized expenses. The value has been adjusted by the Appraisal Section to reflect the size and location of the property. The lot can only be accessed by the two adjacent property owners. (See attached plat map shown as Exhibit A-1).

A letter was obtained from the City of Troutdale Planning Department stating that the parcel is unsuitable for the construction or placement of a dwelling. The property is in the city limits of the City of Troutdale. Current zoning for the area in which the subject is located is R-20, Low Density Residential. The minimum size lot required in order to construct a new dwelling or site a mobile home in this zoning is 20,000 square feet. The size of the subject parcel is 1,565 square feet.

Other zoning requirements that would preclude building on this site are that the minimum lot width has to be 70 feet. The subject is 39 feet wide. The minimum lot depth in this zoning is 100 feet. The subject is approximately 38.5 feet long. The parcel is also located in the Columbia Gorge National Scenic Area which carries with it numerous requirements for new construction. The subject parcel is also landlocked.

3. Financial Impact:

The Private Sale will allow for a partial recovery of delinquent taxes, interest, fees and costs. The sale will also reinstate the property on the tax roll (see Exhibit A).

4. Legal Issues:

Under ORS 275.225 Private Sales are available on property that is unsuitable for construction or placement of a dwelling thereon under current zoning ordinances and building codes and that is assessed at less than \$5,000. The current assessed value on the property is \$500. No legal issues are expected.

5. Controversial Issues:

This parcel would be sold "AS IS" without guarantee of clear title.

6. Link to Current County Policies:

This property has been through all the processes provided by Multnomah County Code Chapter 27.

7. Citizen Participation:

Once the Board of Commissioners approves the action to sell, a notice will be placed in the Daily Journal of Commerce to advertise the Private Sale.

8. Other Government Participation:

Properties sold at Multnomah County Public or Private Sale are subject to ORS 275.275.

EXHIBIT A (SUPPLEMENTAL STAFF REPORT)
PROPOSED PROPERTY LISTED FOR PRIVATE SALE
FISCAL YEAR 2001/02

Legal Description:

A tract of land in Lot 38, Thompson Villa Tracts, Multnomah County, Oregon described as follows:

Commencing at the Northeast corner of Lot 37, Thompson Villa Tracts; thence S0°26'E, along the East line of Lots 37 and 38, a distance of 182.00 feet to the Southeast corner of Lot 38; thence West, along the South line of said Lot 38, a distance of 298.31 feet to the true point of beginning; thence N07°22'7"W, a distance of 39.13 feet; thence Easterly to the Northeast corner of that part of said Lot 38 described in that contract between E.J. Mocabee, et ux and Richard H. Rideout, et ux and recorded in Book 988 at Page 1264; thence Southerly to the Southeast corner of that portion of Lot 38 described in said contract; thence Westerly to the true point of beginning.

Multnomah County Deed No.: D011806

Tax Account No.: R287115

ADJACENT PROPERTY ADDRESS:	2187 SE Crown Point Highway
TAX ACCOUNT NUMBER:	R-83130-2900 / R287115
GREENSPACE DESIGNATION:	No Designation
SIZE OF PARCEL:	1,499 sq. ft.
ASSESSED VALUE 2001:	\$500

ITEMIZED EXPENSES FOR TOTAL PRICE OF PRIVATE SALE:

BACK TAXES & INTEREST:	760.34
TAX TITLE MAINTENANCE COST & EXPENSES:	170.00
ADVERTISING COST:	50.00
RECORDING FEE:	24.00
CITY LIENS:	00.00
SUB-TOTAL	<hr/> 1,004.34
MINIMUM PRICE REQUEST OF PRIVATE SALE	\$500.00

Page 4 of 4 Supplemental Staff Report

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY**

RESOLUTION NO. _____

Authorizing Private Sale of Certain Tax Foreclosed Property to DONALD E. HEFFRON, including direction to Tax Title for Publication of Notice Pursuant to ORS 275.225.

The Multnomah County Board of Commissioners Finds:

- a) Multnomah County acquired the real property hereinafter described through the foreclosure of liens for delinquent taxes.
- b) The property has an assessed value of \$500.00 on the County's current tax roll
- c) A copy of the determination obtained from the City of Troutdale Planning Department finding that the property is not suitable for the construction or placement of a dwelling thereon under current zoning ordinances and building codes, as provided under ORS 275.225 is attached as Exhibit B.
- d) DONALD E. HEFFRON has agreed to pay \$510.00, an amount the Board hereby finds to be a reasonable price for the property in conformity with ORS 275.225
- e) DONALD E. HEFFRON has agreed to reimburse the County for the cost of publishing the notice of this sale.

The Multnomah County Board of Commissioners Resolves:

- 1. That Multnomah County Tax Title Division is directed to publish notice of this sale in a newspaper of general circulation as provided under ORS 275.225(2).
- 2. That not earlier than 15 days after publication of the notice and upon Tax Title's receipt of the payment of \$510.00 plus the cost of publishing as provided above, the Chair on behalf of Multnomah County, is hereby authorized to execute a deed conveying to DONALD E. HEFFRON the real property described in the attached Exhibit A.

ADOPTED this 10th day of January 2002.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:
THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

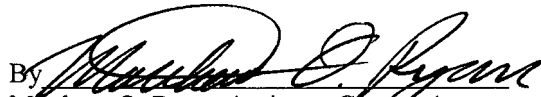
By 
Matthew O. Ryan, Assistant County Attorney

EXHIBIT A (RESOLUTION)

Legal Description:

A tract of land in Lot 38, Thompson Villa Tracts, Multnomah County, Oregon described as follows:

Commencing at the Northeast corner of Lot 37, Thompson Villa Tracts; thence S0°26'E, along the East line of Lots 37 and 38, a distance of 182.00 feet to the Southeast corner of Lot 38; thence West, along the South line of said Lot 38, a distance of 298.31 feet to the true point of beginning; thence N07°22'7"W, a distance of 39.13 feet; thence Easterly to the Northeast corner of that part of said Lot 38 described in that contract between E.J. Mocabee, et ux and Richard H. Rideout, et ux and recorded in Book 988 at Page 1264; thence Southerly to the Southeast corner of that portion of Lot 38 described in said contract; thence Westerly to the true point of beginning.

Multnomah County Deed No.: D011806

Tax Account No.: R287115

After recording, return to:
DONALD E HEFFRON
PO BOX 267
TROUTDALE OR 97060-0267

EXHIBIT A (DEED)

Legal Description:

A tract of land in Lot 38, Thompson Villa Tracts, Multnomah County, Oregon described as follows:

Commencing at the Northeast corner of Lot 37, Thompson Villa Tracts; thence S0°26'E, along the East line of Lots 37 and 38, a distance of 182.00 feet to the Southeast corner of Lot 38; thence West, along the South line of said Lot 38, a distance of 298.31 feet to the true point of beginning; thence N07°22'7"W, a distance of 39.13 feet; thence Easterly to the Northeast corner of that part of said Lot 38 described in that contract between E.J. Mocabee, et ux and Richard H. Rideout, et ux and recorded in Book 988 at Page 1264; thence Southerly to the Southeast corner of that portion of Lot 38 described in said contract; thence Westerly to the true point of beginning.

Multnomah County Deed No.: D011806

Tax Account No.: R287115

**NOTICE OF PRIVATE SALE
PURSUANT TO ORS 275.225**

Multnomah County, Department of Sustainable Community Development, Tax Title Unit, 501 SE Hawthorne, Room 175, Portland, Oregon 97214-3560, will sell the following property:

A tract of land in Lot 38, Thompson Villa Tracts, Multnomah County, Oregon described as follows:

Commencing at the Northeast corner of Lot 37, Thompson Villa Tracts; thence S0°26'E, along the East line of Lots 37 and 38, a distance of 182.00 feet to the Southeast corner of Lot 38; thence West, along the South line of said Lot 38, a distance of 298.31 feet to the true point of beginning; thence N07°22'7"W, a distance of 39.13 feet; thence Easterly to the Northeast corner of that part of said Lot 38 described in that contract between E.J. Mocabee, et ux and Richard H. Rideout, et ux and recorded in Book 988 at Page 1264; thence Southerly to the Southeast corner of that portion of Lot 38 described in said contract; thence Westerly to the true point of beginning.

The parcel also known as R287115 has a current assessed value of \$500.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 02-005

Authorizing Private Sale of Certain Tax Foreclosed Property to DONALD E. HEFFRON, Including Direction to Tax Title for Publication of Notice Pursuant to ORS 275.225

The Multnomah County Board of Commissioners Finds:

- a) Multnomah County acquired the real property hereinafter described through the foreclosure of liens for delinquent taxes.
- b) The property has an assessed value of \$500.00 on the County's current tax roll
- c) A copy of the determination obtained from the City of Troutdale Planning Department finding that the property is not suitable for the construction or placement of a dwelling thereon under current zoning ordinances and building codes, as provided under ORS 275.225 is attached as Exhibit B.
- d) DONALD E. HEFFRON has agreed to pay \$510.00, an amount the Board hereby finds to be a reasonable price for the property in conformity with ORS 275.225
- e) DONALD E. HEFFRON has agreed to reimburse the County for the cost of publishing the notice of this sale.

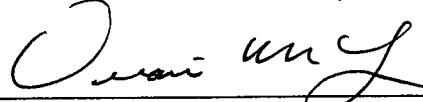
The Multnomah County Board of Commissioners Resolves:

- 1. That Multnomah County Tax Title Division is directed to publish notice of this sale in a newspaper of general circulation as provided under ORS 275.225(2).
- 2. That not earlier than 15 days after publication of the notice and upon Tax Title's receipt of the payment of \$510.00 plus the cost of publishing as provided above, the Chair on behalf of Multnomah County, is hereby authorized to execute a deed conveying to DONALD E. HEFFRON the real property described in the attached Exhibit A.

ADOPTED this 10th day of January 2002.



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON



Diane M. Linn, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON


By 
Matthew O. Ryan, Assistant County Attorney

EXHIBIT A (RESOLUTION)

Legal Description:

A tract of land in Lot 38, Thompson Villa Tracts, Multnomah County, Oregon described as follows:

Commencing at the Northeast corner of Lot 37, Thompson Villa Tracts; thence S0°26'E, along the East line of Lots 37 and 38, a distance of 182.00 feet to the Southeast corner of Lot 38; thence West, along the South line of said Lot 38, a distance of 298.31 feet to the true point of beginning; thence N07°22'7"W, a distance of 39.13 feet; thence Easterly to the Northeast corner of that part of said Lot 38 described in that contract between E.J. Mocabee, et ux and Richard H. Rideout, et ux and recorded in Book 988 at Page 1264; thence Southerly to the Southeast corner of that portion of Lot 38 described in said contract; thence Westerly to the true point of beginning.

Multnomah County Deed No.: D011806

Tax Account No.: R287115

After recording, return to:
DONALD E HEFFRON
PO BOX 267
TROUTDALE OR 97060-0267

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to DONALD E HEFFRON Grantee, that certain real property, located in the City of Portland, Multnomah County, Oregon more particularly described as follows:

The true and actual consideration paid for this transfer; stated in the terms of dollars is \$510.00.

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Chair of the Multnomah County Board of Commissioners the 28th day of January 2002, by authority of a Resolution of the Board of County Commissioners heretofore entered of record.

Diane M. Linn, Chair

THOMAS SPONSER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By Matthew O. Ryan
Matthew O. Ryan, Assistant County Attorney

This Deed was acknowledged before me this 28th day of January 2002, by Diane M. Linn, to me personally known, as Chair of the Multnomah County Board of Commissioners, on behalf of the County by authority of the Multnomah County Board of Commissioners.

Page 3 of 5- Resolution and Deed Authorizing Private Sale

EXHIBIT A (DEED)

Legal Description:

A tract of land in Lot 38, Thompson Villa Tracts, Multnomah County, Oregon described as follows:

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Multnomah County Deed No.: D011806

Tax Account No.: R287115

**NOTICE OF PRIVATE SALE
PURSUANT TO ORS 275.225**

Multnomah County, Department of Sustainable Community Development, Tax Title Unit, 501 SE Hawthorne, Room 175, Portland, Oregon 97214-3560, will sell the following property:

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The parcel also known as R287115 has a current assessed value of \$500.



CITY OF TROUTDALE

"Gateway to the Columbia River Gorge"

EXHIBIT B (Letter from City of Troutdale)

December 13, 2001

Multnomah County
Dept of Sustainable Community Development
501 SE Hawthorne Blvd, Suite 320
Portland, Oregon 97214

RE: In reply to a request about whether a lot identified with State ID number 1N4E31B TL 600 is suitable for the construction or placement of a residential structure.

Pursuant the Troutdale Development Code (TDC) standards for construction on a lot within the R-20 Single Family Residential zoning district, the subject property is not suitable for the construction or placement of a residential structure as the lot is substandard as follows:

1. **TDC 3.014 Lot Size, Dimensional, and Density Standards.**

The subject property is zoned R20 Single Family Residential. The minimum lot size is 20,000 square feet. This site has only 1,560 square feet.

2. **TDC 3.015(B) All lots in this district shall have frontage or approved access to public streets, public water, and public sewer before construction shall be permitted.**

The subject property does not front on a public street or have a "flag" lot driveway fronting on a public street and is not served by City sewer or water.

Should you have questions, please contact me at (503) 665-5175 or via e-mail at emccallum@ci.troutdale.or.us.

Sincerely,

Elizabeth A. McCallum
Senior Planner

COMMUNITY DEVELOPMENT DEPARTMENT

Fax: (503) 667-0524

Planning Division

Building Division

Inspection Requests
after 5:00 p.m.
(503) 674-7229

Code Compliance

Parks Division

Fax: (503) 665-1137

Facilities Maintenance

After recording, return to:
DONALD E HEFFRON
PO BOX 267
TROUTDALE OR 97060-0267

Deed D011806

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to DONALD E HEFFRON Grantee, that certain real property, located in the City of Portland, Multnomah County, Oregon more particularly described as follows:

As Described In Attached Exhibit A.

The true and actual consideration paid for this transfer; stated in the terms of dollars is \$510.00.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Chair of the Multnomah County Board of Commissioners the 28th day of January 2002, by authority of a Resolution of the Board of County Commissioners heretofore entered of record.



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

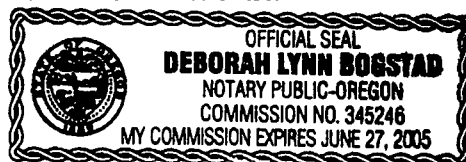
REVIEWED:

THOMAS SPONSER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By Matthew O. Ryan
Matthew O. Ryan, Assistant County Attorney

STATE OF OREGON)
) ss
COUNTY OF MULTNOMAH)

This Deed was acknowledged before me this 28th day of January 2002, by Diane M. Linn, to me personally known, as Chair of the Multnomah County Board of Commissioners, on behalf of the County by authority of the Multnomah County Board of Commissioners.



Deborah Lynn Bogstad
Deborah Lynn Bogstad
Notary Public for Oregon
My Commission expires: 6/27/05

EXHIBIT A (DEED)

Legal Description:

A tract of land in Lot 38, Thompson Villa Tracts, Multnomah County, Oregon described as follows:

Commencing at the Northeast corner of Lot 37, Thompson Villa Tracts; thence S0°26'E, along the East line of Lots 37 and 38, a distance of 182.00 feet to the Southeast corner of Lot 38; thence West, along the South line of said Lot 38, a distance of 298.31 feet to the true point of beginning; thence N07°22'7"W, a distance of 39.13 feet; thence Easterly to the Northeast corner of that part of said Lot 38 described in that contract between E.J. Mocabee, et ux and Richard H. Rideout, et ux and recorded in Book 988 at Page 1264; thence Southerly to the Southeast corner of that portion of Lot 38 described in said contract; thence Westerly to the true point of beginning.

Multnomah County Deed No.: D011806

Tax Account No.: R287115

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR:

(Date) _____

DEPARTMENT: Multnomah County Sheriff's OfficeDIVISION: N/ACONTACT: Larry AabPHONE: 988-4489

* NAME(S) OF PERSON MAKING PRESENTATION TO BOARD: _____

SUGGESTED AGENDA TITLE (To assist in preparing a description for the printed agenda)**Budget Modification to appropriate \$74,900 of Revenue from the Oregon Department of Transportation DISP Grant to continue funding for the Driving Under the Influence Intensive Supervision Program.**

2. DESCRIPTION OF MODIFICATION: [Explain the changes being made: What budget does it increase / decrease? What do the changes accomplish? Where does the money come from?]

[] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET**This bud modifications adds \$62,314 in additional revenue our FY 02 Enforcement budget to continue our DISP program. The Federal Grant awarded spans October 2001 through September 2002. There will be \$12,568 left of the grant to be in the FY 03 Budget.****I will deduct \$5552.00 from General Fund to pay indirect.**

3. REVENUE IMPACT: [Explain revenues being changed and reason for the change]

Adds revenue from Portland Police Bureau Federal Block Grant Funds**\$74,900****TOTAL \$74,900**

4. CONTINGENCY STATUS [To Be Completed by Budget & Planning]

(Specify Fund) Fund Contingency BEFORE THIS MODIFICATION (as of _____): \$ _____
AFTER THIS MODIFICATION: \$ _____

Originated By:

Date:

Department Director:

Date:

Angela Wray 12/13/01Don H. [Signature] 12/13/01

Plan / Budget Analyst:

Date:

Employee Services:

Date:

Debra [Signature] 12-14-01

Board Approval:

Date:

Wendy C. Boggs 01-10-02

BUDGET MODIFICATION: # MCSO 02 #6

Page 1 of 2

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Line No.	Fund Center	Fund Code	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	
			Internal Order	Cost Center	WBS Element						
1	60-50	1505		601621		60000	8,143	45,838	37,695		Permanent
2	60-50	1505		601621		60130	1,773	11,574	9,801		Salary relate
3	60-50	1505		601621		60140	2,444	10,737	8,293		Insurance
4	60-50	1505		601621		60240	5,186	10,961	5,775		Supplies
5	60-50	1505		601621		60260	250	1,000	750		Education &
6	60-50	1505		601621		60350	1,697	7,249	5,552		Indirect
7	60-50	1505		601621		50190	(20,743)	(83,057)	(62,314)		Fed/State Re
8	60-00	1000		604020		60240	63,681	58,129	(5,552)		Supplies
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VI. BUDGET AND COST SHARING

Agency/Project Title: DISP Program Coordinator

Project Number: _____
Office use only

Project Period: From: 10/1/2001 To: 9/30/2002

Grant Adjustment No. _____
Grant Adjustment Date _____
Project Year (1-2-3) _____

This form should include all budget information. If additional information is required for clarity, please include on a separate page referencing appropriate budget item.

Salaries and Wages*

a. Staff assigned to project
1.0 FTE Program Coordinator

b. _____ Overtime Hours @\$ _____/hr
c. _____ Volunteer time hours @ \$ _____/hr

2. Employee Benefits

3. Equipment (including films)

a. Office space/equipment
b. Mobile Data Terminal

4. Materials/Printing (specify item/quantity/cost of each)

a. Reports (Title:
b. Brochures (Title:
c. Other (Specify

TSS FUNDS	MATCH	TOTAL
\$50,923		\$50,923
\$15,277		\$15,277
\$7,700	\$12,000	\$ 19,700

* Job descriptions for all positions assigned to grant .25 FTE or more must be included in Exhibit B.

VI. BUDGET AND COST SHARING

Page 2

Project Number: _____

	TSS FUNDS	MATCH	TOTAL
5. <u>Overhead/Indirect Costs** (Match Only)</u>		\$8,566	\$8,566
6. <u>Other Project Costs</u>			
Travel In-State	\$1,000		\$1,000
Travel Out -of-State (Specify what /where)			
		\$ 1,000	\$ 1,000
Office Expenses (supplies, photocopy, telephone, postage)			
Other Costs (specify)			
a.			
7. <u>Consult/Contractual Services *** (Specify)</u>			
TOTAL	\$74,900	\$21,566	\$96,466

COST SHARING SUMMARY

1. TSS Funds	\$ 74,900	77%
2. State (match)	\$ _____	_____
3. Local (match)	\$ 21,566	23%
4. Other (specify)	\$ _____	_____
5. TOTAL COSTS	\$ 96,466	100%

** Not eligible for TSS funding but may be used as match. Use no more than 10% of A.I., salaries, or use actual indirect costs and provide documentation. ***
TSS approval required prior to expenditures.



Multnomah County Sheriff's Office

501 SE Hawthorne Blvd. Ste 350, Portland, OR 97214

DAN NOELLE
SHERIFF

Phone: (503) 988-4300
TTY: (503) 988-4500

BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM BRIEFING—SUPPLEMENTAL STAFF REPORT

To: Board of County Commissioners
From: Barbara Simon
Today's Date: December 10, 2001
Requested Placement Date: December 20, 2001

- I. **Recommendation/Action Requested** –
Approval of budget modification MCSO 02 #6 adding \$62,314 to Enforcement Budget for FY 02. Remaining amount of grant, \$12,568, will be appropriated in the FY 03 budget.
- II. **Background/Analysis**
The MCSO is receiving \$74,900 from the Oregon Department of Transportation DISP grant to continue funding for the Driving Under the Influence Intensive Supervision Program. .
- III. **Financial Impact**
The total amount of the grant is \$74,900. The grant spans October 2001 through September 2002. \$62,314 will be appropriated in FY 02. The remaining \$12,568 will be appropriated in FY 03.
- V. **Legal Issues**
None.
- VI. **Controversial Issues**
None
- VII. **Link to Current County Policies**
Good Government
Enhancing Public Safety
- VIII. **Citizen Participation**
None
- IX. **Other Government Participation**
Oregon Department of Transportation.

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR:

(Date)

DEPARTMENT: Multnomah County Sheriff's OfficeDIVISION: N/ACONTACT: Larry AabPHONE: 988-4489

* NAME(S) OF PERSON MAKING PRESENTATION TO BOARD: _____

SUGGESTED AGENDA TITLE (To assist in preparing a description for the printed agenda)

Budget Modification to appropriate \$79,988 of Revenue from Tri-County Metropolitan Transportation District of Oregon for 1 additional deputy to serve in the Tri-Met Transit Police Division, which is operated and administered by the Portland Police Bureau.

2. DESCRIPTION OF MODIFICATION: [Explain the changes being made: What budget does it increase / decrease? What do the changes accomplish? Where does the money come from?]

[] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

This bud modifications adds \$79,988 in additional revenue for one (1) FTE Deputy Sheriff in our Enforcement budget. This additional Deputy will perform duties as assigned by the Tri-Met Transit Police Division which is operated and administered by the Portland Police Bureau under a seperate contract between Tri-Met and Portland. Tri-met has agreed to pay for two deputies, one of which is already budgeted. They agree to pay all salaries, salary related expenses, overtime and indirect associated with these two deputies. The contract spans the entire FY 02 and will cover all expenses already incurred.

3. REVENUE IMPACT: [Explain revenues being charged and reason for the change]

Adds revenue from Tri-Met

\$79,988

TOTAL \$79,988

4. CONTINGENCY STATUS [To Be Completed by Budget & Planning]

_____ Fund Contingency BEFORE THIS MODIFICATION (as of _____): \$ _____
(Specify Fund) AFTER THIS MODIFICATION: \$ _____

Originated By: <u>Angela Whay</u>	Date: <u>12/10/01</u>	Department Director: <u>[Signature]</u>	Date: <u>12/13/01</u>
Plan / Budget Analyst: <u>[Signature]</u>	Date: <u>12-14-01</u>	Employee Services: _____	Date: _____
Board Approval: <u>[Signature]</u>	Date: <u>01-10-02</u>		

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Line No.	Fund Center	Fund Code	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	
			Internal Order	Cost Center	WBS Element						
1	60-50	1516		601645		50200	(79,987)	(159,975)	(79,988)		Local Source
2	60-50	1516		601645		60000	49,281	98,563	49,282		Permanent
3	60-50	1516		601645		60130	12,379	24,758	12,379		Salary relate
4	60-50	1516		601645		60140	11,783	23,566	11,783		Insurance
5	60-50	1516		601645		60350	6,544	13,088	6,544		Indirect
6								0			
7								0			
8								0			
9								0			
10								0			
11								0			
12								0			
13								0			
14								0			
15								0			
16								0			
17								0			
18								0			
19								0			
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22								0			
23								0			
24								0			
25								0			
26								0			
27								0			
28								0			
29								0			
									0	0	Total - Page
									0	0	GRAND TO

BUDGET MODIFICATION: # 02-07

5. ANNUALIZED PERSONNEL CHANGEChange on a full year basis even though this action affects only a part of the fiscal year (FY).

						ANNUALIZED			
Fund	JCN	HR Org Unit	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1000	2025	61643	Deputy Sheriff		1.00	49,282	12,379	11,783	73,444
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
			TOTAL ANNUALIZED CHANGES		1.00	49,282	12,379	11,783	73,444

6. CURRENT YEAR PERSONNEL DOLLAR CHANGECalculate costs/savings that will take place in this FY; these should explain the actual dollar amounts being changed by this Bud Mod.

						CURRENT YEAR			
Fund	JCN	HR Org Unit	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1000	2025	61643	Deputy Sheriff		1.00	49,282	12,379	11,783	73,444
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
			TOTAL CURRENT FY CHANGES		1.00	49,282	12,379	11,783	73,444

INTERGOVERNMENTAL AGREEMENT

This is an Agreement between Tri-County Metropolitan Transportation District of Oregon (Tri-Met) and Multnomah County (County) AND City of Portland (City), pursuant to authority granted in ORS Chapter 190.

The purpose of this agreement is for County to provide 2 deputy sheriffs (2.0 FTE) to Tri-Met Transit Police Division, which is operated and administered by the Portland Police Bureau under a separate contract between Tri-Met and Portland. Tri-Met will compensate the County for the services of the deputy sheriffs assigned to the Transit Police Division. *(one already budgeted)*

The parties agree as follows:

1. TERM. The term of this agreement is from July 1, 2001 to June 30, 2002. This agreement may be renewed for an additional term(s) up to four (4) years upon agreement of all parties.
2. RESPONSIBILITIES OF PARTIES. See attached Exhibit 1.
3. TERMINATION. This agreement may be terminated as follows:
 - a. Any party may terminate this agreement for its convenience and without penalty upon thirty (30) days written notice of its intention to terminate.
 - b. If Tri-Met is unable to appropriate sufficient funds to pay County for its services under this agreement, Tri-Met must notify County and City, and the agreement terminates as of the end of the last fiscal year for which such appropriations are available.
 - c. Any obligations arising prior to the date of termination survive the termination, including any obligation to defend and indemnify any other jurisdictions.
4. INDEMNIFICATION.
 - a) Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, County shall indemnify, defend and hold harmless Tri-Met and City from and against all liability, loss and costs arising out of or resulting from the acts of County, its officers, employees and agents in the performance of this agreement. Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300 Tri-Met shall indemnify, defend and hold harmless County and City from and against all liability, loss and costs arising out of or resulting from the acts of Tri-Met, its officers, employees and agents in the performance of this agreement. Subject to the conditions and limitations of the Oregon Constitution and the monetary limits of the Oregon Tort Claims Act, ORS 30.260 through 30.300 City shall indemnify, defend and hold harmless County and Tri-Met from and against all liability, loss and costs arising out of or resulting from the acts of City, its officers, employees and agents in the performance of this agreement.

- b) Portland and County shall be responsible for the work of the deputies assigned to the Tri-Met Transit Police Division.

5. **INSURANCE.** Each party shall be responsible for providing worker's compensation insurance as required by law. No party shall be required to provide or show proof of any other insurance coverage.

6. **ADHERENCE TO LAW.** Each party must comply with all federal, state and local laws and ordinances applicable to this agreement.

7. **ACCESS TO RECORDS.** Each party must have access to the books, documents and other records of the other parties related to this agreement for the purpose of examination, copying and audit, unless otherwise limited by law.

8. **SUBCONTRACTS AND ASSIGNMENT.** No party shall subcontract or assign any part of this agreement without the written consent of the other parties.

9. **ENTIRE AGREEMENT.** This Agreement and Exhibits 1 and 2 constitute the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.

10. **ATTORNEY FEES.** In the event a lawsuit is filed to obtain performance of any kind under this agreement, the prevailing party is entitled to additional sums as the court may award for reasonable attorney fees, all costs and disbursements, including attorney fees, costs and disbursements on appeal.

11. **SEVERABILITY.** The parties agree that if any term of this agreement is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms will not be affected.

12. **NOTICES.** The parties must send any notices, bills, invoices, reports, or other written communications required by this agreement through the United States mail, first class postage paid, or personally delivered to the addresses below:

COUNTY
Multnomah County Sheriff
501 SE Hawthorne Blvd.
Portland, OR 97214
Attn: Accts Payable

TRI-MET
Administrative Department
4012 SE 17th
Portland, OR 97202
Attn: Transit Police

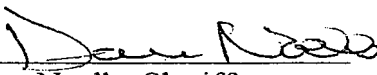
CITY
Bureau of Police
1111 SW 2nd Ave
Portland, OR 97204
Attn: Chief Prunk

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on their behalf by their duly authorized representatives on the dates indicated under their signature on this page.

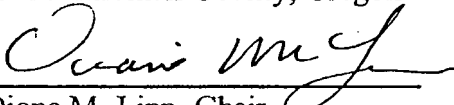
MULTNOMAH COUNTY

TRI-MET

CITY

By:  By: _____ By: _____
 Dan Noelle, Sheriff Title: _____ Title: _____
 Date: 6/19/01 Date: _____ Date: _____

Board of County Commissioners
 for Multnomah County, Oregon


 Diane M. Linn, Chair

Date: 7.19.01

APPROVED MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # C-2 DATE 07.19.01
 DEB BOGSTAD, BOARD CLERK

Approved as to form:

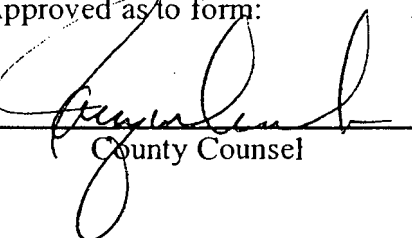
 _____
 County Counsel Tri-Met Legal Counsel City Attorney

EXHIBIT 1

1. Service Level

For the initial term of this contract, the County will provide 2 (two) Sheriff's Deputy Full time employees (FTE) for assignment to the Transit Police Division (hereafter Division). On an annual basis, the parties will agree upon the level of police service including personnel, equipment, and related support, to be provided to the Division. County personnel assigned to the Division will remain employees of the County and will not be considered employees or agents of Tri-Met or Portland. For purposes of this agreement, officers assigned to the Division will be referred to as assigned to the Tri-Met Transit Police Division.

2. Operations

- a. Deployment: The parties recognize that they have legitimate interests in the management and deployment of deputies assigned to the Division. The parties will work together to insure that the allocation and deployment of police personnel assigned to the Division is effective and efficient. Deployment of deputies assigned to the Division shall be consistent with Tri-Met's System Security Plan.
- b. Specialty Assignment: The parties recognize the value of police specialty assignments and training. Tri-Met reserves the right, however, to limit the number of officers assigned to the Division who hold specialty status and require specialized training.
- c. Daily Operation: The Division's sergeants and command personnel will provide supervision of County deputies for the daily operation of the Division.
- d. General Orders, Standard Operating Procedures and Testing: All deputies assigned to the Division will remain subject to the General Orders and training requirements of County. Additionally, all officers assigned to the Division will abide by the Division's Standard Operating Procedures.
- e. Selection and Assignment: The command personnel of County, Tri-Met, and Portland will jointly select and assign deputies to the Division. The relevant command personnel will make every effort to select the most qualified available officer making application for assignment to the Division.
- f. Agency Cooperation and Coordination:
 - (1) The parties will work closely and continuously communicate with each other to insure that the resources, strategies, work force deployment, and initiatives of Tri-Met, Portland and County are coordinated and effective.
 - (2) The Tri-Met Security Director (or designee) will coordinate contact with the parties to insure that the resources, strategies, work force deployment, and

initiatives of the Division and those of the respective law enforcement agencies are coordinated and effective.

- (3) County agrees to work cooperatively in an effort to increase reporting of Tri-Met related incidents. County agrees to provide to the Division Tri-Met coded reports, data, and records. The Tri-Met agrees to make available to County, through the Division, particular data reports, records, etc. that will assist in fulfilling the mission as outlined in this document.

g. Officer Seniority

Determination of officer seniority for purposes of making shift, vacation, holiday and overtime assignments shall be according to the Memorandum of Agreement between Multnomah County, the Multnomah County Deputy Sheriff's Association, the Tri-Met Transit Police Division and Tri-Met attached hereto as Exhibit 2.

3. Reimbursement of Costs

- a. Costs: County must pay the salaries, overtime, insurance, retirement, and other benefits of its respective officers and personnel serving in the Tri-Met Transit Police Division. County must bill Portland quarterly for the salaries, overtime, insurance, retirement, other benefits, and Indirect (8.91% County overhead) charges incurred by the County to provide personnel. Billings will be sent via interoffice mail to PPB Fiscal Dept. 119/1406. Portland agrees to compensate County within 30 days after receiving the bill.
- b. Amount: Before January 1st of each year of this agreement, County must submit to Tri-Met a proposed annual budget for services under this contract for next fiscal year (July 1st through the following June 30). The parties will then agree on the compensation to be paid by Tri-Met for services to County under this agreement. If the parties cannot agree on such compensation by April 1st of each year of this agreement or at any time during the term of this agreement, any party may elect to terminate this agreement for its convenience and without penalty in accordance with the Termination provision in this agreement.

----- EXHIBIT 2 -----

MEMORANDUM OF AGREEMENT
BETWEEN MULTNOMAH COUNTY, OREGON
AND THE TRI-MET TRANSIT POLICE DIVISION

The parties to this agreement are Multnomah County, Oregon, the Multnomah County Deputy Sheriff's Association (Association), Tri-Met Transit Police Division, and Tri-Met (Tri-Met).

It is the intent of this agreement: (1) to recognize that Tri-Met is staffed by police officers from many jurisdictions, each covered by their respective collective bargaining agreements, but that shifts, days off, vacations and overtime need to be assigned in a fair and equitable manner; (2) to provide for assignment of shifts, days off, vacations and overtime by seniority; (3) to allow for the change of shift hours of operation and to re-allocated positions and days off within certain shifts to maintain an appropriate balance of field strength.

THE PARTIES AGREE THAT:

1. Current and future County officers assigned to Tri-Met will use their County date of hire seniority as the means to select shifts, days off, vacations and overtime.
2. Current and future county officers assigned to Tri-Met will abide by the following:
 - 23.1 Seniority shall be defined as the length of uninterrupted service by the officer in his/her agency within the officer's Civil Service classification following the officer's most recent appointment. Time spent in the Armed Forces, on military leaves of absence, other authorized leaves and time lost because of duty-connected disability shall be included in length of service. If an officer who has been promoted reverts to a position s/he formerly held, the officer's seniority shall be the sum of the seniority earned in the promotional class and in the class to which the officer reverts.
 - 23.2 Subject to manpower needs and maintaining efficiency of the Division/Detail, seniority shall be the prime factor in the selection of shifts and days off provided the officer is otherwise qualified. Seniority shall govern in the selection of vacation and holidays.
 - 23.3 In the case of voluntary transfer and/or assignment, the seniority of an officer shall apply immediately to the officer's choice concerning holidays and vacations. The transferring officer may not use seniority to bump another officer's shift or days off until 45 days from the date of the written request. The Division may voluntarily accommodate the shift and/or day off preferences of the transferring officer before 45 days provided it does not involuntarily bump another officer to do so.
 - 23.4 In the case of involuntary transfer and/or assignment, the seniority of an officer shall apply immediately to the officer's choice concerning holidays and vacation. The transferring officer may not use seniority to bump another officer's shift or days off until 30 days from the date of the written request. The Division may voluntarily accommodate the shift and/or day off preferences of the transferring officer before 30 days provided it does not involuntarily bump another officer to do so.

23.5 An officer may exercise seniority to bump another officer for shift and days off only once in ninety (90) days.

23.6 **Vacations.** Employees shall be allowed to select two vacation periods on the basis of seniority. Each vacation period must be of a minimum duration of one day. Vacation time shall be scheduled by the Division with due consideration being given to requests from officers which shall be determined among officers of equal rank by seniority; provided, however, that each officer shall be permitted to exercise the right of seniority only once each year. The sign-up deadline for the exercise of seniority in the selection of vacations shall be March 15 for the calendar year running from April 15 through April 14 of the following year.

23.7 **Holiday Assignment.** Where the shift strength is reduced or increased on holidays, consistent with the needs of the Division, assignments shall be offered to the most senior officer. Except for an emergency, the Division shall provide a minimum of ten (10) days' notice of any deviation from normal shift strength so that officers may plan the use of their time.

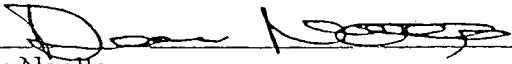
23.7.1 Where shift strength is reduced, the most senior officer scheduled for duty on the shift shall be offered the option of working or not. Where shift strength is increased, the most senior officer on the shift shall be offered the option of working or not.

23.7.2 For the purposes of this section, New Year's Eve and Christmas Eve shall be treated as holidays.

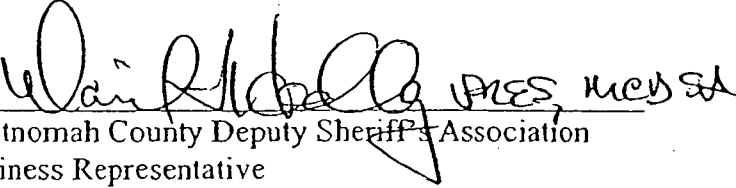
23.8 **Shift Overtime.** Where the overtime is not directly related to activities begun by an officer during the officer's regular shift, and where the planned overtime is anticipated to be four (4) hours or more in duration, the overtime shall be offered, in the order of seniority, to employees in the Division. Provided, however, that no officer may utilize seniority to work such a shift on more than one occasion per pay period.

45.1 An officer will normally be given adequate advance notice of any change in the officer's regular hours of work, except where an emergency (an emergency is defined as an unforeseen event affecting the division's ability to perform its mission) exists. Notice given less than forty-eight (48) hours (or seventy-two [72] hours under the Four-Ten Plan) before the officer is to begin work under the changed schedule entitles the officer to compensation at the overtime rate for those hours not exceeding eight (8) hours that are earlier, later, or different from the hours the officer last worked in a work day. A police officer is not entitled to compensation under the overtime rate if the officer is otherwise entitled to compensation under the same hours of work, or if shift changes are the result of a voluntary transfer or promotion.


IT IS AGREED:



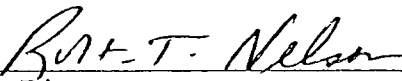
Dan Noelle
Multnomah County Sheriff



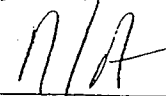
Wain H. Hall, PRES, MCD SA
Multnomah County Deputy Sheriff's Association
Business Representative

 2-24-00

Captain Cliff Jensen
Tri-Met Police Division



Bob T. Nelson
Tri-Met, Director

Reviewed:
Thomas Sponsler, Counsel for Multnomah
County
By: 

Assistant County Counsel Date

APPROVED AS TO FORM



CITY ATTORNEY



Multnomah County Sheriff's Office

501 SE Hawthorne Blvd. Ste 350. Portland, OR 97214

DAN NOELLE
SHERIFF

Phone: (503) 988-4300

TTY: (503) 988-4500

BOARD OF COUNTY COMMISSIONERS AGENDA ITEM BRIEFING—SUPPLEMENTAL STAFF REPORT

To: Board of County Commissioners
From: Barbara Simon
Today's Date: December 10, 2001
Requested Placement Date: December 20, 2001

- I. **Recommendation/Action Requested** –
Approval of budget modification MCSO 02 - 07 adding \$79,988 to Enforcement Budget for FY 02.
- II. **Background/Analysis**
The MCSO is receiving \$79,988 from Tri-Met for one additional deputy to serve in the Tri-Met Transit Police Division which is operated by the Portland Police Bureau.
- III. **Financial Impact**
The total appropriation is \$79,988. This includes costs for salary, salary related expenses, overtime and indirect.
- V. **Legal Issues**
None.
- VI. **Controversial Issues**
None
- VII. **Link to Current County Policies**
Good Government
Enhancing Public Safety
- VIII. **Citizen Participation**
None
- IX. **Other Government Participation**
Tri-Met
Portland Police Bureau

#1

SPEAKER SIGN UP CARDS

DATE Jan 10 2002

NAME

Dave Kunkel

ADDRESS

21024 NW Gillham Rd

Portland OR 97231

PHONE

503-621-3050

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC Non Agenda

GIVE TO BOARD CLERK

#2

SPEAKER SIGN UP CARDS

DATE 1-10-02

NAME

GOTH, LARRY

ADDRESS

14405 SE 2115

PDX

PHONE

503-762-0939

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC ANIMAL Rights

GIVE TO BOARD CLERK

#3

SPEAKER SIGN UP CARDS

DATE

1/10/02

NAME

Jay Gohl

ADDRESS

14405 SE Ellis

Portland

97236

PHONE

503-762-0939

SPEAKING ON AGENDA ITEM NUMBER OR
TOPIC

~~ME~~ appointment

GIVE TO BOARD CLERK

NO BRIDGE, NO FARMERS, NO FUTURE!

Individual letters from the hearts
of Sauvie Island Farmers...

*The problems they face with the island's disintegrating bridge
And, the County responsible for it.*

January 9, 2002

Sauvies Island Grange and Sauvies Island Boosters

Multnomah County Commissioners
City Hall
Portland, Oregon

March 9, 1998

Subject: Request for hearing

Dear Commissioners:

The community of Sauvie Island needs your attention.

Our only entrance and exit from the Island, other than by water, is our BRIDGE! The Sauvie Island bridge is in need of significant repair or replacement and the businesses who rely on trucking their products on or off the island are in great jeopardy by the single changes in weight restrictions recently imposed. These restrictions have caused extreme hardships to many businesses.

We are aware of the problem with the bridge and the loose schedule of 10 to 15 plus years to achieve some type of solution from the county. However, if it takes even a few years to correct the problem with the bridge, the community you know will not be the same.

People who work the soil and raise animals in this agricultural community invest their livelihood in the land. They plant corn and wait for the harvest to see if they made any money each year. (Fighting the pests, fungus, frost and watering or keeping too much water from drowning the crop.) Now, add the fact that it will cost a greater percentage of their income to carry it to the stores in more trucks than in the past.

If that were you, would you plant corn this year? This is only one of many examples.

We have ideas to help with our bridge repair or replacement and request an opportunity to present these to the commissioners as soon as possible.

Sauvie Island is more than beaches and pumpkins-It is a strong community supporting the multi-agricultural and diverse occupational residents. We can not endure this restraint of trade and must have **immediate action to find acceptable solutions.**

One example to enhance the state funding which would speed the repair/new construction project is to collect a bridge toll. Traffic counts show hundreds of thousands of visitors each year. These vehicles paying a toll would generate significant dollars to the bridge fund. The logistics of fee retrieval and property owner passes are relatively simple to accomplish.

We look forward to your response giving us the date and time for our hearing on this issue.

Sauvie Island Grange
Lynn Trupp

Lynn O. Trupp

Sauvie Island Boosters
Norm Sharp

Norm Sharp

SAUVIE ISLAND DRAINAGE IMPROVEMENT COMPANY

29264 N.W. Sauvie Island Road, Portland, OR 97231-1530

(503) 621-3397

TO WHOM IT MAY CONCERN:

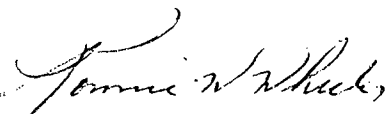
As one of the Board of Directors of the Sauvie Island Drainage Improvement Company (Sauvie Island Drainage District) I want to raise a concern about the bridge that needs to be addressed. If we were to have another high water situation as we did in 1996 we would have a problem with the bridge with its current weight restrictions.

The Drainage District, along with the Army Corps of Engineers, are responsible for maintaining the strength and integrity of the 17 miles of levies (dikes) that protects Sauvie Island from the high waters of the Columbia and Willamette Rivers. There is also an additional 9 miles of levies on the north end of the Island.

In an emergency situation, the Drainage District needs a "full access pass" to protect the integrity of our levy to safeguard the lives and property of all of our residents. For example, in 1996, the lower levy was breached and water flooded part of the island. Truckloads of heavy construction equipment and countless loads of rock, sand and other materials were hauled continuously 24 hours per day until the levy was re-established.

In an emergency, any weakness in the levy needs to be responded to immediately. It is imperative that equipment and materials are delivered as quickly as possible to avoid a catastrophic failure. If the bridge cannot support this emergency activity, all of the island residents are all at risk.

At this time, there is no contingency plan from Multnomah County on how we would cope with an emergency situation with the newly imposed weight restrictions on the bridge. This matter needs to be addressed immediately, with a response in writing, to the above address, Attn. Konnie Wheeler.



Konnie W. Wheeler, Chairman
Sauvie Island Drainage Improvement Company



On Sauvie Island

16511 NW Gillihan Rd. • Portland, OR 97231

(503) 621-3874

E Mail: info@thepumpkinpatch.com

To whom it may concern:

It is completely overwhelming and makes one feel heartsick when we stop to actually consider the implications that this bridge matter has upon our business, our livelihood, our family, our heritage, our dreams and our dreams for our children. This small crack in the Sauvie Island Bridge has the potential to be an enormous crater in our future.

Bob and I own and operate Delta Farms/The Pumpkin Patch on Sauvie Island. For over 30 years our family owned and operated business has been serving the people of Portland who have come to know us for our farm fresh produce and for the rich family traditions that The Pumpkin Patch on Sauvie Island provides. Our customers in the month of October, alone, number well over 75,000 not including the 5000+children who visit from surrounding schools on educational fieldtrips.

As for our wholesale operation, known as Delta Farms, our produce has made a name for itself in the Northwest as well as on the national and international level. We currently farm over 550 acres of hand-harvested fruits and vegetables that are trucked off the island daily to the local grocery stores and their distribution centers. These grocers include, Fred Meyer, Safeway, Albertson's, and United Grocers to name just a few. We also sell fresh produce across the United States and ship cabbage to Russia.

Our local, national, and international sales are a result of our ability to grow enough volume of produce to compete for the sales of certain commodities in the market. Each year, we have to grow more acres to keep up with the amount of income made the year before. Obviously, we also have to truck these commodities in large quantities in order to be considered for highly competitive markets of today. Family farms such as ours are rare these days. Young farmers such as ourselves, in our early thirties, are extremely rare.

We don't mind being a rare extremity, but we ask that you please don't make us extinct. If we are not able to ship our products in large quantities over the bridge, and if we are not able to do this TODAY...not this summer...not next year...not in five years... we will be a thing of the past. We cannot compete in the market today where mass production is the norm, and realistically, our 550 acre farm these days is considered "small" business.

The state of Oregon and Multnomah County forces us to farm. Lucky for us, its what we love to do. However, if you take away or in any way impede our ability to grow or transport our produce from this island, then you shut us down tomorrow. And what is a farmer to do with the land then?? We are mandated to farm it, but without the necessary weight limits of over 80000 lbs on the bridge, it is impossible. The fertilizer company we buy from has already informed us it will not deliver for any less than the 80000 lbs. Where will we get fertilizer to grow the crops? And if one were to find someone to deliver in small quantities, who could afford it with the shrinking profit margins of today? And who can afford to ship in small quantities? It would take more trucks, more fuel, more drivers. Why? Because many customers, especially out of state, buy in large quantities. If one cannot compete, then the sale is lost. Also to be considered concerning financial loss is the impact this bridge situation could have on our retail market here on the

island. Though our customers enjoy fresh island produce, we are not conveniently located to the masses. A drive to Sauvie Island to most involves a commitment in time and money in fuel. If the bridge is impaired and more difficult to traverse due to current ideas presented, such as paying a toll or a one-lane road, why would anyone choose to shop here and support local farmers? It would cost a person extra money in time and cash. Convenience is very important in today's world and time is precious. We firmly believe our customers, including fieldtrip school children would go elsewhere. And here we must not forget the success we've had in the last two years of dealing with the enormous volume of traffic on Sauvie Island. Through our efforts with ODOT and the local sheriffs, we have managed to alleviate the wait times to get on and off the island weekends in October. For our market to thrive on the island, our bridge must be accessible in a timely manner. Somehow the county must take into consideration the masses that will hopefully continue to come in October to our farm.

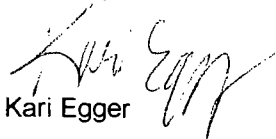
We ask you to fix the bridge. For our wholesale operation, we need the bridge at a 105,000# threshold to be viable. For our retail operation we need the bridge to be easily accessible. For our livelihood we ask you to direct the county and state and federal funds to fix our bridge with the utmost priority, otherwise the farmers on Sauvie Island will be forced out of business, for it will happen to us all this year for sure. As for hard facts that we can substantially provide, we will for certain lose \$225,000 on the wholesale end of our business. And it is frightening to consider the financial impact this could have on our retail end, the Pumpkin Patch.

Sauvie Island is a place to be preserved, not only for its residents, but also for the masses who visit it and even for those who simply wish to preserve some of the last remaining farmland. Sauvie Island is definitely one of the last Exclusive Farm Use zoned areas in all of Portland. And it is the largest in Multnomah County. Not only do we count on this island for our living, but the Northwest counts on it for the commodities that are grown here.

If we cannot farm because the bridge cannot meet the criteria above, we feel our only other option at this time is to apply for rezoning. Then we can break the acres down, sell off smaller lots, let go of our dream to farm here, and provide land for developers who are running out of options in the Portland area.

For our sakes, for the sakes of Sauvie Island farmers, for the residents of Portland and surrounding areas who come by throngs to Sauvie Island for produce, pumpkins, bird watching, wildlife, and outdoor activities, please keep the island the way it is....farmland primarily.

Sincerely,


Kari Egger



TRAPOLD FARMS

"THE BARN"

P.O. Box 30014 • Portland, OR 97294-8100

Phone (503) 253-5108 or (503) 621-9124

FAX (503) 253-7138 or (503) 621-9126

To Whom It May Concern:

Established in the early 1930's, Trapold Farms started in East County, on 145th and Marine Drive as a small, family operation selling fresh produce to the public out of their barn. Due to the exploding industrial growth of the 1990's, we were forced to relocate our farm. We chose Sauvie Island because of it's Exclusive Farm Use (EFU) zoning.

Today, three generations and 70 years later, we farm over 360 acres, growing a wide variety of fresh market row crops. We employ 50-plus people seasonally and we still provide the freshest produce to our valued customers at The Barn (which is, by the way, now an east county icon) and we ship the produce not only locally but to many other states and Canada.

During this time, we have overcome floods, droughts, and many other obstacles. In the past, we've only had to fight natural disasters. Now, we have an unnatural disaster: THE BRIDGE!

Without a load limit of 105,000 lbs., it becomes not economically feasible to farm on the island. In addition, the relationships that we have developed with our customers over 70 years, is now in jeopardy, not to mention the revenue lost coming into the state.

Multnomah County has been aware of the bridge problem for several years. Our concerns have been documented with Multnomah County and our Sauvie Island Bridge Committee.

We pay taxes so that our roads, bridges, and infrastructures are maintained. Our zoning designation is EXCLUSIVE FARM USE! We are abruptly reminded of this every time we have to go to Multnomah County for a permit. Since we, as a farmer, pay out hundreds of thousands of dollars each year in advance to plant, grow, harvest and get the commodity to market, farming is a gamble. With an ailing bridge, and minimal load limits, we are now playing against a "stacked deck"!

If the bridge cannot be maintained at the 105,000 lb. load limit, the zoning must be changed immediately and unfortunately, Sauvie Island will cease to exist, as we know it.

Tom & Sheila Trapold
Trapold Farms, Inc

HR**HALL RANCH**

ROUTE 1, BOX 475

PORTLAND, OREGON 97231

TELEPHONE 621-3436

TO WHOM IT MAY CONCERN:

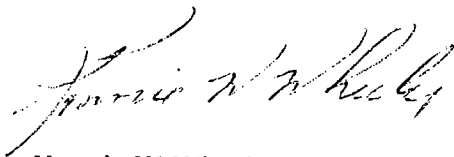
We, at the Hall Ranch, Inc., have been farming on Sauvie Island since 1941. We are faced with the same concerns as the other farmers. We need the 105,000 lb. weight limit on the bridge to make it economically feasible to keep farming. We need the bridge to bring trucks onto the island with fertilizer, lime and equipment etc., and off of the island to deliver our crops to market at a **competitive freight rate and in a timely manner.**

The Sauvie Island Bridge was built in 1950 to replace an aging ferry which had become too small and too slow for the increased truck and car traffic on and off of the island. Nearly all of the residents on the island at that time were farmers or residents related to farming or agriculture.

Since 1950 the traffic, including larger and more efficient trucks, has risen dramatically with what appears to be little concern as to the deteriorating condition and load capacity of the bridge. There appears to be no scheduled contingency plan or budget for strengthening or replacement of the bridge to meet the increasing volume of both truck and car traffic. Yet, we hear of more use of the island i.e. The Bybee Howell House as a tourist attraction, bike paths, bird watching, clothing optional beaches, fishing and hunting and other forms of recreation, all of which adds to the wear and tear on the bridge.

Farming is like any other business in the respect that if we cannot be competitive with our operation, we could not financially continue. America's food distribution system is truck- based. For example, one of our crops, which we contract-grow, is 600 tons of fresh, shelled peas (for Symons Frozen Foods). They are picked at the critical point of maturity at their peak quality. We are paid according to the tenderometer readings at the time of delivery. When peas are ready to harvest, they will only hold their quality for 12 to 24 hours before they deteriorate and go out of grade. Once the peas are harvested, they must be delivered to the processor within THREE HOURS. We must have a dependable bridge.

If we are not allowed to operate as efficiently and as cost effective as possible because of bridge restrictions, we will lose our business to our competition.



Konnie W. Wheeler
Hall Ranch, Inc.

(mailing address: 19815 NW Gillihan Road. Portland, OR 97231-1530)



16415 N.W. Lucy Reeder Road • Portland, Oregon 97231 • (503) 621-3566 • Fax: (503) 621-9738

To Whom It May Concern:

I am a third generation farmer on Sauvies Island. I raise 3500 tons of potatoes for Frito Lay and Tim's Cascade, 1500 tons of cucumbers for Nalley's and Steinfelds, and 2600 tons of corn for Norpac and Symons Frozen Foods (contract farming). In addition, I also raise 150 tons of raspberries, 300 tons of grass seed, 750 tons of wheat and 200 tons of peas.

To farm via contracts, my customers usually order 6-24 months in advance. For example, I raise a special variety of potato for Frito Lay. I need to get the seed from Wisconsin and North Dakota, which is then grown (for 12 months) per my order. I cannot afford to have half-loads of seed delivered from halfway across the United States. Unloading bulk seed presents another problem. If we could not get full truckloads across the bridge, imagine our predicament if we were to try to unload 80,000 lbs. of potato seed somewhere on Hwy 30! Even if we could find a place to unload, I would have to have double the unloading equipment...one set on each side of the bridge!

If I cannot supply my processors with the contracted amounts, delivered at a competitive rate, they will do business with some farmer who can. If I cannot deliver, I will lose my contracts, which I have worked to earn, secure and develop since 1982. These contracts are the basis of my farming operation.

If the bridge's weight load is not restored to the 105,000 lb. limit, I will be unable to continue to farm on the island. So, for the sake of agriculture on Sauvies Island, and for my (4) sons- the fourth generation of our farm family, please fix the bridge immediately.

Sincerely,

David A. Fazio

David Fazio

COLUMBIA FARMS INC.

21024 NW Gillihan Rd
Portland OR 97231
503-621-3050

Sunday, January 6, 2002

To Whom It May Concern,

Columbia Farms is a closely held corporation owned by Dale and Barbara Vanderzanden and Dave and Diane Kunkel. We farm approximately 2000 acres on Sauvie Island and 500 acres in Washington County. We raise grass seed, sweet corn, silage corn, clover seed, freezing peas, wheat, wheat straw, grass straw, raspberries, Marion berries, boysen berries, evergreen berries, blue berries, and strawberries. We employ 5 people in the winter months and as many as 20 people the rest of the year.

The past 10 years we have supplied several dairies in Tillamook county with silage corn. Because of the lower bridge weight limit we have to haul the silage in small trucks to a farm in Banks where it is reloaded into larger trucks before going on to Tillamook. We are loosing \$4.00 per ton doing this but we must keep our commitments to the dairy farmers we contracted with.

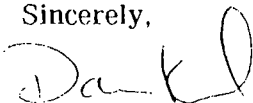
We currently have 56,000 bushels of wheat that need to be delivered soon. It will add 22 loads to the normal 68 loads to get all of it delivered with the bridge restrictions. It will also cost us more for the grading and sampling of the wheat because these are charge by the load regardless of the weight.

The wheat and grass straw that we raise for various markets needs to be shipped from our farm in loads weighing between 70,000 and 95,000 pounds. To ship in smaller loads we will have to lower our price about 15 percent to compete with farms selling larger loads. This will cause us to loose money on the straw we have in storage this year.

Sweet Corn historically leaves Sauvie Island in weights of 105,000 pounds. Currently all of the hauling costs is paid for by Symons Frozen Foods. They might try to pass the increased expense on to us or the could choose to absorb the expense themselves. I would guess they will pass it on to us.

If the maximum weight limit stays at 34 tons we will not continue to raise silage corn or bale wheat and grass straw. It will also make it very expensive to get the other crops we grow off the Island, as well as make it more expensive or impossible to get lime, fertilizer, or larger pieces of farm equipment on to Sauvie Island. It could eventually force us out of business.

Sincerely,



Dave Kunkel
VP Columbia Farms Inc.

ALDER CREEK LUMBER COMPANY, INC.

P.O. BOX 83237
14456 NW GILLIHAN ROAD
PORTLAND, OR 97283
PHONE 503-621-3224
FAX 503-621-3142

January 4, 2002

Governor John Kitzhaber
900 Court St. NE
Salem, OR 97301-4047
Portland, OR 97214

Fax 503 378 6827

Dear Governor Kitzhaber:

Alder Creek Lumber Company is located just outside of Portland, just off Highway 30 and on Sauvie Island. We have been in business since 1925, and in this location since 1958. Our mill manufactures lumber from logs purchased throughout the Northwest. Up until December 21, 2001 we kept 75 people employed full time. Due to county restrictions imposed by the county regarding the Sauvie Island bridge load limits we have had to closedown the mill operation leaving us in an indefinite situation. These 75 families were hit with a layoff with no notice. Some type of remedy both short and long term is needed to allow us the opportunity to project the future of our operation.

In 1999 Multnomah County declared that the Sauvie Island Bridge was in need of repair and that weight restrictions were to be placed on the bridge at that time. Normal highway loads with the right configuration of axles allows for up to 105,000 pounds. At this time the weight restriction for the Sauvie Island Bridge was reduced to no more than 80,000 pounds. There were some allowances on a case by case basis as the county reviewed them. The bridge was posted and the weight laws strictly enforced. The adjusted weight restrictions have had a harsh economic impact on Alder Creek Lumber as we are competing with companies that do not have these limitations. But it was our position that we need to protect our employees and would continue to operate as we have.

On December 21st of 2001 the county sent us a notice that the maximum weight allowed for the bridge has been reduced to **48,000 pounds**. This was implemented with no prior notice. This would reduce a full load of incoming logs down to less than half a load. This also reduces a load of lumber leaving the island to less than half a load off the island. The customers we use for trucking are independently controlled and operated, their trucking rates based on full loads in order to meet economic demands. Some of lumber trucks travel as far away as southern California. As for the log trucks, they travel throughout the Northwest. These trucks and companies are not going to stand for hauling less than full loads and most likely will choose to take their business elsewhere. There is talk of the

county doing some improvements to the bridge and raising the weight restrictions to 68,000 pounds, but this would still be well shot of a full 80,000-pound load. This problem is very real; effecting the outcome of our business, our employees, as well as those affiliated with doing business with us.

The majority of Sauvies Island is farms, ranches, and nursery/ stock growing products that go into the packing and home improvement industry. These businesses have indicated they will not be able to bring fertilizers and farm implements required for their business onto the island with the present restrictions. Nor be able to market their goods off the island. There are many years and generations of hard working people that have made the island what it is today. The county should not be allowed to just pull the bridge and the island out from under them.

The county has indicated that they have looked into replacing the Sauvies Island Bridge but are not able to meet the funding requirements at this time and may not have funding avail able until 2010. This maybe a situation where the Federal/ State Government needs to help with emergency funds to save industry and jobs. It is imperative that somebody does something to allow businesses to operation and continue to sustain employment of these many families. It is the livelihood of the entire island works at stake.

Governor Kitzhaber, your attention, help, suggestions, input, thoughts or solutions would be very much appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald M. Prestwood", with a long horizontal flourish extending to the right.

Ronald M Prestwood
Vice President Operations

BAILEY NURSERIES, INC.
18616 NW REEDER ROAD
PORTLAND, OR 97231

PHONE: 503.621.9710
FACSIMILE: 503.621.3304



BAILEY
NURSERIES

January 8, 2002

Sauvie Island Bridge Weight Limit Restrictions

How would the 68,000 lb weight limit imposed by the county affect our business? Our company is a 600-acre wholesale nursery operation that employs an average of 120 people and has a payroll of \$2.2 million. This current weight restriction has increased our costs substantially, and we would need to consider relocating our business.

Points to consider:

- ❖ Growing our product would be cost prohibited because we wouldn't be able to get bulk fertilizer across the bridge. Fertilizer and lime are key to plant health and growth and without them our quality of plant material would suffer greatly.
- ❖ Growth of our operation would be nearly impossible. We could not purchase or lease additional ground, because we would not be able to get the equipment across the bridge to tile our fields, which is critical to our type of business. Without large equipment (like concrete trucks), we would not be able to do any type of new construction such as a warehouse or shop. Our company bases its operation on a 5-year plan and that would no longer exist.
- ❖ If the increased weight limit were reduced in the future then shipping our product would cost us at least 20% more. We ship approximately 115 semi loads of stock across the bridge during our peak months in the winter and we would no longer be able to ship them fully loaded resulting in a much higher cost to us. There are many instances throughout the year when we move heavy equipment in excess of 100,000 lbs across the bridge. In addition, we would not be able send any of our large equipment out for repairs or replace the broken equipment with a rental. We could not purchase any new equipment due the weight restrictions.

Short-term suggested solutions to the problem:

- ❖ Give access to trucks one at a time, impose a speed limit or allow trucks access for designated hours be they night or day. It seems that traffic management could help to alleviate some of the weight problems currently seen on the bridge. We understand that some changes need to be made and that funds may be difficult to obtain. We would be willing to participate financially to a short- term solution that allows us to continue doing business in a normal fashion.

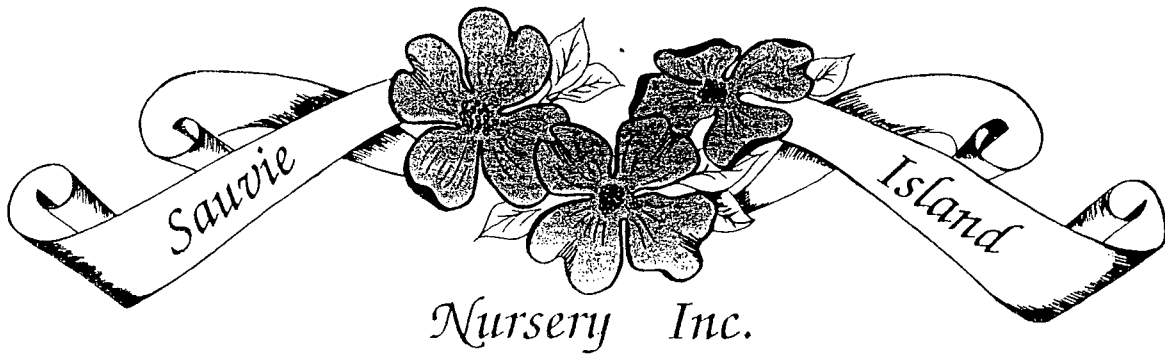
Long-term results:

- ❖ As a property tax payer on the island we are very concerned that the weight restrictions on the bridge, left as is without any consideration, would be disastrous for most of the island businesses and their employees, including Bailey Nurseries Inc.

Sincerely,

A handwritten signature in cursive script, reading "Shirlen R. Wilson".

Shirlen R. Wilson
Production Manager
Bailey Nurseries, Inc.
Sauvie Island Division



19708 N.W. Gillihan Rd.
Portland, Oregon 97231

(503) 621-3086

January 7, 2002

To Whom it May Concern,

Sauvie Island Nursery was started 14 years ago. I began with 5 acres of land and planted 4,000 trees. We have worked hard in those years to build our company. We now have approximately 95 acres planted with approximately 380,000 trees in field and container stock.

It is crucial we are able to get our product to markets which exist in 8 different states. The recent load limits that have been imposed due to the instability of the bridge directly affect our business. We have a 2 month shipping window. We would stand to loose approximately \$985,000 if unable to ship our product. This would be devastating to our company and our family. Devastating to the effect we would shut down not able to pay our bills. Devastation to our 18 employees who would loose their jobs.

My head has been in the trees and not over-seeing bridges. I understand the county has been aware of this safety issue and monitoring the bridge for approximately 4 years. At this point in time there are now several businesses in jeopardy due to the instability of the bridge.

As I read the news release dated December 20, 2001 from Multnomah County, it stated there are several cracks in the concrete girders. I just received another bulletin from Multnomah County dated January 5, 2002 stating there has been an emergency repair on only one cracked concrete girder and that replacing the bridge is part of a 20 year capital spending plan?

I have a business that depends on this bridge. Twenty years is not a viable plan. I believe this should be under an Emergency or Priority Plan. The bridge is the only access to the Island residents & businesses. There are no alternate routes to get to work or ship products off the island.

The next emergency crack may not be fixable. I, as a business owner and Island resident only wonder: will this next crack be next week, next month, next year? Can we afford to risk the safety of Island residents and tourists? Is it okay to jeopardize and devastate Island businesses?

I believe time is of the essence, and this bridge should be a priority for the county, not a short term fix on a 20 year plan.

Sincerely,

Julie Holmason, President/Owner
Sauvie Island Nursery, Inc.



VETSCH DAIRY
28970 N.W. REEDER RD.
PORTLAND, OREGON 97231

When Vetsch Dairy moved to Sauvie Island in 1941, the entire Island was comprised of about 40 dairy farms, a few (beef) cattle farms and a start-up tree nursery. There were pastures and fields of hay, corn and grain to feed the livestock. The only access to and from the Island was by ferry. In the 1940's, the big dike was completed and some of the roads blacktopped. In the 1950's, some farmers started selling their dairy herds and turned to beef cattle and grain.

The bridge was built about 1950 to be better able to get the milk and produce to market. In the 1960's, more and more farmers began planting row crops, berries and fruit. We are now the ONLY dairy farm in Multnomah and Columbia Counties.

We used to have to truck the milk in 10-gallon cans every day. As refrigeration became available, the milk is now picked up every other day from our dairy farm in tanker trucks. The truck that picks up Vetsch dairy milk weighs 31,000 lbs. empty and approximately 44,000 lbs. full.

Although the milk trucks can cross the bridge at the current limit our feed and fertilizer trucks cannot. The weight restrictions on the bridge are currently forcing us to pay extra delivery charges so that the loads can be split. Since we buy about 10 tons of grain/feed EVERY 14 days, this is an additional (and cost prohibitive) bi-monthly cost. The fertilizer that we order (to grow our own hay and silage for the cows) will also cost us extra for delivery.

Annually, the Vetsch dairy produces about 2,000,000 pounds of milk for Dairy Gold Farms. We need the full weight limit restored on the bridge so we can afford to keep operating our business.

Dick & Evi Vetsch

Dick & Evi Vetsch
(503) 621-3458

FARMER'S CONTACT LIST

ALDER CREEK LUMBER	DAVE KOENNECKE	503-621-3224
BAILEY NURSERIES	SHIRLEN WILSON	503-621-9710
COLUMBIA FARMS	DAVE KUNKEL	503-621-3050
HALL RANCH	KONNIE WHEELER	503-621-3397
JD RANCH	DAVID FAZIO	503-621-3566
PUMPKIN PATCH/ DELTA FARMS	BOB & KARI EGGER	503-621-3874
SAUVIE ISLAND NURSERY	JULIE HOLMASON	503-621-3086
TRAPOLD FARMS	TOM & SHEILA TRAPOLD	621-9124
VETSCH DAIRY	DICK & EVI VETSCH	503-621-3458
SAUVIE ISLAND DRAINAGE DIST. KONNIE WHEELER 621-3397		
MEDIA/MARKETING RELATIONS	PENNIE TRUMBULL	503-621-1229



Media Advisory

MULTNOMAH COUNTY OREGON

January 9, 2002

Contact: Michael Pullen, Public Affairs Office 503-988-6804

Community meeting to focus on Sauvie Island Bridge repairs

What:

Community meeting to share newest information about repairs to the Sauvie Island Bridge, the only road connection to the island. Multnomah County maintains the bridge. Emergency repairs have been completed to a cracked concrete girder that was discovered in December 2001. But lower weight limits have been set for heavy vehicles on the bridge. The goals of the meeting are to share the latest information with island residents and haulers, answer questions, and develop short and long-term strategies for meeting the needs of bridge users.

Who:

Meeting presenters include County Chair Diane Linn, County Commissioner Maria Rojo de Steffey (whose district includes Sauvie Island), and county technical staff. Representatives from Congressman Earl Blumenauer's Office and Columbia County are also expected to attend.

When:

Wednesday, January 9 at 6 pm

Where:

Sauvie Island School, 14445 NW Charlton Road. Directions: Cross Sauvie Island Bridge, continue north on Sauvie Island Road, turn right at Reeder Road. School is about half a mile ahead, on the right at NW Charlton. Parking lot is behind school.

###

Public Affairs Office
501 SE Hawthorne Blvd., #600
Portland, Oregon 97214
(503) 988-6800 phone
(503) 988-6801 fax

BOGSTAD Deborah L

From: Uherbelau Rebecca A
Sent: Friday, December 21, 2001 1:50 PM
To: #ALL CHAIR'S OFFICE; #ALL DISTRICT 1; #ALL PAO STAFF
Subject: fyi - Sauvie Island Bridge Coverage

I. KATU COVERAGE

Reduced weight rules on Sauvie Is. Bridge hurts businesses

(SAUVIE ISLAND-AP) - A crack in the Sauvie Island Bridge has forced officials to lower the maximum weight allowed on the structure to half of what it was before.

As a result, some island businesses that rely on big trucks are cutting back or have temporarily shut down.

The Alder Creek Lumber Company cannot fully load its trucks under the new guidelines.

On Wednesday, it suspended operations and laid off 68 employees.

The two-lane bridge is still open for passenger cars, pickups and smaller trucks.

II. KOIN COVERAGE

Bridge Crack Threatens Sauvie Island Economy

70 Mill Workers Lose Jobs

PORTLAND -- A crack discovered in the only bridge leading to Sauvie Island threatens to crush the island's economy. KOIN 6 News reports that Multnomah County inspectors dropped the bridge's weight limit from 40 to 24 tons after finding a significant crack in the horizontal concrete girder. Mike Anderson, president of Alder Creek Lumber, tells KOIN that he must shut down the Sauvie Island mill. The new restrictions won't allow trucks to carry lumber across the waterway. "So at this point, we don't have an option other than to close down operations and see what comes out of this," Anderson says. About 70 mill workers are losing their jobs during the shutdown. Farmers are also struggling with the lower weight limit. Tons of wheat are stored on the island, now with no way to transport it. Dave Kunkel has 1,700 tons of wheat that goes to market next month. "And longer term, I've got next year's crop to think about. And starting in February, I start fertilizing. How do I get fertilizer on the island?" Kunkel says. County engineers say that they are working on a solution. A meeting is scheduled for Jan. 9 at the Sauvie Island school.

III. Cracks in Sauvie Island Bridge Limit Traffic

By KPAM News Staff

12/21/2001

Large trucks going to Sauvie Island are going to find severe restrictions now that weight limits on the bridge have been slashed nearly in half. Transportation officials are lightening the load on the Sauvie Island Bridge after finding cracks in the concrete girders.

The limit is normally 40 tons; it'll be 24 tons until the bridge is fixed. Light trucks and passenger cars still can use the bridge in the meantime, but the heaviest trucks are being kept off it, a move that will crimp some local businesses.

"We're told that Alder Creek Lumber Mill is laying off some of the workforce until we get emergency repairs done," Multnomah County spokesman Michael Pullen says. The emergency repairs are scheduled to be finished January 14. However, at that point, the weight limit will be raised only to 34 tons, not enough for a fully loaded log truck.

Pullen says trucks weighing more than 40 tons, that is, heavier than the usual limit, have crossed the bridge over the years. They were allowed as long as they crept along at about 5 miles an hour and had their loads distributed evenly.

The repairs involve putting a steel splint around the cracked girder struts.

"That'll be there until the bridge is replaced someday," Pullen says. "So we'll be having a steel plate on the roadway and then another one underneath, and then some big steel bolts going through."

The bridge was built in 1950. The county's 20-year capital plan includes replacing the structure, about a \$24 million project.

A community meeting to bring residents up to day on the repairs is set for January 9 at 6 p.m. at Sauvie Island School.



MULTNOMAH COUNTY OREGON

December 20, 2001

Contact: Michael Pullen, Public Affairs Office, 503-988-6804

County begins emergency repairs on Sauvie Island Bridge – Weight limits lowered after girders crack

Cracks in several concrete girders that support the Sauvie Island Bridge have forced Multnomah County to lower the maximum weight limit on the bridge from 40 tons to 24 tons. The county is making emergency repairs to fix the cracks, which were discovered during an annual inspection last week. The repairs, which should be completed by January 14, 2002, will allow the weight limit to be increased to 34 tons. The bridge is the only road connection to the island.

Lower weight limits will not affect cars and light trucks but will impact several island businesses served by large trucks, including a lumber mill and farms. The county has met with island businesses and made the repairs a high priority to limit the economic impact.

"The county's primary responsibility is to preserve the bridge and ensure the safety of bridge users," said County Chair Diane Linn. "That is why we had to immediately lower the weight limit."

"We sincerely regret the impact to island businesses and their employees," added Commissioner Maria Rojo de Steffey, whose district includes Sauvie Island. "The repairs are our top priority and will be completed in a few weeks."

Built in 1950, the Sauvie Island Bridge was not designed to carry the loads of today's heavy trucks. In 1999 the county determined that trucks exceeding the maximum legal load of 40 tons (or 80,000 pounds) were crossing the bridge. In cooperation with commercial haulers and island business owners, the county launched a program that allowed trucks to carry up to 52.5 tons if they met certain conditions for weight distribution and travel speed. The overweight permit program was cancelled on December 18 after the cracks were discovered under the span closest to the island.

In addition to lowering weight limits on the bridge, the county has taken the following actions:

(more)

- Scheduled a community meeting on Wednesday, January 9 at 6 pm at the Sauvie Island School to provide an update on repairs and answer questions
- Notified island residents and holders of permits for overweight loads
- Posted signs with the new weight limits at each end of the bridge
- Arranged for increased enforcement of weight limits by the County Sheriff
- Created a website for updates on the repairs at www.co.multnomah.or.us/bridge/. Residents can also call the County Bridge Hotline at 503-988-4884. Both will be updated by December 21.
- Investigated converting the two-lane bridge to single lane traffic in early January, which would allow the weight limit to be increased one week early
- Investigated the feasibility of other connections for heavy freight, such as a ferry or pontoon bridge
- Contacted emergency services and bus operators to plan how to accommodate their vehicles

The concrete girder that is cracked will be reinforced with a splint made up of thick steel plates connected by bolts that pass through the road deck. The splint will be about six feet long. After the emergency repair, a consultant who is familiar with the bridge will assist county engineers in performing an in-depth inspection to evaluate load-carrying capacity for the entire bridge. By June 2002 the county plans to complete that evaluation and identify options and costs for strengthening the bridge to carry the legal load of 40 tons, at a minimum.

Replacing the bridge with a new structure is part of the county's 20-year capital spending plan. A new two-lane bridge would cost approximately \$24 million. The county plans to pursue state and federal funds for the project.

Multnomah County maintains the Sauvie Island Bridge, five other Willamette River Bridges and more than 300 miles of roads.

#



MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS

MARIA ROJO DE STEFFEY, DISTRICT 1
SERENA CRUZ, DISTRICT 2

LISA NAITO, DISTRICT 3
LONNIE ROBERTS, DISTRICT 4

DIANE LINN, CHAIR

501 SE HAWTHORNE BLVD., PORTLAND, OR 97214

December 18, 2001

Dear Sauvie Island Bridge User,

Multnomah County maintains the Sauvie Island Bridge, the only road connection to the island. After a recent inspection, we would like to update you about the condition of the bridge.

Recently, Multnomah County inspectors discovered unusual cracks in a couple of concrete girders that support the roadway. While these cracks do not pose a problem to the bridge for cars and light trucks, they will force the County to immediately end a special permit program for overweight trucks and reduce the maximum weight limit on the bridge to 24 tons.

The Sauvie Island Bridge was built in 1950 and was not designed to carry today's heavy commercial trucks. In the summer of 1999, Multnomah County determined that trucks exceeding the maximum legal load of 40 tons were crossing the bridge without securing overweight permits from the County. In cooperation with commercial haulers and the community, the County launched a program that allowed trucks to carry up to 52.5 tons if they met certain conditions for weight distribution, travel speed, etc. This special permit program, which started in the fall of 1999, allowed many haulers to continue to use the bridge.

A condition of the special permit program has always been that it will cease if the County detects additional wear or damage to the bridge. Our primary obligations are to protect the safety of bridge users and prolong the life of the structure.

County engineers are evaluating the cracks to determine repair alternatives. At this time, we cannot say when the repairs will be completed or if the weight limits will be raised. Correcting this problem is an urgent priority for the County.

Replacing the bridge with a new structure is part of the County's 20-year bridge capital spending plan. But we do not have the \$24 million needed to build a new bridge. While we pursue that long-term goal there are several things we can do in the short term:

- Invite you to a **Community Meeting** on Wednesday, January 9 at 6 p.m. at Sauvie Island School, 14445 NW Charlton Road. Representatives from the County's Transportation Division and Board will provide an update on repairs and answer your questions.
- Proceed with a **pilot program in 2002 to strengthen selected steel beams** that support the bridge deck. Gauges will be attached to the strengthened beams and to other beams to measure any improvement in strength.
- **Enforce reduced weight limits.** In addition to notifying haulers and posting signs with the new weight limits, we are working with the County Sheriff on enforcing the new weight limits to prevent damage to the bridge.

Eliminating overweight trucks from the bridge will help ensure that the bridge is maintained for others to safely use. We will continue to work to balance the needs of bridge users with our need to keep the bridge functioning until funds are available to replace or improve it.

The County is committed to working with you as we move through this process. We will keep you informed and take into consideration actions that will allow us to ensure bridge safety with the least possible disruption to bridge users.

If you have questions about the bridge or the January meeting, please call Public Affairs Coordinator Michael Pullen at 503-988-6804. Thank you.

Sincerely,

Diane Linn
County Chair

Maria Rojo de Steffey
Commissioner – District 1

December 18, 2001

**RE: TERMINATION OF SPECIAL OVERWEIGHT TRUCK PERMITS AND
LOWERING OF MAXIMUM WEIGHT LIMITS FOR SAUVIE ISLAND BRIDGE**

Dear Permittee:

We are writing you regarding the Special Overweight Truck Permit that Multnomah County has issued to you to cross the Sauvie Island Bridge. Your permits are due to expire on December 31, 2001. However due to damage to the bridge structure that we discovered during a recent inspection, **the County is terminating all special overweight truck permits immediately. This means that your permit is no longer valid for overweight travel across the bridge.**

In addition to terminating overweight permits, we are lowering the maximum weight limits for truck travel across the bridge to protect it from further damage while the County assesses the extent of the damage and repair options. The new weight limits on the bridge will be as follows:

Type 3	3 axle	16 tons	(currently 25 tons)
Type 3-S2	5 axle	24 tons	(currently 40 tons)
Type 3-3	6-axle	24 tons	(currently 40 tons)
Maximum weight limit		24 tons	(currently 40 tons)

The County will be posting these new weight limits on the bridge as soon as possible. **It is very important that your company observe these new weight limits to avoid further damage to the bridge.** The County Sheriff's office will be stepping up patrol of the bridge to help ensure compliance.

We regret the inconvenience that the termination of the Special Overweight Truck Permit Program and the lowering of weight limits will cause. The County established the Special Overweight Truck Program on a trial basis in September of 1999 to benefit commercial and agricultural businesses on the island. The continuation of the Special Overweight Truck Permit Program has always been subject to termination based on excessive damage to the bridge structure caused by the heavier truck weights. The County's most recent inspection revealed that such damage has occurred, which is the reason we are taking these actions.

If your current permit authorizes travel on other County maintained roads, that portion of your permit shall remain in effect until the December 31, 2001 termination date, *subject to attaching this notice to your permit and being in compliance with any posted road or bridge requirement.*

If you have any questions or require additional information please contact our Permit Office at (503) 988-3582 or by fax at (503) 988-3389.

Sincerely,

Harold Lasley, P.E.
Transportation Director

C: Dianne Linn
Maria Rojo de Steffey
Mike Oswald
Sgt. Jason Gates – MCSO
Stan Ghezzi
Alan Young

The Teacher

Imagine the teacher in charge of noon recess out on the playground amid dozens of noisy children sitting in a big chair trying to keep an eye on everyone.

Suzie who had brought her puppy for show-and-tell came running out of breath :

"Teacher, Johnny has taken my puppy away from me and won't give it back."

Without emotion the teacher responds :

"There, there Suzie. Johnny's a good boy. We like Johnny. You run along now and talk to Johnny about your problem."

Despondent Suzie turns around and shuffles off in disappointment because she has already talked to Johnny. All he did was taunt her.

Later, that same recess, there is a commotion in the far corner of the playground. Reluctant to get involved but curious, the teacher gets up, ^{from the chair} walks all the way across the yard and is confronted by an unusual sight. There is Suzie sitting on the ground cradling a lifeless puppy.

The teacher inquires :

"Suzie, what happened?"

Between sobs, Suzie explains :

"Johnny killed my dog."

Turning to Johnny, the teacher asks :

"Johnny, did you kill Suzie's dog?"

Johnny :

"No, I euthanized it."

In conclusion, the Teacher turns back to Suzie with these incredible words :

"See there Suzie. Johnny's a good boy. We like Johnny.
You just don't have all of the facts. He didn't really kill your dog,
he just euthanized it."

*Presented 1/10/02 in 3-minute Testimony
by Larry Gohl 503-762-0939*

MEETING DATE: January 10, 2002
AGENDA NO: R-2
ESTIMATED START TIME: 9:30 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Federal Equitable Sharing Agreement

BOARD BRIEFING: DATE REQUESTED: _____
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: _____

REGULAR MEETING: DATE REQUESTED: Thursday, January 10, 2002
AMOUNT OF TIME NEEDED: 5 minutes

DEPARTMENT: Non-Departmental DIVISION: District Attorney's Office

CONTACT: Erin K. Olson, DDA TELEPHONE #: (503) 988-3135
BLDG/ROOM #: 101/837

PERSON(S) MAKING PRESENTATION: Erin K. Olson, DDA

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

Approval of Participation in the Federal Equitable Sharing Agreement Providing an Equitable Share of Federally Forfeited Cash, Property, Proceeds, and Any Interest Earned Thereon in Federal Forfeiture Cases When the District Attorney has Contributed to the Underlying Investigation
01/14/02 ORIGINALS to ERIN OLSON

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Michael D. Schrunk

(OR)
DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us



MICHAEL D. SCHRUNK, District Attorney for Multnomah County

600 County Courthouse • Portland, Oregon 97204 • 503 988-3162 • FAX 503 988-3643
www.co.multnomah.or.us/da/

SUPPLEMENTAL STAFF REPORT

TO: Board of County Commissioners

FROM: Michael D. Schrunk
Michael D. Schrunk

DATE: January 2, 2002

RE: Federal Equitable Sharing Agreement

1. Recommendation/Action Requested:
Approval of Federal Equitable Sharing Agreement.
2. Background/Analysis:
Required for the District Attorney to receive an equitable share of forfeited cash, property, and proceeds in federal forfeiture cases when the District Attorney has contributed to the underlying investigation.
3. Financial Impact:
Will vary. No historical information is available with which to make projections.
4. Legal Issues:
Because equitably shared federal forfeiture proceeds must be used for law enforcement purposes, Ballot Measure 3 prevents the sharing of proceeds by Department of Justice agencies with state and local agencies. However, federal forfeiture proceeds from Department of Treasury agencies, such as U.S. Customs and the Internal Revenue Service, may be equitably shared since Ballot Measure 3 was limited by its terms to Department of Justice forfeitures.
5. Controversial Issues:
6. Link to Current County Policies:
This agreement seeks alternative funding sources to supplement the county budget.
7. Citizen Participation:
N/A
8. Other Government Participation:
N/A



FEDERAL EQUITABLE SHARING AGREEMENT

Agency: Multnomah County District Attorney's Office

Contact Person: Erin Olson or John Bradley

Address: 1021 SW 4th Avenue, Room 600, Portland, OR 97204

(Street/City/State/Zip)

Agency Fiscal Year Ends on: 6/30/02

(Month/Year)

NCIC Code: ORI# OR026013A

Bank Routing Code and Account Number for EFT Purposes: N/A

Telephone Number: (503) 988-3162

Fax Number (503) 988-3947

E-mail Erin.K.Olson@co.multnomah.or.us

Check one: ☐ Police Dept ☐ Sheriff Dept ☐ Task Force ☒ Prosecutor's Office ☐ Other

This Federal Equitable Sharing Agreement entered into among (1) the Federal Government, (2) the above-stated law enforcement agency, and (3) the governing body sets forth the requirements for participation in the federal equitable sharing program and the restrictions upon the use of federally forfeited cash, property, proceeds, and any interest earned thereon, which are equitably shared with participating agencies. By their signatures the parties agree that with respect to all sharing requests, they will be bound by the guidelines that regulate shared assets and the following requirements for participation in the federal equitable sharing program.

1. **Submission Date.** This agreement must be submitted to both the Department of the Treasury and the Department of Justice (at the addresses shown) in accordance with the instructions that are received from the respective departments or as outlined in their individual Guides.

Executive Office for Asset Forfeiture
U.S. Department of the Treasury
Washington, DC 20220
740 15th Street NW, Suite 700
Fax: (202) 622-9610

Asset Forfeiture and Money Laundering Section
U.S. Department of Justice/ACA Program
P.O. Box 27768
Washington, DC 20038
Fax: (202) 616-1344

2. **Signatories.** This agreement must be signed by the head or designee of the law enforcement agency *and* the authorized responsible official or designee of the governing body. Receipt of the signed agreement is a prerequisite to receiving any equitably shared cash, property, or proceeds.
3. **Uses.** Any shared asset shall be used for law enforcement purposes in accordance with the guidelines, and specified in the equitable sharing request (either a form TD F 92-22.46 or a form DAG-71) submitted by the requesting agency. Any and all requests for a change in use of cash, property, or proceeds from that specified in the equitable sharing request must be submitted in writing to the address of the appropriate agency shown in item 1.
4. **Transfers.** Before the undersigned law enforcement agency transfers cash, property, or proceeds to other law enforcement agencies, it must verify first that the receiving agency has a current and valid Federal Equitable Sharing Agreement on file with the Department of Treasury and the Department of the Justice. If there is no agreement on file, the undersigned law enforcement agency must obtain one from the receiving agency, and forward it to the appropriate Department. A list of recipients, their addresses and the amount transferred should be attached to the Annual Certification Report.

5. **Internal Controls.** The parties agree to account separately for federal equitable sharing funds received from the Department of the Treasury or the Department of Justice, *i.e.*, Treasury funds will be tracked separately from Justice funds. Interest income generated should be deposited in the appropriate federal forfeiture fund account. Funds from state and local forfeitures and other sources will not be commingled with the accounting for other federal equitable sharing funds.

The parties further agree that such accounting will be subject to the standard accounting requirements and practices employed for other such public monies as supplemented by requirements set forth in the current edition of the Department of the Treasury's *Guide to Equitable Sharing for Foreign Countries and Federal, State, and Local Law Enforcement Agencies (Treasury Guide)*, or the Department of Justice's *A Guide to Equitable Sharing of Federally Forfeited Property for State and Local Law Enforcement Agencies (Justice Guide)*. The accounting for shared funds must be submitted in the format shown on the Annual Certification Report contained in both the *Treasury Guide* and the *Justice Guide*.


The misuse or misapplication of shared resources or the supplantation of existing resources with shared assets is prohibited. Failure to comply with any provision of this agreement shall subject the recipient agency to the sanctions stipulated in the current edition of the *Treasury* or the *Justice Guides*, depending on the source of the funds or property.

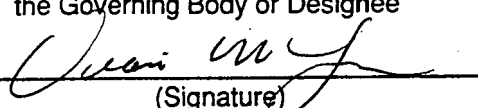
6. **Annual Certification Report.** The recipient shall submit an Annual Certification Report to the Department of the Treasury and the Department of Justice (at the addresses shown in item 1) and provide a copy to the United States Attorney in the district in which the recipient agency is located. The Annual Certification Report must be submitted in accordance with the instructions that are applicable to either Treasury or Justice as outlined in their individual Guides. Receipt of the Annual Certification Report is a prerequisite to receiving any future equitably shared cash, property, or proceeds.

7. **Annual Audit Report.** If cash, property, and proceeds valued at more than \$100,000 are received in a single fiscal year from the Treasury or Justice equitable sharing program, or if a federal forfeiture fund account balance of more than \$100,000 is maintained, the law enforcement agency and the governing body agree to conduct an annual audit of any funds or property received or expended to ensure compliance with this agreement and all applicable statutes and policies. The audit report must be submitted in accordance with the Compliance Requirements and Audit Procedures found in both the *Treasury* and *Justice Guides*.

The recipient agency shall submit a copy of the audit to the Department of the Treasury or the Department of Justice and the United States Attorney in the district in which the recipient agency is located. The audit report must be submitted within **180** days following the close of the undersigned law enforcement agency's fiscal year. For the law enforcement agencies that meet the threshold amount, receipt of the audit report is a prerequisite to receiving any future equitably shared cash, property, or proceeds.


Under penalty of perjury, the undersigned officials certify that the recipient state or local law enforcement agency is in compliance with the provisions of the *Treasury* and *Justice Guides* and the National Code of Professional Conduct for Asset Forfeiture.

Michael D. Schrunk 1/2/02
(Print or Type name) Date
Law Enforcement Agency
Head or Designee

(Signature)

Diane M. Linn 01/10/02
(Print or Type name) Date
Authorized Responsible Official of
the Governing Body or Designee

(Signature)

District Attorney
Title (Print or Type)

Multnomah County Chair
Title (Print or Type)

REVIEWED:
THOMAS SPONSER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY
BY 
ASSISTANT COUNTY ATTORNEY
DATE 1-2-02

MEETING DATE: January 10, 2002
AGENDA NO: R-3
ESTIMATED START TIME: 9:35 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Resolution Approving Coordinated Plan for Children, Families and Community

BOARD BRIEFING: DATE REQUESTED: _____
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: _____

REGULAR MEETING: DATE REQUESTED: Thursday, January 10, 2002
AMOUNT OF TIME NEEDED: 15 - 30 minutes

DEPARTMENT: Non-Departmental DIVISION: CCFC
CONTACT: Kathy Turner TELEPHONE #: (503) 988-6906
BLDG/ROOM #: 166/1075

PERSON(S) MAKING PRESENTATION: Kathy Turner

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

RESOLUTION Approving the January 2002 Coordinated Plan for Children, Families and Community for Multnomah County, Oregon

01/14/02 copies to Kathy Turner

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
(OR)

DEPARTMENT MANAGER: Kathy Turner

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us

memorandum



TO: Multnomah County Board of Commissioners

FROM: Kathy Turner, Executive Director
Commission on Children, Families and Community

DATE: January 2, 2002

SUBJECT: Resolution to Approve Coordinated Plan for Children,
Families and Community of Multnomah County

I. RECOMMENDATION / ACTION REQUESTED

It is recommended that the Board of County Commissioners ("Board") adopt the *Resolution to Approve the Coordinated Plan for Children, Families and Community of Multnomah County*. The Commission on Children, Families and Community ("CCFC") approved the plan on December 11, 2001. Approval by the Board is necessary before the plan is submitted to the Oregon Commission on Children and Families ("OCCF") on January 18, 2002.

II. BACKGROUND / ANALYSIS

This *Coordinated Plan for Children, Families and Community* has been prepared in accordance with Oregon Revised Statutes, Section 417.775 (the adopted version of Senate Bill 555) and the related planning guidelines issued by the OCCF. In adopting ORS § 417.775, the legislature restructured how both state and local entities plan for children, families and communities. State agencies are expected to better integrate planning and grant application processes. Counties are expected to be broadly collaborative in developing locally-directed, comprehensive plans.

Recognizing the complexity and scale of the change effort, the OCCF and its partner state agencies are approaching comprehensive planning as a multi-year, phased initiative. An interagency Steering Committee at the state level is responsible for developing planning guidelines. Phase I of the planning involved mapping the strengths, gaps and barriers in local communities. Phase II updates that work and adds the identification of priorities and strategies for selected areas of interest. Much is still unknown about the Phase III requirements. We have been advised that more detailed budgeting, implementation planning and measurement efforts will be required. There will also be more emphasis on State-provided funding, with the goal of expanding flexible use of the funding. Efforts are underway to integrate planning for mental health, drug courts and the Oregon Children's Plan at the State level, but it is unclear how that will translate into requirements for local communities. It is also unclear whether the State will require local plans to become truly comprehensive by expanding local priorities and strategies beyond the minimum set required in Phase II.

As of now, planning guidelines incorporate requirements of the Criminal Justice Commission, the Oregon Youth Authority [OYA], the Office of Alcohol and Drug

Members

Larry Norvell, Chair
Pauline Anderson
Carol Cole
Lee Coleman
Leslie Garth-Clark
Muriel Goldman
Kamron Graham
Pam Greenough
Margie Harris
Samuel Henry
Earlene Holmstrom
Janet Kretzmeier
Colleen Lewis
Diane Linn
Linda Grear Long
Kay Lowe
Janice Nightingale
Susan Oliver
D. Claire Oliveros
Mike Reich
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Staff

Kathy Turner, Executive
Director
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Kristine Dale
Elana Emlen
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Janet Hawkins
Kelly Huotari
Wendy Lebow
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Bonnie Rosatti
Jana Rowley
Chris Tebben

421 SW 6th Avenue,
Suite 1075
Portland, OR 97204-
1620
Ph: (503) 988-3897
Fx: (503) 988-5538
ccfc.org@co.multnomah.
or.us
www.ourcommission.org
inter-office: 166/1075

Abuse Programs [ODAP] and the OCCF. Early childhood systems development work involving five state agencies is also to be integrated. Some, but not all, of the Health Division's requirements are addressed. In future years, the requirements may be expanded to include those of the mental health and developmental disabilities services division. Although specific budget plans are not yet required, it is our understanding that the Comprehensive plan is intended to satisfy many of the grant application requirements that are now separate: the Juvenile Crime Prevention Plan; the Juvenile Diversion Plan; and the Biennial A & D Program Implementation Plan. Future grant application requirements related to the Oregon's Children's Plan will probably be folded-into SB 555. We will not be able to assess the State's success in streamlining grant administration practices until the next grant cycle begins.

The complexity of integrating State grant processes into counties' comprehensive planning efforts must be acknowledged. There are many stakeholders, with very different points of view and the OCCF must carefully balance competing interests. For example, the State's decision to phase-in the requirements to develop strategies was intended to make the workload more manageable for everyone while still allowing counties flexibility to be more comprehensive in Phase II. However, some people have the impression local discretion for priority setting has been superceded and that the State has decided what is important for this community. This is not the case. The State made a decision to set a minimum scope for planning that can help streamline grant processes. We support the laudable goal of integrating the work of State agencies. Over time, we can amend Multnomah County's plan to be more comprehensive and thereby better reflect the scope and balance of our community priorities.

Many people view the comprehensive planning effort as welcome catalyst for better integration of planning efforts and for stronger community involvement. In recent interviews with County departmental stakeholders involved in this planning effort, many expressed their desire to achieve even better integration of planning efforts. While it is generally recognized that big steps have been made to align program priorities in support of benchmark goals and to improve executive level communication among county departments, there is room to improve. The Health Department will begin a new strategic planning effort in the Spring of 2002 that will include extensive partner and community involvement. The Office of Addiction Services in Community and Family Services wants more extensive partner and community involvement as they move forward in developing specific alcohol prevention and treatment strategies for implementation in the 2003-05 biennium. The Department of Community Justice has a tradition of inviting partners and the community to join in collaborative planning and intends to strengthen that with a new strategic planning effort in 2002.

III. FINANCIAL IMPACT

In order for Multnomah County to receive approximately 9 million dollars in funding per biennium from the state, the Coordinated Plan for Children, Families and

Community must be approved by the BCC and accepted by the OCCF.

IV. LEGAL ISSUES

None identified.

V. CONTROVERSIAL ISSUES

None identified.

VI. LINK TO CURRENT COUNTY POLICIES

The three categories of priorities and strategies presented in this *Coordinated Plan for Children, Families and Communities* are largely consistent with recent plans approved by the Board of County Commissioners. The "Priorities and Strategies for Reducing Substance Abuse" build upon the Alcohol and Drug Biennial Implementation Plans for 1999-2001 and 2001-03 which were approved by the Board of County Commissioners and the Oregon Office of Alcohol and Drug Abuse Programs [OADAP – now Office of Mental Health and Addiction Services.] The "Priorities and Strategies Supporting Young Children Developing to Their Full Potential " are identical to those adopted by the Board in August 2001 as part of in the Early Childhood Care and Education Framework. The "Priorities and Strategies for Juvenile Justice and Delinquency Prevention" were developed by updating the existing Strategic Plan which was adopted by the Public Safety Coordinating Council, the Commission on Children, Families and Community, the Portland City Council and the Board of County Commissioners.

VII. CITIZEN PARTICIPATION

In designing our process for development of this plan, the CCFC made the strategic decision to work with existing groups who have an on-going commitment to the particular topic areas rather than to convene a new, large-scale planning effort as some communities have done. We believe this positions our county well for plan implementation.

Responsibility for compiling the mapping and analysis information for each of the High Level Outcomes [HLOs] the state required we address was assumed by county planning and program management staff in the CCFC, the Department of Community and Family Services, the Department of Community Justice, and the Health Department. These authors elicited partner and stakeholder input for the mapping and analysis work. Author names and contact information are listed at the end of each HLO section.

Priorities and strategies reflect the work of the Early Childhood Care and Education Council, the Juvenile Justice and Delinquency Prevention Strategic Planning Committee, and both the youth and adult Local Alcohol and Drug Abuse Planning Committees. Each of these groups are broadly representative, including an array of system partners, community-based providers and citizen representatives. Membership on each group is culturally diverse. Membership lists for each group are attached as an

appendix to this plan.

It has been one of our explicit objectives to have this Coordinated Plan look very familiar to the hundreds of people who have worked so hard in recent years to develop plans and policies for these important community concerns. You may notice that different sections of this report reflect different conceptual frameworks, planning approaches and writing styles. We accept these differences as a natural consequence of a collaborative approach. We endorse each of body of work as reflective of good planning practices, unified by common values and principles consistent with ORS 417.775.

The Coordinated Plan honors and reflects the work being done by people who have demonstrated a continuing commitment to improving the quality of life for children and families in our community.

VIII. OTHER GOVERNMENTAL PARTICIPATION

The guidelines, manual and technical assistance provided by the OCCF reflects a high level of planning expertise as well as commitment to supporting counties. While every community has its unique conditions, we appreciate the State's efforts to work with Multnomah, Washington, Lane and Marion Counties to think through how the dynamics of scale and complexity influence effective planning in large counties.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Approving the January 2002 Coordinated Plan for Children, Families and Community for Multnomah County, Oregon.

The Multnomah County Board of Commissioners Finds:

- a. The *Coordinated Plan for Children, Families and Community* has been prepared in accordance with Oregon Revised Statutes Section 417.775 and the related planning guidelines issued by the Oregon Commission on Children and Families [OCCF].
- b. The *Coordinated Plan for Children, Families & Community* has been developed using the collaborative, inclusive processes envisioned in ORS §417.775.
- c. Priorities and strategies reflect the work of the Early Childhood Care and Education Council, the Juvenile Justice and Delinquency Prevention Strategic Planning Committee, and both the youth and adult Local Alcohol and Drug Abuse Planning Committees. Each of these groups is broadly representative, including an array of system partners, community-based providers and citizen representatives; membership on each group is culturally diverse.
- d. The Commission on Children, Families and Community is committed to using an asset-based approach to planning: viewing our youth and our community in terms of their capacities; identifying strategies that build on strengths and provide positive developmental opportunities as well as reducing harms; planning with young people rather than for them; and focusing on the outcomes of healthy, thriving youth.
- e. The Commission on Children, Families and Community approved the *Coordinated Plan for Children, Families and Community* on December 11, 2001.

The Multnomah County Board of Commissioners Resolves:

The Board of County Commissioners of Multnomah County approves the *Coordinated Plan for Children, Families and Community* dated January 2002 and authorizes its official submission to the Oregon Commission on Children and Families.

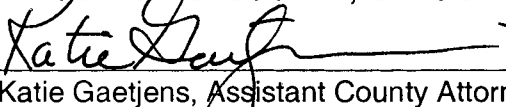
Adopted this 10th day of January, 2002.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane Linn, Chair

REVIEWED:

THOMAS SPONSER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Katie Gaetjens, Assistant County Attorney

Coordinated Plan for Children, Families and Community

Presented By:

Kathy Turner, Executive Director
Commission on Children, Families & Community
of Multnomah County

January 10, 2002

What is this “SB 555” Plan?

- Phase II of a multi-year effort to implement Oregon Senate Bill 555, which requires that counties develop comprehensive plans for children, families and community
- The State’s guidelines establish an outcome-focused framework for planning that is structured around “high level outcomes” [benchmarks]

Substantive Requirements

- Extensive background “mapping and analysis” information for 19 high level outcomes
- Inventories of services and partnerships supporting each high level outcome
- Priorities and strategies developed collaboratively to address at least the three required areas
[Substance Abuse; Early Childhood; and Juvenile Justice]

Our Approach

- Work with existing, broadly-representative groups who have an on-going commitment to planning and implementation
- Encourage community engagement and strive to reflect the social, cultural and economic diversity of our community
- Include all children [prenatal - 18 years] and consider full continuum of strategies from prevention to treatment and aftercare
- Take a strengths-based approach, consistent with the principles and values of the our local CCFC commission

Who Participated

- Broadly representative advisory groups [including the Early Childhood Care & Education Council, both Local Alcohol & Drug Planning Committees, the Juvenile Justice Strategic Planning Committee, and others]
- Service providers
- Families
- Groups representing people of color or special needs populations
- Neighborhood groups and community members
- Subject matter experts
- Overall, hundreds of people ...

How are we doing?				
= better = about the same = worse = unknown				
High Level Outcome	As Measured By	Date Year	Compared to State Average	Local Trend
1 Reduce adult substance abuse	percent of adults who abuse or are dependent on alcohol or other drugs	2000		
2 Reduce domestic violence	rate of domestic violence arrests of partners per 1,000 adults (18+)	1999		
3 Reduce poverty	percentage of people with incomes below 100% of the Federal poverty level	1995		
4 Reduce child maltreatment	duplicated rate of child reports to SCF of children maltreated per 1,000 persons under the age of 18	1999		
5 Improve prenatal care	percentage of babies whose mothers received prenatal care in 1 st trimester	1999		
6 Increase immunizations	percentage of two-year olds who are adequately immunized	2000		
7 Reduce alcohol, tobacco and other drug use during pregnancy	percentage of infants whose mothers used alcohol, tobacco or other drugs during pregnancy	1999		
8 Increase child care availability	number of child care slots available for every 100 children under age 13	1998		
9 Improve readiness to learn	percentage of children entering school ready to learn	1997		
10 Decrease student alcohol use	percentage of 8 th grade students who report using alcohol in the past month	2000		
11 Decrease student drug use	percentage of 8 th grade students who report using illicit drugs in the past mo.	2000		
12 Decrease student tobacco use	percentage of 8 th grade students who report using tobacco in the past month	2000		
13 Decrease juvenile arrests	number of juvenile arrests per 1,000 juveniles age 10-17	1999		
14 Maintain OYA bed use	number of discretionary beds used at OYA Youth Correctional Facilities	2001		
15 Reduce juvenile recidivism	percentage of juveniles with a new criminal referral within 12 mos. of the original criminal offense	1998		
16 Reduce teen pregnancy	pregnancy rate per 1,000 females age 10-17	2000		
17 Decrease youth suicide	number of suicide attempts by minors per 1,000 youth age 12-19	1997		
18 Reduce high school drop out rate	percentage of public high school students who drop out of grades 9 through 12 in any given year	2000		
19 Increase community engagement	percentage of Oregonians who feel they are part of their community	---		

Common Gaps & Barriers

GAPS

- gender and culturally appropriate services
- mental health services
- alcohol and drug services
- services to special populations

BARRIERS

- stability of non-profits undermined by low wage scales and insufficient training, particularly in child care and A & D
- recruitment and retention of culturally competent staff

Priorities & Strategies

- Reduce Substance Abuse
- Support Juvenile Justice and Delinquency Prevention
- Support Young Children Developing to Their Full Potential

Strategic Themes

- Use a strengths-based approach, building on the assets of children, youth, families and communities
- Address the whole child in the context of their families and community [not just fix the problem at hand]
- Increase access to culturally and gender appropriate services
- Accommodate multiple needs within the context of one program, such as mental health and alcohol/drug treatment [dual diagnosis treatment]
- Support parents with education, training and family-strengthening approaches
- Increase collaborative efforts in planning, administration and services delivery in order to increase services integration and to stabilize services delivery systems

Next Steps

- The State's SB 555 Phase III requirements are still being developed; currently, the main emphasis is on data measurement.
- Local Commissions will be responsible for monitoring plan implementation annually.

BOGSTAD Deborah L

From: HUOTARI Kelly A

Sent: Friday, January 11, 2002 10:19 AM

To: BOGSTAD Deborah L

Subject: executive summary

Sorry you had a tough time reaching us. We're really going to start answering our phones someday. (BTW, I'm usually chained to my desk, so you can almost always reach me at 84535.)

I understand you want the executive summary from our comprehensive plan. I've attached it as a PDF. Starting Tuesday, folks can view the entire document on our site at <http://www.ourcommission.org/ccfc2001/activities/committees/PP/PPstateplan.shtml>.

Please let me know if you need anything else.

Thanks,
Kelly Huotari

1/11/2002

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 02-006

Approving the January 2002 Coordinated Plan for Children, Families and Community for Multnomah County, Oregon

The Multnomah County Board of Commissioners Finds:

- a. The *Coordinated Plan for Children, Families and Community* has been prepared in accordance with Oregon Revised Statutes Section 417.775 and the related planning guidelines issued by the Oregon Commission on Children and Families [OCCF].
- b. The *Coordinated Plan for Children, Families & Community* has been developed using the collaborative, inclusive processes envisioned in ORS §417.775.
- c. Priorities and strategies reflect the work of the Early Childhood Care and Education Council, the Juvenile Justice and Delinquency Prevention Strategic Planning Committee, and both the youth and adult Local Alcohol and Drug Abuse Planning Committees. Each of these groups is broadly representative, including an array of system partners, community-based providers and citizen representatives; membership on each group is culturally diverse.
- d. The Commission on Children, Families and Community is committed to using an asset-based approach to planning: viewing our youth and our community in terms of their capacities; identifying strategies that build on strengths and provide positive developmental opportunities as well as reducing harms; planning with young people rather than for them; and focusing on the outcomes of healthy, thriving youth.
- e. The Commission on Children, Families and Community approved the *Coordinated Plan for Children, Families and Community* on December 11, 2001.

The Multnomah County Board of Commissioners Resolves:

The Board of County Commissioners of Multnomah County approves the *Coordinated Plan for Children, Families and Community* dated January 2002 and authorizes its official submission to the Oregon Commission on Children and Families.

ADOPTED this 10th day of January, 2002.



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane Linn, Chair

REVIEWED:

THOMAS SPONSER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By

Katie Gaetjens, Assistant County Attorney

Executive Summary

Coordinated Plan for Children, Families & Community

Our community is a colorful tapestry of diverse people and resources. We are looked upon as a place where people are remarkably collaborative and innovative. People like to live here. Our community is rich in its resources to support children, youth and families. We celebrate the strengths and resources of our community, while recognizing that we continue to fail to meet the needs of many of our citizens.

Development of this *Coordinated Plan for Children, Families and Community* was largely completed before the devastating events of September 11th so fundamentally altered most Americans' view of the world. It is too soon to know how this recent, overshadowing focus on terrorism will affect our children, families and community. It appears likely that there will be broad economic consequences regionally as well as nationally, and this may tip more families into poverty. It is also likely that, at least for the short term, charitable giving may shift away from services supporting children and families as it is redirected towards disaster relief. It may well be that governmental capacity to support services to children and families is also diminished due to the combined effects of economic recession, tax limitations and increased spending on national security.

However, children's developmental needs are timeless and transcend world events. Our understanding of what works best to support children and families is well researched and has enduring merit. So, while there may be greater financial challenges for individuals and institutions in this post September 11th world, the conditions, priorities and strategies presented in this plan are what should inform and guide us as we move forward. In these troubled times, we need to keep in mind that we are a community rich in the resources of caring and creative people who understand the power of working together. We have a vision:

Our Vision – Our Chosen Future

The Commission on Children, Families & Community pledges to work with and for the people of Multnomah County to build on our community's strengths. We'll provide and support leadership that will fortify services and supports and create a safe environment for all children, youth and families, across every ethnic, cultural, generational and economic group. We'll measure our success not by our efforts, but rather by our results as we work to make Multnomah County a great place to grow up and live in.

This *Coordinated Plan for Children, Families and Communities* has been prepared in accordance with Senate Bill 555 and the related planning guidelines issued by the Oregon Commission on Children and Families [OCCF].

Executive Summary

Coordinated Plan for Children, Families & Community

Our Approach In Multnomah County

This *Coordinated Plan for Children, Families & Community* has been developed using the collaborative, inclusive processes envisioned in SB 555. This is a plan that:

- Includes all children [prenatal to 18 years] and families;
- Considers primary prevention needs as well as the continuum of treatment and aftercare services;
- Reflects the social, cultural and economic diversity of this community;
- Has been influenced by a diverse set of stakeholders, including families;
- Respects the planning work already being done in this community;
- Presents data and research-based proven practices;
- Supports partnerships and provides tools to catalyze more integrated planning in the future.

This report also meets the State's substantive requirements for Phase II:

1. Extensive background "mapping and analysis" information is presented for nineteen High Level Outcomes;
2. Inventories of services and partnerships supporting each High Level Outcome have been expanded and updated;
3. Priorities and strategies have been developed through broadly collaborative planning processes to address: a) Alcohol and drug abuse, b) Early childhood supports; and c) Juvenile justice and delinquency prevention.

The CCFC is committed to using an asset-based approach to planning. We believe this requires the following: viewing our youth and our community in terms of their capacities, identifying strategies that build on strengths and provide positive developmental opportunities as well as reducing harms, planning with young people rather than for them, and focusing on the outcomes of healthy, thriving youth. This is based on our belief that problem-free is not the same as thriving. We are eager to work with the OCCF to continue to develop outcome measures that reflect the attainment of health and well-being, in addition to the prevailing emphasis on reduction of harm. We observe that many of the high level outcomes, such as reducing high-school dropouts, have corresponding positive outcomes, such as increasing the number of youth who succeed in their education. In future phases of the plan, we will continue to develop and include indicators that track gains in thriving as well as reductions in harm.

Executive Summary

Coordinated Plan for Children, Families & Community

Our asset-based approach is reflected in the goals adopted by the Commission on December 11, 2001:

- 1. Infants, Children and youth are healthy, thriving and safe.*
- 2. Children and youth succeed in their education and serve a valued role in the community.*
- 3. Families have the economic, social and cultural resources they need.*
- 4. Infants, children and youth feel valued and have caring relationships that help them succeed.*

In designing our process for development of this plan, the CCFC made the strategic decision to work with existing groups who have an on-going commitment to the particular topic areas rather than to convene a new, large-scale planning effort as some communities have done. We believe this positions our county well for plan implementation.

Responsibility for compiling the mapping and analysis information for each of the High Level Outcomes [HLOs] was assumed by county planning and program management staff in the CCFC, the Department of Community and Family Services, the Department of Community Justice, and the Health Department. These authors elicited partner and stakeholder input for the mapping and analysis work; they welcome additional comments. Author names and contact information are listed at the end of each HLO section.

Priorities and strategies reflect the work of the Early Childhood Care and Education Council, the Juvenile Justice and Delinquency Prevention Strategic Planning Committee, and both the youth and adult Local Alcohol and Drug Abuse Planning Committees. Each of these groups are broadly representative, including an array of system partners, community-based providers and citizen representatives. Membership on each group is culturally diverse. Membership lists for each group are attached as an appendix to this plan.

It has been one of our explicit objectives to have this Coordinated Plan look very familiar to the hundreds of people who have worked so hard in recent years to develop plans and policies for these important community concerns. You may notice that different sections of this report reflect different conceptual frameworks, planning approaches and writing styles. We accept these differences as a natural consequence of a collaborative approach. We endorse each of body of work as reflective of good planning practices, unified by common values and principles consistent with SB 555.

The Coordinated Plan honors and reflects the work being done by people who have demonstrated a continuing commitment to improving the quality of life for children and families in our community.

Executive Summary

Coordinated Plan for Children, Families & Community

Cultural and Gender Differences

Multnomah County and the Commission on Children, Families and Community have a strong commitment to supporting the provision of culturally and gender appropriate services. In our research, we seek to understand whether culture and gender affect access to services or the effectiveness of services delivered. As planners and managers, we are working to revise program delivery strategies to better meet the needs of our diverse clients and families. Each of the strategic planning groups contributing to this Coordinated Plan have demonstrated long-standing commitments to ensuring cultural and gender differences are addressed in planning and implementation efforts. This commitment is expressly reflected in particular priorities and strategies. Most importantly, we see this as an integral responsibility in all that we do.

High Level Outcomes











































The following table provides a snapshot of how we are doing in terms of the nineteen High Level Outcomes which are required as part of SB 555 planning. Our performance on these outcomes is rated here using only the measures and data provided by the State.

How we are doing on each of the outcomes is assessed as "better", "about the same" or "worse" compared to statewide averages and compared to prior experience in Multnomah County. The approach is used because for some indicators having the percent or number go up is desirable while for other indicators it is undesirable. In general, the judgements made in this chart are not controversial.

However, there are a few areas where reasonable people might disagree with this chart. First, it is not immediately clear whether increases in reported crimes are a good or bad thing. The real concern is whether the incidence of crime has gone up or down, but we know that not all crimes are reported. We want crimes to be reported when they occur, so it might be a good thing if crime reports go up while the actual incidence of crime remains about the same or even goes down. The measures of child maltreatment [#4] and juvenile recidivism [#15] are both based on report rates. While reported incidences of child maltreatment went up between 1994 and 1998, the victimization rate in the County has gone down by one-third since 1998. Second, even arrest rate data can be interpreted more than one way. For example, a relatively higher rate of domestic violence arrests in Multnomah County compared to the State is considered relatively "better" on this chart because as a matter of policy we want offenders arrested. The final caveat is more general: all measurement techniques have their limitations and these High Level Outcomes are, by design, intended to summarize very complex conditions. For a more complete review and analysis of the High Level Outcomes, please refer to the body of the report.

Executive Summary

Coordinated Plan for Children, Families & Community

How are we doing?				
 = better  = about the same  = worse  = unknown				
High Level Outcome	As Measured By	Year	Compared to State Average	Local Trend
1 Reduce adult substance abuse	percent of adults who abuse or are dependent on alcohol or other drugs	2000		
2 Reduce domestic violence	rate of domestic violence arrests of partners per 1,000 adults (18+)	1999		
3 Reduce poverty	percentage of people with incomes below 100% of the Federal poverty level	1995		
4 Reduce child maltreatment	duplicated rate of child reports to SCF of children maltreated per 1,000 persons under the age of 18	1999		
5 Improve prenatal care	percentage of babies whose mothers received prenatal care in 1 st trimester	1999		
6 Increase immunizations	percentage of two-year olds who are adequately immunized	2000		
7 Reduce alcohol, tobacco and other drug use during pregnancy	percentage of infants whose mothers used alcohol, tobacco or other drugs during pregnancy	1999		
8 Increase child care availability	number of child care slots available for every 100 children under age 13	1998		
9 Improve readiness to learn	percentage of children entering school ready to learn	1997		
10 Decrease student alcohol use	percentage of 8 th grade students who report using alcohol in the past month	2000		
11 Decrease student drug use	percentage of 8 th grade students who report using illicit drugs in the past mo.	2000		
12 Decrease student tobacco use	percentage of 8 th grade students who report using tobacco in the past month	2000		
13 Decrease juvenile arrests	number of juvenile arrests per 1,000 juveniles age 10-17	1999		
14 Maintain OYA bed use	number of discretionary beds used at OYA Youth Correctional Facilities	2001		
15 Reduce juvenile recidivism	percentage of juveniles with a new criminal referral within 12 mos. of the original criminal offense	1998		
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17 Decrease youth suicide	number of suicide attempts by minors per 1,000 youth age 12-19	1997		
18 Reduce high school drop out rate	percentage of public high school students who drop out of grades 9 through 12 in any given year	2000		
19 Increase community engagement	percentage of Oregonians who feel they are part of their community	----		

Executive Summary

Coordinated Plan for Children, Families & Community

Our Strategic Direction

The priorities presented here relate to the three topic areas for which counties were required to plan under SB 555 guidelines:

- Priorities Aimed at Reducing Alcohol and Drug Abuse
- Priorities to Support Juvenile Justice & Delinquency Prevention
- Priorities to Support Young Children Developing to Their Full Potential

These represent important concerns but these are not our communities' only priorities. The full scope and balance of our priorities will not be reflected until the Phase III SB 555. In the meantime, our Commission will continue to support the full spectrum of children, youth, young adults and families.

Although the priorities and strategies are organized topically and do not address a full continuum, a number of consistent themes have emerged regarding ways of providing services. In all three topic areas, there are strategies that take a strengths-based approach to build on the assets of children, youth, families and communities. There is also a pattern of strategies that address the whole child in the context of their family and community, rather than just trying to fix specific problems. In the context of existing services, many strategies adapt or expand existing services to accommodate children and youth with multiple needs, such as mental health and alcohol/drug treatment. There is also a consistent theme of supporting parents with education, training and other family-strengthening approaches.

Strategies in each of the three areas also reflected patterns of gaps in services. Most consistently appearing were strategies that: increase the availability of gender and culturally appropriate services; increase access to mental health services; increase access to alcohol and drug services; foster safe neighborhoods and violence-free families; and increase services for certain special populations that are currently underserved.

Common barriers impede progress in all three areas. Stability of non-profits is undermined by low wage scales and insufficient training, particularly in the child care and alcohol and drug services arenas. Efforts to make programs more culturally competent are hindered by recruitment and retention problems. There are a number of strategies to address these issues in each topic area.

For a full listing of related strategies and the rationale for their selection, please refer to the Priorities and Strategies section of this report.

Executive Summary

Coordinated Plan for Children, Families & Community

Priorities Aimed at Reducing Substance Abuse Abuse

- A. Stabilize and strengthen the current A&D treatment and prevention provider system.
- B. Reduce administrative contracting costs of providers by streamlining the County's procurement, contracting and performance monitoring processes.
- C. Expand A & D free housing, adult residential treatment, children's beds in residential treatment, youth and adult detoxification, and youth and adult outpatient services. [Requires additional funding to implement.]
- D. Incorporate strength-based approaches, including family strengthening strategies/services across the continuum of prevention and treatment services.
- E. Move our youth and adult treatment systems to a fully integrated dual diagnosis service model.
- F. Expand intersystem collaboration and integration efforts.
- G. Increase access to A&D services for very high risk, and/or inadequately/underserved segments of the County's varied population. [Requires additional funding to implement.]
- H. Influence community norms to ensure that youth's access to tobacco is reduced and their environments are tobacco free.

Priorities to Support Juvenile Justice & Delinquency Prevention

- A. Prevent juvenile delinquency by supporting at-risk, acting out and delinquent youth to complete high school and to engage in structured activities outside of school.
- B. Prevent and intervene early in delinquency by holding high expectations of young people, promoting mutual respect and improving the skills of youth and adults to respond appropriately at home, in school and in their neighborhoods.
- C. Hold youth accountable, be fair and reduce recidivism by improving the ability of the Juvenile Justice System to provide swift, sure, appropriate and equitable consequences when youth violate the law.
- D. Protect public safety and control costs by equitably directing specialized resources toward youth at greatest risk of committing violent crime and serious, repetitive crimes.
- E. Do our work together, more effectively, by being leaders in sharing information for decision-making and identifying best practices with community members, partners and staff on what works to prevent juvenile crime and routinely evaluate effectiveness.

Executive Summary

Coordinated Plan for Children, Families & Community

Priorities to Support Young Children Developing to Their Full Potential

A. The community nurtures children and families by ensuring that:

- Families have economic well-being and financial stability;
- Families have access to community resources and informal supports such as extended family and neighbors;
- Families have affordable, stable and decent housing;
- Families have access to affordable, reliable transportation;
- Families have access to comprehensive, culturally competent, coordinated health and social services;
- Children live with safe families in safe neighborhoods; and
- People are educated about child and human development throughout their lives.

B. Families nurture their children:

- Families learn and use effective skills to nurture and guide their children;
- Each child forms stable, positive relationships;
- Programs support the healthy development of families through parenting education and links to resources and mentoring;
- Family stability is supported by the community at all phases of development; and
- Families ensure that their children receive adequate health care and needed social services.

C. Family strengths are supported by ensuring that:

- Families are actively engaged in building upon their strengths;
- Families with risks are identified and obtain health and social services;
- The community helps children overcome the effects of abuse, neglect and trauma;
- Families have a positive view of the future; and
- Children with special needs fully participate in the community.

Executive Summary

Coordinated Plan for Children, Families & Community

D. Child Care meets children's and families' needs by ensuring that:

- Child care is recognized as early childhood care and education;
- Families obtain the child care they need that is accessible and affordable;
- Children are in quality care environments that are safe, healthy and developmentally appropriate;
- Child care provider training and technical support is available to all providers;
- The child care profession offers stable, desirable jobs with living wages; and
- Employers support child care for their employees and for the community.

E. Children succeed in their early education because:

- Children meet guidelines for school readiness;
- Schools use a strength based approach to young children and build a positive relationship with families;
- Parents actively participate in their young children's education;
- The community is involved in the supporting the education of young children;
- Children are working toward meeting 3rd grade academic benchmarks;
- Children develop problem solving, social and communication skills, and make progress in school; and
- A coordinated, systematic transition occurs from home and early childhood programs to school.

F. The early childhood system of care meets community needs because:

- Planning and implementation are coordinated;
- Every sector of the community is engaged in supporting families with young children;
- Programs and resources have the capacity to meet community needs;
- Best practices of new and existing strategies are utilized across the system of care; and
- Programs are retooled for effectiveness and efficient use of funds through technical assistance.

Executive Summary

Coordinated Plan for Children, Families & Community

For More Information on Multnomah County's SB 555 Phase II Plan

Visit our website at:

www.ourcommission.org

Or contact:

Lisa Pellegrino

Policy Director

Commission on Children, Families and Community

Multnomah County

E-mail Address: elise.m.pellegrino@co.multnomah.or.us

503-988-6591

Acknowledgements

This plan has been shaped by hundreds of people from across our community who have shown sustained commitment, as volunteers or dedicated professionals, to improving community conditions for children, youth and families. Although the list of names is too lengthy to include here, we hope you will join with us in extending our appreciation for their contributions to the strategic planning efforts that are the foundation for this plan.

The research and writing for this plan was done by a core team of professionals who somehow made time to take on these additional responsibilities: Barbara Brady; Lisa Cline; Elana Emlen; Pat Franck; Karen Gorton; Lisa Hansell; Janet Hawkins; PeggyLou Hillman; Linda Jaramillo; Scott Keir; Van Le; Wendy Lebow; Nancy Martin; Annie Neal; Lisa Pellegrino; Jim Peterson; Wendy Rankin; Chiquita Rollins; Chris Tebben; Tricia Tillman Reardon; and Jan Wallinder.

Meganne Steele coordinated the SB 555 Plan development process and prepared this report as a consultant to the Commission on Children, Families and Community.



Coordinated Plan for Children, Families & Community

Presented by:

Commission on Children Families & Community
of Multnomah County

January, 2002

Coordinated Plan for Children, Families & Community

Multnomah County, Oregon

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Coordinated Plan for Children, Families & Community

Our community is a colorful tapestry of diverse people and resources. We are looked upon as a place where people are remarkably collaborative and innovative. People like to live here. Our community is rich in its resources to support children, youth and families. We celebrate the strengths and resources of our community, while recognizing that we continue to fail to meet the needs of many of our citizens.

Development of this *Coordinated Plan for Children, Families and Community* was largely completed before the devastating events of September 11th so fundamentally altered most Americans' view of the world. It is too soon to know how this recent, overshadowing focus on terrorism will affect our children, families and community. It appears likely that there will be broad economic consequences regionally as well as nationally, and this may tip more families into poverty. It is also likely that, at least for the short term, charitable giving may shift away from services supporting children and families as it is redirected towards disaster relief. It may well be that governmental capacity to support services to children and families is also diminished due to the combined effects of economic recession, tax limitations and increased spending on national security.

However, children's developmental needs are timeless and transcend world events. Our understanding of what works best to support children and families is well researched and has enduring merit. So, while there may be greater financial challenges for individuals and institutions in this post September 11th world, the conditions, priorities and strategies presented in this plan are what should inform and guide us as we move forward. In these troubled times, we need to keep in mind that we are a community rich in the resources of caring and creative people who understand the power of working together. We have a vision:

Our Vision - Our Chosen Future

The Commission on Children, Families & Community pledges to work with and for the people of Multnomah County to build on our community's strengths. We'll provide and support leadership that will fortify services and supports and create a safe environment for all children, youth and families, across every ethnic, cultural, generational and economic group. We'll measure our success not by our efforts, but rather by our results as we work to make Multnomah County a great place to grow up and live in.

This *Coordinated Plan for Children, Families and Communities* has been prepared in accordance with Senate Bill 555 and the related planning guidelines issued by the Oregon Commission on Children and Families [OCCF].

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Coordinated Plan for Children, Families & Community

Our Approach In Multnomah County

This *Coordinated Plan for Children, Families & Community* has been developed using the collaborative, inclusive processes envisioned in SB 555. This is a plan that:

- Includes all children [prenatal to 18 years] and families;
- Considers primary prevention needs as well as the continuum of treatment and aftercare services;
- Reflects the social, cultural and economic diversity of this community;
- Has been influenced by a diverse set of stakeholders, including families;
- Respects the planning work already being done in this community;
- Presents data and research-based proven practices;
- Supports partnerships and provides tools to catalyze more integrated planning in the future.

This report also meets the State's substantive requirements for Phase II:

1. Extensive background "mapping and analysis" information is presented for nineteen High Level Outcomes;
2. Inventories of services and partnerships supporting each High Level Outcome have been expanded and updated;
3. Priorities and strategies have been developed through broadly collaborative planning processes to address: a) Alcohol and drug abuse, b) Early childhood supports; and c) Juvenile justice and delinquency prevention.

The CCFC is committed to using an asset-based approach to planning. We believe this requires the following: viewing our youth and our community in terms of their capacities, identifying strategies that build on strengths and provide positive developmental opportunities as well as reducing harms, planning with young people rather than for them, and focusing on the outcomes of healthy, thriving youth. This is based on our belief that problem-free is not the same as thriving. We are eager to work with the OCCF to continue to develop outcome measures that reflect the attainment of health and well-being, in addition to the prevailing emphasis on reduction of harm. We observe that many of the high level outcomes, such as reducing high-school dropouts, have corresponding positive outcomes, such as increasing the number of youth who succeed in their education. In future phases of the plan, we will continue to develop and include indicators that track gains in thriving as well as reductions in harm.

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Our asset-based approach is reflected in the goals adopted by the Commission on December 11, 2001:

1. *Infants, Children and youth are healthy, thriving and safe.*
2. *Children and youth succeed in their education and serve a valued role in the community.*
3. *Families have the economic, social and cultural resources they need.*
4. *Infants, children and youth feel valued and have caring relationships that help them succeed.*

In designing our process for development of this plan, the CCFC made the strategic decision to work with existing groups who have an on-going commitment to the particular topic areas rather than to convene a new, large-scale planning effort as some communities have done. We believe this positions our county well for plan implementation.

Responsibility for compiling the mapping and analysis information for each of the High Level Outcomes [HLOs] was assumed by county planning and program management staff in the CCFC, the Department of Community and Family Services, the Department of Community Justice, and the Health Department. These authors elicited partner and stakeholder input for the mapping and analysis work; they welcome additional comments. Author names and contact information are listed at the end of each HLO section.

Priorities and strategies reflect the work of the Early Childhood Care and Education Council, the Juvenile Justice and Delinquency Prevention Strategic Planning Committee, and both the youth and adult Local Alcohol and Drug Abuse Planning Committees. Each of these groups are broadly representative, including an array of system partners, community-based providers and citizen representatives. Membership on each group is culturally diverse. Membership lists for each group are attached as an appendix to this plan.

It has been one of our explicit objectives to have this Coordinated Plan look very familiar to the hundreds of people who have worked so hard in recent years to develop plans and policies for these important community concerns. You may notice that different sections of this report reflect different conceptual frameworks, planning approaches and writing styles. We accept these differences as a natural consequence of a collaborative approach. We endorse each of body of work as reflective of good planning practices, unified by common values and principles consistent with SB 555.

The Coordinated Plan honors and reflects the work being done by people who have demonstrated a continuing commitment to improving the quality of life for children and families in our community.

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Cultural and Gender Differences

Multnomah County and the Commission on Children, Families and Community have a strong commitment to supporting the provision of culturally and gender appropriate services. In our research, we seek to understand whether culture and gender affect access to services or the effectiveness of services delivered. As planners and managers, we are working to revise program delivery strategies to better meet the needs of our diverse clients and families. Each of the strategic planning groups contributing to this Coordinated Plan have demonstrated long-standing commitments to ensuring cultural and gender differences are addressed in planning and implementation efforts. This commitment is expressly reflected in particular priorities and strategies. Most importantly, we see this as an integral responsibility in all that we do.

High Level Outcomes

The following table provides a snapshot of how we are doing in terms of the nineteen High Level Outcomes which are required as part of SB 555 planning. Our performance on these outcomes is rated here using only the measures and data provided by the State.

How we are doing on each of the outcomes is assessed as "better", "about the same" or "worse" compared to statewide averages and compared to prior experience in Multnomah County. The approach is used because for some indicators having the percent or number go up is desirable while for other indicators it is undesirable. In general, the judgements made in this chart are not controversial.

However, there are a few areas where reasonable people might disagree with this chart. First, it is not immediately clear whether increases in reported crimes are a good or bad thing. The real concern is whether the incidence of crime has gone up or down, but we know that not all crimes are reported. We want crimes to be reported when they occur, so it might be a good thing if crime reports go up while the actual incidence of crime remains about the same or even goes down. The measures of child maltreatment [#4] and juvenile recidivism [#15] are both based on report rates. While reported incidences of child maltreatment went up between 1994 and 1998, the victimization rate in the County has gone down by one-third since 1998. Second, even arrest rate data can be interpreted more than one way. For example, a relatively higher rate of domestic violence arrests in Multnomah County compared to the State is considered relatively "better" on this chart because as a matter of policy we want offenders arrested. The final caveat is more general: all measurement techniques have their limitations and these High Level Outcomes are, by design, intended to summarize very complex conditions. For a more complete review and analysis of the High Level Outcomes, please refer to the body of the report.

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Coordinated Plan for Children, Families & Community

How are we doing?

 = better
  = about the same
  = worse
  = unknown

High Level Outcome		As Measured By	Data Year	Compared to State Average	Local Trend
1	Reduce adult substance abuse	percent of adults who abuse or are dependent on alcohol or other drugs	2000		
2	Reduce domestic violence	rate of domestic violence arrests of partners per 1,000 adults (18+)	1999		
3	Reduce poverty	percentage of people with incomes below 100% of the Federal poverty level	1995		
4	Reduce child maltreatment	duplicated rate of child reports to SCF of children maltreated per 1,000 persons under the age of 18	1999		
5	Improve prenatal care	percentage of babies whose mothers received prenatal care in 1 st trimester	1999		
6	Increase immunizations	percentage of two-year olds who are adequately immunized	2000		
7	Reduce alcohol, tobacco and other drug use during pregnancy	percentage of infants whose mothers used alcohol, tobacco or other drugs during pregnancy	1999		
8	Increase child care availability	number of child care slots available for every 100 children under age 13	1998		
9	Improve readiness to learn	percentage of children entering school ready to learn	1997		
10	Decrease student alcohol use	percentage of 8 th grade students who report using alcohol in the past month	2000		
11	Decrease student drug use	percentage of 8 th grade students who report using illicit drugs in the past mo.	2000		
12	Decrease student tobacco use	percentage of 8 th grade students who report using tobacco in the past month	2000		
13	Decrease juvenile arrests	number of juvenile arrests per 1,000 juveniles age 10-17	1999		
14	Maintain OYA bed use	number of discretionary beds used at OYA Youth Correctional Facilities	2001		
15	Reduce juvenile recidivism	percentage of juveniles with a new criminal referral within 12 mos. of the original criminal offense	1998		
16	Reduce teen pregnancy	pregnancy rate per 1,000 females age 10-17	2000		
17	Decrease youth suicide	number of suicide attempts by minors per 1,000 youth age 12-19	1997		
18	Reduce high school drop out rate	percentage of public high school students who drop out of grades 9 through 12 in any given year	2000		
19	Increase community engagement	percentage of Oregonians who feel they are part of their community	----		

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Our Strategic Direction

The priorities presented here relate to the three topic areas for which counties were required to plan under SB 555 guidelines:

- Priorities Aimed at Reducing Alcohol and Drug Abuse
- Priorities to Support Juvenile Justice & Delinquency Prevention
- Priorities to Support Young Children Developing to Their Full Potential

These represent important concerns but these are not our communities' only priorities. The full scope and balance of our priorities will not be reflected until the Phase III SB 555. In the meantime, our Commission will continue to support the full spectrum of children, youth, young adults and families.

Although the priorities and strategies are organized topically and do not address a full continuum, a number of consistent themes have emerged regarding ways of providing services. In all three topic areas, there are strategies that take a strengths-based approach to build on the assets of children, youth, families and communities. There is also a pattern of strategies that address the whole child in the context of their family and community, rather than just trying to fix specific problems. In the context of existing services, many strategies adapt or expand existing services to accommodate children and youth with multiple needs, such as mental health and alcohol/drug treatment. There is also a consistent theme of supporting parents with education, training and other family-strengthening approaches.

Strategies in each of the three areas also reflected patterns of gaps in services. Most consistently appearing were strategies that: increase the availability of gender and culturally appropriate services; increase access to mental health services; increase access to alcohol and drug services; foster safe neighborhoods and violence-free families; and increase services for certain special populations that are currently underserved.

Common barriers impede progress in all three areas. Stability of non-profits is undermined by low wage scales and insufficient training, particularly in the child care and alcohol and drug services arenas. Efforts to make programs more culturally competent are hindered by recruitment and retention problems. There are a number of strategies to address these issues in each topic area.

For a full listing of related strategies and the rationale for their selection, please refer to the Priorities and Strategies section of this report.

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Coordinated Plan for Children, Families & Community

Priorities Aimed at Reducing Substance Abuse Abuse

- A. Stabilize and strengthen the current A&D treatment and prevention provider system.
- B. Reduce administrative contracting costs of providers by streamlining the County's procurement, contracting and performance monitoring processes.
- C. Expand A & D free housing, adult residential treatment, children's beds in residential treatment, youth and adult detoxification, and youth and adult outpatient services. [Requires additional funding to implement.]
- D. Incorporate strength-based approaches, including family strengthening strategies/services across the continuum of prevention and treatment services.
- E. Move our youth and adult treatment systems to a fully integrated dual diagnosis service model.
- F. Expand intersystem collaboration and integration efforts.
- G. Increase access to A&D services for very high risk, and/or inadequately/underserved segments of the County's varied population. [Requires additional funding to implement.]
- H. Influence community norms to ensure that youth's access to tobacco is reduced and their environments are tobacco free.

Priorities to Support Juvenile Justice & Delinquency Prevention

- A. Prevent juvenile delinquency by supporting at-risk, acting out and delinquent youth to complete high school and to engage in structured activities outside of school.
- B. Prevent and intervene early in delinquency by holding high expectations of young people, promoting mutual respect and improving the skills of youth and adults to respond appropriately at home, in school and in their neighborhoods.
- C. Hold youth accountable, be fair and reduce recidivism by improving the ability of the Juvenile Justice System to provide swift, sure, appropriate and equitable consequences when youth violate the law.
- D. Protect public safety and control costs by equitably directing specialized resources toward youth at greatest risk of committing violent crime and serious, repetitive crimes.
- E. Do our work together, more effectively, by being leaders in sharing information for decision-making and identifying best practices with community members, partners and staff on what works to prevent juvenile crime and routinely evaluate effectiveness.

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Priorities to Support Young Children Developing to Their Full Potential

A. The community nurtures children and families by ensuring that:

- Families have economic well-being and financial stability;
- Families have access to community resources and informal supports such as extended family and neighbors;
- Families have affordable, stable and decent housing;
- Families have access to affordable, reliable transportation;
- Families have access to comprehensive, culturally competent, coordinated health and social services;
- Children live with safe families in safe neighborhoods; and
- People are educated about child and human development throughout their lives.

B. Families nurture their children:

- Families learn and use effective skills to nurture and guide their children;
- Each child forms stable, positive relationships;
- Programs support the healthy development of families through parenting education and links to resources and mentoring;
- Family stability is supported by the community at all phases of development; and
- Families ensure that their children receive adequate health care and needed social services.

C. Family strengths are supported by ensuring that:

- Families are actively engaged in building upon their strengths;
- Families with risks are identified and obtain health and social services;
- The community helps children overcome the effects of abuse, neglect and trauma;
- Families have a positive view of the future; and
- Children with special needs fully participate in the community.

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D. Child Care meets children's and families' needs by ensuring that:

- Child care is recognized as early childhood care and education;
- Families obtain the child care they need that is accessible and affordable;
- Children are in quality care environments that are safe, healthy and developmentally appropriate;
- Child care provider training and technical support is available to all providers;
- The child care profession offers stable, desirable jobs with living wages; and
- Employers support child care for their employees and for the community.

E. Children succeed in their early education because:

- Children meet guidelines for school readiness;
- Schools use a strength based approach to young children and build a positive relationship with families;
- Parents actively participate in their young children's education;
- The community is involved in the supporting the education of young children;
- Children are working toward meeting 3rd grade academic benchmarks;
- Children develop problem solving, social and communication skills, and make progress in school; and
- A coordinated, systematic transition occurs from home and early childhood programs to school.

F. The early childhood system of care meets community needs because:

- Planning and implementation are coordinated;
- Every sector of the community is engaged in supporting families with young children;
- Programs and resources have the capacity to meet community needs;
- Best practices of new and existing strategies are utilized across the system of care; and
- Programs are retooled for effectiveness and efficient use of funds through technical assistance.

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Coordinated Plan for Children, Families & Community

For More Information on Multnomah County's SB 555 Phase II Plan

Visit our website at:

www.ourcommission.org

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Acknowledgements

This plan has been shaped by hundreds of people from across our community who have shown sustained commitment, as volunteers or dedicated professionals, to improving community conditions for children, youth and families. Although the list of names is too lengthy to include here, we hope you will join with us in extending our appreciation for their contributions to the strategic planning efforts that are the foundation for this plan.

The research and writing for this plan was done by a core team of professionals who somehow made time to take on these additional responsibilities: Barbara Brady; Lisa Cline; Elana Emlen; Pat Franck; Karen Gorton; Lisa Hansell; Janet Hawkins; PeggyLou Hillman; Linda Jaramillo; Scott Keir; Van Le; Wendy Lebow; Nancy Martin; Annie Neal; Lisa Pellegrino; Jim Peterson; Wendy Rankin; Chiquita Rollins; Chris Tebben; Tricia Tillman Reardon; and Jan Wallinder.

Meganne Steele coordinated the SB 555 Plan development process and prepared this report as a consultant to the Commission on Children, Families and Community.

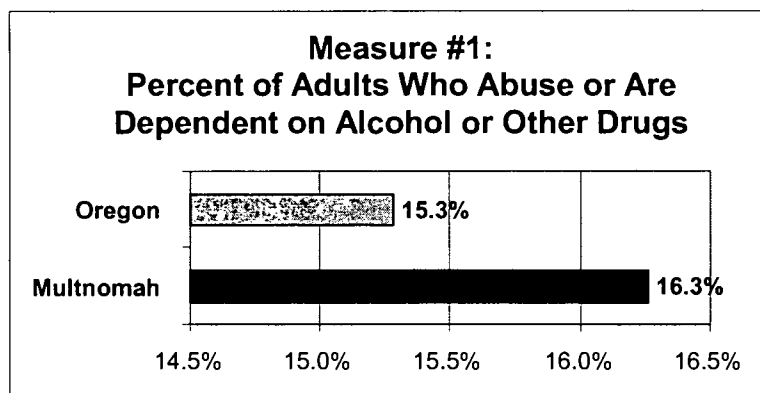
Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

Alcohol abuse and illicit drug use frequently result in substantial disruptions in family, work, and personal life.ⁱ For example, alcohol use and illicit drug use are associated strongly with: increased incidents of child maltreatment; domestic violence; sexually transmitted diseases, including HIV infection; teen pregnancy; school and work problems and failure; motor vehicle and other accidents; and homelessness. Among youth and young adults, alcohol abuse is associated with leading causes of death including motor vehicle accidents, homicide, suicide and drowning. Beyond these personal and social costs, alcohol or other drug dependency contributes to escalating health care costs and increasing dependency on public and private support.ⁱⁱ

There is a high prevalence of substance abuse among Multnomah County adults, especially illicit drug use, resulting in a very high need for alcohol and Drug (A&D) prevention and treatment services. In response to this need, the County offers a solid continuum of prevention and treatment services that is performing relatively well, but is meeting only a portion of consumer demand. Examples of strengths and weaknesses within our service system include: (1) Overall, the proportion of people of color receiving A&D treatment and prevention services is approximately the same as their proportion within the general population. (2) Adults of color have higher successful residential treatment completion rates than the general treatment population but lower successful outpatient treatment completion rates. (3) The County's A&D treatment system is characterized by multiple funding entities, each of which place different requirements on providers. This results in higher administrative costs for treatment agencies. (4) There is a need for more dual diagnosis services, family prevention, support and recovery services, transitional housing, strength-based services, and improved services for special populations.

STATE AND LOCAL DATA

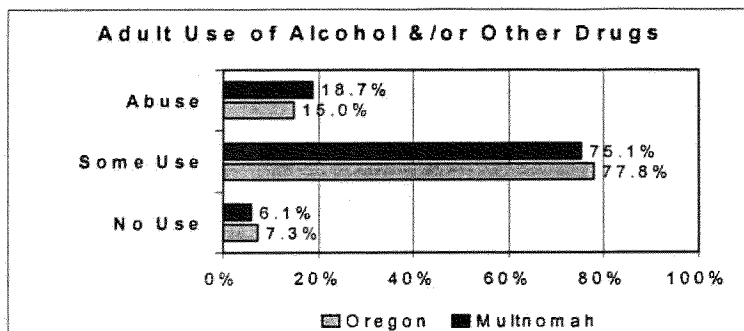


Source: 1999 US Census Data; 1999 OR Household Treatment Need
Survey, from the SB 555 Data Book

- One in six adults (16.3%) in Multnomah County abuse or are dependent on alcohol or other drugs, according to the SB 555 Data Book provided by the State. This is slightly higher than the average for Oregon, which is 15.3%.

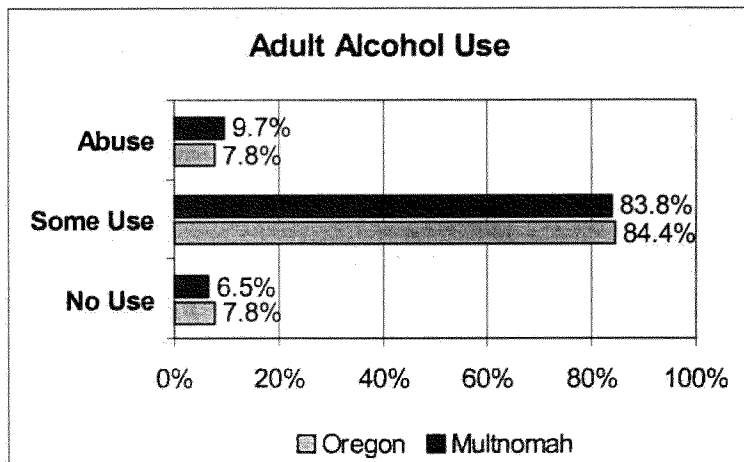
Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.



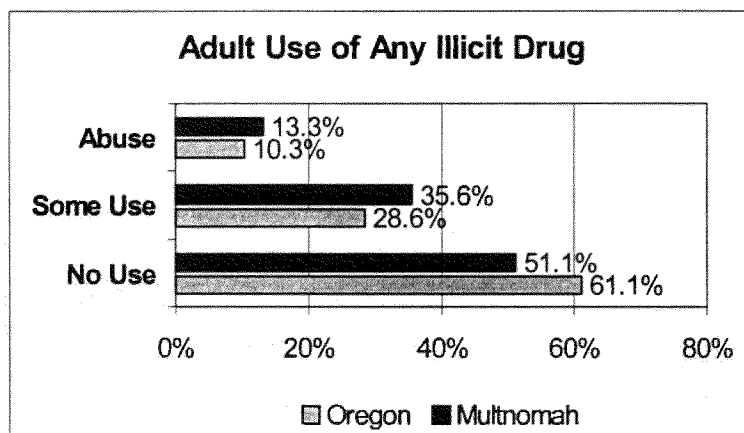
Source: 2000 Multnomah County DataBook, published by the Oregon Department of Human Services, Office of Mental Health and Addictions Services (OMHAS).

- Other research found that abuse rates in the County may be slightly higher (18.7%)
- About three-quarters (75.1%) of adults in the County report some use, while 6.1% report no use; these rates are slightly below State averages.



Source: 2000 Multnomah County DataBook

- About one in ten adults (9.7%) in Multnomah County abuses alcohol, which is somewhat higher than the Statewide average of 7.8%.
- Multnomah County alcohol use by adults closely mirrors state levels, with about 84% of adults reporting some use of alcohol.



Source: 2000 Multnomah County DataBook

- Illicit drugs are used by half (49%) of the adults in Multnomah County, according to recent survey findings; this is 10% higher than the Statewide average.
- 13.3% of the adults in Multnomah County abuse illicit drugs, whereas the Statewide average is 10.3% of adults.

Reduce Adult Substance Abuse*As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.*

The source for the above usage data is the 2000 Multnomah County DataBook, published by Oregon Department of Human Services, Office of Mental Health and Addiction Services (OMHAS, formerly OADAP, Office of Alcohol and Drug Abuse Programs). In 2001, OMHAS updated the percent of Multnomah County adults who abuse or depend on alcohol or other drugs to 16.26%. However, breakout by alcohol use alone or illicit drug use alone is not yet available so we chose to present the more complete picture portrayed by the 2000 report. ⁱⁱⁱ

Prevention Needs

The 2000 Multnomah County DataBook projected an estimated need for prevention services in Multnomah County. These projections were developed by applying the *Continuum of Care Model* developed by the National Academy of Sciences Institute of Medicine.

	Number Needing Prevention Services			Percent of population		
	Youth	Adults	Total	Youth	Adults	Total
Universal	72,746	193,350	266,096	48%	39%	41%
Selective	73,743	196,000	269,742	49%	40%	42%
Indicated	3,758	9,988	13,745	3%	2%	2%
Totals	150,246	399,337	549,584	99%	81%	85%

The need for prevention, rather than treatment interventions, is among "persons not motivated by current suffering." The Universal prevention estimate is defined as the number of adults and youth in the county who do not need either Selective or Indicated services in the spectrum of prevention services above. The "Selective" prevention estimate is defined as the number of adults and youth at above average risk for AOD problems, minus the number of adults and youth in need of indicated prevention. In this model, above average risk is determined by comparing the County's risk factor scores to the Oregon average, using the risk factor model developed by Hawkins and Catalano. The "Indicated" prevention estimate is defined as the number of adults and youth who are frequent or intense users of alcohol and other drugs, but who do not meet the diagnostic criteria of AOD dependent at the present time. Overall, it is estimated that a total of 399,337 adults, comprising 81% of the population, are in need of prevention services.

The DataBook reflects the fact that, with its large population, Multnomah County statistics often mirror state averages. However, there are risk factors in several domains where County levels differ significantly from the state. These include risk factors and indicators that relate to such adult issues as single parent households and other family circumstances:

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

- Extreme Economic and Social Deprivation (Single Parent Households)
- Family History of Substance Abuse/High Risk Behavior (Adults in AOD Treatment)
- Family Management Problems (Child Abuse and Neglect; Children Living Away from Home; Children Living in Foster Care)

The 2000 Oregon Public Schools Drug Use Survey also highlighted several adult-related risk factors. Family history of anti-social behavior (including violence and ATOD use), for example, was an elevated risk factor for 28% of eighth graders in Multnomah County.

Treatment Needs

Incidence – Individuals and Episodes

In Multnomah County, it is estimated that 91,086 adults per year would assess as needing alcohol and drug (A&D) treatment. This is 18.4% of the adult population. Of those, during 1999-2000, a little over 17,000 individual adults received treatment. Due to the nature of the disease of addiction, the same individual may have sought treatment more than once. For some people, multiple treatment attempts/approaches may be necessary in order to break through the denial of any real A&D problem—a necessary step before the alcohol/drug problem itself can be treated. Some individuals are able to achieve success with one treatment episode. Given these circumstances, 17,000 individuals averaged 1.4 treatment episodes per person, for an annual total of 21,277 episodes.^{iv}

Incidence and Parenting

Many of the people receiving treatment in 1999-2000 were parents: children were claimed in one-third (34%) of the treatment episodes involving women and one-quarter (25%) of those involving men.

	Total Treatment Episodes	Claim Children Under Age 5	Claim Children Age 6-17	Pregnant At Entry
Total	21,277			
Women	7,065 (33%)	15%	19%	4%
Men	14,212 (67%)	11%	14%	N/A

Source: 1999-2000 CPMS Data

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

As the chart shows, there are approximately half as many women (33%) enrolled in treatment as men (66%.) Also, a substantial number of adults involved in treatment have children or are pregnant. Some treatment programs are designed to provide specialized treatment for parents and children (usually up to age 6), pregnant women, and family treatment. A goal is to match treatment design with the needs of the individual/family. There are a substantial number of children attached to the adults in treatment. Consequently, services must be designed to support family recovery.

Successful Completion

Successful completion is one measurement of treatment effectiveness. It identifies those clients or groups of clients who are achieving treatment goals, while also identifying those for whom treatment is apparently not working. Of the 21,277 treatment episodes, 57% of the residential treatment stays were completed successfully (i.e., two-thirds of the treatment plan goals were met and sobriety exceeded 30 days, as defined by State monitoring guidelines). Thirty-seven percent of the outpatient treatment episodes were completed successfully. For women and men in residential treatment having dependents under 5 years old, the successful completion rate rose to 68%. The successful completion rate for outpatient treatment also increased for those having children under 5; women rose to 40% while men rose to 38%. This indicates that clients with young children have a higher success rate at all treatment levels. This could help us in developing program designs in other areas of the system that would increase success ratios.

When comparing residential treatment successful completion rates across ethnic groups we find that people of color have higher rates (61%) than Caucasians (56%). The highest completion rates were achieved for Asian Americans (100%^{*iii}), Native Americans (68%) and Hispanics (63%). The lowest rates were achieved for African Americans (52%) and the general category of "Other Ethnic Groups" (40%).

There are different trends in examining outpatient treatment completion rates across the different ethnic populations. In this case people of color have a lower rate (32%) than Caucasians (40%). The highest completion rates are achieved for Asian Americans (56%) and Hispanics (53%). The lowest rates are achieved for Native Americans (20%), "Other Ethnic Groups" (30%), and African Americans (30%).

In addition, approximately 25% (5,383) of the 21,277 treatment episodes were DUII (Driving Under the Influence of Intoxicants) episodes. Of those episodes which were terminated (4,303), approximately 75% (3250) were completed successfully. The service matrix for High Level Outcome #1 provides information on DUII providers.

Reduce Adult Substance Abuse*As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.*

An important factor in achieving successful completion for clients in publicly funded treatment is the provision of wrap-around services. According to a national study conducted by the Substance Abuse and Mental Health Services Administration, ten different wrap-around services are required for treatment success. These wrap-around services include housing, childcare, education, basic needs, transportation, advisory/legal help, mental health, family, employment, and medical assistance.^v

Utilization

Multnomah County contracts for outpatient/intensive outpatient and residential services. (See Service Inventory for numbers of contracted services). These are in both youth and adult treatment areas. How well an A&D treatment provider is performing is measured partly through utilization of the services contracted to their agency. The following chart reflects utilization:

Utilization of the County's Contracted Treatment Services			
Treatment Modality	Children	Youth	Adult
Residential Treatment	122%	52%	100%
Outpatient Treatment	N/A	112%	125%
Outpatient Methadone Treatment	N/A	N/A	217%

Source: Client Services Summary Reporting, 7/1/2000-6/30/2001 (Children are defined as those dependents in treatment with parents as clients, and youth are those adolescents who are themselves clients.)

As the above chart shows, most services are used above the 100% required. Residential beds are difficult to use at 100% because of the down time between clients. It takes time for one client to leave, processing to be completed, and another client admitted, especially if the client must make childcare or other arrangements before entry. Adolescent clients are difficult to engage in treatment while being introduced to new environments and roommates. Youth in residential treatment often run away or are taken out of the treatment setting for criminal justice obligations during their initial weeks of residence.

Some services are contracted for special populations to encourage both service to those individual groups and the development of culturally specific programs. Utilization is measured for targeted services as well as for the overall system. Following is the utilization for minority-specific adult programs:

Population	African American Adult	Native American Adult	African American Adult	Hispanic Adult	Native American Adult
Service	Residential	Residential	Outpatient	Outpatient	Outpatient
Units	9 Beds	24 Beds	65 Slots	42 Slots	28 Slots
Utilization	100%	108%	39%	61%	123%

Source: Client Services Summary Reporting, 7/1/200-6/30/01.

Reduce Adult Substance Abuse*As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.*

As indicated in the preceding chart, African American and Native American residential beds and Native American outpatient slots are utilized at 100% or above. In contrast, other categories of minority-specific outpatient slots are underutilized. Recruitment and retention of eligible clients (i.e., those not on the Oregon Health Plan or DUII mandated) is a challenge.

Race: Percentage Served, Prevalence, and Distribution

Another part of matching client needs with treatment is to consider the individual's cultural and racial factors. Multnomah County strives to offer culturally specific treatment. The table below reflects percentages served compared with the need for treatment and incidence in the population.

	Percent of County Population	Treatment Episodes By Race	Percent of Those in Need Who Get Treatment	Clients with Children 0-18 Years
White	76%	75%	20%	5%
African American	6%	12%	52%	6%
Asian/Pacific Islander	6%	2%	8%	5%
Hispanic	7%	6%	29%	5%
Native American	1%	5%	41%	8%
Other	4%	0.7%		16%
Source:	2000 Census Data	1999-2000 CPMS Data	2000 Multnomah County Databook	1999-2000 CPMS DATA

While it may appear that specific groups are served above their incidence in the population, the "Percentage of Those in Need Who Get Treatment" data provides better indicators because the prevalence of substance abuse and dependency within different ethnic groups is considered. For instance, Native Americans constitute 1% of the population and receive 5% of the treatment, which makes it appear that they are being overserved. However, when prevalence is considered, only 41% of the treatment need is being met for Native Americans.

Dual Diagnosis

It is estimated that 70% of A&D treatment clients also have a mental health diagnosis. Both diagnoses must be addressed if recovery and stability are to be achieved.^{vi}

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

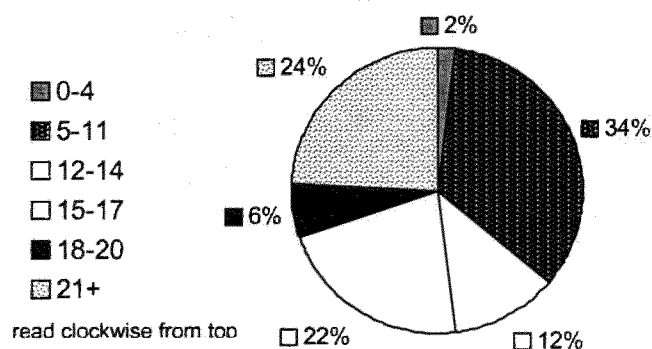
SERVICE INVENTORIES AND PARTNERSHIPS

Prevention Program Participation

Multnomah County A&D prevention programs primarily focus on children and youth, who are served in schools, after-school recreational programs, public housing, and other venues. The statistics for children are provided along with adults because some family-oriented activities included the participation of both adults and children, such as neighborhood health fairs. This chart is also presented in the section on High Level Outcomes 10 and 11, Reducing Teen Alcohol and Drug Use.

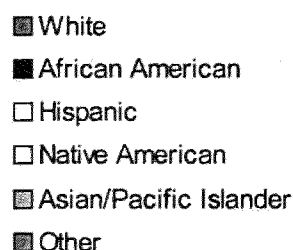
- Out of the 11,553 total participants/attendees in DCFS prevention programs in 2000-2001, 30% were adults—defined as participants who are 18 years and older. Twenty-four percent were 21 years or older. The adults served included community partners of the Caring Community Initiative, and participants in parent training and other family-oriented programs.
- In prevention programs, there is a somewhat higher rate of participation among females (55%) than males (45%).
- Over 1/3 of prevention program participants are people of color.

Program Participants/Attendees By Age



Data Source for both pie charts: Multnomah County Prevention 2000-2001 Annual Report, Minimum Data Set

Ethnicity of Program Participants/Attendees



Reduce Adult Substance Abuse*As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.*

Ethnicity of Prevention Program Participants Compared to Community		
ETHNICITY	PARTICIPANTS	COMMUNITY
White, not Hispanic origin	61%	76%
African American, not Hispanic origin	13%	6%
Hispanic	13%	7%
Native American	1%	1%
Asian/Pacific Islander	7%	6%
Other (includes Multi-Ethnic)	5%	4%

Source: Multnomah County Prevention 2000-2001 Annual Report, Minimum Data Set. (*Ethnicity of Community based on U.S. Census Bureau, Census 2000. Other includes "some other race" and "two or more races" categories.)

- People of color are participating in prevention programs at a higher rate than would be expected simply based upon their numbers in the community as a whole. Most significantly, both Hispanics and African Americans are about twice as likely to participate: 13% participate whereas the community has 7% and 6%, respectively.
- Fewer whites (61%) participate in these prevention programs than would be expected based upon their numbers in the community as a whole (76%).

During 2000-2001, three Portland organizations offered parent training as part of a one-year grant from the former Office of Alcohol and Drug Abuse Programs (now OMHAS). These programs addressed the family domain area of "Family Communication and Family Management" in teaching parenting skills, and participants included people mandated to participate in two A&D treatment programs. For these families, the program curriculum is a selective strategy under the Institute of Medicine prevention model because the parents were substance abusers and their children were at risk due to their family history. For several years, the Regional Drug Initiative (RDI) has offered the NICASA Parent Project program at work places. For these adult participants, the curriculum seeks to improve parents' skills in preventing and identifying substance abuse problems in themselves and their children. Even with potential preventive benefits for adult participants, the primary prevention goal is to improve outcomes for the participants' children. In addition to the services listed above, Volunteers of America provides parent training for mandated State Office of Services to Children and Families (SCF) involved parents.

Other prevention services for adults include drug-free workplace information dissemination and education provided by RDI, addressing A&D issues for employers and employees. The Oregon Partnership, which is located in Portland, offers a 24-hour statewide A&D hotline staffed by volunteers. One of the culturally specific organizations that offers prevention information and referral to parents and adults is the Asian Pacific American Consortium on Substance Abuse (APACSA). Please refer to the Community

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

Partner Matrix for High Level Outcome #1: Reduce Adult Substance Abuse, for a listing of adult prevention and treatment organizations.

Treatment Services

Multnomah County strives to reduce adult substance abuse through a continuum of services. Many of the services listed below are contracted in units of slots or beds: a "slot" is generally outpatient and refers to one "unit" or "chair" that is purchased for one year. The slot is stable, but the client may change, so one slot can successfully serve 4 or 5 clients a year. A "bed" generally refers to one unit of service contracted for residential or detox treatment; the bed is stable, but 2 or 3 clients may be served consecutively in the course of a year.

- **Screening and assessment**

Determines whether A&D treatment is needed and at what intensity or level. Screening and assessment are available through a variety of entry points including Multnomah County Central Intake (serving Corrections, AFS, SCF, and the school based clinics), special projects, and individual A&D treatment providers. There are 14 contracted A&D providers, offering services at 28 different sites which are conveniently located for ease of access.

- **Detoxification**

Treatment during which the client is detoxified from alcohol and other drugs to which they may be addicted, usually residential, lasting 4 to 7 days. Detox services may be classified as "social detox" which includes behavior management and monitoring, or sub-acute (i.e., non-hospital) "medical detox" which includes medical monitoring and, often, the use of medications to assist in the detoxification process. Two agencies provide sub-acute medical detox through a total of 53 contracted beds, at two sites. Medical detoxification is also paid for through the Oregon Health Plan and commercial insurance and is available through some hospitals.

- **Outpatient/Intensive outpatient (OP/IOP)**

Outpatient treatment takes place in a non-residential setting. The intensity of service is determined by the client's individual assessment. Outpatient services include both individual and group sessions and may also include aftercare, which entails less frequent contact and is meant to reinforce recovery behaviors. DUI services are provided through outpatient treatment. Providers may also specialize in treatment for a particular group (e.g., Spanish speaking, Russian speaking, Women's, Men's, Gay/Lesbian, Dual Diagnosis, etc). Outpatient is offered by all 14 contracted A&D treatment providers, at 23 sites. There are 562

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

slots contracted throughout the 14 providers in order to pay for service to low income, non-Oregon Health Plan clients. In addition, there are 121 slots for methadone clients contracted to 2 treatment providers. (See attached Matrix for more detail on specialty services offered through each provider.)

- **Residential**

Clients may live in a structured residential setting and receive treatment that includes group sessions, individual sessions, behavior modification, and may include specialty services such as life skills, cognitive restructuring, parenting, family groups, etc. Length of time in treatment and intensity of treatment varies according to the assessed need of the client. There are 5 contracted A&D residential treatment providers, operating at 6 different sites. Multnomah County OAS contracts for 177 adult residential treatment beds and 33 children's beds (under age 6).

When a client is identified as having A&D indicators, s/he is assessed and referred to treatment based on that assessment. Because the assessment is based largely on what the client reports, the assessment and placement in treatment may be changed to a different level or modality (i.e., type of treatment) as more information is gained. Clients will also change levels, usually from more intensive treatment to less intensive treatment, as they progress in their recovery path.

Counties in Oregon have the option to provide services themselves or to contract with outside providers. Multnomah County Department of Community and Family Services, Office of Addictions Services (OAS), has selected to contract most A&D services to qualified providers through a Request for Proposal process. The Multnomah County Department of Community Justice also contracts for some A&D treatment services. A summary of contracted services and funds is listed below. Refer to the "Community Partner Matrix – High Level Outcome: Reduce Adult Substance Abuse" for more detail on contracted services.

Reduce Adult Substance Abuse*As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.***Office of Addictions Services Contracts for Adult Treatment Services**

<u>Service Contracted</u>	<u># Slots/Beds</u>	<u>FY00-01 Amount</u>
Children's beds (under 7 yrs.)	33	\$ 361,350
Adult residential beds	186	6,602,700
Outpatient (intensive and non-intensive)	437	1,083,228
Outpatient (methadone)	121	315,326
Detox beds	53	967,144
Total		\$ 9,329,748

Note: There are some enhancement funds and specialized services (e.g., dual diagnosis enhancement) in addition to the above. Special projects to address targeted populations such as SCF parents, or families who are homeless or live in unsafe housing, and minority groups are reflected in the Matrix but not in the above table. Also, the above chart does not include funding for outpatient treatment and detox services funded by the Oregon Health Plan.

All treatment programs are expected to be culturally competent and to provide appropriate, accessible services to all ethnic groups. However, we have set aside approximately 25% of the dollars reflected in the above table for the funding of culturally specific programs.

Of the above contracted services/dollars, the following are for specific minority populations:

<u>Service Contracted</u>	<u># Slots/Beds</u>	<u>FY00-01 Amount</u>
Residential beds-African American (All at DePaul)	9	\$328,500
Residential beds-Native American (All at NARA)	24	\$876,000
Outpatient – African American (15-Stay Clean; 50-CCMH/PCR)	65	150,540
Outpatient – Hispanic (All at ChangePoint)	42	97,272
Outpatient – Native American	28	64,848
Total		\$ 1,517,160

Reduce Adult Substance Abuse*As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.***Department of Community Justice Contracts for Adult Treatment Services**

<u>Agency</u>	<u>Type of Service</u>	<u># of Slots</u>	<u>FY00-01 Amount</u>
ASAP	IOP	106	\$ 218,164
CODA	Aftercare (OP)	50	80,000
CODA	CIRT	18	539,000
VOA dba ORC	Residential	120	3,174,238
Project Network	Residential	10	197,332
InAct/STOP	Drug Diversion (OP)	315	<u>1,122,037</u>
	Total		\$ 5,330,771

The Department of Community Justice does not contract for minority-specific treatment. However, they do prioritize services to minorities by (1) including a contract requirement that InAct/STOP have a Spanish speaking counselor on staff, and (2) contracting residential treatment beds with Project Network which is an African American program serving women and children.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

ANALYSIS

Multnomah County provides a continuum of prevention and treatment services. This continuum has been developed in order to: (1) ensure multiple points of easy access; (2) provide effective intervention points; (3) offer support services/treatment which may be necessary in order for the individual/family to establish a recovery lifestyle; and (4) take advantage of the cumulative effects of prevention, intervention, and treatment.

Prevention Services

As stated in the Service Inventories section, Multnomah County alcohol and drug prevention programs focus on youth and children. Adults are targeted primarily as parents, guardians or mentors, through prevention information dissemination and parent education. Other adults participate in the role of community members involved in programs through schools, employers, the Caring Community Initiative, or other community partner organizations.

Strengths

- Multnomah County has made a commitment to supporting community coalitions with the goal of integrating services to families and parents as well as youth. These coalitions provide opportunities for adult participation in community-based processes as well as creating partnerships for information dissemination, prevention education, alternative activities and other A&D prevention strategies. Two cost-effective strategies that the County has committed financial and staff resources to are the Schools Uniting Neighborhoods (SUN) and Caring Community Initiatives.
- The Department of Community & Family Services (DCFS) has formed a partnership with the Housing Authority of Portland (HAP) to provide prevention services to an impoverished and under-served population: residents of public housing sites. The program includes home visiting, school liaison services and volunteer development opportunities for parents to participate in prevention activities.
- Funding is allocated among all three segments of the Prevention continuum: Universal, Selective and Indicated.
- Information on substance abuse prevention is disseminated through several sources:
 - RDI provides drug-free workplace workshops, materials, information, and referrals to employers.
 - The Oregon Partnership staffs a 24-hour statewide hotline offering information and referral.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

- Through the efforts of RDI, the Oregon Partnership, the state Office of Mental Health and Addiction Services (OMHAS), and other local providers, local newspapers and broadcast media have highlighted alcohol and drug-related topics, including youth substance abuse statistics, alcohol and drug-related deaths, and DUII topics.

Gaps

- Certain linguistic and ethnic populations are inadequately served through the current prevention system. Existing prevention programs, such as the Asian Pacific American Consortium on Substance Abuse (APACSA), are under-funded.
- Parent programs based on best practice models can be difficult to fund (training costs) and sustain. For example, an OADAP prevention grant that provided funding for three current parent training programs was not renewed for a second year.

Barriers

- There are insufficient resources to address some high-risk populations, including children of parents in treatment, through family-focused programs.

A family history of substance abuse/high risk behavior is a family domain risk factor. In Multnomah County, where there is a higher rate of adults in state-supported AOD programs compared to the state average, roughly one-quarter of adult clients report having children. More than half of the women reported having children age six and under. Just as parental substance abuse is a risk factor for youth, there is growing recognition that parental treatment can positively impact the client's family. For this reason, family-focused services are a top priority for treatment services. Treatment is considered an opportunity to break the cycle of substance abuse, reflected in the adage: "treatment is prevention."

Treatment Services Fiscal Stability

Multnomah County A&D treatment providers are over-utilized in most of the outpatient and residential services. The standard for utilization is 100%. Most treatment providers are serving over 100% with the average for adult outpatient being about 125%. This means that more clients are being served than are being paid for. There are also wrap-around services, such as case management, which are critical to recovery and yet are not funded. The result is that the treatment provider attempts to meet the need with the funds available which are often insufficient. This "thins the soup too much."

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

Strengths

- A restructure of the residential bed rate by Oregon Mental Health and Addiction Services (OMHAS) has resulted in a rate that more nearly pays for the costs of treatment services.
- The restructure also pays for the inclusion of more supportive services than were previously possible (e.g., better resource identification and referral, some case management, etc).
- Recent changes in how funds flow from the State to local areas allow counties more flexibility in designing services that meet the needs of unique populations.
- Outpatient contracts have been restructured to allow providers to supplement the publicly funded rates.

Gaps

- Demand for treatment outstrips capacity. Evidence of this is shown in a survey completed by A&D treatment providers in January and February 2001. It showed that:
- Less than half (40%) of the adults seeking treatment get into treatment.
- Fewer than 1 in 7 adults seeking residential treatment get into this level of service. Residential bed demand currently outstrips capacity.
- Detox – Sub-acute medically managed detox is not adequately funded to meet the costs of providing that service.
- Recruitment and retention of qualified staff is a problem because the pay scale is not competitive.

Barriers

- There is inadequate funding to support outpatient demand.
- Detox is funded at \$49.99 per day, half of the residential rate, even though more services are required.
- Inadequate funding has resulted in non-competitive salaries, heavy caseloads, meager coverage for staff who are sick or at trainings, etc.

Overlaps

- There is potential overlap between Multnomah County Adult Community Justice (ACJ) and Multnomah County Office of Addictions Services (OAS), both of which have contracted alcohol and drug treatment. Active coordination is occurring in order to identify and resolve any potential overlaps early in the planning stages.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

Family Support And Family Recovery

Strengths

- OAS has a philosophy of family treatment. We believe that:
 - The family is integral to recovery.
 - When one person in the family gets treatment there is a ripple effect though the family.
 - Treating parents will help break the cycle of addiction for the family.
 - A clean and sober parent is more likely to provide the support that the children need to grow up healthy (e.g., fix dinner and help with homework).
- Approximately \$700,000 per year has been awarded in new funds to enhance the mix of services available to clients and their families. These include:
 - Subsidized A&D free housing for families.
 - Development of the FAN (Family Alcohol & Drug Free Network) which coordinates A&D free housing for families entering recovery.
 - The Family Involvement Team (FIT), which provides intervention for SCF parents at their 1st permanency hearing at JV Court. FIT facilitates access to treatment, identification and removal of other barriers, and long term case management.
 - Establishment of enhanced parent education services at two subcontract A&D residential treatment programs.

Gaps

- There is a dearth of family services within the treatment system. Family programs, case management, and child services are often lacking or minimal. These need to be in place in order to truly support family treatment and recovery.
- There is an inadequate number of children's beds funded within the treatment system. Only 33 beds for children are funded (ages 0-6). This means that treatment centers either have to limit enrollment of parents with young children or serve the children in unfunded beds.

Barriers

- There is inadequate funding for family services.
- There is limited funding for children's services and residential children's beds.

Overlap

- There is potential overlap with Adult and Family Services (AFS) and Services to Children and Families (SCF) regarding support services for both children and adults. Special projects such as the Family Support Team and the Family Involvement Team address resource identification, coordination, and possible duplication.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

Dual Diagnosis

Strengths

- Enhanced funding to Hooper Detox Center to increase psychiatric and case management linkage services for clients with severe mental health disorders.
- Joint planning discussions and activities to promote dual diagnosis competency within A&D treatment on a system-wide basis.
- All contracted providers are Dual Diagnosis Capable (DDE), meaning the mental health services are offered through collaborative relationships. Two providers are Dual Diagnosis Enhanced (DDE)—meaning they have integrated alcohol, drug and mental health services—while others are working toward DDE status.

Gaps

- There is insufficient assessment and treatment for dually diagnosed clients.
- There are no residential treatment facilities for clients who assess as high in A&D and as high in mental health. These clients have very extreme needs and often pose a safety problem to themselves and/or others.
- It is often difficult for prospective clients and referring professionals to determine how to access the addictions/mental health services they need.

Barriers

- There are an insufficient number of A&D counselors trained in Dual Diagnosis treatment, therefore recognition, assessment, and/or referral for mental health problems is inadequate.
- There is insufficient funding for recruitment and retention of adequately trained staff or for sufficient training for existing staff in A&D treatment agencies.
- Mental health and A&D funding streams are separate and are oftentimes very difficult to blend.
- There is inadequate data on A&D clients with mental health needs. This is partly due to the other barriers mentioned and partly because the A&D data collection system (CPMS=Client Process Monitoring System) does not collect mental health information.
- The mental health system is in crisis and in transition. It will require funding and planning to provide adequate residential services for severe Dual Diagnosis clients.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

Housing

Strengths

- Multnomah County has over 700 units of drug free housing.
- Through OMHAS Enhancement Grants, 40 units of family rent assistance and a housing coordinator were funded during the last year.
- Multnomah County service providers understand the need for housing and the role safe housing plays in recovery.
- A housing conference for women in recovery is held every year and a housing resource guide is updated annually for providers and clients.

Gaps

- There is insufficient A&D free housing for families and singles for:
 - People completing treatment: One of the primary factors affecting continued recovery is safe, clean and sober housing. It is difficult to establish a clean and sober lifestyle while residing in the midst of drugs and alcohol.
 - People in outpatient treatment: One of the factors affecting the engagement and successful completion rates for outpatient treatment is housing.

Barriers

- There is inadequate funding for subsidized A&D free housing. Often people in treatment do not have the resources (job or money) to secure housing; therefore, until the person is employable, the housing must be subsidized.
- There is inadequate funding for management of A&D free housing. Management is important because many people completing treatment do not yet have the skills to live alcohol and drug free.
- Landlords are often reluctant to rent to Section 8 or other subsidized housing clients, reducing the availability of free market housing available to these clients.
- There is a lack of housing stock appropriate for A&D free housing.

Wrap-around Services

Strengths

- Funding has increased for wrap-around services. Examples are as follows:
 - Five case managers and 2.5 family therapists were funded through the Family Involvement Team, an Enhancement Project funded through OMHAS.
 - Mentors are available through a special project funded by Multnomah County.
 - The Family Support Team combines efforts to provide services including health, mental health, A&D, and SCF services. The teams work closely with A&D treatment providers.
- Wrap-around services are recognized as critical to A&D recovery.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

Gaps

- There are inadequate and inconsistent wrap-around services available. These include housing, childcare, education, and basic needs.
- Clients completing treatment often have very limited life skills and health experience. Longer term support services (i.e., wrap-around services) are frequently necessary in order for the client to put into practice what they have been learning in treatment, to succeed in independent housing, and to be generally self-sufficient.

Barriers

- Wrap-around services (and housing) have not been a community or a treatment priority. The primary focus has been to adequately provide the basic effective treatment services; if wrap-around services were provided, they were often unfunded.
- Funding for wrap-around services is inadequate.
- There is a need for greater coordination, joint case planning, joint treatment plans, etc.

Overlaps

- While coordination is taking place between A&D, SCF, AFS, and other service providers, some overlap of services still exists.

Methadone

Strengths

- Multnomah County has a strong group of methadone treatment providers who are willing to work together to improve accountability, consistent standards, and client services.
- OMHAS is supportive of treatment standards and uses community input to help develop them.
- Education programs are being developed for both counselors and the community regarding methadone.

Gaps:

- Lack of understanding of methadone as a treatment modality results in stigmatization of methadone clients and clinics.
- Because of the stigmatization, methadone clients sometimes have difficulty accessing services that might be available to non-methadone individuals. This often includes lack of access to alcohol and drug free housing.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

Barriers

- Additional funding is needed for the development of the educational programs.
- New federal regulations, which will result in new state regulations, are causing methadone clinics to concentrate a great deal of energy on new requirements for certification. This results in less time and resources available for other improvements.

Elderly Addicted Or Abusing

Strengths

- A small body of information does exist regarding the treatment of elderly addicted persons.
- One Portland metro area A&D treatment provider has Elder specific programs available - however, none exist in Multnomah County.

Gaps

- There is a lack of specialized treatment services for this population.
- The information available on Elder treatment, how elders differ from other age groups, learning styles, teaching techniques, etc. are fairly limited. More research needs to be done on elder treatment care.
- There is a lack of education of the public on the problems of Elder addiction, especially to prescription medications and alcohol. This results in reduced identification and assessment of A&D abuse/addiction.

Barriers

- Elder substance abuse/addiction is not publicly recognized as an important issue.
- Treatment staff need to be trained in elder addiction treatment.

Minority Services

Strengths

- Both residential and outpatient treatment services exist for Native American and African American individuals.
- Some outpatient treatment is available for Asian speaking and for Spanish speaking, (i.e., services are offered in those languages, an interpreter is not needed).
- Funding is available from the state to apply to translator services.
- Successful treatment completion rates for people of color are higher than that of the general population.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

- Hispanics and Asian American clients are completing treatment (outpatient and residential) at higher rates than the general population.

Gaps

- There is insufficient treatment available for minority groups, especially for Russian speakers and underserved Asian populations.
- There is a gap in understanding the needs of specific minority groups: what are the barriers to intervention and treatment, what are the cultural norms, how do alcohol and other drug use fit into those norms, etc.
- Treatment services for Latino adults and African American youth and adults have been historically underutilized.
- Successful Treatment Completion rates in outpatient treatment tend to be lower for Native Americans and African Americans.

Barriers

- Many of the barriers to accessibility for minority services are not recognized or understood; this results in underutilization of some funded services.
- For under-served populations such as Asian and Russian, barriers and access points are not well enough understood to adequately assess and address the need. It is very difficult to overcome cultural and language barriers to reach these groups.

"Low Risk" Offenders With A&D Abuse/Dependency Problems

Currently, many offenders who are classified within the Community Justice system as "low risk" receive a very minimal level of probation supervision. Included in this population are individuals who are convicted of possession of a controlled substance. Many of these individuals have significant substance abuse problems, but do not access and/or complete treatment. Involvement with the Corrections system offers an intervention point for identifying and getting individuals into treatment.

Strengths

- There is a history of collaboration between Corrections, the Courts, and A&D treatment. This is evidenced by some of the special efforts which have been implemented such as the Family Involvement Team and the Drug Courts.
- Assessments are available through Multnomah County Central Intake at correction facilities and other intervention points.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

Gaps

- The adult Drug Court for convicted persons needs to be implemented.
- Case management is needed for low risk offenders who have no assigned probation officer to provide oversight and accountability for the client.
- Additional strategies need to be developed to improve treatment access, engagement, and treatment completion.
- Additional residential beds are needed.

Barriers

- Funding is needed for the Drug Court; planning is in its final stages.
- Funding is needed for case management.
- Both funding and space are needed for additional residential capacity.

Developmentally Disabled And Cognitively Impaired

A&D treatment is generally based on approaches which include reading and writing; it requires a minimum cognitive skill level. Individuals who have lower functioning levels are accommodated in treatment; however, specialized methods might prove more effective.

Strengths

- A model does exist for effective treatment with this population.
- The service providers for the developmentally disabled and cognitively impaired are generally supportive of A&D treatment.

Gaps

- Though a program model exists, there is not a specialized treatment program which has specialized services for this population.
- The staff is not trained in treatment approaches effective with the cognitively impaired.
- Wrap-around services may be especially important for this population who may have reduced self sufficiency.

Barriers

- Funding is a barrier in all of the above gaps.
- Additional information on current research relating to meeting the special needs of this population must be gathered.

Reduce Adult Substance Abuse*As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.***18-25 Year Olds**

These clients are chronologically adults; however, they are often developmentally in their early to mid-teens. Consequently, they do not do well in a youth program or in a traditional adult program. When the client is pregnant or parenting, the situation is exacerbated.

Strengths

- Many current treatment staff are skilled in individualizing treatment and, therefore, can be effective with this population even though the treatment model may not fit.
- Delayed development is a recognized challenge to treatment.

Gaps

- A treatment program or track designed specifically for developmentally delayed young adults.
- Child care for parenting clients may be especially important during treatment so that the client can concentrate on his/her own recovery without distraction.
- A reintegration period, which includes reinforcement of recovery skills plus extensive parenting skills, may be necessary in order to stabilize the client following treatment.
- Many clients in this age group will need wrap-around services such as housing, employment, and other stabilization services.

Barriers

- The primary barrier is funding.

Domestic Violence/Trauma

A high percentage of women in treatment are the victims of domestic violence and other trauma. Untreated trauma may present a barrier that must be addressed appropriately before recovery can take place.

Strengths

- Multnomah County has a strong and active Domestic Violence unit.
- An increased awareness of domestic violence and other traumas is developing.
- Project Network, a women's residential treatment center, specializes in trauma and trauma therapy.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

Gaps

- There is no effective, quick, or readily affordable screening for domestic violence and other trauma which is used universally to identify victims and/or perpetrators.
- There is limited capacity within the A&D system, and with individual providers, to recognize and address the unique clinical needs of this population.
- There are limited treatment resources for perpetrators of domestic violence.

Barriers

- Staff are often not trained to identify and deal with the more internalized, harder-to-recognize aspects of domestic violence.
- Lack of funding is a major barrier contributing to the above gaps for domestic violence/trauma services.

Other Disabilities

There is a dearth of information on the need for A&D treatment among many of the disabled populations.

Strengths

- There is a willingness within Multnomah County and among A&D treatment providers to meet the needs of special groups.
- Multnomah County has a strong, dedicated group of A&D providers. They have proven themselves to be very flexible, often initiating change.
- There is increasing collaboration between County departments/divisions.

Gaps

- The need for A&D treatment is not defined.
- Treatment accommodations may or may not exist, depending on the specific need.

Barriers

- Time and money. While there is a standard to meet individual needs, limited funding restricts such development.

Reduce Adult Substance Abuse

As measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.

PEOPLE TO CONTACT FOR ADDITIONAL INFORMATION

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503-988-6591

REFERENCES:

ⁱ U.S. Department of Health and Human Services. Healthy People 2010 – Understanding and Improving Health. 2000.

ⁱⁱ Oregon Commission on Children and Families, web-site document

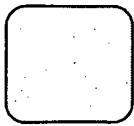
ⁱⁱⁱ OADAP web site, SB 555 Data Book

^{iv} 2000 Multnomah County DataBook; 1999-2000 CPMS data)

^v Outcome is based on very small number. More data is needed.

^v 2000 Multnomah County DataBook

^{vi} Survey by NCCBH—National Council for Community Behavioral Healthcare.



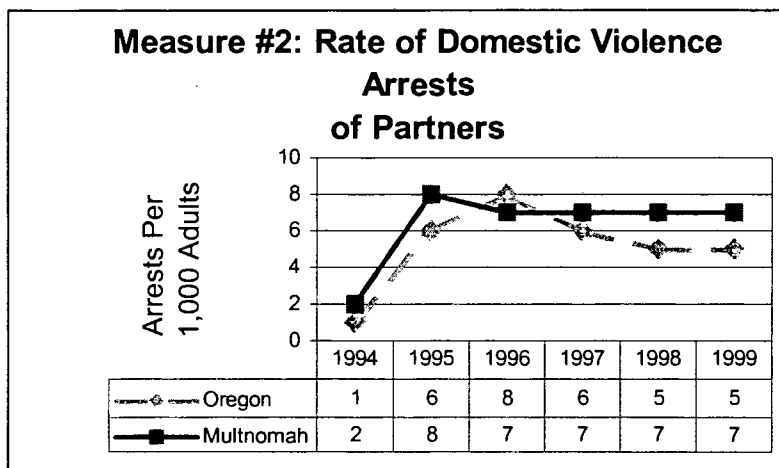
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Reduce Domestic Violence

As measured by the rate of domestic violence arrests per 1,000 adults

Domestic violence affects at least one quarter to half of all Americans families. Violence ranges from emotional abuse to life-threatening beatings to homicide. Domestic violence occurs in families of all income levels, races, religions, and neighborhoods. Domestic violence is more common, however, among families who are economically stressed or socially isolated, or when the perpetrator is young or exposed to violence as a child.

STATE AND LOCAL DATA



Source: Oregon State Police, Law Enforcement Data System

- The rate of domestic violence arrests of partners, including spouses, former spouses, and lovers, has remained fairly constant over the past five years in Multnomah County. This is in contrast with the general level of violent crime, which has significantly decreased in the past 8 years. In Portland, the decrease has been about 27% opposed to a slight

increase in reported domestic violence over the same time period.

In Multnomah County, one of every seven women aged 18-64 was physically abused by an intimate partner during 1999. This means that almost 28,000 women were either physically or sexually assaulted by an intimate partner. More than a third of women abused during that time period were injured in the assault. Almost 75% of these women reported multiple acts of violence against them by their partner. Abused women represented a cross-section of the community: most were white (84%) and over two-thirds (70%) were employed. However, young, unmarried, poor and women with children were more likely to have been abused. In particular, women 18-24 are at risk: one-third of these women experienced physical abuse in 1999.¹

Exposure to domestic violence can have a negative impact on the development and health of children. It is estimated that 21,000 children in Multnomah County were

Reduce Domestic Violence*As measured by the rate of domestic violence arrests per 1,000 adults*

exposed to domestic violence in 1999. Half of these children were under five years old when they first witnessed the violence.ⁱⁱ Dating violence and violence against teens remains a largely hidden problem despite the high level of abuse of young women.

Domestic violence contributes to mental health and health problems, alcohol and drug use/abuse, homelessness, poverty and unemployment for the victims and their children.

Domestic violence makes up more than 40% of all violent crime reported to law enforcement in the Multnomah County. In 1999, there were 14,988 reported offenses and 5,935 arrests for crimes against persons in Multnomah County. Of these, 7,062 reports and 3,332 arrests were for domestic violence.ⁱⁱⁱ

Abuse against people with disabilities occurs at a higher rate than among the general population. For example, a Canadian study found that 40% of women with disabilities had been abused. Abuse of people with disabilities is perpetrated by intimate partners, by caregivers, by other members of their families and by strangers.

Elder abuse, committed by family and household members, is one form of domestic violence. The Oregon Elder Abuse Reporting Act defines elder abuse as physical injury, neglect or abandonment of a person 65 or older. This Act requires mandatory reporting of such abuse to the Oregon Senior and Disabled Services Division. Both the absolute number and rate of reports have increased since 1989; in 1995 the overall elder abuse rate was 1,202 per 100,000.^{iv}

The Local Public Safety Coordinating Council's Domestic Violence Working Group found the following:^v Only a very small percentage of police reports ended up with a guilty conviction or plea (11%).

- If offenders left the scene of the crime and were not arrested at that time, they were almost never arrested. If not arrested, the District Attorney's Office did not review the case, regardless of the severity of the assault.
- A very high percentage of offenders (more than two-thirds) had a prior domestic violence report, arrest or conviction.
- The police and District Attorney's Office did not respond more aggressively to repeat offenders (based on prior 911 calls or police reports) or to more serious offenders (based on a felony charges).



Reduce Domestic Violence

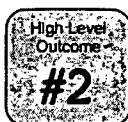
As measured by the rate of domestic violence arrests per 1,000 adults.

SERVICES AND PARTNERSHIPS

Multnomah County has a wide range of agencies that respond to victims of domestic violence (see attached Services and Partnerships Matrix.) Fifteen victim services agencies provide services to domestic violence victims and their children. These services include crisis lines, emergency shelter, transitional housing, support groups for adults and for children, advocacy, outreach and support to culturally specific populations, and other related services. In recent years, health and social services agencies have also developed specialized domestic violence programs, such as the Department of Human Services' (formerly Adult & Family Services) Temporary Assistance to Domestic Violence Survivors program.

There is also a well-coordinated response to perpetrators. Local criminal justice responses include specialized domestic violence units within Portland Police Bureau and Gresham Police Department, a probation and parole unit to supervise domestic violence offenders, and a domestic violence prosecution unit within the District Attorney's Office. Approximately six agencies currently provide batterer intervention programs in Multnomah County, including newly developed services for Spanish-speaking men. Prevention of recidivism requires a combination of approaches: law enforcement intervention, prosecution, probation supervision, re-education, as well as assistance to the victim.

The Multnomah County Family Violence Coordinating Council provides a multi-disciplinary, interagency forum for these agencies to discuss policy and resource issues and to coordinate local responses to domestic violence. The Multnomah County Domestic Violence Coordinator's Office serves as staff to this council, and also provides planning, consultation and technical assistance to County government and local community groups. This Council provides an opportunity for agencies with divergent viewpoints (e.g. focus on the child, victim, perpetrator, family) to come together to resolve differing philosophies and charges when interacting with each other.



Reduce Domestic Violence

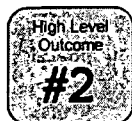
As measured by the rate of domestic violence arrests per 1,000 adults.

ANALYSIS

An effective response to domestic violence requires a comprehensive set of services and coordination across disciplines and agencies. In Multnomah County, there is an array of services that, in general, are in communication with each other, but may not be providing coordinated services.

STRENGTHS

- There is a well-established and diverse system of victim services in Multnomah County. It includes an array of services, both residential and non-residential, that is accessible to and in some cases specific to a wide variety of victims of domestic violence.
- There are strong inter-agency collaborations with information sharing, cross-training and established opportunities for this collaboration;
- There are several well-established programs with a relatively long history of providing services, public education and advocacy in the community;
- There is significant information in the community about domestic violence and available services;
- There is a depth of understanding of the needs, barriers and special considerations which victims of domestic violence and their children face, including a recognition of the multiple needs, the diverse populations which are seeking services, and the available non-domestic violence resources in the community;
- The domestic violence intervention system is funded with a combination of public and private funds and utilizes a significant number of volunteers, thus maximizing the public and private funding they receive;
- Agencies are currently participating in a planning process to improve the system, their collaborations and the services provided;
- There are programs and agencies providing services for specific populations, such as African-American women, Latinas, Russian/Eastern European immigrants, SE Asians, victims with disabilities, and others.
- The victim services system currently provides the following levels of service:
 - Domestic violence crisis lines in Multnomah County received 21,309 crisis calls in 1999.



Reduce Domestic Violence

As measured by the rate of domestic violence arrests per 1,000 adults.

- There are 94 domestic violence shelter beds in Multnomah County, which provided 632 women and 543 children with emergency shelter in 1999.
- Several domestic violence agencies provide transitional housing, including the HUD Horizon scattered site housing. Transitional housing services include long-term (up to 2 years) low-cost housing, case management and support services.
- Courthouse advocates provide information and support to approximately 1500 of the 3,300 domestic violence victims who seek restraining orders in Multnomah County each year. In addition, Multnomah County Legal Aid provides civil legal representation for in contested restraining order hearings, and other family law matters such as divorce or custody.
- The state Department of Human Services (formerly Adult & Family Services) provides more than \$70,000 per month in emergency financial assistance to Multnomah County domestic violence victims and their families through the Temporary Assistance to Domestic Violence Survivors Program. Statewide, \$4.5 million was allocated to this program for the 1999-2001 biennium.
- There is a significant amount of communication and coordination of services at all levels of the victim services system.
- The Tri-County area has several significant groups of specific populations which need culturally appropriate or specific services, and has several agencies which provide those services and/or work with other domestic violence agencies to provide services for specific populations
- There are a number of affiliated services, such as the Community Safety Net, Parent Child Development Centers, homeless families, alcohol and drug treatment that provide effective, appropriate services to the domestic violence victims who are their clients.
- There are specialized law enforcement units within most criminal justice agencies in Multnomah County, including:
 - Portland Police Bureau Domestic Violence Reduction Unit
 - Portland Police Bureau Domestic Violence Intervention Team
 - Gresham Police Department Domestic Violence Unit
 - Adult Community Justice Domestic Violence Unit
 - Multnomah County District Attorney's Office Domestic Violence Unit & Victims Assistance Program



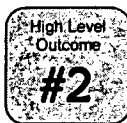
Reduce Domestic Violence

As measured by the rate of domestic violence arrests per 1,000 adults

GAPS

A recent assessment of the victim services system found that the unmet needs of victims of domestic violence in the Tri-County area are overwhelming and require responses not just by the identified domestic violence victim services system, but also by other service systems, and by policy-makers and funders locally and statewide. There is a well-established and diverse system of victim services in Multnomah County; however, both staff and agencies are stressed and overburdened with the number of victims needing services, by the complexity of the problems faced by those seeking their services and the complexity of the adjunct services needed, and by limited funding at both the State level and the level of local government community. Specifically,

- There is a need for more training and for on-going training both within agencies and across agencies. These agencies include domestic violence service providers as well as traditional social services (such as DHS/Services to Children and Families), health care, and criminal justice agencies.
- There is a shortage of services for victims with special needs. The populations most frequently mentioned were: women of color, sexual minorities, elderly, disabled, prostituted women, non-English speakers, immigrants, young women/teens and single women.
- There are no residential domestic violence services for victims who are also currently addicted.
- There is a lack of sufficient emergency housing/shelters and limited funding and resources for existing programs or to expand services. Existing facilities are generally full and turn away up to 90% of women seeking shelter. In 1999, shelters turned away 17,343 women and children seeking shelter because the shelters were full.
- Existing shelters cannot accommodate all families: families with older boys, A&D problems, large number of children, pets, criminal justice system involvement, severe mental health problems or need for a caregiver.
- The need for more civil/legal services was identified as a major service gap.
- There is also a need for better communication about and utilization of existing services.
- Affordable, permanent housing is a significant need in the community.



Reduce Domestic Violence

As measured by the rate of domestic violence arrests per 1,000 adults

BARRIERS

- There is a need to improve coordination and communication with the ultimate goal of collaboration.
- Improved access, information and referral and comprehensive clearinghouse about basic domestic violence services was frequently cited as important.
- Unquestionably programs suffer from insufficient funding, poor wages and as a result high staff turnover. The consistent theme: everyone is stretched too thin!! The consequences include the need to constantly train new staff, reduced capacity to establish collaborative relationships within and outside of programs, difficulty meeting program goals and providing consistently high quality services, and the systemic problem of lack of basic services.
- The crux of many of the problems faced by this system is insufficient funding for basic services coupled with the added burden of multiple reporting needs to various funders.
- Women of color sometimes face barriers due to cultural differences, language, immigration problems, community pressures to not seek services and isolation within/from their communities.
- A persistent theme is the increasing complexity of clients needing domestic violence services. Typically, women needing services have many concurrent issues, such as alcohol & drug, mental health, in addition to violence. Women in shelter are also younger, with several children and long histories of abuse. Some of these younger women have arrested development with immature thought processes.
- Issues of drug and alcohol addictions among victims of violence and the lack of resources for treatment cut across all population groups and settings. There is increasing complexity presented by these women and the challenges of integrating appropriate services.
- Increasing mental health issues among women needing services combined with scarcity and inaccessibility of mental health services.
- It is clear that the existing services do not have the scope or resources to meet the needs of victims of domestic violence in a variety of locations and service system, and that there are non-residential services that are not available. There is also severe lack of money for other services such as transportation, assistance with moving, childcare, cell phones, and emergency and long-term financial assistance.



Reduce Domestic Violence

As measured by the rate of domestic violence arrests per 1,000 adults

- There are significant unmet needs for women and children needing long-term services, beyond initial crisis-management and/or shelter services. In general, there are few follow-up services of any kind and they are needed.
- The needs of children affected by domestic violence were recognized, as was the importance of integrating children's services with services provided to adult domestic violence victims whenever possible.
- The need for more public awareness regarding domestic violence was another theme. Specific populations noted specific needs of public awareness. It was recognized that the public and victims needs to be aware and educated on this topic in order to seek help. Some specific comments were:
- There is clear need for and proven effectiveness of providing victim services to those victims who seek police involvement. Both the Gresham Police and the Portland Police have recently developed limited services to address this need.



Reduce Domestic Violence

As measured by the rate of domestic violence arrests per 1,000 adults.

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ⁱ Domestic Violence in Multnomah County, February 2000, Multnomah County Health Department

ⁱⁱ Domestic Violence in Multnomah County, February 2000, Multnomah County Health Department

ⁱⁱⁱ Report of Criminal Offenses and Arrests 1999, Oregon State Police Law Enforcement Data System.

^{iv} Harris, L., University of Oregon. Valuing Families: The State of Oregon's Families. 1999

^v An Evaluation of the Multnomah County Criminal Justice Response to Domestic Violence, November, 2000.

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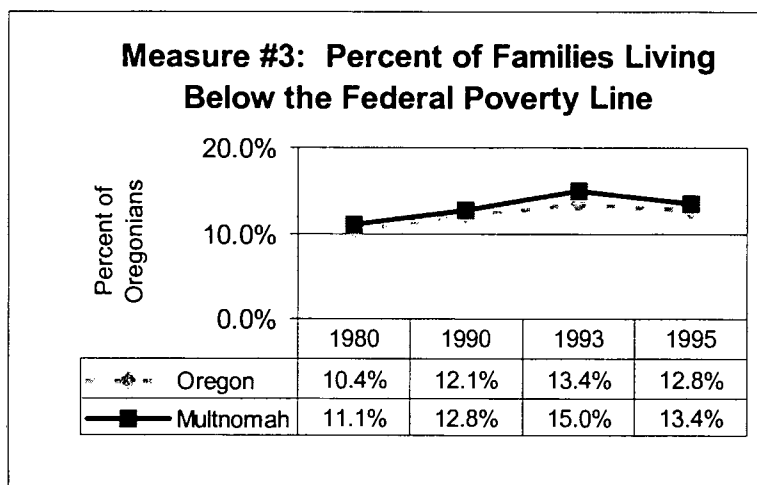
Reduce Poverty

the percentage of Oregonians with incomes below 100% of the Federal Poverty Income Guideline (FPIG)

Childhood poverty has both immediate and lasting negative effects. Poverty is especially devastating when it is prolonged over several years of childhood. Compared with children living in families above the poverty line, children living in poverty are more likely to have difficulty in school, become involved in antisocial activities and become teen parents. As adults, these children earn less and experience more episodic employment.ⁱ

Most definitions of poverty use income as the basis for determining whether a family is living in poverty. It is also important to define poverty with an awareness that living in the condition of poverty is more than an economic definition, it describes a *qualitatively* different life experience for low-income people than for those living on a middle- or upper-income. Professor John Powell, of the Institute on Race & Poverty at the University of Minnesota, has given us a definition that captures this qualitative difference: *"Poverty is the lack of access to the cultural, social and economic resources of the society."* Unfortunately, most measures of poverty use the economic definition, limiting our ability to plan and provide programs for the working poor, people living at near-poverty, or in impoverished communities.

NATIONAL, STATE AND LOCAL DATA



Source: Oregon Benchmark County Data Book, November 1999, Oregon Progress Board

- About 1 in 7 people (13.4%) in Multnomah County were living below 100% of the Federal Poverty Income Guideline (FPIG) in 1995.
- The incidence of families living in poverty is typically very slightly higher in Multnomah County than it is across Oregon.

Reduce Poverty

the percentage of Oregonians with incomes below 100% of the Federal Poverty Income Guideline (FPIG)

The Federal Poverty Income Guidelines and the Median Income Percentages define low-income economic status and determine eligibility for a number of local, state and federal programs. Families are considered "poor" if their income falls below the poverty threshold for a family of their equivalent size. Median Income measures low-income status in relation to the Median income of comparably sized family in the area where they live. The two tables below show: 1) the 2001 Federal Poverty Income Guidelines in relation to hourly wages and 2) the Median Family Income standard.

2001 Federal Poverty Income Guidelinesⁱⁱ		
Size of Family	Yearly Income	Approximate Hourly Wage @ 40 hrs/wk
1	\$8,590	\$4.13
2	11,610	5.58
3	14,630	7.03
4	17,650	8.49
5	20,670	9.94
6	23,690	11.39
7	26,710	12.84
8	29,730	14.29
For each additional person, add	\$3,020	\$1.39

Median Family Incomeⁱⁱⁱ					
Household Size	30% (Very Low Income)	50% (Low Income)	60%	80% (Moderate Income)	100%
1	11,750	19,550	23,500	31,300	39,150
2	13,400	22,350	26,850	35,800	44,700
3	15,100	25,150	30,200	40,250	50,300
4	16,750	27,950	33,550	44,700	55,900*
5	18,100	30,200	36,200	48,300	60,350
6	19,450	32,400	38,900	51,850	64,850
7	20,800	34,650	41,600	55,450	69,300
8+	22,150	36,900	44,250	59,050	73,800

*Portland Median Income for a family of four.

Reduce Poverty

the percentage of Oregonians with incomes below 100% of the Federal Poverty Income Guideline (FPIG).

The most current analysis of poverty in Oregon, which relates state data to national trends, is the "2001 Benchmark Performance Report" developed by the Oregon Progress Board in March 2001. The report provides comparisons of Oregon's poverty rates over a three-year period to those in Washington state, as well as national rates. The following table, drawn from US Census Bureau information, lists the percentage of population with incomes below 100% of the Federal Poverty Level.

State Poverty Rates – 3-Year Averages^{iv}			
	1995-96	1996-98	1997-99
Oregon	11.5%	12.8%	13.1%
Washington	11.2%	10.0%	9.2%
United States	13.6%	13.2%	12.6%

The report notes that the Oregon Population Survey, which is used by the Progress Board to estimate poverty figures, and the U.S. Census Bureau data do not agree on how poverty is trending in Oregon. The report notes that both "...estimates are far from perfect."^v The 2000 U.S. Census figures for family income in Oregon will be released in the next few months. The census data will provide a solid baseline of information on poverty in our state.

- Income and poverty vary across the counties. Generally, income in metropolitan areas is substantially higher than in non-metropolitan areas.^{vi}
- The oldest Oregonians (people over 65 years of age) and youngest (children under 18) are the poorest.^{vii}
- People of color have substantially higher poverty rates than do Whites, both in Oregon and nationally.^{viii} In Oregon, people of color are at least twice as likely to live in poverty than are White-Anglo residents.
- Children in married-couple families are much less likely to be living in poverty than children living only with their mothers.^{ix}

There is also a disparity in poverty statistics reported for Multnomah County. The *Child Poverty Report* concluded that policy-makers who were engaged in planning activities would need to "...decide which survey to depend on."^x The report included the following table comparing poverty data for the County as reported by various sources.

Reduce Poverty

the percentage of Oregonians with incomes below 100% of the Federal Poverty Income Guideline (FPIG)

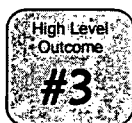
Conflicting Data on Poverty in Multnomah County^{xi}							
Source	Number	1990	1992	1994	1996	1997	1998
Center for Population Studies, Portland State University	Total Multnomah Population	583,887	605,000	620,000	628,447	632,823	637,199
US Census ('90) and the American Community Survey ('96 & '97)	All in Poverty	13.1%	N/A	N/A	14.1%	3.6%	N/A
Oregon Population Survey	All in Poverty	12%	20.2%	14.5%	8.6%	N/A	11.8%
US Census ('90) and the American Community Survey ('96 & '97)	0-18 Years	16.3%	N/A	N/A	18.9%	17.4%	N/A
Oregon Population Survey	0-18 Years	10.6%	21.8%	20.5%	11.7%	N/A	16.4%
US Census ('90) and the American Community Survey ('96 & '97)	65+ Years	10.4%	N/A	N/A	10.1%	11%	N/A
Oregon Population Survey	65+ Years	N/A	26.1%	16.6%	9.6%	N/A	14.2%

Over the past decade, poverty has become increasingly younger and more female. Despite the differences in various surveys and reports, poverty statistics remain consistently high for children and youth living in single-parent families headed by women. The American Survey, conducted by the US Census, has Multnomah County data for 1999 and 2000 and provides statistics for poverty by both age and household characteristics. *"Facing the Challenge: A Report on the Economic Status of Women in Multnomah County"*^{xii} found that throughout the 1990's households headed by single women with children comprised half of all people in poverty. Current American Community Survey information shows little change in poverty for this population.

2000 American Community Survey:

- 19.1% of children under age 5 years live in poverty.
- 16.5% of children ages 5-17 years live in poverty.
- 49% of female-headed households live in poverty.

Poverty affects a higher proportion of people of color as well. Higher rates of Hispanic and African-American families live in poverty than any other groups. Forty-one percent



Reduce Poverty

the percentage of Oregonians with incomes below 100% of the Federal Poverty Income Guideline (FPIG)

of Hispanics and 33% of African-American families live at or below 125% of the FPIG. Unemployment also impacts these populations. Unemployment for African-Americans (8.1%) and American Indians (8.7%) is nearly twice that of whites (4.6%). Low-income people in Multnomah County are increasingly moving to areas outside of Portland's inner core neighborhoods where housing has become less affordable during the past decade. The City of Gresham and the smaller cities of Wood Village and Troutdale have all seen an increase in the numbers of people living in poverty. Within the City of Portland, neighborhoods in both the west and east have seen increases in poverty.^{xiii} This trend has been documented by American Community Survey data as well as reflected in a substantial increase in the utilization of school breakfast/lunch programs for low-income students.

This geographic shift is attributed to Portland's rising housing costs. Housing values have seen an astronomical increase since 1990, which has had a direct impact on home ownership. Moderate-income and first-time homebuyers are struggling to find affordable homes for purchase. In the past decade, Portland's average rental unit cost rose almost 50% between 1990 and 1999.

Multnomah County mirrors Oregon's 20-year economic transformation from a natural resource industry and manufacturing economy to one of high-tech and service industry employment. Living wage employment, which can lift the families out of poverty, is typically only available to those with technical skills or post-high school education. The Oregon Food Bank found that in 1999, 70% of emergency food recipients surveyed in Multnomah County had one wage earner in the family. The working poor comprise many of the people living in poverty in the county.

Homeless people also account for a portion of the poor in Multnomah County. According to the recent County's *Homeless Families Plan for Multnomah County*, the social service system for this population serves approximately 450 families a year.^{xiv} However, the true number of homeless families is likely higher because many have not accessed services through the existing system and are instead living in a car or with relatives or friends. Seventy-seven percent of the 450 families receiving services are headed by a single female. Sixty-eight percent of these families have family members under the age of 18. Ethnic or racial minorities comprise 20-25% of the families. Fifty percent of the primary parents do not have a high school diploma or GED certificate.



Reduce Poverty

the percentage of Oregonians with incomes below 100% of the Federal Poverty Income Guideline (FPIG)

SERVICES AND PARTNERSHIPS

Services and partnerships for low-income children and families are delivered by a number of government jurisdictions in Multnomah County. The City of Gresham, City of Portland, and small cities of east Multnomah County all fund public service programs through the funds they receive as a part of the federal Community Development Block Grant program. The Housing Authority of Portland provides services on a countywide basis, funded largely through federal grant funds. Worksystems, Inc., the largest provider of employment-related services for low-income people uses local, state and federal funds to provide education and training services.

The State of Oregon serves low-income populations through its Department of Human Services, Service Delivery Area 2, Office of Children, Adults and Families Services, Multnomah County. Their program services include income support programs, employment and training services in addition to parent/child services. Employment information in Multnomah County is provided by the State's Employment Division.

Multnomah County provides what could be defined as "safety net" services to low-income people. The County manages a number of service programs utilizing a combination of fund sources - County general fund, Community Services Block Grant, Low-Income Energy Assistance Program, State Housing Assistance Program, and others. The service systems funded include the Child and Family Service Center System, the Homeless Families System, and Downtown Homeless Youth System.

A network of non-profit service providers, some under City of Portland, City of Gresham and Multnomah County contracts, delivers a variety of services for low-income people including emergency shelter, transitional housing, emergency food, and numerous other programs.

This network of services and programs is described under the Partners Matrix section of the plan.

Reduce Poverty

the percentage of Oregonians with incomes below 100% of the Federal Poverty Income Guideline (FPIG)

ANALYSIS

Local work has been done to categorize local anti-poverty programs. In April 1999, the Multnomah County Board of County Commissioners adopted the *Child Poverty Report*. Van Le, Lead Researcher with the County's Office of Budget and Quality and author of the report, examined the County's Long-term Benchmark of "Child Poverty Reduction." Ms. Le defined two basic approaches to describing the County's anti-poverty programs. There are programs that *ameliorate* the conditions of poverty by providing families with basic services and supports, i.e., food, housing, medical services. In contrast, there are programs that are designed to *alleviate* family poverty by focusing on employment or training supports that will lead to economic self-sufficiency. Ms. Le analyzed programs in a number of County departments to determine the focus of program services. The report is available on the County's website.

If we use the economic definition for poverty, it is logical to adopt the *alleviate* and *ameliorate* paradigm to measure our success in reducing poverty. We can use increased family income to decide whether our programs have been successful in alleviating poverty. For amelioration, we can measure program usage to determine whether or not it has been successful in mitigating the harsh conditions of poverty, e.g., providing food boxes, emergency shelter, and so forth. This method of categorizing programs also meshes with an asset-based, development approach to working with low-income families. Programs with an asset-based framework are well situated to build on family and individual strengths in moving families out of poverty.

According to the Child Poverty Report^{xv}, the majority of Multnomah County's programs and services seek to ameliorate poverty for individuals and families by attempting to meet their most basic needs of food, housing and medical care. Alleviation programs, focusing on education, training and employment supports, administered by the County, are fewer in number. Most alleviation programs for Multnomah County residents, such as the Temporary Assistance to Needy Families, and Employment Related Day Care programs, are administered by the State's Department of Human Services. The majority of employment and education programs for low-income people in Multnomah County are funded with state and federal funds.



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Efforts to Ameliorate the Conditions of Poverty

Housing & Social Services

Strengths

- There is an interjurisdictional approach to housing planning in Multnomah County. The ***Housing and Community Development Commission (HCDC)***, which is comprised of representatives of the City of Portland, City of Gresham and Multnomah County, conducts housing planning activities, which enable the three jurisdictions to receive funding from the U.S. Department of Housing & Urban Development. Every five years, HCDC creates a *Consolidated Plan*, a document that describes housing programs and services for low- and moderate-income populations. The *Consolidated Plan* is updated every year.
- HCDC advises and makes recommendations on housing policy to policy-makers in each of the three jurisdictions in an effort to link social services with housing programs. It is also a public forum on affordable housing advocacy. HCDC also consults with Metro regional government, the State of Oregon and surrounding counties on housing planning. Finally, HCDC links non-profit housing development organizations to its planning processes.
- The ***Housing Authority of Portland (HAP)*** is the largest provider of housing to very low-income people. Originally chartered to operate within the City of Portland, HAP has expanded its services in the past few years to serve residents in all of Multnomah County. HAP also partners with other housing authorities and non-profit entities to create new housing opportunities.
- HAP owns and operates 5,700 multi-family housing units. HAP also administers federal rent subsidies for 6,111 local households and 836 project-based and single room occupancy units.
- The Portland-based ***Community Development Network (CDN)*** consists of twenty-one community development corporations whose goal is to provide affordable rental housing units and homeownership opportunities to low- and moderate- income individuals and families throughout Multnomah County. CDN focuses on neighborhood revitalization and works with its non-profit housing providers to coordinate new housing development planning and activities. These community development corporations typically serve people whose household income is 50% or less than Median Income. The following table illustrates the housing units by housing type provided by the CDN's member agencies during the past few years:



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Type of Housing	Units/Homes Provided
Rental Units	4,262 units
Home Ownership	570 homes sold
Temporary Housing/ Transitional Housing	56 units

The **Multnomah County Division of Community Programs and Partnerships (DCPP)** DCPP funds and manages a number of social service systems designed to meet emergency or basic needs for a number of low-income populations.

- **Homeless Families System** Provides funding and coordinates services for homeless families. County staff managed a yearlong planning process with service providers, stakeholders and consumers to create the Homeless Families Plan for Multnomah County: Five-Year Roadmap for Service Development. The plan was adopted by the Board of County Commissioners in June 2000.
- **Downtown Homeless Youth System** Multnomah County's DCPP provides funding and coordinates services for homeless youth living in downtown Portland. In April 1998, the Board of County Commissioners adopted a plan for implementation and coordination of services through four non-profit agencies. County staff manages service contracts and facilitates collaborations between providers. The Homeless Youth System served 975 youth in 1999-2000.
- **Community and Family Service Center System**—DCPP provides funding and system coordination for this system, which provides community-based services to individuals, children and families. Core services offered at the seven centers include information and referral, skill building, parent education, case management, and substance abuse prevention. The centers also provide energy assistance financial payments to eligible households.
- **Youth Investment System**—The Youth Investment System was designed as an integrated and coordinated system of developmentally and culturally appropriate services to support the needs of youth ages 13 to 17. In 1999-2000, approximately 850 youth were provided with a wide array of services through the system, including crisis intervention, emergency and transitional shelter, intensive case management, counseling, conflict resolution, and support groups.

Gaps

- Accessing information on available housing resources is a huge problem for low-income people because of the lack of a centralized system for providing **community** information. The City of Portland's Bureau of Housing & Community

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Development will be starting a new internet-based rental housing information service in early 2002.

- Multnomah County's Homeless Families System has a plan in place to create a single-access entry phone line during FY 2001-02. Homeless families will be able to call one number to find out if there is any available shelter space.
- The Consolidated Plan 2000-2005 produced by HCDC, included an analysis of housing needs for homeless individuals and families. The data in the table below is excerpted from the report.

Gaps Analysis Chart – 2000 [Excerpt]^{xvi}

Persons in Families with Children		Estimated Need	Current Inventory	Unmet Need/Gap	Relative Priority
Beds/Units	Emergency Shelter	315	150	165	H
	Transitional Housing	1,058	846	212	H
	Permanent Supportive Housing	100	49	51	L
	Total:	1,473	1,045	428	
Supportive Service Slots	**Job Training (adults)	634	**	**	L
	Case Management (families)	546	369	177	H
	Childcare (families)	546	185	360	M
	**Substance Abuse Treatment	344	**	**	M
	**Mental Health Care (families)	486	**	**	L
	Housing Placement (families)	527	313	214	H
	Life Skills Training (adults)	634	439	195	H
	Other – Client Assistance (families)	546	359	186	M
	Other				
Subpopulations	Chronic Substance Abusers	130	40	90	M
	Seriously Mentally Ill	110	18	92	M
	Dually-Diagnosed	60	5	55	L
	*Veterans	25	No targeted	5	L
	*Persons with HIV/AIDS	27	As needed	Unknown	L
	Victims of Domestic Violence	292	56 targeted	85	H
	Teen Parents under age 20	125	43 targeted	40	H

[Key: H= High, M = Medium, L=Low]

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Barriers

- The Portland metropolitan area has experienced an affordable housing crisis during the past decade. Both sectors of the housing market – rental and homeownership – have been impacted by the rise in prices. Low-income families have been particularly affected by this increase in housing costs. Many struggle to maintain their housing in the face of lower wages, higher energy costs and a decrease in government supported services.

Overlaps

- The City of Portland, City of Gresham and Multnomah County all operate independent housing programs. This jurisdictional overlap is often confusing to those seeking government housing supports and services.

Income Supports

Strengths

- **Temporary Assistance to Needy Families (TANF) Program** –The federal TANF Program is administered under Oregon's Department of Human Services. [See the "Efforts to Alleviate Poverty" Section for a description of DHS' portfolio of services in Multnomah County.] TANF provides cash benefits to one- and two-parent families. When combined with Food Stamp benefits, it brings family income to approximately 72% of the federal poverty level. In FY 2000, the average monthly TANF caseload for Multnomah County was 4,225 cases. Approximately 1/3 of the children receiving TANF are living with non-parents, e.g., grandparents, legal guardians, etc.

Food/Nutrition Services

Strengths

- **U.S. Department of Agriculture School Lunch Program**– All eight school districts as well as the Educational Service District in Multnomah County offer free or reduced-cost lunches to children whose household income ranges below to somewhat above the FPIG guidelines. 1999 figures showed that 26,940 students, 30% of all students in the county, participated in the free lunch program. In addition, 9% received reduced price lunches. Sixty-six of 168 schools reported 50% or more of their student body receiving free or reduced-price lunches.^{xvii}
- **Food Stamp Program**–The federal Food Stamp Program is administered under Oregon's Department of Human Services. [See the "Efforts to Alleviate Poverty" Section for a description of DHS' portfolio of services in Multnomah County.]

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Food Stamps help supplement food budgets for low-income households. In FY 2000-01, the average monthly caseload of the Food Stamp Program in Multnomah County was 13,360 households. This number excludes families on the Temporary Assistance to Needy Families Program who also receive food stamp benefits.

- DHS anticipates a large growth in the numbers of individuals and families eligible for the Food Stamp Program during the state's current economic recession. If the current trends continue, DHS anticipates that there will be approximately 40,000 Food Stamp users by the end of the biennium. Some of the growth of the Food Stamp caseload can be attributed to the Oregon Hunger Relief Task Force's Food Stamp outreach project, which has successfully conducted a pilot program in East Multnomah County. DHS has also collaborated with the Task Force in creating posters, pamphlets and other outreach materials. DHS has contracted with Oregon Safenet to operate a toll-free phone line to provide benefit information to consumers. Finally, DHS reduced the length of the Food Stamp application form, which has proved to be an impetus for new applicants to apply for benefits.
- The Food Stamp Program caseload has grown approximately 48% in Multnomah County in FY 2000-01, while the emergency food box utilization has grown by only 2.3% during the same period. Advocates attribute the growth in Food Stamp participation with helping keep the emergency food box utilization at a lower level than would have been predicted by the current economic downturn.
- **Oregon Food Bank (OFB)**—The Oregon Food Bank is a non-profit organization which coordinates emergency food relief efforts for eighteen independent food banks throughout Oregon. Food banks and emergency meals programs are part of OFB's network of agencies. OFB also manages two distribution centers in the Portland metro area, which serve residents of Multnomah, Clackamas, and Washington counties and Clark County, Washington. OFB's efforts ensure that there is central planning and coordination, centralized statistical records and efficient food distribution. OFB is also a strong advocate for people in need. OFB member agencies served 652,000 people in Oregon last year. The emergency meals program provided 3,777,880 meals.
- Oregon State University, Multnomah County Extension Service —The Extension Service offers a number of programs for low-income families relating to health and nutrition concerns. Classes on food preservation, cooking and nutrition are offered at no cost to families living on limited incomes. Extension staff also provide classes on financial management for low-income people and parenting skills. In addition, the Extension Service develops and distributes free publications on a number of family-related topics. In 2000, Extension faculty and

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staff had 61,371 direct educational program contacts in the county. They were also able to provide information to 85,000 persons by phone contact.

- Multnomah County's Women, Infants, and Children (WIC) program—WIC is a federal USDA program administered by the County's Health Department. It is a health and nutrition program, with eligibility based on presence of a medical or nutritional risk condition, participant status (pregnant, breastfeeding and postpartum women, infants, and children under 5 years of age), and income below 185% of the Federal poverty level. WIC services are provided free of charge and include:
 - 1) Nutrition education, including support for breastfeeding
 - 2) Health screening and referral to services
 - 3) Monthly vouchers for specific nutritious foods (milk, cheese, eggs, cereal, fruit juice, dried beans, peanut butter, infant formula) or breast pumps if needed to continue breastfeeding after return to school or work.

The Multnomah County WIC program currently serves approximately 18,515 participants each month, with approximately 25,000 participants utilizing WIC services in a year. Multnomah County WIC currently operates 3 clinics, with plans to open a new site in Gresham in January of 2002.

Barriers

- The Oregon Hunger Relief Task Force has conducted focus groups with low-income people from around the state in the past few months to determine consumer perceptions about state-sponsored services. The feedback from these consumers is that a number of factors prevented them from seeking services:
 1. People don't realize they are potentially eligible for benefits.
 2. There is too much paperwork associated with the application process.
 3. It is difficult to travel to their local DHS office.
 4. The work requirements associated with programs are too strict.
 5. People are ashamed to receive Food Stamps or other public assistance.
In addition, many fear that they may be treated disrespectfully at their local agency.
- The Hunger Relief Task Force has also worked with advocate groups to determine why there is a continuing problem with accessing public benefits in Multnomah County. Advocates identify excessive verification requirements, late processing of benefits, wait times for appointments, and inadequate staffing which results in reduced customer service.



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Efforts to Alleviate Poverty

Employment and Training Services

Strengths

- Department of Human Services—Oregon's Department of Human Services is currently engaged in an agency reorganization, which brings together the formerly separate divisions - Adult & Family Services, Services to Children & Families, and Vocational Rehabilitation. The new agency is called Department of Human Services (DHS). Multnomah County's DHS offices will now be designated as Service Delivery Area #2 providing services to a geographic area which aligns with the county boundaries. In other regions of the state, Service Delivery Areas will include one or more counties. CAFS offers a variety of self-sufficiency programs designed to transition families from public assistance to work.
 - JOBS & JOBS Plus Programs support families in their employment training and job search activities to avoid the need to use TANF. Services are offered in collaborations with community colleges, Employment Department offices and Job Training Partnership agencies. Under JOBS Plus participants are placed in subsidized positions with public and private employers.
 - **Teen Parent Program** participants receive income support payments. They are required to complete high school education or engage in other activities related to self-sufficiency.
 - **Refugee Program** participants receive cash benefits and other supports. In the Portland area, there is a special project to provide medical care and cash assistance to 290 families through a coalition of local agencies.
 - **Employment Related Day Care (ERDC)** pays a portion of child care costs for working, low-income families. In FY 2000-01, the average monthly caseload was 2,487 cases.
 - **Emergency Assistance** payments provide a maximum of \$350 to low-income families to help them through a crisis situation.

During the past two years, DHS has met its goal of decreasing the number of people receiving cash assistance. The agency has made strides in moving recipients to employment. Unfortunately, there has not been a dramatic rise in economic self-sufficiency for these families. Many who are transitioning to employment make employment income that is at or slightly above the FPIG.

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the percentage of Oregonians with incomes below 100% of the Federal Poverty Income Guideline (FPIG)

- **Worksystems, Inc.**— Is a non-profit, quasi-public agency, which operates a system of seven One-Stop Career Centers for job search assistance, training, education, and workforce-related services for employers. It has a number of centers, oriented to adults and youth, in Multnomah, Washington, and Tillamook counties – Region 2 of a larger network of county, state and federally funded workforce training agencies. Worksystems has five centers for adults in Multnomah County. It has fourteen programs for youth employment opportunities. The agency also operates programs devoted to the needs of dislocated workers.
- **Community Development Corporations**— A few of the Community Development Corporations provide self-sufficiency programs in addition to housing. These programs include Individual Development Accounts, employment and job training opportunities.

Gaps

- DHS staff report that the lack of research on low-income populations creates difficulties in assessing why people do not access public services available to them.
- Access to reliable transportation is a gap for low-income people transitioning from public assistance to employment opportunities. New job creation has been occurring in areas outside Portland's urban core, yet neighborhoods with concentrated poverty are clustered in the City's urban center. This mismatch between job creation and available workforce could be addressed through enhanced programs of public transportation.

Barriers

- Lack of research information hampers efforts to plan and develop programs for low-income people. Barriers to service access are difficult to overcome without this information.
- There is no common agreement between services providers about whether it is most important for low-income people to be linked directly with existing workforce opportunities or linked with educational systems before pursuing employment. Philosophy and approaches on this issue varies between service providers.
- The Department of Human Services does not view its role under TANF as "reducing poverty." Rather, it has been charged by the Oregon Legislature to lessen the numbers of people using public assistance. This creates a tension for the agency, when the community perceives the agency's focus to be reducing poverty.

High Level
Outcome

#3

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the percentage of Oregonians with incomes below 100% of the Federal Poverty Income Guideline (FPIG)

PEOPLE TO CONTACT FOR ADDITIONAL INFORMATION

- For additional information on this "High Level Outcome":

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503-988-3707

- For additional information on Multnomah County's SB 555 overall planning effort:

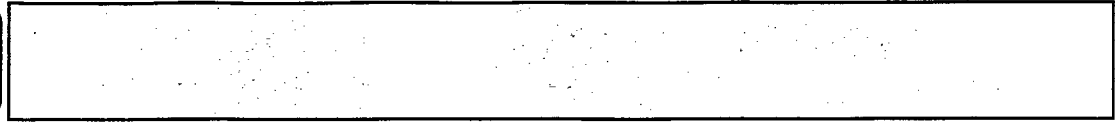
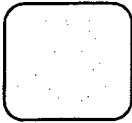
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- ⁱ Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-Being. 2000
- ⁱⁱ U.S. Department of Health and Human Services – FPIG Tables for 2001.
- ⁱⁱⁱ US Department of Housing & Urban Development 2001 Median Income Table for Portland Metropolitan Area.
- ^{iv} 2001 *Benchmark Performance Report*, Oregon Progress Board, March 2001, pg. 40.
- ^v
- ^{vi} Harris, L., University of Oregon. Valuing Families: The State of Oregon's Families. 1999
- ^{vii} Ibid
- ^{viii} Ibid
- ^{ix} Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-Being. 2000
- ^x *Child Poverty Report*, April 1999, Multnomah County Office of Budget and Quality, pg. 8.
- ^{xi} Ibid.
- ^{xii} "Facing the Challenge: A Report on the Economic Status of Women in Multnomah County," Multnomah County Office of Domestic Violence Prevention, June 1999, pg. 3.
- ^{xiii} The Consolidated Plan 2000-2005, prepared by the City of Portland, City of Gresham and Multnomah County for the U.S. Department of Housing & Urban Development, Section 3, Figure 3-4.
- ^{xiv} "Homeless Families Plan for Multnomah County: Five Year Roadmap for Service Development," Multnomah County, Division of Community Programs & Partnerships, June 9, 2000, pg. 8.
- ^{xv} *Child Poverty Report*, April 1999, Multnomah County Office of Budget and Quality, pg. 32.
- ^{xvi} The Consolidated Plan 2000-2005, Executive Summary, prepared by the City of Portland, City of Gresham and Multnomah County for the U.S. Department of Housing & Urban Development, pg. 4.
- ^{xvii} Oregon Department of Education report "October 1, 1999, Free and Reduced Lunch Count, By District & School."



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Reduce Child Maltreatment

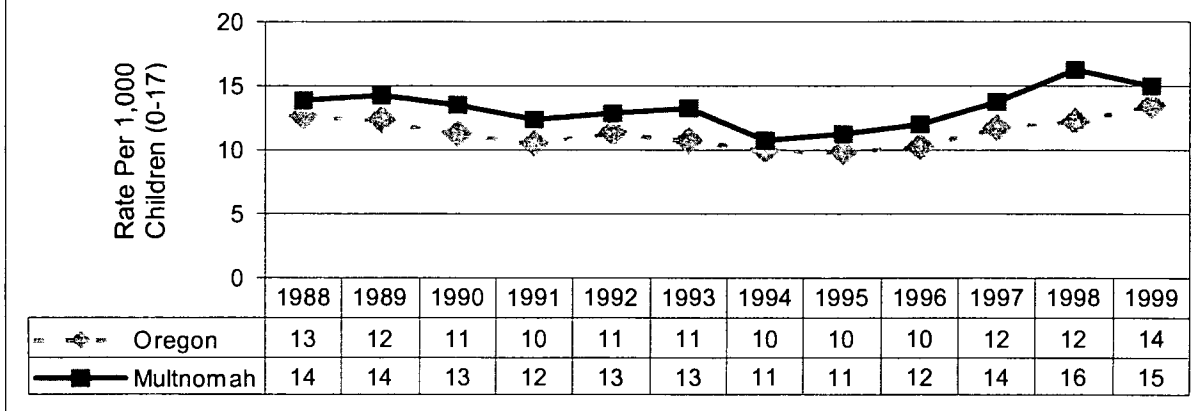
As measured by the number of children who are abused or neglected per 1,000 persons under age 18.

Child maltreatment is a continuing tragedy in Multnomah County, Oregon and the nation. Experts believe that increasing economic stress on families, and crises caused by violence and substance abuse are the main causes of this troubling trend.ⁱ

Abuse and neglect cause physical and/or emotional harm to children. They can produce short-term psychological consequences that range from poor peer relations to violent behavior, as well as untold long-term psychological and economic consequences when children reach adulthood.ⁱⁱ Child maltreatment can result in serious injury or, in extreme cases, death.

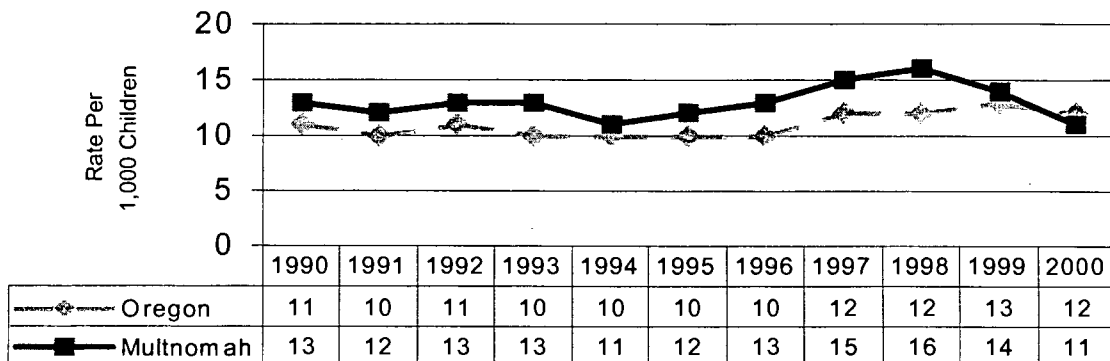
NATIONAL, STATE AND LOCAL DATA

Measure #4: Child Maltreatment Reported to SCF



Source: Annual Child Abuse and Neglect Report, Prepared by the State Office of Services to Children and Families

- Multnomah County's trends in reporting child maltreatment to SCF generally mirrors statewide trends, although the reporting rates in this County tend to be 10-20% higher.
- In 1998 the County's rate reached 16 cases per 1,000, after generally staying between 12 and 14 cases over the prior decade.

Reduce Child Maltreatment*As measured by the number of children who are abused or neglected per 1,000 persons under age 18.***Number of Children Victimized By Child Maltreatment**

Source: Annual Child Abuse and Neglect Report, Prepared by the State Office of Services to Children and Families

It is more meaningful to track the numbers of different children victimized by child maltreatment, as shown in this graph.

- This victimization data shows a 1/3 reduction in the number of children maltreated in Multnomah County since 1998, when the highest rates of the past decade were recorded.

Child Abuse

National data indicates there were an estimated 903,395 child victims of maltreatment in 1998.ⁱⁱⁱ In 2000, Oregon State Office of Services to Children and Families (SCF) recorded 35,552 reports (statewide) of suspected child abuse and neglect. In 1991, there were 23,530 reports of suspected child abuse/neglect. This represents an increase of 51.1%.

In Oregon, there were 10,186 victims of child abuse, a rate of 12.2 victims per 1000 children. In Multnomah County, there were 1644 founded child abuse reports in 2000, a rate of 11.3 victims per 1000 children. This illustrates a 24.2% decrease in the rate, from 14.9 victims per 1000 children in 1999. In Multnomah County, 48.9% of victims were less than 6 years old. The increasing number of young victims, as well as the intensity of family problems, results in more difficult cases that take longer to resolve. Girls represent 51.1% of abuse/neglect victims.



Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18.

While all children are vulnerable to maltreatment, children with disabilities are abused and neglected more than other children. In fact, children with disabilities are maltreated and sexually abused almost twice as often as other children. However, they are less likely to have their stories believed, their cases investigated, and their abusers prosecuted. Further, children with mental or emotional disabilities may be less likely to recognize the abuse as wrong. This results in fewer reports, fewer convictions, and delayed or no treatment for the child.^{iv}

Services to Children and Families (SCF) reports that "families whose children are abused and neglected often have significant problems which may affect their ability to keep their children safe." For the year 2000, SCF listed the major problems facing families of abused and neglected children as suspected drug/alcohol abuse (38.5% - State; 37.0% - Multnomah County), parental involvement with law enforcement (39.1% - State; 35.4% - Multnomah County), domestic violence (31.2% - State; 34.5% - Multnomah County), head of family unemployed (29% - State; 31.6% - Multnomah County), heavy childcare responsibility (19.8% - State; 20.7% - Multnomah County) and parental history of abuse as a child (13.4%).^v

Economic Stress

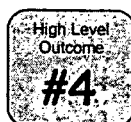
The percent of children in poverty is perhaps the most global and widely used indicator of child well being. Children from families with annual incomes below \$15,000 are over 22 times more likely to experience some form of maltreatment than children from families with annual incomes above \$30,000. While poverty does not cause maltreatment, it may lead to social and personal experiences that reduce a parent's capacity to nurture his/her children.^{vi}

Among children under 18, 19% in Multnomah County, compared with 16% statewide and 21% nationally, live in families with income below the poverty guideline. Among children under 5, 22% in Multnomah County and in Oregon, compared with 23% nationally, live in families with incomes below the poverty guideline.^{vii}

Violence

In the 1996 Multnomah County Health Department report "Faces and Voices of Violence", it was found that partner abuse and child abuse represent 38.8% of all forms of interpersonal and self-directed violence in the county.^{viii}

The State of Oregon and Multnomah County have identified family violence as a major concern for all its residents. The 1998 Oregon Domestic Violence Needs Assessment



Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18

was conducted for the Oregon Governor's Council on Domestic Violence. The overall goals of the assessment were to learn more about the scope of the problem of domestic violence in Oregon in order to inform policies and programs aimed at reducing and preventing domestic violence. The study was designed to be representative of Oregon women who had experienced physical abuse (physical assault, coercion, and injury). More than 13% of Oregon women aged 18 to 64 are estimated to have been victims of physical abuse during the past year.

In a similar Multnomah County study, it was found that 1 of every 7 women aged 18-64 was physically abused by an intimate partner during the past year. This means that almost 28,000 women (13.9%) were physically abused during the past year. This can easily be identified as a problem of serious epidemic proportions. In comparison, many diseases are considered to be epidemic when they affect 1 out of every 500 to 1,000 people. The prevalence of domestic violence in Oregon and Multnomah County is comparable to the national prevalence as estimated in similar studies.

In addition, based on the reports of women with children in the statewide study, an average of 2.3 children under 18 were living in households where women were physically abused by a partner during the past year. This translates to 204,200 Oregon children who were at risk of experiencing the emotional stress of living with a mother or caregiver who was abused. Using this Oregon data, it can be estimated that 21,000 Multnomah County children were exposed to domestic violence in the last year; half of them were less than five years old when they first witnessed this violence. Two-thirds of the children who saw or heard acts of domestic violence witnessed it at least once a month.^{ix x}

Substance Abuse

According to the Department of Human Services, the estimated number of adults in Multnomah County who abuse drugs or alcohol is 92,584.^{xi}

A telephone survey conducted in 1999 for the Oregon Office of Alcohol and Drug Abuse Programs indicates that illicit drug use tends to be higher among men and women in Multnomah County than in the state as a whole. Over 20% of adults ages 18 and over in Multnomah County report that they have used illicit drugs during the past 12 months. Forty-two percent of young adults ages 18-24 in Multnomah County report having used some illicit drug during the past 12 months. Drug use drops to 30% among adults ages 25-44, and 13% among adults ages 45-64.^{xii}



Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18

SERVICE INVENTORIES AND PARTNERSHIPS

Many parent education and training services exist in Multnomah County (refer to the Community Partners Matrix). Services and supports are offered along the continuum of child welfare services, however there has historically been more of an emphasis on intervention vs. prevention. Things are beginning to move in the direction of prevention. In addition to the numerous programs and services, there are several systems and collaborative efforts that focus on child safety and well-being.

Take the Time is a grassroots initiative involving thousands of people - young and old - in promoting healthy youth development in Multnomah County.

The *Early Childhood Care and Education Council*, a committee of the Commission on Children, Families & Community, works to ensure the continuity and integration of early childhood care and education services and policies that promote the care, development, healthy transition and overall well being of young children (0-8 years) and their families.

Lifespan is an initiative that seeks to link families and individuals with respite resources in Multnomah County.

The *Community Safety Net* was established to prevent abuse and neglect by providing a seamless community system that links supports for children 0-17 and families for whom there is serious concern. The SCF Child Abuse Hotline makes referrals to the Community Safety Net.

The *Multidisciplinary Child Abuse Team (MDT)* coordinates child abuse investigation, prosecution and assessment activities.

The *Gateway Children's Campus* will house the Children's Receiving Center, the Multidisciplinary Team, and a number of related child welfare and early childhood services.

Child Fatality Review Team reviews child deaths and identifies child fatality prevention opportunities.

Reduce Child Maltreatment*As measured by the number of children who are abused or neglected per 1,000 persons under age 18.***ANALYSIS****Summary**

"To reduce the risks of maltreatment, a full range of comprehensive, community based prevention and intervention services are needed: 1) primary prevention, 2) early intervention and 3) crisis intervention and long-term support".^{xiii}

Process

The Health Department's Violence Prevention Unit hosted a community input meeting on October 29, 2001, to elicit stakeholder input into a draft version of this report on High Level Outcome #4, Reducing Child Maltreatment. The following people attended the meeting and provided input: Debbie McCabe - Portland Relief Nursery, Chiquita Rollins - Multnomah County Domestic Violence Coordinator, Carol Schrader - Community Advocates, Helen Smith - Multnomah County District Attorney's Office, Ed Hinson - Multnomah County Department of Community and Family Services, Behavioral Health, Betsy Cole - Portland Public Schools, Angela Garcia-Harper - Tualatin Valley Centers, John Richmond - Department of Human Services, Pam Patton - Morrison Center, Jenny Crawford - Youth Services Consortium, Barbara Brady - Multnomah County Department of Community and Family Services, Behavioral Health, Leila Keltner - CARES Northwest.

Each attendee was asked to provide written input on each area contained in the **Analysis Section** of the report: one change, one deletion and one addition for each of the twelve areas identified in the report. Much of the input served to clarify and expand on information contained in the original draft. Other input had not been reflected in the draft document, an asterisk * next to the information indicates that this is new information, submitted by at least one community stakeholder.

Primary Prevention - Violence Prevention^{xiv}

Primary prevention must include efforts to reduce domestic and other violence in communities and increase community supports for nurturing children in order to promote healthy functioning for all families.



Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18.

Strengths

- The Early Child Care and Education Council has been incorporated as part of the Commission on Children, Families and Community of Multnomah County.
- Focus on early childhood development at the state and local level.
- Existence of numerous early childhood services: Parent Child Development Centers, childcare centers Head Start programs.
- Violence prevention education is offered to thousands of preschool and elementary school children.
- The Multnomah County Health Department's Violence Prevention team utilizes a public health approach for violence prevention.
- Increased awareness and understanding of the relationships between partner violence, elder abuse and child abuse/neglect
- Service agencies are committed to providing quality services to the populations they serve.
- Values of County leadership support efforts to prevent and reduce the occurrence of family violence.
- Strong systems are in place (i.e. Youth Investment System) that allow for linkages/collaboration of services. *
- Increased awareness of nonviolent approaches to dispute resolution in families and non-bullying in adolescence. *
- Statutory requirement that mandated reporters report incidents where a child witnesses domestic violence. *
- Nurse home visits to some families with newborn babies. *
- Support services for pre-adolescent and adolescent girls who have a history of abuse and are at risk of prostitution. *
- Parents As Teachers programs.

** information submitted by community stakeholders*

Reduce Child Maltreatment*As measured by the number of children who are abused or neglected per 1,000 persons under age 18.***Gaps**

- Services designed to serve specific populations, utilizing culturally appropriate methodology (this does exist in the Youth Investment System for teens).
- Universal distribution of information on early childhood development for parents (e.g., brain development in the first years of life, knowledge of ages and stages, etc.).
- Comprehensive parenting preparation, especially for teen parents (prenatal and maternal health, baby care, feeding, child development/care, setting up a safe/healthy home environment, parental responsibility).
- Universal home visiting services, including mental health services, for all newborns (not just first-borns) and when other significant life cycle events occur (i.e. death, marriage). *
- 24 hour parent help-line services (a comprehensive clearinghouse of information, including crisis support).
- Prevention services (parenting support groups, respite care, and child abuse hot lines) do not address the needs and concerns of families of children with disabilities).
- Preventive support services for children ages 6 to 12 (e.g. mentoring, after school activities).
- Free or low-cost parent education programs, parenting skill classes (including classes for grandparents or other relative care providers), delivered in accessible settings and using creative, interactive skill building models.
- Adequate child health and safety education services (preventative health maintenance and screening services, car seat safety, home hazards, etc.).
- Effective, appropriate and non-punitive discipline needs to be taught and the information made available to all parents, specific outreach to culturally diverse populations (especially immigrant cultures).
- Access to low and/or no-cost cultural opportunities, i.e., music, dance, theatre, arts offered to families and children.
- Culturally appropriate domestic violence services for communities of color.
- Lack of support for community awareness— resources to bring communities together for networking & resource sharing.

** information submitted by community stakeholders*

Reduce Child Maltreatment*As measured by the number of children who are abused or neglected per 1,000 persons under age 18*

- Resources to be able to provide violence prevention education services to all children.
- Training on child abuse laws, indicators and community resources for school staff and other community members. *
- Training on child abuse laws for immigrant families.
- Parent Child Development Centers do not have the capacity to meet community need – need more slots for families.
- Prevention education efforts must measure outcome or use best practice approaches.
- Lack of free (or at least affordable) quality childcare. *
- Broad-based community education on child abuse laws, indicators and community resources.
- Lack of Child Development Specialists in elementary schools to provide prevention education to parents, students and staff. *
- Lack of media literacy education to new parents and parents in general on the effects of violence in video games and television on children's behavior.

Barriers

- Lack of resources to meet the needs.
- Categorical funding restricts the use of funding, limiting implementation of innovative efforts.
- Frequent shifts in funding priorities severely limit the possibility of any one effort having a significant, long-lasting effect.
- Lack of natural support systems for families.
- Limited public education and awareness to broad community: parents are the first and best teachers.
- Barriers to collaboration due to philosophical differences and the political framework
- Tolerance of violence in media and elsewhere in much of our culture. *
- Lack of culturally competent best practice models.

** information submitted by community stakeholders*



Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18.

- Lack a statewide violence prevention strategy.
- Existing poverty and welfare laws lead to child neglect. *

Overlaps

- Multnomah County has several violence prevention efforts, yet they are not systematically integrated or coordinated within the County.
- SUN Schools, Family Resource Centers, Caring Communities, school-based Mental Health/Health centers all happen without coordination. *

Early Intervention – Family Support, Family Preservation & Therapeutic Approaches^{xv}

Family support must offer early identification, early intervention, and long-term services to higher risk families, including teen parents and low income parents, and others facing extraordinary stressors in parenting; these family supports will intervene before maltreatment occurs and must focus specifically on reducing risk factors faced by individual families.

Strengths

- Family support programs including Relief Nurseries, Community Safety Net services, Family Support Teams, Olds Model Home Visiting Services, Youth Investment System, Family Enhancement Program, the Community Health Nurses and Community Health Workers.
- Many services utilize a multidisciplinary team approach.
- Increasing numbers of services offered by private and governmental agencies operate from a strengths-based perspective.
- Collaborative efforts (i.e. Community Safety Net, Youth Investment System).
- Expansion of the Community Safety Net to serve adolescents through the Youth Investment System. *
- The Community Safety Net partnerships allow access to services in other systems for families. *
- Domestic violence victim service programs have programs specifically for children. *

** information submitted by community stakeholders*



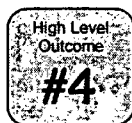
Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18.

Gaps

- Some Community Safety Net partnering agencies need to expand to include services for non-English/non-Spanish speaking families. It also needs to expand to include drug and alcohol service providers.
- Outreach and services appropriate for families currently refusing Community Safety Net services.
- Long-term case management services for families served by the Community Safety Net.
- Many parents facing issues of abuse and neglect lack natural support networks. Lack of intentional connections to community, i.e., neighborhood level, parent to parent connections, relationships which support parenting practices that foster health and learning for children, parent mentoring programs.
- Parent involvement in program planning and governance of Family Support and Preservation services.
- Lack of integration into all systems of culturally competent and gender specific services. *
- Relief Nursery services are not available in Mid- and East Multnomah County - East Multnomah County. This need is demonstrated by the high number of families who are on the waiting list for Head Start Services in East County, reportedly many of whom are in need of more intensive services than Head Start can offer and who meet the criteria for Relief Nursery Services. Forty percent of the families currently served by Head Start in East County are Latino. East County has the greatest number of children under the age of 9 (15%).
- Accessible and culturally appropriate system of parent support services (i.e. respite child care, mental health services, advocacy, housekeeping services) throughout the community, especially for parents with special needs (i.e. disabilities, economically disadvantaged, drug/alcohol problems, domestic violence, homeless).
- Adult literacy, family literacy, adult education, in coordination with parent mentoring programs.
- Easy access to respite care for families needing a break from heavy child care responsibilities.
- Many services focus on women and children; need to provide appropriate outreach, services and opportunities for male/father involvement.

** information submitted by community stakeholders*



Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18.

- In-home mental health and counseling services for children, adults and families.
- Lack of alcohol and drug treatment programs for parents.
- More support services for at-risk families who don't have severe enough needs to qualify for intervention services, and for families who exhibit a resistance to services.
- Lack of free or low-cost legal resources for family issues and custody issues.
- Domestic violence specific intervention for mothers whose children witness abuse. *
- Emergency shelter and housing for domestic violence survivors and their children, including adolescent boys over the age of 12, people with disabilities, survivors with large families, current alcohol/drug usage or severe and persistent mental health problems.
- Limited services for young children exposed to parental domestic violence and drug use.
- Intake and services for adolescents who need additional services (i.e. long-term housing). *

Barriers

- Limited funding
- Vulnerability of existing funding due to funding shortfalls and/or changing funding priorities (i.e. Multnomah County is currently proposing cuts to many services; a significant portion of the funding for the Community Safety Net was redirected in support of the Oregon's Children Plan).
- Limited capacity
- Eligibility criteria for services
- Waiting lists for services
- Lack of in-depth evaluations of existing programs to determine service outcomes.
- Complex, fragmented service delivery system; lacking coordination, cooperation and collaboration of resources.
- Geographic location and hours of operation of some services creates access issues for families.

** information submitted by community stakeholders*

Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18.

- Families do not want to be labeled or identified as needing special services because of the stigma associated with getting help or services from governmental agencies. *
- No recourse where Services to Children and Families is hurting rather than helping. *

Overlaps

- There is no umbrella organization that provides a framework for the numerous early intervention programs providing the same or similar services. *

Crisis Intervention and Long-term Support - Permanency Planning^{xvi}

Supports for families and children already involved in maltreatment must focus on reducing risk factors, including substance abuse, domestic violence, social isolation, children's health and behavioral problems, as well as prolonged poverty and poor parenting strategies. Combined with therapeutic interventions for maltreated children, comprehensive family preservation services for these families emphasize reunification following the reduction of risks. When risks cannot be reduced sufficiently to assure children's safety, movement to permanency planning must occur.

Strengths

- Focused effort to reduce the time frame for children to have permanent placement.
- Multnomah County Family Court has made a commitment to permanency for children in a timely manner. *
- SCF has a record of doing thoughtful, creative work (and workers) with a great number of families.
- Increased collaboration and communication between disciplines/systems (i.e. Child Abuse Multidisciplinary Team, Domestic Violence Reduction Unit/ Parole/Probation/Adult and Family Services/Services to Children and Families).
- Collaborative community efforts to develop the Children's Receiving Center. Children's Receiving Center to start in April 2002 and will serve 4-12 year olds brought into custody – provides short-term shelter and health and mental health screening.

** information submitted by community stakeholders*



Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18.

- Family Matters Program to begin January 2002; will serve young foster children and their families, in an effort to expedited permanency planning. *
- Increasing numbers of services offered by private and governmental agencies operate from a strengths-based perspective.
- SCF has a history of willingness to implement innovative models (i.e. an effective mediation program for placement/termination decisions; implementing strengths-needs based approach, the Family Support Team Project for families with alcohol and drug addictions, the Family Unity Model for family preservation.)
- School/agency collaboration in providing one-to-one support for child abuse survivors and child witnesses of domestic violence in the county. *
- Some great foster families. *

Gaps

- Thorough multi-disciplinary assessment of all children who enter substitute care, including screening for disabilities and domestic violence at the time of intake into the child protective system. *
- Awareness and training about disabilities among maltreatment investigation, assessment and treatment services.
- Lack of culturally and gender appropriate services. *
- Intake and services for adolescents (13-17 year olds) especially young women who should be eligible and families who need services but don't get it (i.e. chronic neglect/non-life threatening)
- Establishment of childcare resource coordinators in Family Centers to recruit and support providers of in-home childcare and respite, crisis day care, respite care, and foster care in the immediate community. Available to children receiving in-home and out-of-home services.
- Least restrictive placements within school district or adjacent district for children who cannot be diverted through in-home, respite, or relative care.
- Co-residential placements (caregiver and child) for teen moms, homeless families, and substance abuse treatment.
- Transition and at least one-year follow-up support services as needed for families.

** information submitted by community stakeholders*

Reduce Child Maltreatment

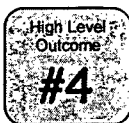
As measured by the number of children who are abused or neglected per 1,000 persons under age 18.

- Not enough options for long-term foster care and adoptive placements for all children, especially for children with special needs, and children from specific cultural and language backgrounds.
- Specific services within the child dependency system for non-abusing parents and their children who have witnessed domestic violence. *
- Lack adequate mental health services for children and adolescents, waiting lists for services and lack long-term services. *
- Need a health case manager for all children in the child welfare system; develop an integrated health "passport" for all children in the child welfare system. *
- Anticipated loss of Portland Public Schools police unit and uncertainty as to how their role in child abuse responses/investigation will be filled. *
- Low comfort level/competence on the part of police responding to reports of child abuse. *
- Lack of training or understanding about the impact of domestic violence or about appropriate and effective response to the non-abusing parent, and lack of protocols or guidelines in cases in which domestic violence is one of the presenting problems. *
- Lack of accountability of the child dependency system when workers/systems further traumatize the child and/or take punitive action against the non-abusing parent. *
- Lack of follow through by the criminal justice system in child abuse and domestic violence cases (holding the perpetrator accountable). *

Barriers

- Government and legal systems are challenging to navigate without excellent legal counsel.
- The process for achieving permanency is confusing, lengthy and arbitrary, which discourages potential adoptive parents, causes stress and distress to children and non-abusing parents.
- Lack of family involvement.

** information submitted by community stakeholders*



Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18

- Delivery of services: inadequate caseworker contact, high case loads
- Foster parent issues: lack of involvement of foster parents in the plan (need for partnership with parents; shortage of appropriately trained foster parents; lack of neighborhood foster care
- Lack of Services – individualized services; drug and alcohol, housing; visitation or comfortable, appropriate space for visitation; neighborhood services; sex abuse treatment; independent living services
- Partnership – lack of resources from school partners; lack of community involvement.
- Lack of service agreements
- Funding – inadequate funding to purchase services families can't afford; categorical funding
- Significant anti-mother sentiment and punitive responses, rather than help, support and strengths-based services. *

Overlaps

- Services to Children and Families, Adult and Family Services, Child Abuse Multi-disciplinary Team and the Domestic Violence Reduction Unit all touch the same families but there is no consistent response/coordination. *

** information submitted by community stakeholders*

Reduce Child Maltreatment*As measured by the number of children who are abused or neglected per 1,000 persons under age 18.***PEOPLE TO CONTACT FOR ADDITIONAL INFORMATION**

- For additional information on this "High Level Outcome":

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Commission on Children, Families and Community
Multnomah County
E-mail Address: elise.m.pellegrino@co.multnomah.or.us
503-988-6591

REFERENCES

ⁱ National Committee to Prevent Child Abuse. (1995). Current trends in child abuse reporting and fatalities: The results to the 1994 annual fifty-state survey. Washington, D.C.: National Commission on Children.

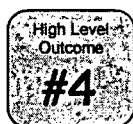
ⁱⁱ U.S. Department of Health and Human Services. (2000). Trends in the Well-Being of America's Children and Youth.

ⁱⁱⁱ U.S. Department of Health and Human Services. (2000). Trends in the Well-Being of America's Children and Youth.

^{iv} Every Child Special - Every Child Safe; Protecting Children with Disabilities from Maltreatment, A Call to Action; OHSU, Child Development and Rehabilitation Center, Oregon Institute on Disability and Development/UAP and Department of Human Services, 2000

^v Oregon Department of Human Services (2000). The Status of Children, State Office of Services to Children and Families.

^{vi} Oregon State University Family Policy Program (1997). Building Results: From Wellness Goals to Positive Outcomes for Oregon's Children, Youth and Families. Oregon Commission on Children and Families.



Reduce Child Maltreatment

As measured by the number of children who are abused or neglected per 1,000 persons under age 18

- vii Multnomah County Health Department (2000). The Health of Multnomah County.
- viii Multnomah County Health Department (1996). Faces and Voices of Violence.
- ix 1998 Oregon Domestic Violence Needs Assessment, A Report to the Oregon Governor's Council on Domestic Violence, 1999.
- x Multnomah County (2000). Domestic Violence in Multnomah County.
- xi Department of Human Services, Office of Alcohol and Drug Abuse Programs (2000), Multnomah County Databook.
- xii Multnomah County Health Department (2000). The Health of Multnomah County.
- xiii Oregon State University Family Policy Program (1997). Building Results: From Wellness Goals to Positive Outcomes for Oregon's Children, Youth and Families, p. 107. Oregon Commission on Children and Families.
- xiv Note: Resources for this section included 1) Family Violence Prevention Report, Multnomah County Health Department Public Health Academy, 2000, 2) Multnomah County SB555 Planning Report, Phase 1, 3) DHS (2000), Protecting Children with Disabilities from Maltreatment, A Call to Action and 4) a community input meeting held on Oct. 29, 2001. Debbie McCabe - Portland Relief Nursery, Chiquita Rollins - Multnomah County Domestic Violence Coordinator, Carol Schrader - Community Advocates, Helen Smith - Multnomah County District Attorney's Office, Ed Hinson - Multnomah County Department of Community and Family Services, Behavioral Health, Betsy Cole - Portland Public Schools, Angela Garcia- Harper - Tualatin Valley Centers, John Richmond - Department of Human Services, Pam Patton - Morrison Center, Jenny Crawford - Youth Services Consortium, Barbara Brady - Multnomah County Department of Community and Family Services, Behavioral Health, Leila Keltner - CARES Northwest.
- xv Note: Resources for this section included 1) Input from Violence Prevention Team members, 2) Multnomah County SB555 Planning Report, Phase 1, 3) DHS (2000), Protecting Children with Disabilities from Maltreatment, A Call to Action and 4) a community input meeting held on Oct. 29, 2001. Debbie McCabe - Portland Relief Nursery, Chiquita Rollins - Multnomah County Domestic Violence Coordinator, Carol Schrader - Community Advocates, Helen Smith - Multnomah County District Attorney's Office, Ed Hinson - Multnomah County Department of Community and Family Services, Behavioral Health, Betsy Cole - Portland Public Schools, Angela Garcia- Harper - Tualatin Valley Centers, John Richmond - Department of Human Services, Pam Patton - Morrison Center, Jenny Crawford - Youth Services Consortium, Barbara Brady - Multnomah County Department of Community and Family Services, Behavioral Health, Leila Keltner - CARES Northwest.
- xvi Note: Resources for this section included: 1) DHS (2000), Protecting Children with Disabilities from Maltreatment, A Call to Action 2) Child Welfare Planning - Families in the System Study Group Report, 1995. The Violence Prevention Team is not directly involved in this area. Direct input with SCF, parents, foster parents, relative care givers, Juvenile Rights Project and other community partners need to provide input for this analysis, and 3) a community input meeting held on Oct. 29, 2001. Debbie McCabe - Portland Relief Nursery, Chiquita Rollins - Multnomah County Domestic Violence Coordinator, Carol Schrader - Community Advocates, Helen Smith - Multnomah County District Attorney's Office, Ed Hinson - Multnomah County Department of Community and Family Services, Behavioral Health, Betsy Cole - Portland Public Schools, Angela Garcia- Harper - Tualatin Valley Centers, John Richmond - Department of Human Services, Pam Patton - Morrison Center, Jenny Crawford - Youth Services Consortium, Barbara Brady - Multnomah County Department of Community and Family Services, Behavioral Health, Leila Keltner - CARES Northwest.

High Level Outcome

#5

Improve Prenatal Care

As measured by the percent of babies whose mothers received early prenatal care.

High Level Outcome

#7

Reduce ATOD Use During Pregnancy

As measured by the percent of pregnant women who abstain from using ATOD during pregnancy

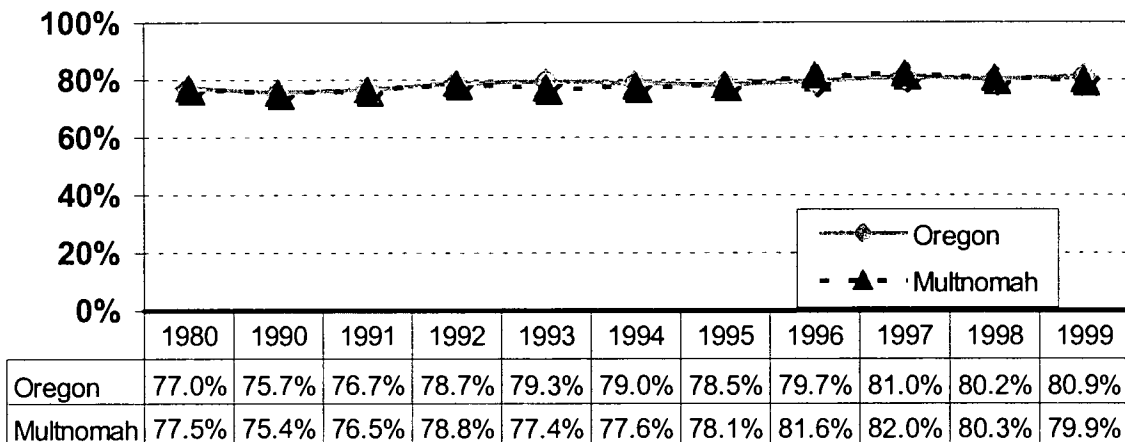
Children's healthy development begins before birth. Birth weights of less than 2,500 grams (about 5.5 pounds) and pre-term delivery are associated with increased infant mortality. Although most low birth weight and pre-term delivery infants survive, significant long-term health and developmental problems often limit children's opportunities to lead full and productive lives.

Early, comprehensive prenatal care can reduce this rate of low birth weight and pre-term deliveries. The Institute of Medicine and the American Academy of Pediatrics estimate that each dollar spent on prenatal care prevents the need to spend \$2 to \$10 on high technology care for low birth weight babies born too small or too early.

Poor pregnancy outcomes due to maternal smoking, alcohol, and/or illicit drug use are well documented. Smoking is closely associated with low birth weight. Heavy alcohol consumption is associated with fetal alcohol syndrome, which is characterized by mild to severe levels of growth retardation, facial malformations, central nervous system dysfunction, and mental retardation. Illicit drug use, most notably the use of cocaine, is associated with fetal distress and impaired fetal growth, and may result in ongoing developmental problems during and after infancy.

STATE AND LOCAL DATA

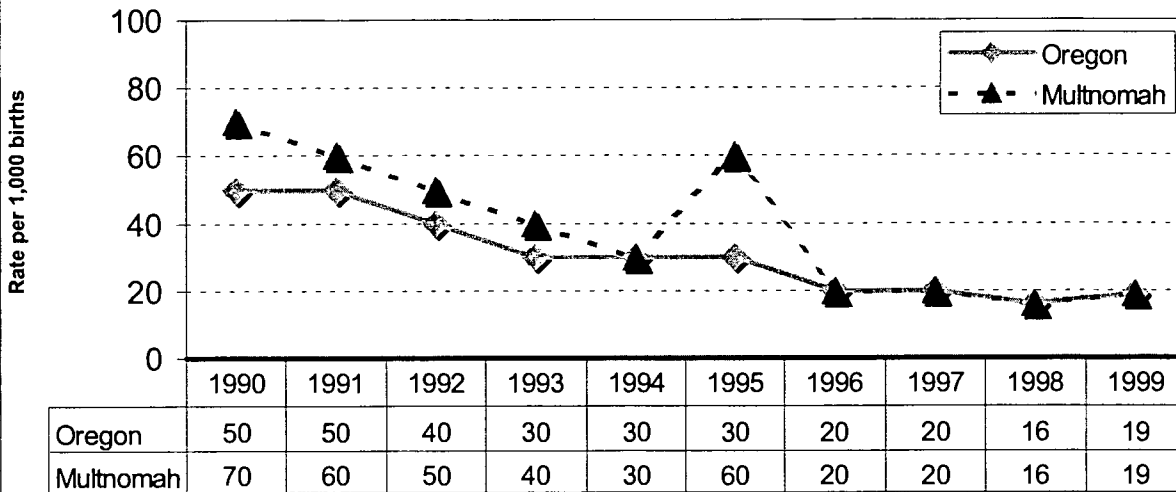
Measure #5: Percent of babies whose mothers received early prenatal care



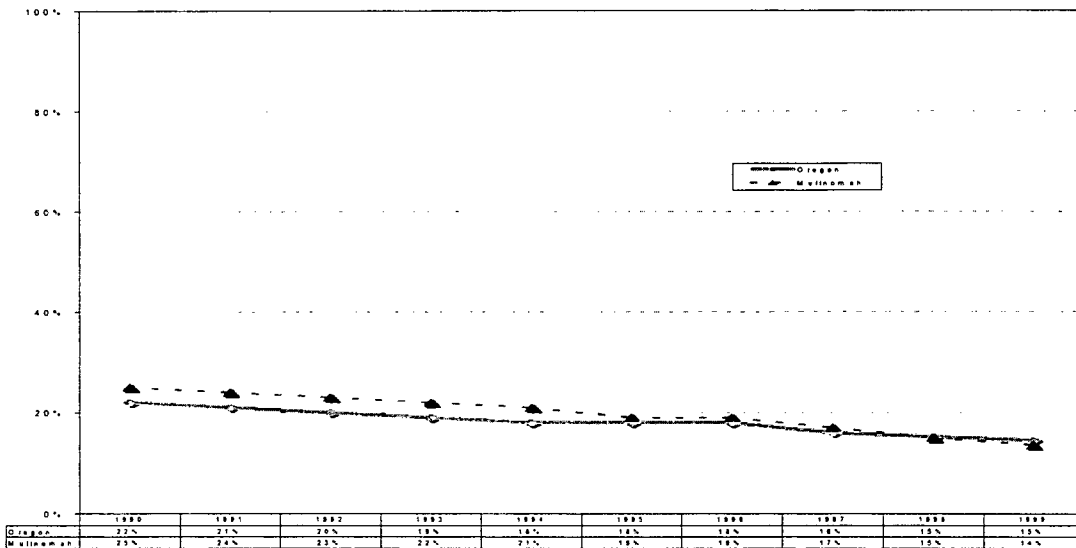
Source: Oregon Vital Statistics Annual Report (starting 1988)

Improve Prenatal Care & Reduce ATOD Use During Pregnancy

Measure #7a: Rate of infants (per 1,000) whose mothers used alcohol during pregnancy

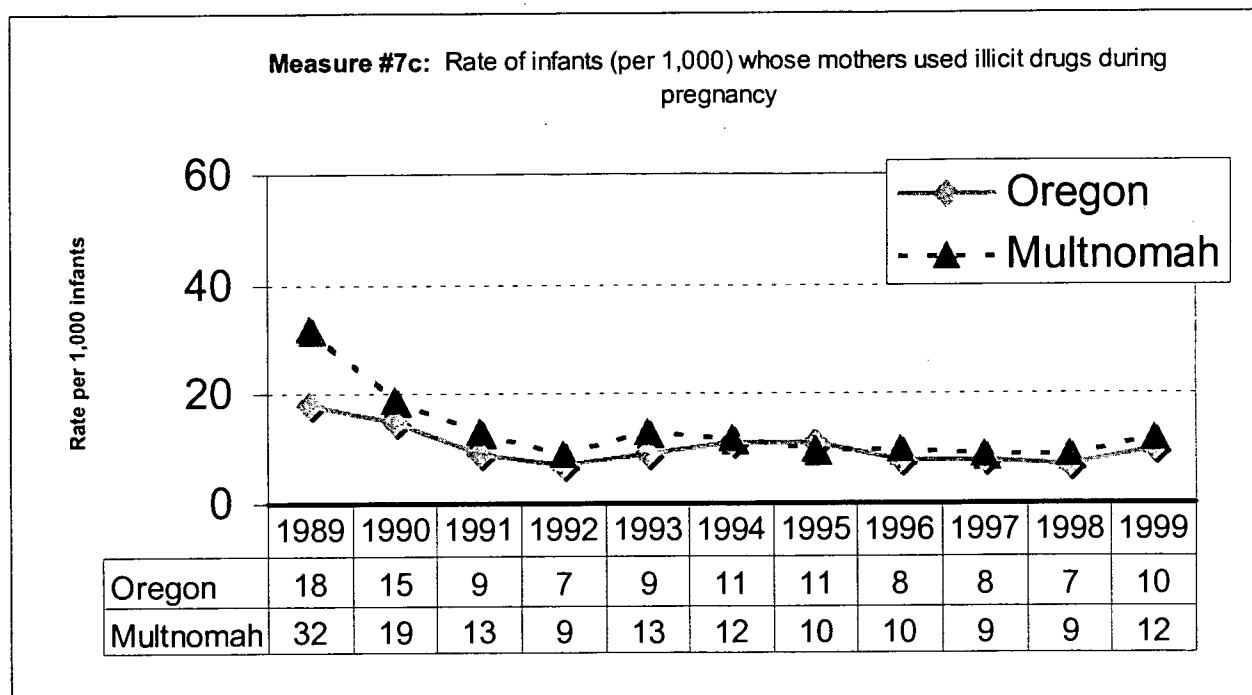


Measure #7b: Percent of infants whose mothers used tobacco during pregnancy



Source: Oregon Vital Statistics Annual Report (starting 1988)

Improve Prenatal Care & Reduce ATOD Use During Pregnancy



Source: Oregon Vital Statistics Annual Report (starting 1988)

Births and Fertility Rates

In 1998, there were 9,303 births to Multnomah County residents. The annual number of births from 1990 to 1998, was highest in 1991 at 9,445 and lowest in 1994 at 8,929.

Crude birth rates represent the number of live births per 1,000 residents. Fertility rates provide a measure of the number of live births per 1,000 women ages 15 to 44. Crude birth rates declined fairly steadily from 16.1 in 1990 to 14.3 in 1995, and have remained about 14 births per 1,000 residents through 1998.

Fertility rates, which are based on women in childbearing years, declined from 66.7 live births per 1,000 women in 1990 to 60.5 live births per 1,000 in 1994. There were 61.2 births per 1,000 women ages 15-44 in 1998.

Over the nine year period from 1990 to 1998, fertility rates for Hispanic women increased 57.4%, from 92.8 births per 1,000 women ages 15-44 to 146.1 births per 1,000 women ages 15-44. The large increase in fertility rates among Hispanic women may reflect the 1990 Census undercount of Hispanics. If the Hispanic population is seriously underestimated, the calculated fertility rates may be higher than actual fertility

Improve Prenatal Care & Reduce ATOD Use During Pregnancy

among Hispanic women. In 1998, using the available estimates, fertility rates among Hispanic women were 2.4 times greater than for White women and 2.6 times greater than for American Indian women.

Fertility rates were up 5% for Asian women, from 70.3 to 73.9 births per 1,000 women ages 15-44. Fertility rates declined approximately 25% over the nine-year period for both African American and American Indian women. Among White women, fertility rates were down from 63.8 in 1990 to 62.0 births per 1,000 women ages 15-44 in 1998.

Factors Associated with Pregnancy Outcomes

This section examines some of the factors that are associated with poor pregnancy outcomes such as low birth weight and infant mortality. The characteristics examined include giving birth before age 20, receipt of prenatal care, and use of tobacco and alcohol during pregnancy.

Births to Mothers Under Age 20

In 1998, 11.3% of Multnomah County births were to mothers under age 20. Births to mothers under 20 increased during the early 1990s from 11.4% in 1990 to 13.0% in 1994. Since 1994, births to mothers under 20 as a percent of total births have declined.

In 1998, the percent of births to mothers under age 20 was highest for American Indian women (27.7%), followed by African American women (22.2%), and Hispanic women (16.6%). The percent of births to mothers under age 20 were lower for White (10.2%) and Asian women (9.0%). Similar to the county as a whole, African American and Hispanic births to mothers under age 20 increased from the early to mid 1990s and declined from 1994 to 1998.

As might be expected because of the size of the White population, the pattern for White women is similar to that for the county as a whole. Due to smaller numbers of births, the percent of births to American Indian women show greater variation over time.

In FY 99, the Health Department assessed 86% of pregnant and/or postpartum teens for services. The pregnancy rate in Multnomah County has fallen every year since 1994, and has dropped from 28.4% in 1990 to 20.3% in 1999.

The Oregon Health Division reports the following information on teen pregnancy rates in Multnomah County in 2000.

Improve Prenatal Care & Reduce ATOD Use During Pregnancy

Area	Number of Pregnancies By Age					Pregnancy Rates per 1,000			
	All Ages	<15	15-17	18-19	15-19	10-17	15-17	18-19	15-19
Oregon	57,744	131	2,522	4,993	7,515	14.0	35.2	104.4	62.9
Multnomah County	13,462	32	573	1,128	1,701	19.1	46.8	138	83.3

The number of Second Births in Multnomah County for 1998 was reported as 176. The state's number for Second Births was 926.

The Health Division also reports teen pregnancy information by race and ethnicity. These statistics include information on teens that either gave birth or had an abortion. In 1996-98, there were 2,133 teen pregnancies in Multnomah County. Of this number, 57% of the pregnant teens were white; 19% were African-American; 14% were Hispanic; 3% were American Indian; 7% were other non-white; and less than 1% were unknown.

Multnomah County's Health Department reports that in 1998, women age 19 and younger, accounted for 9% of all births in the county, 21% of all first births and 45% of all first births to unmarried mothers. Forty percent (610) of those having a first birth had no high school diploma or GED at the time of delivery. Fifty-one percent of births to mothers under age 19 were paid for with public assistance.

First Trimester Prenatal Care

Early prenatal care plays an important role in identifying and correcting health problems and behaviors that may have a negative effect on birth outcomes. Two indicators of prenatal care are examined here. The first is the percentage of mothers who received prenatal care during the first three months of pregnancy; the second is the percentage of mothers whose prenatal care began after the 6th month or included fewer than five visits.

The percentage of mothers who received prenatal care during the first three months of pregnancy (first trimester prenatal care) increased between 1990 and 1999. For Multnomah County, first trimester prenatal care was up from 75% in 1990 to 80% in 1999. For comparison, 80% of women in Oregon received first trimester prenatal care.

The percentage of mothers receiving first trimester prenatal care increased for all races and Hispanics. Gains were particularly strong for African American women. The percentage of African American women in Multnomah County who received first

Improve Prenatal Care & Reduce ATOD Use During Pregnancy

trimester prenatal care increased from 61% in 1990 to 79% in 1998. The percentage of Hispanic women receiving first trimester prenatal care increased substantially as well, from 57% in 1990 to 68% in 1998. Despite the gain for Hispanic women, they continue to trail other racial/ethnic groups in receipt of first trimester prenatal care. First trimester prenatal care also tends to be relatively low for American Indian women, with 71% receiving prenatal care during the first three months of pregnancy.

Inadequate Prenatal Care

Inadequate prenatal care is defined as care that began during the third trimester (between the sixth and ninth months of pregnancy) or as care that included fewer than five prenatal visits. Overall, there has been a decline in the percentage of women receiving inadequate prenatal care in Multnomah County.

Improvement in prenatal care has been particularly strong for African American, American Indian, and Hispanic women. In 1990, 17% of African American women and 18% of American Indian and Hispanic women received inadequate prenatal care. By 1998, the percent of African American women receiving inadequate prenatal care had dropped to 6%, the same level as for White and Asian women. The percent of American Indian and Hispanic women receiving inadequate prenatal care dropped as well. In 1998, prenatal care was inadequate for 9% of American Indian women and 10% of Hispanic women.

Use of Tobacco and Alcohol During Pregnancy

Data from birth records indicate that use of tobacco during pregnancy has declined during the 1990s. In 1990, 25% of new mothers in Multnomah County reported on their children's birth records that they smoked during pregnancy. In 1999, 14% reported smoking during pregnancy. In Oregon the percentage of new mothers who reported that they smoked decreased from 22.2% in 1990 to 15% in 1999. Smoking was highest among American Indian women (34%), followed by African American (18%), and White women (16%). Comparatively few Asian (4%) and Hispanic women (6%) reported smoking during pregnancy.

Self-reported use of alcohol during pregnancy was down substantially in Multnomah County from 6.6% in 1990 to 1.9% in 1999. For the state of Oregon, 5.2% of mothers reported use of alcohol during pregnancy in 1990 and 1.9% reported use of alcohol in 1999.

Improve Prenatal Care & Reduce ATOD Use During Pregnancy

Self reported use of illicit drugs during pregnancy had decreased from 1.3 percent in 1993 to .9 percent in 1997 and 1998, but has risen to 1.2 percent in 1999. The state of Oregon has seen a similar pattern of .8% and .7% use in 1997 and 1998, with a rise to 1% in 1999.

Health Insurance

These data are estimates from a telephone survey conducted for the Oregon Progress Board and may overestimate the number of residents with health care coverage. Residents without telephones who are not represented in the study may also be those most likely to lack health care coverage. While these data provide an estimate of the percent of people who have some form of coverage for medical expenses, it does not indicate the extent of coverage or the amount of deductible or co-payments required.

Results from the 1998 Oregon Population Survey indicated that nearly 90% of both Multnomah County and Oregon residents had some type of health care coverage. By age, over 90% of children and adolescents were covered. Based on these estimates, approximately 14,900 children ages 19 and under in Multnomah County are without health care coverage. Anecdotally, adolescents (which includes the beginning of childbearing age) are less likely to have health care coverage than their younger counterparts in this age group.

Adults ages 20-24 were the least likely to have health care coverage. Over one quarter of adults ages 20-24 did not have health care coverage. This amounts to an estimated 12,750 young adults (as noted earlier, a probable underestimate). A recent analysis suggests that the health of the mother prior to conception is a significant factor in infant health. Lack of access to regular health care for women of childbearing age may contribute to poor infant health.

Birth Outcomes: Low Birth Weight

Newborn infants weighing less than 2,500 grams, 5.5 pounds, are considered low birth weight (LBW). In 1998, there were 59.2 LBW babies per 1,000 births in Multnomah County, which is significantly higher than the state average of 53.7. LBW tends to be more frequent among African American infants than among infants of other racial/ethnic backgrounds. In 1998, the rate of LBW infants was 97.8 per 1,000 births for African Americans. LBW rates for White, Asian, and Hispanic women ranged from 55.6 to 61.8 per 1,000 births. LBW rates were lower for American Indian women in 1998 than for other racial/ethnic groups.

Improve Prenatal Care & Reduce ATOD Use During Pregnancy

Although the LBW rate for African American infants was substantially higher than for other racial/ethnic groups, there was a substantial decline in LBW rates for African Americans from 113.8 LBW babies per 1,000 births in 1990 to 97.8 LBW babies per 1,000 births in 1998. Although there has been greater variation 1990-1998 in the LBW rate for Hispanic women, the trend has been upward, from 47.0 to 61.8 per 1,000 births.

SERVICES AND PARTNERSHIPS

Access to prenatal care is a continuing concern for Multnomah County women. After improvement in access following the implementation of the Oregon Health Plan, there has been a gradual increase in women not receiving early care. Changes in providers for the Oregon Health Plan has, at times, limited the availability of prenatal care providers. An increasing number of pregnant women are not eligible for the Oregon Health Plan and are straining the safety net system of providers. Multnomah County Health Department has recently limited the number of self pay or uninsured pregnant women it can serve.

Multnomah Alcohol and Drug Treatment system has developed a variety of programs to address the needs of pregnant women using alcohol and other drugs. The Health Department collaborates with the Dept of Community Justice on the ADAPT program which provides services to substance using pregnant women in the criminal justice system.

Improve Prenatal Care & Reduce ATOD Use During Pregnancy

ANALYSIS

In January 2000, the Commission on Children, Families and Community, Commissioner Lisa Naito, and the Early Childhood Care and Education Council co-sponsored the "1st Annual Multnomah County Early Childhood Advocates Forum." Two hundred people attended the event to offer community input and insight into the question of *children entering school ready to succeed*. Those attending the day-long event represented a diversity of interests, but were united around a concern for healthy growth and development for young children and their families. A number of community problems and needs were identified. Health care issues for families were discussed extensively.

Strengths

- The Nurse Family Partnership Model – currently being offered in east Multnomah County and North Portland, provides home visiting services to new parents. Eighty-four percent (84%) of those visited are teens.
- Connections Program – provides assessment and referral to community-based agencies for all young women, less than 20 years of age, giving birth in Multnomah County.
- Healthy Birth Initiative, a federal grant, focuses on reducing disparities in pregnancy outcomes and infant mortality for African American and Hispanic families in Northeast Portland.
- SIDS rate has dramatically decreased after the public education effort, "Back to Sleep", encouraged families to put infants on their backs for sleeping.

Gaps

- Expanding the Oregon Health Plan – we need universal coverage for health.
- Prevention materials, screening, immunizations and health services.
- Need more emphasis on whole family health – based on relational development.
- Lack of free-standing birthing centers where new moms can stay for several days for nurturing and education.
- Need more technological infrastructure to support good public access to information.
- Lack a single phone number with access to parenting information and resources.

Improve Prenatal Care & Reduce ATOD Use During Pregnancy

- Need to hold multi-disciplinary networking summits that share program information/resources.
- Lack of neighborhood resource centers for families, which serve as a contact point for the neighborhood.
- Need for culturally specific services for a number of populations, including:
 - Asian
 - Native American
 - Russian immigrants
 - Hispanic, especially undocumented immigrants
 - African-American
 - Native African youth, e.g., immigrants from African countries

Barriers

- Health access and assessment services are not currently funded to the level of community need.
- Need coordinated health and social service access that includes: directory of all services; information and referral; confidentiality agreements; easy access points for I&R/services/programs.
- Income eligibility guidelines exclude people who need financial assistance to access health care.
- Develop universal screening/referral/assessment system to be used by all.
- Develop better statewide referral systems and support hotlines.
- Difficult to help families access services when services are different county to county.
- Hispanic teen parents are sometimes not documented, meaning their children are eligible for services but they are not.
- Language is a barrier for teen parents who speak English as a second language.

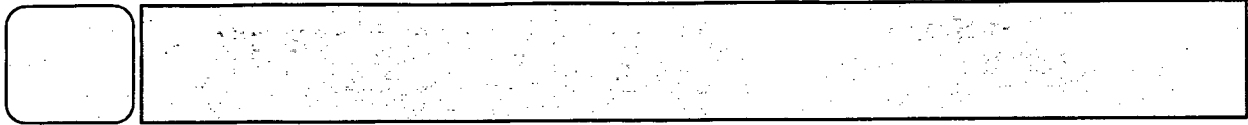
Improve Prenatal Care & Reduce ATOD Use During Pregnancy

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REFERENCES:

- > *The Oregon Plan for Youth Suicide Prevention, A Call to Action, Oregon Department of Human Services, December 2000*
- > *Oregon Department of Human Services: Suicidal Behavior, a Survey of Oregon High School Students, 1997*
- > American Academy of Pediatrics



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Increase Immunizations

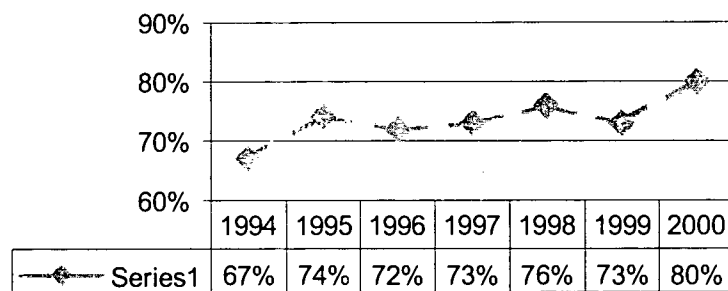
As measured by the percentage of two-year olds who are adequately immunized.

Immunizations beginning in the first months of life can eliminate death and disabilities that result from preventable childhood diseases such as measles and polio. One dollar spent on immunizations can save between \$11 and \$14 in related health care costs by reducing childhood illness and death. Though school-age children are well vaccinated due to school immunization requirements, rates are considerably lower for preschool children.

One of the most effective methods for increasing immunization levels safely has been the implementation of school requirements for immunizations in order for children to attend a children's facility, private or public school, Head Start program or preschool in Oregon. Previously, nearly one in two school-age children did not receive a complete series of immunizations. Currently, school-age children are 97% fully immunized for all vaccines. Immunization requirements have also been effective in improving immunization rates among pre-school children, but not enough to achieve the 95% level necessary to control the public health risk. A significant proportion of these young children do not attend preschool, Head Start or certified daycare centers where proof of immunization would be a required pre-requisite to enrollment. This is unfortunate because preschool children are most vulnerable to communicable childhood diseases that can be prevented by vaccination.¹

STATE AND LOCAL DATA

Percent of Two Year Olds Who Are Adequately Immunized in Oregon



Source: Achieving Oregon Shines Vision; 1999 Benchmark Performance Report

- Statewide, nearly three-quarters of Oregon's two year olds were adequately immunized in 1999. This rate has been fairly consistent since 1995.

Increase Immunizations

As measured by the percentage of two-year olds who are adequately immunized.

Between 90 – 92% of preschool children receiving primary care services at County Health Clinics have been immunized. However, less than 20% of children in Multnomah County receive their immunizations through the health department. The most recent survey of children 18 months – 35 months indicated that Multnomah County was at 83% immunization rate compared to the state rate of 80.3%.ⁱⁱ

Data from the survey and information collected from parents attending Saturday Immunization clinics indicated that the most frequent barriers to service were:ⁱⁱⁱ

- Lack of insurance
- Difficulty in scheduling appointments
- Financial costs such as co-pays, deductibles or office visit costs
- Concern about vaccine safety and confusion about current immunization schedules
- Thought child was up-to-date but they were missing just one shot.

In all income levels, when immunizations are convenient for parents, rates of full immunization increase. In contrast, when parents are required to make appointments to obtain immunizations for their children, the rates of immunization drop.^{iv}

SERVICES AND PARTNERSHIPS

Collaboration within the community has become more critically needed with the continual addition of new vaccines and the increasing complexity of providing immunization services. Access to the Internet has also added a new dimension. We have more types of vaccines than in the past, and fewer cases of diseases against which we vaccinate. More parents express concern about vaccinating their children against diseases they have never seen. Assuring that parents have access to correct and current information related to vaccines and vaccine safety is a challenge for the entire health community, but a necessity if we have any hope of improving immunization levels for our young children.

More and more insurance companies cover immunization services, but not everyone is insured. Children on the Oregon Health Plan are entitled to immunizations through the plan, but they may still have difficulty obtaining services because they do not know where to go, or cannot find a provider, or have long waits to get in to see a provider. Last year, 6,000 unduplicated clients were served through the Saturday clinics coordinated by Multnomah County Health Department. The Saturday clinics provide immunizations to anyone in the community, in convenient neighborhood locations,

Increase Immunizations

As measured by the percentage of two-year olds who are adequately immunized.

during hours easily accessible by working families. The Health Department has been able to develop a system of partners to help maintain the Saturday clinics. Those partners include: Walgreen Pharmacies; Multnomah Education Service District; Portland Public Schools; Reynolds School District; David Douglas School District; SUN School Programs; Pilgrim Lutheran Church; Our Savior Lutheran Church; Oregon Nurses Association; Family Care Inc.; Merck Vaccine Division; Aventis-Pasteur vaccines; Neighborhood Health Clinics, Inc.; Metropolitan Medical Foundation of Oregon; and Northwest Medical Teams. The partnership has allowed for a great deal of additional service and flexibility for families, which would not otherwise be possible.

ANALYSIS

Strengths

- The Multnomah County Health Department has been successful in partnering with organizations in the community to provide immunization services on Saturdays.
- Multnomah County Clinics have successfully raised immunization rates for their patients.
- Oregon Partnership to Immunize Children is a coalition of public and private providers, interested organizations and groups who want to protect Oregon's Children against vaccine-preventable diseases. Private providers in Multnomah County are involved in this coalition, including the Metropolitan Medical Foundation of Oregon, PacifiCare, Providence Health System, Regence Blue Cross/Blue Shield, Legacy, OHSU, and Multnomah Educational Service District.
- The Multnomah County Health Department has secured a location for a stand-alone clinic for walk-in immunization clients. Funding, however, is insecure in this challenging budget year.

Increase Immunizations

As measured by the percentage of two-year olds who are adequately immunized.

Gaps

- Access to immunization services must be improved through the private sector. The majority of children receive their vaccines through the private medical community but limited access days, need for appointments, and costs continue to create significant barriers to service.
- Parents frequently do not know whether or not immunizations are a covered benefit of medical insurance. Coverage for immunization services still does not eliminate financial barriers for families.
- It is difficult to assess immunization rates for private providers. The data available is not necessarily broken down by county, provider and demographics.
- Sufficient stable funding to expand services, community education, outreach, and staffing. The current system is currently "maxed out" and unable to accommodate more than 100 children per Saturday.
- Resources to address racial disparity in immunization rates for African American children.

Barriers

- Confusion about the recommended vaccines, concerns for vaccine safety and multiple shots at each visit continue to impact immunization levels in our young children.

Overlaps

- Families who have health insurance but are unable to access services through their providers often come to the free clinics. Therefore, the Multnomah County Health Department frequently provides publicly funded services to families who may have other privately funded options.

Increase Immunizations

As measured by the percentage of two-year olds who are adequately immunized.

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503-988-6591

REFERENCES:

- ⁱ SB 555 Joint Data Book
- ⁱⁱ Oregon Health Division, Survey of Two year olds, 1998
- ⁱⁱⁱ Survey conducted by Multnomah County Health Department, Peggy Lou Hillman, 2000-2001
- ^{iv} Pratt, Clara et al. Building Results: From Wellness to Positive Outcomes for Oregon's Children, Youth and Families. 1997

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Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

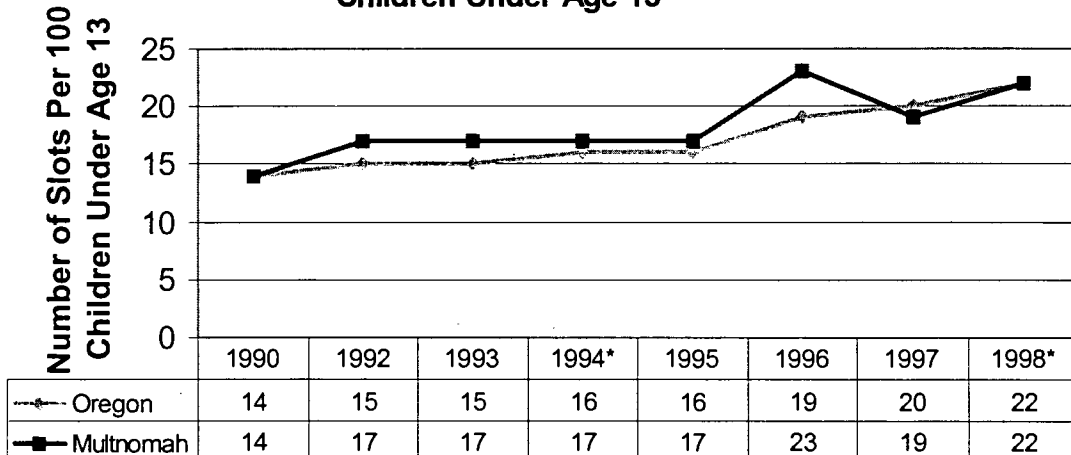
Affordable, high quality child care is one of the most critical needs of working parents. While efforts to increase the amount of child care in Oregon are succeeding, availability varies greatly across the state. Throughout the state, there are substantial unmet needs for care for infants, special needs children, children who are ill and for after-school care. Low-income and lower middle income parents are particularly in need of affordable, good quality care.

Moreover, high turnover and low wages among providers limit availability of good quality care. Continuity of key relationships is an important element of nurturing child care. Quality of care increases when providers have higher levels of education and training, and when compensation increases stability among providers. Relatively few working parents receive assistance from public sources or from employers.¹

This HLO is closely linked to Readiness to Learn (HLO #9), and data and analysis for one is relevant for the other.

NATIONAL, STATE AND LOCAL DATA

Measure #8: Number of Identified Child Care Slots for Every 100 Children Under Age 13



Source: Oregon Benchmark County Data Book, November 1999

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

Oregon's 2001 Benchmark Performance report states that the target is to have 25 visible child care slots per 100 children under the age of 13. ("Visible" implies that the provider is open for business, that they are paid in money for child care, and that they are active at that point in time.) The state had an intermediate target of 21 for 2000 and it met its target. It will aim for the national standard of 25 for 2005 and 2010. (Oregon Benchmark #48)

According to the Oregon Commission for Child Care's 2001-2003 Report to the Governor and Legislature, many parents report that they do not feel their children are receiving the kind of care they would like:

- 16% of children in care have parents who report their children do not always feel safe and secure
- 39% of children have parents who report their children do not always get a lot of individual attention;
- 32% of providers are perceived by parents as not always being open to new information and learning.

The average cost of toddler care in child care centers is \$5,199.

The gross earnings of a full-time minimum wage earner is \$13,520.

For a parent earning minimum wage, child care costs for a toddler represent 38% of the parent's gross income, 18% higher than the standard for affordable child care costs. In 1998, the cost of child care for a toddler was 50% greater than the cost of college tuition at Oregon's major public universities.

Oregon's benchmark for child care affordability is 10% of household income. Of families earning less than \$25,000 per year, approximately two thirds spend more than 10% on child care. Source: Data for Community Planning: 1998 Oregon Population Estimates & Survey Findings, page 3

The Child Care and Education in Oregon and Its Counties states that "In most of the state the price of child care exceeds public college tuition. This is especially an issue for families earning under \$25,000 who spend \$23% of their household income on child care.

Oregon's population grew by 579,078 between 1990 and 2000 – representing a 20.4 percentage increase. Of this, 157,626 were due to natural increase (births minus deaths) and 421,452 were due to net migration.

"A growing body of research shows that promoting the emotional wellness of young children and fostering secure, warm relationships with parents and other caregivers are keys to healthy development and later school success." ⁱⁱ

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

High quality child care services improve outcomes for children in terms of long-lasting benefits that are reflected in school success, when the interventions are begun at an early age.ⁱⁱⁱ Children at risk developmentally who are enrolled in high quality early learning environments from one year of age until school entry show significant gains in IQ which remain stable over many years of tracking.

It is generally acknowledged that the most difficult times to find appropriate care is when children are very young (under the age of three) and older school age (between 10 and 13 years of age). Quality care for youngest children often requires low child to staff ratios, which is economically difficult for providers to manage. Quality care for older children requires resources to staff and equip recreational activities, a requirement that many programs struggle to meet due to insufficient funding and unskilled staff.

Demand for care for the older age group (22% of families) probably means that more young people are in unsupervised settings, and may be at risk for engaging in delinquent behavior. Police Departments report the after-school crime rate to skyrocket due to the lack of positive alternatives for young people during their after-school free time.

National figures indicate that between 30% and 64% of families elect to use family members or friends for child care needs. Known as kith and kin care, this is a highly informal and unregulated form of child care. The child care providers often do not take advantage of available training, or are not aware of opportunities.

Oregon early childhood education professional membership organizations report a turnover rate, based on membership data. Frequent rotation among caregivers often leads to inconsistent care for children. This in turn impacts their developmental progress and, therefore, their readiness for school entry and success.^{iv} Child care is an economic development issue as well as a family support issue.

Child care quality is determined by the following factors:

- Standards which define quality and ensure consistently high implementation of quality indicators;
- Provider training and ongoing technical assistance, including individualized consultation on the wide range of topics encountered in child care settings;
- Implementation of developmentally appropriate practices;
- Provider compensation, which in turn influences retention of caregivers; and
- A strong regulatory system for monitoring compliance for quality assurance.

Increase Child Care Availability*As measured by the number of child care slots available for every 100 children under the age of 13.*

Number and percentage of population age 13 and under:

	<u>Oregon</u>	<u>Multnomah County</u>
Birth-4 years	223,005 (6.5%)	42,306 (6.4%)
5 to 9 years	234,747 (6.9%)	41,302 (6.3%)
10 to 14 years	242,098 (7.1%)	39,795 (6.0%)

Source: Child Care and Education in Oregon and Its Counties (1998)

Percentage of children under 13 in paid child care:

- 38% of children are in some form of paid care.
- Families use an average of 27 hours of paid care per week.
- 59% of children live in households where parents are employed.

Source: Child Care and Education in Oregon and Its Counties (1998)

Amount of child care we have:

- 17,045 slots in child care and education centers
- 9,243 slots in family child care
- Oregon's goal is to have 25 visible slots for every 100 children.
- Multnomah County meets the Oregon goal of having 25 visible slots for every 100 children.

Source: Child Care and Education in Oregon and Its Counties (1998)

The cost of child care:

- Average annual cost of toddler child care in centers: \$ 7,170
- Average annual college tuition: \$ 3,544
- Earnings of a minimum wage worker: \$12,000
- Care of a toddler as a % of minimum wage 60%
-

Source: Child Care and Education in Oregon and Its Counties (1998)

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

Number of children whose families are getting help in paying for child care

- 1,548 children ages 3-4 years are enrolled in Head Start (49% of eligible)
- 6,254 children ages 0-12 years receiving state assistance with part or all
- of their child care costs

Source: Child Care and Education in Oregon and Its Counties (1998)

Multnomah Quality of Care data is predominantly collected on a program by program basis. Although it is extremely important that Multnomah County continue to develop strategies to improve the quality of child care it will be necessary for members of the Early Childhood Care & Education Council to work with state, county and local partners to develop greater capacity to develop baseline data around quality child care outcomes.

SERVICES AND PARTNERS

Multnomah County has a wide range of public programs and private agencies working towards increasing childcare availability (HLO #8) and improving readiness to learn (HLO #9) for children in the county.

More than 30 agencies currently provide free or subsidized quality childcare to low-income families in Multnomah County. Agencies and programs in the county not only assist parents with childcare information and referrals, but also work to improve the quality of childcare and increase childcare provider professional development.

A myriad of agencies from the fields of mental health, parent education and support, early intervention, special education, early literacy and health and nutrition all contribute to improving readiness to learn for children in Multnomah County. Currently, an impressive 130 agencies are listed as contributing to readiness to learn for children in the county.

Multnomah County claims 27 programs working with children on special education and/or early intervention needs; 7 early literacy programs; over 32 mental health services and support programs addressing multiple children's mental health issues; 22 programs providing child welfare services; and more than 20 agencies offering parent education classes and support groups. In addition, it should be noted that all of the programs and agencies contributing to increasing childcare availability (HLO #8) also contribute to readiness to learn.

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

ANALYSIS

Many families rely on child care to enable parents to work and earn the resources they need. It has been demonstrated time and again that children are affected by the quality of care both inside and outside of the home. This HLO addresses the availability and quality of child care. There is a tension between quality of care and ability to adequately compensate child care providers. The analysis shows many strengths in terms of innovative programming within Multnomah County to improve the quality and availability of care. Unfortunately, the gaps and barriers show that while people value the importance of child care providers, many families cannot afford the higher fees that would support quality care. Public and private funds are not sufficient to cover the gap between what families can afford and what child care providers need in order to reach high quality standards.

Strengths:

- Since 1991, with the infusion of federal Child Care Development Fund funding, MCCFC has been able to provide ongoing funding which has contributed significantly in developing child care infrastructure support services to Multnomah County child care providers. This initial investment toward child care infrastructure development included two projects:
 - *Child Care Resource Team/Resource-Loan Fund:* The Child Care Resource Team provides child care providers with Early Childhood and Business Management Consultation Services, which includes training and technical assistance through phone consultation, workshops and onsite visitations. In September 1999, the Multnomah County Behavioral Health Division funded a Mental Health Consultant. In addition to the services listed above, the Mental Health Consultant provides mental health referrals to appropriate provider agencies. This project also includes a pool of funding that is directed to assist child care providers in complying with state registration health and safety requirements, physically enhancing their early childhood environments, and supplementing their early childhood resources.
 - *Center/Family Child Care Provider Networks:* As a response to concerns about decreasing availability of quality, affordable child care, Multnomah County funded two centers, Peninsula Children's Center in North Portland and Volunteers of America in SE Portland. The centers developed networks of 15 family based providers who would link with the center and work together to reduce the isolation of home based providers and raise the quality of care through on-going training, program assessment and professional

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

development. The goals of the Networks are: 1. To provide a safe, loving, nurturing environment in which to care for children; 2. To provide a standard of quality of care in our field, and; 3. To promote professionalism in our business and the Network. These two Networks have been the model for the development of three new Networks in the past year. One provider has been quoted "The Network has given me positive reinforcement for my business and myself. The Network has let me know that what I am doing is important to the future of our children". A parent has said "I know my child is getting good care in a safe place with a person who loves her, and at an affordable price."

- Although a limited and targeted support, there are parent child care subsidies and child care reimbursement programs existing in Multnomah County through the following venues:
 - *Since March 1991, through the Multnomah County Great Start funds, families with children between the ages of birth to 5 years can receive up to three months of Emergency Child Care Subsidies for medical emergencies, divorce, incarceration or other similar situations.*
 - *Since 1992, DHS-Integrated Child Care Program contracts for child care resource & referral services to provide support services to child care providers and parents who are receiving TANF or Employment Related Child Care subsidies. The services include troubleshooting the Direct Provider Pay system, parent and child care provider early childhood training, and agency child care planning.*
 - United Way funds have provided child care subsidies to a limited number of NE low income families supplementing their child care costs.
 - Since 1992, CCD funding has provided child care subsidies to Multnomah County teen parents who are completing high school.
 - A limited number of employers have provided corporate dependent care subsidies to a targeted number of employees.
 - USDA funds provide the most stable funding source to family child care providers through reimbursement for food costs when nutritional guidelines are met and state regulatory rules are followed. USDA funds also provide food reimbursement funding to child care centers and eligible Head Start programs.
- Since September 1991, the Child Care Division has funded local child care resource & referral services which includes maintenance of a Tri-County child care provider database, child care provider recruitment and outreach, a single access parent referral line, parent consumer education on what to look for when searching for child care and other parent and child care provider services.

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

- The Child Care Division rules governing family child care provider registration services have undergone recent revision, and additional training requirements for the providers have been instituted. Child Care Division staff are now in the field visiting family child care providers in their homes conducting health and safety checks, offering technical assistance for quality improvements, and helping link traditionally isolated providers to training opportunities as well as other appropriate resources. The local child care resource & referral offers the mandated Child Care Division Overview class, child abuse classes, Food Handler's Certification support and First Aid/Infant CPR classes to family child care providers. DHS-Integrated Child Care Program, formerly known as AFS also offers through the local CCR&R these classes to AFS listed family child care providers to assist them in obtaining the child care subsidy enhanced market rate for caring for low income, AFS child care subsidy eligible families.
- Regulatory monitoring helps ensure that minimal standards are in place for the health and safety of children in child care. Oregon, as a state, does not rank high among the 50 states in terms of establishing and enforcing rules of operation for child care facilities which closely match national standards for quality. There is currently a gap between regulatory compliance and quality standards.
- Multnomah County Efforts from both public and private sector organizations are directed towards providing mental health consultation to child care providers in the child care settings. This consultation model promotes caregiver skill development, inclusion of children exhibiting challenging behavior, and continuity in care for families.
- Through a federal grant, the Portland Public Schools Safe Schools/Healthy Students *Initiative* includes funding that creates Early Childhood Mental Health Best Practices that will be incorporated in Multnomah County's early childhood care and education programming. The initiative also is developing an Early Childhood training curriculum and resource support network to assist child care providers and parents who have children with challenging behaviors.
- Federal and State funding has been available to local Head Starts and Pre-kindergarten programs to collaborate with local family child care providers and child care centers in providing them with training and technical assistance and early childhood resources and equipment.
- Professional training and technical assistance opportunities are provided by USDA Food Programs, community colleges, four year colleges, Head Start programs, the Center for Career Development and the local child care resource & referral and professional support groups.

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

- Healthy Child Care America, a nationwide program linking health care services with child care services, has begun implementation of a multi-pronged effort to bolster child care quality through alignment of educational and health-related services and organizations. Statewide in Oregon, efforts to positively impact child care settings through these initiatives are underway.
-
- The Early Childhood Care and Education Council (a committee of the CCFC) has worked with the Board of County Commissioners to craft an Early Childhood Framework. This framework is based on the vision that All Children Develop to Their Full Potential. Within this framework are six goals:
 1. The community nurtures children and families
 2. Families nurture their children
 3. Family strengths are supported.
 4. Child care meets children's and families' needs
 5. Children succeed in their early education
 6. The early childhood system of care meets community needs.

The draft framework was reviewed by hundreds of individuals and organizations within the community. It was adopted by the Board of County Commissioners in August. Now the implementation is underway. The framework provides the basis for responding to this Phase II report because it identifies outcomes and possible strategies. The Framework is listed as a "strength" because it gives us a cohesive starting point for addressing many issues related to young children – even beyond availability of child care and readiness to learn.

- A multi-disciplinary workgroup convened by the Multnomah County CCFC in 1999 to address readiness issues recommended investment in early learning environments (serving infants and toddlers) as a strategy for supporting achievement of developmental milestones essential for school success. As a result of this workgroup, the Center for Career Development developed a training program targeted to child care providers on topics closely related to language development and early literacy experiences. *Early Words* is a multi-faceted project which included a combination of training, incentives, and mentoring in order to positively impact literacy and language development for infants and toddlers in the county.
- The City of Portland and the Enterprise Foundation participate in the Child Care Improvement Project. Its goal is to create provider networks that improve the quality of care for children in family-based child care. Since so many children are cared for in homes, rather than centers, it is important for these caregivers to receive supplemental training and pool their resources. These networks enable

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

the participating providers to create economies of scale. They might hire a CPA to do their taxes, or hire a housecleaning service, for example. They could choose anything that would jointly benefit them. Each network has a part time staff person. At the advanced level, they revisit their standards, and switch coordinators to ensure an objective standard of review.

- The ECCEC has secured a federal grant to provide funds to expand the number of families served by the seven Parent Child Development Services centers, increase the number of provider networks that are part of the Child Care Improvement Projects, and to increase the service capacity of Early Words.

Gaps:

In Multnomah County, although the numbers of child care slots available per 100 children meets the State's targeted benchmark number, this number alone is misleading. This does not mean that the number of child care slots available is evenly distributed geographically throughout the County. In some parts of the County, there are a larger number of slots per child whereas in other parts of the County child care opportunities are scarce. In part, this can be attributed to the urban/rural nature of the County, which impacts availability of resources. This figure also does not reflect the following gaps in child care services:

- There is a need for additional child care slots for infant, toddler and school age care, for children with special needs and children with challenging behaviors, for sick care and for families with a need for non-traditional or flex hours of care.
- Child care services that are reflective of and enhance cultural, linguistic and ethnic diversity of families and children are also severely lacking.
- Greater focus is needed on ensuring that existing child care slots are providing safe, quality child care environments, not just the quantity of slots.

Barriers:

- Much of child care is unregulated and privately funded. Although there have been improvements in the State licensing requirements, particularly in family child care registration, the requirements are still minimal. With the changes there has also been an increase in the need for more child care provider support for these new regulation requirements which address the basic health and safety needs, i.e. access to training, health & safety equipment, etc.
- Coordination between all early childhood training programs and resources could be better coordinated. Non-English training and materials are limited in their

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

availability. Very few child care providers or centers have any type of recognized accreditation or credentials (i.e., NAEYC, NAFCC, CDA, etc.) due to lack of funding resources. Child care providers are not linked to the Professional Development Registry due to lack of outreach and technical support.

- The true cost of child care is not being paid to child care providers. Most of child care is being subsidized by the child care provider. There are few child care subsidy programs available. There are insufficient funding resources to finance the full cost of care. Employers demonstrate a lack of involvement in providing child care support to their employees.
- DHS-ICC Program (AFS) available funding for child care subsidies that is below the current market rate and the parent's co-pay is too high resulting in fewer child care options being made available to low income families.
- Infant/toddler care: Due to state regulations and best practices the ratio of adult to child for infant and toddler care is lower, therefore, a costly service to provide.
- Care for children with special needs: A large number of child care programs, particularly within family child care settings, lack appropriate staff training and resource materials and funding to provide adequate services, i.e. making facilities easily accessible can be costly. In addition, for families desiring respite care, not just day care, there is 1) a lack of trained respite providers and 2) a general lack of and fragmented access to funding subsidies.
- Care for children with challenging behaviors: Many child care centers, family child care providers and Head Start programs have reported a critical need for providers who are trained in working with children with challenging behaviors. A number of children being removed from child care settings do not qualify for any intervention due to the fact that they do not meet qualifying diagnosis for additional services. Although this type of care is a critical concern to the child care community and families, the prevalence of occurrence is hard to determine because more often than not information on parental requests for special needs care is limited due to many parents' reluctance in sharing information on their children's special needs. This reluctance is often a result of the parent's fear that if they share information about their children, child care providers may not be willing to consider their children for care. This has an impact on parent's jobs and their productivity.
- The cost of care is relatively high with major cost responsibilities resting with the family and child care provider. Often times, child care providers will charge lower rates to low income families at the expense of their personal income.

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

- DHS-ICC Program (AFS) offers child care subsidies that are below the market rate resulting in fewer child care options being made available to low income families and their children.
- Not all parents are informed about what quality child care should look like. Also, parents and child care experts may have differing opinions on what defines quality of care.
- Lack of training resources for child care centers and family child care providers to become professionally accredited.
- Lack of data on the current quality of care in child care settings. No established outcomes or baselines for evaluation.
- Many family child care providers have a difficult time meeting the health and safety standards established by the Child Care Division or the DHS-Integrated Child Care Program (AFS)
- Child care provider turnover is high due to lack of compensation and training.
- There is a lack of coordinated support services in mental health, health, and social services, which could assist child care providers and families in supporting the child care environment. Although there have been significant inroads made in mental health, this needs to be extended in the other services as well.

Increase Child Care Availability

As measured by the number of child care slots available for every 100 children under the age of 13.

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- ⁱⁱ Knitzer, J. *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*, Carnegie Corporation of New York and the National Center for Children in Poverty, 2000.
- ⁱⁱⁱ Ramey, C. & Ramey, S.L., *At Risk Does Not Mean Doomed*, National Health/Education Consortium. 1992.
- ^{iv} Executive Director of the Oregon Association for the Education of Young Children, personal communication.

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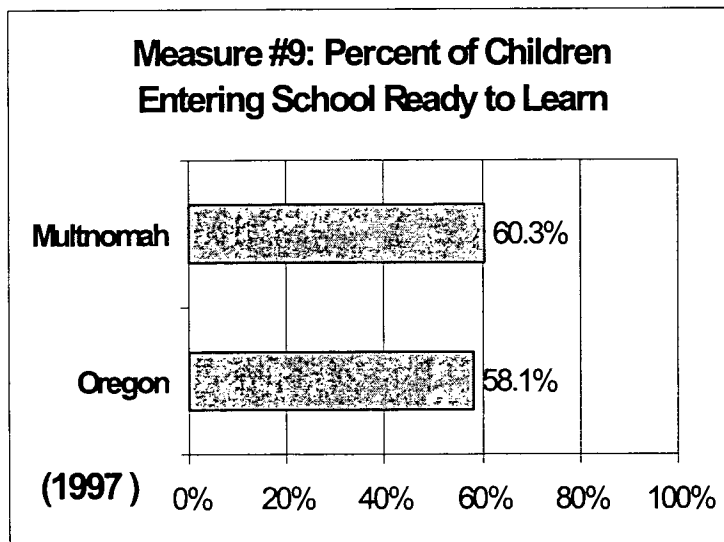
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Improve Readiness to Learn

As measured by the percent of children entering school ready to learn.

A child's readiness to learn is influenced by family, school and community. Children increase their potential for success when they have access to good basic health care, when their parents have the skills to nurture them and stimulate their minds, and when schools provide a smooth transition into kindergarten. Early school failure can make it hard to succeed later.

NATIONAL, STATE AND LOCAL DATA



Source: Oregon Education Department, County Data 1997 Kindergarten Survey, page 12.

- Only 6 out of every 10 children entering school in 1997 were ready to learn; the experience in Multnomah County was very slightly better than the statewide average.
- Readiness to learn is measured by the percentage of children entering Kindergarten who meet standards in the following six areas: (1) physical well being, (2) language usage, (3) approach to learning, (4) cognition/knowledge, (5) motor development, and (6) social skills.

Research indicates that a child who reaches certain developmental milestones by the age of 3 is more likely to succeed throughout their lives. Achievement of these Milestones for Early Growth and Development indicate that a child is "learning how to learn."ⁱ

Improve Readiness to Learn

As measured by the percent of children entering school ready to learn.

Seven conditions which support school readiness, as cited by Ernest Boyerⁱⁱ, include:

1. A healthy start;
2. A language-rich environment with caring, empowered parents;
3. Quality early care and education, including preschools and child care;
4. A responsive family-friendly workplace for parent-employees;
5. Responsible, nonviolent and educational TV programming on all major networks;
6. Safe, supportive neighborhoods where learning can take place; and
7. A society where there is a web of supports for families and greater inter-generational connections.

Research indicates that a child who reaches certain developmental milestones by the age of 3 is more likely to succeed throughout their lives. Achievement of these Milestones for Early Growth and Development indicate that a child is "learning how to learn."ⁱⁱⁱ

In a national study, approximately 20% of young children showed signs of needing some type of early intervention mental health services. Of that number, 9% were in need of intensive intervention services. This prevalence of distress among young children can heavily impact the attainment of developmental milestones which prepare them to succeed.

High quality child care services improve outcomes for children in terms of long-lasting benefits that are reflected in school success, when the interventions are begun at an early age.^{iv} Children at risk developmentally who are enrolled in high quality early learning environments from one year of age until school entry show significant gains in IQ which remain stable over many years of tracking.

According to one well-respected study, adults who were born in poverty who participated in high-quality, active learning preschool programs at age 3 and 4 have half as many criminal arrests, higher earnings and property wealth and greater commitment to marriage.^v

Oregon kindergarten teachers are asked to assess their students in the six key areas listed in the Description section above. The goal was to increase the percentage that are ready to learn from 58% (1997) to 65% (2000 target). Results show that the 2000 target was surpassed. The estimated percent of Oregon children meeting all six components increased from 58% in 1997 to 67% in 2000. During this time period, the percentage of kindergartners meeting each readiness area improved in all areas except motor development.^{vi}

Improve Readiness to Learn*As measured by the percent of children entering school ready to learn.*

- In 2000, the statewide average percentage of kindergartners who met standards in the six criteria was 66.5%. Multnomah County's average was 65%.

Multnomah County Children Meeting Individual Developmental Areas			
AREA	1997	2000	CHANGE
Physical Well-Being	94.0%	95.5%	+ 1.5%
Language Usage	85.5%	87.9%	+ 2.4%
Approach to Learning	88.1%	91.6%	+ 3.5%
Cognition / General Knowledge	81.5%	84.3%	+ 2.8%
Motor Development	88.9%	87.4%	□ 1.5%
Social / Emotional Development	84.2%	83.1%	□ 1.1%

- 16% of children under age 5 live in families whose primary language is other than English. Approximately 9% of all public school children in Multnomah County are enrolled in English as a Second Language (ESL) services. Enrollment in ESL programs across the county's eight school districts has doubled during the last ten years. More than 60 languages and dialects are recorded for children attending local school districts.
- A 1999 study^{vii} of Math & Reading Scores for third grade students in Multnomah County showed that 77% of third graders met or exceeded the Oregon Department of Education's reading standards. 66% met or exceeded the math standards. Both percentages were lower than state averages in the same year.
- According to the 1998 Oregon Domestic Violence Needs Assessment, in Multnomah County, 21,000 children were exposed to domestic violence that year. Of this number, half were under the age of five when they first witnessed violence. Research has shown a link between exposure to violence and significant negative impact on children. Children exposed to violence are "at risk" for readiness for school entry.
- In a recent study in Multnomah County, family poverty was identified as the single greatest risk factor impacting readiness for school success.^{viii} "It is possible to project with better than 80% accuracy" that a 3rd grader will later drop out of school based on low socio-economic status, attending school with many other poor children, repeating a grade, and reading below grade level.

Improve Readiness to Learn

As measured by the percent of children entering school ready to learn.

SERVICES AND PARTNERS

Multnomah County has a wide range of public programs and private agencies working towards increasing childcare availability (HLO #8) and improving readiness to learn (HLO #9) for children in the county. More than 30 agencies currently provide free or subsidized quality childcare to low-income families in Multnomah County. Agencies and programs in the county not only assist parents with childcare information and referrals, but also work to improve the quality of childcare and increase childcare provider professional development.

A myriad of agencies from the fields of mental health, parent education and support, early intervention, special education, early literacy and health and nutrition all contribute to improving readiness to learn for children in Multnomah County. Currently, an impressive 130 agencies are listed as contributing to readiness to learn for children in the county.

Multnomah County claims 27 programs working with children on special education and/or early intervention needs; 7 early literacy programs; over 32 mental health services and support programs addressing multiple children's mental health issues; 22 programs providing child welfare services; and more than 20 agencies offering parent education classes and support groups. In addition, it should be noted that all of the programs and agencies contributing to increasing childcare availability (HLO #8) also contribute to readiness to learn.

Improve Readiness to Learn

As measured by the percent of children entering school ready to learn.

ANALYSIS

Reading and Math scores in third grade have their origins in the kinds of experiences available to a child during the early years of development. A child who is read to every day is predictably a child who is able to read at grade level by the third grade. Similarly, a child who has experienced an appropriately challenging learning environment since infancy will have the skills and motivation necessary to successfully master math concepts during formal schooling years.

Because so many young children spend a large percentage of their days in child care, it is essential to consider ways to improve quality of care in those settings in order to positively impact readiness assessments. This is the important connection between this HLO #9 – Readiness To Learn and HLO #8 – Availability of Child Care.

As children enter Kindergarten, their families enter a new phase because they are dealing with schools, transportation, and a more intensive education that succeeds best when there is a partnership between the school and the parents. Recognizing that a smooth transition into school can set the base for school success, many programs are in place to nurture the whole child and the family.

Strengths:

- A multitude of initiatives in Multnomah County are currently underway to provide services and service coordination which bridge gaps and address some of the volume of need among families in the county. The following is a sample and is not intended to be comprehensive. Any omissions are unintentional.
- A multi-disciplinary workgroup convened by the Multnomah County CCFC in 1999 to address readiness issues recommended investment in early learning environments (serving infants and toddlers) as a strategy for supporting achievement of developmental milestones essential for school success. As a result of this workgroup, the Center for Career Development developed a training program targeted to child care providers on topics closely related to language development and early literacy experiences. Early Words is a multi-faceted project which included a combination of training, incentives, and mentoring in order to positively impact literacy and language development for infants and toddlers in the county.
- Collaboration among community agencies through the SKIP (Screening Kids, Informing Parents) Program provides health and developmental screening for

Improve Readiness to Learn

As measured by the percent of children entering school ready to learn.

children birth-5 years old. Resources, such as immunizations, are often included during those screenings.

- Early Head Start/Head Start, federally and state funded, provide comprehensive service to about half of the eligible children and their families.
- Multnomah County Efforts from both public and private sector organizations are directed towards providing mental health consultation to child care providers in the child care settings. This consultation model promotes caregiver skill development, inclusion of children exhibiting challenging behavior, and continuity in care for families.
- Through a federal grant, the PPS Safe Schools/Healthy Students Initiative includes funding that creates Early Childhood Mental Health Best Practices that will be incorporated in Multnomah County's early childhood care and education programming. The initiative also is developing an Early Childhood training curriculum and resource support network to assist child care providers and parents who have children with challenging behaviors
- The Education Committee of the Early Childhood Care and Education Council, part of the Multnomah County Commission for Children, Families and Community reports a need for transition services to help children and families move from early care settings (including preschool, child care, and Head Start) into formal school settings (Kindergarten and First Grade). The Education Committee members have undertaken an effort to meet with School Boards within Multnomah County to present early brain development research.
- The United Way of the Columbia-Willamette recently began an initiative called Success by Six ®. Success by Six provides parent education services to families who have identified barriers to their children's educational achievement. These barriers include delays in developmental milestones, lack of parent information on child development and lack of immunizations. Program services to address these barriers include parent & child classes, support groups and home visits.
- Healthy Child Care America, a nationwide program linking health care services with child care services, has begun implementation of a multi-pronged effort to bolster child care quality through alignment of educational and health-related services and organizations. Statewide in Oregon, efforts to positively impact child care settings through these initiatives are underway.
- A Multnomah Community Forum held in January, 2000 discussed comprehensively the needs of children, families and neighborhoods in Multnomah County which must be met in order to achieve the County Benchmark of Healthy, Thriving Children. Details of the feedback and ideas from the Forum are provided in Outcome Area 2(C) Childhood System of Services and Supports.

Improve Readiness to Learn

As measured by the percent of children entering school ready to learn.

- Multnomah County has Community and Family Service Centers that offer a variety of services, such as counseling, parent education, youth outreach, drug and alcohol education, mediation, and assistance with housing and employment. These Community and Family Service Centers are easily accessible from all parts of the county. Seven of these centers offer Parent Child Development Services, which provide parents of young children with opportunities to increase their child rearing competencies (including home visits), and promote the healthy growth and development of children.
- The Early Childhood Action Team (ECAT), a joint subcommittee of the east and mid-county Caring Communities, is a group of providers who focus on early childhood issues. Energies are coordinated to sponsor and implement a number of community-based projects to benefit families with young children. A series of monthly gatherings to enhance family literacy among Head Start families has been centered at both the Gresham and Midland libraries. The ECAT organizes and helps to staff four community gatherings to enroll families in Head Start and to provide dental, hearing, speech/language and developmental screenings. Just before school begins, the ECAT puts on the Ready, Set, Go Fair which provides free haircuts, clothing, and school supplies for children about to enter kindergarten. Groups such as the ECAT can focus on their specific communities to identify and address areas of need which challenge the parents of our youngest children.
- Early Intervention/Early Childhood Special Education, (1) identifies developmental delay in children birth-5 years old, (2) provides services to address those delays, (3) supports families to link with community resources and (4) is an active partner with other community/county agencies.
- In the summer of 2001, Multnomah County Community Justice established a Family Services Unit which provides post-prison, parole, and probation supervision for over 200 parents of children under the age of 7 as well as parents of older children in certain high risk categories. Parole and probation officers in this unit are acquiring more specialized knowledge of early childhood development and local resources. The Family Services Unit is participating in the larger Family Support Project in which *the agency formerly known as AFS* has dedicated three case managers for about 225 TANF families with members supervised in Juvenile Probation, the Family Services Unit, or the Domestic Violence unit. Three Multnomah County Health Department community health nurses assigned to the Family Services Unit ADAPT program will assist the access of these families to local home visiting programs. Both the Family Services Unit and the Family Support Project will promote skill development by high risk parents for nurturing their children.

Improve Readiness to Learn

As measured by the percent of children entering school ready to learn.

Gaps:

- Across Multnomah County, hundreds of families who apply and qualify for Head Start end up on the waiting list.
- There is an increasing demand for basic needs such as food and low-income housing. The Oregon Food Bank reported in 2001 that Oregon is number one in the country in hunger. Low-income families move more frequently than other families in search of adequate housing.
- Parenting classes are mandated by the court and SCF, but are not always available locally, in a timely manner, and in the language and culture of the parent who is mandated to attend.

Barriers:

- The identified needs for early childhood mental health, health and early intervention services are not adequately funded. Current and expected cutbacks threaten already inadequately funded services in early intervention, mental health and health services.
- Information on existing community resources is not well coordinated. There is no comprehensive directory to assist families in accessing services.
- Provisions of culturally sensitive programs are difficult due to the challenge of hiring staff that are bicultural and bilingual. Resource information for non-English speaking families is also limited in scope. There are also costs to pay for translation.
- Limited access to transportation services prevents families from utilizing needed support services, i.e. mental health, health, etc.
- Many families must juggle the demands of work, family life and cope with economic pressures. Many program services do not adequately account for this and create additional stressors for families.
- Families need to have more direct involvement in the development of early childhood programming.
- There is a lack of alignment of health, mental health, child care, early intervention, and other early childhood services. Confidentiality policies and other program and eligibility requirements for early childhood support services can prevent collaborative case management services for families accessing a number of supportive services.
- Not all families are eligible or have access to child development programs or safe, quality child care.

Improve Readiness to Learn

As measured by the percent of children entering school ready to learn.

- Professional background and staff training may fall short of what is needed to competently address complex family issues. It is difficult to coordinate services among a variety of programs, spanning many different aspects of family life: housing, special needs, drug & alcohol treatment, mental health, work, child care, health care, etc.
- There needs to be more emphasis on strength-based family input into support. An emphasis on prevention rather than crisis-based remediation builds family structures.
- Families are not getting the information they need about programs that will help them. Also, organizations need to know what other groups are doing so they can direct people towards the services they need.

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ⁱⁱ Boyer, E. Ready to Learn: A Mandate for the Nation, Carnegie Foundation for the Advancement of Teaching, 1991.

ⁱⁱⁱ Starting Points: Meeting the Needs of Our Youngest Children, The Carnegie Corporation of N.Y., 1994, p10-11.

^{iv} Ramey, C. & Ramey, S.L., *At Risk Does Not Mean Doomed*, National Health/Education Consortium. 1992.

^v Source: High/Scope Educational Research Foundation, "High-Quality Preschool Programs Found to Improve Adult Status" www.highscope.org June 7, 2001

^{vi} Source: Oregon Progress Board, Benchmark #18

^{vii} *Educational Success for Youth: Aligning School, Family and Community*, Portland Multnomah Progress Board and the Commission on Children, Families and Community, July 2000.

^{viii} Ibid.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

Alcohol and other drug use are highly dangerous activities for youth. Alcohol and other drugs are involved in 75% of sexual activities that lead to teen pregnancies, 40% of fatal teen accidents, 30% of teen homicides and many delinquent offenses. Early use of alcohol is especially problematic because it increases the likelihood of other drug use, chronic abuse and dependence, and reduces personal and social well-being.ⁱ

Research indicates that drug use by adolescents can have immediate as well as long-term health and social consequences. Cocaine use is linked with health problems that range from eating disorders, to disability, to death from heart attacks and strokes. Marijuana use poses both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use. Hallucinogens can affect brain chemistry and result in problems with learning new information and retaining knowledge.ⁱⁱ Moreover, use of these substances, including alcohol, is illegal for young people and thus may have long-term implications for such things as employment and schooling.ⁱⁱⁱ

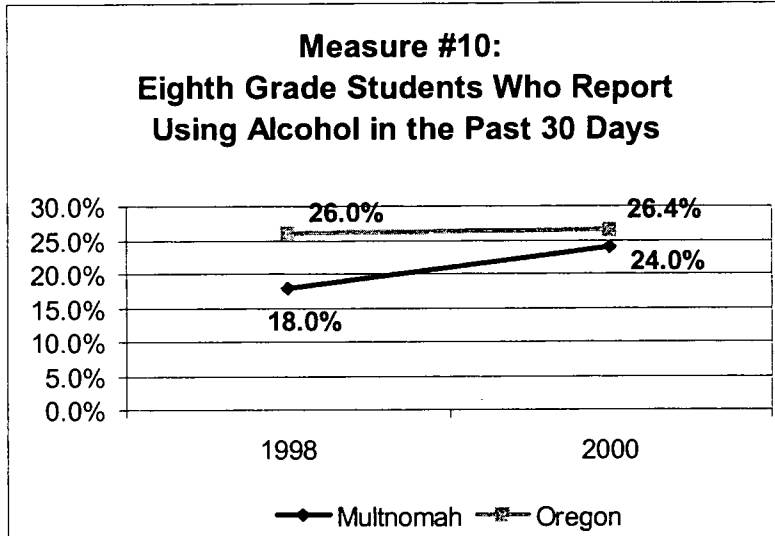
There is a high prevalence of substance abuse and dependence among Multnomah County youth, especially alcohol and marijuana use, resulting in a very high need for alcohol and drug (A&D) prevention and treatment services. In response to this need, the County offers a solid continuum of prevention and treatment services that is performing relatively well, but is meeting only a portion of consumer demand.

Examples of strengths and weaknesses within our service system include:

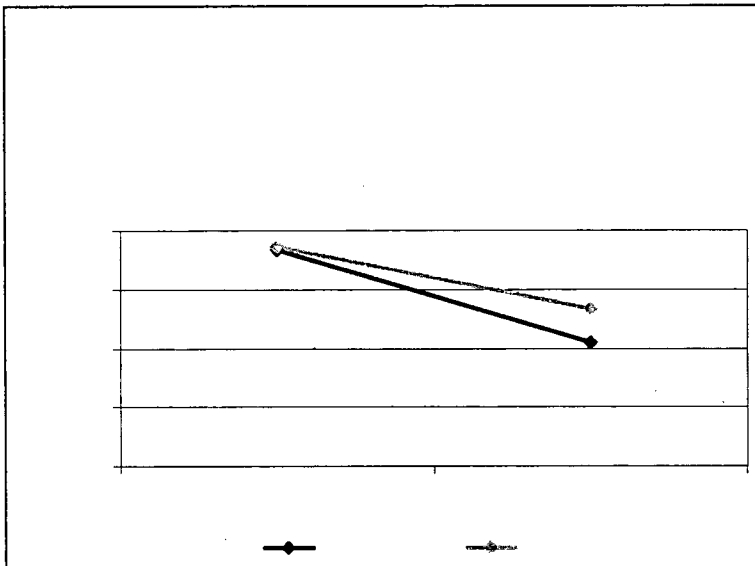
- (1) The proportion of people of color receiving A&D treatment and prevention services is about the same as their proportion within the general population.
- (2) The County's A&D treatment system is characterized by multiple funding entities, each of which places different requirements on providers. This results in higher administrative costs for treatment agencies.
- (3) There is a need for more dual diagnosis services, family prevention and treatment, support and recovery services, transitional housing, strength-based approaches, and improved services for special populations.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.



Source: Oregon Public Schools Drug Use Survey 2000, Office of Alcohol and Drug Use Programs



- Nearly one-fourth (24%) of Multnomah County's 8th grade students surveyed in 2000 reported using alcohol within the past 30 days.

- Although the County's 8th grade usage rate remains below the statewide average of 26%, it jumped up by 30% in two years from the 18% report in alcohol use in the 1998 survey. Interestingly, alcohol use dropped among the County's 6th and 11th graders in that period.

- Illicit drug use by 8th grade students dropped significantly (40%) among 8th grade students in Multnomah County, a phenomenon consistent with statewide trends.

- About 10% of 8th grade students report using illicit drugs within the past 30 days.

- Multnomah County's 8th grade rate of illicit drug use remains below the statewide average of 13%.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

Alcohol & Illicit Drug Use by 6th, 8th and 11th Grade Students Within the Past Month

Drug	6 th Graders		8 th Graders		11 th Graders	
	1998	2000	1998	2000	1998	2000
Alcohol	7.7%	5.5%	18.0%	24.0%	40.2%	33.3%
Illicit Drugs	8.5%	6.6%	18.4%	10.5%	28.3%	14.5%

(Source: 1998 and 2000 Oregon Public Schools Drug Use Survey)

Trends in student alcohol and drug use in Multnomah County mirror state usage data: a slow decline from high levels in the mid to late 1980's, with an upward spike in the mid-1990's. The Oregon Public Schools Drug Use Survey 2000, conducted by the Department of Human Services, Health Services, Office of Mental Health and Addiction Services (OMHAS, formerly OADAP) and released July 2001, indicates that youth drug use in Multnomah County declined or leveled off from 1996 and 1998 levels, with a major exception of alcohol use by 8th grade students. Even with declines in most other drug usage, consumption levels remain unacceptably high:

- Alcohol remains by far the most widely used drug among teenagers, and alcohol use by Multnomah County 8th graders actually increased from 1998 from 18% to 24%—a six-point increase. Despite a decline of almost 7 points, one-third of the 11th graders surveyed in Multnomah County had consumed alcohol in the past 30 days. (In comparison, 42% of Oregon 11th graders and 26% of 8th graders have used alcohol in the past 30 days.)
- Marijuana use in the past month among Oregon 8th graders tripled, from 5% in 1990 to 15% in 1996, then dropped to 9% in 2000 (a reduction of 40% in four years). Recent Multnomah County trends show a similar pattern, with 30-day marijuana use by 8th graders increasing from 8% in 1994 to 18% in 1996, then dropping to 7% in 2000.
- Inhalants are recognized nationally as the most popular drug for 12-year-olds, with the Substance Abuse and Mental Health Services Administration (SAMHSA) National Household Survey data stating that in 1999 there were an estimated 56,000 12-17 year olds dependent on inhalants.^{iv} In Multnomah County, sixth-graders' use of inhalants in the past 30 days has increased from 3.3% in 1994 to 5.4% in 2000, surpassing cigarette use and virtually tied with alcohol as the most-used substance.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

The Oregon Student Use Survey Key Findings Report correlated alcohol and drug use behavior with a wide range of problem behaviors. The survey showed that 8th graders who use alcohol or drugs are:

- Up to 8 times more likely to engage in violent behavior
- Up to 20 times more likely to engage in criminal behavior
- Up to 13 times more likely to engage in risky behavior
- More than twice as likely to get bad grades.

The report goes on to say: "But the good news is: Parents and communities make a difference. Students who participate in prevention are less likely to use alcohol or other drugs—as are kids whose parents establish firm, clear rules against use." ^v

Juvenile arrests for drug law violations per 100,000 juveniles (age 10-17) were reported at 655 for Multnomah County. This is much higher than the state average of 556.^{vi} Of youth arrests in Multnomah County, the majority are incarcerated due to crimes that also involved drugs or alcohol. Of arrestees studied for Multnomah County's January 1999 "Juvenile Counseling Services" report, only 24% listed no previous alcohol or drug involvement.

U.S. youth who have used marijuana are more likely to have used alcohol, sold marijuana, carried a handgun, and/or have been in a gang than those who have not smoked marijuana.^{vii}

In 1998, the Oregon Public Student Drug Use Survey measured the Anti-Social Scale for youth in Oregon schools. Eighth and eleventh graders were asked how many times over the past year they had carried a handgun, been suspended from school, sold drugs, been arrested, or attacked someone with the intent to hurt them. Multnomah County youth were at a slightly greater risk with a .44 rating on the scale, compared to a .38 rating for the state overall.

The Regional Drug Initiative publishes an annual *Drug Impact Index* that reports significant statistical indicators of alcohol/drug usage in Oregon and Multnomah County. Recent editions of the *Drug Impact Index* report that alcohol and drugs play an increasing role in juvenile arrests.^{viii}

- Juvenile arrest rates for drug offenses tripled from 123 in 1988 to an estimated 426 in 1998.
- Juvenile arrestees testing positive for drugs rose from 12% in 1992 to 53% in 2000, equaling the 1998 record high. Percent testing positive is similar across a wide variety of offenses.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

- Parental substance abuse and approval of drug use are risk factors for youth abusing alcohol and/or drugs.
- The National Institute of Justice Arrestee Alcohol and Drug Monitoring (ADAM) Study found Multnomah County juvenile arrestees testing positive for drugs increased over 400% from 12% in 1992 to 53% in 2000, a record high level. Adult rates increased from 63% in 1990 to 74% in 1997, then dropped to 67% in 2000.
- A Children's Services Division study of child abuse cases where children were removed from the home reports drug/alcohol issues were found in 79% of "parental absence" cases and 73% of neglect cases. Nearly 90% of single mothers and 70% of single fathers involved with law enforcement were also involved with drugs or alcohol. Half the children in foster care for a year or more do not return home because of their parents' severe drug/alcohol problems.^{ix}

Prenatal substance abuse among pregnant teens creates increased risk in several areas. Substance use (including cigarette smoking) during pregnancy poses substantial risks for both the teen and the child—increased risk of low birth weight, developmental delay, SIDS, and complications of infant drug withdrawal. While most pregnant teenagers are not substance users, a substantial number of teen parents experiment with and become addicted to drugs, with the most prevalent use involving cigarettes, alcohol, and marijuana. Between 28% and 62% of all women smoke during pregnancy. A 1998 report from CDC (Matthews, 1998) shows that pregnant women aged 15-19 have the highest rates of smoking during pregnancy of all age groups. The rates for women 15-19 years of age increased from 1994 to 1996 (16.7% to 17.2%). Nationally, pregnant and parenting teens' self-reported use of alcohol ranges from 2% to 35% and marijuana from 9% to 50%. In a study of 248 pregnant adolescents, Teagle and Brindis (1998) found that 50% of teens used marijuana weekly, and 11.3% used it during the first trimester of pregnancy. Baseline findings from Portland's current CSAP study of 286 pregnant (34.5% of sample) and parenting teens showed an alarming rate of current use: cigarettes (44.7%), marijuana (14%), and alcohol (24.9%).

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

Prevention Needs

As previously described in the section discussing High Level Outcome #1, the 2000 Multnomah County DataBook projected an estimated need for prevention services in Multnomah County. These projections were developed by applying the *Continuum of Care Model* developed by the National Academy of Sciences Institute of Medicine.

	Number Needing Prevention Services			Percent of population		
	Youth	Adults	Total	Youth	Adults	Total
Universal	72,746	193,350	266,096	48%	39%	41%
Selective	73,743	196,000	269,742	49%	40%	42%
Indicated	3,758	9,988	13,745	3%	2%	2%
Totals	150,246	399,337	549,584	99%	81%	85%

Universal = for people who are *not* identified to be at special risk of developing AOD dependency.

Selective = for people who are at *above average* risk of developing AOD dependency.

Indicated = for people who show *minimal but detectable* signs, or symptoms foreshadowing AOD dependency, but who do not meet the diagnostic criteria at the present time.

A prevention needs assessment previously conducted for the 1999-2001 Multnomah County A&D Biennial Implementation Plan identified two "high risk" domains from the State's *Pathway to a Healthy Future* County profile (1998). The Family Domain and Community Domain contained risk factors significantly worse than state average. Similarly, the 1997 Multnomah County *Time for Success* Youth Asset Survey provided asset data correlating to ATOD use and other risky behavior that links to the family and community domains.

The 1997 State Risk Assessment indicated that Multnomah County ranked last of all 36 Oregon counties in family domain, below average in community and school domains, and above average in peer domain.

Worst indicators included:

- Poor family management (clear family rules, clear ATOD rules, parental monitoring)
- Parental attitudes favorable to ATOD use
- Exposure to ATOD use
- Community norms
- Academic failure
- Family ATOD use
- Low commitment to school
- Transitions/mobility and student movement in/out of school

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

- Vulnerable populations include children in foster care, single parent families, prisoners in state correctional systems, minority ethnic/racial populations, and homeless youth.
- The Youth Asset Survey underlined a perceived lack of adult support for youth in family, community and school domains:
 - Only 30% of youth surveyed reported positive family communication
 - Only 23% said “community values youth”
 - Only 26% said they had adult role models
 - Only 28% reported a caring school climate
 - Only 35% reported parent involvement in schooling
 - 59% of youth surveyed had minimal level of asset protection (20 or fewer assets, out of possible 40)
 - Average asset level drops from 21 in grade 6 to 17.7 in grade 10, mirroring increase in ATOD use.

More recent data from the 2000 Oregon Public Schools Drug Use Survey does not rank counties by domains (community, family, school, individual/peer). County data is available for individual risk/protective factors, and Multnomah County does not rank as “worst” on any of the 24 risk factors (highest percentage in state) or 10 protective factors (lowest percentage in state).

Treatment Needs

The 2000 Multnomah County DataBook projected an estimated need for treatment and maintenance services:

Treatment Need	Number Needing Service			Percent of Population		
	Youth	Adults	Total	Youth	Adults	Total
Case ID	19	1,497	1,516	0.0%	0.3%	0.2%
Standard Treatment	1,136	91,086	92,226	0.7%	18%	14%
Totals	1,155*	92,584	93,739	0.8%	19%	15%
Maintenance:						
Long Term Treatment	349	3,179	3,528	0.2%	0.6%	0.5%

*Note: The number of youth needing treatment services appears to have been underestimated in the 2000 report. Only partial data for 2001, but preliminary reports are that a correction in methodology will adjust the estimated number of youth needing treatment up to 12,145.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

Two-thirds of all-age Multnomah County youth enrolled in treatment last year were, by self-report, either abusing or dependent upon marijuana. The preferred drugs for youth in the US are first, alcohol, then marijuana, and then inhalants. A 1999 survey of Oregon's 8th graders found that twice as many youth stated they had used alcohol in the previous 30 days as those reporting use of cigarettes or any other illicit drug; for the past 5 years, up to 15% reported marijuana use in the past 30 days. In our County, the number of adolescents in ATOD treatment has not kept up with the increasing rate of those youth using drugs and entering crime that introduces or supports substance abuse.

Those youth who were able to stay in treatment (outpatient as well as residential) thirty days or longer were significantly more likely to complete successfully. Those clients who remained in treatment between 60 and 90 days or more were the most likely to complete following OAR criteria (30 days or more sober with achievement of two-thirds or more of their treatment goals). This speaks to the fact that much of the energy for needed treatment service enhancements have been and must continue to be in the area of treatment engagement.

The urgency for co-occurring disorder treatment is profound, and it is estimated that 85% of American youth treated for substance abuse or dependence also need emotional or mental healthcare. While Attention-Deficit Hyperactive Disorder (ADHD) is the most widely diagnosed and treated mental health problem for youth, depression is the most widely occurring and untreated diagnosis. Oregon youth suicide rates are over 30% higher than the national average, and more American youth die from suicide each year than the combined total from cancer, AIDS, stroke, influenza, heart disease, birth defects, pneumonia, and chronic lung disease.

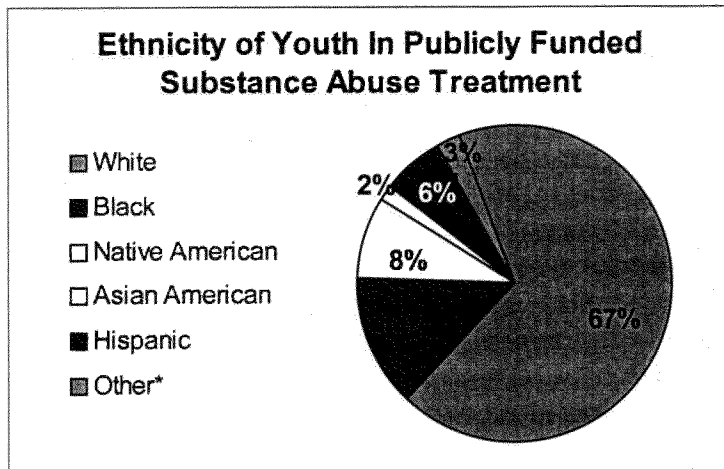
With a growing population of adolescents who suffer both from a mental health diagnosis as well as a substance problem (having co-occurring pathology or dual diagnoses), there becomes a more urgent need to provide timely and appropriate mental health services to those clients in A&D treatment. Whether navigating the dual services from a professional or consumer framework, the system is difficult to enter or to use. The barriers to services vary from case to case, but are often due to complicated insurance and funding requirements and restrictions. Other difficulties include assessment and referral, timely availability of qualified professionals, and accessibility of the recommended and appropriate services.

There is an evident need to increase A&D cultural competence to ensure more exacting services to those youth and families (with or without juvenile corrections involvement) who may be uncomfortable in culturally foreign environments yet need basic or

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

integrated substance abuse and/or mental health services. Additionally, we need to continually do better in culturally sensitive programs for those who do attempt treatment.



- Youth of color comprised almost 1/3 of the total of 1152 participants in publicly funded substance abuse treatment last year.
- 13.5% (156) of those served were African American youth; 8.4% were Native American; and 6.2% were Hispanic.
- White youth, not of Hispanic origin, comprised about 2/3 of those served.

The gender mix also reflects a need to be more clinically competent with female youth in treatment (traditionally based on programs designed for adult males). Of 1152 Multnomah County youth treatment clients last year, 438 were female (38%).

Of this same group of 1152 clients, 495 (42.9%) had no prior arrests, while the majority had some level of criminal involvement (304 with one or two arrests, and 343 with two or more arrests).

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

SERVICES AND PARTNERSHIPS

In Multnomah County, services for alcohol and drug prevention and treatment services are provided by an array of governmental agencies and private providers, centering on the key areas of family, housing, behavioral health, juvenile justice/law enforcement, schools and community services. The majority of state- and County-funded services for youth alcohol and drug prevention and treatment are contracted through three entities: Portland Public Schools, the Department of Community Justice (Juvenile Justice Division), and the Department of Community & Family Services (Behavioral Health, Office of Addictions Services). A *Community Partners Matrix for High Level Outcomes #s 10 and 11* is presented as an appendix to this report; it summarizes the focus area of alcohol/drug prevention and treatment services and provides brief descriptions of the programs or activities offered by providers.

Prevention Services

Fiscal year 2001-2002 funding for Multnomah County Office of Addictions Services prevention services from the Office of Mental Health and Addictions Services (OMHAS) totals \$352,050 annually. In addition, Multnomah County contributes over \$1.5 million in County General Funds to these programs under the Department of Community & Family Services, including \$354,000 annually to the Caring Community Initiative and the APANO and Latino Network Community Development Coordinators. At the time of the last comprehensive review of Multnomah County prevention resources, which was conducted by the State Incentive Cooperative Agreement (SICA) Steering Committee in 1998, the resource inventory net was widened beyond alcohol, tobacco and other drug use (ATOD), to include programs which seek to reduce risk factors and increase protective factors and assets. This approach included a number of complex interrelated programs including major initiatives on school attendance, community building, family resource centers, youth investment and juvenile crime prevention. It was estimated that the County prevention projects supported by OMHAS funding represented less than 20% of the programs imbedded in these larger multi-funder projects.^x

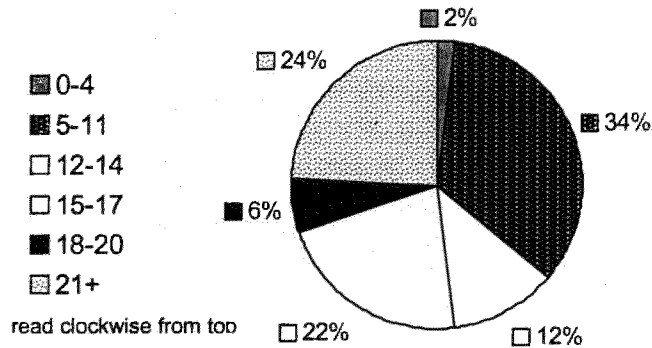
The 2000-2001 Multnomah County Prevention Annual Report to OMHAS reported 11,553 total participants during the 12-month reporting period, as tracked by monthly prevention program Minimum Data Set reports. The demographic data was reported as follows:

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

- Out of the 11,553 total attendees/participants in DCFS prevention programs in 2000-2001, 70% were youth 17 years and younger.
- About 1/3 of all prevention program participants were elementary school aged (5-11 years) and about 1/3 were middle/high school aged (12-17 years).

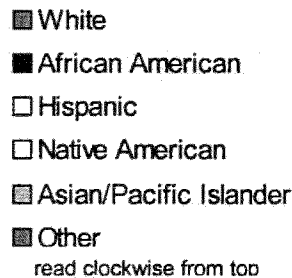
Program Participants/Attendees By Age



Data Source for both pie charts: Multnomah County Prevention 2000-2001 Annual Report, Minimum Data Set

- Over 1/3 of prevention program participants of all ages are people of color.
- People of color are participating in prevention programs at a higher rate than would be expected simply based upon their numbers in the community as a whole.

Ethnicity of Program Participants/Attendees



Ethnicity of Prevention Program Participants Compared to Community

ETHNICITY	PARTICIPANTS	COMMUNITY
White, not Hispanic origin	61%	76%
African American, not Hispanic origin	13%	6%
Hispanic	13%	7%
Native American	1%	1%
Asian/Pacific Islander	7%	6%
Other (includes Multi-Ethnic)	5%	4%

Source: Multnomah County Prevention 2000-2001 Annual Report, Minimum Data Set. (*Ethnicity of Community based on U.S. Census Bureau, Census 2000. Other includes "some other race" and "two or more races" categories.)

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

Prevention services supported through the Office of Addiction Services address the Universal, Indicated, and Selective stages of the Institute of Medicine's prevention continuum of care. They can be categorized by provider and by service types.

Prevention partners include public agencies (the Housing Authority of Portland, Multnomah County Department of Community & Family Services—Behavioral Health Division, Portland Public Schools) and private non-profit organizations (Asian Pacific American Consortium on Substance Abuse, Oregon Chicano Concilio on Alcohol and Drug Abuse, Oregon Partnership, Oregon Coalition to Reduce Underage Drinking, Regional Drug Initiative) and behavioral health providers (DePaul Treatment Centers, Legacy Emanuel Project Network, Tualatin Valley Centers).

These organizations offer prevention information dissemination, education, parent education/training, alternative recreational activities, mentoring and skill-building, A&D referral services, community collaboration and integration of services, neighborhood health fairs, media outreach and advocacy.

The Community Partner Matrix provides information on prevention programs that specifically address the two High Level Outcomes on reducing teen alcohol and drug use. There is some program overlap with tobacco prevention as well.

Treatment Services

Similarly, Multnomah County Department of Community & Family Services contracts with providers for A&D outpatient and residential youth treatment, including family, recreation and leisure time skills training, academic education services or referral, smoking cessation, gender-specific and culturally relevant programs. Treatment subcontractors include the Center for Community Mental Health, DePaul Treatment Centers, Morrison Center, Native American Rehabilitation Association, Network Behavioral Healthcare, Out Front House, and Tualatin Valley Centers. While youth residential treatment beds have historically been fully utilized, there is a pattern of under-utilization in beds targeting African American youth. The overall utilization of our youth outpatient treatment system last year was 112%, which means providers are serving clients in excess of their funded capacity. Contracted youth treatment services are shown in the following table.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

AGENCY	Youth Residential			Youth Outpatient		
	African Am	Youth	Native Am	African Am	Youth	SE Asian
CCMH	10 beds			15 IOP		
DePaul		7 beds			10 IOP 18 OP	
NARA			2 OP			
Network BH					16 OP	
TVC					12 IOP 46 OP	6 OP
Totals	10 beds	7 beds	2 slots	15 slots	102 slots	6 slots

Legend: OP = Outpatient; IOP = Intensive Outpatient

The Department of Community Justice (DCJ) partners with Morrison Center to provide the secure Residential Alcohol and Drug (RAD) Unit with outpatient-level treatment and located in Portland's youth detention facility. Oregon Youth Authority contracts with Morrison Center for mental health and outpatient A&D services in a girls' residential setting (Rosemont) and an outpatient program (Breakthrough). The latter also receives federal and state funding via DCFS/OAS. DCJ also inaugurated the Juvenile Treatment Court in January 2001. With service partners New Avenues for Youth and Tualatin Valley Centers, DCJ works with the Portland Police Bureau to provide substance abuse and mental health screening and referrals at a receiving center in downtown Portland.

Since mid-2000 the State has funded the Latino Project. Multnomah County subcontracts with Morrison Center/Breakthrough to administer the Latino Project. A bilingual/bicultural clinician provides assessments to Latino youth and, for those with substance abuse diagnoses, outpatient treatment. Case management services, including home visits, are made available to these Latino youth through a CSAT TCE grant. Additionally, the Latino Project provides cultural trainings with the goal of having culturally competent Latino services throughout the youth provider system.

The Oregon Partnership staffs two statewide hotlines, the A&D Helpline offering information and referrals, and the Youthline, staffed by youth. Portland Public Schools (PPS), in partnership with the Department of Community & Family Services provides School-based Health Centers offering mental health and, with the CSAT TCE grant, substance abuse assessments, case management and school-sited outpatient groups.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

PPS also offers Insights Classes for students and parents following drug- or violence-related disciplinary action, Alcohol and drug assessments, an After-School Discovery Program for students at risk of expulsion, and Lodestar, a program for families involved in substance abuse and other issues.

ANALYSIS

Multnomah County Department of Community and Family Services, Behavioral Health Division, Office of Addiction Services, recently completed its biennium priority plan, which was submitted and approved through County Council and through the state Office of Alcohol and Drug Abuse Programs. The plan was built upon the learning from the previous biennium, and a planning process was developed that included a diverse population of stakeholders. In particular, the youth and adult Local Alcohol and Drug Planning Committees (LADPCs) for mental health and substance abuse treatment were involved in the development of the achievable and necessary markers for treatment excellence. From this plan, system enhancements have emerged which reflect not only strengths within the system, but gaps and barriers as well. Fundamental system stabilization priorities that impact youth 0 to 18 years were identified as: (a) funding, (b) access to residential treatment, (c) too few family programs, (d) minimal co-occurring disorder treatment, and (e) continuing need for growth and improvement in best practices treatment for minorities, pre-teens, the homeless, gender-specific groups, and pregnant and parenting teens.

Prevention Services

In updating the Multnomah County A&D Biennial Implementation Plan for 2001-2003, the LADPC followed the core values and overall recommendations developed by the State Incentive Cooperative Agreement Prevention Steering Committee for the 1999-2001 Prevention Implementation Plan. The SICA Prevention Steering Committee had conducted a prevention needs assessment and compiled an overall resource inventory (see preceding Data and Service Inventory sections), and identified gaps in prevention services.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

STRENGTHS

- **Prevention Planning**
 - Increased emphasis on utilizing best practice models in prevention programming.
 - Growing emphasis on implementing strength-based approaches across continuum of services.
 - Increased collaboration in planning prevention services as part of Senate Bill 555 planning process.
- **Service Coordination and Integration**
 - Growth of community coalitions. Multnomah County continues to support the evolution of community coalitions to address local needs. Current initiatives include Schools Uniting Neighborhoods, Regional Drug Initiative, and Caring Communities. The Caring Community Initiative in particular promotes three focal areas: school success, integrating services and community building.
- **Youth and Family Oriented Prevention Programming**
 - Increased emphasis on family support and family skills building.
 - Variety of Universal, Selective, and Indicated programs available through treatment providers, schools, community organizations and coalitions. (See Community Partner matrix.) An even larger array of programs is available under a broader definition of prevention, such as mentoring programs, parent education/support services, recreation programs, youth development clubs, and culturally specific programs. These programs were excluded from the A&D high-level outcome matrix because they do not specifically target alcohol and drug issues, or do not receive A&D-related funding, but still provide a “halo effect” of prevention.
- **Special Populations**
 - The ethnicity of OMHAS-funded prevention programs in Multnomah County, as reflected in monthly Minimum Data Set reports, indicates participation rates by ethnic/racial groups equal to or greater than their representation in the community as a whole. This may be a reflection of the high proportion of community-based programming through the State’s support of community coalitions, including nine Caring Communities, and the Oregon Chicano Concilio on Alcohol and Drug Abuse. The Oregon Concilio offers alternative activities, skill-building, and tutoring services to residents of the Clara Vista housing project.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

- The Asian Pacific American Consortium on Substance Abuse has implemented culturally specific prevention programs, such as Kitchen Table Chat, to reach Asian parents and children.
- DePaul Treatment Centers and Legacy Emanuel Project Network received one-year “Enhancement of Parenting/Family Drug Abuse Prevention” grants to implement two parenting programs—*Strengthening Families* and *Strengthening Multi-Ethnic Families*—to parents in treatment programs. *Strengthening Families* is a family-focused selective prevention program for 6- to 10-year old children of parents who are being treated for substance abuse. The program includes a parent training program, a children’s skills training program, and a family skills training program. *Strengthening Multi-Ethnic Families and Communities* is a promising practice targeting ethnic and culturally diverse parents (of children ages 3-18 years) who are interested in raising children with a commitment to leading a violence-free, healthy lifestyle.
- Tualatin Valley Centers provides substance abuse prevention services to residents of Columbia Villa/Tamaracks, public housing administered by the Housing Authority of Portland. TVC offers skill-building groups, after-school programs, including computer training, tutoring and therapeutic recreation, and events for parents focusing on prevention issues. A core group of youth is served with individualized services and mentoring. For the past 13 years TVC has maintained a commitment to placing an African American male staff member in prevention programs at Columbia Villa/Tamaracks to meet a consistent need for adult male role models for African American boys living in the community. TVC services are being extended this year to include additional housing units at Dekum Court, Fir Acres, Stark Manor, and Hillsdale Terrace, as a result of a one-year Request for Proposal grant. The TVC Prevention Program Coordinator is also the chair of the TVC Cultural Competency Committee, which is in the process of hiring a consultant to complete a Cultural Needs Assessment and staff training for the entire agency.

GAPS

- Inadequate programming for certain linguistic and ethnic minority populations.
- Shortage of trained staff in schools to deal with alcohol and drug issues.
- Few positive adult role models for youth that are at-risk of using drugs and alcohol.
- Lack of age-appropriate, affordable after-school activities, which deter youth from risk-taking behaviors.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

- Lack of services for alternative school students.
- Lack of services for non-school populations—dropouts and homeless youth.
- Lack of services for youth in foster care.
- Lack of services for youth that are children of adults in the correctional system or in residential A&D treatment.

BARRIERS

- Poor family communication impacts youth access to prevention services.
- Lack of parent involvement in their child's school impacts prevention services.
- Issues of poor family management do not support youth participation in prevention services.
- Lack of parent education on treatment services available for youth.
- Need for greater community coalition development, which includes local planning entities, providers, youth and cultural groups.
- Continuing reliance by some organizations on traditional or popular prevention programs rather than focusing planning efforts on scientifically based prevention strategies.
- Expense of training/acquiring best-practice prevention programs.
- Twelve- to thirteen-week length of prevention programs like *Strengthening Families* or *Strengthening Multi-Ethnic Families* is difficult for treatment providers to incorporate into their clients' mandated parenting programs.
- Without continued dedicated funding for such program elements as evaluation, supplies and refreshments, Project Network and DePaul Treatment Centers will not be able to implement *Strengthening Families* and *Strengthening Multi-Ethnic Families* with fidelity.
- Difficult to recruit parents for family/parenting skills education in different venues (even when court mandated). Difficult to recruit employers for workplace parent training opportunities.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

OVERLAPS

- Caring Community geographic boundaries may overlap several school catchment areas and/or school districts.
- Oregon Partnership and Regional Drug Initiative have separate A&D information and referral hotlines.
- Recent survey indicated that 95 organizations in tri-county area offered some kind of mentoring program, in-school and out-of-school. Examples: SEI, Inc., Bridge Builders, Friends of the Children, Full Esteem Ahead, the Rotary Club, and several Caring Communities. Tri-County Mentoring Initiative was recently created to coordinate and support mentoring efforts.

Treatment Services

Multnomah County DCFS/BHD-OAS has adopted a strength-based approach to adolescent A&D and mental health treatment, which adheres to tenets that

- (a) people have the capacity to learn, grow and change,
- (b) treatment is more effective when the focus is on individual strengths rather than pathology,
- (c) the client is the director of the helping relationship,
- (d) positive relationship-building and -repairing are essential, and
- (e) assertive outreach into the community is critical, acknowledging a person's community as the center of resources for continued recovery.

Family

Multnomah County has recognized the need to put greater emphasis into the expansion of family services across the continuum of prevention and treatment services. This reflects a priority to have staff and systems in place to support the individual in the context of the family and significant others in recovery services.

STRENGTHS

- **Family therapy.** More programs are providing therapy for the family as a whole (versus a focus on the youth as the only family member in need of treatment). Multi-Systemic Therapy (MST) is available through Juvenile Justice, and Functional Family Therapy (FFT) is newly forming with two contracted providers.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

All adolescent treatment providers are contracted to adhere to the Oregon Administrative Rules (OARs), which require that substance abuse treatment includes family involvement, with family understood to be that significant individual or group that is available and helpful to the recovering youth.

BARRIERS

- **Family involvement.** There needs to be greater emphasis and funding for services to strengthen family relationships in conjunction with individual adolescent treatment. Of particular need is access to therapy through in-home as well as agency-based systems sensitive to family/agency locations and work schedules. Treatment outcomes for young people are consistently better when there is improved family involvement and functioning.

GAPS

- **Parents of young children.** Single, female parents who have had children removed from the home based on drug and/or alcohol abuse have few opportunities for having their children with them in treatment settings. Four adult A&D treatment providers have capacity for children ages 0-8, offering treatment that varies in approach to include child development activities, parent coaching, and family group; these services generally remain filled to capacity.

The Family Involvement Team created this year provides rapid linkages between treatment providers and those parents in jeopardy of losing child custody while needing substance treatment.

The greater the intensity of needed treatment, the more likely there will be a lengthy waiting period for treatment access. Intensive family programs are often not available as quickly as needed or in the format appropriate to the particular family. Culturally specific and home-sited family services are sporadic and limited in scope and access.

Appropriate assessment times and tools are not easily available for all families.

- **Parents in treatment.** For parents engaged in treatment, there are too few “wrap around” services, including child care, housing assistance, employment training, parenting skills, transportation, domestic violence recovery assistance, and health care.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

BARRIERS

- **Family therapy.** Current, appropriately trained workforce is not adequate in number of staff or depth of professional development to cope with the unique needs of those families who have youth involved in drug and alcohol issues. While in-home treatment is usually most convenient and likely attended by the majority of family members, the staff intensity prohibits generalized availability for all of its clients assessed to need these family services. Often, insurance plans require exhaustive and time-consuming navigation through clinical hoops prior to a family actually receiving treatment, particularly if a client or the family is not involved in the justice system. Best practice service models are not economically or logistically available to all providers.

Special Populations

Multnomah County has identified various adolescent population sets as having unique treatment needs in order to engage in the possibility of recovery. To this end, the Office of Addiction Services has made it a priority to support ATOD contracted providers to increase their effectiveness in reaching, treating, and succeeding with specific groups.

STRENGTHS

- **Culturally-specific treatment.** There are programs now contracted to provide appropriate treatment milieu experiences for our African-American male, Asian/Pacific Islander, Latino, and Native American youth.
- **Gender-specific groups.** All providers schedule gender-specific groups.
- **Gay / bi / lesbian groups.** There are both self-help and multi-modal therapeutic groups offered for sexual minority teens through contracted providers and other social service agencies.
- **Homeless.** Some assessment and weekly ATOD treatment groups are provided at homeless youth shelters weekly. Additionally, the ATOD screening at the Portland Police downtown receiving center often assists urban homeless youth with linkages to additional treatment and social service resources.

A recent grant has been awarded to a consortium of homeless youth stakeholders that will allow the design and implementation of additional services for homeless youth, including mentors, A&D screening and assessment, mental health referrals, and physical health access.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

- **Pregnant teens.** OARs require priority admission to pregnant women.
- **Juvenile offenders.** The new Juvenile Treatment Court (JTC) provides an approach in which Intensive collaborative attention is given to post-adjudicated youth, incorporating judiciary, public defender, District Attorney, juvenile court counselors, treatment providers, schools, social services, and families into the recovery and strengthening of the youth. Each youth selected for JTC has previously demonstrated an inability to refrain from crime and drug use as well as a history of incomplete treatment episodes. The team case conferences and plans services from a strength-based perspective.

There is a newly developed detention-sited 15-bed outpatient-level treatment program, as well as a 30-day in-jail program that includes some alcohol and drug prevention, treatment, and edu-therapeutic curriculae.

There is close coordination between Juvenile Justice and the CSAT TCE grant. CSAT provides consultation, clinical assessments, and recommendations and referrals to treatment. CSAT staff have provided the clinical assessments for most of the youth in the Residential Alcohol & Drug (RAD) unit, and have done the assessment on many of the Juvenile Treatment Court youth.

- **18-25 year olds.** Multnomah County DCFS/BHD-OAS has partnered with workforce, treatment, and justice groups to seek funding (including grant opportunities) and best practice options for this identified group that too often recycles without resolve throughout social service systems once they are identified with alcohol and drug issues.

BARRIERS

- **Culturally- specific treatment.** Access and facilities are limited for youth identifying with specific cultural groups. Where treatment services are provided, it is usually difficult to build a population base quickly enough to satisfy funding resources/reports. Thus, sustainability of programs is often in jeopardy early in their development.
- **Gay, lesbian, and bisexual-appropriate treatment.** Access and services are limited for sexual minority youth.

GAPS

- **Population-specific treatment.** Cultural-and gender-specific treatment remains limited. Those youth identifying as gay, lesbian, or bi-sexual have opportunities to participate in services sensitive to their specific treatment needs.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

- **Pre-teens.** Because of developmental individuation, it is difficult if not contrary to recovery to mix pre-teens with existing teenage treatment milieus. Stand-alone and consistent pre-teen treatment programs are not available.
- **Juvenile offenders.** Treatment programs specifically for juvenile offenders are limited in that they are not available in numbers matched to those incarcerated with identified substance abuse issues. There are few programs that effectively use additional intensive interaction to strengthen protective factors among high-risk youth. JTC does not have enough space available to adequately serve those youth identified to benefit from such a program. Mentors trained and available for adjudicated and substance abusing youth are few and overburdened in Multnomah County.
- **Pregnant and parenting teens.** No teen parenting treatment programs are available in Multnomah County. Pregnant adolescents are, as soon as possible, conditionally allowed into residential treatment if they are faced with opiate involvement.
- **18-25 year olds.** Specific A&D best practices for those who are between 18 and 25 years old remains an identified gap.

Youth who turn 18 years old while in treatment often experience negative legal and care impediments to treatment and recovery.

Co-Occurring Disorders

With increased numbers of youth diagnosed with co-occurring disorders, the substance abuse treatment providers in Multnomah County are striving toward competency as Dual Diagnosis Enhanced, yet funding for additional training, certification, licensure, and treatment time remains fragmented and inadequate. Access to mental health support meanwhile is complicated both from consumer and case management perspectives. The CSAT TCE grant has provided assistance to two agencies to integrate mental health and A&D services.

STRENGTHS

- **Mental health services.** All contracted substance abuse treatment providers are able to access mental health services for their clients. Providers have site-based psychiatric and/or mental health services, or are progressing toward that goal.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

BARRIERS

- **Mental health services.** Insurance and blended funding streams are difficult systems to navigate for consumers and providers in accessing rapid and appropriate assessment and therapeutic services. Traditional deficit- and problem-centered diagnoses usually drive insurance reimbursement. This is archaic and contradictory to the pro-active strength-based approaches now being used as best practice for A&D treatment delivery.
- **Culturally** specific assessment tools are rarely available; therefore accurate diagnoses and referrals are difficult or actually inaccurate.

GAPS

- **Mental health services.** An appropriate level of assessment, treatment, referral, and/or medical management is too often not available as quickly as clinically indicated.

Collaboration

Multnomah County DCFS/BHD-OAS has prioritized the need to work with clients, families, neighborhoods, and stakeholders in achieving a strength-based approach to treatment needs. Critical to a youth's recovery environment is building assets that will sustain responsibility and accountability over time.

STRENGTHS

- **Education services.** Some on-site alternative schooling as well as referrals for tutoring, GED completion, public school participation, and higher education pursuits are available for all youth seeking substance abuse treatment in Multnomah County.
- **Evaluation.** The state Office of Alcohol and Drug Abuse Programs (now OMHAS) has created a revised Client Process Monitoring System (CPMS), which has included data collection changes that will more appropriately address some youth treatment and outcomes measures.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

BARRIERS

- **Case coordination.** Funding allowances are inadequate to provide for appropriate levels of staff and interagency attention to case management. One funding source for A&D case management, particularly for youth involved with the Juvenile Justice system, is offered through the CSAT TCE grant. The initial difficulties in implementing and monitoring this enhancement have been resolved, but the funding ends in 2002.
- **Education services.** Often the priorities of the education system in dealing with large numbers of children run contrary to the individual needs of youth involved in drugs or alcohol; therefore, maintenance within a public school system, or mainstreaming / re-entry are often not available options to youth in juvenile justice or treatment care.
- **Aftercare.** Transitional housing for youth nearing adulthood is minimal and difficult to access for those who are not officially emancipated. Clean and sober housing is difficult to fund, monitor, and maintain long-term.
- **Respite and transition care.** Proctor care homes are inadequate in number to serve the populations in treatment or aftercare who need recovery support outside their families. Of particular dearth are culturally appropriate temporary homes.

GAPS

- **Detoxification.** Medical detoxification provides physician/nurse oversight while in health-threatening withdrawal from mind-altering substances, while social detoxification provides no additional care other than time to allow the body to withdraw from the symptoms of drug use. There are no publicly funded adolescent residential medical detoxification services in the county except with hospitalization in tandem with an additional life-threatening diagnosis (usually verifiable suicidal ideation).

There are limited safe and protected spaces available for social detox through standard residential treatment or lock-down detention systems. An additional detox option for youth is available through the Oregon Youth Authority system, which is limited to adolescents currently involved in the criminal justice system.
- **Aftercare.** Self-help groups identified as most helpful to adolescent thinking, i.e., The 7 Challenges, are not available in Multnomah County.
- **Evaluation.** While there are forward-thinking strategic systems of care for youth in Multnomah County, there remains a lack of consistent data collection and

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

evaluation. Often the required demographic reports do not accurately portray the success or needs of a program or its client(s).

Due to data collection and processing complications, historical data pertaining to youth A&D treatment is often missing or inaccurate, making it difficult to justify system changes and weigh system improvements.

Special Adolescent Treatment Needs

The current system of social services in the county is not adequately funded nor specifically focused on treatment best practices unique to youth. While the County providers are moving enthusiastically toward strength-based treatment, there is a need for training and additional resources to ensure this inception. Additionally, the number of youth served in our outpatient treatment system tends to exceed the funded capacity of the system.

STRENGTHS

- **Treatment staff.** A&D youth treatment staff are required to have formal training in adolescent development and family counseling as well as be competent in gender-specific approaches.
- **Treatment planning and case management.** All providers are required to include participation of parents, other family members, schools, children's services agencies, and juvenile corrections, as appropriate, in the continuum of youth care.
- **Treatment services.** Included in provider programs are family treatment, recreation and leisure time skills training, and academic services or referral.

Youth who are at least 14 years old may enroll in outpatient treatment without permission from parent(s) or guardian(s).

- **High risk for infectious diseases.** All youth in contracted provider programs receive evaluation and referral for sexually transmitted disease as well as pathogenic and communicable diseases.
- **Pregnant teens.** All young women in treatment have access to prenatal care.

BARRIERS

- **Engagement.** Youth in treatment do best with their recovery goals when they are involved in their programs for appropriate lengths of time, yet early engagement is extremely difficult and often not appropriately endorsed by the youth's family and other support systems. Adolescent treatment engagement rates must be improved in order to reduce substance-related complications – yet there is a dearth of staffing,

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

funding resources, community involvement, and training that could lead to breaking down or eliminating this barrier.

GAPS

- ***Inadequate outpatient treatment service capacity.***
- ***Tobacco addiction.*** Though identified in the newest Oregon Administrative Rules (OAR) as an adolescent substance abuse treatment program requirement, many contract providers are struggling with its inclusion. Complications over staff training, scheduling, and familial and client resistance further hamper the success for on-site cessation programs or referral to outside resources.

Reduce Student Alcohol & Drug Use

As measured by percent of 8th grade students reporting use of alcohol or illicit drugs in the past 30 days.

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ⁱⁱⁱ U.S. Department of Health and Human Services. Healthy People 2010 – Understanding and Improving Health. 2000

^{iv} Counselor Magazine. August, 2001.

^v Oregon Public School Drug Use Survey 2000, Key Findings Report, p. 7

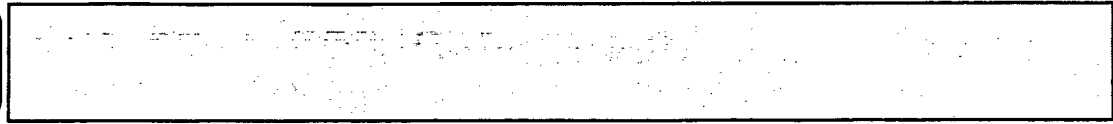
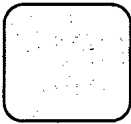
^{vi} 2000 Multnomah County DataBook

^{vii} 1997 Office of Juvenile Justice & Delinquency Prevention National Longitudinal Study of Youth

^{viii} Law Enforcement Data System—LEDS

^{ix} Regional Drug Initiative Drug Impact Index, 11th and 12th editions; RDI web site

^x 1999-2001 Biennial Implementation Plan



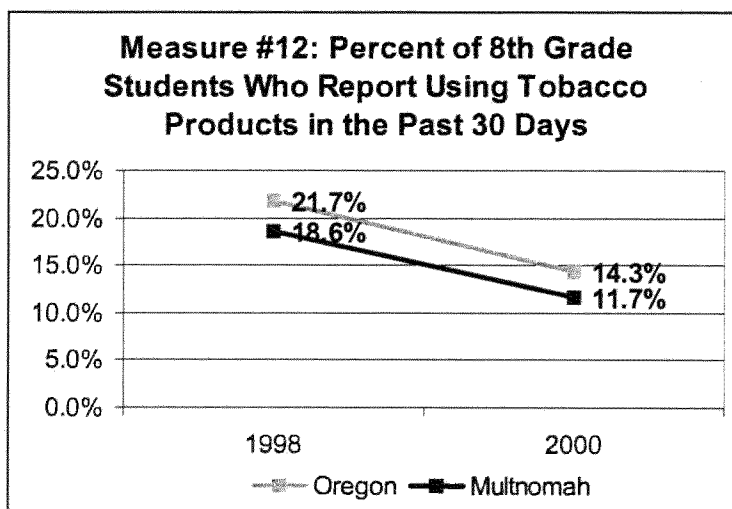
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Decrease Teen Tobacco Use

As measured by the percent of eighth grade students who report using tobacco products in the past 30 days.

Smoking has serious long-term consequences, including the risk of smoking-related diseases, increased health care costs associated with treating these illnesses, and the risk of premature death. Most adults who are today addicted to tobacco began smoking as adolescents, and it is estimated that more than 5 million of today's underage smokers will die of tobacco-related illnessesⁱ

STATE AND LOCAL DATA



Source: Oregon Public Schools Drug Use Survey, Office of Alcohol and Drug Abuse Programs

- Slightly more than one in ten (11.7%) of 8th grade students in Multnomah County reported using tobacco products within the past 30 days in a 2000 survey.
- Substantially fewer 8th grade students reported use of tobacco products in 2000 than two years earlier in 1998: both Multnomah County and Oregon show a drop of more than one-third in the percent of students who reported recent use of tobacco products.

Cigarette smoking is the one addiction most likely to become established during adolescence. People who begin to smoke at an early age are more likely to develop more severe levels of nicotine addiction than those who start at a later age. Nationally, 41% of youth have smoked cigarettes by the time they reach eighth grade, and 15% of eighth grade students report smoking cigarettes in the past 30 days.ⁱⁱ In Oregon, 13% of all eighth grade students report smoking cigarettes in the past 30 days, according to the most recent data from the Oregon Health Division.ⁱⁱⁱ More females (14.8%) than males (13.7%) in Oregon reported using tobacco products in the past 30 days.^{iv}

Decrease Teen Tobacco Use*As measured by the percent of eighth grade students who report using tobacco products in the past 30 days.*

Cigarette smoking is a major cause of disease and death among racial and ethnic populations. In Oregon, 30-day smoking prevalence among eighth grade students is highest among American Indians (26%), followed by Hispanics (16%), African Americans (13%), Whites (12%), and Asians (10%).^v

**Percentage of Youth who Smoked Cigarettes in the past 30 days
by Race/Ethnicity: 8th Grade Students, 2000**

White (non-Hispanic)	12%
African American	13%
Hispanic	16%
Asian	10%
American Indian	26%
All 8 th Grade Students	13%

Source: Behavioral Risk Factor Survey, 2000

SERVICE INVENTORIES AND PARTNERSHIP MATRIX

Best practices for tobacco prevention suggest that the most appropriate interventions are population-based and include a comprehensive community-wide approach. For that reason, all Multnomah County tobacco prevention efforts are rooted in relationships developed through a set of coalitions. We are a member of the statewide Tobacco Free Coalition of Oregon (TOFCO) and serve as staff to the Multnomah County Tobacco Prevention Coalition.

The Tobacco Free Coalition of Oregon is a statewide group of public, private, professional and nonprofit organizations, service and citizen groups, businesses and individuals working together to protect Oregonians from the dangers of tobacco use.

The Multnomah County Tobacco Prevention Coalition is made up of over sixty organizations and individuals who are based and work in Multnomah County. This community action group is dedicated to preventing tobacco-related illness and death.

Decrease Teen Tobacco Use

As measured by the percent of eighth grade students who report using tobacco products in the past 30 days.

The Tobacco Prevention Coalition pursues and promotes projects that prevent and reduce tobacco use through advocacy and education. A partial and representative list of members include:

- African American Health Coalition
- American Cancer Society
- American Heart Association
- American Lung Association
- Asian Family Center
- David Douglas School District
- Just Out
- Kaiser Permanente
- Mt Scott Center for Learning
- Multnomah County Alcohol and Drug Program
- Native American Rehabilitation Association
- Oregon Human Development Corporation
- Oregon Partnership
- Portland Public Schools
- Providence Health Systems
- Regional Drug Initiative
- Urban League of Portland

Together with the Coalition we develop an annual work plan that undertakes activities in the following intervention areas:

- Building Coalitions and Including Diverse Partners
- Creating Tobacco- Free Environments
- Reducing Youth Access to Tobacco
- Reducing Tobacco Advertising and Promotion
- Promotion and Utilization of Cessation Services

Decrease Teen Tobacco Use

As measured by the percent of eighth grade students who report using tobacco products in the past 30 days.

ANALYSIS

Many people assume that the place to start to reduce tobacco use among young people is in the classroom and "the earlier the better." Certainly the school component of tobacco reduction is important, but best practices show that greater reductions in tobacco use are brought about by more comprehensive changes in the larger social environment. This comprehensive approach does not focus on individual or personal change, but rather seeks to change community norms regarding tobacco use. This broad-based approach is driven by baseline data and ongoing monitoring of tobacco use. Through the use of community-based coalitions, media (both earned and purchased), and advocacy to change policy we have had a significant impact on tobacco use throughout the County. Our relationships and contracts with schools have fostered approaches that address the intervention areas described above.

Strengths

- Well established and diverse coalition
- Ability to effectively advocate for broad tobacco prevention policies at state and local levels
- Resources for program evaluation
- Resources to establish contracts with key community partners
- Resources to develop and promote small media
- Well qualified staff

Gaps

- Need to increase community and school-based smoking-prevention programs that identify social influences to use tobacco and teach skills to resist those influences.
- Need to enhance and sustain community and school-based smoking-prevention programs to include involvement of school health education, parents, mass media, community organizations, or other elements of students' social environment.
- Because smoking cessation programs tend to have low success rates with youth, we need to explore and utilize more effective ways to prevent initiation of tobacco use by youth.
- Need to step up efforts to reduce illegal sales of tobacco products to minors and to reduce access through social sources by working to change social norms and environments that support tobacco use.

Decrease Teen Tobacco Use

As measured by the percent of eighth grade students who report using tobacco products in the past 30 days.

- Need to reduce and restrict tobacco advertising and promotion that appeals to youth.
- Need to work with culturally representative community and local health agencies to provide resources and outreach about the dangers of tobacco use.
- Need to provide culturally appropriate school-based programs to provide tobacco education, assessment, and intervention.
- Need to prevent tobacco advertising and promotion that is designed to appeal to the interests, attitudes, and norms of racial/ethnic youth.

Barriers

- Need to increase public awareness about the prevalence and dangers of tobacco use among youth.
- Need to increase adoption of, and support for, policies to prevent tobacco use among young people, including greater emphasis on tobacco education in schools, restrictions on tobacco advertising and promotions, and complete bans on smoking on school grounds and at school events.
- Need more research on the effects of culturally appropriate programs to reduce tobacco use among racial/ethnic youth.

Overlaps

- No perceived overlaps

Decrease Teen Tobacco Use

As measured by the percent of eighth grade students who report using tobacco products in the past 30 days.

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- ⁱ OADAP Joint Data Book
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- ⁱⁱⁱ Department of Human Services, Health Services, Tobacco Prevention and Education Program, 2001
- ^{iv} Oregon Public Schools Drug Use Survey, Office of Alcohol and Drug Abuse Programs, 2000
- ^v Oregon Youth Risk Behavior Survey and Oregon Public School Drug Use Survey, Department of Human Services, Health Services, Tobacco Prevention and Education Program, 2000

High Level
Outcome

#13

Decrease Juvenile Arrests

As measured by the number of juvenile arrests per 1,000 juveniles in Oregon.

High Level
Outcome

#14

Maintain OYA Bed Use

As measured by compliance with discretionary bed allocation at the Oregon Youth Authority.

High Level
Outcome

#15

Reduce Juvenile Recidivism

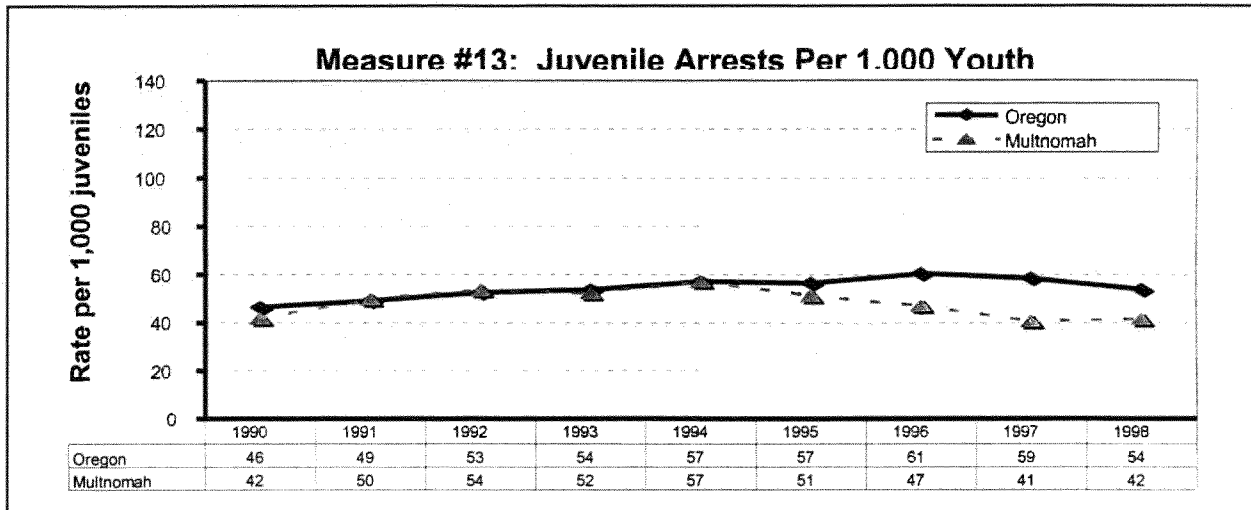
As measured by the percentage of juveniles with a new criminal referral to a county juvenile department within twelve months of the original criminal offense.

Crime, including juvenile crime, exacts a toll in our communities far beyond the millions of dollars annually that have been identified as system and material costs. The personal costs of loss of a sense of safety, dignity and opportunity for youth, and the community as well, have a far-reaching impact which extends as deep as the roots of our society. The complex and expensive systems which have been designed to deal with criminal behavior bleed our resources from other activities which hold the possibility of enhancing the lives of everyone in our communities. It is in the best interest of the potential offenders, potential victims and those not yet directly affected by criminal behavior to create resources and programs that will break the cycle of crime and improve the likelihood that fewer youth will offend, offenders will not re-offend and citizens will become safer.

While juvenile offenders represent a small segment of the entire juvenile population, their impact on Oregon's communities is extensive. Cost estimates of losses from property theft, medical expenses and lost time at work was estimated at over \$20.9 million in Oregon in 1996. Not included in these estimates are the lost productivity of youth and the additional costs of this drain on our society.¹

Decrease Juvenile Arrests; Maintain OYA Bed Use; & Reduce Juvenile Recidivism

STATE AND LOCAL DATA



Source: Oregon State Police, Law Enforcement Data System

- Statewide and local juvenile arrest rates increased in the early 1990's to ultimately reach levels 25% above what was seen in 1990. The Multnomah County juvenile arrest rates peaked at 57 arrests per 1,000 youth in 1994. The Oregon juvenile arrest rates did not peak until two years later in 1996; the statewide rate reached 61 arrests per 1,000 youth.
- Multnomah County's juvenile crime rates dropped almost as quickly as they had risen and by 1997 were down to 41 arrests per 1,000 youth, slightly below the 1990 level. The 1998 rate was stable at 42 arrests per 1,000 youth; this was 22% below the statewide rate. The Statewide juvenile crime rates came down more slowly and in 1998 were still 15% above the 1990 rate.

More recent and in-depth data on juvenile crime referrals in the Multnomah County Department of Community Justice's (DCJ) information systems is presented on the following table. These referral statistics are quite different than the State's arrest data, reflecting the fact that juvenile referrals for criminal offenses do not always result in arrests even though there may be sufficient grounds to proceed with adjudication.

- Since 1995, the number of criminal referrals to DCJ has decreased consistently every year (by an average of over 400 referrals) except for 1999 to 2000 when there was a slight increase of 25 referrals (just over 0.5%).
- The rate for all types of juvenile arrests per 1,000 has consistently decreased since 1995, but the decreasing rate has slowed since last year.

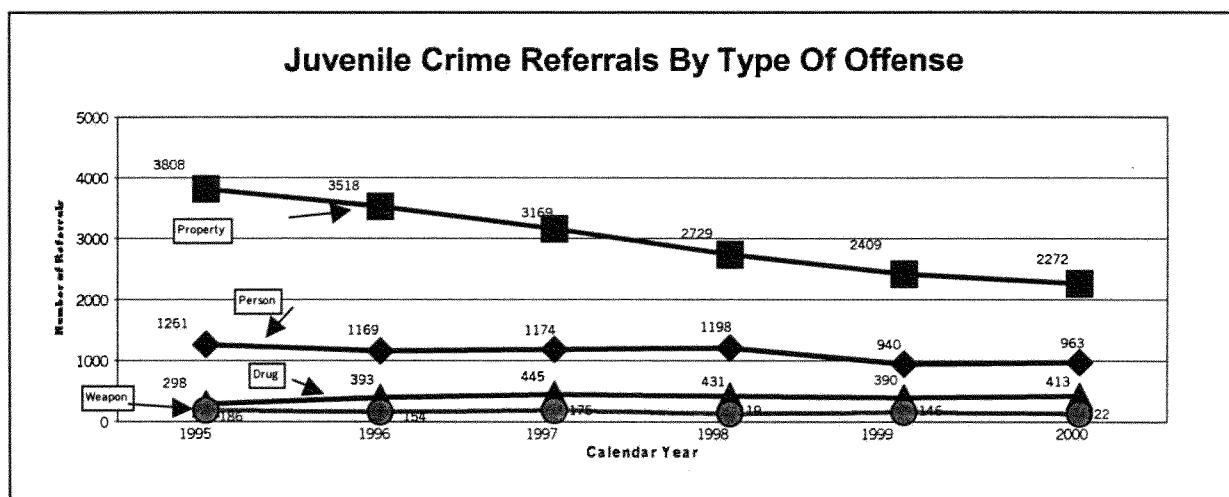
Decrease Juvenile Arrests; Maintain OYA Bed Use; & Reduce Juvenile Recidivism

Trends In Juvenile Crime Referrals In Multnomah County

CALENDAR YEAR	1995*	1996*	1997*	1998*	1999**	2000*
Total Number of Criminal Referrals (MIS & FEL)	6,578	6,301	6,097	5,602	4,833	4,858
Number of Criminal Referrals per 1,000	105.0	98.9	94.8	86.5	74.2	74.3
Number of Unduplicated Juvenile Offenders	4,788	4,574	4,377	3,914	3,405	3,404
Number of Unduplicated Re-Offenders	1,551	1,500	1,409	1,293	1,061	N/A until Jan. 2002
Recidivism Rate	32.4%	32.8%	32.2%	33.0%	31.2%	N/A

Data Sources: * - TJIS & DA database. ** - TJIS, JIN & DA database. *** - JIN & DA database.

- The 12-month recidivism rate has remained relatively stable for the last four years (around 33%) with a small decrease to 31.2% for 1999 offenders.
- The number of unduplicated juvenile offenders decreased every year from 1995-99 (decrease of 31.6%) but remained stable over the past year.
- Since 1995, the number of unduplicated juvenile offenders referred to DCJ has decreased by almost 29%.
- The decreasing number of juvenile criminal referrals, combined with a stable recidivism rate, resulted in a decrease in the absolute number of recidivating youth over time (1,551 juveniles in 1995 to 1,061 in 1999 for a decrease of over 31%).

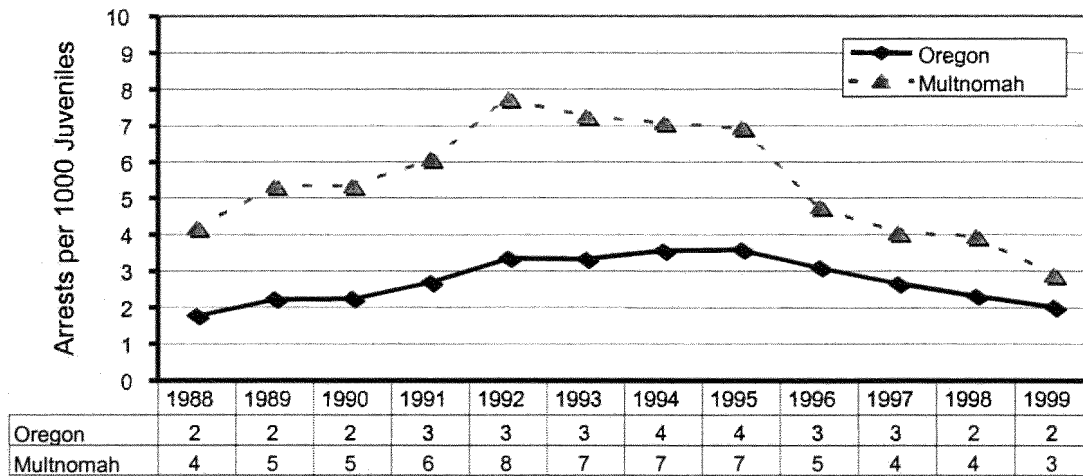


Source: Juvenile Crime Trends Report: Multnomah County, 2000; TJIS and Juvenile Information Network data systems

Decrease Juvenile Arrests; Maintain OYA Bed Use; & Reduce Juvenile Recidivism

Juvenile Crimes Against Persons

Measure #13a: Juvenile Arrest Rates for Crimes Against Persons



Source: Oregon State Police, Law Enforcement Data System

Crimes against persons include willful murder, negligent homicide, forcible rape, other sex crime, kidnapping, robbery, aggravated assault and simple assault.

- The rate for juvenile arrests for person crimes in Multnomah County increased steadily from approximately 4 per thousand to 8 per thousand between 1988 and 1992.
- Since 1992, there has been a consistent decrease in the rate of juvenile arrests for crimes against persons. This rate reached its lowest point in 1999 when it was the lowest it has been over the past 11 years (3 per thousand).
- The rate for crimes against persons for youth of Multnomah County has traditionally been over twice as high as the state rate. But starting in 1992, when the county rate began to fall, the gap between the two rates has steadily diminished. In fact, in 1999 the rate for both the county and the state is closer than it has ever been in the past 11 years.

Decrease Juvenile Arrests; Maintain OYA Bed Use; & Reduce Juvenile Recidivism

Juvenile Crime Referrals For Person Offenses In Multnomah County

MOST SERIOUS OFFENSE	1995 *	1996*	1997*	1998*	1999**	2000***	% Change 1995-2000	% Change 1999-2000
Person offenses	1261	1169	1174	1198	940	963	-23.6%	2.4%
Criminal homicide ¹	16	31	14	8	14	11	-31.3%	-21.4%
Kidnapping ²	11	14	12	4	5	8	-25.0%	60.0%
Sex offenses ³	182	166	162	165	151	198	8.8%	31.1%
Robbery ⁴	186	150	111	117	118	110	-40.9%	6.8%
Assault ⁵	866	808	875	904	652	636	-26.6%	-2.5%

Source: Juvenile Crime Trends Report: Multnomah County, 2000; TJIS and Juvenile Information Network data systems;

The table above presents the raw number of juvenile arrests for person crimes that were referred to DCJ from 1995-2000:

- The number of person offenses in 2000 was almost 24% lower than in 1995. However, there was a slight increase (2.4%) when compared to 1999's figure.
- Robbery dropped the most dramatically since 1995 (40.9%), but experienced a mild increase from 1999 to 2000 (6.8%).
- Sex offenses showed only a mild increase over the five-year period (8.8%) but a fairly large increase over the past year (31.1%).
- Assaults decreased greatly over the five-year period (26.6%) while experiencing only a very slight decrease over the past year (2.5%).

¹ Includes: Agg. Murder, Att. Agg. Murder, Murder, Att. Murder, Conspiracy to Murder, Manslaughter.

² Includes: Kidnapping I & II, Att Kidnapping II.

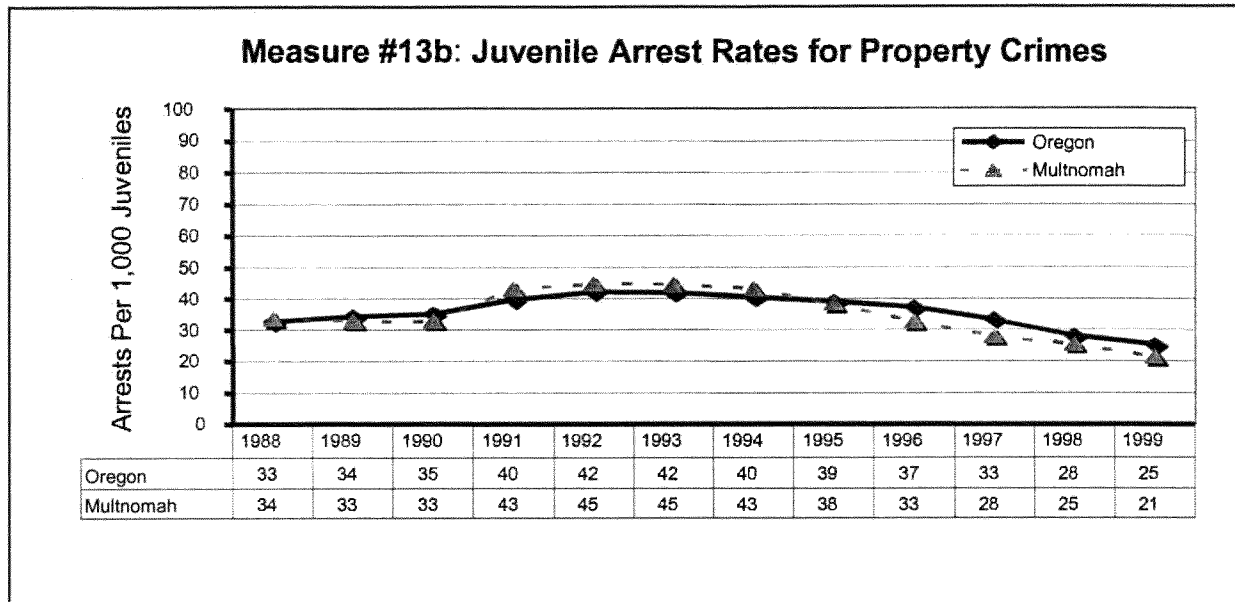
³ Includes: Rape I, II & III, Att. Rape I & II, Sex Abuse I, II & III, Att. Sex Abuse I, II & III, Sodomy I, II, & III, Att. Sodomy I, Sex. Pen, w/ Foreign Obj., Sexual Misconduct.

⁴ Includes: Robbery I, II & III, Att. Robbery I, II, & III.

⁵ Includes: Assault I, II, III, IV, Att. Assault I, II, III, IV, Assault Pub. Safety Off., Att. Assault Pub. Safety Off.

Decrease Juvenile Arrests; Maintain OYA Bed Use; & Reduce Juvenile Recidivism

Juvenile Property Crimes



Source: Oregon State Police, Law Enforcement Data System

Property crimes include burglary, larceny, motor vehicle theft, arson, forgery, fraud, embezzlement, stolen property and vandalism. A trend similar to that for the person crime rate for youth in the state of Oregon is seen for the property crime rate.

- From 1988 to 1993, the rate for juvenile arrests for property crimes in Oregon increased steadily from approximately 33 per thousand to about 42 per thousand.
- Since that time, there has been a consistent decrease in the rate of juvenile arrests for property crimes.
- This rate reached its lowest point in 1999 where it was actually lower than the property crime rate of 1988.

Decrease Juvenile Arrests; Maintain OYA Bed Use; & Reduce Juvenile Recidivism

Juvenile Crime Referrals For Property Offenses In Multnomah County

MOST SERIOUS OFFENSE	1995 *	1996*	1997*	1998*	1999**	2000***	% Change 1995-2000	% Change 1999-2000
Property Offenses	3808	3518	3169	2729	2409	2272	-40.3%	-5.7%
Burglary	337	350	405	247	234	224	-33.5%	-4.3%
Criminal mischief (vandalism)	622	661	574	479	401	414	-33.4%	3.2%
Fraud/forgery	76	61	81	68	71	51	-32.9%	-28.2%
Theft	2213	1991	1661	1578	1430	1304	-41.1%	-8.8%
Motor vehicle theft	535	422	406	335	248	260	-51.4%	4.8%
Arson	25	33	42	22	25	19	-24.0%	-24.0%

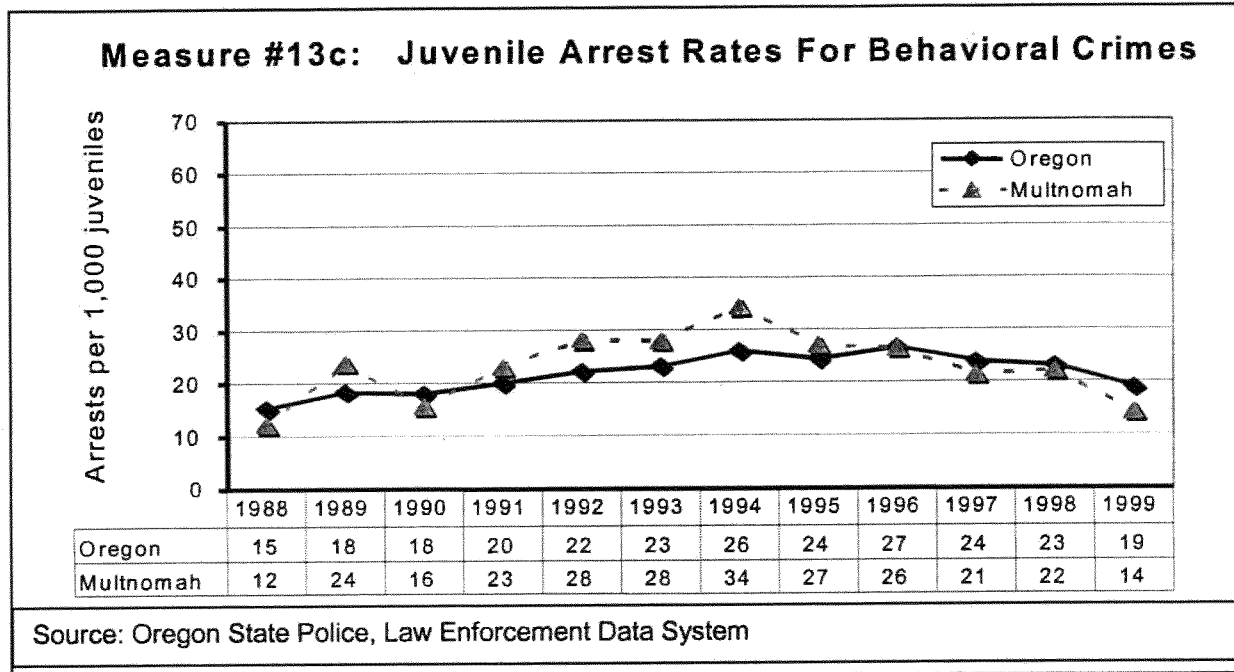
Source: Juvenile Crime Trends Report: Multnomah County, 2000; TJIS and Juvenile Information Network data systems

The table above presents the raw number of juvenile arrests for property offenses that were referred to DCJ from 1995-2000:

- Property offenses continued to decline. The number of property offenses decreased by 40.3% over the five-year period and by 5.7% since last year.
- Burglary showed a large decrease over the five-year period (33.5%), but only a very slight decrease over the past year (4.3%).
- Criminal mischief decreased dramatically since 1995 (33.4%), but actually increased slightly over the past year (3.2%).
- Theft decreased greatly over the five-year period (41.1%), and decreased slightly from 1999 to 2000 (8.8%).
- Motor vehicle theft showed a large decrease over the five-year period (51.4%), but actually increased slightly over the past year (4.8%).

Decrease Juvenile Arrests; Maintain OYA Bed Use; & Reduce Juvenile Recidivism

Juvenile Behavioral Crimes:



Behavioral crimes include weapon violations, prostitution, violation of drug violations, gambling, crimes against family, driving under the influence of intoxicants (D.U.I.I.), liquor violations, disorderly conduct, and curfew and runaway violations.

- Except for a downturn in juvenile arrests for behavioral crimes in Multnomah County in 1990, from 1988 to 1994, this rate increased over this time period (as did the state rate) from approximately 12 per thousand to a high of 34 per thousand in 1994.
- Since 1994, there has been a consistent decrease in the rate of juvenile arrests for behavioral crimes. This rate reached its lowest point in 1999 at 14 per thousand youth approaching the county's lowest level in 1988 (12 per 1,000).
- It is interesting to note that the rate for Multnomah County was almost always higher than the state rate until 1996 when over the past four years the rate has been below the state average.ⁱⁱ

Decrease Juvenile Arrests; Maintain OYA Bed Use; & Reduce Juvenile Recidivism

MOST SERIOUS OFFENSE	1995*	1996*	1997*	1998*	1999**	2000***	% Change 1995-2000	% Change 1999-2000
Drug offenses	298	393	445	431	390	413	38.6%	5.9%
Weapons offenses	186	154	175	119	146	122	-34.4%	-16.4%
Other offenses iii	1036	1067	1134	1125	948	1088	4.9%	14.7%

Source: Juvenile Crime Trends Report: Multnomah County, 2000; TJIS and Juvenile Information Network data systems;

The table above presents the raw number of juvenile arrests for behavioral offenses that were referred to DCJ from 1995-2000:

- The number of drug offenses increased by 38.9% from 1995 to 2000 but showed a smaller increase (5.9%) from the previous year.
- The number of weapons offenses decreased since last year and was 34.4% lower than the number in 1995. There was also a decrease in these types of offenses from 1999 to 2000 (16.4%).

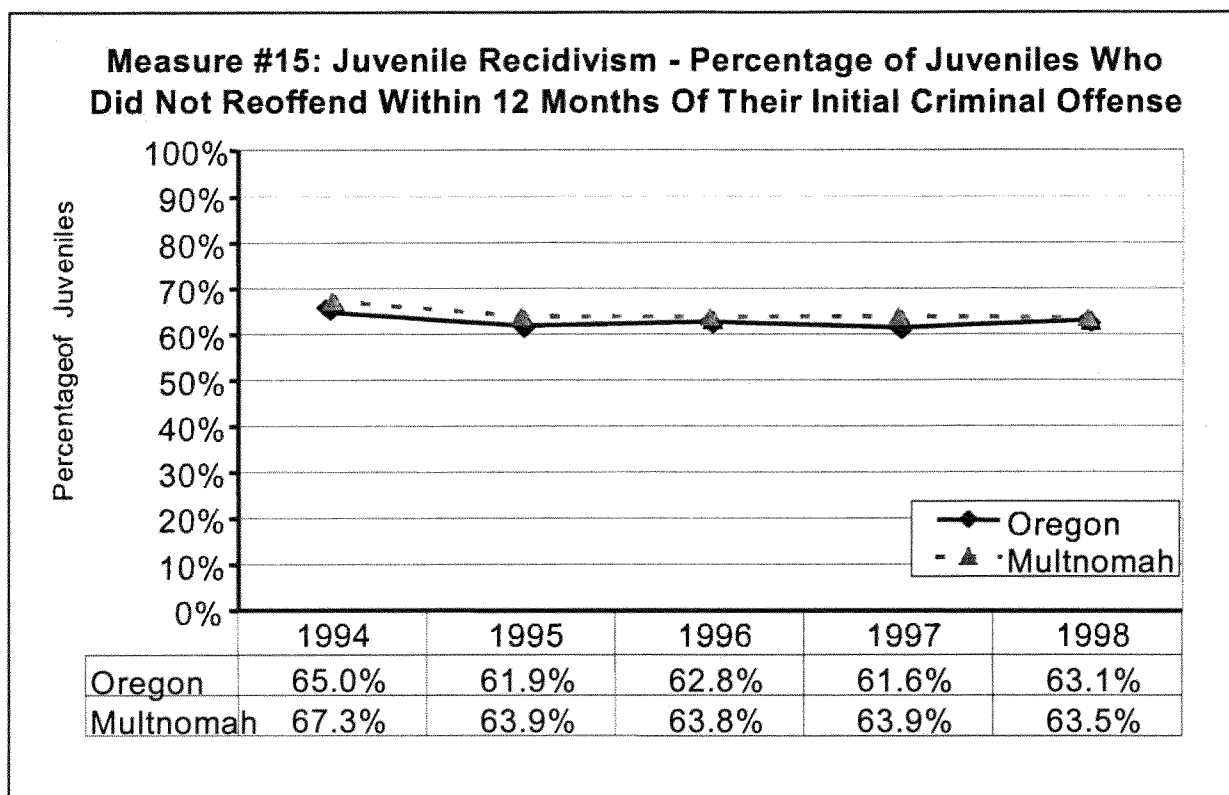
Oregon Youth Authority Bed Use

Multnomah County has the largest single county allocation of Close Custody beds provided through the Oregon Youth Authority (OYA), representing 98 (or 17.4%) out of the total 530 available to all counties in the state^{iv}. These allocations were based on the percentage of youth age 0-17 in the population and arrests of youth in the same age group. The Oregon Youth Authority has divided the state into five regions for purposes of monitoring bed usage. The counties in each region are expected to maintain a utilization rate that is based solely on the bed usage within the region and not on utilization of a particular county. Multnomah, Clackamas and Marion counties comprise the North Valley Region. Since January, 2001, the region has exceeded its cap seven out of 39 weeks, or 18% of the time, usually by only one bed.

Multnomah County provides prevention programs and a continuum of graduated sanctions and services, including alternatives to secure custody, which help to reduce the use of OYA beds. Multnomah County continues to vigorously pursue these activities with both County general funds, State funds and grant funding.

Decrease Juvenile Arrests; Maintain OYA Bed Use; & Reduce Juvenile Recidivism

Juvenile Recidivism



Source: Oregon Youth Authority and Oregon Juvenile Justice Directors Association - Juvenile Recidivism, Oregon's Statewide Report on Juvenile Recidivism

- Juvenile recidivism rates in Oregon and Multnomah County have been very stable since 1994 when consistent measurement practices were put in place: Roughly two out of three juvenile offenders do not reoffend within 12 months of their initial criminal offense.
- Multnomah County's recidivism rate has generally run slightly above the Statewide rate, but in 1998 the rates were both 63%.

Multnomah County's Department of Community Justice has researched juvenile recidivism in an effort to try to identify characteristics of youth at relatively greater risk to recidivate and to better understand the public safety implications of recidivism. Based on a study of juveniles who committed a criminal offense at some time in 1999^v, and

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then re-offended within one year of their initial offense, Multnomah County explored the types of crimes they initially committed, as well as the types of re-offenses^{vi}. Overall, 68.8% of juvenile offenders did not commit a new criminal offense (or criminal referral) within 12 months of their initial offense. The recidivism rate for the last five years has changed very little, although there was a moderate decrease in the rate since last year's report. The following is a summary of some of the other key findings from this research:

- Just over 8.5% of the juveniles committed just under 60% of all new criminal re-offenses (291 youth, 1,891 allegations).
- 6.6% of youth committed just over 45% of all new criminal re-referrals within a 12-month period.
- Decrease in the average severity score for re-offenses as compared to the initial offense severity score for youth who recidivated (13.3 to 12.5).
- The sub-population of youth who return to DCJ by committing another criminal offense within one year of their initial offense in 1999 (n = 1,061) was more likely to be male (77.0%), slightly younger than the mean age (14.8 years vs. 14.9 years), and Caucasian (54.0%).
- A disproportionate number of African-American youth (33.5%) were among the recidivist population.
- Recidivist youth were more likely to have had their first delinquency referral at a younger age (13.6 years vs. 14.5 years).
- The sub-population of the recidivating youth, although small relative to all youth referred to DCJ (8.5% of all referrals), committed well over half (59.6%) of all new criminal activity.
- Most of the recidivating youth were males (85.6%), over 14 years of age (79.4%), and Caucasian (46.0%).
- A disproportionate number of youth in this sub-population of "problem" recidivating youth (38.1%) were African-American.
- More than two-thirds of these youth (68.4%) had their first delinquency referral at age 14 or younger, and slightly less than one-third (32.3%) had had dependency referral in their past, most of these occurring at or before the age of 7 years (58.5%).

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Cultural And Gender Competency

In May 2001, the Juvenile Division of the Department of Community Justice released a Cultural Competency Plan that was developed over several months by a team of over twenty staff of the Department. The plan describes the current status and challenges of cultural competency efforts in the department and lays out a plan for addressing these issues. Areas focused on in the plan include:

- Human Resources--Recruitment and selection; Promotion, career development and professional development
- Community
- Contracted Services and Programs
- Departmental Programs and Services
- Assessments, Case Plans and Treatment Services
- Cultural Competency Training
- Research and Evaluation
- Management Information Systems

A consultant has been hired who will assisting the Division in developing its programs and services as well as working with contractors to assist them in evaluating their services and developing and implementing their own cultural and gender competency plans. The Cultural and Gender Competency Committee will meet on a regular basis to review the progress of plan initiatives.

Summary

Until the past two years, the trend over time has been for decreased numbers of juvenile criminal referrals to the Department of Community Justice. In 1999 and 2000, this trend abated, and in 2000 there was a slight increase in the number of referrals. The unduplicated number of youths being referred continued to decline until becoming stable over the past two years. The number of unduplicated re-offenders remained stable as the total number of youth declined, until the past year, when there was a slight decrease in the recidivism rate. The combination of these two trends has resulted in fewer youth entering the system initially *and* fewer youth coming back into the system for repeated offenses.

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In Multnomah County, there has been a consistent increase in the total number of 10-17 year old youth since 1993. Despite the increases for this age group over time, the proportion of this population who were referred to the juvenile justice system has consistently decreased. Further, the proportion of referred youth has decreased at a large enough rate each year to also result in a decrease in the actual number of juveniles referred to DCJ until the numbers leveled off in 2000.

With juvenile criminal referrals decreasing, the type of crime that dropped most dramatically over time was property crime. Person crime and weapons offenses also dropped, but at a much slower rate. Drug offenses were the only type of crime that increased in some years, and this increase may be due to increased law enforcement attention to this type offense in certain years.

In comparison to national juvenile crime trends, Multnomah County experienced some of the same changes (from 1998 to 1999) as the rest of the nation, although some showed even more dramatic decreases than the national figures. Multnomah County witnessed a substantial decrease in total person crimes, while homicide rates showed an increase, a contrast to national trends. A few crimes, such as fraud/forgery arson showed slight increases from last year, with weapons offenses showing a relatively large increase.

Finally, it is clear that the number of serious, violent and chronic juvenile offenders remains very small *relative to the overall population of 10-17 year olds* in Multnomah County. Even when this group of juvenile offenders is compared to the number of juvenile offenders, the proportion was still relatively small. It is important to remember this when we hear of juvenile crime that is reported by the media. The fact is that juvenile offenders remain a very small proportion of all youth in Multnomah County – and the number of violent juvenile offenders has been even smaller.

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Best Practices Research

Research shows that what works to prevent delinquency and to turn around low risk youth is not the same as what works to stop the criminal behavior of medium/high risk youth. In fact, sometimes it is just the opposite. For example, a combination of supervision, services and sanctions has been shown to be the most effective strategy for reducing recidivism among medium/high risk offenders. However, bringing low risk youth into sustained contact with juvenile system actually increases the likelihood of recidivism.

What Works To Prevent or Intervene Early in Delinquency

<i>What Works</i>	<i>What Does NOT Work</i>
<ul style="list-style-type: none">■ Keeping youth in school■ A caring relationship with a responsible adult■ After-school activities which apply youth development philosophies including recreation, mentoring and gang prevention■ Tutoring■ Vocational training and employment skill-building when combined with intensive educational components.■ Neighborhood-based programs in high-risk areas designed to build on strengths and to respect cultural backgrounds/history.	<ul style="list-style-type: none">■ Mentoring relationships that are uncritically supportive, regardless of how a youth is behaving■ Gang street workers and citizen patrols when those efforts are conducted in isolation; however, these can be effective as part of more comprehensive approaches which provide juveniles with opportunities to get involved in constructive activities and provide support in building skills to change their behavior.

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What Works for Juveniles Involved in the Justice System

<i>What Works</i>	<i>What Does NOT Work</i>
<ul style="list-style-type: none"> ■ Graduated sanctions [such as day reporting, restitution, etc.] ■ Behaviorally-oriented treatment programs. ■ Targeted interventions ■ Successful programs have these common elements: <ul style="list-style-type: none"> ❖ Build on youth and family strengths ❖ Provide clear and consistent consequences for misconduct; provide opportunities for youth achievement and involvement in program decision-making ❖ Operate mostly outside the justice system ❖ Involve intensive contact ❖ Emphasize reintegration and re-entry services Offer youth a long-term stake in the community. 	<ul style="list-style-type: none"> ■ Conventional individual psychological counseling ■ Peer group counseling strategies in which offenders talk together without substantial interventions to address their underlying issues ■ Deterrence and “shock” approaches such as “Scared Straight” ■ Programs that DO NOT succeed have these common elements: <ul style="list-style-type: none"> ❖ One-time or short-term contact with offenders ❖ Unclear developmental rationale ❖ Little attempt to change the environment or “ecological” situation.

Multnomah County has used these guidelines in the development of our comprehensive plan.

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SERVICES AND PARTNERSHIPS

A listing of contracted partners in activities associated with juvenile crime prevention has been updated in the Partner Identification Matrix. Many of the programs are provided by the County through either county, state, federal or grant funding. The Juvenile Strategic Planning process, which was completed in October 1998 and updated in 1999, was used in developing Multnomah County's Juvenile Crime Prevention Plan. This has provided the framework for developing and implementing programming within the juvenile justice system.

ANALYSIS

Multnomah County has the advantage and disadvantage of being the largest and most ethnically diverse county in the state. This circumstance provides a wider depth of resources than many counties may have, including research and evaluation resources, while also providing an urban environment unique within Oregon. However, the County often has difficulty placing some of its youth in treatment and residential care due to the severity of the criminality or due to cultural or gender-specific needs. The rate of Multnomah County's bed usage at the Oregon Youth Authority has benefited from the fact that the County has developed an array of detention alternatives and probation sanctions through their Detention Reform efforts. . Several participants in the planning process indicated that their preferred wording for this high level outcome would indicate that the County is committing to stay within its cap and that the current wording could be inappropriately construed as implying that it is our goal to keep enough youth in OYA to stay at capacity. The County's local general funds provide many innovative programs that assist youth and families. Due to its population size, Multnomah County has also been able to develop such innovative programs as the Community Justice Initiative, which works in communities with high juvenile crime rates to help community members improve their own risk factors in relation to juvenile crime.

Multnomah youth and their families are often unable to avail themselves of services until the youth has been arrested, which creates the burdens of stigma and a criminal record for the youth, as well as additional time and expense for the government. Youth who are labeled as juvenile delinquents or gang members often find their access to services curtailed due to these labels. Although the department collaborates significantly with other system entities that drive the system, there are areas that can continue to benefit from additional collaborative efforts. Other system-wide concerns are the adverse effect

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of confidentiality laws, especially in relation to alcohol and drug, mental health and schools and the fact that information systems do not communicate with each other. We will discuss the strengths and barriers within several different parts of the community that affect juvenile crime.

Community

Strengths:

- Multnomah County services for youth are in large part effective because of a very involved community. This includes the Caring Communities program that is made up of neighborhood and other community groups who actively work to improve the effectiveness and livability of their communities.
- Non-profit and not-for-profit agencies provide a wide range of programs for youth, such as after-school programs provided by the Boys and Girls Clubs, PALS, the Parks Department and House of Umoja.
- Summer camps and summer activities are useful in providing activities to keep youth occupied in positive activities during their free time, as are programs provided by the Regional Arts and Culture Council.

Gaps

- A significant concern with community resources is the insufficient availability of cultural and gender specific services, especially for African American and hispanic youth and mental health services for Asian Americans, at a time when the population of youth needing these services is increasing.
- A lack of capacity and access to services for youth at the community level results in an inability to divert youth from juvenile court when it would be otherwise appropriate.
- Many service providers in the community have not received training in providing culturally and gender competent services, although the county has created a comprehensive cultural competency plan and is now requiring that their contractors develop a compatible cultural competency plan. A consultant has been hired by the County to assist their providers in developing and implementing these plans.
- Youth who are on parole often suffer from poor or no services due to a lack of parole resources.

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Barriers

- The community tends to criminalize adolescent behavior that could be dealt with more positively.
- There is a need to educate the community in methods of more effectively dealing with this behavior without causing the youth to enter the criminal justice system and yet holding the youth accountable.

Business

Strengths

- As it has across the country, the juvenile crime rate has decreased as economic conditions have improved.
- Employment programs such as worksystems, inc. through their Youth Opportunity Center (YO) have offered youth the opportunity to be positively involved in employment.
- One utility company, Portland General Electric, has developed a program called Community 101 to encourage community involvement.

Gaps

- The business community in general has not taken an active involvement in the juvenile justice system

Families

Strengths

- The Department of Community Justice has focused juvenile probation services on families as well as youth. DCJ has recently formed a Family Services Unit to work with probationers and parolees with young children and families where the parents are on adult probation or parole and where youth are involved with the juvenile justice system.
- Low-income parents find it difficult to pay fees to allow their children access to recreational and other programs which can give them a positive outlet and positive peer associations, or for needed treatments. The Department uses flexible funds to purchase these types of activities for youth.

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- The Probation Orientation Program helps families understand what is expected of them when a youth is on probation.
- Family Service Centers in every area of the county are resources for families in need, including Asian and African American specific centers.

Gaps

- There is a need in the community to identify high-risk families and provide parental guidance and training.

Barriers

- Youth who become involved in the juvenile justice system are often from families where there is a lack of parental supervision and involvement.

Schools

Strengths

- The Department of Community Justice has developed a School Attendance Initiative that works with truant youth in grades K-8 and their families to identify barriers and to improve school attendance.
- The schools have developed a gender specific initiative to provide more effective services for youth.
- The Juvenile Rights School Retention Initiative will begin in the fall and is expected to have a positive impact on maintaining school involvement.
- Conflict resolution programs have been developed and implemented in schools.
- The Juvenile Justice Detention Center has worked with the schools to provide effective educational services, including summer school, within the facility.

Gaps

- Schools lack the funding to provide services needed by high-risk youth.
- Teachers and administrators need to be trained in how to deal with high-risk youth.
- Although some after school and summer school options are available, there are not enough services to serve all the youth who need them.
- Schools are so overburdened that the amount of "red tape" and the length of time it takes to expel a child or to change districts creates too long a time frame to make the consequences truly effective.

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Barriers

- The financial system creates no incentive to support youth who will not graduate.
- Parents are often poorly informed about what options are available for troubled youth.
- Year-round school has not been implemented but may be a positive development for youth.
- Lengthening the school day would have a positive effect on juvenile crime, as the period of time after school is the time of day that the highest juvenile crime rate.

Police

Strengths

- Community policing, especially in the Northeast part of Portland has given the police more visibility and involvement in the community.
- The Department has partnered with police and initiatives to address gun violence and gang crimes.
- Police understand the juvenile justice system and work with the department to divert youth who commit status offenses from detention and other costly intervention to more appropriate intervention.

Barriers

- Policing resources need to be appropriately focused on weapons, violent person crimes and drug crimes.

Treatment And Residential Services

Strengths

- The County has recently opened the Residential Alcohol and Drug Treatment Unit and Drug Treatment Court that provide treatment for youth that have failed in other programs.
- A Multi-systemic Therapy Program (MST) has been developed to provide treatment to youth within their natural environments.
- The availability of Flex Funds makes services more accessible.

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- The Assessment, Intervention and Treatment Program in the Juvenile Justice Center makes it possible to assess youth's mental health and psychosocial needs and determine the appropriate placement.
- The New Avenues for Youth (NAFY) Program provides an opportunity to assess and refer status offenders without the intervention of the juvenile justice system.
- The Secure Residential Treatment Program (S RTP) coordinates assessment, adjudication, placement, treatment and community supervision for juvenile sex offenders on probation.
- The County provides a continuum of care to address youth addiction.
- A Center for Substance Abuse Treatment (CSAT) grant has been in place to provide dual diagnosis and case management for youth needing treatment within the system. (However, this grant expires in October, 2002.)
- The County has implemented a Juvenile Treatment Court for youth with treatment issues.
- The Department of Community Justice and the County Office of Addiction Services work collaboratively to provide appropriate, coordinated services for youth in need.

Gaps

- There is a lack of treatment options for mental health care, especially for Asian Americans.
- There is a lack of accessibility to culturally competent services.
- Lack of long-term placements for youth, such as residential placements and treatment foster care, often means that youth are forced to return to unhealthy home environments. This is especially true of alternative placements for youth needing placements for mental health, alcohol and drug, gender specific (especially for girls), sexual orientation, African American, youth with aggressive behaviors and fire setters.
- The system lacks sufficient gender specific residential treatment.
- There is a lack of access to Oregon Youth Authority residential resources.
- Provider education is needed to train and encourage treatment providers in methods of holding youth responsible without using the criminal justice system.

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Barriers

- The oldest and most at risk youth are also the most difficult to place.
- Case processing ceases or becomes much more complex when a youth turns 18 during the process of juvenile case management.

System Planning, Research And Evaluation

Strengths

- Positive partnerships have been created with the implementation of the Juvenile Crime Prevention Plan and the system of joint case management between OYA and the County.
- The Alternative Placement Committee is a joint effort of OYA and the County that gives the opportunity for the two entities to work jointly to identify alternatives to incarceration and appropriate placements for youth.
- The County has greatly improved its internal research and evaluation efforts and has begun to institutionalize the practice of thoroughly evaluating all new programs.

Gaps

- The system suffers from a lack of longitudinal studies to determine strategic directions.

Barriers

- There is a need to improve system-wide planning with OYA and SCF, as well as the judiciary, police and schools.
- Although the implementation of the juvenile crime prevention plan has created a forum for dissemination of information concerning best practices, the system needs to put more consistent emphasis on the use of these tools.
- There is a tendency to continue to utilize programs that are not best practices out of stagnation or due to political pressures.

Other County Programs

Strengths

- The Take the Time asset-building program of the local Commission on Children, Families and Community has been useful in deterring crime and recidivism.

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- The County has low probation caseloads, allowing juvenile justice staff to have maximum interaction with youth.
- A state of the art detention facility means youth are engaged in increased school, educational opportunities and programming while in detention.
- Most youth who commit misdemeanor offenses are diverted from probation supervision to community service.
- The Department of Community Justice has developed and implemented a comprehensive assessment of risk, needs and strengths.
- Comprehensive case planning and coordinated case management has been integrated into the system, with a focus on families and communities.
- A system of graduated sanctions has been developed and built into the system.
- The Day Reporting Center provides a high level of supervision, structure and accountability as a sanction for probation violations and for pre-adjudicated youth.
- The Community Justice Initiative works with three neighborhoods with a large number of high-risk youth to foster opportunities for community members to change living conditions, which may contribute to juvenile crime, and to train natural leaders to maintain the process.

Gaps

- Large budget reductions in county funding have seriously cut into the number of services that can be provided under the current system.

High Level
Outcomes
#13,14,15

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PEOPLE TO CONTACT FOR ADDITIONAL INFORMATION

- For additional information on this "High Level Outcome":

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- For additional information on Multnomah County's SB 555 Plan:

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ⁱ Pratt, Clara, et.al. Building Results: From Wellness to Positive Outcomes for Oregon's Children, Youth and Families, 1997.

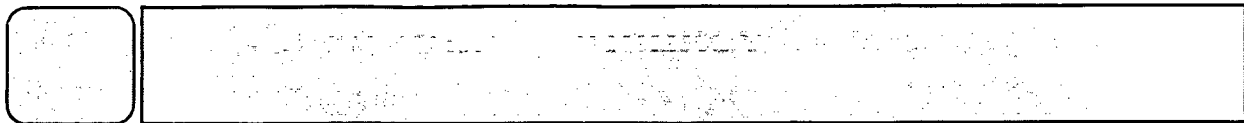
ⁱⁱ Of all the rates reported here, it should be noted that the rate for behavioral crimes is more susceptible to policy changes than the others. That is, increases or decreases over time may not necessarily represent "true" changes in the actual crimes being committed by youth. These changes could be as a result of changing law enforcement strategy or local policies related to arrests for drug use by youth in the county (e.g., local drug "sweeps").

ⁱⁱⁱ "Other" offenses include some 13 felony and 77 misdemeanor allegations, which do not fit into any of the other possible categories. Some examples are: Criminal Trespass, Animal Abuse, Harassment, Menacing, Disorderly Conduct, Reckless Endangering Another Person, Intimidation, Eluding Police. A complete list of the charges is included in the appendix of the original report.

^{iv} Based on 1999 data provided by the OYA and Juvenile Department Director's Association (OJDDA).

^v This rate includes days in which youth may have been in secure custody and, therefore, would not have had the opportunity to re-offend. As soon as a methodology is approved by the State-wide Recidivism Committee to control for "days of opportunity" this will be included in the analysis.

^{vi} The recidivism rate in this report does not include cross-country or "cross-jurisdictional" offenses because our data system, JIN, does not as yet link with the statewide system, JJIS. The Oregon Youth Authority (OYA) is able to calculate recidivism including cross-jurisdictional offenses but their report on 1999 recidivism will not be available for several months. In past years there has been a difference of approximately 3% between the rate calculated controlling for cross-jurisdictional as compared to that which does not include cross-jurisdictional offenses. That is, the rate calculated by the State will probably be *about 3% higher than the rate calculated by Multnomah County alone*



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Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

Adolescent child bearing is often associated with long-term difficulties for the mother, her child, and society. The birth rate of adolescents under age 18 is of particular interest because the mothers are still of school age. Compared with babies born to older mothers, babies born to adolescent mothers, particularly young adolescent mothers, are at higher risk of low birth weight and infant mortality. They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas. For mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential. These consequences are often attributable to poverty and the other adverse socioeconomic circumstances that frequently accompany early childbearing.ⁱ

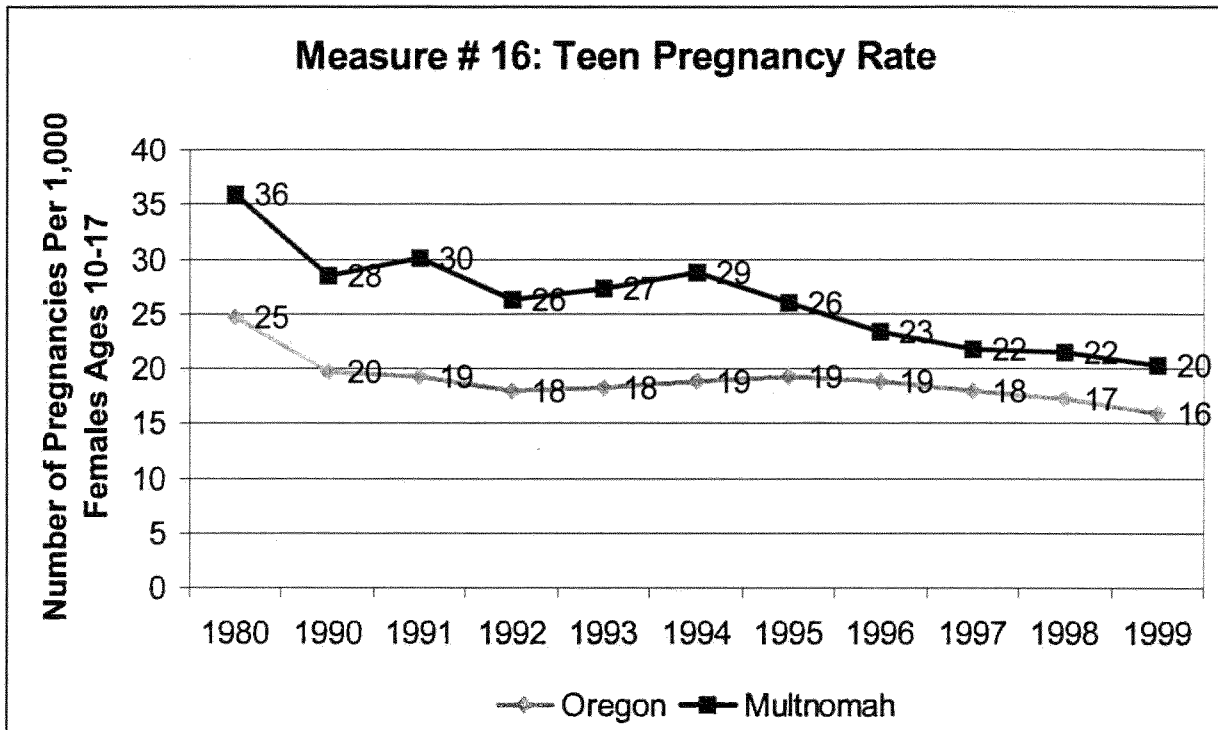
Consequences of Adolescent Childbearing

Adolescent pregnancy is not a new phenomenon, yet it represents different challenges for teens today compared to previous generations. In an increasingly competitive economy the adolescent years must be devoted to education and building the skills needed to hold a decent job. These tasks become increasingly difficult while parenting. Although not all teen mothers become long-term welfare dependent, almost half of all adolescent mothers and over three fourths of unmarried teen mothers begin receiving welfare within five years of the birth of their first child.ⁱⁱ The likelihood of a negative health outcome occurring for children of adolescent mothers are greater than for children of mothers who are in their 20's or older. For example, the children of adolescent mothers are more likely to be born prematurely and at low birth weight. Adolescent parents are more often single parents. Children who grow up in single parent homes are more likely to do poorly in school, have lower aspirations for educational attainment, and increased risk of becoming an adolescent parent. Children of adolescent mothers are much less likely to succeed in school. They are more likely to live in homes that are of poorer overall quality, they have higher rates of behavior problems, and suffer higher rates of abuse and neglect.ⁱⁱⁱ

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

NATIONAL, STATE AND LOCAL DATA



Source: Oregon Benchmark Performance Report 1999, Oregon Health Division

- Multnomah County's teen pregnancy rates have declined by about 1/3 since 1994, and they have declined nearly half (45%) since 1980, reflecting similar trends statewide. Most recent data for the year 2000 shows the rate dropping to 19.1 in Multnomah County.
- In the year 2000, the Statewide teen pregnancy rates dropped even lower to 14.0 which is below the targeted benchmark level. This is viewed a big success.

The teenage pregnancy rate in the United States is much higher than in many other developed countries—twice as high as in England and Wales, France, and Canada and nine times as high as in the Netherlands or Japan ^{iv}

Decrease Teen Pregnancy*As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.*

The Oregon Health Division reports the following information on teen pregnancy rates in Oregon and Multnomah County in 2000.

Area	Number of Pregnancies By Age					Pregnancy Rates per 1,000			
	All Ages	<15	15-17	18-19	15-19	10-17	15-17	18-19	15-19
Oregon	57,744	131	2,522	4,993	7,515	14.0	35.2	104.4	62.9
Multnomah County	13,462	32	573	1,128	1,701	19.1	46.8	138	83.3

Teen Pregnancy Rates by Age

Teen pregnancy rates have declined in Multnomah County among all age groups between 1994 and 2000.

<15 years of age

Consensus is widespread that all pregnancies among adolescents younger than 15 are inappropriate and that ideally the target number should be zero. Nearly two thirds of pregnancies in the age group end in induced abortion or fetal loss. Because of relatively small number of events (and small sample sizes for fetal losses) involved, the resulting rates are not as stable as for older females. Almost no discernable decline in pregnancy rates for this age group occurs on an annual basis ^v

10 to 17 years of age

Objective 1.2 of Multnomah County Health Department's Strategic Plan is to annually reduce the adolescent pregnancy rate for females 10 to 17. This age group was selected for purposes of comparison over time to the state benchmark. *Note that in July 2000 the state benchmark was modified to measure pregnancy rates per 1000 females: ages 10 to 14 and 15 to 17 ^{vi}

15 to 17 years of age

Young women ages 15 to 17 are considered school age. Early parenting limits a young mother's likelihood of completing the high school and post-secondary education necessary to qualify for a well-paying job. The National Healthy People 2010 Target rate for females 15 to 17 is 43 per 1,000 females. At 46.8 pregnancies per 1,000 females, age 15 to 17 Multnomah County's rate is slightly higher than the National target. Multnomah County is the most populous county in Oregon with 19.6% of the States' population.

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

18 to 19 year of age

Young women in this age group are more likely to have graduated from high school and therefore less vulnerable than younger women to some of the educational, social, and economic difficulties associated with a pregnancy. However, when compared to similarly situated women who delay childbearing until age 20 or 21, adolescent mothers and their children are more likely to experience a number of adverse social, health and economic consequences ^{vii}

Additional Demographic Information

The Health Division also reports teen pregnancy information by race and ethnicity. These statistics include information on teens 19 and under that either gave birth or had an abortion. In 1999-00, there were 5,331 teen pregnancies in Multnomah County. Of this number, 73.6% of the pregnant teens were White; 16.9% were African-American; 6.9% were Asian; 2.2% were American Indian; 0.3% other non-white; and 14.8% were Hispanic of all races.

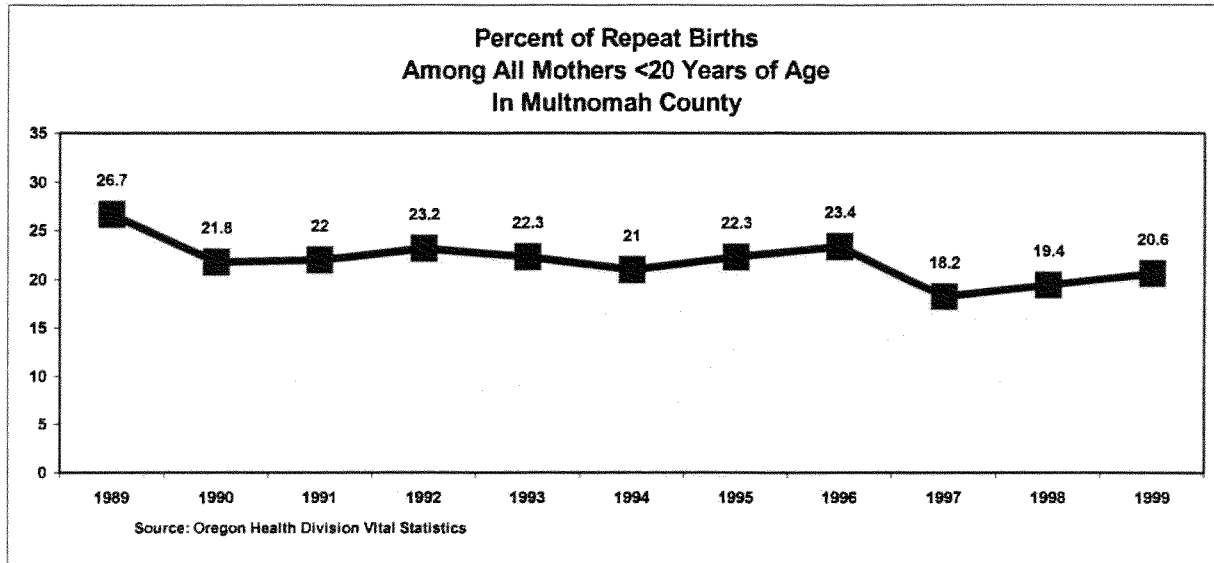
Multnomah County's Health Department reports that in 2000, women age 19 and younger, accounted for 10.1 % of all births in the county, 18.8% of all first births and 41.1% of all first births to unmarried mothers. Fifty-nine of those having a first birth had no high school diploma or GED at the time of delivery. Fifty nine percent of births to mothers age 19 and under were paid for with public assistance.

Repeat Adolescent Childbearing

In 1991, 22% of Multnomah County births to adolescents were second and higher order births compared with 18.2 percent in 1997. Figure 1 shows the percent of repeat births among mothers less than 20 years of age in Multnomah County from 1989 to 1999. Although there has been a decline in the percent of second or higher order births to women under age 20 in Multnomah County, the variation and slight fluctuation between years warrants continued careful monitoring over time and provides rational for Multnomah County to continue to address prevention of subsequent childbearing among adolescent parents.

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.



Adolescent Sexual Behavior

Recent studies have attributed changes in adolescent behavior to declining teen pregnancy and teen birthrates. Declines in teenage pregnancies can be achieved through two mechanisms—changes in sexual behavior and changes in contraceptive use. Broad societal factors underlie both mechanisms. Both the Alan Guttmacher Institute and the Child Trend Research Center released reports in 1999 that examined the reasons for the decline using the most recent data to document the breadth of drops in teen pregnancy. They examined the contributions to these trends of changes in abstinence, the sexual behavior of those who ever had intercourse and contraceptive use. The analysis was based on information from the 1988 and 1995 cycles of the National Survey of Family Growth (NSFG) and recent information on rates of teenage pregnancies, births, and abortions. The national findings show that reduction in sexual activity and use of more effective contraceptive methods played a role in the declines in teen pregnancy rates and birthrates.

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

SERVICE INVENTORIES AND PARTNERSHIPS

Adolescent pregnancy and childbearing involves behaviors affected by a set of complex inter-related individual, social, and environmental factors. Therefore, best practices for pregnancy prevention utilize multiple public health strategies designed to meet the needs of sub-populations within the county. Multnomah County provides a continuum of pregnancy prevention services that include:

- 1) Providing **early primary prevention** through age appropriate interventions for younger teens that begin in the 6th and 7th grade and provides skill-based tools and information that young people need to resist societal and peer pressures to become sexually involved. STARS (Students Today Aren't Ready for Sex), Oregon's abstinence education program, began as a demonstration project in Multnomah County in 1994.
- 2) **Partnerships with community**-based programs to facilitate communication and collaboration among individuals, agencies and organizations who share a common vision for pregnancy prevention, youth development, and support for young parents. The Network on Teen Pregnancy and Young Parenting is comprised of 150+ service providers representing over 70 agencies or programs in Multnomah County, as well as a number of interested individuals. It has been in existence since 1992.
- 3) Effective **male involvement** addresses personal behaviors and decision-making and allows boys and young men to experience the impact they have in their communities. The roles men and boys play in their families, relationships, and community all influence the teen pregnancy rate. Successful male involvement provides ample opportunity for adult males to serve as role models, mentors, and coalition leaders and members. Male involvement is an essential public health strategy because men play an important role in taking responsibility for planning pregnancies and parenting children. Multnomah County has participated in male involvement through development of education materials, conducting focus groups, initiating and supporting a Male Involvement Task Force and assessing current services for ways to increase male participation including both young men and older men.
- 4) **Access to reproductive health services.** School Based Health Centers have been providing services since 1986. The Multnomah County Health Department School-Based Health Center Program offers comprehensive, age-appropriate and culturally sensitive reproductive health services. These services including reproductive health guidance, abstinence education, sexually transmitted infection (STI) and HIV

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

prevention, and family planning services. Oregon statute permits persons of any age to obtain reproductive health and family planning services and treatment of STIs without parental consent. However, it is the Multnomah County Health Department's policy to encourage students to involve parents or guardians in all aspects of their health care.

- 5) **Providing secondary prevention through programs that serve pregnant and parenting teens to help them avoid a subsequent pregnancy.** The difficulties associated with adolescent childbearing are not always a consequence of the birth, but are often part of the adolescents' experience prior to pregnancy and childbearing. Many times the adolescent parent has experienced many complex events and socio-economic conditions that put the adolescent at risk of becoming pregnant or causing a pregnancy before she/he was ready. After pregnancy, the adolescent may face a lack of support throughout her/his life; the assumption that she/he can't be a good parent; a welfare system that keeps her/him in poverty and forces her/him to live in unacceptable home environments; little chance of assistance with education or job training programs; and few opportunities to understand their own sexuality and potential as a future mother or father. The adolescent needs support in all of these areas in order to succeed in making healthy, informed choices around childbearing and repeat childbearing. Multiple agencies provide services for adolescent parents in Multnomah County. The Connections Program for Young parents is a collaborative effort that includes pregnancy prevention as a key component of services.
- 6) **Father Involvement** Multnomah County Health Department has a long and successful history of providing Maternal and Child support services to young mothers. This past year those services have been expanded to include support for young fathers. The *Healthy Fathers and Families Program* serves fathers or other significant males of high-risk pregnant women and their families. Due to the multiple risks associated with too early pregnancy and parenting, many of these high-risk pregnancies are among adolescents. A Community Health Worker who is a member of a Case Management Team provides community-based outreach, education, group facilitation, and support for a service plan tailored to the clients needs.
- 7) **Providing advocacy and leadership.** Teen Pregnancy Prevention is one of Multnomah County Health Departments Community Initiatives. In 1994 Multnomah County developed a Teen Pregnancy Prevention Coordinator position to serve health department staff and administration as well as community partners providing leadership, technical assistance, and strategic planning to assure that teen pregnancy prevention services are comprehensive and unduplicated.

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

ANALYSIS

Recent findings indicate that a reduction in sexual activity and use of more effective contraceptive methods have played a role in the declines in teen pregnancy rates and birthrates. These findings support Multnomah County's focus on primary pregnancy prevention programs such as STARS and School Based Health Centers that provide early intervention to delay the onset of sexual activity. The findings also support secondary prevention for those teens that are sexually active. Among School Based Health Center female reproductive health clients 96.6% did not get pregnant in 1998-1999.

The declines in adolescent pregnancy and birthrates raise additional questions for program planners. First and foremost we must ask ourselves how do we sustain those efforts that are having an impact. In other words, how do we continue to implement efforts that are research-based, guarantee quality program evaluation, and assure access to services? Secondly, how do we more clearly define the associated risks of those young women who become pregnant or bear children during their adolescent years?

Assessment of the strengths, gaps, barriers, and overlaps of the current services are described below. This analysis will be expanded to take a broader, more community-wide perspective as part of the Health Department's new strategic planning effort scheduled to begin in the Spring of 2002.

STARS (Students Today Aren't Ready for Sex) provides early primary prevention for 6th and 7th grade students in Multnomah County

Strengths

- Students receive 5 sessions delivered by trained teen leaders discussing:
 - The benefits of postponing sexual involvement
 - How the media influences decision making,
 - Managing peer pressure, and
 - Skill development through role plays
- Provides age appropriate interventions for younger teens
- Has been implemented in the public schools since 1995
- Has demonstrated effectiveness through evaluations.

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

- Six school districts in the county are incorporating the curriculum into their educational programs.
- The program is offered in 31 middle schools.
- STARS incorporates student leadership and peer support in its program.
- There were 252 "High School Teen Leaders" representing 18 high schools involved with the program last year.
- STARS was presented to 6,385 middle school students during last program year.

Gaps

The STARS program has identified gaps in a number of program areas, which diminish the ability of students, parents and teachers to gain a greater understanding of strategies to postpone sexual behavior.

- There is a need for more comprehensive sexuality education in schools. Recent survey data from the Kaiser Family Foundation indicated that parents, students, and teachers, want more information about sexuality made available to students.
- There is a need for booster or reinforcing messages about postponement of sexual involvement aimed at 8th through 10th grades. STARS is highly effective for 6th and 7th grade students, but there is a great demand for similar programming for older teens.
- Effective programs are lacking for working with adolescent boys in the area of pregnancy prevention and gender-specific sexuality education.
- Programs that support parents in talking to their children about sexuality issues.

Barriers:

- None identified at this time

Overlaps:

- None identified at this time

Participation in the local Network on Teen Pregnancy and Young Parenting.

Strengths

- Helps providers maximize resources and plan for more effective services.
- Invests energies and resources in supporting young parents and their families, postponing teen pregnancy, and empowering young people to make informed life choices.

Decrease Teen Pregnancy*As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.*

- Initiated the Teen Pregnancy Prevention Coalition, a sub-committee of the Network that is connected to statewide efforts and which brings together those providers and community members who share a common interest in this issue
- Network forums regularly enable providers from other systems of care to connect with teen parent providers, including: Early Headstart, SKIP Developmental Screening, Metro Child Care resource and Referral, homeless youth providers, domestic violence service providers, and community health nurses who work with high risk mothers and their infants.
- The Pregnancy Prevention Coalition is building new support and working to include faith communities and other informal community groups. The Coalition is the primary link in this county with state pregnancy prevention efforts. The current project is expected to result in recommendations for new services that will require time and commitment to implement. Without the Network facilitator this will not be possible, and the coalition will no longer receive staff support.
- Many network providers receive funding from County Departments including the Health Department, Department of Community and Family Services, and The Commission on Children and Families.

Gaps:

- Stability of County funding due to budget shortfalls in the County and the State.

Barriers:

- None identified at this time

Overlaps:

- None identified at this time

Male Involvement through discussion groups with males and the work of the Male Involvement Task Force**Strengths:**

- Successful completion of a pilot project funded by Adult and Family Services called Involving Males: A Meaningful and Respectful Approach. This was a partnership project with Portland Public Schools, Multnomah County Health Department, and Adult and Family Services. Phase two of the project included a series of 11 weekly, facilitated group discussions with 8 boys ages fourteen to eighteen at Marshall School Based Health Center. The facilitated group discussions are designed to provide an opportunity for the males to:
 - Discuss positive images about what it means to be male.

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

- Learn and practice skills to communicate more effectively and develop respectful relationships
- Gain an awareness of societal influences that shape negative perceptions of being a man
- Positively support one another
- Gain important sexual health information
- Involves Fathers which results in:
 - Strengthening of the father/child bond
 - Preventing teen pregnancies
 - Fathers receive support from other men who are parenting
 - Gained access to community resources and referrals
 - Improved awareness of the health and safety needs of their children i.e. immunizations, growth and development etc.
 - Increased knowledge and decision making around interconception periods
 - Improving or maintaining a healthy relationship with their children's mother.

Barriers:

- None identified at this time

Overlap:

- None identified at this time

Access to reproductive health services in School Based Health Centers

Strengths

- School based health centers are located in four middle schools and seven high schools
- Provided 30,022 client visits from July 1, 1999 to June 30th 2000.
- Reduces barriers to access by being located in the school site
- Provides age appropriate reproductive health services
- Offer comprehensive reproductive health services including reproductive health guidance, abstinence education, sexually transmitted infection and HIV prevention, and family planning services
- Utilizes culturally competent staff who are sensitive to the needs of adolescents.
- Long history of excellent services since 1986.

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

Gaps

- Not located in all schools in Multnomah County

Barriers

- Some school districts will only accept a School Based Health Center program if the reproductive health services are limited.

Overlaps

- None identified at this time

The Connections Program for young parents provides secondary prevention through programs that serve pregnant and parenting teens to help them avoid a subsequent pregnancy.

Strengths:

- Assesses the strengths and needs of pregnant and parenting adolescents and their children in Multnomah County, and refers them for a wide variety of services.
- Provides Assessment and referral at or before the point of delivery in the hospital
- Provides Intensive case management and support services for high risk adolescent parents not in a school based teen parent program;
- Provides Program coordination and evaluation.
- Has been providing services to teen parents since 1993.

Gaps:

- Direct services to young parents should adopt a stronger emphasis on Family Planning as an overall component of health by integrating family planning into the plan for the woman's future, working to decrease the separation between teaching family planning and the teaching other skills.

Barriers:

- None identified

Overlap:

- None identified

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

Providing advocacy and leadership

Strengths:

- Continuing work is being done to develop a comprehensive plan based on public health practices and good research to reduce unintended adolescent pregnancy. This plan would be based on an analysis of local data, defining a local definition of comprehensive approaches and by examining best practices.

Gaps:

- Greater efforts need to be made in working with local media (TV, radio, newspapers) to create and promote developmentally appropriate public health messages for teens.
- Resources need to be devoted to examining strategies to reach racial/ethnic minorities, gay, lesbian and bisexual youth, young males, and people with disabilities, with sexual health information.
- Innovative research based methods need to be used to integrate teen pregnancy prevention into additional county programs.
- Continued work needs to be done to develop male specific skill development and health promotion activities related to teen pregnancy.

Barriers:

None identified at this time

Overlaps:

None identified at this time

Decrease Teen Pregnancy

As measured by the rate of pregnancies (live births, abortions, fetal deaths) per 1000 youth ages 10-17.

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ⁱ Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-Being. 2000

ⁱⁱ (National Campaign to Prevent Teen Pregnancy, 1997.)

ⁱⁱⁱ (National Campaign to Prevent Teen Pregnancy, 1997; The Robin Hood foundation, 1998).

^{iv} (U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000).

^v (U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000).

^{vi} (Oregon Health Division Vital Statistics, 2000).

^{vii} (National Campaign to Prevent Teen Pregnancy, 1997; The Robin Hood foundation, 1998).

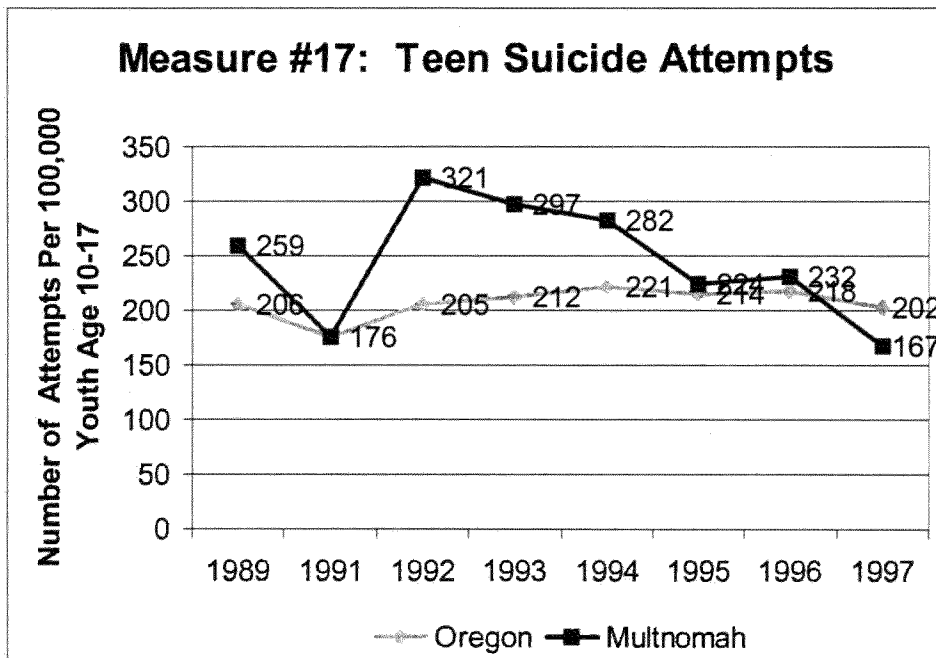
Decrease Youth Suicide

As measured by the number of suicide attempts by minors per 1,000 youth age 12-19.

Attempted suicide is a potentially lethal event. Among adolescents seriously considering suicide, factors influencing suicidal thoughts may include depression, feelings of hopelessness or worthlessness, and a preoccupation with death, but may not be related to risk factors associated with actually attempting suicide. Factors which may contribute to attempting suicide among adolescents include impulsive, aggressive, and antisocial behavior; family influences including a history of violence and family disruption; severe stress in school or social life; and rapid socio-cultural change. Substance abuse or dependence can be an important contributor in the escalation from suicidal thoughts to suicide attempts.

In several surveys of adolescents, as many as 10 percent of the respondents report having attempted suicide at least once. However, only a small proportion of those who report having attempted suicide also report having actually required medical attention for their injuries. As a group, suicide attempters with serious medical injuries are at higher risk of repeated suicide attempts and completed suicide than are suicide attempters with minor injuries.¹

NATIONAL, STATE AND LOCAL DATA

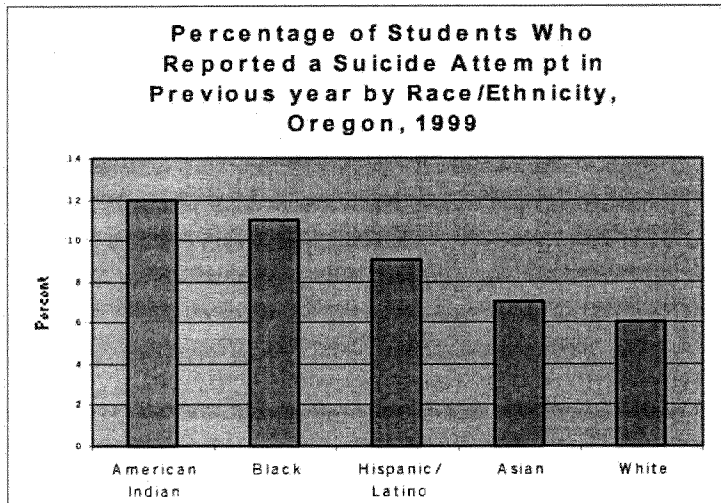


- The rate of teen suicide in Multnomah County has decreased steadily since its peak in 1992 and is now below at the lowest level in the past 8 years.
- Multnomah County's rate dropped below the statewide average for the first time in 1997.

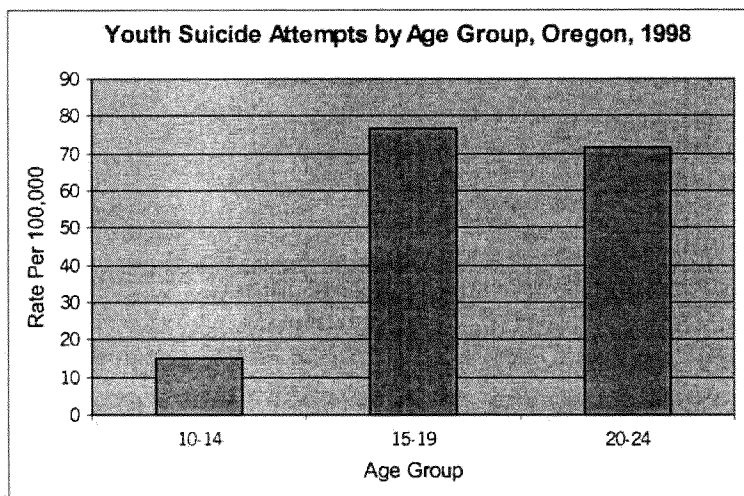
Decrease Youth Suicide

As measured by the number of suicide attempts by minors per 1,000 youth age 12-19.

National: In 1997 suicide was the third leading cause of injury death among adolescents 13-19 year of age. Two years later, one-fifth of all high school students in the United States reported having seriously considered or attempted suicide during the previous 12 months. One half of these students who reportedly considered suicide actually attempted suicide.



Source: Oregon Hospital Discharge Index



Oregon:

Approximately 75 Oregon youths die by suicide each year, making it the second leading cause of death among those aged 10 to 24. In 1998, the suicide rate among Oregonians in that age group was to 10.6 per 100,000. From 1995 to 1997, this state's teen suicide rate was 29% higher than the national average.

Even greater numbers of youth are treated in Oregon's emergency rooms for attempts they survive. In 1998, a total of 761 suicide attempts were reported to the Emergency Room attempt registry.

Emergency room personnel are required by law to report suicide attempts by adolescents to the Oregon Department of Human Services; however, these numbers do not include attempts that do not result in a visit to an emergency room.

Decrease Youth Suicide

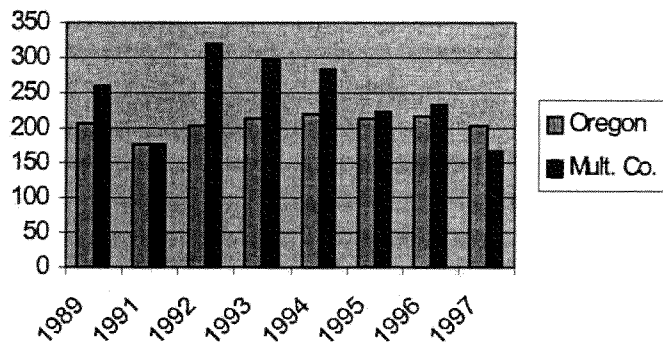
As measured by the number of suicide attempts by minors per 1,000 youth age 12-19.

Over 750 suicide attempts are reported each year. In the 1999 Oregon Youth Risk Behavior Survey, 16% of the state's youth – an estimated 26,000 individuals – reported seriously considering suicide.

Multnomah County:

Multnomah County rates of youth suicide have consistently declined over the past several years. In fact, they fell slightly below the Oregon rate in 1997.

**Number of Suicide Attempts by Minors per
100,000 persons age 10-17**



Source: Youth Risk Behavior Survey - 1999

SERVICES AND PARTNERSHIPS

Inventory of Services in Schools and Communities:

- Adventist Medical Center & Legacy Hospital Care Mark
- Al-Anon and Ala-Teen Family Groups
- Alcoholics Anonymous
- American Suicide Prevention
- ASAP Treatment Services
- Boys and Girls Aid Society
- Cascade Centers, Inc.
- Christie School
- Cocaine Anonymous
- CODA (Comprehensive Options for Drug Abusers)
- Doernbecher Children's Hospital OHSU/Child and Adolescent Mood Disorders Clinic
- Dougy Center for Grieving Children
- Eastwind Community and Family Center
- Immigrant and Refugee Community Organization (IRCO) Asian Family Center
- Janus Youth Programs, Inc.

Decrease Youth Suicide

As measured by the number of suicide attempts by minors per 1,000 youth age 12-19.

- Jewish Family and Child Services
- Legacy Emanuel Health Systems Project Network
- Morrison Center
- Narcotics Anonymous
- National Hope Line Suicide Prevention
- Native American Youth Association
- Neighborhood House
- North Portland Community & Family Center
- Operation E.A.S.Y., Inc.
- Oregon Council on Alcoholism & Drug Abuse
- Oregon Health Division Suicide Prevention Coordinator
- Oregon Outreach, Inc.
- Outside In
- Portland Public Schools Prevention Program
- Rosemont School, Inc.
- Suicide Bereavement Support
- Trillium Family Services, Inc Waverly Children's Home
- Tualatin Valley Centers Youth Addictions
- Unity, Inc.
- Youth Services Consortium and Youth Investment System

School Based Health Centers:

During the 1997-98 school year, 39 schools statewide had on-site school based health center to serve the medical needs of their students. Over one-fifth of all visit were for mental health care needs. Although thousands of students were treated, many more did not have access to school-based health centers. Multnomah County Health Department operates 13 of those centers in three different school districts. Multnomah County Education Service District also deploys school nurses to various other sites throughout the County.

Multnomah County Health Department School Based Health Centers

Lincoln Park Elementary School	Binnsmead Middle School
George Middle School	Lane Middle School
Portsmouth Middle School	Whittaker Middle School at Lakeside
Cleveland High School	Grant High School
Jefferson High School	Roosevelt High School
Madison High School	Marshall High School
Parkrose High School	

Decrease Youth Suicide*As measured by the number of suicide attempts by minors per 1,000 youth age 12-19.***ANALYSIS**

Efforts to reduce suicide rates show the most promise when multiple strategies are implemented simultaneously. There are many paths to suicidal behavior, but the presence of multiple risk factors in adolescents is linked to a dramatic increase in the probability of having made a suicide attempt.

The American Academy of Pediatrics intervention strategies for the prevention of youth suicide focus on five general areas: (1) basic education about suicide directed to the general public through such avenues as high school classes and television programming, (2) screening programs to identify individuals at high risk for suicide, (3) training of health care and community providers who serve as gatekeepers for intervention services, (4) treatment programs for those who have attempted suicide, and (5) efforts to address firearm availability as a risk factor for suicide.

While there is a wide range of services available in Multnomah County, more attention should be given to the coordination of the efforts countywide. When comparing local services to those recommended by the American Academy of Pediatrics, there are excellent treatment programs for those who attempt suicide and a strong coalition is addressing the risks of firearm access. More effort should be placed in basic education about suicide directed to the general public through such avenues as high school classes and television programming, access to services to high impact populations, and training for school and youth service program staff to recognize risk behaviors that could lead to self-destructive behaviors among young people.

Strengths:

- The 1997 Oregon Legislature established a Youth Suicide Prevention Coordinator position in the Department of Human Services, Office of Health Services.
- A statewide community planning team gave input into the state strategic plan.
- Over 500 Oregonians participated in the community assessment and planning process.
- Fifteen common strategies were identified for state and community-based action.
- Multnomah County supports thirteen school based health centers that provide needed intervention for youth.
- Two medical trauma centers are located in Multnomah County.

Decrease Youth Suicide

As measured by the number of suicide attempts by minors per 1,000 youth age 12-19.

Gaps:

- Schools and youth programs do not have financial resources to implement a comprehensive and sustained prevention education effort.
- Inadequate funds to implement the state and local plan suicide prevention plan.
- Comprehensive approaches to address the needs of children, youth and families are widely recognized, but not financially supported.

Barriers:

- Schools and youth program personnel are inadequately trained to recognize suicidal behavior.
- Access to culturally specific and competent programs is limited.
- Political pressure limits public agencies' ability to address youth access to guns as a lethal means of self-harm.
- Insurance reimbursement for mental health services is limited.
- Community commitment does not extend beyond the surviving families and service agencies.
- Young people desperately need to feel accepted.
- Media images have enormous influence on the self-esteem of youths.
- Lack of community understanding of the impact of racism, sexism, and homophobia on young people.
- Lack of coordination in Multnomah County service systems.

Overlaps:

- None identified at this time.

Decrease Youth Suicide

As measured by the number of suicide attempts by minors per 1,000 youth age 12-19.

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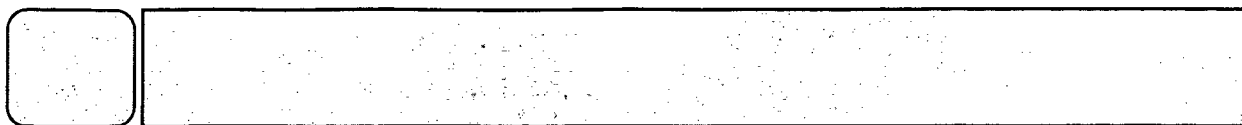
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➤ American Academy of Pediatrics

ⁱ U.S. Department of Health and Human Services. Healthy People 2010 – Understanding and Improving Health. 2000.



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Reduce High School Drop Out Rate*As measured by the percent of students dropping out of high school.*

Multnomah County, and many organizations within it, are focused on the county benchmark to increase educational success for all children. Broadly defined, educational success is the gateway to a successful adult life. Efforts to increase educational success include, but are not limited to, efforts to decrease the dropout rate. In this discussion, we include data and analysis related to efforts to increase the educational success of all children in the county.

In May 2000, the Portland Multnomah Progress Board and the Multnomah Commission on Children, Families and Community jointly published a report titled *Educational Success for Youth: Aligning School, Family and Community*. The report defines educational success in broad terms to include the skills and competencies needed to become successful adults. The five basic competencies that underlie educational success are cognitive, health, personal/social, vocational and citizenship. Collectively, these competencies underlie our success as students, as employees, as future parents, and as contributing members of a community. A wide range of research on children and youth identifies five conditions that support the development of these competencies:

- Relationships
- High Expectations
- Engaging Activities
- Opportunities to Contribute
- Continuity

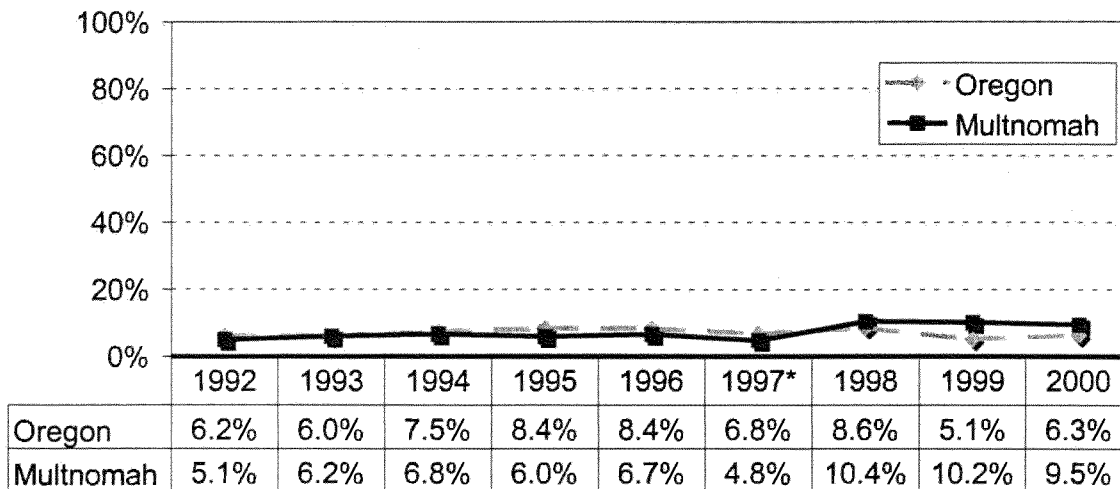
Ideally, these conditions will be supported at home, at school, and in the larger community. However, stronger support in one domain can compensate when it is lacking in another. A number of risk factors impede the educational success of some of our children. The most critical of these are poverty and early failure at school, particularly in reading. Supporting the conditions necessary for success is especially important for children at risk since these conditions create resiliency in the face of adversity.

Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school.

NATIONAL, STATE AND LOCAL DATA

**Measure #18: Percent of Students
Dropping Out of High School**



Source: Oregon Department of Education. www.ode.state.or.us -- under "Statistics and Reports".
Additional information from "Achieving OS Vision; 1999 Benchmark Performance Report"

Introduction

Below we present data on schools and youth in Multnomah County. There are currently approximately 105,000 school-aged children (ages 5-17) living in the county, 92,602 of which are enrolled in eight school districts. We present demographic data that shows increased diversity in our student population, as well as data on poverty, student achievement, drop-out rates, and educational achievement and attainment.

As noted in the *Educational Success for Youth* report, most academic outcomes for youth show sustained improvements over the last decade despite various pressures including decreased funding for county schools and steadily increasing numbers of minority and immigrant youth. Although we have traditionally focused on the drop-out

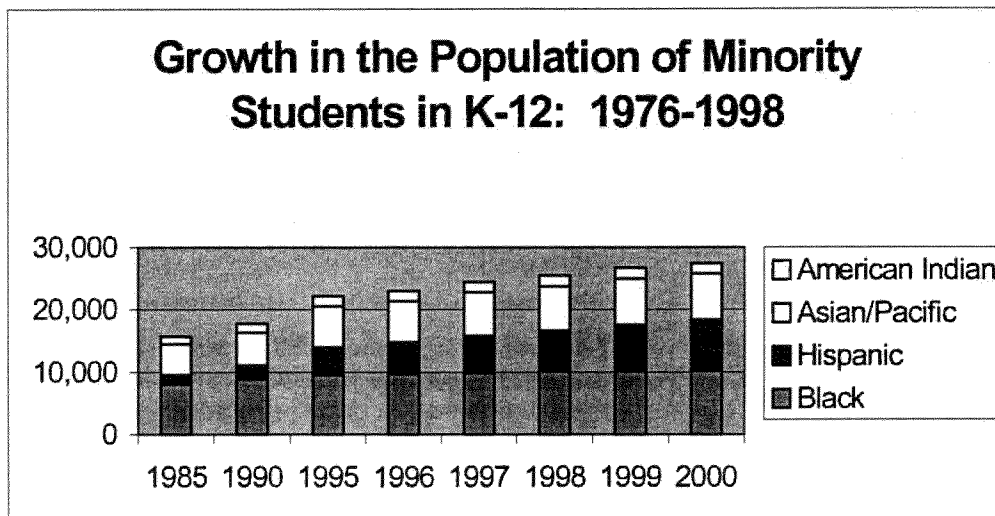
Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school.

rate as a an indicator of educational success, the benchmark audit presents persuasive reasons to instead consider the educational attainment rate as a better indicator of school completion. Many students are completing their education in non-traditional ways which may suggest that the traditional high school setting does serve the needs of all students.

Demographics

Over the last several decades, Multnomah County has experienced significant waves of immigration, which have resulted in an increasingly diverse population. This diversity is amplified in the school-aged population for two reasons. Immigrants tend to be young families, and many immigrant populations have higher fertility rates. The chart below illustrates the growth in minority populations in Multnomah County's public schools.



With immigration has come a new diversity in the languages spoken by children in Multnomah County. Over the last nine years, the number of students who speak English as a second language has more than doubled. Overall, about 12.2% of the public school students in Multnomah County receive ESL services.

Reduce High School Drop Out Rate

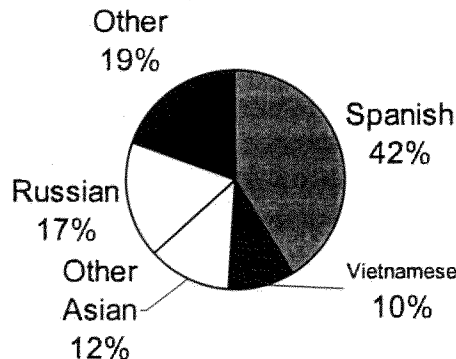
As measured by the percent of students dropping out of high school.

ESL Populations by School District: 1992-93 to 1999-2000

District	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000	% Change 1993-2000	% of '99 Enrollment
Centennial	64	108	126	136	185	256	401	731	1046%	12%
Corbett	4	2	1	1	2	3	7	N/A		
David Douglas	240	233	295	424	595	833	1,074	1,828	662%	23%
Gresham Barlow	121	118	155	242	314	363	491	846	597%	8%
Parkrose	113	148	148	274	357	380	352	578	412%	16%
Portland	2,949	3,250	3,307	3,435	3,497	3,587	4,033	5,533	88%	10%
Reynolds	243	255	321	459	661	853	1,074	2,056	747%	22%
Riverdale		0						3		1%
County Total	3,734	4,114	4,353	4,970	5,611	6,276	7,431	11,575	99%	13%

The chart below breaks down the Fall 1999 ESL/Bilingual population for Multnomah County school districts by broad language category. More than 40% speak Spanish as their primary language, and close to one quarter speak an Asian language, most commonly Vietnamese. The local school districts provide ESL services to students who speak over 60 different languages.

**Multnomah County ESL/Bilingual
Population by Language:
Fall 1999**



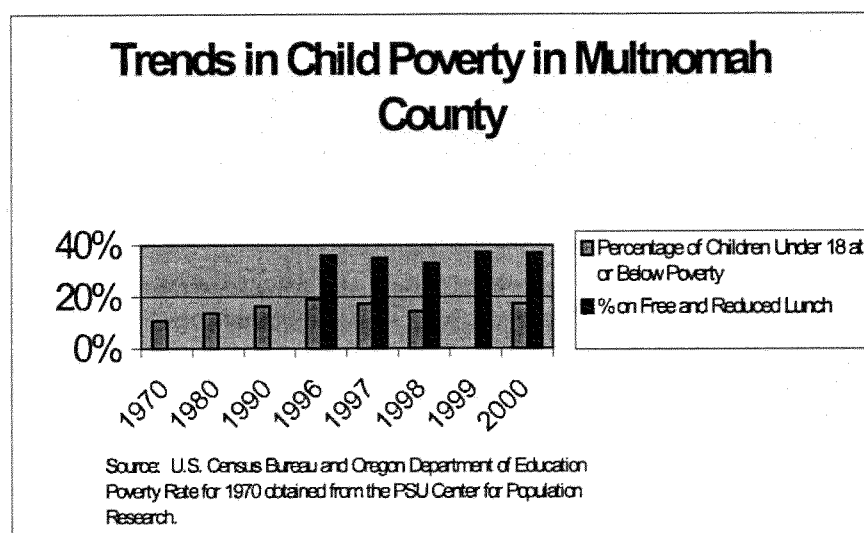
Source: Multnomah ESD and Portland Public Schools ESL program

Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school.

Poverty

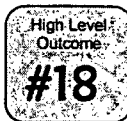
The official poverty rate for children in Multnomah County increased in the 1980s and early 1990s, but declined slightly in the late 1990s. School lunch data shows a similar decline until 1998 when rates increase again. The poverty rate data from 2000 is based upon estimates from the American Community Survey. [Note: missing data from 1999].



School Funding and Enrollment

Measure 5 resulted in decreased per pupil funding for all but one of the school districts in Multnomah County. In Portland Public Schools, the largest school district in the county, per pupil funding decreased by 24% as a result of Measure 5. (Source: State Legislative Revenue Office and Oregon Department of Education).

Despite this decrease in funding, most parents in the county still choose to send their children to public schools. The public school market share has been steady at approximately 90% of all school-aged children since 1970. (Source: Oregon Department of Education). The number of home-schooled children registered with the Multnomah Education Service District has tripled in the last ten years but still makes up less than 2% of the total school-aged children in Multnomah County.



Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school.

Within Multnomah County, population growth and migration patterns have caused a decrease in the number of students attending Portland Public Schools, the largest district, while all of the other districts have seen increases in their student populations. (Source: Oregon Department of Education and State Legislative Revenue Office). This population shift has significant implications for service delivery to school-aged children within the County as well as for the facilities requirements of local districts. County Commissioner Lonnie Roberts, who represents East Multnomah County, has recently raised the issue of geographical disparity of services available to school-aged youth and noted that county resources have not followed these population shifts.

At the same time, Portland Public Schools has seen its costs for operating facilities increase despite declining enrollments, leaving fewer resources available for education. Innovation Partnership conducted an in-depth study of the facilities issue in light of public input gathered in a Best Use of Facilities Task Force. They have recommended that the district form a public trust operated by real estate professionals that would hold, operate, lease and/or sell the facilities owned by the district for its benefit. The goal of this transfer is to free more resources for the district's primary mission: education.

Mobility

Mobility can disrupt a student's education, and in schools with high rates of mobility learning for all students is often compromised. 1997-1998 data for grades 3 to 8 in Portland Public schools indicates that among highly mobile students (defined as moving between 3 and 9 times in a year), 59% failed to meet state reading standards, and 63% failed to meet state math standards.

The Countywide mobility rate was approximately 17% in 1998. All districts except Reynolds have seen slight decreases in mobility rates between 1995-1998. (Source: Oregon Department of Education). However, these statistics do not capture mobility between schools within a district. At the individual school level, mobility can be as high as 25%.

Educational Outcomes

Although we present statistics below on the dropout rate in Multnomah County, we do so with the caveat that the dropout rate may not be the best way to measure whether we are making progress toward the educational success of all students. As the authors of the *Educational Success for Youth* point out, "The dropout rate as it is currently

Reduce High School Drop Out Rate

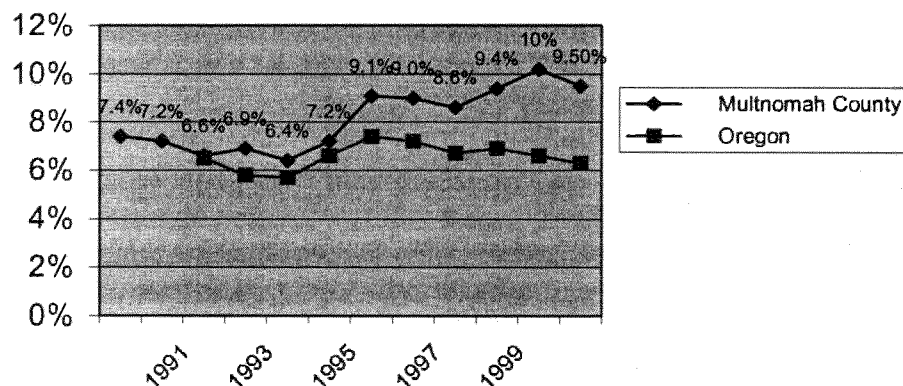
As measured by the percent of students dropping out of high school.

calculated is fraught with a number of measurement biases, most of which work to push the official rate above true levels." These measurement biases are as follow:

- The numerator includes all students who drop out over the course of the year. The denominator includes only those enrolled at the beginning of the year.
- Students who drop out of a particular school are counted as a dropout even though they may reenroll at a different school because school personnel cannot easily track students across districts.
- Who is counted as a dropout has changed over time which makes it difficult to assess dropout trends. As recently as three years ago, the Oregon Department of Education counted students who received GEDs as dropouts.
- It is difficult to avoid double-counting students who are reported more than once as dropouts by different districts.

In addition we cannot assume that all students who drop out fail to complete their education. The Portland Public School District conducted several studies that systematically tracked several cohorts of dropouts. A 1997 report summarized what had happened to those students. Approximately 65% had continued their education either by enrolling in another high school or a GED program. Forty-four percent had continued their education past high school and 75% were employed.

High School Dropout Rates: Multnomah County vs. Oregon

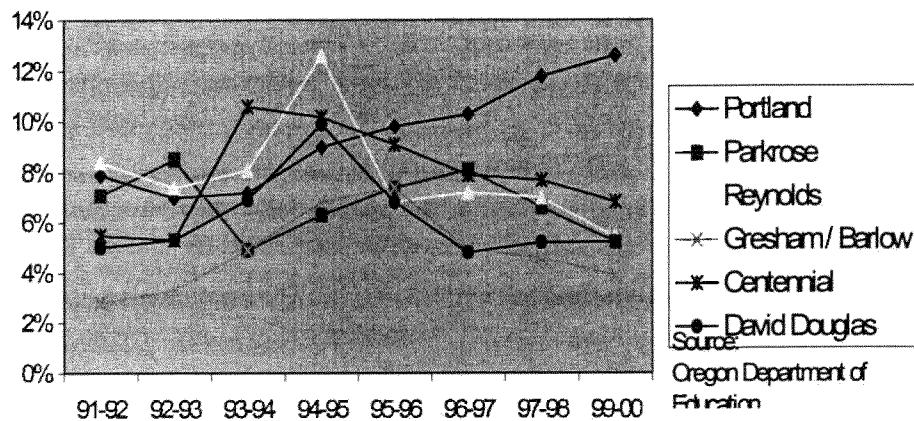


Source: Oregon Department of Education

Reduce High School Drop Out Rate

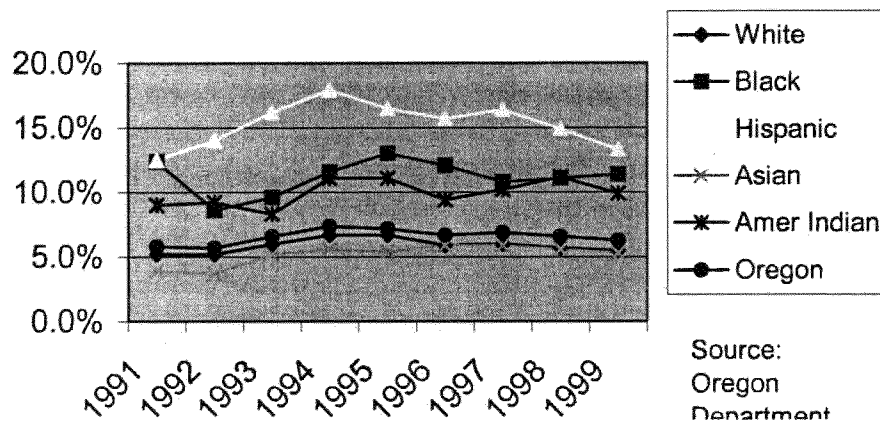
As measured by the percent of students dropping out of high school.

Dropout Rates for Largest Districts



Dropout rates for minority students are much higher than those for whites. Of particular concern is the dropout rate for Hispanic students which is three times that of white students.

Oregon Dropout Rates by Race/Ethnicity



Reduce High School Drop Out Rate

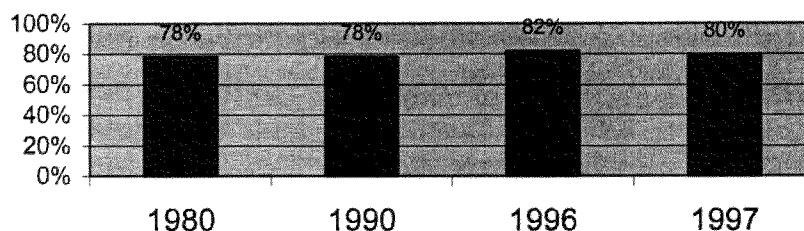
As measured by the percent of students dropping out of high school.

According to a 1998 survey, the reasons most frequently cited by students who dropout of high school in Multnomah County are as follows:

- Working more than 15 hours (12%)
- Coursework not relevant (11%)
- Pregnant or parenting (5%)
- Obligations to support family (4%)
- Peer pressure not to achieve (3%)
- Health problems (3%)
- Does not speak English well (2%)

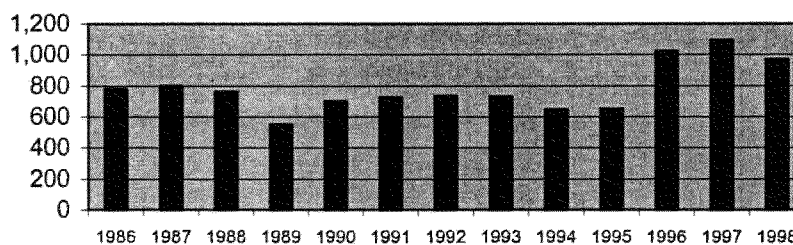
Despite increases in the average dropout rate, educational attainment has been fairly constant during the 1990s.

**High School Completion Rates for Persons
18-24: Multnomah County**



Source: U.S. Census Bureau

**GEDs Awarded to Multnomah County
Residents under 25**

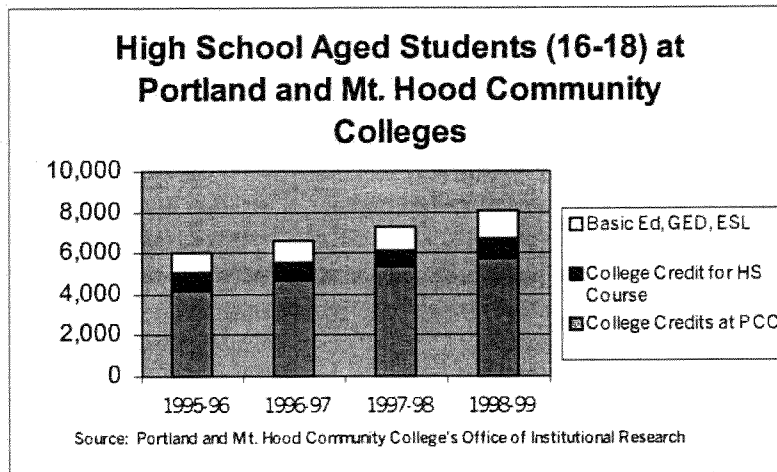


Source: Office of Community College Services

Reduce High School Drop Out Rate

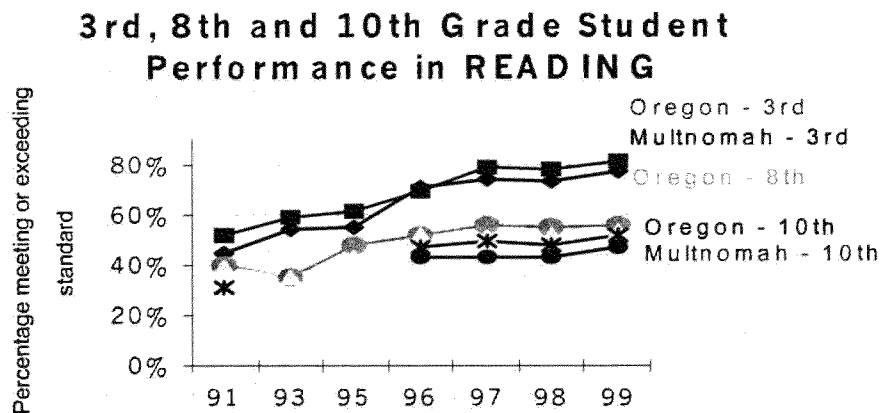
As measured by the percent of students dropping out of high school.

In addition, community colleges have seen significant increases in enrollments of young students, both those who are not succeeding in mainstream settings, and those not sufficiently challenged by high school coursework.



Student Achievement

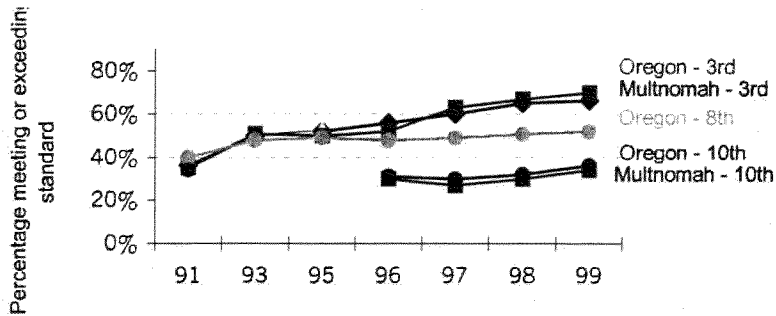
The school districts in Multnomah County have made significant gains in student achievement in both reading and mathematics. An increasing percentage of students are meeting state standards in these areas.



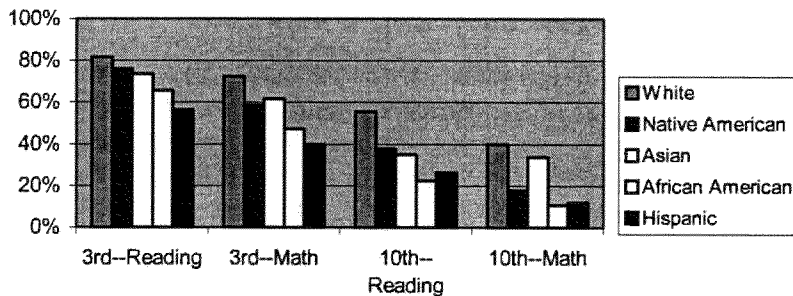
Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school.

3rd, 8th, and 10th Grade Student Performance in MATH

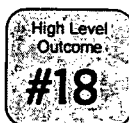


Percentage of 3rd and 10th Graders Meeting or Exceeding Standards: Multnomah County School Districts, 1999



Source: Oregon Department of Education

Despite overall improvement in achievement, there is a significant gap in the achievement levels of minority students compared to white students.



Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school.

Finally, achievement gains have been uneven. Students in the early grades have made significant gains in the last decade while improvement in the older grades has been much slower.

- **3rd Grade:** The share of Multnomah County third-graders meeting state reading standards increased from 52% in 1991 to 81% in 1999. Math achievement jumped from 34% to 70% during that same period.
- **8th Grade:** The share of Multnomah County eighth graders meeting state reading standards increased from 40% in 1991 to 56% in 1999. Math achievement increased from 40% to 52% during the same period.
- **10th Grade:** The share of Multnomah County tenth graders meeting state standards in reading increased from 43% to 47% between 1996 and 1999. Math scores increased from 31% to 34% from 1996 to 1999.

SERVICES AND PARTNERS

The authors of the *Educational Success for Youth* report included an extensive inventory of services and supports available to the youth of Multnomah County (exclusive of K-12 education services). Based on this inventory, the authors estimated that the community spends over \$130,000,000 annually on youth services. These services are broken down into the following fourteen services areas:

- Alcohol and drug treatment and prevention
- Alternative education
- Collaborative Initiatives
- Compensatory and enhanced education
- Culturally specific services
- Employment and school-to-work
- Faith-based
- Family support
- Homeless youth
- Mental health
- Pregnant and parenting teens
- Recreation
- Volunteer/Mentoring efforts
- Youth development clubs

The partners matrix for this high level outcome, which is attached to this report, details these services and supports in each of the fourteen service areas.



Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school

ANALYSIS

In addition to providing a research based framework for educational success and examining the data presented above, the authors of the *Educational Success for Youth* report conducted an extensive inventory of services available to youth in Multnomah County. After assessing the data, the system of youth supports and conducting interviews with scores of youth and adults who work with youth, the authors made the following recommendations:

- Marshal resources within and outside schools to ensure that all children read at grade level by the third grade.
- Collaborate to strengthen efforts to attract, prepare, and retain a workforce of the highest quality educators.
- Ensure that expectations for all children are high and aggressively implement strategies to reduce the achievement gap for children in poverty and children of color.
- Restructure high schools to better prepare and transition students to post-graduate experiences and employment. Institutionalize high, performance-based standards for high school graduation.
- Engage the community in a discussion about how to best address the educational needs of the growing population of students who speak languages other than English.
- Increase coordination and integration of youth services in the county through cross-departmental strategic and collaborative service planning. Strengthen systems of outcome tracking and accountability for youth services.
- Strengthen relationships between youth and caring adults through a stronger infrastructure of support for existing mentoring programs.
- Strengthen continuity between schools and families through enhanced parental school involvement and create more educational continuity for mobile students. Strengthen continuity for students across key transition points throughout their school career.

The following analysis is broken down into subsections that address the issues raised by these recommendations.



Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school

3rd Grade Reading

The research demonstrates that by the 3rd grade, low levels of achievement in elementary school, when combined with poverty, provide early and powerfully predictive warning signals that children will not succeed in their education. The critical risk factors are whether children can read at grade level in 3rd grade, whether a child has been held back to repeat a grade, low socio-economic status and attendance at schools serving primarily poor children. When these four variables intersect, we can predict with better than 80% accuracy whether a child will graduate from high school. (McPartland and Slavin, 1990). Reading is truly a gateway to further learning.

The Commission on Children, Families and Community initiated a collaboration with the Leaders Roundtable, a local group of business leaders, elected officials, school district superintendents, and representatives of higher education, to act on the recommendations of the *Educational Success for Youth* report. The collaborative effort, titled Connecting for Kids, has focused its initial efforts on increasing the number of 3rd graders who read at grade level which the report suggested "would be the most cost-effective investment we could make as a community in increasing educational success."

Strengths

- There is a confluence of attention on the 3rd grade reading benchmark by federal, state and local actors which provides a unique opportunity to align efforts to reach a common goal.
- Connecting for Kids has brought together the library, school superintendents and principals, volunteer tutoring programs such as SMART and OASIS, representatives of higher education and the Portland Multnomah Progress Board to plan, coordinate and measure the effect of strategies designed to increase the percentage of 3rd graders reading at grade level to 90% by 2003, and 93% by 2008.
- The Multnomah County Library received a grant to examine the public library's role in student success, identify the best practices in this arena and plan the library's activities. Findings will be available in January 2002.
- The Portland Multnomah Progress Board has agreed to collect and report data on 3rd grade reading achievement on a school-by-school basis that includes the following additional variables: ESL population, poverty as measured by free and reduced lunch participants, the percentage of students exempted from testing, and whether the school has a volunteer tutoring program.

Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school.

- Portland State University will convene local teacher preparation institutions to discuss the districts' request that all K-3 teachers be trained as reading specialists.
- The school districts are universally focused on meeting this benchmark and are engaged in ongoing evaluation of teaching strategies, as well as professional development in reading instruction.

Gaps

- In accordance with the Quality Education Model, the school district superintendents have identified the need for a half time reading specialist in every elementary school. Funding cuts have prevented implementation of this strategy at all schools.
- Programs that use volunteers to improve student success, such as SMART, OASIS and the library's Books 2 U program, lack the capacity to serve all schools where a significant percentage of students do not meet state standards in reading.
- Funding for summer school programs that can provide additional instruction in reading for struggling students, as well help prevent reading losses while school is not in session, is in jeopardy due to declining state and local resources.
- State achievement data only reports on the students who are tested each year. If a substantial portion of students are exempted from testing due to limited English ability, we may be ignorant of the needs of this population even if the percentage of tested students meeting state standards increases.
- The population of people speaking languages other than English has exploded while school funding has declined in most county districts making it difficult to meet the needs of an increasing ESL population.
- After-school programs that provide enrichment and/or tutoring in reading are not universally available to all students struggling with reading.
- Despite the fact that research unequivocally demonstrates the relationship between quality school libraries and librarians and school success, staffing and materials for school libraries in many schools in the county have declined. Inadequate funding has prevented implementing the recommendation of the Quality Education Model that each elementary school allocate \$12 per/pupil for new school library materials.



Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school

Barriers

- Many of the schools in the county where a significant portion of the students fail to meet state reading standards in 3rd grade are schools that serve families in poverty. Failure to ameliorate the underlying causes of family poverty may prevent improvements in student achievement.
- Student mobility creates many difficulties for students and schools that impede student success, especially in reading. Intra- and inter-district approaches to teaching reading differ which disproportionately impacts highly mobile students.

Relationships, High Expectations and Mentoring

Strengths

- Take the Time, an initiative of the CCFC, sponsors several efforts aimed at increasing the number of youth that have a relationship with a caring adult, and at increasing parent involvement with schools. These efforts include the following: 1) the Middle School Parent Project which focuses on reaching out to parents, including parents whose first language is not English, and creating welcoming environments for parent volunteers; 2) training parent organizers to mobilize others and advocate for change through the Portland Schools Alliance; 3) the Buckman Community Partnership which focuses on building developmental assets in the Buckman school community; 4) workshops for teachers that give them tools to develop an asset-based approach in working with students; 5) mini-grants to students and parents who take on projects that build developmental assets and 6) the Arleta collaboration grant which supports a parent/child team focused on community asset building.
- Portland Public Schools' Strategic Plan sets universally high expectations for all students and proposes particular solutions to close the achievement gap based on a comprehensive review of best practices nationally and broad based community input.
- Portland Public Schools received the benefit of two grants to assist in redesigning its high schools. The Carnegie Foundation's Schools for a New Society initiative and the United States Department of Education's Smaller Learning Communities grant funded a year long planning grant in Portland high schools to engage in a process of public and professional dialogue to assess the status of high school education in Portland, and to develop a blue-print and action plan for the development of effective high schools for all students. Portland Public Schools Foundation conducted significant outreach to low income parents in diverse communities during the planning year to determine

Reduce High School Drop Out Rate:

As measured by the percent of students dropping out of high school.

why students leave school, what would bring them back or prevent them from leaving, and how schools could be designed to better serve these families.

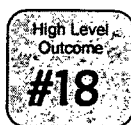
- Oregon's School Reform Initiative has established high expectations by setting statewide achievement standards.
- The Oregon Mentoring Initiative is providing an infrastructure for a myriad of existing mentoring programs by setting quality standards for participating programs, streamlining training and background checks for volunteers, and creating public awareness of mentoring opportunities.

Gaps

- The achievement gap has narrowed but still persists, especially in the upper grades.
- Poverty and a lack of family friendly policies on the part of employers makes it difficult for all parents to be involved in schools and their children's education.
- Lack of funding for translators and translations makes it difficult to reach out to non-English speaking parents and get them involved in school.
- Implementation of the Certificates of Initial and Advanced Mastery (CIM and CAM) has been uneven. More work is needed to build state-mandated standards into a meaningful set of standards at the district and school level, to adequately support teacher training and development to implement the standards, and to effectively communicate with students and parents about the new standards.
- Existing mentoring programs do not currently fill the need.
- A lack of minority teachers inhibits relationship building and high expectations for minority students.

Barriers

- Class and school size, especially at the high school level, inhibit the formation of relationships between school personnel and students.
- The school calendar and daily schedule diminishes continuity and engagement, especially for student who must work more than 15 hours per week.
- Student mobility prevents the formation of enduring relationships in which high expectations are embedded.
- It is difficult to change the attitudes of all adults who work with children to value maintaining relationships and high expectations for all children.
- Other risk factors, such as being involved in abusive relationships and a school climate that tolerates bullying, inhibit learning and relationship formation.



Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school.

Restructuring High School

Strengths

- Portland Public Schools received the benefit of two grants to assist in redesigning its high schools. The Carnegie Foundation's Schools for a New Society initiative and the United States Department of Education's Smaller Learning Communities grant funded a year long planning grant in Portland high schools to engage in a process of public and professional dialogue to assess the status of high school education in Portland, and to develop a blue-print and action plan for the development of effective high schools for all students. Portland Public Schools Foundation conducted significant outreach to low income parents in diverse communities during the planning year to determine why students leave school, what would bring them back or prevent them from leaving, and how schools could be designed to better serve these families.
- Connecting for Kids selected this recommendation as another focus area for its future efforts.
- The state is taking steps to more fully implement the CAM.
- Lewis and Clark is sponsoring a small learning environments conference in the Fall of 2001 which will draw attention to the importance of the issue and the achievement gains made by students in smaller learning communities.

Gaps

- The Carnegie Foundation has decided not to fund implementation of the plans drafted by Portland high schools for restructuring. It remains to be seen how much of the plans can be implemented without substantial new funding. Furthermore, the planning grant only covered Portland high schools.

Coordination and Integration of Youth Services

Strengths

- The Multnomah County Board of Commissioners has commissioned a task force to identify options for improving and coordinating county delivered services to school-aged children, and to address the unequal distribution of services throughout the county.
- The Multnomah County Department of Community Justice administers a collaborative effort called the Student Attendance Initiative which coordinates the efforts of multiple actors to identify children with attendance problems and target efforts to get them back in school.

High Level
Outcome
#18

Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school

- The Youth Advisory Board is actively engaged in a pilot project with four youth serving organizations to fundamentally restructure how the organizations are run to include youth in decision making roles.
- The Caring Communities, SUN schools and representatives of the Community and Community and Family Service Centers are engaged in a collaboration to clearly define the roles and responsibilities of each organization so as to avoid overlaps in their service coordination activities.
- The state is working on developing a universal student identifier to better track students across districts and service systems.

Gaps

- Hispanics drop out of school at three times the rate of whites which indicates that our community and schools are not adequately serving this population.
- There is a lack of services for school-aged youth in East County.
- All students do not have equal access to after-school and summer school programs.

Barriers

- Student mobility creates many difficulties for students and schools that get in the way of student success. The forces that influence mobility are usually not in the control of local policy makers which makes it difficult to decrease mobility.
- Currently, there is no universal student identifier that would enable consistent tracking of students across districts as well as service consumers. This prevents accurate measure of the drop-out rate and tracking of outcomes.
- Outcome tracking and accountability are lacking which makes it difficult to tell whether a collection of services adds up to improved outcomes for youth.



Reduce High School Drop Out Rate

As measured by the percent of students dropping out of high school

PEOPLE TO CONTACT FOR ADDITIONAL INFORMATION

- For additional information on this "High Level Outcome":

Lisa Pellegrino
Policy Director
Commission on Children, Families and Community
Multnomah County
E-mail Address: elise.m.pellegrino@co.multnomah.or.us
503-988-6591

- For additional information on Multnomah County's SB 555 plan:

Lisa Pellegrino
Policy Director
Commission on Children, Families and Community
Multnomah County
E-mail Address: elise.m.pellegrino@co.multnomah.or.us
503-988-6591



Increase Community Engagement

as measured by the percentage of Oregonians who feel they are a part of their community

Community engagement is a high priority in Multnomah County. Many organizations are dedicated to this benchmark, utilizing a variety of approaches. We define community engagement as efforts to involve citizens, businesses and others in contributing to the well-being of children, families and their community. Efforts to increase community engagement include: involving community members in planning processes, involving youth in decision-making and leadership roles, involving families in supporting their children's success, building the connections between individuals through community mobilization efforts, involving citizens in volunteer roles, and forming collaborative efforts that unite the resources of multiple agencies.

Community engagement helps to build social capital, creating a healthier community. Research has established this link. A 1997 study found that cohesive urban neighborhoods had lower rates of violence than comparable neighborhoods with weaker social ties.ⁱ The researchers characterized neighborhood cohesion as a shared vision, a sense of engagement, a willingness to intervene, and a sense of social trust. Research has also shown a strong link between community engagement and positive youth development. Research by the Search Institute has established a framework of 40 assets that promote healthy adolescent development.ⁱⁱ Assets include a variety of external supports and internal attributes. Community engagement strategies build many assets, including: service to others, other adult relationships, caring neighborhood, parent involvement in schooling, youth as resources, adult role models, community values youth.

Young people with many assets are much less likely to engage in high risk behaviors than those with few assets. This correlation has been established for alcohol and drug abuse, school failure, violence and trouble with police, suicide attempts, and early sexual involvement. This reinforces the importance of pursuing a community engagement strategy to help achieve many of the other high level outcomes.

Below, we provide data and analysis regarding community engagement efforts in Multnomah County.



Increase Community Engagement

as measured by the percentage of Oregonians who feel they are a part of their community

NATIONAL, STATE AND LOCAL DATA

There are serious gaps in our data collection efforts regarding community engagement and awareness. Trend data are available for voting and volunteerism (Multnomah County only). There is a data snapshot of community conditions supporting young people, provided by the 1997 Youth Asset Survey, but there are currently no plans to readminister the survey. The Multnomah County Auditor's Office conducted a community survey in 2001 that measures neighborhood interactions; if funding is available, the survey will be conducted in future years, but there are no plans to collect this data at a state level. Our community must continue to identify ways to measure and track community engagement, and to coordinate with other partners around the state so that we can develop comparative data. The release of the OSU Community Mobilization outcomes will provide a promising starting point for this effort.

Voting

Voting rates provide one proxy for citizen's engagement in their community. This data is widely tracked and provides ready comparisons. Trends in the data must be interpreted carefully, however, since there are large discrepancies in turnout between primary and general elections. Participation is higher in presidential election years. The introduction of vote-by-mail has also increased voter participation.

In 2000, 78% of Multnomah County voters participated in the general election. This represented a substantial gain from the 1998 general election (55% participation) and 1996 election (68%). Multnomah County voting rates slightly lagged the state but exceeded the national rates.

General Election Voter participation rates

	Multnomah County	Oregon	U.S.
2000	78%	80%	NA
1998	55%	59%	NA
1996	68%	71%	49%

Source: Portland/Multnomah Progress Board, Oregon Secretary of State, Federal Election Commission

Young people are much less likely to vote. A 1998 survey conducted by X-PAC found that only 27% of Tri-County eligible voters aged 18-34 voted in the general election.

Increase Community Engagement

as measured by the percentage of Oregonians who feel they are a part of their community

Federal data for the same year shows a similar trend: only 18.5% of voters aged 18-24 participated. This discrepancy in voter participation suggests a need to reach out to young people and increase their sense of engagement and ability to make a difference. Efforts to involve young people in planning and decision-making processes may help to combat this disengagement.

US voter participation by age, 1998

All voters	45%
Age 18-24	19%
25-44	39%
45-64	57%
65+	61%

Source: Federal Election Commission

Asset development

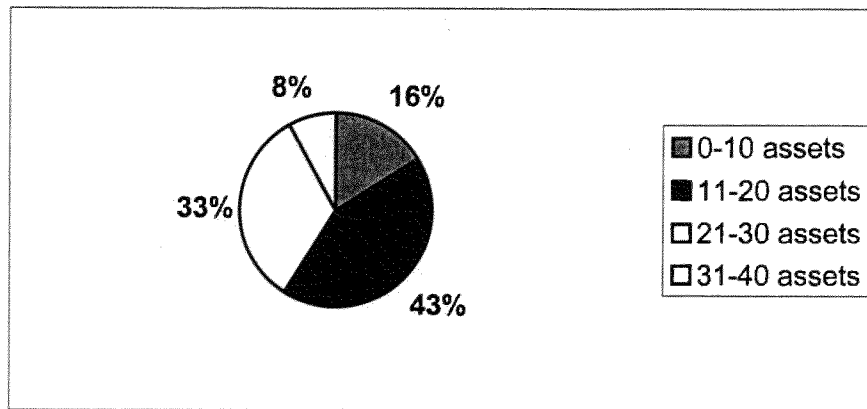
Assets measure the level of community support that is needed to promote healthy youth development. The Search Institute developed a framework of 40 assets – internal and external attributes that are strongly correlated with increased health and achievement, and reduced involvement in risk behaviors by young people. Assets are influenced by families, schools, young people, and the broader community.

A countywide survey found that Multnomah County youth had an average of 19 out of 40 assets. Research suggests that youth need at least 30 assets for the greatest likelihood of thriving behaviors. Only 8% of Multnomah County youth enjoyed that level of support. Twice as many youth had 10 assets or less. These data suggest a strong need to mobilize the community around asset building. In particular, young people enjoy fewer external assets – assets such as relationships with caring adults or young people having opportunities to serve as resources in their community.

Increase Community Engagement

as measured by the percentage of Oregonians who feel they are a part of their community.

Percentage of youth with different levels of assets



Source: 1997 Multnomah County Youth Asset Survey

The table below presents the percentage of young people possessing specific assets. Notably, very few young people feel valued by their community. Young people have cited issues such as negative media portrayals, school funding reductions and widespread fear of teenagers as contributing to their sense that they are not valued. Youth also note that they don't have enough opportunities to serve as resources in their families, schools and community. On the other hand, young people engage in community service at a far higher rate than adults.

Percent of youth who have selected developmental assets:

	Multnomah County	National Sample
Service to others	53%	50%
Other adult relationships	41%	41%
Caring neighborhood	38%	40%
Parent involvement in schooling	35%	29%
Youth as resources	29%	24%
Adult role models	25%	27%
Community values youth	23%	20%

Source: 1997 Multnomah County Youth Asset Survey, Search Institute *The Asset Approach*.

Note: These results are drawn from different age groups. In Multnomah County, youth in grades 6, 8 and 10 were surveyed. National data is collected from grades 6-12. Because asset levels are correlated with grade level, readers should avoid drawing direct comparisons between the two groups.

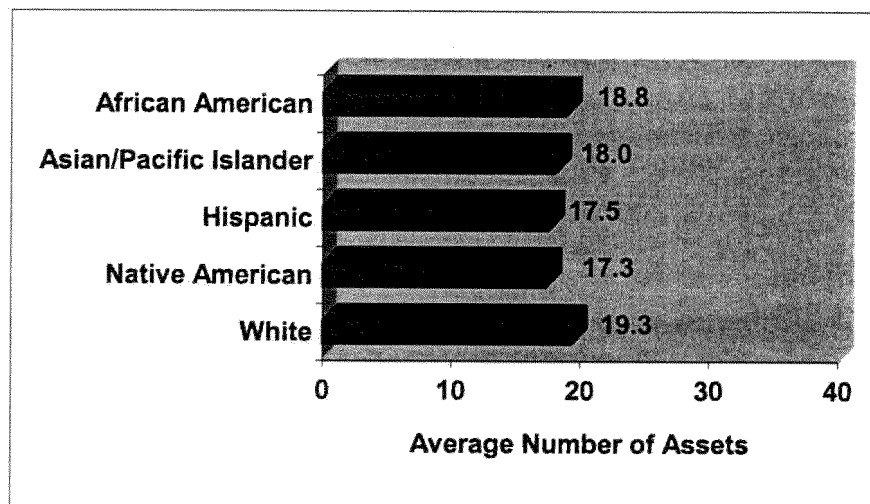
Increase Community Engagement

as measured by the percentage of Oregonians who feel they are a part of their community.

The asset data also measure the percent of youth that have caring relationships with adults outside of their family. Consistently, research has shown that having relationships with caring adults is one of the most important protective factors for young people. Forty-one percent of local youth had relationships with 3 or more caring adults outside their families. This gap has provided impetus for the Oregon Mentoring Initiative and the CCFC's *Take the Time* initiative.

The CCFC has also examined the asset data by cultural and gender breakouts. There was little variation in the overall level of assets across racial/ethnic groups. However, there were cultural differences in which assets were widely held. Assets with the widest variation by race/ethnicity were: peaceful conflict resolution, school engagement, self esteem, other adult relationships and involvement in a religious community.

Asset level by race/ethnicity:



Source: 1997 Multnomah County Youth Asset Survey

There are some significant gender differences in asset levels. Again, the overall level of assets is fairly close: boys had an average of 17.7 assets and girls had 19.9. There were some patterns of difference at the individual level. Boys were much more likely to feel safe, and also reported significantly higher self esteem and sense of purpose. Girls reported higher levels of commitment to learning assets (achievement motivation, school engagement, homework, bonding to school and reading). Girls also reported higher levels of assets related to social skills and values (interpersonal competence, social competence, peaceful conflict resolution, caring, equality and social justice, integrity).



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Community Interactions

There is a strong emphasis on community-building in Multnomah County, and that is reflected in data on neighbors' sense of community cohesion. A recent survey found that the majority of Multnomah County citizens know their neighbors and watch out for children. Fewer citizens know the children in their neighborhood, consistent with the asset data that shows that young people lack relationships with adults outside of their family.

Multnomah County Citizens' Perceptions Of Their Community's Cohesiveness Percent of residents who strongly or somewhat agree with the following statements:

People around here are willing to help their neighbors.	87%
You can count on adults in this neighborhood to watch out that children are safe.	85%
I feel there is a sense of community in my neighborhood.	78%
If children in my community were doing something wrong, neighbors would do something about it.	78%
I regularly stop & talk with the people in my neighborhood.	73%
Adults in my community know the kids in their neighborhood.	69%

Source: Preliminary data from the 2001 Citizen Survey provided by Multnomah County Auditor's Office.

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as measured by the percentage of Oregonians who feel they are a part of their community

Volunteerism

Volunteerism rates are another measure of community engagement. In Multnomah County, volunteerism rates have declined steadily since 1992, with current volunteer participation 30% lower than it was a decade earlier.

Percent of Adults who Volunteer 50+ Hours per Year

	Multnomah County	Oregon
1992	31%	NA
1996	29%	NA
1998	27%	NA
2000	22%	NA

Source: Portland/Multnomah Progress Board

SERVICE INVENTORIES AND PARTNERSHIPS

There are many efforts to increase community engagement in Multnomah County (refer to the Community Partners Matrix). Services and supports are offered across continuum. Recently there has been more growth in youth involvement and family involvement efforts. Community involvement in planning has been historically valued in Multnomah County, and it continues to expand into new areas through developments such as the community budget hearings.

Many community engagement efforts described in the matrix are not traditional programs or services. Instead, they are collaborative efforts that organize, educate and empower individuals to serve expanded roles in their schools and communities. In this sense, they complement direct services, with which many of the community engagement activities are coordinated.

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as measured by the percentage of Oregonians who feel they are a part of their community

ANALYSIS

The following analysis is broken into subsections that reflect the wide range of community engagement activities.

Community involvement in planning

Strengths

- The business community has played a major role in several recent planning efforts. Notably, the Citizens Crime Commission sponsored a research review establishing the importance of early childhood strategies to reduce juvenile crime and then advocated for the expansion of home-visiting services. Local businesses were also active participants in a process to redesign the system of services for homeless youth.
- There are many local boards and entities designed to give citizens access and voice in government decision-making.
- The Multnomah County Board of Commissioners has organized a series of community budget hearings in partnership with the Caring Communities. These budget hearings have been held in neighborhood settings at convenient hours, often organized with youth participation, and have given a wider range of citizens access to the process. One budget meeting was conducted in Spanish.
- The Portland Schools Foundation and Portland Public Schools involved families, students, school staff and community members in site-based planning teams to reinvent high schools.
- The City of Portland and Metro have made significant investments to insure more widespread public involvement in planning and are starting to use electronic media to expand their reach.
- The Latino Network recently completed *Salir Adelante*, an assessment of the needs and assets of the Hispanic community in Multnomah County. This assessment will be an instrumental resource in helping other planning efforts to respond more effectively to the Hispanic community.

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as measured by the percentage of Oregonians who feel they are a part of their community

Gaps

- There are no mechanisms to link county-wide systems planning with local community-specific planning efforts. As a result, the county-wide direction may not be reconciled with local priorities.
- There is no unifying vision or shared priorities among the major public and educational entities.
- A small number of regular participants tends to engage in most planning processes. Public input efforts often fail to capture the interest of people who don't have a professional stake in the process.
- Many citizens lack knowledge about the role or structure of local government and do not know what kind of options they have for participation.
- Planning efforts rarely engage the full diversity of cultures in Multnomah County, or non-English speakers.
- There is not a widely-held understanding of culturally- and gender-specific practices or needs. More widespread analysis and understanding of cultural differences and the implications for services would greatly strengthen the community's ability to plan for its full range of citizens

Barriers

- The cost of organizing and promoting public involvement opportunities that reach out to a wider group of citizens often prevents agencies from attempting it.
- Public agencies do not share a common understanding of "public involvement", and there are no common best practices to guide them.

Overlaps

- There is insufficient linkage and integration of the multiple planning efforts. Planning and service delivery remains fragmented across agencies and departments.



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as measured by the percentage of Oregonians who feel they are a part of their community.

Youth involvement

Strengths

- A growing number of organizations are establishing youth councils and other forums for youth voice. This is primarily focused at a high school level, but several elementary schools have also forged thriving youth advisory boards.
- A small but growing number of organizations are including young people on their boards or governance bodies.
- The Girls Involvement Network and Sisters in Action are teaching young girls leadership and advocacy skills, equipping a new generation to impact their communities.
- More schools are creating opportunities for youth involvement, including the Portland Public Schools Superintendent's Student Advisory Committee, a student seat on the school board, and youth participation in the planning teams for the Carnegie process to reinvent high schools.
- The CCFC is developing a set of resources to assist organizations in increasing youth involvement. Assisted by these tools, several large non-profits are transforming the role of youth in their agencies.

Gaps

- Although there are many effective youth development organizations, there is no network to facilitate idea-sharing and mutual support.
- Both adults and youth require skill-building to support effective youth participation. Needed skills include: building youth-adult partnerships, facilitation skills, leadership skills, and a variety of skills to prepare youth to succeed on the boards they join. There are very few skill-building resources available to assist organizations that are trying to increase youth involvement.

Barriers

- Structural barriers inhibit youth involvement. The most common barriers include transportation, meeting times, and conflicts with sport and school commitments.
- Organizations that wish to involve youth may struggle to recruit young people, unless they are a direct service program with ready access to youth.
- Many adults question the value of youth input into decision-making processes and are unwilling to make the necessary accommodations to ensure young

Increase Community Engagement

as measured by the percentage of Oregonians who feel they are a part of their community

people's participation. They may talk over young people or refuse to take their considerations seriously.

- Youth and adults are frequently ill-equipped to work together successfully because of a lack of skills and experience in doing so.

Family involvement

Strengths

- The Portland Public Schools created a Family Involvement Team, creating a central pool of expertise that is available to help Title I schools. The team is helping the district to develop a common understanding of family involvement and provides schools with technical assistance to implement it.
- Many school improvement plans contain family involvement strategies.
- There are a number of successful programs and initiatives to increase family involvement in schools, including SUN, FAST, El Programa Hispano, Portland Schools Alliance, and the Middle School Parents Project. Many of these programs are concentrated in communities of higher poverty and isolation.

Gaps

- Although family involvement is a priority for many schools, it is frequently seen as an add-on rather than an integral strategy for boosting student achievement. As a result, families can be channeled into fund-raising activities or other roles that are not linked to learning. Family involvement strategies must be better integrated into school improvement plans.
- There are very few involvement efforts that reach out to families who do not speak English or that engage people from non-European cultural traditions. Latino families participate in a far lower rate in school activities, and there are scant supports to build their involvement.

Barriers

- Language and cultural barriers prevent many families from becoming involved, and inhibit communication between schools and families.



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as measured by the percentage of Oregonians who feel they are a part of their community

Community mobilization

Strengths

- There are many neighborhood- and culturally-specific efforts throughout Multnomah County.
- Over the past few years there has been strong growth in community mobilization efforts that use schools as their hub. This provides a natural access point to children and their families.
- The Sexual Minority Youth Advocacy Team has united a variety of community volunteers in support of sexual minority youth – a group that is frequently overlooked by other efforts.
- Increasingly, community mobilization efforts are involving youth and adults as partners.

Gaps

- Many community mobilization activities are conducted in English and do not reach people who do not speak English.
- Community mobilization activities are often Euro-centric and don't accommodate other cultural processes.

Barriers

- Community mobilization efforts report that it is more challenging to find funding for their activities than for more traditional direct services. Continuing reductions of public funding will exacerbate this challenge.

Overlaps

- There are many community mobilization efforts dedicated to supporting children, and the distinctions between them may be blurry to residents. There are opportunities to collaborate better between initiatives and to create a more seamless interface with the public.

Increase Community Engagement

as measured by the percentage of Oregonians who feel they are a part of their community

Volunteer organizations

Strengths

- The diverse array of volunteer organizations creates a wide variety of volunteer opportunities, from episodic activities to sustained commitments.
- There are several volunteer organizations that provide opportunities for youth and adults to volunteer together.
- CampFire and VolunteerWorks are jointly developing a training series for community organizations that engage youth as volunteers.

Gaps

- Although the Youth Involvement Network has increased young people's access to community service, many organizations do not accept youth volunteers. Additionally, many young people remain unaware of volunteer opportunities available to them, requiring greater visibility and promotion to assure community-wide awareness. Surveys have indicated that more young people would volunteer if someone asked them; we haven't identified how to reach out to them.
- Although there are an abundance of mentoring organizations in Multnomah County, the number of mentors remains low relative to the need. Most mentoring organizations lack the infrastructure to expand their reach, particularly mentor training and supervision.
- Research has identified a set of best practices for mentoring programs that are clearly linked with positive outcomes. These best practices are not universally employed, however. The Oregon Mentoring Initiative is advocating for a common understanding of standards for mentoring programs.

Barriers

- Turf battles have occasionally inhibited effective collaboration between volunteer organizations.

Overlaps

- There are many mentoring programs, and hence there are many duplicated efforts to recruit volunteer mentors. The Oregon Mentoring Initiative hopes to address this by developing a coordinated recruitment effort for volunteer mentors who are then matched with an appropriate agency.



Increase Community Engagement

as measured by the percentage of Oregonians who feel they are a part of their community

Collaborations and partnerships

Strengths

- Multnomah County agencies have a strong track record of collaboration on a range of issues.
- The Caring Communities provide local forums for collaboration among providers in high school boundary areas.

Gaps

- There is a lack of waiver mechanisms to reduce complexity within and among jurisdictions (for example, the 150 DHS programs).
- The lack of vertical communication & coordination within agencies hinders collaboration. Collaborations at the leadership level may not be carried down to the front-line, or vice versa.

Barriers

- Funding stream restrictions make it difficult for agencies to merge funding streams across agency lines.
- Collaborative efforts that blend funding streams must often meet several different sets of reporting requirements.



Increase Community Engagement

as measured by the percentage of Oregonians who feel they are a part of their community

PEOPLE TO CONTACT FOR ADDITIONAL INFORMATION

- For additional information on this "High Level Outcome"

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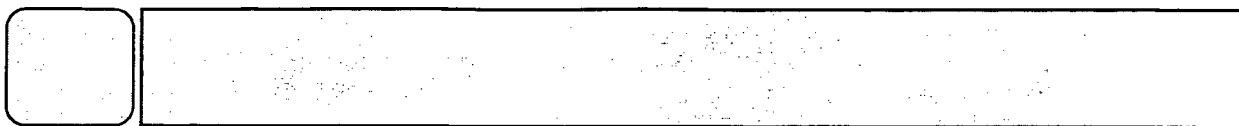
- For additional information on Multnomah County's SB 555 Plan:

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ⁱ R.J. Sampson, S.W. Raudenbush, F. Earls, *Science* 277, 918(August 15, 1977).

ⁱⁱ P. Scales and N. Leffert, *Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development* (Search Institute. Minneapolis, MN 1999).



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Priorities & Strategies Aimed at Reducing Substance Abuse

The following priorities and strategies are aimed at reducing alcohol and drug abuse and are expected to result in measurable progress towards the following High Level Outcomes [HLO's]:

- HLO #1 Reduce Adult Substance Abuse
- HLO #10 Reduce Student Use of Alcohol
- HLO # 11 Reduce Student Use of Illicit Drugs
- HLO #12 Reduce Student Tobacco Use

These priorities and strategies developed under the leadership of Multnomah County's Office of Addiction Services, Behavioral Health Division, Department of Community and Family Services. This work builds upon the Alcohol and Drug Biennial Implementation Plans for 1999-2001 and 2001-03 which were prepared with extensive stakeholder involvement and were approved by the Board of County Commissioners and the Oregon Office of Alcohol and Drug Abuse Programs [OADAP—now Office of Mental Health and Addiction Services.]

A diverse group of stakeholders were invited to assist in developing both the earlier biennial plans and this plan. In particular, both the youth and the adult Local Alcohol and Drug Abuse Planning Committees (LADPCs) for mental health and substance abuse were asked to provide input during plan development, elicit public comments and then ultimately approve plans. These LADPCs meet monthly and include representatives from community-based organizations, schools, community groups, culturally-specific groups, service providers, the State Office of Services to Children and Families, the State Department of Human Services, the Oregon Youth Authority, and a number of Multnomah County departments.

This particular draft plan has been sent to an even broader group of individuals and stakeholders than accessed for the previous two plans, representing a broad cross-section of community and system perspectives, including client/family advocates, such as Recovery Association Project and the Caring Community Initiative, Latino leadership, methadone providers, the Urban League, the African American Health Coalition, and partner agencies, such as the Housing Authority of Portland, the Department of Community Justice, and the State Department of Human Services. The strategies reflect comments and suggestions from some of these stakeholders. Presentations have been held at meetings with key stakeholder groups, and more are planned in anticipation of Phase III of the Coordinated Plan.

The priorities and strategies relating to tobacco use were developed under the leadership of Multnomah County Health Department's Tobacco Prevention and

Priorities & Strategies Aimed at Reducing Substance Abuse

Education Program. The staff in this program worked closely with the Multnomah County Tobacco Prevention Coalition. With over sixty members, this community-based coalition has been in existence since 1996 and has served as a community voice for tobacco prevention efforts in the county. Members include the American Cancer Society, the American Lung Association, the American Heart Association, hospital groups, school members, representatives of business as well as individuals. Coalition activities began to be funded with the passage of measure 44 in the fall of 1997. Since then the Multnomah County Health Department has served as fiscal agent and staffed the Coalition. Each year the staff prepares an annual work plan reflecting the implementation of best practices in tobacco prevention. Coalition members have significant input into this process and are the ultimate say in its design. When the work plan is submitted it is accompanied by at least a dozen signatures from community partners.

It is critical that tobacco use is approached in a comprehensive manner. For issues relating to youth this means creating environments where tobacco use is not the norm. The strategies directed towards youth are based in best practices and have proven to be effective in reducing youth access to tobacco and creating tobacco-free environments.

The following priorities and strategies are not presented in order of importance.

Priorities & Strategies

Aimed at Reducing Substance Abuse

Priority A:

Stabilize and strengthen the current A&D treatment and prevention provider system.

The increased administrative costs and decreased per client funding brought on by managed care, combined with inadequate rates paid for most non-OHP services, have significantly destabilized our A&D treatment provider system in terms of both fiscal and human resources. The impact on human resources has been multifaceted, including the inability to maintain competitive salaries or employee benefit packages, particularly health insurance, as well as high caseloads which contribute to staff burn out and turnover. Clinical services are adversely affected because providers are not able to put adequate resources into family support, case management, and services for clients with dual disorders, all of which are important to improving service outcomes.

Prevention funding is not adequate to fully support existing initiatives. As a result, many providers lack the staffing infrastructure to both manage their existing projects and respond to new challenges and community service development opportunities.

Due to the above factors, it is imperative that new A&D funding coming into the County be used to support and enhance our current provider system.

Strategies:

- a) Increase funding rates for women's and youth residential, adult and youth drug free outpatient, adult methadone outpatient and adult detoxification treatment services.** [Requires additional funding to implement.]

Rationale: While treatment-funding rates have increased for general residential treatment programs they remain inadequate for the above-specialized services.

- b) Strengthen and build on existing prevention/treatment initiatives, collaborations and coalitions.**

Rationale: Community coalitions represent a research-based best practice approach toward developing and maintaining healthy neighborhoods and services. For some time Multnomah County has been committed to the development of community coalitions. Successful efforts in this area include Schools Uniting Neighborhoods (SUN Schools), Touchstone, Caring Communities, School Based Health Clinics, the Family Involvement Team, the Latino Youth Project and local drug courts (adult and youth). The Caring Communities effort in particular represents a significant emphasis on addressing multiple issues related to improving high school completion and integrating youth

Priorities & Strategies

Aimed at Reducing Substance Abuse

and family services with community resources. Further investment of new resources to enhance the efforts of established coalitions is viewed as a cost-effective strategy for expanding A&D prevention and treatment activities within our community.

Priority B:

Reduce administrative contracting costs of providers by streamlining the County's procurement, contracting and performance monitoring processes.

Within County Government there are multiple funders of A&D treatment and prevention services, including the Office of Addictions Services, Community Programs and Partnerships within the Department of Community and Family Services, the Department of Community Justice, Health Department, and the Commission on Children, Families, and Communities. Each of these entities has their own planning, procurement, contracting, and service performance/evaluation system. As a result the costs to providers, who must respond to each system, are increased and draws resources away from service delivery.

Strategies:

a) Decrease costs at the provider level by:

1. Developing and implementing integrated procurement, contracting, and performance monitoring strategies between the various entities within County Government who fund A&D services.

Rationale: Lower costs to providers are possible by eliminating or minimizing overlapping and duplicative administrative requirements/procedures.

2. Streamlining and/or eliminating contractual requirements and reimbursement methods which are no longer applicable and efficient, while still maintaining high accountability standards.

Rationale: There have been significant changes in State contracting requirements within the last two years. Counties now have much more flexibility in determining how to contract and pay for subcontract services. This allows each County an opportunity to examine and implement their own cost effective contracting and service reimbursement strategies.

Priorities & Strategies Aimed at Reducing Substance Abuse

Priority C:

Expand A & D free housing, adult residential treatment, children's beds in residential treatment, youth and adult detoxification, and adult outpatient services. [Requires additional funding to implement.]

Multnomah County suffers from a critical lack of A&D free housing for recovering families and individuals. Additionally, there is a significant shortage of transitional housing for homeless youth. The inadequacy of these resources is often a factor in the failure of individuals to enter treatment, stay in treatment and/or stay in continued recovery post treatment.

Utilization monitoring and input from referral sources indicate that the number of adult residential beds and outpatient treatment slots in Multnomah County continue to be insufficient. Additionally, the Adoption and Safe Families Act (ASFA) puts severe time limits on the amount of time parents of abused or neglected children have to address A&D problems before they risk permanent out-of-home placement of their children. This is increasing access demands on our residential and outpatient treatment system. It also results in the need for additional children's beds in residential treatment so those children can accompany parents through the recovery process.

There are no publicly funded sobering or sub-acute detox services for youth in Multnomah County.

Strategies:

- a) Increase transitional housing (adult, families and youth) and residential proctor care (youth) services.** [Requires additional funding to implement.]

Rationale: A&D providers and referral sources consistently report the lack of adequate transitional housing options for adults, families and youth as a significant resource gap. This adversely impacts their ability to admit clients into treatment, keep them in treatment/aftercare programs and/or assist them in successfully completing treatment/aftercare programs. Adequate transitional housing, lasting up to two years, can provide a safe, clean and sober environment for the client to gain and practice the recovery, employment, and life skills necessary to be successful in moving to unsupported permanent housing. Barriers such as a criminal record or negative rental history must also be overcome. Transitional A&D free housing is recognized as a best practice approach that can close this gap.

Priorities & Strategies

Aimed at Reducing Substance Abuse

- b) Develop services that combine intensive outpatient treatment with transitional housing/residential proctor care as an alternative to residential treatment for adults, homeless youth and other special-needs populations.**

[Requires additional funding to implement.]

Rationale: Transitional A&D free housing/proctor care integrated with intensive outpatient treatment or day treatment is viewed as a cost efficient alternative for some Level III (residential treatment) youth and adult clients. Homeless youth in need of A&D treatment do not do well in our traditional community-based adolescent A&D programs. Transitional housing, with integrated A&D assessment, individual counseling, and group treatment services is viewed as a potential best practice model, which we would like to pilot for this population.

- c) Increase the number of adult and family (parents with children) residential beds available in Multnomah County.** [Requires additional funding to implement.]

Rationale: The waiting period for residential treatment placement is generally 3 to 6 weeks. A recent survey indicated that less than 15% of individuals and families seeking residential treatment are able to enter treatment. Human service referral sources consistently site the lack of adequate residential treatment capacity for adults/families as the most significant barrier to getting their clients into treatment.

- d) Establish social detox services for youth.** [Requires additional funding to implement.]

Rationale: A comprehensive needs assessment for Portland's downtown homeless youth identified detoxification services as a significant unmet need. Minimally, a social detoxification strategy includes rest, increased fluids, and nutrition, while providing a safe environment.

- e) Increase adult outpatient treatment capacity.** [Requires additional funding to implement.]

Rationale: The number of clients in outpatient treatment consistently exceeds funded capacity.

Priorities & Strategies Aimed at Reducing Substance Abuse

Priority D :

Incorporate strength-based approaches, including family strengthening strategies/services across the continuum of prevention and treatment services.

Within our youth and family services community there is a growing consensus to implement strength-based approaches across our continuum of services. The research has shown a relationship between assets (strengths-based beliefs or behaviors) and reduced risk of substance abuse problems. By adopting a strengths-based treatment philosophy throughout the youth alcohol and drug treatment and prevention system, the County will be able to support a unified best-practices approach that is collaborative in nature, joining agencies where there has traditionally been division. In addition, strengths-based treatment services complement traditional treatment delivery as well—i.e., cognitive restructuring, motivational interviewing, solution-focused modality, et al.

Family-focused prevention strategies consistently demonstrate effectiveness in reducing A&D problem rates for youth. Youth and adult A&D treatment strategies, which include the family, consistently demonstrate improved short and long term outcomes. Family treatment can also break the cycle of addiction for children and siblings by supporting the principle that family treatment is prevention.

Strategies:

- a) **Promote Family Recovery models across the continuum of adult and youth treatment services. Specific service priorities include funding for case management services that help the client/family access needed services and family skills enhancement/development strategies. Families that require extensive habilitation/rehabilitation may require lengthier treatment and supported housing in order to internalize skills.**

Rationale: Family focused treatment models, which focus on skill development, are consistently associated with improved outcomes. Case management is viewed as an essential component to effective treatment and support for high-risk families.

- b) **Establish a mechanism for monitoring and funding treatment services to families.** [May require additional funding to implement.]
 - **Seek approval from the State Office of Mental Health and Addictions Services [OMHAS] to establish the “family” as a separate client**

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designation category, which would be counted by OMHAS in determining the number of “clients” entering treatment through the County’s continuum of treatment services. This designation would be in addition to the client designation of the A&D diagnosed individual who enters treatment services.

- **Establish a mechanism for tracking family involvement in A&D treatment either through the States CPMS system or at the County level.**

Rationale: This family client designation and service tracking system is needed in order to assure a funding stream specifically for family services development. Currently, family treatment funding is limited to face-to-face counseling sessions that involve the enrolled treatment client as a participant. At times family crisis stabilization counseling, intervention planning, parenting counseling groups, and couples counseling (for parents of youth clients) can be important strategies for strengthening the family system’s ability to support the identified A&D client’s entry into treatment and successful completion of treatment. At times it may not be appropriate or possible to include the identified client in these services. For these reasons, the family system client designation is being recommended.

- c) **Promote strength-based approaches within our prevention and treatment service system.**

Rationale: Strength-based service models are viewed as an emerging best practice for A&D prevention and treatment.

Priority E:

Move our youth and adult treatment systems to a fully integrated dual diagnosis service model.

A high proportion of individuals entering A&D treatment have co-occurring mental health disorders, which require specialized treatment intervention. Left un-addressed, the mental health disorder significantly reduces the likelihood that the individual will successfully complete treatment or maintain recovery after leaving A&D treatment. A&D system stakeholders have agreed that the best approach to addressing this need is to develop service models where A&D and mental health are part of an integrated program from assessment through treatment planning, treatment services delivery and aftercare support. This “fully integrated dual diagnosis service model” is recognized by the State’s Office of Mental Health and Addictions Services as a best practice approach.

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Strategies:

- a) **Work with our provider system and stakeholders to develop strategies to move our A&D service continuum to a Dual Diagnosis Enhanced (DDE) model with the capability of effectively serving youth and adults with mild to severe co-occurring mental health disorders. Essential features of a DDE model include integrated on-site A&D and mental health screening/assessment, treatment planning, and treatment services delivered by dually qualified staff.**

Rationale: The Dual Diagnosis Enhanced model is viewed as the most effective and cost efficient model for addressing the combined needs of the significant number of individuals now entering the A&D system with co-occurring mental health disorders. The model will help assure that clients experience a seamless system that appropriately and adequately meets their treatment needs.

- b) **Increase funding to A&D providers to a level that would adequately cover the additional costs associated with the delivery of dual diagnoses services models** [Requires additional funding to implement.]:
- **Identify best practice dual diagnoses service models for youth and adults to be implemented within our system of care;**
 - **Complete residential and outpatient treatment services cost analysis to determine reasonable reimbursement rates for dual diagnoses services;**
 - **Pursue new funding opportunities to finance dual diagnoses services development and delivery;**
 - **Improve A&D providers' ability to access mental health funding through:**
 1. **Provision of technical assistance in setting up clinical and financial systems to more efficiently and appropriately access mental health funding.**
 2. **Advocacy at the local and state levels to change rules/procedures to make it easier to integrate A&D and mental health funding streams.**

Rationale: There is no consensus regarding the best practice models for dual diagnoses services that would best meet the needs of our community. At the provider level there will be increased costs associated with the development and ongoing operation of integrated dual diagnoses services. As we initiate this system enhancement effort, we need to have a clear understanding of the costs associated with this model and what level of new or integrated (A&D and Mental Health) financial resources will be needed to adequately fund this initiative.

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Currently it is very difficult and costly for A&D providers to access state and local mental health funding resources. In order to address this reality we need to adopt a two-pronged strategy designed to increase the A&D provider systems' ability to access these funds while working with local and state authorities to streamline rules and procedures that will make such a blended system more cost effective.

- c) **Work with the A&D provider system and other stakeholders to formulate and implement cost effective strategies for agency/staff development and training in the design and delivery of dual diagnoses services.** [May require additional funding to implement.]

Rationale: New skill and knowledge sets will need to be developed at all levels within our A&D provider system. Resources and cost efficient strategies to meet this challenge are essential to the success of this system priority.

- d) **Increase funding for medical psychiatric support services within our A&D provider system.** [Requires additional funding to implement.]

Rationale: As a whole our youth and adult treatment system lacks adequate psychiatric support services to meet current demands. As our system becomes more competent in identifying dual diagnoses clients this need will only increase.

- e) **Develop strategies to improve consumer access into needed treatment services.** [May require additional funding to implement.]

Rationale: Currently it is difficult for individuals, families, and providers to navigate our addictions and mental health service systems. The multiple access points, providers, and categorical funding restrictions that vary from program to program are frustrating and time-consuming for consumers and their helping professionals, even after they have determined a specific needed service. While part of the difficulty is the lack of adequate treatment capacity, the systems are lacking in ability to communicate in a user-friendly way to set up temporary, immediate, or long-term plans for integrated treatment. In addition, accountability within the multiple service systems for assisting the consumer or allied professional in accessing needed services is not always clear. This leads to individuals "falling through the cracks".

Priorities & Strategies Aimed at Reducing Substance Abuse

Priority F:

Expand intersystem collaboration and integration efforts.

Intersystem collaboration and services integration is viewed as a best practice approach to the design and delivery of substance abuse services. Currently collaboration efforts involving the Department of Community Justice, the Courts, the State Department of Human Services (Services to Children & Families and Adult & Family Services), Multnomah County Department of Community and Family Services, Public Health, Portland Public Schools, Housing Authority of Portland, and the Multnomah Education Service District are well established and producing good results. Closer collaboration efforts need to be developed with Senior and Disabled Services, Developmental Disability Services, the Domestic Violence Service System, East County School Districts, and Oregon Health Plan (OHP) insurance carriers.

Strategies:

- a) **Improve collaboration between the Multnomah County alcohol and drug service system and other key service systems through involvement of the Office of Addiction Services in the Department of Human Services (DHS) integration efforts in Multnomah County.**

Rationale: The State DHS has implemented a strategic service planning effort, which is designed to integrate their services with each of the nine Caring Communities. Since Caring Communities represent a County service integration strategy which often involves representatives of local schools, social service agencies, residents, and advocacy groups, it makes sense to use this venue as a means to collaborate with key system stakeholders around the design, delivery, and funding of A&D services.

- b) **Improve collaboration between Multnomah County alcohol and drug service system and local OHP Prepaid Health Plans.**

Rational: Kaiser Permanente, Family Care, and CareOregon collectively manage the A&D benefit for most Multnomah County residents covered by the Oregon Health Plan. Their involvement in the County's A&D strategic planning and system development activities is needed to assure that we have an A&D service system that is responsive to, and effectively addresses, community needs.

- c) **Reduce stigmatization, increase understanding of, and improve collaboration between, the methadone service system and the A&D free treatment system as well as other support service systems.**

Priorities & Strategies

Aimed at Reducing Substance Abuse

Rationale: A considerable level of bias against methadone clients and methadone treatment providers currently exists within our addiction treatment and social service provider communities. This bias undermines the ability of our service system to effectively treat opiate-dependent adults. We believe that through better dialogue, cooperative problem solving opportunities, education, and improved accountability, the relationship between these systems can be significantly improved.

Priority G:

Increase access to A&D services for very high risk, and/or inadequately/under-served segments of the County's varied population. [Requires additional funding to implement.]

Through our local planning process a number of adult and youth population groups were identified as under represented in the treatment system and/or inadequately served once enrolled in our A&D service system.

Services:

- a) **Improve the effectiveness of and access to cultural and ethnic minority services:**
 - 1. **Further develop culturally specific outreach and service capacity for adult Russian speakers, Asian adults and youth, Native American youth, and Latino youth.** [Requires additional funding to implement.]

Rationale: Some population groups (Russian speakers, Asians, Native American and Latino youth) are being under served in proportion to their numbers and recognized needs. Specialized services to better address these groups need to be developed and/or expanded.

- 2. **Identify and remove barriers contributing to under-utilization of slots currently available to adult and youth African American, adult Latino, and youth Asian clients. Increase service capacity for these populations as demand grows.** [Requires additional funding to implement.]

Rationale: Data shows that there is under-utilization of services currently targeted to serve African Americans (youth and adults) and Latino adults.

Priorities & Strategies Aimed at Reducing Substance Abuse

3. Develop strategies to improve outpatient treatment completion rates for ethnic minority clients. [May require additional funding to implement.]

Rationale: The data also shows that adult outpatient treatment completion rates for clients of color are below that of the general treatment population. It is imperative that we study and remove barriers to the full utilization and effectiveness of these resources.

b) Develop strategies to improve treatment access, engagement, and treatment completion for Community Justice clients with A&D abuse/dependency problems who also have a "low risk" of re-offending. [Requires additional funding to implement.]

Rationale: Currently many offenders who are classified within the Community Justice System as low risk for re-offence receive a very minimal level of probation supervision. Included within this population are individuals who are convicted of possession of a controlled substance. Many of these individuals have significant substance abuse problems but do not access and/or complete treatment. We are working collaboratively with Community Justice, the Court, and service providers to formulate strategies to better engage and serve this population.

c) Develop specialized services for 18 to 25 year olds, for both non-pregnant/non-parenting and for pregnant/parenting individuals. [Requires additional funding to implement.]

Rationale: These clients are chronologically adults; however, they are often developmentally in their early to mid-teens. Consequently, these clients do not do well in a youth program or in a traditional adult program. When the client is pregnant or parenting, the situation is exacerbated. We need to develop specialized services to meet the unique needs of this transition population.

d) Develop specialized services for senior citizens. [Requires additional funding to implement.]

Rationale: Multnomah County currently does not have specialized services for this group, which is unidentified and/or underrepresented in the service population. The elderly are the fastest-growing segment of the population. They require a different treatment approach from majority-age clients in order to enter and maintain recovery.

Priorities & Strategies Aimed at Reducing Substance Abuse

- e) Improve the capacity of our A&D treatment system to address the unique clinical needs of domestic violence/trauma victims and perpetrators.**

[Requires additional funding to implement.]

Rationale: A high percentage of women in treatment are the victims of domestic violence and other trauma. Untreated trauma may present a barrier, which must be addressed appropriately before recovery can take place. Additionally, untreated problems associated with battering are a barrier to treatment completion and recovery without special attention given to self-destructive patterns.

- f) Increase specialized services for pregnant and parenting youth under 18 years old.** [Requires additional funding to implement.]

Rationale: Pregnant and parenting teens represent a high need yet under-served population within our A&D treatment system. Specialized services that are better integrated with community based health and social service resources are needed to better address the prenatal, delivery, and postnatal and neonatal needs of this high-risk population (mother and baby).

- g) Develop specialized services for individuals with significant developmental disabilities and/or cognitive impairment.** [Requires additional funding to implement.]

Rationale: Multnomah County currently does not have specialized services for this group, which is identified as underrepresented in the service population.

- h) Increase outreach, treatment and aftercare/support groups for sexual minority teens.** [Requires additional funding to implement.]

Rationale: Services for teens that identify with sexual minorities are scarce. Further, a gay, lesbian, or bisexual youth's experience in small group treatment settings with heterosexual adolescents is often preclusive and disruptive to treatment success for both groups. When youth feel isolated from their peers, a successful treatment milieu cannot form. In fact, isolation is one of the common indicators and exacerbators of substance abuse, dependence and relapse.

Priorities & Strategies

Aimed at Reducing Substance Abuse

- i) **Improve alcohol and drug treatment services to preteens.** [Requires additional funding to implement.]

Rationale: Due to developmental stages of preteens and adolescents, research shows that these distinct population groups generally do not do well when together in treatment situations. Additionally, the types of drugs often vary by age, with 12-year-olds rapidly increasing use of inhalants and older teens reluctant to discuss any past or current huffing. There are currently no available preteen groups other than prevention within school settings. Occasionally subcontracted treatment providers are able to create special groups for younger clients, but it is an identified need that is not yet met in Multnomah County.

Priority H:

Influence community norms to ensure that youth's access to tobacco is reduced and their environments are tobacco free.

- a) **Ensure that every school district in Multnomah County has a policy banning smoking on every school campus and at outdoor sporting events.**

Rationale: This is a tobacco prevention best practice.

- b) **Assure that all merchants within a half-mile radius of every high school in Multnomah County receive merchant education regarding sales to minor's law.**

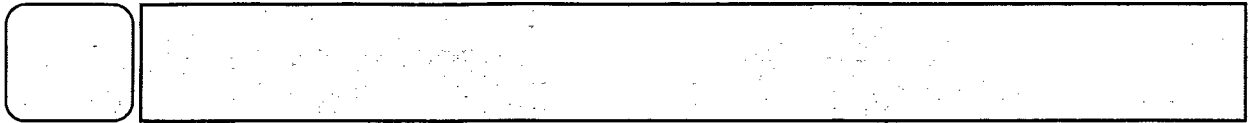
Rationale: This is a tobacco prevention best practice.

- c) **Promote media literacy skills especially as they relate to tobacco promotion to adolescents.**

Rationale: This strategy is emerging as an effective way to engage adolescents, raise awareness and foster on-going involvement in tobacco prevention.

- d) **Provide training to develop adolescents' skills to advocate for tobacco-free environments.**

Rationale: This is a tobacco prevention best practice.



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Priorities and Strategies For Young Children to Develop to Their Full Potential

The following priorities and strategies support all children develop to their full potential and are expected to result in measurable progress towards these High Level Outcomes:

- HLO #4 Reduce child maltreatment
- HLO #5 Improve prenatal care
- HLO #6 Increase immunizations
- HLO #7 Reduce alcohol, tobacco and other drug use during pregnancy
- HLO #8 Increase child care availability
- HLO #9 Improve readiness to learn

These priorities and strategies are taken in their entirety from the recently developed Early Childhood Framework. Locally elected officials and the Early Childhood Care and Education Council developed this Framework to guide planning efforts. Hundreds of people in the community had the opportunity to review and contribute to this important document. The Framework was ultimately adopted by the Board of County Commissioners in August, 2001.

The challenge is great, and the work to be done to achieve these priorities must be shared. The Early Childhood Care and Education Council is working with the Commission on Children, Families and Community to develop work plans each year to make progress on the Framework. Also, the County and other local governments and organizations will incorporate the Framework into their own planning. Many organizations will be working on the priorities and strategies listed here over a long period of time – beyond the six year planning horizon. Because the Framework is relatively new, more strategies will be developed and refined over the next year or two. This is a work in progress.

Priorities and Strategies

For Young Children to Develop to Their Full Potential

Priority A:

The community nurtures children and families by ensuring that:

- **Families have economic well-being and financial stability;**
- **Families have access to community resources and informal supports such as extended family and neighbors;**
- **Families have affordable, stable and decent housing;**
- **Families have access to affordable, reliable transportation;**
- **Families have access to comprehensive, culturally competent, coordinated health and social services;**
- **Children live with safe families in safe neighborhoods; and**
- **People are educated about child and human development throughout their lives.**

Strategies:

- a) **Develop stronger communities through community centers which organize informal social supports.**

Rationale: Since community centers already exist, it is an efficient way to create supports that may be more culturally sensitive. Informal social supports help develop healthy families.

- b) **Enact strong policies for safety of young children (e.g. gun safety, child abuse prevention, lead poisoning prevention.)**

Rationale: Injury is a leading cause of death for young children. Public policy development is a strategy that has been successful in changing cultural norms and values that promote the health of broad population groups.

- c) **Promote land use planning that is family-friendly and encourages development of community gathering spaces.**

Rationale: Land use planning affects opportunities for individuals to interact in their communities. Family-friendly land use planning encourages greater interaction and creates the opportunity for the informal social supports that enhance any community.

- d) **Encourage schools to integrate child and human development into their K-12 curriculum.**

Rationale: Children interact with other children of all ages. Understanding human development supports more positive interaction.

Priorities and Strategies

For Young Children to Develop to Their Full Potential

- e) **Train service providers and educators to provide culturally competent services.**

Rationale: Culturally competent services are more effective and more likely to be used by families.

- f) **Give employers information and incentives to support healthy families.**

Rationale: Employers have a big impact on the families of their employees. Support for families leads to long-term work force retention and increased productivity.

Priority B:

Families nurture their children:

- **Families learn and use effective skills to nurture and guide their children;**
- **Each child forms stable, positive relationships;**
- **Programs support the healthy development of families through parenting education and links to resources and mentoring;**
- **Family stability is supported by the community at all phases of development; and**
- **Families ensure that their children receive adequate health care and needed social services.**

Strategies:

- a) **Conduct ongoing prenatal screenings for medical and significant risks.** [Requires additional funding to implement.]

Rationale: Early prenatal care plays an important role in identifying and correcting health problems and behaviors that may have a negative effect on birth outcomes and help parents to be more effective as caregivers to their children.

- b) **Conduct home visits for all newborns linking families to needed supports and community resources.** [Requires additional funding to implement.]

Rationale: Home visiting is a research-based best practice that promotes positive relationships between families and volunteers and/or trained professionals. This relationship can make it possible for a family to access services that they would not have otherwise known about or used.

Priorities and Strategies For Young Children to Develop to Their Full Potential

- c) Develop and promote a health education curriculum to parents and family members.** [Requires additional funding to implement.]

Rationale: The early years of child development involve critical milestones both in terms of the development of the child and the skills of the parent and other caregivers. Having this information be readily available in a number of usable formats and languages is one strategy for engaging family members in learning appropriate ways of promoting health with their children and family.

- b) Provide families with access to service programs for low cost dental and nutritional care.** [Requires additional funding to implement.]

Rationale: Early dental screenings and nutritional services are essential for the development of strong oral health practices and healthy nutritional habits. Currently, families have a difficult time accessing dental care for their children, and frequently they are able to access care only after there is significant infection and decay. Preventive screenings and education would be a significant step forward in ensuring oral health.

- c) Provide family mentors to support parents in their role as parents.**

Rationale: This provides the longest term benefits for families and their children and creates a continuum of support for children – supporting parents in their unique and important role..

- f) Fully immunize all children where a safety net is utilized.** [Requires additional funding to implement.]

Rationale: Many families face significant barriers to completing their children's immunization schedule. Some of the factors mentioned in the analysis include incomplete or confusing information about immunizations and uncertainty about insurance coverage. Adequate funding for immunizations for children whose families have economic barriers to immunizing their children would ensure sufficient public education and access to immunization clinics.

- g) Ensure that all children receive adequate nutrition.** [Requires additional funding to implement.]

Rationale: Establishment of healthy nutritional habits, including the promotion of breast feeding for at least the first year of life, is not only important for the physical health of children. It also promotes mental development, positive socialization, oral health, and establishes habits that if practiced throughout the life cycle would significantly reduce the incidence of numerous chronic and disabling diseases, such as hypertension and diabetes.

Priorities and Strategies For Young Children to Develop to Their Full Potential

- h) Also in Goal 1: Encourage schools to integrate child and human development into their K-12 curriculum. Rationale: Children interact with other children of all ages. Understanding human development supports more positive interaction.

Priority C:

Family strengths are supported by ensuring that:

- **Families are actively engaged in building upon their strengths;**
- **Families with risks are identified and obtain health and social services;**
- **The community helps children overcome the effects of abuse, neglect and trauma;**
- **Families have a positive view of the future; and**
- **Children with special needs fully participate in the community.**

Strategies:

- a) **Increase parent support, education and respite through intensive home visiting programs.** [Requires additional funding to implement.]

Rationale: Home visiting is a research-based best practice that promotes positive relationships between families and volunteers and/or trained professionals. This relationship can make it possible for a family to access services that they would not have otherwise known about or used and reduce risks and build strengths that will improve their ability to raise thriving children. Home visiting services will be tied to other community resources, such as parenting groups, to reduce isolation and for skill building.

- b) **Provide relationship-based mentoring for at-risk children and parents.** [Requires additional funding to implement.]

Rationale: This provides the longest term benefits for families and their children and creates a continuum of support for children – supporting parents in their unique and important role

- c) **Increase access and availability of health services, domestic violence services, mental health services, alcohol/drug treatment, sexual abuse treatment, and juvenile justice.** [Requires additional funding to implement.]

Rationale: Parents with any of these issues in their lives are not able to pay adequate attention to their role as parents. The means chosen to provide family support, based on research and practice, is a

Priorities and Strategies For Young Children to Develop to Their Full Potential

multidisciplinary team approach to helping families facing those major challenges.

- d) Develop and implement early childhood care and education approaches to improving severely challenging forms of behaviors.** [Requires additional funding to implement.]

Rationale: Providing parents and providers with tools to manage challenging behaviors supports functioning, viable families and children who can participate in programs. When these behaviors are managed at a young age, there is greater likelihood of managing these challenges throughout the child's lifetime. It also decreases the likelihood that the child will be abused.

- e) Ensure that classes are available often, and all over the County, which help families develop their knowledge and supports.** [Requires additional funding to implement.]

Rationale: All parents are challenged by different developmental stages. Community involvement and support to help parents build on strengths enhances their skills and decreases feelings of isolation.

Priority D:

Child Care meets children's and families' needs by ensuring that:

- **Child care is recognized as early childhood care and education;**
- **Families obtain the child care they need that is accessible and affordable;**
- **Children are in quality care environments that are safe, healthy and developmentally appropriate;**
- **Child care provider training and technical support is available to all providers;**
- **The child care profession offers stable, desirable jobs with living wages;**
- **Employers support child care for their employees and for the community.**

Strategies:

- a) Provide small business and child development training supports to all child care providers.** [Requires additional funding to implement.]

Rationale: Increases both stability and quality of care.

Priorities and Strategies

For Young Children to Develop to Their Full Potential

- b) Ensure access to early childhood mental health services for all child care providers.** [Requires additional funding to implement.]

Rationale: It helps keep these children in the child care setting and increases the continuum of care. It also could increase the amount of specialized care available.

- c) Ensure access to early childhood special needs services for all child care providers.** [Requires additional funding to implement.]

Rationale: It helps keep these children in the child care setting and increases the continuum of care. It also could increase the amount of specialized care available

- d) Provide incentive stipends to child care providers who achieve designated levels of training.** [Requires additional funding to implement.]

Rationale: Allows access to training, improves quality of care and stability of care because the investment in training could reduce turnover.

- e) Develop child care subsidies to provide assistance to families to stabilize their child care.**

Rationale: Stability of care is important in early childhood development.

- f) Develop a public awareness campaign emphasizing the recognition of child care as early childhood care and education.** [Requires additional funding to implement.]

Rationale: Linking early childhood education with child care improves the quality of care.

- g) Create a system to disseminate health and safety equipment and materials to child care providers to meet Child Care Division registration and certification requirements.** [Requires additional funding to implement.]

Rationale: Injury is the leading cause of death for young children. Additionally, children are vulnerable to a number of communicable diseases in child care settings. Child care providers should be universally trained in safe food handling procedures or other health and safety promoting skills and techniques.

- h) Educate employers on ways to assist employees in supporting their child care needs.** [Requires additional funding to implement.]

Rationale: Employers have a big impact on the families of their employees. Support for families with child care needs leads to long-term work force retention and increased productivity.

Priorities and Strategies For Young Children to Develop to Their Full Potential

- i) **Provide tax incentives beneficial to all sizes of employers to ensure that quality, developmentally appropriate child care facilities, in a variety of settings, are available for all their employees.** [Requires additional funding to implement.]

Rationale: Support for families with child care needs leads to long-term work force retention and increased productivity

- j) **Provide families with consumer education on how to look for quality child care. Provide child care providers technical assistance through support networks and mentoring.** [Requires additional funding to implement.]

Rationale: Informed consumers demand higher quality.

- k) **Recruit child care providers to meet the child care needs of parents, i.e. infant/toddler care, flexible hours, children with special needs, etc.** [Requires additional funding to implement.]

Rationale: This is needed to fill gaps. It moves families towards self-sufficiency.

- l) **Ensure access to health and safety consultation services to all child care providers.** [Requires additional funding to implement.]

Rationale: As child care providers develop professionally, part of their training and skill building should include development of competencies related to healthy child development, communicable disease prevention, and safety procedures.

Priority E:

Children succeed in their early education because:

- **Children meet guidelines for school readiness;**
- **Schools use a strength based approach to young children and build a positive relationship with families;**
- **Parents actively participate in their young children's education;**
- **The community is involved in the supporting the education of young children;**
- **Children are working toward meeting 3rd grade academic benchmarks;**
- **Children develop problem solving, social and communication skills, and make progress in school; and**
- **A coordinated, systematic transition occurs from home and early childhood programs to school.**

Priorities and Strategies

For Young Children to Develop to Their Full Potential

Strategies:

- a) Implement comprehensive approaches (parent/child/school based) to prevent and address severely challenging forms of behavior.**

[Requires additional funding to implement.]

Rationale: When challenging behaviors are managed at a young age, there is greater likelihood of managing that behavior throughout the child's lifetime. Transition to kindergarten and school years are times when behaviors can become more severe and difficult to manage, if not dealt with previously.

- b) Encourage employers to provide paid release time to allow employees to work in childhood care and education programs.**

Rationale: It allows parents to be more involved in their children's education and children see that their parents are interested, involved and committed to their education.

- c) Provide a range of experiences to young children that enhances early literacy and other learning.** [Requires additional funding to implement.]

Rationale: Children learn in a variety of ways. Early literacy is based on children having varied experiences who that words have meaning to them. Varied experiences also support math and science skills.

- d) Encourage schools to integrate a comprehensive social support system that contains formal and informal supports for families and children.** [Requires additional funding to implement.]

Rationale: Optimal education happens when schools and families each play a role together to educate children. Education happens in the context of families and culture. Additional supports, such as quality before-and after-school care, are required by many families. Additional community supports are also important for children and their families; children cannot learn well if they are homeless, for instance.

- e) Provide comprehensive early childhood programs for all children, ranging in ages from birth to five.** [Requires additional funding to implement.]

Rationale: Research shows that children who participate in comprehensive programs (at home or at centers) are more successful in school.

Priorities and Strategies For Young Children to Develop to Their Full Potential

- f) **Ensure that parents, early childhood providers and schools are actively engaged in transitioning children from one setting to another.**

Rationale: Sharing relevant information about each child among the adults involved in the child's education ensures a more consistent and cost-effective learning plan. This in turn increases the likelihood of success in school.

Priority F:

The early childhood system of care meets community needs because:

- **Planning and implementation are coordinated;**
- **Every sector of the community is engaged in supporting families with young children;**
- **Programs and resources have the capacity to meet community needs;**
- **Best practices of new and existing strategies are utilized across the system of care; and**
- **Programs are retooled for effectiveness and efficient use of funds through technical assistance.**

Strategies:

- a) **Develop and implement a shared plan with all stakeholders.**

Rationale: Many stakeholders, public, private, community organizations, employers, community members are needed to be able to have the comprehensive system of supports for families with very young children. A system of support provides services to families that is efficient and cost-effective and creates accountability and accessibility

- b) **Modify programs as needed to meet outcomes and goals.**

Rationale: The system needs to be responsive to evaluation findings.

- c) **Actively engage new stakeholders, including parents, the faith community and investors.**

Rationale: Same as (a) above.

Priorities and Strategies For Young Children to Develop to Their Full Potential

- d) Increase funding from a variety of sources for the early childhood system.**

Rationale: Same as (a) above.

- e) Create incentives for businesses and employers to contribute in ways other than financial.**

Rationale: Same as (a) above.

- f) Encourage pooling mechanism to merge and leverage employer/private/city/county/state and federal funds to support the early childhood system of care.**

Rationale: Pooled funding allows for services to be coordinated, responsive to family needs and efficient in the use of dollars.

- g) Merge/coordinate similar programs to maximize efficiency and effectiveness.**

Rationale: This will reduce fragmentation of services and better serve the needs of and meet the goals of families.

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Priorities and Strategies For Juvenile Justice and Delinquency Prevention

The following priorities and strategies supporting juvenile justice and delinquency prevention are expected to result in measurable progress towards these High Level Outcomes:

HLO #13	Decrease Juvenile Arrests
HLO #14	Maintain OYA Bed Use
HLO #15	Reduce Juvenile Recidivism

These priorities and strategies were developed by the Juvenile Justice and Delinquency Prevention Strategic Planning Committee under the leadership of Multnomah County's Department of Community Justice [DCJ.] The planning committee was first convened in 1997 as a large working group including leadership from across the justice system, local and State government agencies, public schools, community-based youth serving agencies and citizen groups. The Committee was convened with the joint sponsorship of the Commission on Children, Families and Community and the Local Public Safety Coordinating Council. The strategic planning effort was modeled after the federal Office of Juvenile Justice and Delinquency Prevention Comprehensive Strategy. Three subcommittees were formed: Prevention, Graduated Sanctions and Development. The Prevention and Graduated Sanctions Subcommittees each focused on distinct populations of youth along the continuum of involvement with youth in the juvenile justice system. The Development Subcommittee worked to ensure that the values and tools of youth development were incorporated into all strategies in the plan. Elected officials and law enforcement from the cities of Portland and Gresham joined with County Chair Beverly Stein to ensure that this plan reflects a shared commitment to preventing juvenile delinquency and reducing violent crime. The Portland Public Schools administration and the Superintendents of all the School Districts within the Multnomah County Educational Services District were especially involved in shaping the variety of ambitious school-related strategies in the plan. The plan was initially adopted in 1998 and was then updated by the Committee in November, 1999 and again in September, 2001.

Most recently, the strategic planning process was built around the mapping and analysis information developed for this SB 555 report. Committee members reaffirmed their support of the original strategic plan goals and then reviewed and updated related strategies. Recognizing that it has been five years since the original plan was developed, DCJ has decided to initiate a new, wide-ranging strategic planning process in 2002 in order to renew and refresh the community's priorities, strategies and partnerships in relation to juvenile justice and delinquency prevention.

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

Priority A:

Prevent juvenile delinquency by supporting at-risk, acting out and delinquent youth to complete high school and to engage in structured activities outside of school.

Among strategies that have been shown to work in preventing and intervening early in delinquency are:

- Keeping youth in school
- After-school activities which apply youth development philosophies including recreation, mentoring and gang prevention
- Tutoring
- Vocational training and employment skill-building when combined with intensive educational components

In order to maintain and improve on targeted programming and systems improvements consistent with this knowledge, the following strategies have been developed.

A.1. Increase school attendance by reducing truancy.

Rationale: The School Attendance Initiative begun in 1998 has shown positive results, and the community is looking at the possibility of expanding it to high school students. When youth are engaged in school and other positive activities, they are much less likely to commit crimes.

A.2. Provide youth more individual control and choice in shaping their school experience.

Rationale: At-risk students attend school more often and are less likely to drop-out if they are able to participate more actively in shaping their school experience.

A.3. Involve youth in school decision-making.

Rationale: As consumers of educational services provided by schools, youth are uniquely positioned to offer insights into the school experience. Involvement in school decision-making also builds youth leadership skills and fosters a climate of mutual respect in the school community.

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

A.4. Increase the ability of schools to address academic needs of youth at risk, especially youth of color.

Rationale: Academic difficulties are typically precursors to dropping-out of school which is in turn linked with increased risk of juvenile delinquency. Data shows a persistent school achievement gap for youth of color. This is an important, high priority issue in Portland.

A.5. Increase workplace and supervisory flexibility to encourage parents and other adults to become involved in schools and more generally in the lives of young people.

Rationale: Employment is a major barrier to volunteerism in general and to parental involvement in schools and in other activities in which their children are involved. Our cultural norms about workplace and supervisory flexibility reflect a time when most families had one parent [the mother] who was not working outside the home. Our workplace practices need to be more flexible to support parental and community involvement in the lives of young people.

A.6. Expand alternative school placements for at-risk/acting out youth at the high school, middle school and elementary school levels.

Rationale: The system has added skill development to alternative school programming and is working toward implementing tutoring and conflict management. The Turnaround School originally developed to provide alternative school placements has been replaced with a 15-day assessment program augmented by expanded placements at two high schools. These programs are consistent with our knowledge of what works for decreasing the likelihood of offending for at-risk youth.

A.7. Expand the ability of existing, successful programs to provide programs for at-risk youth after school between 3:00-6:00, on weekends and in the summer.

Rationale: The hours after school are a prime time for the commission of juvenile crime, and providing positive activities for youth at this time decreases the likelihood of offending.

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

A.8. Increase job readiness and self-sufficiency skills of high-risk youth that are linked with industry needs.

Rationale: This will increase the number of youth who are able to successfully transition from school to work. Employment reduces the risk of criminal activity.

A.9. Adjust school schedules for middle and high school youth so that school starts and finishes later.

Rationale: The normal course of adolescent development makes youth biologically inclined to stay awake later in the evening and wake-up later in the morning than adults or young children. Studies have shown that academic performance improves if youth are able to start school later in the morning. In addition, such a practice would reduce the amount of after-school time during which youth might be unsupervised. On a national level, juvenile delinquency peaks during the after-school hours of 3-6 PM; if school were to finish later, it might well reduce juvenile delinquency.

A.10. Develop strategies to get kids directly home following school, after-school or evening activities.

Rationale: On a national level, juvenile delinquency peaks during the after-school hours of 3-6 PM. It is theorized that youth are more likely to get into trouble because they are more likely to be unsupervised. By reducing the amount of unsupervised time transitioning to home, we reduce the risk of juvenile delinquency.

A.11. Infuse more adults into schools as mentors, helpers, role models, etc.

Rationale: Providing a mechanism for regular, positive interactions with responsible adults is a proven strategy for intervening early in delinquency.

A.12. Increase the ability of parents to advocate for the educational needs of their at-risk/acting out children.

Rationale: This strategy provides a method for parents to be involved in their children's lives. One strategy used by Multnomah County has been to place Juvenile Court Counselors in the schools in order to have greater contact with parents and teachers.

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

- A.13. Advocate for continued or expanded funding of services to at-risk youth (Level 7) through the Youth Investment Team.**

Rationale: This is a specific strategy to address gaps in services to at-risk youth.

Priority B:

Prevent and intervene early in delinquency by holding high expectations of young people, promoting mutual respect and improving the skills of youth and adults to respond appropriately at home, in school and in their neighborhoods.

Prevention and early intervention are clearly more cost-effective and humane ways of coping with the problem of crime in our society. Holding high expectations and improving the skills of youth and their families are important factors in reducing the likelihood of offending or re-offending.

- B.1. Increase the number of high-risk youth who have weekly contact with an adult role model.**

Rationale: This increases a youth's opportunities to learn and practice pro-social skills. It is best when the adult and youth are able to develop and maintain a sustained caring relationship extending throughout childhood and adolescence.

- B.2. Increase parent training and support for parents of at-risk, acting out and delinquent youth in elementary, middle and high schools.**

Rationale: Training and supporting parents in dealing with struggling youth is an effective means of assuring that the youth's living environment is providing the kinds of parameters and supports that may reduce the probability of criminal behavior.

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

B.3. Support efforts to develop and apply the concepts of “community justice” through community courts and other initiatives.

Rationale: This effort is consistent with findings that show that neighborhood-based programs in high-risk areas are effective in preventing or intervening in delinquency. The Community Justice Crime Prevention Initiative is working in three neighborhoods to provide supports in changing the culture to one that fosters a decrease in crime. Plans are to expand to a fourth neighborhood soon.

B.4. Increase parental involvement in all stages of the juvenile justice process with particular attention to involving parents of youth of color and girls.

Rationale: Parental involvement in the process improves the likelihood that all aspects a youth's life will work together consistently. Youth of color and girls are focused on because their issues tend to be more complex than those of other youth.

B.5. Create a comprehensive climate change in a school or neighborhood to increase adult involvement in the lives of youth, build the sense of community and reduce conflict and delinquency.

Rationale: Research has found this to be a "best practice." Program models include the Resolving Conflict Creatively Program which has been replicated in Oregon with federal funding provided through Byrne Grants.

B.6. Increase youth awareness of and reporting of family and intimate partner violence experiences and provide support services.

Rationale: This is a strategy to reduce family and intimate partner violence.

B.7. Explore the cost/benefits of establishing a Teen Court.

Rationale: This is an issue that has been a high priority of Portland's Citizens' Crime Commission.

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

B.8. Increase opportunities for youth and adults to work together in community service projects.

Rationale: This increases a youth's opportunities to learn and practice pro-social skills.

B.9. Establish a receiving center in downtown Portland.

Rationale: The receiving center is designed to reach homeless youth and other status offenders in downtown Portland and to refer them and their families to appropriate resources in the community. Research shows that involvement in the justice system can increase the likelihood that low-risk youth may recidivate, and making services available away from the Juvenile Justice Center meets their needs without exposure to the system.

Priority C:

Hold youth accountable, be fair and reduce recidivism by improving the ability of the Juvenile Justice System to provide swift, sure, appropriate and equitable consequences when youth violate the law.

C.1. Build capacity to intervene promptly with juveniles committing status offenses.

Rationale: Research indicates that "swift and certain" consequences are an effective deterrent to future offenses. By intervening with status offenders, the risk of criminal offenses is reduced. Perhaps as importantly, status offenses are often an "indicator" activity which may quickly snow-ball into other problem behaviors such as poor school success and substance abuse. By intervening early, we may be able to help the young person avoid long-lasting consequences.

C.2. Develop and implement services and system changes to reduce over-representation of youth of color in the juvenile justice system.

Rationale: Although over-representation in the juvenile system has been improved upon in the past few years, a system-wide analysis needs to be

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

performed to determine the level of potential bias at each decision point in the system.

C.3. Develop and use standard, point-valued criteria at key decision points in the Juvenile Justice System to improve equity, consistency and cost-effectiveness.

Rationale: A case classification system and guidelines for determining appropriate consequences for youth have been developed and implemented. More work is needed toward cultural competency training for staff and providers.

C.4. Allow Juvenile Justice Counselors to impose consequences on youth for delinquent behavior, without returning to the Court, within defined limits.

Rationale: Current practice requires that youth return to the Court when additional consequences, which can be unwieldy in terms of the amount of staff time required and in the length of time required for a consequence to be put in place. Giving the Counselor more authority may also improve the effectiveness of the relationship between the Counselor and the youth. This would require a structures system that ensures process rights and protects against inappropriate permissive or punitive decisions. We will also explore the expansion of the use of alternatives to formal prosecution for a broader class of delinquent youth.

C.5 Reduce the time between a youth's referral to the Juvenile Justice System and the adjudication date and start of the probation supervision.

Rationale: Research indicates that "swift and certain" consequences are an effective deterrent to future offenses. DCJ has made significant progress in reducing processing time in recent years. However, connecting young people with probation counselors as promptly as possible continues to be an important system-streamlining strategy.

C.6 Reduce the wait time for youth to start sanction programs and increase the percent of youth completing sanctions.

Rationale: Research indicates that "swift and certain" consequences are an effective deterrent to future offenses.

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

C.7 Develop innovative gender and culturally appropriate strategies and programs to use as consequences for delinquent behavior.

Rationale: Culturally and gender appropriate strategies have been shown to be most effective in changing behavior. The system will evaluate implementing "sole sanctions" in lieu of probation supervision in cases where the youth is assessed as being high-risk.

C.8 Increase the ability of acting-out, at-risk and delinquent youth to access alcohol and drug, mental health and other services provided by community based organizations, with particular emphasis on home-based models of intensive service.

Rationale: A 1999 survey of youth on probation revealed that 34% used alcohol or drugs 3 or more times per week, and 23% used them daily. Yet, the treatment system is not adequate. In 1999, sixteen (20%) of 81 youth committed by the County to state secure custody were sent there because appropriate local services did not exist. Home-based models are preferred because they keep youth in their most natural settings.

C.9 Develop and implement alternatives to detention which will allow low-risk and first-time offenders an opportunity to avoid formal juvenile prosecution by completing requirements, such as restitution, community services, anger management and individual/family counseling.

Rationale: Involving low risk and first time offenders in the criminal justice system has been shown to be potentially counter-productive. Developing alternatives to detention provides methods to deal with problem behaviors outside the system.

C.10 Continue to develop and expand the efficacy and availability of Multisystemic Family Therapy where appropriate throughout the system.

Rationale: Multisystemic Family Therapy has been shown to be an effective approach to working with youth in the system. It has been identified as one of only eleven "Blueprint" programs nationwide which meets the highest standards of effectiveness and replicability. It utilizes a systems approach

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

that involves, to the highest extent possible, all factors in the youth's milieu. It also seeks to empower parents to affect these factors in the child's life.

C.11 Coordinate a collaborative approach to dependency and delinquency needs for youth.

Rationale: Youth who have been referred for dependency issues have a high incidence of later referrals for criminal offenses. Addressing issues with these high-risk youth by using resources such as the Early Intervention Unit can be an effective way to prevent future participation in the juvenile and adult justice systems.

C.12 Implement the statutorily mandated principles of balanced and restorative justice by developing policies and practices designed to better recognize and address the interests of victims in the juvenile justice system.

Rationale: Restorative justice approaches create ways for offenders and victims to interact more directly and to help make the victims more whole after suffering the losses of involvement in a crime.

C.13 Develop and implement guidelines for dealing with 18 year olds in the system.

Rationale: Lawsuits, state law and federal detention guidelines clash in regards to whether 18 year olds can be held in the juvenile detention facility. We are currently managing this problem on a case-by-case basis, but it will ultimately need to be decided legislatively.

C.14 Create an evaluation plan focusing on youth recidivism and utilize that information in planning activities.

Rationale: With the advent of the Juvenile Crime Prevention Plan in 1998, the department formalized its evaluation measures concerning youth recidivism. Tracking recidivism is an ongoing priority, and, the department is expanding its ability to assess recidivism on a program level as well as in the aggregate. This level of evaluation will improve the department's ability to utilize evaluation data in its planning efforts.

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

Priority D:

Protect public safety and control costs by equitably directing specialized resources toward youth at greatest risk of committing violent crime and serious, repetitive crimes.

D.1. Track youth gangs and youth violence incidents.

Rationale: In order to accurately target resources, it is necessary to stay current on the trends within the community.

D.2. Reduce/eliminate youth violence in neighborhood "hot spots".

Rationale: This strategy is a best practice fashioned after the "Boston Plan" and adopted by the Local Public Safety Council and an interagency task force including the City of Portland, the U.S. Attorney's Office, Multnomah County and others.

D.3. Disrupt the flow of illegal guns to juveniles.

Rationale: Same as above.

D.4. Allocate supervision and services resources to juveniles based upon risk of recidivism.

Rationale: This strategy is a best practice found to improve the cost-effectiveness of juvenile justice services organizations.

D.5. Identify and help children under 12 who appear at risk of committing violent crime or serious, repetitive crimes.

Rationale: Children who display problem behaviors at an early age have been shown to be at a higher risk for becoming serious offenders.

D.6. Target probation services provided by Juvenile Justice staff to youth at risk of committing violent crime or serious, repetitive crimes.

Rationale: National research shows that 15 to 20 percent of all juvenile offenders commit about 80 percent of all crimes. The most effective way to substantially reduce serious and violent offending is through prevention and

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

intervention with youth who are on the path toward becoming serious, violent, chronic offenders.

- D.7. Improve the accessibility of intensive, developmentally and culturally appropriate outpatient and residential programs for medium and high risk youth at risk of placement in the OYA Youth Correctional Facilities.**

Rationale: This strategy focuses specifically on maintaining OYA bed use within established guidelines. The Alternative Placement Committee is a cooperative effort that has been very beneficial toward this end. The community plans to specifically address the needs for safe placement services for girls at risk of serious criminal activity or pregnancy.

- D.8. Support youth returning to the community after residential placements or time in the Oregon Youth Correctional Facilities by preventing abrupt interruptions in services and supervision.**

Rationale: This is a strategy developed in order to reduce the likelihood of recidivism. The Department cooperates with OYA in transitioning and planning for youth coming out of OYA correctional facilities.

Priority E:

Do our work together, more effectively, by being leaders in sharing information for decision-making and identifying best practices with community members, partners and staff on what works to prevent juvenile crime and routinely evaluate effectiveness.

- E.1. Share information with community members, partners and staff on “what works” to prevent juvenile crime with particular attention to cultural and gender-specific differences.**

Rationale: Juvenile crime prevention is the responsibility of the entire community, not just the Department of Community Justice. The Department does, however, take the lead in researching information and sharing it and educating its partners (the community) in the most effective approaches to juvenile crime prevention.

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

- E.2. Improve information systems capacity to communicate, exchange and analyze data within and across agencies serving dependent or delinquent youth.**

Rationale: This strategy will provide methods not only to improve the information available to all parts of the system but also to disseminate information. This will be the basis for informed decision-making throughout the system.

- E.3. Build capacity to routinely evaluate the effectiveness of current programs and systems.**

Rationale: Routine evaluations give us information, which helps us to focus on developing and implementing the most effective programs and adjusting the programs when they are not showing efficacy. Also important is disseminating it regularly to the people who need the information and assuring that it is used in the decision-making process.

- E.4. Involve a diverse set of youth in Juvenile Justice planning, policy making and evaluation.**

Rationale: As young people and, possibly, client in the juvenile justice system, youth can offer unique insights and keep us mindful of the individuality of those we serve. Involvement in decision-making also builds youth leadership skills and fosters a climate of mutual respect.

- E.5. Develop a collaborative media strategy which links the community building, Take the Time and the school change initiatives and helps to reduce adult fear of youth.**

Rationale: Fear drives a wedge between people and deprives youth of important opportunities to know and learn from adults. Educating the public about the positive steps the community is taking to work with troubled youth creates a greater climate of acceptance and a potential for creating a more cohesive community.

Priorities and Strategies For Juvenile Justice and Delinquency Prevention

E.6. Develop a legally acceptable inter-agency agreement concerning confidentiality issues.

Rationale: Confidentiality concerns can make crucial information about youth inaccessible to participants in the system who need information on the youth in their care. We need to fully research legal requirements and develop inter-agency agreements that allow maximum disclosure while protecting the rights of the youth involved.

Linking Strategies to All the High Level Outcomes

Strategies Aimed at Reducing Substance Abuse

High Level Outcomes Supported By This Strategy																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Priority A:																		
A. Stabilize and strengthen the current A&D treatment and prevention provider system.																		
A.a. Increase funding rates for women's and youth residential, adult and youth drug free outpatient, adult methadone outpatient and adult detoxification treatment services. [Requires additional funding to implement.]	x	o		o			o			x	x	o	o	o	o	o	o	o
A.b. Strengthen and build on existing prevention/treatment initiatives, collaborations and coalitions.	x	o		o						x	x	o	o	o	o	o	o	o
Priority B:																		
Reduce administrative contracting costs of providers by streamlining the County's procurement, contracting and performance monitoring processes.																		
B.a. Decrease costs at the provider level by: Developing and implementing integrated procurement, contracting, and performance monitoring strategies between the various entities within County Government who fund A&D services.	x	o					o			x	x	o	o	o	o	o	o	o
B. b. Decrease costs at the provider level by: 2. Streamlining and/or eliminating contractual requirements and reimbursement methods which are no longer applicable and efficient, while still maintaining high accountability standards.	x	o					o			x	x	o	o	o	o	o	o	o
Priority C:																		
Expand A & D free housing, adult residential treatment, children's beds in residential treatment, youth and adult detoxification, and adult outpatient services. [Requires additional funding to implement.]																		
C.a. Increase transitional housing (adult, families and youth) and residential proctor care (youth) services. [Requires additional funding to implement.]	x	o		o			o			x	x	o	o	o	o	o	o	o
C.b. Develop services that combine intensive outpatient treatment with transitional housing/residential proctor care as an alternative to residential treatment for adults, homeless youth and other special-needs populations. [Requires additional funding to implement.]	x	o		o			o			x	x	o	o	o	o	o	o	o
C.c. Increase the number of adult and family (parents with children) residential beds available in Multnomah County. [Requires additional funding to implement.]	x	o		o			o						o	o	o			
C.d. Establish social detox services for youth. [Requires additional funding to implement.]		o								x	x		o	o	o			
C.e. Increase adult outpatient treatment capacity. [Requires additional funding to implement.]	x	o		o			o											
Priority D:																		
Incorporate strength-based approaches, including family strengthening strategies/services across the continuum of prevention and treatment services.																		

Linking Strategies to All the High Level Outcomes

Strategies Aimed at Reducing Substance Abuse

		High Level Outcomes Supported By This Strategy																		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
D. a. Promote Family Recovery models across the continuum of adult and youth treatment services. Specific service priorities include funding for case management services that help the client/family access needed services and family skills enhancement/development strategies. Families that require extensive habilitation/rehabilitation may require lengthier treatment and supported housing in order to internalize skills.		x	o		o			o			x	x		o	o	o	o	o	o	o
D. b. Establish a mechanism for monitoring and funding treatment services to families. (see report text for more specific steps.)		x	o		o			o			x	x		o	o	o	o	o	o	o
D.c) Promote strength-based approaches within our prevention and treatment service system.		x	o		o			o			x	x		o	o	o	o	o	o	o
Priority E:																				
Move our youth and adult treatment systems to a fully integrated dual diagnosis service model.																				
E. a. Work with our provider system and stakeholders to develop strategies to move our A&D service continuum to a Dual Diagnosis Enhanced (DDE) model with the capability of effectively serving youth and adults with mild to severe co-occurring mental health disorders. Essential features of a DDE model include integrated on-site A&D and mental health screening/assessment, treatment planning, and treatment services delivered by dually qualified staff.		x	o		o			o			x	x	o	o	o	o	o	o	o	o
E. b. Increase funding to A&D providers to a level that would adequately cover the additional costs associated with the delivery of dual diagnosis services models [Requires additional funding to implement.]:		x	o		o			o			x	x		o	o	o	o	o	o	o
E.c. Work with the A&D provider system and other stakeholders to formulate and implement cost effective strategies for agency/staff development and training in the design and delivery of dual diagnoses services. [May require additional funding to implement.] (See report text for more specific steps.)		x	o		o			o			x	x	o	o	o	o	o	o	o	o
E.d. Increase funding for medical psychiatric support services within our A&D provider system. [Requires additional funding to implement.]		x	o		o			o			x	x	o	o	o	o	o	o	o	o
E.e. Develop strategies to improve consumer access into needed treatment services. [May require additional funding to implement.]		x	o		o			o			x	x	o	o	o	o	o	o	o	o
Priority F:																				
Expand intersystem collaboration and integration efforts.																				
F.a. Improve collaboration between the Multnomah County alcohol and drug service system and other key service systems through involvement of the Office of Addiction Services in the Department of Human Services (DHS) integration efforts in Multnomah County.		x	o		o			o			x	x	o	o	o	o	o	o	o	o
F.b. Improve collaboration between Multnomah County alcohol and drug service system and local OHP Prepaid Health Plans.		x	o		o			o			x	x	o	o	o	o	o	o	o	o

Linking Strategies to All the High Level Outcomes

Strategies Aimed at Reducing Substance Abuse

	High Level Outcomes Supported By This Strategy																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
F.c. Reduce stigmatization, increase understanding of, and improve collaboration between the methadone service system and the A&D free treatment system as well as other support service systems.	x	o		o		o					x	o	o	o	o	o	o	o	o
Priority G:																			
Increase access to A&D services for very high risk, and/or inadequately/under-served segments of the County's varied population. [Requires additional funding to implement.]																			
G. a. Improve the effectiveness of and access to cultural and ethnic minority services; (See text for more specific steps.)	x	o		o		o				x	x	o	o	o	o	o	o	o	o
G. b) Develop strategies to improve treatment access, engagement, and treatment completion for Community Justice clients with A&D abuse/dependency problems who also have a "low risk" of re-offending. [Requires additional funding to implement.]	x	o		o		o				x	x	o	o	o	o	o	o	o	o
G.c. Develop specialized services for 18 to 25 year olds, for both non-pregnant/non-parenting and for pregnant/parenting individuals. [Requires additional funding to implement.]	x	o		o		o													
G.d. Develop specialized services for senior citizens. [Requires additional funding to implement.]	x	o																	
G.e. Improve the capacity of our A&D treatment system to address the unique clinical needs of domestic violence/trauma victims and perpetrators. [Requires additional funding to implement.]	x	o		o						x	x	o	o	o	o	o	o	o	o
G.f. Increase specialized services for pregnant and parenting teens. [Requires additional funding to implement.]		o		o		o				x	x	o	o	o	o	o	o	o	o
G.g. Develop specialized services for individuals with significant developmental disabilities and/or cognitive impairment. [Requires additional funding to implement.]	x	o		o		o				x	x	o	o	o	o	o	o	o	o
G.h. Increase outreach, treatment and aftercare/support groups for sexual minority teens. [Requires additional funding to implement.]										x	x	o	o	o	o	o	o	o	o
G.i. Improve alcohol and drug treatment services to preteens. [Requires additional funding to implement.]										x	x	o	o	o	o	o	o	o	o
Priority H:																			
Influence community norms to ensure that youth's access to tobacco is reduced and their environments are tobacco free.																			
H. a. Ensure that every school district in Multnomah County has a policy banning smoking on every school campus and at outdoor sporting events.	o					o				o	o	x							o
H. b. Assure that all merchants within a half-mile radius of every high school in Multnomah County receive merchant education regarding sales to minor's law.	o					o				o	o	x							o
H. c. Promote media literacy skills especially as they relate to tobacco promotion to adolescents.	o					o				o	o	x							o
H. d. Provide training to develop adolescents' skills to advocate for tobacco-free environments.	o					o				o	o	x							o

Linking Strategies to All the High Level Outcomes Strategies Aimed at Reducing Substance Abuse

High Level Outcomes Supported By This Strategy		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
LEGEND: x = strategy was developed to achieve these HLOs																				
o = strategy also supports these HLOs																				

Linking Strategies to All High Level Outcomes

Strategies to Support Young Children Developing to Their Full Potential

		High Level Outcomes Supported By This Strategy																		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Priority A:																				
<p>The community nurtures children and families by ensuring that:</p> <ul style="list-style-type: none"> - Families have economic well-being and financial stability; - Families have access to community resources and informal supports such as extended family and neighbors; - Families have affordable, stable and decent housing; - Families have access to affordable, reliable transportation; - Families have access to comprehensive, culturally competent, coordinated health and social services; - Children live with safe families in safe neighborhoods; and - People are educated about child and human development throughout their lives. 																				
a) Develop stronger communities through community centers which organize informal social supports.				x	x	x	x	x	x											
b) Enact strong policies for safety of young children (e.g. gun safety, child abuse prevention, lead poisoning prevention.)				x					x											
c) Promote land use planning that is family-friendly and encourages development of community gathering spaces.				x					x	x										
d) Encourage schools to integrate child and human development into their K-12 curriculum.				x	x	x	x	x	x											
e) Train service providers and educators to provide culturally competent services.				x	x	x	x	x	x											
f) Give employers information and incentives to support healthy families.				x	x	x	x	x	x											
Priority B:																				
<p>Families nurture their children:</p> <ul style="list-style-type: none"> - Families learn and use effective skills to nurture and guide their children; - Each child forms stable, positive relationships; - Programs support the healthy development of families through parenting education and links to resources and mentoring; - Family stability is supported by the community at all phases of development; and - Families ensure that their children receive adequate health care and needed social services. 																				
a) Conduct ongoing prenatal screenings for medical and significant risks. [Requires additional funding to implement.]				x	x	x	x	x	x											

Linking Strategies to All High Level Outcomes

Strategies to Support Young Children Developing to Their Full Potential

	High Level Outcomes Supported By This Strategy																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
b) Conduct home visits for all newborns linking families to needed supports and community resources. [Requires additional funding to implement.]				x	x	x	x		x						o	o	o		o
c) Develop and promote a health education curriculum to parents and family members. [Requires additional funding to implement.]				x	x	x	x		x						o	o	o		
d) Provide families with access to service programs for low cost dental and nutritional care. [Requires additional funding to implement.]									x						o	o	o		
e) Provide family mentors to support parents in their role as parents.				x					x						o	o	o		
f) Fully immunize all children where a safety net is utilized. [Requires additional funding to implement.]							x												
g) Ensure that all children receive adequate nutrition. [Requires additional funding to implement.]									x						o	o	o		
h) Also in Priority A : Encourage schools to integrate child and human development into their K-12 curriculum.				x	x	x	x	x	x						o	o	o		o
Priority C:																			
Family strengths are supported by ensuring that: - Families are actively engaged in building upon their strengths; - Families with risks are identified and obtain health and social services; - The community helps children overcome the effects of abuse, neglect and trauma; - Families have a positive view of the future; and - Children with special needs fully participate in the community.																			
a) Increase parent support, education and respite through intensive home visiting programs. [Requires additional funding to implement.]				x	x	x	x	x	x						o	o	o		
b) Provide relationship-based mentoring for at-risk children and parents. [Requires additional funding to implement.]				x					x						o	o	o		o
c) Increase access and availability of health services, domestic violence services, mental health services, alcohol/drug treatment, sexual abuse treatment, and juvenile justice. [Requires additional funding to implement.]				x				x	x						o	o	o		
d) Develop and implement early childhood care and education approaches to improving severely challenging forms of behaviors. [Requires additional funding to implement.]				x				x	x						o	o	o		
e) Ensure that classes are available often, and all over the County, that help families develop their knowledge and supports. [Requires additional funding to implement.]				x	x	x	x	x	x						o	o	o		o

Linking Strategies to All High Level Outcomes

Strategies to Support Young Children Developing to Their Full Potential

High Level Outcomes Supported By This Strategy																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Priority D:																			
Child Care meets children's and families' needs by ensuring that: - Child care is recognized as early childhood care and education; - Families obtain the child care they need that is accessible and affordable; - Children are in quality care environments that are safe, healthy and developmentally appropriate; - Child care provider training and technical support is available to all providers; - The child care profession offers stable, desirable jobs with living wages; - Employers support child care for their employees and for the community.																			
a) Provide small business and child development training supports to all child care providers. [Requires additional funding to implement.]				x					x	x									
b) Ensure access to early childhood mental health services for all child care providers. [Requires additional funding to implement.]				x					x	x									
c) Ensure access to early childhood special needs services for all child care providers. [Requires additional funding to implement.]				x					x	x									
d) Provide incentive stipends to child care providers who achieve designated levels of training. [Requires additional funding to implement.]				x					x	x									
e) Develop child care subsidies to provide assistance to families to stabilize their child care.				x					x	x									
f) Develop a public awareness campaign emphasizing the recognition of child care as early childhood care and education. [Requires additional funding to implement.]				x					x	x									
g) Create a system to disseminate health and safety equipment and materials to child care providers to meet Child Care Division registration and certification requirements. [Requires additional funding to implement.]				x					x	x									
h) Educate employers on ways to assist employees in supporting their child care needs. [Requires additional funding to implement.]				x					x	x									
i) Provide tax incentives beneficial to all sizes of employers to ensure that quality, developmentally appropriate child care facilities, in a variety of settings, are available for all their employees. [Requires additional funding to implement.]				x					x	x									
j) Provide families with consumer education on how to look for quality child care. Provide child care providers technical assistance through support networks and mentoring. [Requires additional funding to implement.]				x					x	x									

Linking Strategies to All High Level Outcomes

Strategies to Support Young Children Developing to Their Full Potential

High Level Outcomes Supported By This Strategy																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
k) Recruit child care providers to meet the child care needs of parents, i.e. infant/toddler care, flexible hours, children with special needs, etc. [Requires additional funding to implement.]				x				x	x									
l) Ensure access to health and safety consultation services to all child care providers. [Requires additional funding to implement.]				x				x	x									
Priority E:																		
Children succeed in their early education because: - Children meet guidelines for school readiness; - Schools use a strength based approach to young children and build a positive relationship with families; - Parents actively participate in their young children's education; - The community is involved in the supporting the education of young children; - Children are working toward meeting 3rd grade academic benchmarks; - Children develop problem solving, social and communication skills, and make progress in school; and - A coordinated, systematic transition occurs from home and early childhood programs to school.																		
a) Implement comprehensive approaches (parent/child/school based) to prevent and address severely challenging forms of behavior. [Requires additional funding to implement.]																		
b) Encourage employers to provide paid release time to allow employees to work in childhood care and education programs.																		
c) Provide a range of experiences to young children that enhances early literacy and other learning. [Requires additional funding to implement.]																		
d) Encourage schools to integrate a comprehensive social support system that contains formal and informal supports for families and children. [Requires additional funding to implement.]																		
e) Provide comprehensive early childhood programs for all children, ranging in ages from birth to five. [Requires additional funding to implement.]																		
f) Ensure that parents, early childhood providers and schools are actively engaged in transitioning children from one setting to another.																		

Linking Strategies to All High Level Outcomes

Strategies to Support Young Children Developing to Their Full Potential

		High Level Outcomes Supported By This Strategy																		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Priority F:																				
The early childhood system of care meets community needs because: - Planning and implementation are coordinated; - Every sector of the community is engaged in supporting families with young children; - Programs and resources have the capacity to meet community needs; - Best practices of new and existing strategies are utilized across the system of care; and - Programs are retooled for effectiveness and efficient use of funds through technical assistance.																				
a) Develop and implement a shared plan with all stakeholders.					x	x	x	x	x	x										o
b) Modify programs as needed to meet outcomes and goals.					x	x	x	x	x	x										
c) Actively engage new stakeholders, including parents, the faith community and investors.					x	x	x	x	x	x										o
d) Increase funding from a variety of sources for the early childhood system.					x	x	x	x	x	x										o
e) Create incentives for businesses and employers to contribute in ways other than financial.					x	x	x	x	x	x										o
f) Encourage pooling mechanism to merge and leverage employer/private/city/county/state and federal funds to support the early childhood system of care.					x	x	x	x	x	x										o
g) Merge/coordinate similar programs to maximize efficiency and effectiveness.					x	x	x	x	x	x										
LEGEND: x = strategy was developed to achieve these HLOs o = strategy also supports these HLOs																				

Linking Strategies to All High Level Outcomes

Strategies to Support Juvenile Justice and Delinquency Prevention

High Level Outcomes Supported By This Strategy																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Priority A:																			
Prevent juvenile delinquency by supporting at-risk, acting out and delinquent youth to complete high school and to engage in structured activities outside of school.																			
A.1. Increase school attendance by reducing truancy.			o										x	x	x	o		o	o
A.2. Provide youth more individual control and choice in shaping their school experience.			o										x	x	x	o		o	
A.3. Involve youth in school decision-making.			o										x	x	x	o		o	
A.4. Increase the ability of schools to address academic needs of youth at risk, especially youth of color.			o										x	x	x	o		o	
A.5. Increase workplace and supervisory flexibility to encourage parents and other adults to become involved in schools and more generally in the lives of young people.													x	x	x				o
A.6. Expand alternative school placements for at-risk/acting out youth at the high school, middle school and elementary school levels.			o										x	x	x			o	
A.7. Expand the ability of existing, successful programs to provide programs for at-risk youth after school between 3:00-6:00, on weekends and in the summer.										o	o	o	x	x	x			o	o
A.8. Increase job readiness and self-sufficiency skills of high-risk youth that are linked with industry needs.			o										x	x	x	o		o	o
A.9. Adjust school schedules for middle and high school youth so that school starts and finishes later.			o										x	x	x	o		o	
A.10. Develop strategies to get kids directly home following school, after-school or evening activities.																			
A.11. Infuse more adults into schools as mentors, helpers, role models, etc.			o							o	o	o	x	x	x			o	o
A.12. Increase the ability of parents to advocate for the educational needs of their at-risk/acting out children.			o										x	x	x			o	o
A.13. Advocate for continued or expanded funding of services to at-risk youth (Level 7) through the Youth Investment Team.										o	o	o	x	x	x	o	o	o	
Priority B:																			
Prevent and intervene early in delinquency by holding high expectations of young people, promoting mutual respect and improving the skills of youth and adults to respond appropriately at home, in school and in their neighborhoods.																			
B.1. Increase the number of high-risk youth who have weekly contact with an adult role model.										o	o	o	x	x	x	o	o	o	o
B.2. Increase parent training and support for parents of at-risk, acting out and delinquent youth in elementary, middle and high schools.			o	o						o	o	o	x	x	x			o	o
B.3. Support efforts to develop and apply the concepts of "community justice" through community courts and other initiatives.													x	x	x				o

Strategies to Support Juvenile Justice and Delinquency Prevention

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
B.4. Increase parental involvement in all stages of the juvenile justice process with particular attention to involving parents of youth of color and girls.				o									x	x	x				o
B.5. Create a comprehensive climate change in a school or neighborhood to increase adult involvement in the lives of youth, build the sense of community and reduce conflict and delinquency.										o	o	o	x	x	x	o	o	o	o
B.6. Increase youth awareness of and reporting of family and intimate partner violence experiences and provide support services.	o		o										x	x	x				
B.7. Explore the cost/benefits of establishing a Teen Court.										o	o	o	x	x	x	o	o	o	o
B.8. Increase opportunities for youth and adults to work together in community service projects.													x	x	x				o
B.9. Establish a receiving center in downtown Portland.										o	o	o	x	x	x			o	o
Priority C:																			
Hold youth accountable, be fair and reduce recidivism by improving the ability of the Juvenile Justice System to provide swift, sure, appropriate and equitable consequences when youth violate the law.																			
C.1. Build capacity to intervene promptly with juveniles committing status offenses.										o	o	o	x	x	x			o	o
C.2. Develop and implement services and system changes to reduce over-representation of youth of color in the juvenile justice system.													x	x	x				
C.3. Develop and use standard, point-valued criteria at key decision points in the Juvenile Justice System to improve equity, consistency and cost-effectiveness.													x	x	x				
C.4. Allow Juvenile Justice Counselors to impose consequences on youth for delinquent behavior, without returning to the Court, within defined limits													x	x	x				
C.5. Reduce the time between a youth's referral to the Juvenile Justice System and the adjudication date and start of the probation supervision.										o	o	o	x	x	x			o	o
C.6. Reduce the wait time for youth to start sanction programs and increase the percent of youth completing sanctions.										o	o	o	x	x	x			o	o
C.7. Develop innovative gender and culturally appropriate strategies and programs to use as consequences for delinquent behavior.										o	o	o	x	x	x			o	o
C.8. Increase the ability of acting-out, at-risk and delinquent youth to access alcohol and drug, mental health and other services provided by community based organizations, with particular emphasis on home-based models of intensive service.				o									o	o	o	x	x	x	o

Linking Strategies to All High Level Outcomes

Strategies to Support Juvenile Justice and Delinquency Prevention

	High Level Outcomes Supported By This Strategy																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
C.9. Develop and implement alternatives to detention which will allow low-risk and first-time offenders an opportunity to avoid formal juvenile prosecution by completing requirements, such as restitution, community services, anger management and individual/family counseling.														x	x	x			o
C.10 Continue to develop and expand the efficacy and availability of Multisystemic Family Therapy where appropriate throughout the system.										o	o	o	x	x	x	o	o	o	
C.11 Coordinate a collaborative approach to dependency and delinquency needs for youth.			o											x	x	x			
C.12. Implement the statutorily mandated principles of balanced and restorative justice by developing policies and practices designed to better recognize and address the interests of victims in the juvenile justice system.														x	x	x			o
C.13 Develop and implement guidelines for dealing with 18 year olds in the system.														x	x	x			
C.14 Create an evaluation plan focusing on youth recidivism and utilize that information in planning activities.			o											x	x	x			o
Priority D:																			
Protect public safety and control costs by equitably directing specialized resources toward youth at greatest risk of committing violent crime and serious, repetitive crimes.																			
D.1. Track youth gangs and youth violence incidents.														x	x	x			
D.2. Reduce/eliminate youth violence in neighborhood "hot spots".														x	x	x			o
D.3. Disrupt the flow of illegal guns to juveniles.														x	x	x			
D.4. Allocate supervision and services resources to juveniles based upon risk of recidivism.														x	x	x			
D.5. Identify and help children under 12 who appear at risk of committing violent crime or serious, repetitive crimes.			o											x	x	x			
D.6. Target probation services provided by Juvenile Justice staff to youth at risk of committing violent crime or serious, repetitive crimes.			o											x	x	x			
D.7. Improve the accessibility of intensive, developmentally and culturally appropriate outpatient and residential programs for medium and high risk youth at risk of placement in the OYA Youth Correctional Facilities.										o	o	o	x	x	x				
D.8. Support youth returning to the community after residential placements or time in the Oregon Youth Correctional Facilities by preventing abrupt interruptions in services and supervision.										o	o	o	x	x	x				o
Priority E:																			
Do our work together, more effectively, by being leaders in sharing information for decision-making and identifying best practices with community members, partners and staff on what works to prevent juvenile crime and routinely evaluate effectiveness.																			

Linking Strategies to All High Level Outcomes **Strategies to Support Juvenile Justice and Delinquency Prevention**

		High Level Outcomes Supported By This Strategy																		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
E.1. Share information with community members, partners and staff on "what works" to prevent juvenile crime with particular attention to cultural and gender-specific differences.														x	x	x				o
E.2. Improve information systems capacity to communicate, exchange and analyze data within and across agencies serving dependent or delinquent youth.											o	o	o	x	x	x	o	o	o	
E.3. Build capacity to routinely evaluate the effectiveness of current programs and systems.														x	x	x				o
E.4. Involve a diverse set of youth in Juvenile Justice planning, policy making and evaluation.														x	x	x				o
E.5. Develop a collaborative media strategy which links the community building, Take the Time and the school change initiatives and helps to reduce adult fear of youth.														x	x	x				o
E.6. Develop a legally acceptable inter-agency agreement concerning confidentiality issues.											o	o	o	x	x	x	o	o	o	
LEGEND: x = strategy was developed to achieve these HLOs																				
o = strategy also supports these HLOs																				

COMMUNITY PARTNERS MATRIX - PHASE II UPDATE

January 2002

HIGH LEVEL OUTCOME #1: REDUCE ADULT SUBSTANCE ABUSE						
CORE OUTCOME AREA 1(B): HEALTHY FAMILY CLIMATE AND POSITIVE PARENTING						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG PREVENTION						
Asian Pacific American Consortium On Substance Abuse (APACSA)	Kitchen table chat, Community and parent educational meetings Tobacco prevention	Substance abuse prevention (including tobacco) programs for Asian/Pacific Islander parents, families and children.	X	X	X	X
Multnomah County Department of Community & Family Services (DCFS)	Contracted Services: Regional Drug Initiative Community coalition	Parent Training; Drug Free Workplace seminars.	X	X	X	X
Oregon Partnership	Helpline	24-hour statewide hot line staffed by volunteers.		X	X	X
	Youthline	The Youthline, open from 4-10 pm, is staffed by youth.				
ALCOHOL AND DRUG TREATMENT						
Providence Health Systems	Oregon Health Plan – Mental Health/Alcohol/ Drug Treatment	Provides/contracts for mental health/alcohol/drug treatment for people on OHP – includes outpatient intensive, outpatient, sub acute, acute care, DUII, etc.				X
CODA	Alcohol/Drug Treatment	Outpatient detox for low income.				X
Ceres	Oregon Health Plan – Mental Health/Alcohol/ Drug Treatment	Provides/contracts for mental health/alcohol/ drug treatment for people on OHP – includes outpatient, etc.				X
Lutheran Family Services	Mental Health	Outpatient mental health OHP and private.				X
Network Behavioral Health	Mental Health	Outpatient mental health OHP and private.				X

HIGH LEVEL OUTCOME #1: REDUCE ADULT SUBSTANCE ABUSE
CORE OUTCOME AREA 1(B): HEALTHY FAMILY CLIMATE AND POSITIVE PARENTING

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Multiple HMOs	Oregon Health Plan	Substance abuse treatment is managed as part of health care.	X	X	X	X
Multnomah County Behavioral Health Division	Mental Health	Service coordination contracting of specialized services for chronically mentally ill (i.e. housing, employment).				X
Multnomah County Department of Community and Family Services (DCFS)	Contracted Services: ASAP Contracted for 60 outpatient slots.	Provide intensive/non-intensive outpatient, DUII, Sexual Minority Program, Gender Specific Groups, Criminal Thinking Groups, Relapse Prevention, and some Childcare/Child Development.	X			X
	CCMH • PCR - A&D/Dual Diagnosis 50 outpatient slots • PCR - Gambling Treatment (often co-occurring with A&D issues).	Provide intensive/non-intensive outpatient, DUII, Gender specific groups, culturally specific, Dual Diagnosis. Culturally specific (African American)				X X
	CODA • Outpatient • Alpha Family Treatment Center • New Directions Contracted for 43 outpatient drug free slots, 60 Methadone slots, 42 residential beds, 5 children's beds and 4 detox beds.	Intensive/Non-Intensive Drug-Free Outpatient, Outpatient Methadone CIRT and General Residential, Men, Women and Men and Women with Children, Detox - including for benzodiazepines and methadone, Outpatient groups, Drug free Medically managed detox Residential for Women and Women with Children, Outpatient Groups	X			X X X

HIGH LEVEL OUTCOME #1: REDUCE ADULT SUBSTANCE ABUSE
CORE OUTCOME AREA 1(B): HEALTHY FAMILY CLIMATE AND POSITIVE PARENTING

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Multnomah County Department of Community and Family Services (DCFS), Cont'd	<ul style="list-style-type: none"> Central City Concern <ul style="list-style-type: none"> Letty Owings Center Contracted for 11 children's beds and 25 adult beds Portland Addictions Acupuncture Center (PAAC) Contracted for 50 outpatient slots. 	<p>Comprehensive Alcohol and Drug Residential Treatment for women (pregnant or parenting are priority). Treatment includes: Parenting Groups/Education, Cognitive Restructuring, Relapse Prevention, A&D Education, Coping Skills Groups (M/H Therapist - TVC - 2 days per week), M/H Assessments (M/H Therapist - TVC - 2 days per week), Process Groups (daily), Individual Counseling Sessions (weekly), Hands-On Parent Training (Morrison Center - Weekly), Recreation - Job Skills Training - Life Skills Training - Transition Planning, Alumni Group (weekly), Family Education Classes (weekly).</p> <p>Intensive/Non-Intensive Outpatient, Acupuncture, HIV Specific Program, Mentor Program</p>	X			X
	<p>ChangePoint, Inc.</p> <p>Contracted for 62 outpatient slots (42 Hispanic and 20 generic). Contracted for gambling treatment.</p>	<p>Provide outpatient treatment for Spanish-Speaking and English speaking chemically dependent clients. Includes gender specific groups and/or domestic violence/A&D populations.</p> <p>Gambling treatment includes family</p>				X
	<p>Delta Clinic</p> <p>Contracted for 61 methadone slots.</p>	<p>Outpatient Opiate Substitution Therapy (methadone), Stabilization, Maintenance, Outpatient Detox</p>				X

HIGH LEVEL OUTCOME #1: REDUCE ADULT SUBSTANCE ABUSE CORE OUTCOME AREA 1(B): HEALTHY FAMILY CLIMATE AND POSITIVE PARENTING						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Multnomah County Department of Community and Family Services (DCFS), Cont'd	DePaul Treatment Center, Inc. <ul style="list-style-type: none"> Outpatient – Contracted for 9 slots Residential – contracted for 53 beds (Also 7 youth beds)	Gender specific services, res. for African/American, family services, Services model based on individualized needs and on "stages of change" and client competencies, focus on health, wholeness, strengths, Services for the deaf in ASL, Criminal Thinking Groups, Prevention Services through strengthening families curriculum, Multidisciplinary Team, High Risk clients, co-occurring disorders, Intensive focus, Family intervention services in public housing project.	X		X	X
Multnomah County Department of Community and Family Services (DCFS), Cont'd	InAct, Incorporated Contracted for 315 outpatient slots - through Adult Community Corrections. (See Stop Drug Court listing)	Provide intensive/non-intensive outpatient; DUII; Gender specific, Mono-lingual Spanish speakers, Dual Diagnosis - Range of traditional depression, to severe chronic/persistent mental illness (Integrated Mental Health/Chemical Dependency), Trauma Recovery, Pain Management, Acupuncture, Physical Health Clinic, Anger Management, Individual Therapy, Family Groups, Couples Counseling, Values, Criminal Thinking Errors, Urinalysis, Case Management (outpatient setting) (chemical dependency, mental health medical clinic).				X
	Hooper Memorial Center Contracted for (49 beds) & CODA (4 beds)	Medically managed detox for low income.				X

HIGH LEVEL OUTCOME #1: REDUCE ADULT SUBSTANCE ABUSE
CORE OUTCOME AREA 1(B): HEALTHY FAMILY CLIMATE AND POSITIVE PARENTING

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Multnomah County Department of Community and Family Services (DCFS), Cont'd	<p>NARA</p> <ul style="list-style-type: none"> Residential - Contracted for 32 adult beds, 1 children's bed. Adolescent Treatment <p>Adult Outpatient - Contracted for 36 outpatient slots.</p>	<p>Native American Emphasis, Parenting classes, Relapse prevention, Education groups, Women's intensive, Cultural groups, Sweat Lodge, Talking circle, Family groups, for residential-kids up to 8 years old.</p> <p>Intensive/Non-Intensive Outpatient, Native American Emphasis, DUII, and Domestic Violence groups, Screening for residential treatment, Stabilization groups, Relapse Prevention. Medical services at NARA Health Clinic.</p> <p>Intensive/Non-Intensive Outpatient, Native American Emphasis, DUII, and Domestic Violence groups, Screening for residential treatment, Stabilization groups, Relapse Prevention. Medical services at NARA Health Clinic.</p>	X		X	X
	<p>Network Behavioral Health Care, Inc.</p> <ul style="list-style-type: none"> Adult Outpatient - Contracted for 30 adult slots and 16 youth slots. Gambling Treatment. Youth Watershed Program Residential Integrated Treatment Services (RITS) 	<p>Provide Intensive/Non-Intensive Outpatient, DUII, Criminal Thinking Groups, Relapse Prevention, Grief and Loss, Gambling, Integrated Treatment for Co-Occurring D/O,</p> <p>Residential (DCJ) contract.</p> <p>Intensive/Non-intensive Outpatient treatment for ages 12-18.</p> <p>Men's Residential Treatment for Dual diagnosis clients through corrections, Aftercare groups.</p>			X	X

HIGH LEVEL OUTCOME #1: REDUCE ADULT SUBSTANCE ABUSE CORE OUTCOME AREA 1(B): HEALTHY FAMILY CLIMATE AND POSITIVE PARENTING						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Multnomah County Department of Community and Family Services (DCFS), Cont'd	Northwest Treatment Services <ul style="list-style-type: none"> Contracted for DUII 	DUII education/treatment, specializing in Spanish-speaking services.				
	Project Network/ Emanuel Hospital Contracted for 27 residential beds and 11 children's beds.	Residential, Women, Women with Children 5 and under, and Pregnant Women, Mental Health and Trauma, African American Emphasis.	X			X
	OHSU Behavioral Health Clinic Contracted for 72 outpatient A&D slots. Contracted for gambling services.	Intensive/Non-Intensive Outpatient, free Gambling Treatment for gamblers and families, Dual Diagnosis, DUII, SE Asian program.				X
	Tualatin Valley Centers Contracted for 10 outpatient adult slots and 48 outpatient youth slots.	Intensive/Non-Intensive Outpatient, Stabilization Groups, and Mental Health Evaluation, Medication Management, DUII Education Groups - two hours once weekly.			X	X
	Stay Clean Contracted for 15 outpatient slots.	Intensive/Non-Intensive Outpatient paired with transitional housing.			X	
Outstationed ADES/Central Intake	A&D Assessment for corrections, Multnomah County Health Clinics, DUII	Provides easy access, on-site assessment and referral for clients with A&D indicators.				X
Multnomah County Health Department	Adapt	Case management services for substance abusing, pregnant women involved in the corrections system	X	X	X	X

HIGH LEVEL OUTCOME #1: REDUCE ADULT SUBSTANCE ABUSE
CORE OUTCOME AREA 1(B): HEALTHY FAMILY CLIMATE AND POSITIVE PARENTING

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Family Involvement Team (FIT) Partners: SOSCF, VOA, Multnomah County DCFS, AFS, Multnomah County Family Court, ASAP, CODA, CCC/Letty Owings Center, NARA, Project Network, Tualatin Valley Centers	Intervention project for Adoption and Safe Families Act (ASFA) affected families at JV court.	Remove barriers and provide easy access to A&D treatment for parents/children at 1st preliminary hearing at JV court. Provides ongoing support to encourage continued engagement in treatment and reduction of barriers to recovery (i.e. safe housing).	X			X
Family Support Team (FST) Partners: SCF, Multnomah County Health Department, VOA, Multnomah County DCFS	Multi-disciplinary teams located in 5 SCF branches.	Offer safety net of services to SCF families having A&D issues combined with allegations of abuse or neglect. Services include early assessment and screening, referral to treatment, identifying and reducing barriers, Family Decision Meetings, and immediate visitation for parents.	X			X
Multnomah County Adult Community Justice	Contracted services: ASAP, CODA, VOA, Project Network, In Act	County contracts with a number of providers for residential (130 beds), intensive residential (CIRT) (18 beds), Intensive outpatient (106 slots), aftercare (outpatient) (50 slots), STOP Drug Diversion (315 slots).				X
Stop Drug Court	Drug Court diversion program contracted with In Act. Drug Court, A&D treatment program	Provides for intervention and treatment for those arrested for A&D offenses.				X
Oregon Partnership	Helpline	24-hour statewide hotline staffed by volunteers.				X

HIGH LEVEL OUTCOME #1: REDUCE ADULT SUBSTANCE ABUSE CORE OUTCOME AREA 1(B): HEALTHY FAMILY CLIMATE AND POSITIVE PARENTING						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Public Service Laboratories		Provides drug-testing services for adults and juveniles.				X
InAct, Inc.	STOP Drug Program	Provides outpatient alcohol and drug treatment services for adults.				X
CODA, Inc.	InterChange Program	Provides continuing care alcohol and drug treatment services for graduates of the InterChange Program				X
VOA	Oregon Recovery Consortium	Provides outpatient and residential alcohol and drug treatment services for adults				X
Department of Community Justice	Adapt	Provides supervision/case management of pregnant female offenders, in collaboration w/ Health and contracted providers	X			X
Department of Community Justice	Adapt	Provides supervision/case management of pregnant female offenders, in collaboration w/ Health and contracted providers	X			X
Department of Community Justice	Family Services Unit	Provides specialized supervision of certain offenders who are parenting children, in collaboration w/ SCF, AFS, Health, contracted providers	X	X	X	X
Department of Community Justice	InterChange Program	Provides alcohol and drug treatment services in a secure setting for adult probationers and parolees				X

HIGH LEVEL OUTCOME # 2: REDUCE DOMESTIC VIOLENCE

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Criminal Justice System						
Portland Police Bureau	Domestic Violence Unit and Intervention Team	Follows up on reports of domestic violence crimes; investigates, provides I&R and assistance to victims; close coordination with SCF				X
Gresham Police Dept.	Domestic Violence Unit and Community Safety Specialists	Follows up on reports of domestic violence crimes; investigates, provides I&R and assistance to victims				X
Multnomah County District Attorney	Domestic Violence Unit and Victims Assistance program	Prosecutes portion of domestic violence offenders, manages Deferred Sentencing Program, and provides victim assistance				X
Multnomah County Adult Community Justice	Probation/Parole Domestic Violence Unit	Supervises domestic violence offenders, provides some services to victims				
Courts	Family Court	Issues restraining orders and other civil legal remedies (custody, visitation); reviews compliance with Deferred Sentencing Program				X
ASAP (indigent offenders); Men's Resource Center; Transition Projects' BIP, Women's Agenda, Mult. Co. Probation DV Unit	Batterers Intervention Programs	Provides groups for offenders convicted of domestic violence and mandated to batterers' intervention programs				
ASAP Treatment Services	Domestic Violence Diversion	Provides domestic violence counseling to batterers.				
Department of Community Justice	Domestic Violence Unit	In collaboration w/ the DA's Office PPB, the courts and local treatment providers, provides first-time offenders w/ sentencing alternatives, sanctions in treatment. Also provides victim resources and referrals.	X	X	X	X

HIGH LEVEL OUTCOME # 2: REDUCE DOMESTIC VIOLENCE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
VICTIM SERVICES SYSTEM						
Portland Women's Crisis Line (PWCL); Bradley-Angle House (BAH); Raphael House (RH); Salvation Army's West Women's and Children's Shelter (West); YWCA Yolanda House (YWCA); Volunteers of America Family Center (VofA)	24-hour crisis lines	Provides support, I&R, safety planning and crisis intervention to victims of domestic violence				X
BAH, RH, West, YWCA, VofA	Emergency Shelter/ safe housing	Provides emergency shelter (30-60 days) with associated services, including support groups, case management, children's programs, advocacy, I&R, parenting skills. In addition, programs can voucher families into motels for short term stays				X
BAH, RH, West, YWCA, VofA	Transitional housing	Facility based transitional housing (BAH, West, RH) provide longer-term housing (6-24 months) and supportive services				X
El Programa Hispano, VofA, BAH, LOTUS	HUD Horizon housing program	HUD Horizon program provides rent assistance for scattered housing and supportive services				X
BAH, RH, VofA	Population-specific services	Bi-lingual advocates to provide specialized services to Latinas in shelter, groups, or other services				
VofA, BAH, RH, PWCL	Other non-residential services for the general population	Support groups, drop-in services, restraining order advocacy for domestic violence victims not in shelter				
VofA	Children's groups	Groups for children who have witnessed domestic violence	X	X		

HIGH LEVEL OUTCOME # 2: REDUCE DOMESTIC VIOLENCE

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
VICTIM SERVICES SYSTEM						
African American Providers Network (AAPN); Russian Oregon Social Services (ROSS); IRCO Refugee & Immigrant Family Strengthening Program (IRCO); Programa de Mujeres (Mujeres); El Programa Hispano (EPH); LOTUS; Lola Greene Baldwin Foundation (Baldwin Fdn); SAWERA, Desarrollo Integral de la Familia (DIF)	Population-specific services	Non-shelter services including support groups, case management, and advocacy for domestic violence victims from specific communities: <ul style="list-style-type: none"> • African-Americans (AAPN) • Eastern European/Russian-speaking (ROSS) • Latinas (Mujeres, EPH, DIF) • Asian/Pacific Island, Eastern European, and African immigrants/refugees (IRCO) • Sexual minorities (BAH) • Women used in sex industry (LOTUS, Baldwin Fdn) • Men and women used in prostitution (Baldwin Fdn) • South Asians (SAWERA) 				X
PWCL, BAH, Community Advocates, Gresham Police Dept	School-based Prevention Education	Prevention education in elementary (Community Advocates), middle and high schools (PWCL, BAH, Gresham Police)	X	X	X	
RH, BAH, VofA, Love Shouldn't Hurt Committee	Community education/outreach	Trainings and presentations to community groups. Printed materials for general public (for example RH's Take Care booklets for teens and for adults). Most other domestic violence agencies provide speakers and trainers upon request.			X	X
Multnomah County Legal Aid, Lewis & Clark Legal Clinic; St. Andrews; Oregon Law Center	Civil Legal Services	Legal representation for restraining orders, custody/visitation, divorce, and other civil legal issues related to domestic violence				X
Catholic Charities Immigration Services; Immigration Counseling Services	Immigration Representation	Representation before Immigration & Naturalization Service for domestic violence victims				X

HIGH LEVEL OUTCOME # 2: REDUCE DOMESTIC VIOLENCE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
COMMUNITY ORGANIZATIONS/OTHER PARTNERS						
Multnomah County Health Department	Screening	Domestic violence screening of adults seeking health care at some Multnomah County health clinics				X
Adult and Family Services	Public benefits	Public benefits including Temporary Assistance to Domestic Violence Survivors (TA-DVS)				X
Services to Children and Families	Child protective services	Services for families with children at risk of harm due to domestic violence, including contracted (voluntary) services with Tualatin Valley Center Family & Community Alliance; 1 FTE domestic violence consultant for SCF staff; .8 FTE Americorps member to connect victims with services to prevent SCF involvement				X
Other Health Care providers (Legacy, Providence, Kaiser)	Screening and response by social workers	These agencies have protocols in place to screen women patients for domestic violence/abuse, and protocols to provide follow-up assistance if the patient discloses abuse.				X
Rotary Club of Portland, Soroptimists International, East Hill Church and other civic or religious groups	Education and assistance to agencies or to individuals in need	These groups provide information to their members and to varying extent provide assistance to victims or to agencies who assist victims.				X
Tualatin Valley Centers	Contracted Services -- Services for victims of domestic violence	<i>Gender specific group counseling services for women</i> who have been victims of domestic violence.				X

HIGH LEVEL OUTCOME #3: REDUCE POVERTY

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
HOUSING & SOCIAL SERVICES						
Housing Authority of Portland	Housing Assistance	Administers direct housing services to low-income families, including Section 8 voucher and certificates, project-based housing, etc.				X
Community Development Corporations (multiple)	Housing Development	Create and renovate housing stock for low income families.				X
Community & Family Service Center System – Multnomah County – 6 Geographically-based Centers	Emergency/Homeless Services	Case management, emergency food, housing, counseling, referral, and other emergency services.				X
Asian Family Center	Culturally Specific Center	Case management, emergency food, housing, counseling, referral, and other emergency services.				X
Dept. of Human Services – Children, Adult and Family Services	TANF, Food Stamps, OHP, JOBS, etc	Support services to families whose income is at the federal poverty guidelines.				X
Shelter/Domestic Violence Resource Center	Emergency Shelter for Victims of Domestic Violence	Case management, emergency shelter and transition assistance, education, and support services for victims and their children.				X
Goose Hollow/First United Methodist Church	Family Shelter - SW 18 th and Jefferson (near West Burnside)	Winter Shelter; Nov-Mar; night only.				X
Sunnyside Centenary United Methodist Church	Family Shelter - Inner SE Portland	Winter Shelter; Nov- Mar; night only.				X
Reedwood Shelter	Family Shelter - SE Portland	Winter Shelter; Nov-Mar; night only.				X
Salvation Army - Door of Hope	Family Shelter - Inner Downtown Portland	365 days a year.				X
Day Shelter	Family Shelter - Inner Downtown Portland	Winter Shelter; Nov-Mar; day only.				X
SafeHaven Family Shelter/YWCA	Family Shelter - North Portland	365 days a year.				X

HIGH LEVEL OUTCOME #3: REDUCE POVERTY (continued)						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
HOUSING & SOCIAL SERVICES						
Metro East Portland/ Interfaith Hospitality Network	Family Shelter - East County	365 days a year.				X
Human Solutions, Inc.	Transitional Housing - East County (82 nd East)	35 housing units at Willow Tree Inn - group site transitional housing (owned by HAP).				X
Portland Impact, Inc.	Transitional Housing - SE Portland	25 housing units at Richmond Place – mixed use residential and commercial facility; alcohol and drug free (owned by HAP).				X
Albina Ministerial Alliance	Transitional Housing - NE Portland	14 Community Based housing units.				X
YWCA - St. John's Emergency Services	Transitional Housing - N Portland	18 Community based housing units.				X
Friendly House, Inc.	Transitional Housing - NW Portland	11 Community Based housing units.				X
Neighborhood House, Inc.	Transitional Housing - SW Portland	34 housing units at Turning Point - complex of small apartments (Owned by HAP).				X
Department of Community Justice	Family Support Program	A partnership with the State Department of Human Services which assists 225 TANF families who are supervised by DCJ's juvenile justice, Family Services Unit or Domestic Violence Unit				X
FOOD/NUTRITION SERVICES						
Oregon Food Bank	Food Distribution	Collect/distribute food to community agencies for food baskets, etc.				X
Multnomah County Health Department	WIC	Supplemental food/nutrition for low income young children and pregnant women.	X			X
OSU – Extension Service	Nutrition Education	Training for child care providers.	X			

HIGH LEVEL OUTCOME #3: REDUCE POVERTY (continued)						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
FOOD/NUTRITION SERVICES						
USDA	School Lunch/Childcare Food	Reimbursement to schools/child care providers for food served to low income children. Technical assistance with nutrition services and menu planning for child care providers.	X	X	X	
MEDICAL SERVICES						
Oregon Health Plan	Access to Medical Care	Medical care for low income families through managed care providers.				X
Neighborhood Health Clinics, Inc.	Medical Care/Dental Care	Medical care/dental care for low-income families.				X
Multnomah County Health Department	Family medical services.	Medical care/dental care for low-income families. School based Health Centers	X	X	X	X
Planned Parenthood	Family Planning	Exams and family planning services			X	X
EMPLOYMENT						
Employment Division	Employment/ Unemployment	Unemployment assistance payments, job search counseling and job referrals.			X	X
Worksystems, Inc.	Employment/Training	Federal workforce investment act programs for employment/training services for adults/youth.			X	X
Steps to Success	Employment/Training	Employment/training services for welfare recipients and displaced homemakers.				X
Oregon Human Development Corporation	Employment/Training	Job training/counseling for farm workers - employment/training basic education for out-of-school youth.			X	X
TRANSPORTATION						
Tri-Met	Transportation	Affordable bus/light rail/specialized transportation.				X

HIGH LEVEL OUTCOME #3: REDUCE POVERTY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
YOUTH PROGRAMS						
Department of Human Services	State of Oregon Child Welfare Child Protective Services	Child protection, child placement and case management services.	X	X	X	X
New Avenues for Youth	Day Services Transitional Housing Service Coordination	Service Center in Downtown Portland strives to meet the immediate needs of homeless and runaway youth; provides drop-in day services, transitional housing with 24-hour supervision, and case management.			X	
Outside-In	Day Program Specialized Program	Provides drop-in and ongoing case management so that youth can develop skills for safe and healthy independent living.			X	
Salvation Army	Greenhouse	24-hour Drop-in service and assessment - also operates an alternative school program.			X	
YWCA	Community Transition School	Provides K-8 education for homeless children.	X	X		
Janus Youth Programs	Residential Services	Shelter, evaluation and case management services for youth awaiting resource assessment and placement.			X	
Janus Youth Programs	Residential Services	Residential treatment, housing, counseling and skill building for youth sex offenders in Oregon Youth Authority custody.			X	
Janus Youth Programs	Street Light Youth Shelter and Annex	Provides crisis shelter and short-term shelter with the goal of moving youth off the streets.			X	
	Yellow Brick Road	Outreach services to homeless youth Downtown.			X	
	Bridge House/Changes	Transitional housing program with follow-up support.			X	
	Harry's Mother	Provides 24-hour crisis counseling, short-term shelter, and case management.			X	

HIGH LEVEL OUTCOME #4: REDUCE CHILD MALTREATMENT						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
PARENT EDUCATION & TRAINING						
State office of Services to Children and Families	Child Welfare	Contracts for parenting education for high-risk parents.	X	X	X	X
OSU Extension Service	Parenting	Volunteers provide parenting classes in community.	X	X	X	X
Boys and Girls Aid Society	24 Hour Family Crisis Intervention	Support program family crisis counseling and mediation – phone and face to face.	X	X	X	X
Metro Child Care Resource and Referral	Child Care Referrals	Parent education regarding how to select quality care and referral to providers.	X	X		X
Multnomah County Department of Community and Family Services	Community and Family Service Center System/Parent Child Development Services	Network of geographic and culturally specific centers operated by community-based agencies which provide a range of services including mentoring, skill building, case management, and drug and alcohol prevention.	X	X	X	X
Multnomah County Department of Community and Family Services	Family Resource Centers	Goal is to integrate and coordinate services for families through regular meetings of service providers.				X
Portland Organizing Project	Portland Schools Alliance	Parent-organizing project modeled on efforts in Texas and Spokane.				X
Lutheran Family Services	Kelly Community House	Provide resources and referrals to support services. Parent groups meet 3 days a week.				X
Metropolitan Family Services	FAST (Family and Schools Together)	Model program which builds small net-works of parents of at-risk middle school students.				X
Metropolitan Family Services	GEARS	Multilingual neighborhood residents and social workers provide outreach and family coaching around accessing needed resources.				X

HIGH LEVEL OUTCOME #4: REDUCE CHILD MALTREATMENT						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
PARENT EDUCATION & TRAINING						
Multnomah County Department of Community and Family Services (DCFS)	Touchstone	School-based family support program for high risk students.	X	X		X
Multnomah County DCFS	Early Childhood Mental Health Consultant Team	Mental Health Consultants provide consultation and training to parents.	X			X
Multnomah County DCFS	Bienestar de la Familia	Mental Health Consultants provide consultation and training to Hispanic parents.	X	X	X	X
Multnomah County Health Department	Family Enhancement Program	Mental Health Consultants provide services to parents with mental health needs.				X
Multnomah County Health Department	Connections	Case management services provided to pregnant and parenting teens based on needs assessment.			X	
Portland Public Schools	Teen Parent Program	Students enrolled in PPS receive case management, child care and educational support at 14 sites.	X	X	X	X
Portland Public Schools	HIPPY	Parent education is provided through home visits to parents of 3-5 year-old children.	X			X
Oregon Public Broadcasting	Ready to Learn Initiative	Monthly newsletter and workshops for parents, child care providers, and teachers	X			X
Helensview	Alternative High School	Provides pregnant and parenting teens case management, child care and educational support.	X		X	X
Department of Community Justice	Family Services Unit	Provides specialized supervision of certain offenders who are parenting children, in collaboration w/ SCF, AFS, Health, contracted providers	X	X	X	X

HIGH LEVEL OUTCOME #4: REDUCE CHILD MALTREATMENT						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Department of Community Justice	Domestic Violence Unit	In collaboration w/ the DA's Office PPB, the courts and local treatment providers, provides first-time offenders w/ sentencing alternatives, sanctions in treatment. Also provides victim resources and referrals.	X	X	X	X
CASA	Court Appointed Advocacy	CASA is responsible to investigate relevant information regarding abuse and neglect cases and act as an advocate for the child to ensure that all relevant facts are brought to the attention of the Court. Additionally, all Court orders are monitored to ensure compliance	X	X	X	X
Mt. Hood Community College	Steps to Success	Provides parents child care and educational support.	X	X		X
DRUG & ALCOHOL TREATMENT/MENTAL HEALTH TREATMENT						
Family and Community Alliance	Outreach to families at risk	Provides assessment, outreach and linkage to community resources for families reported for abuse and neglect but not investigated.				X
Relief Nursery	Volunteers of America N. Portland/St. John's Relief Nursery	Respite care and therapeutic nursery services for children and parent education for families at risk of abuse and neglect.	X	X		X
MENTAL HEALTH						
Multnomah County Developmental Disabilities Division	Developmental Disabilities	Service coordination and support for children with disabilities and their families.	X	X		X
Multnomah County Behavioral Health Division	DARTS, Day & Residential Treatment services at CCMH, Unity, OHSU, and the Morrison Center	Mental health services for children 3-7 years.	X			X

HIGH LEVEL OUTCOME #4: REDUCE CHILD MALTREATMENT						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Mental Health						
Multnomah County DCFS	Contracted outpatient treatment services	Contracts for outpatient mental health services for children & families.	X	X	X	X
Multnomah County Early Childhood Mental Health Programs	Family Matters Program (Set to begin in January 2002)	Provides intensive assessment and intervention services for young foster children and their biological and foster/kin families. Goal for each child is to enhance emotional and relational development and to expedite permanency planning. The program will serve up to 150 children per year	X			X
Multnomah County Early Childhood Mental Health Programs	Gateway Children's Campus and Children's Receiving Center (Set to open in April 2002)	The Campus will be the hub for health, mental health, family visitation and other services for children in the State's custody.	X	X		X
Providence Health Systems/CERES	Mental Health	Provides/contracts for outpatient sub acute, acute care and some specialized services for children.	X	X	X	X
Network Behavioral Health	Mental Health	Outpatient treatment for low income, uninsured children/families also contract for same with OHP.	X	X	X	X
Lutheran Family Services	Mental Health	Outpatient treatment for low income, uninsured children/families also contract for same with OHP.	X	X	X	X
Arc of Multnomah County	Family/Advocacy Support	Education/support advocacy for children/family members with disabilities.	X	X	X	X

HIGH LEVEL OUTCOME #4: REDUCE CHILD MALTREATMENT

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
MENTAL HEALTH						
Head Start Programs, Early Intervention Program, Metro Child Care Resource/Referral, Portland Public Schools ECE Centers	Early Childhood Mental Health	Contracts with Multnomah County DCFS for mental health consultation, training and clinical services for children and families.	X			X
Services to Children and Families	Child Welfare	Access to health, mental health, specialized residential treatment for abused/neglected children.	X	X	X	X
Morrison Center	Hand in Hand Early Childhood Services	Comprehensive continuum of services for families, including specialized services for severely abused children.	X			X
OHSU	Health/Mental Health	Health, mental health, outpatient day treatment for low income children.	X	X	X	
Child Development Rehabilitation Center	Health/Mental Health	Specialized evaluation and treatment services for children with disabilities.	X	X	X	

HIGH LEVEL OUTCOME #5 IMPROVE PRENATAL CARE
HIGH LEVEL OUTCOME #6 INCREASE IMMUNIZATIONS
HIGH LEVEL OUTCOME #7: REDUCE ALCOHOL, DRUG AND TOBACCO USE IN PREGNANCY

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
HEALTH/NUTRITION SERVICES						
Oregon Health Plan	Access to medical care, including prenatal, well baby and vaccination	Medical care for low income families through managed care providers.	X	X	X	X
Multnomah County Health Department	WIC	Nutritional supplements and education for young children/ pregnant women.	X			X
Multnomah County Health Department	Babies First	Home visits for infants/toddlers w/ medical & developmental risks.	X			X
Neighborhood Health Clinics, Inc.	Medical Care/Dental Care	Medical care/dental care for low-income families.	X	X	X	X
Multnomah County Health Department	Family medical services.	Medical care/dental care for low-income families. School Based Health Centers	X	X	X	X
Planned Parenthood	Family Planning	Exams and family planning services			X	X
Multnomah County Health Department	Maternity Case Management	Nurse/community health worker case management for pregnant women				X
Multnomah County Health Department	Healthy Birth Initiative	Services to reduce disparities in perinatal health among African American & Hispanic women in Northeast Portland	X			X
Multnomah County Health Department	Nurse Family Partnership Project	Nurse case management for first time mothers who are low income & unmarried	X			X
Multnomah County Health Department	Visiting Nurse Program	Nursing home visits for infants/toddlers with medical risks.	X			X
Multnomah County Health Department	Immunization	Clinic with community based immunization education/clinics.	X	X		
Multnomah County Health Department	Maternity Care	Contracts with VGMHC, St. Vincents and others for prenatal services and delivery.	X			X

HIGH LEVEL OUTCOME #5 IMPROVE PRENATAL CARE HIGH LEVEL OUTCOME #6 INCREASE IMMUNIZATIONS HIGH LEVEL OUTCOME #7: REDUCE ALCOHOL, DRUG AND TOBACCO USE IN PREGNANCY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
HEALTH/NUTRITION SERVICES						
Multnomah County Health Department	SKIP Health and Development Screening	Comprehensive health and developmental screenings twice monthly at community sites.	X			
Multnomah County Health Department	Immunization	Clinic with community based immunization education/clinics	X	X		
Multnomah County Health Department	CaCoon	Care coordination for children with special health care needs	X	X	X	X
Multnomah County Health Department	ADAPT	Case management services for substance abusing, pregnant women involved in the corrections system	X			X
City of Portland	Lead Reduction	Works to increase the number of "lead safer" housing units for children under age 6 through home repairs.	X			
USDA	Child Care and Adult Care Nutrition Programs	Program provides meals to licensed child care centers and family childcare homes for preschool and school aged children.	X	X		
COLLABORATIVE INITIATIVES						
Multnomah County Health Department and School Districts	School-based Health Clinics	Clinics provide comprehensive and confidential primary health care to under-served children in a school setting – services include physical exams, immunizations, mental health, and reproductive health	X	X	X	

HIGH LEVEL OUTCOME #8 INCREASE CHILDCARE AVAILABILITY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
EARLY INTERVENTION/SPECIAL EDUCATION						
Adventist Medical Center		Offers childbirth and parenting programs.	X			X
Child Development and Rehabilitation Center (OHSU)	Early Childhood Assessment & Evaluation	Early intervention preschool for children with developmental disabilities, evaluation and assessment services.	X			X
Community Transitional School		Provides stable learning environment for children, preschool through 8 th grade, whose families are homeless.	X	X		X
Friends of the Children		Full-time professional mentors provided (for up to 10 years) to high risk young children who are most in danger of school failure, drug and alcohol abuse, gang involvement and criminal behavior. Children enter program in 1 st grade and are identified by school system as high risk.	X	X		X
Hearing & Speech Institute		Evaluations and therapy for speech, language and hearing. Infant Hearing resource offers pediatric audiology and family-centered therapy for hearing impaired and deaf infants and children, including those with cochlear implants. Speech and language therapy includes working with autism, oral motor disorders, and verbal dyspraxia.	X			X
Albertina Kerr	Early Intervention Program	Serves 3 to 5-year-olds with significant mental health issues in a therapeutic pre-school setting, as well as with out-patient services.	X			X
Lutheran Community Services/Northwest Family Works	Nurturing Families	Nurturing families program, children birth to five.	X			X
MESD (Mult. County Education Service District)	MESD Early Intervention / Early Childhood Special Education	Early intervention and early childhood special education for children 0-3 and 3-5. Clinics, playgroups, evaluation, and home and school-based services to eligible children in East Multnomah County.	X			X

HIGH LEVEL OUTCOME #8 INCREASE CHILDCARE AVAILABILITY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
EARLY INTERVENTION/SPECIAL EDUCATION (continued)						
Multnomah County Developmental Disabilities Division	Family Consultants	Family Consultants, in coordination with school districts, assist children with developmental delays to access resources.	X			X
North Portland Youth & Family Center	DeLaunay Mental Health Center	Parent/child development center for children pre-natal to 5 years. Early childhood intervention.	X			X
Oregon Assoc. of Children & Adults with Learning Disabilities		Information and referral to families about services for the learning disabled.	X	X		X
PEIP (Portland Early Intervention Program)		Early intervention and early childhood special education for children. Provides clinics, playgroups, evaluation, and home and school-based services to eligible children in Portland. Also parent education trainings and parent support groups.	X			X
Portland Public Schools/MESD	Functional Living Skills Program	The FLS/ALT Program serves students who have severe disabilities, both cognitive and physical, coupled with severe behaviors.	X			X
Portland Public Schools	TLC-TNT	A program using recreation and academics to support children ages 4 – 11, and their families.	X	X		X
Portland Public Schools/MESD	Early Intervention	Evaluates children 0-3 with suspected developmental delays to determine eligibility for services. Provides school and home-based services to eligible children.	X			X
ARC of Multnomah County	Early Childhood Special Education – East County	Evaluates children 4-5 for services and provides school and home-based services to eligible children.	X			X
Portland Public Schools/MESD	Early Childhood Special Education	Evaluates children 4-5 for services and provides school and home-based services to eligible children.	X			X
Portland Public Schools/MESD	Resource Teams	Case management services to families with children enrolled in EI or ECSE programs.	X			X

HIGH LEVEL OUTCOME #8 INCREASE CHILDCARE AVAILABILITY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
EARLY INTERVENTION/SPECIAL EDUCATION						
Providence Child Center	PRAISE Program	Trans-disciplinary team provides case coordination for nursing and rehab care for children with severe medical problems and physical disabilities. Special education, occupational therapy, audiology, physical and vision services.	X	X		X
Self-Enhancement, Inc.		Comprehensive year-round program of preventative education which includes classroom instruction, counseling, tutoring, cultural enrichment, support groups, etc.	X	X	X	X
SKIP Health and Developmental Screening and Referral		Free health and developmental screening for children birth – six, referrals and information for parents / program staffs.	X			X
Unity/DeLaunay Family of Services	Together A Great Start For Families	Prevention/early intervention program for children birth – 36 months. Developmental screening, parenting education, parent/child development activities.	X			X
Urban League of Portland - NE Family Center	Youth and Family Services	Youth and family services including diversion, Big Brother/Big Sister programs, counseling, alternative school, parent education and assistance for students.	X	X	X	X
YWCA	Teen Parenting Program	Teen parent support group, information and referral, parenting classes, education and emergency assistance.	X			X
Multnomah County Developmental Disabilities Division	Family Consultants	Family Consultants, in coordination with school districts, assist children with developmental delays to access resources.	X			X

HIGH LEVEL OUTCOME #8 INCREASE CHILDCARE AVAILABILITY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
EARLY EDUCATION SERVICES						
Head Start	Albina Head Start, Portland Public Schools, and Mt. Hood Community College	Comprehensive family support services, including child development, education and social services to low-income children ages 3 and 4.	X			X
Early Head Start	Volunteers of America	Comprehensive family support services, including child development, education and social services to low-income children under age 3.	X			X
Early Head Start	Albina Head Start, Early Head Start Center of Portland	Comprehensive family support services, including child development, education and social services to low-income children under age 3.	X			X
Migrant Head Start	Gresham Migrant Head Start	Provides services for children 0-5 from migrant families.	X			X
State Pre-K	Head Start agencies and Neighborhood House	State pre-K dollars are used to expand the federally funded Head Start slots.	X			X
Chinese Service Center, Inc.	Preschool Immersion Program	Preschool immersion program and family/youth services.	X	X		X
ECE Centers	Portland Public Schools	Developed in the 1970's as a desegregation program, 7 of 64 elementary schools in Portland offer free pre-K programs for 4 year olds.	X			

HIGH LEVEL OUTCOME #8 INCREASE CHILDCARE AVAILABILITY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
CHILD CARE SERVICES						
Adult and Family Services	Employment Related Day Care	Subsidy/voucher program to assist low/moderate income working families to pay childcare costs.	X	X		X
Metro Child Care Resource/Referral	Parent Services	Childcare referrals, consumer education, parent training, childcare subsidy program, childcare issues and placement, and mental health consultation through Multnomah County. AFS child care information and training support on DPU system.	X	X		X
Albina Ministerial Alliance	Family Day & Night Care	Day care resource and referral (through Metro CCR&R), child care scholarships. Also rental and energy assistance, emergency water and food, shelter.	X	X	X	X
Ascension Lutheran Church	Early Childhood Education Center	Providing exemplary care and education of young children, ages 2-6 years, including preschool, kindergarten and parent education and support.	X			X
Child Care Support Services		Enhanced childcare referral services; USDA program; Information on registration process for home providers. Central information office for linking care providers with need.	X			X
NE Community Child Development Center		Parent co-op child development program and child care center. Parents involved in all aspects of the program with professional teachers and administration.	X			X
Children's Club		Non-profit day care center offering before and after school and full-day care services for children 2.5 – 12 years. Multi-cultural program; nutritious vegetarian diet.	X	X		X

HIGH LEVEL OUTCOME #8 INCREASE CHILDCARE AVAILABILITY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
CHILD CARE SERVICES						
	Provider Services	<p>Childcare provider recruitment and maintenance of a Tri-County provider database which includes a variety of information on provider services.</p> <p>Training and technical assistance with State Center Certification or Family Child Care Registration.</p> <p>Training on early childhood education, mental health and business topics.</p> <p>AFS child care information and training support</p> <p>Mental health consultation through Multnomah County.</p>	X	X		X
City of Portland – Bureau of Housing & Community Development	Housing Assistance for Family Child Care Providers	Several programs provide housing loans, grants, and assistance to family childcare providers.				X
City of Portland – Enterprise Foundation	Child Care Improvement Services	Works to improve quality, stability and affordability of childcare through a standards-driven system of provider networks with a high level of parent involvement.	X			X
Head Start	Albina Head Start, Portland Public Schools, and Mt. Hood Community College	Comprehensive family support services, including child development, education and social services to low-income children ages 3 and 4.	X			X
Early Head Start	Volunteers of America	Comprehensive family support services, including child development, education and social services to low-income children under age 3.	X			X

HIGH LEVEL OUTCOME #8 INCREASE CHILDCARE AVAILABILITY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
CHILD CARE SERVICES						
Early Head Start	Albina Head Start, Early Head Start Center of Portland	Comprehensive family support services, including child development, education and social services to low-income children under age 3.	X			X
Migrant Head Start	Gresham Migrant Head Start	Provides services for children 0-5 from migrant families.	X			X
Early Head Start Family Center of Portland		Provides year-round, full-day childcare. Wrap- around child care services. Child care program for teen parents.	X			X
Eastside Family Cooperative		Co-op day care center for children 1 to 4-years- old. Social interaction and pre-school activities. A parent from each family works one 4-hour shift per week.	X			
Fruit and Flower Child Care Center		Full-time childcare and education for children 6 weeks to 5-years-old. Provides learning and play activities to enhance and support individual child development and growth. Children with special needs integrated when possible.	X			X
Friendly House	Preschool / Play Group	Provides high quality early childhood programming with a family and community focus.	X			X
Grace Collins Memorial Center		Federally licensed child care, kindergarten and summer programs.	X			X
Peninsula Children's Center and Volunteers of America	Provider network	Provides \$1,000 annual stipend, training and support to child care providers in N/NE and SE parts of County.				X

HIGH LEVEL OUTCOME #8 INCREASE CHILDCARE AVAILABILITY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
CHILD CARE SERVICES						
Grandma's Place	Contracted Services --Child-care services	Provides drop-in child-care services for the children of offenders under the supervision of the Department of Community Justice	X			
Joyful Noise	Contracted Services --Child-care services	Provides drop-in child-care services for the children of offenders under the supervision of the Department of Community Justice	X			
Metro Child Care Resource/Referral	Parent Services	Childcare referrals, consumer education, parent training, childcare subsidy program, childcare issues and placement, and mental health consultation through Multnomah County. AFS child care information and training support on DPU system.	X	X		X
Metro Child Care Resource/Referral	Provider Services	Childcare provider recruitment and maintenance of a Tri-County provider database which includes a variety of information on provider services. Training and technical assistance with State Center Certification or Family Childcare Registration. Training on early childhood education, mental health and business topics.	X	X		X
Metro Child Care Resource/Referral	Provider Services Continued	AFS child care information and training support Mental health consultation through Multnomah County.	X	X		X
Mittleman Jewish Community Center		Childcare and summer programs.	X	X		X
Mt. Hood Community College	Child Development & Family Support Programs	Offers both child development and family support. Offers Head Start, Early Head Start (beginning 2002), Even Start, childcare, family support activities, home visits, and parent education.	X			X

HIGH LEVEL OUTCOME #8 INCREASE CHILDCARE AVAILABILITY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
CHILD CARE SERVICES						
MESD	Migrant Preschool / Head Start collaborative	Provides preschool-aged children opportunities to gain readiness skills for kindergarten; improves first language skills; supports parents to be the primary educators of their children.	X			X
Neighborhood House, Inc.	Oregon Head Start Pre-K		X			X
Oregon Center for Career Development in Childhood Care & Education / PSU	First by Five Training	Childcare provider professional development programs.	X			X
	Oregon Certified Childhood Education Trainer (OCCET)					
	Oregon Child Care Basics Training					
	Oregon Child Development Fund					
	Professional Development Registry					
	Mentoring Program					
	Speakers Bureau on Early Brain Development					
Peninsula Children's Center		Program of childcare and child development services for children 6 weeks to 11-years-old; includes meals.	X	X		X

HIGH LEVEL OUTCOME #8 INCREASE CHILDCARE AVAILABILITY

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
CHILD CARE SERVICES						
Peninsula Children's Center & Volunteers of America	Provider network	Provides \$1,000 annual stipend, training and support to childcare providers in N/NE and SE parts of County.				X
Providence Child Center	Providence Montessori School	Montessori program and day care for pre-school age children. Children with special needs integrated into classroom.	X			
St. James Church	Child Development Center	Child care and child development programs.	X			X
Rose Community Development	Child Care Neighbor Network	Provides support and resources to family childcare providers and to parents seeking care. Emergency financial assistance available to parents receiving care from a provider in the 15-member network.	X			X
Volunteers of America	Child Development Center	Full-time child care program for children ages 6 weeks to 6 years. Child-oriented learning environment. Infant and toddler programs. Integrated curriculum for children with special needs.	X			X
West Women & Children's Shelter	Children's Programs	Therapeutic child care from 7:30 am until 6:30 pm Monday through Friday. Also provides appropriate activities and connects youth and parents with other resources for support.	X	X		X
Volunteers of America	Family Nursery	Free respite childcare in preschool, infant and toddler classrooms. Provides emergency respite care through in-home providers.	X			X

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
EARLY LITERACY AND LANGUAGE SERVICES						
Multnomah County Library	Storytime	Free storytime presentations in libraries.	X			X
Multnomah County Library	Early Childhood Services	Outreach programs provide books, training, and curriculum materials to parents, child care centers, and family child care providers.	X			X
Success by Six	United Way	Parent/child education services for children who have been identified as having developmental delays.	X			X
Early Words	Multnomah County Library / CCFC	Support for child care providers on healthy growth and development, training for childcare professionals on language and literacy skills.	X			X
Early Childhood ESL	Portland Public Schools	Program provides home visits, and some center-based literacy programs to families, whose primary language is not English, with the transition to school.	X			X
Oregon ACLD	Training skill Building	Training for youth having Attention Deficit Hyperactivity Disorder and Learning Disabilities relative to juvenile delinquency.		X	X	
Oregon Children's Foundation	The SMART Program	Volunteer book and reading program in schools throughout Portland for children in Kindergarten through second grade.	X			
Portland Community College	Londer Learning Center	Provides educational support technical services to Adults needing ABE/GED.				
Charlotte Bibler	Londer Learning Center	Provide GED testing services.				

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
MENTAL HEALTH SERVICES & SUPPORTS						
Administered by Multnomah County DCFS	Verity	Mental Health Organization administered by Multnomah County's Department of Community and Family Services, Children and adolescents on the Oregon Health Plan with physical health coverage through Kaiser, providence Good Health Plan, Care Oregon, and ODS.	X	X	X	X
Administered by Multnomah County DCFS	CAAP Care	Mental Health Organization administered by Multnomah County's Department of Community and Family Services, Children and adolescents on the Oregon Health Plan with physical health coverage through Kaiser, providence Good Health Plan, Care Oregon, and ODS.	X	X	X	X
Administered by Multnomah County DCFS	CAAP Care Plus	This program provides mental health services for those who do not qualify for the Oregon Health plan, have exhausted their benefits, or are too unstable to comply with OHP requirements.	X	X	X	X
Albertina Kerr Centers	Day Treatment Center	Day treatment program offers family, individual and group therapy.		X		X
Arc – Multnomah County		Advocacy organization serving children and adults with MR/DD and their families.	X	X	X	X
Attachment Disorder Parents Network		Educates parents about living with children with attachment disorders.	X	X		X
Autism Society of Oregon		Education and advocacy for parents and family members of children with autism.	X	X	X	X
Boys & Girls Aid Society		Offers mental health assessment and support.	X	X	X	X

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
MENTAL HEALTH SERVICES & SUPPORTS						
Center for Community Mental Health	Early Childhood Day Treatment Program	Provides an early childhood day treatment program.	X			X
CODA	Alpha Treatment Center	Parent-child treatment center.	X	X		X
CERES	CERES Behavioral Health Care	Managed care entity handling mental health services under the Oregon Health Plan.	X	X	X	X
Community & Family Services Dept	Behavioral Health Program	Offers a mental health program for children.	X	X	X	X
Dougy Center		Support program for children 3 and older and their families who have experienced loss through death. Group meetings and home, hospital and school interventions.	X	X	X	X
Eastwind Family Center		Family, child and multi-family group counseling for families with children 5 - 17.	X	X	X	X
Edgefield Children's Services		Residential and day treatment program, which includes education, individual and family counseling.	X	X		X
Metropolitan Family Service		Mental health services for children, adolescents and adults. Serves children birth – 21 years.	X	X	X	X
Morrison Center	Counterpoint	Treatment services for troubled children and youth who display inappropriate sexual behavior.	X	X	X	
Morrison Center	Hand in Hand Day Treatment	Intensive therapy in pre-school setting for children age 3-6 with serious behavioral/emotional disturbances and history of abuse and/or neglect.	X			X

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
MENTAL HEALTH SERVICES & SUPPORTS						
Morrison Center	Hand in Hand	Early childhood outpatient service. Individual/group play therapy, clinical assessments, psychiatric consultation, parent-child observations, home-based therapeutic services.	X			X
Morrison Center	Outpatient and Intensive Outpatient Services	Outpatient services for children and their families at multiple sites.	X	X	X	X
Multiple agencies	DARTS (Intensive Treatment Services)	Psychiatric day and residential treatment provided through community based agencies that contract with the State.	X	X	X	X
Multnomah County DCFS	Kaleidoscope	Mental health professionals provide consultation for youth service staff in settings throughout the county, including school clinics and SCF offices.		X	X	
Multnomah County DCFS	School Mental Health Program	Under an arrangement established in the 1960s, the County employs several mental health consultants and school districts cover 40% of the costs.		X	X	
Multnomah County DCFS	School Mental Health Program – Safe Schools Grant	Collaborative, grant-funded program with PPS, the County employs 12 mental health consultants in middle and high schools which do not have a school-based health clinic; Staff also provide assessments of elementary school children.	X	X	X	
Multnomah County DCFS	School-based Health Centers	Provides mental health services through the school-based health clinics operated by the Multnomah County Health Department.			X	
Multnomah County DCFS	Children's Mental Health Partnership	This program provides services not covered by other sources—intensive case management and outpatient services for high needs children served by multiple agencies.	X	X	X	X

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
MENTAL HEALTH SERVICES & SUPPORTS						
Multnomah County DCFS and Unity	Bienestar de la Familia	County mental health professionals co-located with other social service workers at La Clara Vista and La Clinica – contracted services available for youth served by OCHA and El Programa Hispana.	X	X	X	X
OHSU	Children's Psychiatric Day Treatment Center	Integrated therapeutic and educational program for emotionally disturbed children unable to function in school. Parent Education.	X			X
OHSU: Dept of Medical Psychology	Child Psychology Clinic	Neuro-psychological assessments, parent-child therapy for young children with emotional or behavioral problems.	X	X		X
Providence Medical Center	Gately Child & Adolescent Day Treatment	Structured day treatment setting for emotionally disturbed children / adolescents and their families. Serves 11 – 18 year-olds referred through school districts.		X	X	X
Trillium Family Services	Parry Center	Day and residential treatment for seriously emotionally disturbed children. Special programs for physically and sexually abused children.	X	X		X
Trillium Family Services	Waverly Children's Home	Continuum of care for children and families experiencing emotional difficulties. Includes expert care for sexual and physical abuse and neglect. Outpatient treatment for children with parental involvement.	X	X		X
Providence Hospital	Crisis Triage Center	Emergency psychiatric services provided 24 hours per day, seven days per week.			X	X

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
MENTAL HEALTH SERVICES & SUPPORTS						
Multiple agencies	DARTS	Psychiatric day and residential treatment provided through community based agencies which contract with the State.		X	X	X
Multnomah County DCFS and Unity	Bienestar de la Familia	County mental health professionals co-located with other social service workers at La Clara Vista and La Clinica – contracted services available for youth served by OCHA and El Programa Hispana.	X	X	X	X
Multnomah County DCFS	Kaleidoscope	Mental health professionals provide consultation for youth service staff in settings throughout the county, including school clinics and SCF offices.		X	X	
Multnomah County DCFS	School Mental Health Program	Under an arrangement established in the 1960s, the County employs several mental health consultants and school districts cover 40% of the costs.		X	X	
Multnomah County DCFS	School Mental Health Program –Safe Schools Grant	Collaborative, grant-funded program with PPS, the County employs 12 mental health consultants in middle and high schools which do not have a school-based health clinic; Staff also provide assessments of elementary school children.	X	X	X	
Multnomah County DCFS	School-based Health Centers	Provides mental health services through the school-based health clinics operated by the Multnomah County Health Department.			X	
Morrison Center	Counterpoint	Treatment services for troubled children and youth who display inappropriate sexual behavior.	X	X	X	

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
CHILD WELFARE SERVICES						
Boys & Girls Aid Society		Evaluation/placement in shelter/foster care, residential group home for girls, crisis intervention, CASA. Parenting and adoption programs.	X	X	X	X
CASA for Children, Inc.		Recruits, trains and supports citizen volunteers who are then appointed by Juvenile Court to advocate for children birth – 18 who are wards of the juvenile court due to abuse or neglect.	X	X	X	
Casey Family Program		Long-term foster care placement for children. Case management, counseling educational and therapy services. Medical, dental and financial support for youth in Casey foster homes.	X	X		
Children, Adult and Family Services	East Branch Metro Branch N/NE Branch St Johns Branch Gresham Branch	Child protective service. Family casework and intensive family counseling to prevent removal of child from home or to return child to family.	X	X	X	X
Children, Adult and Family Services	Child Abuse Hotline	Receives complaints and coordinates investigation of child physical, emotional, and sexual abuse and neglect cases for Multnomah county.	X	X	X	X
Child Welfare Partnership / Portland State University	Training, Education and Research Programs	Research and evaluation of child welfare programs and practices, as well as professional training and graduate education for child welfare workers. Partnership between CAFS and the Graduate School of Social Work at PSU.	X	X		X
Ecumenical Ministries of Oregon	Parent Mentor Program	Volunteer parent mentors work with parents in recovery from addiction or violence.	X	X		X
Salvation Army	West Women and Children's Shelter	Intensive case management services, temporary shelter, crisis information and support and referrals for women and children suffering from domestic violence.	X	X	X	X
Community Advocates	KIDS CAN	Child abuse prevention.	X			X

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
CHILD WELFARE SERVICES						
Emanuel Hospital	Child Abuse Response & Evaluation	Physical exams by child abuse specialist pediatricians. Interviews and assessments by child abuse specialists. Document of physical evidence and victims' statements. Goal is to minimize trauma to child while providing maximum protection. Mental health services offered.	X	X		
Morrison Center	Child and Family Services	Individual, family and group and play therapy for children birth – 18 years and their families. Specialize in area of child abuse.	X	X	X	X
Multnomah County DCJ	Early Intervention Unit	Case management of youth under 12 with police contact.	X	X		X
Neighborhood House, Inc.	Community Services	Comprehensive family services including advocacy, information and referral. Case management and transitional housing for homeless families. Rental assistance, energy and other specific assistance, including school supplies, school shoes, vouchers, etc.	X	X	X	X
National Missing Children Locate Center		Information and referral on resources available to help locate missing children. National linkage network. In-house investigator will assist parents in search for child at no charge.	X	X	X	X
Oregon Ctr. for Career Devel. in Childhood Care & Education	Recognizing & Reporting Child Abuse & Neglect	Childcare provider professional training in recognizing and reporting child abuse and neglect.				
Parents Anonymous		Help line for information and support to parents in succeeding to prevent child abuse. Professionally-facilitated parent-led self help groups for parents; therapeutic play groups for children; referrals to resources and crisis intervention.	X	X	X	X

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
CHILD WELFARE SERVICES						
Parents United		Member and professionally facilitated group meetings; crisis intervention; information and referral to counseling and treatment resources for persons who have been involved in an incest situation.				X
Portland Relief Nursery		Early intervention and family support services that focus on keeping families together that are at-risk of abusing or neglecting their children.	X	X		X
Portland Impact	SE Family Center	Information and referral, advocacy, homeless/shelter program, rent assistance as funds allow, seasonal energy assistance, limited parenting classes. Priority given to families with children.	X	X	X	X
Albertina Kerr	Foster Care Program	Provides foster care for children referred by CAFS. Places children with special needs.		X	X	X
Trillium Family Services	Parry Center	Day and residential treatment for seriously emotionally disturbed children. Special programs for physically and sexually abused children.	X	X		X
Trillium Family Services	Waverly Children's Home	Continuum of care for children and families experiencing emotional difficulties. Includes expert care for sexual and physical abuse and neglect. Outpatient treatment for children with parental involvement.	X	X		X
PARENT EDUCATION & SUPPORT						
AFC	PEDS	Parent education and support.				X
ASAP Treatment Services, Inc.	Child Development & Parenting Services	Enhanced childcare, parenting skills groups, individualized parent-child guidance for clients of ASAP outpatient alcohol / drug treatment programs.	X	X	X	X

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
PARENT EDUCATION & SUPPORT						
Asian Family Center	PCDS	Parent and child development services.	X			X
Head Start	Albina Head Start, Portland Public Schools, and Mt. Hood Community College	Comprehensive family support services, including child development, education and social services to low-income children ages 3 and 4.	X			X
Early Head Start	Volunteers of America	Comprehensive family support services, including child development, education and social services to low-income children under age 3.	X			X
Early Head Start	Albina Head Start, Early Head Start Center of Portland	Comprehensive family support services, including child development, education and social services to low-income children under age 3.	X			X
Migrant Head Start	Gresham Migrant Head Start	Provides services for children 0-5 from migrant families.	X			X
Ecumenical Ministries of Oregon	Parent Mentor Program	Provides volunteer mentors for parents struggling with serious challenges, like addiction or domestic violence, and enrolled in one of the participating social service programs. Parent mentoring provides informal, one-on-one parent training.	X			X
Insights Teen Parent Program		Parenting and support groups and case management to teen parents.	X			X
IRCO	Success by Six Program	Uses Success by Six curriculum to provide parent education, child development education, parent groups, development screenings and referrals.	X			X
Morrison Center Child & Family Services	Eastwind Parents as Teachers	Parent education and support to families living east of 162nd Ave., a long with developmental assessments and community resources and referrals.	X			X

HIGH LEVEL OUTCOME #9: IMPROVE READINESS TO LEARN						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
PARENT EDUCATION & SUPPORT						
Morrison Center Child & Family Services	First Steps Program	Education program for parents or guardians of infants who have been prenatally exposed to drugs or alcohol, with the goal of enhancing the child's readiness for school.	X			X
NE YWCA		Parenting and support groups and case management to teen parents.	X			X
Multnomah County DCJ	Family Services Unit	Supervision of approximately 300 offenders parenting children; linkage with CAFS, community health nurses, parenting programs and contracted treatment.	X	X	X	X
OPB	Ready to Learn Service	Training and education for parents, teachers, and caregivers on early brain development, media literacy, parent and child time together, self esteem, and resolving anger.	X	X		X
Portland Impact	PCDS (Parent Child Development Services)	Provides safe and nurturing environment in which families with young children can receive age and developmentally-appropriate information, education, guidance, and access to a range of family support services. Offers parent-child interactive support groups and home visits.	X			X
Portland Public Schools	Teen Parent Services	Helps pregnant or parenting students earn a GED or high school diploma and gain work skills.				X
Protem Foundation	Emergence Foundation	Training program for low-income parents who are entering the workforce.				
Unity, Inc.	Together Program	Parent education and support, developmental information, resource and referral.	X			X
Volunteers of America – Oregon	Families Together Program	20-week hands-on parenting class attended by parents and their children. Topics include behavior management, anger management, self-care / self-esteem, and child development.	X			X

HIGH LEVEL OUTCOME # 10: REDUCE TEEN ALCOHOL USE HIGH LEVEL OUTCOME # 11: REDUCE TEEN DRUG USE HIGH LEVEL OUTCOME # 12: REDUCE TEEN TOBACCO USE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG PREVENTION						
Housing Authority of Portland (HAP)	Drug Elimination Program (collaboration with Tualatin Valley Centers, DePaul Treatment Centers, Multnomah County)	Prevention education, alternatives, problem identification and referral services for youth and families living in public housing communities in Multnomah County.				
Multnomah County Department of Community and Family Services	Contracted Services with prevention providers:	County contracts with providers for a variety of prevention services.	X	X	X	
	Asian Pacific American Consortium on Substance Abuse (APACSA)	Substance Abuse Prevention (including Tobacco) programs for Asian/Pacific Islander parents, families and children.	X	X	X	
	9 Caring Communities: Caring Community of North Portland, East County Caring Community, Franklin Caring Community, Grant/Madison Caring Community, Inner SE Caring Community, Jefferson Caring Community, Mid County Caring Community, Outer SE Caring Community, West District Caring Community	<p>The Caring Community Initiative is a Leveraged system with multiple partners and funders.</p> <p>Coordinators work in each of 9 geographic areas (based on a combination of High School clusters and/or school districts) to integrate services and strengthen community supports for students. The goal is to foster healthy, educated, safe and successful communities. A&D programs include: Prevention Action Teams, neighborhood health fairs, ATOD-free activities during and after school, parent trainings and mentorship activities.</p>	X	X	X	X

HIGH LEVEL OUTCOME # 10: REDUCE TEEN ALCOHOL USE HIGH LEVEL OUTCOME # 11: REDUCE TEEN DRUG USE HIGH LEVEL OUTCOME # 12: REDUCE TEEN TOBACCO USE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL & DRUG PREVENTION						
Multiple HMOs	Oregon Health Plan	Substance abuse treatment is managed as part of physical health care.			X	
Multnomah County Department of Community and Family Services	Contracted Services: Center for Community MH; DePaul Treatment Services; Network Behavioral Health; Trillium Valley Services; Tualatin Valley Centers; Morrison Center	County contracts with a number of providers for 140 outpatient and residential slots for youth.			X	
Oregon Partnership	Helpline Youthline	24-hour statewide hot line staffed by volunteers. The Youthline, open from 4-10 pm, is staffed by youth.			X	
Portland Public Schools	Insights Classes	Six hour class for students and parents following a drug or violence related disciplinary action.			X	X
Portland Public Schools	Alcohol and Drug Assessments	Schools refer students and their families to community-based treatment agencies for assessment of substance abuse problems.			X	X
Portland Public Schools	After-School Discovery Program	Six-week program for students at risk of expulsion for violating drug and alcohol policies.			X	
Portland Public Schools	Lodestar	Twelve-hour, strengths-based program to assist families involved in substance abuse and other issues.			X	X

HIGH LEVEL OUTCOME # 10: REDUCE TEEN ALCOHOL USE HIGH LEVEL OUTCOME # 11: REDUCE TEEN DRUG USE HIGH LEVEL OUTCOME # 12: REDUCE TEEN TOBACCO USE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG PREVENTION						
Multnomah County Department of Community and Family Services-contd	DePaul Treatment Centers (short-term contract)	Strengthening Families and Strengthening Multi-Ethnic Families parenting programs for residential treatment parents and families.	X	X	X	
	Legacy Emanuel Project Network (short-term contract)	Strengthening Multi-Ethnic Families parenting program	X	X	X	
	Oregon Chicano Concilio on Alcohol and Drug Abuse	ATOD education, alternative activities for Hispanic youth in Villa de Clara Vista.		X	X	
	Regional Drug Initiative	Community coalition. Parent training; Drug-Free Workplace seminars.		X	X	X
	Touchstone	School-based social competency groups for high risk students. (See PPS.)	X	X		X
	Tualatin Valley Centers	Prevention education; skill building; mentoring; after-school computer training, tutoring, and therapeutic recreation for residents of public housing. Includes partnership with Housing Authority of Portland (HAP) Drug Elimination Program.	X	X	X	X
	Community and Family Service Center System/Parent Child Development Services	Network of geographic and culturally specific centers operated by community-based agencies which provide a range of services including mentoring, skill building, case management, and drug and alcohol prevention.	X	X	X	X
	Family Resource Centers	Goal is to integrate and coordinate services for families through regular meetings of service providers.				X

HIGH LEVEL OUTCOME # 10: REDUCE TEEN ALCOHOL USE HIGH LEVEL OUTCOME # 11: REDUCE TEEN DRUG USE HIGH LEVEL OUTCOME # 12: REDUCE TEEN TOBACCO USE (Core Outcome Area 3(B): Avoidance of Alcohol, tobacco and other drugs)						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG PREVENTION						
Multnomah County Department of Community and Family Services	Prevention Coordinator	Administers contracts with OADAP- and county-funded prevention programs. Promotes collaboration and integration of prevention services in accordance with the State Incentive Cooperative Agreement.	X	X	X	X
Oregon Coalition to Reduce Underage Drinking (OCRUD)	Advocacy for social policy change	Resource for local groups for media advocacy, youth advocacy training, policy and environmental strategies.		X	X	X
Oregon Partnership	Helpline	24-hour statewide hot line staffed by volunteers.			X	
	Youthline	The Youthline, open from 4-10 pm, is staffed by youth.				
OSU Extension Service	Parenting	Volunteers provide parenting classes in community.	X	X	X	X
Portland Public Schools	Prevention Education	Mandated K-12 instruction including topics such as normative education, advertising pressures, awareness of social influences, class climate setting, communication skills, decision making/problem solving, refusal skills, social skills, stress management, anger management, conflict resolution, empathy.				
Portland Public Schools	Touchstone	Case management and school support using a family-centered strengths- based approach.				

HIGH LEVEL OUTCOME # 10: REDUCE TEEN ALCOHOL USE HIGH LEVEL OUTCOME # 11: REDUCE TEEN DRUG USE HIGH LEVEL OUTCOME # 12: REDUCE TEEN TOBACCO USE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG PREVENTION						
	Legacy Emanuel Project Network (short-term contract)	Strengthening Multi-Ethnic Families parenting program	X	X	X	
	Oregon Chicano Concilio on Alcohol and Drug Abuse	ATOD education, alternative activities for Hispanic youth in Villa de Clara Vista.		X	X	
	Regional Drug Initiative	Community coalition. Publishes annual Drug Impact Index report tracking substance abuse indicators; Parent training; youth prevention curriculum at recreation programs; Drug-Free Workplace seminars.		X	X	
	Juvenile Justice Center	Alcohol and drug assessment and referral		X	X	X
Department of Community Juvenile Justice, New Avenues for Youth, and Tualatin Valley Centers	Downtown Police Receiving Center	Substance abuse and mental health screening and referral for youth not officially detained, charged, or arrested		X	X	
Oregon Partnership	Helpline	24-hour statewide hot line staffed by volunteers.		X	X	X
	Youthline	The Youthline, open from 4-10 pm, is staffed by youth.				
Department of Community and Family Services and Portland Public Schools	School Based Health Centers	Mental health, substance abuse assessments, and school-sited outpatient groups		X	X	
Portland Public Schools	Insights Classes	Six hour class for students and parents following a drug or violence related disciplinary action.			X	X

HIGH LEVEL OUTCOME # 10: REDUCE TEEN ALCOHOL USE
HIGH LEVEL OUTCOME # 11: REDUCE TEEN DRUG USE
HIGH LEVEL OUTCOME # 12: REDUCE TEEN TOBACCO USE

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Multiple HMOs	Oregon Health Plan	Substance abuse treatment is managed as part of physical health care.	X	X	X	X
Multnomah County Department of Community and Family Services	Contracted Services: Adolescent	County contracts with providers for outpatient and residential youth treatment. Providers comply with Oregon Administrative Rules that require adolescent services to include (a) family treatment, (b) recreation and leisure time skills training, (c) academic education services or referral, (d) smoking cessation treatment, and (e) gender-specific treatment. <u>Additional program specialties include:</u>			X	X
	Center for Community Mental Health (CCMH)	Leo Ni Leo, African-American Male Youth Consortium, with culturally relevant residential and outpatient assessment, curriculum and extracurricular activities, mental health therapy, respite and proctor care, and community reintegration.			X	X
	DePaul Treatment Centers, Inc.	Residential and outpatient services that include on-site alternative schooling, recreational and art therapies, as well as homeless youth shelter-site (Greenhouse, New Avenues for Youth and Outside In) outpatient treatment			X	X

HIGH LEVEL OUTCOME # 10: REDUCE TEEN ALCOHOL USE
HIGH LEVEL OUTCOME # 11: REDUCE TEEN DRUG USE
HIGH LEVEL OUTCOME # 12: REDUCE TEEN TOBACCO USE

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Multnomah County Department of Community and Family Services, cont'd	Morrison Center Latino Project	Latino youth bilingual/bicultural assessment, outpatient treatment, outreach and referral, family strengthening, and cultural enrichment Training/mentoring Latino cultural competency for community and providers	X	X	X	X
	Native American Rehabilitation Association (NARA)	Youth outpatient specifically attentive to Northwest Indian tribal customs and cultural needs			X	X
	Network Behavioral Healthcare / Watershed	Youth outpatient, specializing in dual diagnosed clients and family coaching / single moms' groups			X	X
	Out Front House	Under contract with CCMH, provides residential treatment for the Leo Ni Leo program; with Oregon Youth Authority, provides gang/detention transitional housing and temporary shelter – and includes alcohol and drug education curricula			X	X
	Tualatin Valley Centers	Youth outpatient, specializing in dual diagnosis, family (particularly Functional Family Therapy), community center outreach and screening, and Asian/Pacific Islander youth		X	X	X

HIGH LEVEL OUTCOME # 10: REDUCE TEEN ALCOHOL USE HIGH LEVEL OUTCOME # 11: REDUCE TEEN DRUG USE HIGH LEVEL OUTCOME # 12: REDUCE TEEN TOBACCO USE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Multnomah County Department of Community and Family Services and Center for Substance Abuse Treatment	Targeted Capacity Expansion Grant	County Staff Assistance at Juvenile Justice and School-Based Health Centers, providing A&D/mental health assessments and referrals			X	X
		Integrated program design and enhancement support for clients diagnosed with co-occurring disorders			X	X
		Case management for A&D providers as assistance to engage youth into A&D/mental health treatment systems, including Juvenile Treatment Court			X	X
		Community family support, referral, and coaching services		X	X	X
Department of Community Juvenile Justice and Morrison Center	Morrison Center Breakthrough	Mental health outpatient program for Oregon Youth Authority clients who are generally housed with proctor homes and also need substance abuse treatment			X	X
Department of Community Juvenile Justice and Morrison Center, cont'd	Residential Alcohol and Drug (RAD) Unit	Non-detention, locked and voluntary youth residential treatment for adolescents with a history of running, treatment failure, and recidivism			X	X
	Morrison Center Rosemont	Mental health residential facility for Oregon Youth Authority female adolescents, of which one half of the beds are designated to include outpatient-level A&D treatment for clients identified with co-occurring diagnoses			X	

HIGH LEVEL OUTCOME # 10: REDUCE TEEN ALCOHOL USE
HIGH LEVEL OUTCOME # 11: REDUCE TEEN DRUG USE
HIGH LEVEL OUTCOME # 12: REDUCE TEEN TOBACCO USE

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
Judiciary and Departments of Community Juvenile Justice and Community and Family Services	Juvenile Treatment Court	Intensive strength-based asset- building around support systems for post-adjudicated, treatment- experienced youth, collaborating among the Partners, families, substance abuse treatment providers, Oregon Youth Authority, Services to Children and Families, education services, and others	X	X	X	X
	Juvenile Justice Center	Alcohol and drug assessment and referral	X	X	X	X
Department of Community Juvenile Justice, New Avenues for Youth, and Tualatin Valley Centers	Downtown Police Receiving Center	Substance abuse and mental health screening and referral for youth not officially detained, charged, or arrested		X	X	
Oregon Partnership	Helpline	24-hour statewide hot line staffed by volunteers.		X	X	X
	Youthline	The Youthline, open from 4-10 pm, is staffed by youth.				
Department of Community and Family Services and Portland Public Schools	School Based Health Centers	Mental health, substance abuse assessments, and school-sited outpatient groups		X	X	
Portland Public Schools	Insights Classes	Six hour class for students and parents following a drug or violence related disciplinary action.			X	X
	Alcohol and Drug Assessments	Schools refer students and their families to community-based treatment agencies for assessment of substance abuse problems.			X	X

HIGH LEVEL OUTCOME # 10: REDUCE TEEN ALCOHOL USE HIGH LEVEL OUTCOME # 11: REDUCE TEEN DRUG USE HIGH LEVEL OUTCOME # 12: REDUCE TEEN TOBACCO USE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALCOHOL AND DRUG TREATMENT						
	After-School Discovery Program	Six-week program for students at risk of expulsion for violating drug and alcohol policies.			X	
	Lodestar	Twelve-hour, strengths-based program to assist families involved in substance abuse and other issues.			X	X
Morrison Center	Secure Residential Treatment	Provides alcohol and drug assessment and treatment for Juveniles			X	

HIGH LEVEL OUTCOME #13: REDUCE JUVENILE ARRESTS
HIGH LEVEL OUTCOME #14: MAINTAIN OYA BED USE
HIGH LEVEL OUTCOME #15: REDUCE JUVENILE RECIDIVISM

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Multnomah County Juvenile Justice Division	Counseling & Court Services – Sex Offender Treatment Team	Assessment, adjudication, placement and treatment for juvenile sex offenders who are on probation.			X	
	Counseling & Court Services –Adjudication Services Unit	Information, evaluation, and recommendations to the court, includes case management services.		X	X	
	Counseling & Court Services – Early Intervention Services Unit – Intake Services	Early intervention counseling for youth under 12 years of age.		X		
	Counseling & Court Services – Early Intervention Services Unit – Dependency Services	Primary work activity focuses on assisting cases through legal proceedings with a goal of re-uniting children with their parents.		X		X
	Counseling & Court Services – Early Intervention Services Unit – Truancy Response Program	Research-oriented program delivered in three school clusters – Marshall, Jefferson, and Roosevelt; offers a range of informal interventions.		X		
	Counseling & Court Services – Early Intervention Services Unit – ADHD project	Offers training for professionals to recognize ADHD and related medical disorders.		X	X	
	Family Services Unit	Provides specialized supervision of certain offenders who are parenting children, in collaboration w/ SCF, AFS, Health, contracted providers	X	X	X	X
Multnomah County Juvenile Justice Division	Counseling & Court Services – Gang Resource Intervention Team	A specialized probation unit that focuses on violence prevention and anger management with high-risk clients.			X	

HIGH LEVEL OUTCOME #13: REDUCE JUVENILE ARRESTS
HIGH LEVEL OUTCOME #14: MAINTAIN OYA BED USE
HIGH LEVEL OUTCOME #15: REDUCE JUVENILE RECIDIVISM

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
	Central Office Probation Services Unit	Provides general probation services to non-gang involved youth in NE Portland.			X	
	Skill Development Services Unit – Save Our Youth	Offers classes in violence reduction education for youth & their families.			X	
	Skill Development Services Unit – NE Day Reporting Center	Day center services provided through a collaboration of local youth-serving agencies.			X	
	Skill Development Services Unit – Skill Development Team	Group counseling services for youth and families.			X	
	North District Office Unit	General probation services to non-gang involved youth.			X	
	Diversion Services Program	Program serves low-risk and first-time offenders who are diverted from the formal adjudication process.			X	
Multnomah County Juvenile Justice Division	SE Probation Services Program	General probation services to non-gang involved youth living in outer SE Portland and East Multnomah County.			X	
	Child Abuse Unit	This unit works closely with Services to Children and Families, courts and District Attorney's Office to remove children from homes where child abuse is suspected.	X	X	X	X
	Accountability Services Program – Community Services	Mandated service obligation in the community through work crew involvement.			X	
	Accountability Services Program – Project Payback	Mandated service obligation in the community that enables the youth to earn funds to pay restitution to victims.			X	
	Accountability Services Program – Forest Service Weekend Program	A program of immediate sanctions for youth who violate probation – community service in forest camp.			X	

HIGH LEVEL OUTCOME #13: REDUCE JUVENILE ARRESTS HIGH LEVEL OUTCOME #14: MAINTAIN OYA BED USE HIGH LEVEL OUTCOME #15: REDUCE JUVENILE RECIDIVISM						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Multnomah County Juvenile Justice Division	Secure Residential Treatment Program	Provides intensive residential treatment to juvenile offenders on probation and parole.			X	
	Assessment, Intervention and Transition Programs (AITP)	A secure treatment program involving a multi-disciplinary approach.			X	
	Parole Program Unit	16-bed secure program for juvenile parolees.			X	
	Detention Facility Services	Detention and residential treatment for probation youth, youth awaiting adjudication and parolees.			X	
	Detention Reform Initiative/Placement Coordinator	Project seeks to reduce number of youth housed in custody services.			X	
	Annie E. Casey Detention Reform Initiative	Grant-funded project to reduce unnecessary use of secure detention.			X	
	Contracted Services Program – Volunteers of America	Program to provide monitoring of pre- adjudicated, at-risk youth			X	
	Contracted Services Program – Resolutions Northwest	Program focuses on victim/offender reconciliation.			X	
Morrison Center Child and Family Services	Sex Offender Residential Treatment Program and Evaluation Services	Residential treatment provided by Morrison Center staff working in conjunction with DCJ/JCJ Sex Offender staff for male youth adjudicated on a sexual offense(s). Treatment outcomes are evaluated by Morrison Center staff for effectiveness and long range affects on behavior and recidivism.			X	

HIGH LEVEL OUTCOME #13: REDUCE JUVENILE ARRESTS
HIGH LEVEL OUTCOME #14: MAINTAIN OYA BED USE
HIGH LEVEL OUTCOME #15: REDUCE JUVENILE RECIDIVISM

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
MESD	Alternative School	Youth who are at risk of or have already been expelled or suspended from their home schools, or exhibit truant behavior will be referred to either Alpha High or Helensview to receive educational services along with behavioral management skills. MESD serves both East County and PPS enrolled students. DCJ referrals would include parole or probation youth.			<input checked="" type="checkbox"/>	
Salvation Army	Chaplaincy Services	Spiritual counseling, specialized activities and holiday programs are provided to youth, who voluntarily choose to receive such services, detained in secure detention.			<input checked="" type="checkbox"/>	
Janus Youth Inc.	Day Reporting Center for adjudicated youth.	The overall goal of the Center is to provide a safe and supervised environment for youth that supports them remaining in the community and reduces the incidence of criminal activity by providing educational and behavioral management skills and activities during and after-school hours.			<input checked="" type="checkbox"/> (12-18)	
Boys and Girls Aid Society	Emergency shelter care services for pre-preliminary/pre-adjudicated youth.	Youth who have been charged with an offense for which they can be detained under state law, summoned to appear at a preliminary hearing, and have no resource other than detention to assure appearance at the preliminary hearing will be referred for shelter services. Post-preliminary hearing youth who have no other shelter source and require temporary shelter may be referred for shelter care services. Program was developed as an alternative to secure detention. Youth appropriate for program are assessed as low risk to re-offend, of flight and community safety.			<input checked="" type="checkbox"/> (12-18)	

HIGH LEVEL OUTCOME #13: REDUCE JUVENILE ARRESTS
HIGH LEVEL OUTCOME #14: MAINTAIN OYA BED USE
HIGH LEVEL OUTCOME #15: REDUCE JUVENILE RECIDIVISM

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Out Front House	Short-term shelter care and case management services.	Services focus on gang affected/involved male youth, pre- and post-adjudicated. The goal is to maintain youth in the community without further criminal activity and assurance of appearance at the final court hearing for pre-adjudicated youth. For post-adjudicated youth it would be to allow time for them to transition into an appropriate long-term housing resource for post-adjudicated youth.				
Janus Youth Program (Harry's Mother)	Short-term shelter care and case management services.	Services focus on pre-adjudicated male youth. The goal is to maintain youth in the community until final adjudication without further criminal activity and ensure appearance at the final court hearing.			<input type="checkbox"/>	
VOA/Kletzer Hall	Short-term shelter care and case management services.	Services focus on pre-adjudicated female youth. The goal is to maintain youth in the community until final adjudication without further criminal activity and ensure appearance at the final court hearing.			<input type="checkbox"/>	
BI, Inc.	Contracted Services -- Electronic Monitoring Services	The Contractor provides electronic monitoring services to post-preliminary youth who have been court-ordered to be placed on electronic monitoring services as a requirement and condition for community supervision placement while awaiting their court hearing			X	
Tualatin Valley Centers	Contracted Services -- New Options for Women Program	<i>Gender specific</i> case management and counseling services for <i>female teens and adults</i> who have histories of prostitution			X	X
Volunteers of America	Contracted Services -- Community Detention Monitoring	Program to provide monitoring of pre-adjudicated, at-risk youth			X	
Resolutions Northwest	Contracted Services -- Mediation Services	Program focuses on victim/offender reconciliation.			X	

HIGH LEVEL OUTCOME #13: REDUCE JUVENILE ARRESTS
HIGH LEVEL OUTCOME #14: MAINTAIN OYA BED USE
HIGH LEVEL OUTCOME #15: REDUCE JUVENILE RECIDIVISM

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Multnomah County Juvenile Justice Division	Secure Residential Treatment Program	Provides intensive residential treatment to juvenile offenders on probation and parole.			X	
	Assessment, Intervention and Transition Programs (AITP)	A secure treatment program involving a multi-disciplinary approach.			X	
	Parole Program Unit	16-bed secure program for juvenile parolees.			X	
	Detention Facility Services	Detention and residential treatment for probation youth, youth awaiting adjudication and parolees.			X	
	Detention Reform Initiative/Placement Coordinator	Project seeks to reduce number of youth housed in custody services.			X	
	Annie E. Casey Detention Reform Initiative	Grant-funded project to unnecessary use of secure detention.			X	
	Contracted Services Program – Volunteers of America	Program to provide monitoring of pre- adjudicated, at-risk youth			X	
	Contracted Services Program – Resolutions Northwest	Program focuses on victim/offender reconciliation.			X	
Resolutions Northwest	Victim Offender Mediation	Pre/Post adjudicated juvenile offenders and who are interested and appropriate in participating in mediation.		X	X	
IRCO	Gang Transition Services	Case Management/Tracking services for Asian youth on probation or parole status or are at risk of recommitment to or are transitioning from a State Youth Correctional Facility.		X	X	

HIGH LEVEL OUTCOME #13: REDUCE JUVENILE ARRESTS
HIGH LEVEL OUTCOME #14: MAINTAIN OYA BED USE
HIGH LEVEL OUTCOME #15: REDUCE JUVENILE RECIDIVISM

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Kevin Wright	Training Skill Building	Services include therapeutic and experiential activities in working with juvenile offenders The activities are treatment stages of Ownership, Victim Empathy, Offending Cycles Relapse Prevention restructure criminal thinking patterns, promote pro-social skills and behavior and to ultimately reduce criminal activity				
IRCO Asian Family Center	Intensive Case Management/Outreach	Services include intensive case management specializing cultural enrichment in assisting in reducing the incidence of youth related violence in the Asian/Pacific Islander speaking communities.				
NE Coalition of Neighborhoods	Intervention/Outreach with youth who are involved with gangs, at risk of becoming involved with gangs, or committing violence.	The goal is relationship of such quality that youth will trust the Outreach Workers enough to feel confident sharing information that will prevent violence.			X	

HIGH LEVEL OUTCOME #13: REDUCE JUVENILE ARRESTS
HIGH LEVEL OUTCOME #14: MAINTAIN OYA BED USE
HIGH LEVEL OUTCOME #15: REDUCE JUVENILE RECIDIVISM

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Save Our Youth (SOY)		Save Our Youth (SOY) Program, a violence prevention and weapons intervention program for youth and their families.		X	X	X
Self Enhancement	Multi-Systemic Therapy (MST)	Intensive home-based family preservation program services using the Multi-Systemic Therapy (MST) model, is a family and community-based treatment Program for youth with complex clinical, social and educational problems. Services are delivered in homes, neighborhoods, schools, and communities		X	X	X
New Avenues For Youth(NAFY)	Youth Reception Center	A 24-hour Reception Center with the purpose of diverting at-risk youth from the Multnomah County Juvenile Detention Center of status offenses and misdemeanor charges.		X	X	

HIGH LEVEL OUTCOME #16: REDUCE TEEN PREGNANCY

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
PREVENTION & HEALTH SERVICES						
Multnomah County Health Department	Teen Connections	Assesses all teen pregnancies at birth. Case management and home visits based on needs assessment.			X	
Planned Parenthood	Teen Talk & Get The Facts	Health/Sex education, decision making- other skills development.			X	
Boys and Girls Aid Society	GLAD Program	Girls leadership, decision-making, and skill development.				
STARS	Education	Student Support, Skills Development – program is used in every school district in Multnomah County.			X	X
Multnomah County Health Department – community-based clinics and school-based clinics	Prevention services	Contraceptive counseling and services.			X	
EDUCATION SERVICES FOR PARENTING TEENS						
MESD	Helensview High School	Alternative High School for pregnant and parenting teens not succeeding in regular schools. Health and other services including developmental childcare and comprehensive support services, also provided on-site.			X	
Portland Public Schools	Teen Parent Services Monroe Program PIVOT Pathfinders	Goal is for all pregnant and parenting students to continue with their education.			X	
Portland Public Schools	PPS Teen Parent Summer Program	Pregnant teens attend class in the morning and work at job sites in the afternoon.			X	X
Other School Districts	Misc.	Services for pregnant and parenting teens generally offered through alternative school programs.			X	

HIGH LEVEL OUTCOME #16: REDUCE TEEN PREGNANCY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
HOUSING AND SOCIAL SERVICES FOR PARENTING TEENS						
Adult and Family Services	Services to Families and their children	Teen Pregnancy Prevention coordination.			X	X
Insights	Insights Teen Parent Program	Provides case management and referrals to social service agencies.			X	
BGAS, OI, AMA, Resource Centers, AFS	Motel vouchers: Emergency Housing (immediate access, 14-30 day stay is norm.	Case Coordination Families in crisis - BGAS serves under 18.			X	X
Streetlight Shelter (Janus)	Emergency Housing	Must be working w/ case mgr. Linkages to other programs - pregnant teens only.			X	
Harry's Mother	Emergency Housing	Runaway Youth - pregnant teens OK, no parenting teens.			X	
Bethany House	Long Term Transitional: Facilities	Pregnant Teens, up to 3 months after birth; group home with house parents.			X	X
Safe Place: apartment based model, Outside In	Short Term Transitional Housing	Preg/Parenting teens up to 19 - case management, linkages to other housing programs.			X	
Safe Place: host home model, Boys and Girls Aid	Short Term Transitional Housing	Preg/Parenting teens up to 19 - case management, linkages to other housing programs.			X	
Bridge House: Willamette Bridge programs	Long Term Transitional: Facilities	Case management, group, life skills, transitional services. Can take up to 3 infants at a time.			X	X
Bottomline Academy	Long Term Transitional: Facilities	Women w/children - life skills, transition services.			X	X
Elizabeth House/Catholic Charities	Long Term Transitional: Facilities	Pregnant teens, up to 6 months after birth - case management, life skills, groups, parenting education, linkages, transition services.			X	X
New Avenues for Youth	Long Term Transitional: Facilities	Case Management, life skills, d & a support groups, general groups - homeless street youth; 1 - 2 slots teen parents.			X	

HIGH LEVEL OUTCOME #16: REDUCE TEEN PREGNANCY						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
HOUSING AND SOCIAL SERVICES FOR PARENTING TEENS						
Elizabeth House/Catholic Charities	Long Term Transitional: Facilities	Pregnant teens, up to 6 months after birth - case management, life skills, groups, parenting education, linkages, transition services.			X	X
New Avenues for Youth	Long Term Transitional: Facilities	Case Management, life skills, d & a support groups, general groups - homeless street youth; 1 - 2 slots teen parents.			X	
Homeless Families Programs - Multnomah County CFSD	Long Term Transitional: Apartments	Homeless Families, age 17 and older - case management, transitional services, employment linkages, access to other services.			X	X
Bradley Angle House	Domestic Violence Shelter	The Domestic Violence System provides housing services primarily to people 18 and older; however, a few shelters will take a teen parent under 18 - DV programs offer a variety of other supportive services to teen parents.			X	
White Shield	Long Term Transitional: Facilities	Residential Treatment - High Risk - SCF involved.			X	
SCF Foster Care	Long Term Transitional: Facilities	Very limited for mom with child - comprehensive services available - SCF involved.			X	X
HOMESAFE Project	Long Term Transitional: Apartments	Homeless pregnant/parenting teens - case management, child care, funding, transition services, living skills, links to other services.			X	
Residential Assistance Program; Boys and Girls Aid Society; Housing Authority of Portland	Long Term Transitional: Apartments	Teen parents ready for independent living - case management through linkage with another program.			X	X
Outside In Transitional Living	Long Term Transitional Apartments	Homeless teens/teen parents.			X	

HIGH LEVEL OUTCOME #17: DECREASE YOUTH SUICIDE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Multnomah County Juvenile Justice Division	Detention Facility Services	Mental health screening for all youth entering detention		X	X	

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE

Partners)	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALTERNATIVE EDUCATION						
MESD	Alpha High School	Alternative school-to-work high school allows students not succeeding in mainstream classrooms to earn diploma, obtain work experience, and transition to employment upon graduation.			X	
MESD	Donald E. Long School	Educational services for youth in custody, awaiting adjudication.			X	
MESD PPS Multnomah County	Turnaround School	Highly structured 60-day behavioral program for students in grades 6-12 who have been expelled from public schools because of violence or substance abuse.			X	
MESD	Helensview High School	Comprehensive education, job training, and support services for at-risk students who are pregnant and parenting, primarily girls.			X	
MESD	RISE (Re-entry into Successful Education)	Two transitional classrooms at Helensview for middle and high school students who have dropped out of school.			X	
Centennial School District	Centennial Learning Center (CLC)	CLC offers three programs. The Academy program is full day. <i>Options</i> serves students who need an individualized program and flexible scheduling. <i>Mainstreet</i> serves students eligible for special ed. All have a strong school-to-work orientation.			X	
David Douglas School District	Aim High School	Full day program with small classes. Recently added a new school-to-work program.			X	
Gresham-Barlow School District	Farris School	Full day program with small, mixed age classes. Half of the enrolled students are eligible for special education and on IEPs.			X	
Parkrose School District	Parkrose Alternative Center for Education (PACE)	Half-day and evening program for students not succeeding in mainstream.			X	

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALTERNATIVE EDUCATION						
Reynolds School District	Reynolds Learning Center	Full day program with school-to-work orientation, and individualized programming for Students in grades 6-12.			X	
Portland Public Schools	High School within a School	Alternative high school programs are available at all of the District's High Schools for 9 th -12 th grade students not succeeding in mainstream classrooms.			X	
Portland Public Schools	Middle School within a School	Alternative school programs are available at 8 of the District's 17 Middle Schools for 6 th -8 th grade students not succeeding in mainstream classrooms.			X	
Portland Public Schools	Transition Classrooms	Classrooms at each of the Portland High Schools transition students who have been away; transitioning from other alternative programs, custody, or dropping out.			X	
Albina Youth Opportunity School	AYOS	25-year old alternative school committed to promoting individual responsibility for academic achievement for students 14-18 at risk of dropping out.			X	
Albina Youth Opportunity School	GENESIS	Alternative school within AYOS offers 7 courses designed to meet educational, behavior, and recreational needs for Court mandated Youth.			X	
Christian Women Against Crime	CWAC	Full 7 th - 12 th grade curriculum designed to Improve self-esteem, enhance achievement and transition student back to home school; also serves students expelled from PPS.			X	
DePaul Treatment Ctrs.	DePaul Alternative School	Educational program for Chemically dependent youth ages 12-18 in DePaul's intensive residential treatment program.			X	
Eastside Education Ctr.	Eastside Education Center	Educational program for at-risk middle and high school students.			X	
Ecumenical Ministries of Oregon	International Learning Program	Program focuses primarily on literacy in both English and native language, and attendance, credit accumulation, and return to public schools - for immigrant and refugee high school students.			X	
Mt. Scott Center for Learning	Mt. Scott Center for Learning	Alternative middle school program for students 10-14 with chronic attendance problems.			X	

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
OCHA	LISTOS Learning Center	Provides a bilingual/bicultural educational program with life skills workshops, and Latino history and culture for limited English Proficient students who have dropped out of PPS.			X	
Open Meadow Learning Center	High School Middle School CRUE	Accredited by the NW Association of Schools and Colleges, offers alternative high and middle school programs and an environmental community service program - for youth ages 10-19 with a history of academic, behavioral, and emotional problems.		X	X	
Oregon Outreach	McCoy Academy	Academic program emphasizes a flexible, individualized curriculum for Students ages 12-21 not succeeding in traditional school settings.			X	
Out Front House	Alternative School Program	Educational programming as part of a residential treatment program for court-committed youth ages 10-14.		X	X	
Portland Community College	Bilingual Ed Program	Program offers classes at 5 locations geared toward attainment of the GED for students with non-English backgrounds.			X	
Portland Community College	GED Dropout Retrieval Program	Instruction focused on attainment of the GED certificate for students ages 16-20 who have formally withdrawn from high school.			X	
Portland Community College	High School Completion Program	Instruction focuses on a PCC high school diploma, and also provides college level credits for coursework.			X	
Portland Community College	Middle College High Schools	Program creates a transition between high school and college for at-risk older students.			X	
Portland Opportunities Industrialization Center, Inc.	Rosemary Anderson High School	Program offers high school completion or GED preparation, and also provides employment training and counseling for High School aged youth.			X	
Portland Youthbuilders	Vocational Training	Based on a NY City model, this 12 month program pro-motes youth development with education, leadership, and vocational training in the construction trades; for at-risk youth ages 16-20.			X	
Quest Schools	Adapted education	Offers flexible scheduling, computer-assisted instruction and tutoring for students with alternative learning styles - performance-based learning contracts; for severely emotionally disturbed youth and those with learning disabilities.			X	

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALTERNATIVE EDUCATION						
Salvation Army	Green-House Judge Jean Lewis Memorial Alternative High School	Program focuses on the 5 subject areas covered in the GED tests. Each student develops an Individual Education Plan; for 13-20 year old students, homeless, pregnant, and suspended from school.			X	
Springdale Job Corps	Employment Training	Offers six vocational programs, basic education and social skills development for at-risk 16-20 year olds.			X	
Urban League of Portland	Portland Street Academy	Students earn credits based on grades, test scores and a portfolio of assignments; for youth aged 13-20 who cannot be served in traditional classrooms.			X	
Youth Employment Institute	Youth Employment Institute	Program provides year-round basic skills training, GED completion, and employment training for 16-20 year old youth who have dropped out of the public school system.			X	
	Teen Parent Program	Year-round employment program, which focuses specifically on teen parents; 16-20 year old pregnant and parenting teens.			X	
Youth Progress Association	Alternative Learning Center	Program strives to promote success in academic, employment, and social domains for youth 15-19 years of age who need skills tailored to independent living.			X	
COLLABORATIVE INITIATIVES						
Caring Community Initiative	Caring Communities	Coordinators work in each of 9 High School clusters to integrate services and strengthen community supports for students; goal is to increase school completion.			X	
Commission on Children, Families, and Community	Take the Time	Public education campaign to educate the community about the importance of developmental assets for youth.	X	X	X	X
Multnomah County, School Districts, and MESD	School Attendance Initiative (SAI)	Attendance officers, school clerks, and case managers in community-based agencies work with truant youth to improve school attendance.	X	X	X	

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
COLLABORATIVE INITIATIVES						
Multnomah County Health Department and School Districts	School-based Health Clinics	Clinics provide comprehensive and confidential primary health care to under-served children in a school setting - services include physical exams, immunizations, mental health, and reproductive health.	X	X	X	
Collaboration of state and local governments, schools, and service providers	Schools Uniting Neighborhoods (SUN) Initiative	New community school initiative that provides after-school academic and recreational programs, expanded social and health services on-site, and strengthened parental and community involvement in local schools.	X	X	X	X
COMPENSATORY AND ENHANCED EDUCATION						
School Districts	Targeted Assistance School-wide	The goal of the program is to help disadvantaged students meet the same high standards expected of all students through enriched educational assistance.	X	X	X	
Portland Public Schools	CIM Academy Summer School	6 week summer program designed to increase the number of students meeting academic standards.		X	X	
Multnomah County	Library - Youth Services	County libraries are open 4 evenings, weekends, and school vacations as resources for students; youth librarians and volunteer "Homework Helpers" assist with homework.		X	X	
Oregon Graduate Institute of Science and Technology	Saturday Academy	Program provides classes in math, science and technology; classes are small and project oriented.		X	X	
Oregon ACLD	Training Skill Building	Training for youth having Attention Deficit Hyperactivity Disorder and Learning Disabilities relative to juvenile delinquency.				

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
COMPENSATORY AND ENHANCED EDUCATION						
Kevin Wright	Training Skill Building	Services include therapeutic and experiential activities in working with juvenile offenders. The activities are treatment stages of Ownership, Victim, Empathy, Offending Cycles Relapse Prevention restructure criminal thinking patterns, promote pro-social skills and behavior and to ultimately reduce criminal activity				
Self Enhancement	Multi-Systemic Therapy (MST)	Intensive home-based family preservation program services using the Multi-Systemic Therapy (MST) model, a family and community-based treatment Program for youth with complex clinical, social and educational problems. Services are delivered in homes, neighborhoods, schools, and communities				
Metropolitan Family Service	Contracted Services -- Families and Schools Together (FAST) Program	The Contractor provides group services and referrals utilizing the format and curriculum of a copyrighted, nationally used program (FAST).			X	
Trillium Family Services	Contracted Services -- Project Chrysalis	The Contractor provides a one-hour weekly psycho-educational support group, on-going case management services, participation in a challenge course and self defense training for the <i>gender specific group of juvenile girls</i> .			X	
Volunteers of America	Contracted Services -- School Attendance Initiative	The Contractor provides outreach services to K through 8th grade students who are exhibiting persistent inadequate school attendance.				

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
COMPENSATORY AND ENHANCED EDUCATION						
Oregon Council for Hispanic Advancement	Contracted Services -- School Retention Services	The Contractor provides case management services to <i>Hispanic students</i> entering their second year of high school who have 5 or fewer credits (also known as year-two freshmen) and year-one <i>Hispanic</i> freshmen with attendance and credit accrual issues.			X	
Portland Public Schools	Contracted Services -- School Attendance Initiative	The Contractor provides referral services to K through 8th grade students who are exhibiting persistent inadequate school attendance.	X	X		
Multnomah Education Service District	Contracted Services -- School Attendance Initiative	The Contractor provides referral services to K through 8th grade students who are exhibiting persistent inadequate school attendance.	X	X		
Portland Public Schools	Contracted Services -- Family Resource Center	The Contractor provides counseling services to youth who are experiencing problems at school such as poor attendance, behavioral difficulties, expulsion/suspension, or personal difficulties such as health issues, mental health issues, abuse issues, etc.	X	X	X	
CULTURALLY SPECIFIC SERVICES FOR MINORITY YOUTH						
Catholic Charities	El Programa Hispano	Case management services for Hispanic middle school students at 2 middle schools in the Reynolds district; limited services at one high school.			X	
Coalition of Community Groups	Crisis Teams	Teams of volunteers visit 14 Portland schools on a quarterly basis to monitor efforts to increase achievement.		X	X	
IRCO	Asian Family Center, Girls Enhancement, SE Asian Gang Influenced Teen (GIFT), and School Attendance Initiative	Program goals vary, but all generally seek to assist children of refugees and immigrants.				

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
CULTURALLY SPECIFIC SERVICES FOR MINORITY YOUTH						
Native American Youth Association	Native American Youth Association	Case management services countywide for Native American youth at risk of dropping out of middle school.			X	
OCHA	Oregon Leadership Institute, LISTOS, Proyecto Adelante, Proyecto Conexion, Proyecto Ofelia School Attendance Initiative	OCHA operates a number of educational programs for at-risk Latino youth.			X	
Portland House of Umoja	Residential Outreach	Program provides supportive residential services for gang-involved youth and conducts outreach.			X	
School Districts	English as a Second Language (ESL)/ Bilingual Program	Language services provided by school district for students not proficient in English.			X	
Saturday Academy	Outreach Program	Conducts a variety of outreach activities with minority students in middle and high schools.			X	
SEI, Inc.	In-School Mentoring, After-school education, arts, and recreational programs, SAI	In-school mentoring program strives to build long term relationships; academic, recreational and arts programming is provided for African American youth from Northeast Portland at the SEI facility.			X	
Sisters in Action for Power	Sisters in Action for Power	Membership organization which strives to empower young minority girls in N/NE Portland through participation in community activism.			X	
Urban League of Portland	Portland Street Academy Tutoring Program	The League's mission is to assist African Americans in the achievement of social and economic equality; it has been the largest social service provider in NE Portland.			X	

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
EMPLOYMENT/SCHOOL-TO-WORK						
Business Education Compact	School-to-Work information System (SWIS)	Provides internships and work-site visits for educators and students. Supports an information system to place students with local employers.			X	
Junior Achievement	Junior Achievement	Business volunteers work in schools to teach students about business & economics.		X	X	
MESD	Alpha High School	Alternative school-to-work high school allows students to earn diploma, obtain work experience, and transition to employment upon graduation.			X	
MESD PPS PCC	Alternative Pathways	Provides school-to-work services so that students can transition to post-secondary education and career track employment.			X	
Multnomah County	School-to-Career Coordinator	Works to expand opportunities for local students to learn about the County as an employer, through internships and job shadowing.			X	
Saturday Academy	Apprenticeships in Science and Engineering	Provides high school students interested in science with 8 week full time internship with local firms.			X	
Saturday Academy	FutureMakers	Links middle school classes with businesses to work on inventions.		X	X	
School Districts	School-to-Work Coordinators	Each of the East County school districts has a school-to-work coordinator sited at high schools; Districts pool funds to support an East County School-to-work liaison who helps link 9 coordinators at East County High Schools with employers and school-to-work resources.			X	
Worksite 21	Worksite 21	Helps Oregon employers develop school-to-work plans, through a resource library, workshops, and consultation.			X	
Worksystems Inc.	School-to-Work	Regional job training program. Contracts with many of the agencies below. Primarily for at-risk youth in alternative schools programs.			X	
Boys and Girls Aid Society	DESTINY	Summer program combines career planning with visits to work sites and colleges for low income girls in Outer SE Portland.			X	

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
EMPLOYMENT/SCHOOL-TO-WORK						
Emmanuel Community Services	Renaissance Youth Employment Training and Portland Youth Redirections	Provide pre-employment skill-building, and employment assistance for at-risk African American teens, with particular focus on adjudicated youth.			X	
MESD	Helensview High School Careers in the Trades	Summer program which provides participation on work crews in the trades; for Pregnant and parenting girls enrolled at Helensview.			X	
IRCO	READY Project	Summer program for new Russian speaking refugees entering high school in the fall - ESL with field visits to work sites and schools.			X	
Janus	Youth Employment Institute	Program offers a variety of school-to-work activities on a year round basis - summer program integrates science curriculum.			X	
Janus	Youth Employment Partnership	Year round employment services to at-risk youth offered at geographic based sites.			X	
Metropolitan Family Services	Project Linkage Summer Yard	Youth provide yard maintenance and home safety assistance for seniors in N/NE.			X	
Mt Hood CC	Project YESS	Year round school-to-work program for at-risk youth in East County.			X	
OCHA	LISTOS and Proyecto Connexion	Employment component of Listos Alternative School program. Proyecto Conexion is 8 week summer program focusing on high technology - for Hispanic youth.			X	
Open Meadow	Corp Restoring Urban Environment	At-risk youth work on environmental work crews in year round and summer programs.			X	
Outside In	Employment Resource Center	Goal is to provide street youth with the skills to obtain and maintain employment.			X	
Portland Impact	Summer Youth Employment Program	Teen-aged youth work with SE seniors who need assistance with yard work.			X	
Portland Public Schools	PPS Teen Parent Summer Program	Pregnant teens attend class in the morning and work at job sites in the afternoon.			X	
Portland Youth Builders	Portland Youth Builders	Focuses on education and construction trades; students earn college credits and stipend through Americorps.			X	
SE Works	Youth Employment Program	Provides employment training and support.			X	

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
EMPLOYMENT/SCHOOL-TO-WORK						
SEI	Self Enhancement, Inc.	Year-round academic monitoring, tutoring, and counseling.			X	
Youth EmpI. & Empowerment Coalition	Youth Employment and Empowerment Program	Provides pre-employment training, certification, job placement and retention assistance to high-risk youth. Serves gang affected youth at 6 participating agencies.			X	
FAITH-BASED PROGRAMS						
Catholic Charities	EI Programa Hispana	School retention program for Hispanic students at risk of dropping out.			X	
Ecumenical Ministries	Portland International Community School	Alternative School for Foreign born, refugee, and immigrant youth aged 14-21.			X	
Grant Madison Caring Community	Faith in Youth	Collaboration of a number of congregations that host back-to-school fairs for students in the Grant Madison cluster.			X	
We're Here We Care	We're Here We Care	Ministers from 21 churches in N/NE Portland who came together to reduce youth violence; plans to provide mentoring and after-school activities.		X	X	
RECREATION						
Portland Parks Bureau	Community Schools	After-school programming at school sites including recreation, home-work clubs foreign language, science and the arts.		X		
Portland Police Bureau	Police Activities League of Greater Portland (PAL)	Offers a number of recreational programs after school and during school breaks; programs run by volunteer law enforcement officers (for at-risk students).		X	X	
Portland Parks Bureau through contracts with community agencies	Time for Kids	After-school programming including sports, homework clubs, science and the arts.		X		

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
VOLUNTEER & MENTORING						
Bridge Builders	Bridge Builders	Adult males work with African-American males as they move from youth to adulthood through participation in activities that build character, civic responsibility, good decision making, and pride in identity.			X	
Committed Partners for Youth	Committed Partners for Youth	Mentoring program - works with Inner SE middle schools to support 8 th graders at risk.			X	
Insights Teen Parent Program	Community Partnership Team	Provides support and skill building for teen parents.			X	X
Multnomah County Dept. of Community and Family Centers	Family Centers: Eastwind Center Family Works North Portland Youth and Family Center — START Program	Limited mentoring is currently provided for at-risk youth through the Family Centers, which until recently participated in the Big Brother/Big Sister program sponsored by the Urban League.			X	
Friends of the Children	Friends of the Children	Full-time paid mentors provide intensive, long term support and guidance.	X	X	X	
Full Esteem Ahead	Full Esteem Ahead	Founded by a local pediatrician with focus on building positive self-esteem in young women and young men.			X	
Caring Community Initiative	Grant Madison CC Mentor Program, Mid-County CC Volunteers in Partnership Mentor Program	a. Provides extended support for youth in Bridge program. Close school connections. b. Works cluster schools to identify children in need of individual attention.	X (b.)	X (b.)	X (a.)	
I Have A Dream Foundation of Oregon	I Have A Dream	Provides long term guidance, tutoring, and support with scholarship incentive - establishes expectation that children will go on to higher education.	X	X	X	

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
VOLUNTEER & MENTORING						
Independent Living Resources	Take Charge	Provides disabled youth with role models who have successfully overcome barriers associated with high risk living conditions and/or disabilities.			X	
Multnomah County Health Department	Office of Planning and Development Mentors	Supports children referred by a school or youth program.		X		
Operation E.A.S.Y.	Operation E.A.S.Y.	Began in 1986, provides support for life situations and academic skills for teen parents and their children; special focus on multicultural / multiethnic program and development of long term relationships.	X	X	X	X
Oregon Dept. of Human Services (DHS)	Oregon Community Partnership Team Friends for Youth (formerly known as DHR Volunteer Program)	Program offers support, including recruitment, screening, and background checks, for mentoring programs serving DHS clients; no direct service.	X	X	X	
	Lunch Buddies	Adult Volunteers eat lunch weekly with at-risk elementary school students.	X	X		
Multnomah County Family Resource Centers	Roosevelt START	Limited program.				
	Marshall Family Resource Center	Boys and Girls Aid Society runs girls' development and empowerment through guidance, tutoring, service projects, and recreation.			X	
Oregon Children's Foundation	SMART (Start Making a Reader Today)	Program supports reading development of Kindergarten graders who need extra help and/or attention.	X			
Rotary Club of Portland	Youth Incentive Program	Began in 1990, provides intergenerational support and scholarship incentives for youth.			X	

HIGH LEVEL OUTCOME #18: REDUCE HIGH SCHOOL DROPOUT RATE						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
YOUTH RECREATIONAL CLUBS						
Saturday Academy	Advocates for Women in Science, Engineering and Mathematics	After school clubs help support girls with interests in math and science.		X	X	
Oregon State University Extension Service	4-H Club	The 4-H program has expanded its traditional focus on animal science and offers programs in leadership, science, and the arts.	X	X	X	
Boys and Girls Club	Blazers Club	Goal is to promote self-esteem through health, education, job training, arts, and leadership development in a building centered setting; targets at-risk youth.	X	X	X	
	Lents Boys & Girls Club					
	Fred Meyer Boys & Girls Club					
Camp Fire	Campfire	Through a variety of programs Camp Fire strives to help youth in grades K-12 discover their potential, and develop social and environmental responsibility.	X	X	X	
	The Youth Volunteer Corps					
	Youth Involvement Network					
Cascade Pacific Council Boy Scouts of America	Boy Scouts	Goal is to instill values in young people and prepare them to make ethical choices to help them achieve their full potential.	X	X	X	
Columbia River Council of Girl Scouts	Girl Scouts	Informal, educational program that strives to build skills through activities in science, math, technology, out-of-doors, and the arts.	X	X	X	

HIGH LEVEL OUTCOME #19: INCREASE COMMUNITY ENGAGEMENT AND AWARENESS

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
COMMUNITY INVOLVEMENT IN PLANNING						
Numerous departments and partners of Multnomah County government as well as multiple citizen groups and community networks	SB 555 Planning Process	Develop a coordinated comprehensive plan for children and families in Multnomah County.	X	X	X	X
Multnomah County, Caring Communities, other community partners	Community budget hearings	The County board has held budget hearings in a variety of community settings, including a Spanish language budget hearing.	X	X	X	X
Latino Network, Commissioner Serena Cruz, Multnomah County, El Hispanic News	Salir Adelante – The Latino Needs & Assets Assessment	Strengths and needs assessment of the 25% of the Latino population that lives in poverty. Assessment developed with extensive involvement of Latino community members.				X
Commissioner Lisa Naito, Multnomah County Departments, Peninsula Child Care Network, Early Childhood Care & Education Council, and CCFC.	Multnomah County Early Childhood framework	Identifies the scope of resources provided by and through Multnomah County to very young children and their families, as well as unmet needs. Identifies goals and strategies to support young children's development. Plan developed with extensive involvement from early childhood community.	X			

HIGH LEVEL OUTCOME #19: INCREASE COMMUNITY ENGAGEMENT AND AWARENESS						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
Department of Community Justice, OYA, District Attorney's Office, CCFC, LPSCC, Multnomah ESD, Portland Public Schools, Public Defenders' Office, Department of Community & Family Services, Oregon Council for Hispanic Advancement	Juvenile Justice & Delinquency Prevention Planning Committee	Collaborative planning for juvenile justice & delinquency prevention developed with the participation of a wide range of community partners. Community planning forum held in September 2001.			X	
Members include over 30 justice agency heads, politicians, educators, service providers, and citizens.	Local Public Safety Coordinating Council	The LPSCC coordinates public safety planning, including juvenile crime reduction. The Council has prioritized two work groups to look at reducing domestic violence and the over-representation of minorities in the justice system.			X	X
Department of Community and Family Services, Adult Mental Health and Substance Abuse Advisory Committee (AMHSA), Child and Adolescent Mental Health and Substance Abuse Advisory Committee (CAMHSA), client/family advocates, criminal justice agencies, A&D providers, human services organizations, mental health providers, DHS, and County governmental agencies.	Biennial A&D Implementation Plan	Alcohol & drug prevention and treatment planning. Plan is developed by Office of Addictions Services, Department of Community and Family Services, with oversight from AMHSA and CAMHSA. 24 stakeholder groups participated in the review and comment process.	X	X	X	X

HIGH LEVEL OUTCOME #19: INCREASE COMMUNITY ENGAGEMENT AND AWARENESS						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
COMMUNITY INVOLVEMENT IN PLANNING						
Commissioners Diane Linn and Lisa Naito, Multnomah County, Portland Public Schools	School-based services plan	Plan to integrate system of school-based services. Planning efforts begin in fall 2001, involving a wide array of stakeholders including youth.	X	X	X	X
City of Portland, citizen advocates	Sustainable Portland Commission	The citizen members of the Sustainable Portland Commission advise City Council on sustainability as a central theme for planning and management of the City of Portland.				
COMMUNITY MOBILIZATION						
Multnomah County, Commissioner Maria Rojo de Steffey, SMYRC, youth and adult community advocates.	Advocacy Team for Sexual Minority Youth	Increasing formal and informal supports for sexual minority youth. Focus on: youth development, education, social activities, system development, health & social services and advocacy.			X	
Parents students and staff of Arleta Elementary School, area businesses and faith organizations, CCFC (<i>Take the Time</i>).	Arleta Community Connections Team	Ensuring that children are valued by the community and have caring relationships with at least three community members.	X	X		X
KOIN-TV, Nerve Inc., KINK-FM Radio, AK Media, Obie Media, Portland Public Schools, Multnomah ESD, Portland Schools Foundation, Arleta Elementary School, Portland Impact, Campfire, FamilyWorks, United Way, Search Institute, Youth Advisory Board, CCFC	<i>Take the Time</i>	Ensuring that children & youth: have relationships with caring adults; serve meaningful roles in their community, and are valued and supported by the community. Engages adults in kids' lives through informal actions.	X	X	X	X

HIGH LEVEL OUTCOME #19: INCREASE COMMUNITY ENGAGEMENT AND AWARENESS						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
COMMUNITY MOBILIZATION						
Multnomah County Citizen Involvement Committee	Citizen Involvement Committee	Involve, educate, empower and integrate the people of Multnomah County into all aspects of policy and decision-making within County government.				X
Buckman Elementary School staff students & parents, Portland Impact, Portland State University	Buckman Community Partnership	The Buckman Community Partnership is a community building effort that links students and their families with social, health and academic services. BCP works to strengthen family involvement in their children's education and at school.	X	X		X
Commission on Children, Families & Community, Multnomah County	Poverty Advisory Committee	Bring the voice of low-income people to the initiatives that impact their lives. Change attitudes and dispel myths toward low-income people. Improve the effectiveness of County spending on programs for low- income children & families.				X
Department of Community Justice	Crime Prevention Initiative	Organizing youth, residents, and agencies in four pilot neighborhoods identified as having high levels of juvenile crime to increase community involvement to identify and address the causes of juvenile crime. The initiative is designed to build an increased sense of community ownership, connection and safety.			X	X
Latino Network	Latino community organizing	Network of service providers and community members focused on addressing the needs of the Latino community.				X

HIGH LEVEL OUTCOME #19: INCREASE COMMUNITY ENGAGEMENT AND AWARENESS						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
COMMUNITY MOBILIZATION						
Organizing Project	Community organizing	Building broad-based organizations to impact the lives of community organizations, through relationship and interactions with mediating institutions of church, synagogue, mosque, union, school, strong civic, environmental, housing and health groups.				X
El Programa Hispano	Latino community organizing	Community organizing to increase self-sufficiency within the Latino community, to empower individuals to achieve a better quality of life and to promote mutual understanding and respect among cultures.				X
Asian Pacific American Network of Oregon (APANO)	Asian/Pacific American community organizing	Coalition of members of 14 Asian American ethnic groups to advocate and organize the Asian/Pacific Islander communities.				X
ACORN	Community organizing for low income families	Organizing low- and moderate-income families to address their issues of concern. Priorities include: better housing, living wages, community, and better public schools.				X
Neighborhood Pride Team	Neighborhood Pride Team	Neighborhood Pride Team develops opportunities for people and builds community in Outer Southeast Portland.				X
The United Way of the Columbia-Willamette, NationsBank/Bank of America, Clackamas, Multnomah and Washington CCFs, Clark County.	Success by Six	Funding parent education programs; conducting a community-wide media, collaborative public awareness campaign about the importance of brain development and its implications for parents; and providing families with parent kits containing tools to reinforce these messages.	X			X

HIGH LEVEL OUTCOME #19: INCREASE COMMUNITY ENGAGEMENT AND AWARENESS						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
City of Portland, Gresham	Neighborhood Associations	Provide an opportunity for community residents to meet one another and become involved in making their neighborhood a better place to live.				X
YOUTH INVOLVEMENT						
Multnomah County Youth Advisory Board, CCFC.	Youth Advisory Board	Policy board of 29 young people advising local agencies on plans and policies impacting youth. Current focus is on supporting the eXpansion of mentoring, increasing youth involvement on boards throughout Multnomah County, and increasing youth involvement in the CCFC.			X	
Portland Council of Campfire	Youth Involvement Network	The mission of the YIN of Oregon is to promote youth as active participants in the community through youth voice, youth leadership and youth volunteerism.		X	X	
Girls Initiative Network	Girls empowerment	Community-based coalition of girls, young women, and their supporters united in creating social change through advocacy, education and activism.		X	X	
Sisters in Action	Sisters in Action	A Portland-based organization that fosters activism, community organizing, and leadership skills among women and girls of color in the city's low-income communities.			X	
Buckman Elementary School, Portland Impact	Buckman Youth Advisory Board	This team of elementary students advises the school and the Buckman Community Partnerships on issues from a student perspective.	X	X		

HIGH LEVEL OUTCOME #19: INCREASE COMMUNITY ENGAGEMENT AND AWARENESS						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
YOUTH INVOLVEMENT						
Arleta Elementary School, Arleta students & parents	Youth Acting for Kids	This team of elementary students plans activities to strengthen their school and community and to make their neighborhood a more caring place.	X	X		
Portland Public Schools	SuperSAC	This team of high school students from schools throughout the district advises the superintendent on education issues.			X	
FAMILY INVOLVEMENT						
Portland Schools Alliance	Parent organizing	Community organizers at targeted elementary schools meet with parents to identify their hopes and concerns for the school community and to catalyze positive change.	X	X		
Portland Public Schools Prevention Office, CCFC (Take the Time)	Middle School Parents Project	Parents at area middle schools encourage other families to become more involved in their child's education and create a safe, caring school environment.		X	X	X
Portland Public Schools	Title I Family Involvement Program	Provide consultation & planning, leadership training and facilitate community collaborations to strengthen trusting relationships between families, school staff and the larger community.				X
Metropolitan Family Services, Safe Schools Healthy Communities Grant, Portland Public Schools	Families and Schools Together (FAST)	Support parents who are looking for ways to give their kids a better chance to succeed at home, in school and in the community through an 8-10 week program. Join parents and children with other families with the school as the centerpiece.		X	X	

HIGH LEVEL OUTCOME #19: INCREASE COMMUNITY ENGAGEMENT AND AWARENESS						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
VOLUNTEERISM						
Hands on Portland	volunteerism	Episodic volunteer program involving volunteers – adult and youth -- on hundreds of projects throughout the community.		X	X	X
Oregon Children's Foundation	SMART	Volunteer adults mentor and assist elementary school children in reading.	X	X		
Oregon Mentoring Initiative	Mentorship program coordination and recruitment	The Oregon Mentoring Initiative (OMI) is a community driven effort which is dedicated to building and supporting community-wide collaborations to bring quality mentoring to more young people.		X	X	
SOLV	SOLV	Bring together government agencies, businesses and individual volunteers in programs and projects to enhance the livability of Oregon. Green Teams engage youth in volunteer service with adult mentors from math and science professions.				X
AmeriCorps	Northwest Service Academy	Address significant environmental and educational needs in the states of Washington and Oregon. Form a corps of informed, active adults trained and committed to addressing environmental, educational, and community concerns.		X	X	
VolunteerWorks	VolunteerWorks	Connect volunteers of all ages to meaningful service opportunities with nonprofit organizations. Additionally offer training and resources to build organizational capacity to utilize volunteers.			X	X

HIGH LEVEL OUTCOME #19: INCREASE COMMUNITY ENGAGEMENT AND AWARENESS

Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
COLLABORATIVE PARTNERSHIPS						
County, DHS, City of Portland, area school districts, Portland State University, for-profit and non-profit business leaders.	Leaders Roundtable	Educational success. The long-term goals of the Leaders Roundtable are to ensure that youth 1) complete high school; 2) graduate with employability skills; 3) have access to jobs; and 4) have access to post-secondary education	X	X	X	
Multnomah County, DHS, City of Portland, Portland Public Schools, Leaders Roundtable.	Caring Communities Initiative	All of the Caring Communities share the Leaders Roundtable goal of achieving 100% high school completion, although the strategies and activities in each region are determined within each community.	X	X	X	
Multnomah County, City of Portland, DHS, Gresham-Barlow School District, Portland Public Schools	Schools Uniting Neighborhoods (SUN)	Increasing student achievement, family and community involvement, including neighbors in development of services and transforming schools into community centers.	X	X		X
Leaders Roundtable, CCFC, David Douglas School District, PSU, Commissioner Lisa Naito, Multnomah County Library	Connecting for Kids	Community wide collaboration to promote educational success, focused on: 1) increasing number of children meeting 3rd grade reading benchmark, 2) school-based service delivery, and 3) restructuring learning opportunities for teenage years.	X	X	X	

CORE OUTCOME AREA: HLO #19: INCREASE COMMUNITY ENGAGEMENT AND AWARENESS						
Partners	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
COLLABORATIVE PARTNERSHIPS						
Multnomah County Library, Portland State University, CCFC, OCCF, Nerve Inc., AK Media, Obie Media	Early Words	Promote early childhood language and literacy development through child care provider training, outreach to new parents and public education campaign.	X			X
The Early Childhood Care and Education Council of Multnomah County	ECCEC	Collaboration of early childhood advocates and professionals focused on improving systems and supports for young children.	X			X
Mt. Hood Community College, Portland Community College, Oregon Adult & Family Services, Oregon Employment Department, WorkSystems Inc, metro area employers, and state and local community action organizations.	Steps to Success	Provide comprehensive educational, social and employment services to enable job seekers to gain the skill and qualifications necessary to obtain permanent jobs or to transition into a new career.				X
Interested citizens and student interns	Department of Community Justice Volunteer Program	Citizen volunteers and student interns are given opportunities to be involved in departmental programs at many different levels.				



Coordinated Plan for Children, Families & Community

Presented by:

Commission on Children Families & Community
of Multnomah County

January, 2002

APPENDIX B : LISTINGS OF PARTICIPANTS IN PLANNING GROUPS

Participation in Developing Strategies to Reduce Substance Abuse

A diverse group of stakeholders were invited to assist in developing both the earlier biennial plans and this plan. In particular, both the youth and the adult Local Alcohol and Drug Abuse Planning Committees (LADPCs) for mental health and substance abuse were asked to provide input during plan development, elicit public comments and then ultimately approve plans. These LADPCs meet monthly and include representatives from community-based organizations, schools, community groups, culturally-specific groups, service providers, the State Office of Services to Children and Families, the State Department of Human Services, the Oregon Youth Authority, and a number of Multnomah County departments.

This particular draft plan has been sent to an even broader group of individuals and stakeholders than the previous two plans. This broader representation includes a cross-section of community and system perspectives. These include:

- Client/family advocates, such as Recovery Association Project and the Caring Community Initiative, Latino leadership, methadone providers, the Urban League, and the African American Health Coalition.
- Partner agencies, such as the Housing Authority of Portland, the Department of Community Justice, and the State Department of Human Services.

The strategies reflect comments and suggestions from some of these stakeholders. Presentations have been held at meetings with key stakeholder groups, and more are planned in anticipation of Phase III of the Coordinated Plan.

The priorities and strategies relating to tobacco use were developed under the leadership of Multnomah County Health Department's Tobacco Prevention and Education Program. The staff in this program worked closely with the Multnomah County Tobacco Prevention Coalition. With over sixty members, this community-based coalition has been in existence since 1996 and has served as a community voice for tobacco prevention efforts in the county. Members include the American Cancer Society, the American Lung Association, the American Heart Association, hospital groups, school members, representatives of business as well as individuals. Coalition activities began to be funded with the passage of measure 44 in the fall of 1997. Since then the Multnomah County Health Department has served as fiscal agent and staffed the Coalition. Each year the staff prepares an annual work plan reflecting the implementation of best practices in tobacco prevention. Coalition members have made significant contributions to the ultimate design and implementation of this process. When the work plan is submitted it is accompanied by at least a dozen signatures from community partners.

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Gresham OR 97030

Ed Granshaw
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Portland OR 97205

Jan Friedman
Oregon Advocacy Center
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Portland OR 97204-1428

Jackie Mercer Exec Dir
Nara Northwest
17645 NW St Helens Hwy
Portland OR 97231

Sheila North
DePaul Center
PO Box 3007
Portland OR 97208-3007

Ross Fortner
1419 SE 17th
Portland, OR 97214

Beckie Child
1218 SW Washington #319
Portland OR 97205

David Swanda
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Portland OR 97209

Trish Backlar
PSU Dept Of Philosophy
PO Box 751
Portland OR 97207

Pat Cosgrove
Adventist Medical Ctr
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Portland OR 97216

Kay Mattson
Housing Authority
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Portland OR 97204

Kathy McCullough
Christa Sprinkle
Steps To Success
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Portland OR 97292-3650

Bill Midkiff

Howard Klink
Paul Potter
Network BHC
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Portland OR 97214

Ed Riddell

Kevin Fitts
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Portland OR 97214

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PSRB Director
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Portland OR 97204

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Ryles Center
3339 SE Division
Portland OR 97202

Hugh Grant
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Milwaukie OR 97267

Johanna Niemitz
St Vincent Medical Ctr
9205 SW Barnes Rd
Portland OR 97225

Andrea Jeffries-Bowman
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Tigard OR 97223

Myra Wolsky
Adult Community Justice
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CAMHSA

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Portland OR 97214

Sandy Bumpus
Nami – Ready, Steady, Go
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Portland OR 97205

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Caremark Ch/Adol Tx Ctr
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Portland OR 97227

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Juvenile Rights Project
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DePaul
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Portland OR 97218

Herb Ozer
Providence Ctc
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Portland OR 97213

Mary Mertz
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Portland OR 97206

Lucrecia Suarez
Conexiones
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Portland OR 97214

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Tualatin Valley Centers
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Portland OR 97229

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Portland OR 97232

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Nara Northwest
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Portland OR 97231

Vernon Baker

Margie MacLeod
Mental Hlth Svcs West
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Portland OR 97204

Pam Ballentine
MC/DCJ

Mary Miles
Breakthrough Program
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Portland OR 97202

Tammy Jackson
PPS CSC Rm 208
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Portland OR 97214

Molly Turner
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Portland OR 97266

Kathlyn Keim-Robinson
Parkrose School Dist
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Portland OR 97220-2699

Teresa Carroll
MC/DCJ/Juvenile

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Portland OR 97292-3350

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Melles Counseling
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Portland OR 97215

Amber Allen
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Portland OR 97217

Sheri Lundell
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Portland OR 97232

Mike Gregus
OYA
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Portland OR 97232-2968

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Tammy Jackson - tjackson@pps.k12.or.us
Sheryl Lahey - slahey@pps.k12.or.us
Rob Abrams - rob.abrams@state.or.us
Jerry Burns - jerry.burns@state.or.us
Lee Coleman - lee.coleman@state.or.us

DCFS Management Team [M-7] –

(Lorenzo Poe, Denise Chuckovich, Mary Li, Howard Klink, Wendy Lear, Lynn Reini, Janice Gratton, Larry Marx)

BHD Management –

(Sue Strutz, Gloria Wang, Paul DuCommun, Leslie Goodlow, Barbara Brady, Jim Peterson)

Multnomah County Department Heads –

(Lorenzo Poe, Ginnie Cooper, Joanne Fuller, Cecilia Johnson, Jim McConnell, Michael Oswald, Lillian Shirley, Mary Shortall, Jim Carlson)

Community Justice - Pam Mindt (MC)

Domestic Violence - Chiquita Rollins (MC)

HAP - Michael Buonocore - michaelb@hapdx.org
Steve Rudman - stever@hapdx.org

Tobacco Prevention Coordinator - Wendy Rankin (MC)

Latino Leadership - Rosemary Celaya-Alston (MC)

SICA - Prevention Provider list

(Asian Pacific Consortium on Substance Abuse, The Caring Community Initiative, Oregon Concilio, Touchstone, Tualatin Valley Centers, Regional Drug Initiative)

SEI - Tony Hopson - tonyh@selfenhancement.org

Urban League - Patrick Schwab - pschwab@ulpdx.org

African American Health Coalition - Corliss McKeever - aahc@teleport.com

Methadone Provider Group

PAADMA - Treatment Provider List

A & D Criminal Justice Working Group (members only)

Juvenile Rights Project

Mark McKechnie, MSW
123 NE Third, Suite 310
Portland, OR 97232

Albina Ministerial Alliance

Ms. Cornetta Smith
1425 NE Dekum
Portland, OR 97211

Participation in Developing Strategies to Support Young Children Developing to Their Full Potential

The Early Childhood priorities and strategies were developed with a great amount of public involvement. The Early Childhood Framework is identical to the list of priorities and strategies that have been identified in this report.

The Early Childhood Framework was initiated by County Commissioner Lisa Naito, Portland Commissioner Dan Saltzman, Gresham Mayor Charles Becker, and an ad hoc advisory group. The draft Framework was given to the Early Childhood Care and Education Council (ECCEC) for input and recommendations of changes. Approximately 200 people participated in a Forum in February 2001 and provided input to the Framework. The draft Framework was mailed to the 240 people on the ECCEC mailing list for review, and a feedback form was created to gather suggested strategies. The Framework was discussed at several ECCEC and Commission on Children, Families and Community meetings. It was finally adopted by both the Commission and the Board of County Commissioners.

The ECCEC also helped to create the Partners matrix. A draft of this inventory of services was distributed to the 240-person mailing list, and people sent in edits and additions by e-mail and in hard copy.

The mapping sections for HLOs #8 and #9, as well as the Priorities and Strategies section were discussed at the October 9 Council meeting, attended by approximately 40 people (see below). Everyone at the meeting had the opportunity to submit comments by e-mail. The October 26th draft was also shared with the entire mailing list.

Attendance at October 9, 2001 ECCEC meeting:

Naomi Hatt (CCFC intern),
Mary Mertz (Portland Early Intervention),
Susan Saling (EI/ECSE),
Georgianne Bales (Kerr Early Intervention),
Denise Ashley (PEIP),
Bruce Spilde (Multnomah County DCFS),
Ann Stephani (Peninsula Children's Center board),
Marcia Mulvey (Peninsula Children's Center),
Nancy Jambor (Early Childhood consultant),
Jean Wagner (Mt. Hood CC Head Start),
Davie Bartlett (ECTC Quality Center PSU),
Gloria Wood (Gresham AFS),
Joann Borud (Steps to Success),
Peg Zander (Portland Parks and Recreation),
Joanne Jacobs (CPI Early Head Start),
Nancy Simpson (Nurturing Families),
Pauline Anderson (CCFC),
Gracie Lee (Mult County Health Dept.),
Karina Stepanenko (AFC/PCDS),
Maysia Xiong (Asian Family Center/PCDS),

Carol Schlenker (Portland Impact),
Leslie Celestin (Multnomah County Library),
Caroline Falcone (Metro CCR&R),
Wendy Lebow (CCFC),
Shawn Pischel (Morrison Center),
Jane Kausch (Morrison Center),
Michelle Mallory (Morrison Center),
Molly Day (Morrison Center),
Robert Trachtenberg (Mult County DCJ),
Jan Wallinder (Health Dept.),
Wanda Silverman (SKIP),
Debi Kruse (Early Head Start and Family Center),
Amy Attenberger Kruse (Early Head Start and Family Center),
Deborah Murray (Peninsula Children's Center),
Karen Gorton (Metro CCR&R),
Monica Ford (Morrison Center),
Eileene Zimmer (Neighborhood House OPK),
Marilyn States (Rose CDC),
Michael Morrow (PCC)

Participation in Developing Strategies to Support Juvenile Justice and Delinquency Prevention

The Juvenile Justice and Delinquency Prevention Strategic Planning Committee developed these strategies under the leadership of Multnomah County's Department of Community Justice [DCJ.] The planning committee was first convened in 1997 as a large working group including leadership from across the justice system, local and State government agencies, public schools, community-based youth serving agencies and citizen groups. The Committee was convened with the joint sponsorship of the Commission on Children, Families and Community and the Local Public Safety Coordinating Council. The strategic planning effort was modeled after the federal Office of Juvenile Justice and Delinquency Prevention Comprehensive Strategy.

Three subcommittees were formed: Prevention, Graduated Sanctions and Development. The Prevention and Graduated Sanctions Subcommittees each focused on distinct populations of youth along the continuum of involvement with youth in the juvenile justice system. The Development Subcommittee worked to ensure that the values and tools of youth development were incorporated into all strategies in the plan.

Elected officials and law enforcement from the cities of Portland and Gresham joined with County Chair Beverly Stein to ensure that this plan reflects a shared commitment to preventing juvenile delinquency and reducing violent crime. The Portland Public Schools administration and the Superintendents of all the School Districts within the Multnomah County Educational Service District were especially involved in shaping the variety of ambitious school-related strategies in the plan. The plan was initially adopted in 1998 and was then updated by the Committee in November of 1999 and again in September of 2001.

Most recently, the strategic planning process was built around the mapping and analysis information developed for this SB 555 report. Committee members reaffirmed their support of the original strategic plan goals and then reviewed and updated related strategies.

The following people were sent materials and invited to participate in updating the plan for SB 555:

Michael Balter
The Boys and Girls Aid Society
18 SW Boundary Ct.
Portland, OR 97202

Pat Burk
Portland Public Schools
501 N. Dixon St
Portland, OR 97227

Leland Block
Diversion Program
Department of Community Justice

John Canda
Northeast Neighborhood Coalition
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Portland, OR 97211

Roger Braker
Department of Community Justice

Teresa Carroll
Department of Community Justice

Jimmy Brown
Department of Community Justice

Elyse Clawson
Dept. of Community Justice

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Portland, OR 97205

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Portland, OR 97204

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League of Women Voters
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King City, OR 97224

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Portland, OR 97219

Gwen Griffith
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Eugene, OR 97401
Robert Halverson
Department of Community Justice

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Dave Koch
Department of Community Justice

Mary Li
Dept of Community and Family Services

Elise Marshall
Mayor's Office
Bldg. 131/501

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Cahn Nguyen
Dept. of Community Justice

Peter Ozanne
Public Safety Coord. Council

Jim Peterson
Dept of Community and Family Services

Lorenzo Poe
Dept of Community & Family Services

Sue Ritchie
Multnomah ESD
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Portland OR 97220

Ed Schmidt
Multnomah ESD
11611 NE Ainsworth Cir
Portland OR 97220

Rich Scott
Department of Community Justice

Ingrid Swenson
Metropolitan Public Defender
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Portland OR 97204

Sokhom Tauch
International Refugee Center of Oregon
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Portland, OR 97214

Chris Tebben
Commission on Children, Families
& Community of Multnomah County
Thach Nguyen
Department of Community Justice

Kay Toran
Volunteers of America
537 SE Alder Street
Portland OR 97214

Kathy Turner
Commission on Children, Families &
Community of Multnomah County

Nan Waller
Juvenile Court Referee

MEETING DATE: January 10, 2002
AGENDA NO: R-4
ESTIMATED START TIME: 9:50 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Approval of Sublease to the National College of Naturopathic Medicine at Rockwood Neighborhood Health Access Clinic

BOARD BRIEFING: DATE REQUESTED:
 REQUESTED BY:
 AMOUNT OF TIME NEEDED:

REGULAR MEETING: DATE REQUESTED: January 10, 2002
 AMOUNT OF TIME NEEDED: 10 minutes

DEPARTMENT: DMBS DIVISION: Facilities & Property Mngmt
CONTACT: Jennifer De Gregorio TELEPHONE #: (503) 988-3322 x28674
 BLDG/ROOM #: 274

PERSON(S) MAKING PRESENTATION: Jennifer De Gregorio

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

Approval of Sublease to the National College of Naturopathic Medicine at Rockwood Neighborhood Health Access Clinic

01/14/02 ORIGINALS TO JENNIFER DE GREGORIO

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
(OR)

DEPARTMENT MANAGER: M. Cecilia Johnson

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us



Department of Sustainable Community Development

MULTNOMAH COUNTY

Facilities and Property Management

401 N. Dixon Street

Portland, Oregon 97227

(503) 988-3322 phone

(503) 988-5082 fax

SUPPLEMENTAL STAFF REPORT

- TO: Multnomah County Board of Commissioners
- FROM: Jennifer De Gregorio, Property Management Specialist
- DATE: January 10, 2002
- RE: Approval of Sublease to the National College of Naturopathic Medicine at Rockwood Neighborhood Health Access Clinic
1. Recommendation/Action Required:
Approval of the Sublease.
 2. Background/Action Requested:
The Health Department made the request for the Sublease as a means by which to enhance delivery of health services to the public in the Rockwood neighborhood.
 3. Financial Impact:
The National College of Naturopathic Medicine will pay \$50.00 per month to lease the space at the clinic.
 4. Legal Issues:
None known.
 5. Controversial Issues.
None known.
 6. Link to Current County Policies:
To continue to provide access to health services for more Multnomah County residents.
 7. Citizen Participation.
None known.
 8. Other Government Participation.
None known.

MULTNOMAH COUNTY REAL PROPERTY LEASE DESCRIPTION FORM

☐ Revenue ☐ Expense ☐ County Owned Renewal Taxpayer ID: 93-0461940

Property Management Contact: Esther Lugalía Phone: 988-3322 Date: 12/05/01
Division Requesting Lease: Facilities & Property Management Contact: Bob Oberst
Phone: 988-3851

Lessor: Multnomah County
Address: 401 N. Dixon St. Portland OR 97227
Phone: 503-283-6712

Lessee: National College of Naturopathic Medicine
Address: 049 S.W. Porter Portland OR 97201
Phone: 503-276-8299 (Sue Yarku)

Address of lease and purpose: Delivery of naturopathic health services
800 SE 181st Portland OR

Effective Date: January 8, 2002 Expiration: November 30, 2002

Total Amount of Agreement : \$550.00
Payment Terms: \$50.00 per month

<u>Business Area</u>	<u>Cost Center</u>	<u>Project Number</u>
3505	902575	B454

Required Signatures

Department Head

County Counsel:

Property Management

County Executive/Sheriff

Date:

2/2/02

12/20/01

12-19-01

1.10.02

Contract Number: Not Assigned Yet

Rev. 8-00 DEST: Originator; Accounts Payable; Contract Admin; FM Admin,

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-4 DATE 01.10.02
DEB BOGSTAD, BOARD CLERK

SUBLEASE

Date: _____

Between: Multnomah County, Oregon ("Sublessor")
Facilities and Property Management
401 N. Dixon
Portland, Oregon 97227

And: National College of Naturopathic Medicine ("Sublessee")
049 S.W. Porter
Portland, Oregon 97201

Sublessee desires to provide its naturopathic medical students under the direction of Sublessee's supervising physicians with clinical experience ("Supervising Physicians") at the Sublessor's Rockwood Neighborhood Health Access Clinic and Sublessor desires Sublessee to provide health assessments and naturopathic medical care at the site.

Sublessor leases to Sublessee and Sublessee leases from Sublessor the following described property (the "Premises") located within the Rockwood Neighborhood Health Access Clinic on the terms and conditions stated below:

Approximately one hundred (100) square feet of office space, approximately sixteen (16) square feet of storage space, and shared use of exam rooms, reception area and other common areas within the building at 800 SE 181st Avenue, Portland OR (the "Building") as described in attached Exhibit A.

Section 1. Master Lease

Sublessor is the lessee of the Building by virtue of a lease, hereinafter the "Master Lease", wherein Tim Vanagas and James Westcott are lessors, hereinafter the "Master Lessor". This Sublease is and shall be at all times subject and subordinate to the Master Lease, attached hereto and a part of the Sublease as Exhibit B, except for those provisions of the Master Lease which are directly contradicted by this Sublease in which event the terms of this Sublease document shall control over the Master Lease.

Section 2. Occupancy

2.1 Original Term. The term of this Sublease shall commence **January 8, 2002** and continue through **November 30, 2002** unless sooner terminated as hereinafter provided.

2.2 Possession. Sublessee's right to possession and obligations under the Sublease shall commence on **January 8, 2002**. Sublessor shall have no liability for delays in delivery of possession and Sublessee will not have

the right to terminate this Sublease because of delay in delivery of possession except as hereinafter provided.

2.3 Renewal Option. If the Sublease is not in default at the time each option is exercised or at the time the renewal term is to commence, Sublessee shall have the option to renew this Sublease for **two** successive terms of **one year each**, provided that a one year renewal option shall remain following exercise of the first renewal option as follows:

(1) The renewal term shall commence on the day following expiration of the preceding term.

(2) The option may be exercised by written notice to Sublessor given not less than 90 days prior to the last day of the expiring term. The giving of such notice shall be sufficient to make the Sublease binding for the renewal term without further act of the parties.

(3) The terms and conditions of the Sublease for each renewal term shall be identical with the original term except for rent and except that Sublessee will no longer have any option to renew this Sublease. Rent shall be determined as agreed upon in writing by Sublessor and Sublessee.

(4) The right of renewal shall be valid only for the term the Master Lease is in full force and effect, and in the event the Master Lease is terminated for any reason, this Sublease shall expire on the effective date of termination of the Master Lease.

(5) In no case shall this Sublease or a renewal or extension of this Sublease extend beyond the term that the Master Lease is in full force and effect.

Section 3. Rent

3.1 Base Rent. During the original term, Sublessee shall pay to Sublessor as base rent the sum of \$50 per month, subject to Paragraph 4.2 (11). Rent shall be payable on the first day of each month in advance at the address for Sublessor first above stated or at such place as may be designated by Sublessor.

3.2 Additional Rent. Any other sum that Sublessee is required to pay to Sublessor shall be considered additional rent.

Section 4. Use of the Premises

4.1 Permitted Use. The Premises shall be used for health practitioners office including, but not limited to, naturopathic medicine, complementary medical services, teaching clinic, dispensing of drugs, medicines, medicinal herbs, vitamins, supplements typical medical clinic services in conjunction with the usual practices of the National College of Naturopathic Medicine, and for no other purpose without the consent of Sublessor, which consent shall not be unreasonably withheld or delayed. Sublessor agrees that no portion of the Building shall be used for any

purposes other than the delivery of health care services and used incidental to the foregoing use. The Permitted Use shall be for one evening per week, Thursday between the hours of 3:00 pm and 9:00 pm and no other times or days. Sublessee may increase or change hours of operation only with express written permission from Sublessor.

(1) Sublessee may provide medical supplies and medicines for sale to its clientele during Sublessee's hours of operation as stated in Paragraph 4.1.

(2) In the performance of its professional duties, Sublessee shall at all times act as an independent contractor and not as an agent, principal, or joint venturer. Sublessor will neither have nor exercise control or direction over the methods by which Sublessee shall perform its professional duties.

(3) Sublessee's Clinic Director and Supervising Physician shall supervise all of Sublessee's naturopathic medical students.

4.2 Restrictions on Use. In connection with the use of the Premises, Sublessee shall:

(1) Conduct Sublessee clinic services only at the times and days as described in Paragraph 4.1.

(2) Sublessee is the custodian of its medical records, notes, and other documents made or compiled for purposed of rendering naturopathic medical services to patients at the Rockwood Neighborhood Health Access Clinic, and shall provide lockable storage space for Sublessee's records, supplies and all other Sublessee's materials, and maintain the integrity of all Sublessor's space and equipment used.

(3) Secure the Building and leave it clean and orderly at the close of each clinic day.

(4) Provide appropriate signage at the Building and/or Premises identifying Sublessee as a service provider.

(5) Maintain and monitor Sublessee's National College of Naturopathic Medicine patient schedules, phone calls and follow-up.

(6) Report all concerns and issues to Multnomah County Health Department liaison immediately for resolution, regarding Sublessee's clinic operation at the Premises

(7) Provide Multnomah County Health Department a liaison for coordination of services at the Premises.

(8) Provide Sublessor with a list of Sublessee's staff who have security codes and keys to the Building.

(9) Submit to Sublessor's Rockwood Neighborhood Health Access Clinic

manager, an acceptable plan to maintain the security of the Building as relates to Sublessee's use of the Building under the Sublease.

(10) Have use of Sublessor's examination and laboratory equipment as needed.

(11) Meet with Sublessor's Rockwood Neighborhood Health Access Clinic representative once each year of the Sublease to review Sublessee's use of supplies provided by Sublessor. If supplies provided under this Sublease cost more than covered by the \$50.00 a month, rental fee, Sublessee will pay the difference as Additional Rent. that fee shall be adjusted accordingly.

(12) Conform to all applicable laws and regulations of any public authority affecting the premises and the Sublessee's use thereof, and correct at Sublessee's own expense any failure of compliance created through Sublessee's fault or by reason of Sublessee's use, but Sublessee shall not be required to make any structural changes to effect such compliance.

(13) Refrain from any activity that would make it impossible to insure the Premises against casualty, would increase the insurance rate, or would prevent Sublessor from taking advantage of any ruling of the Oregon Insurance Rating Bureau, or its successor, allowing Sublessor to obtain reduced premium rates for long-term fire insurance policies, unless Sublessee pays the additional cost of the insurance.

(14) Refrain from any use that would be reasonably offensive to other sublessees or owners or users of neighboring premises or that would tend to create a nuisance or damage the reputation of the premises.

(15) Refrain from loading the electrical system or floors beyond the point considered safe by a competent engineer or architect selected by Sublessor.

(16) Refrain from making any marks on or attaching any sign, insignia, antenna, aerial, or other device to the exterior or interior walls, windows, or roof of the premises without the written consent of Sublessor, which shall not be unreasonably withheld.

(17) Send a representative to Sublessor's Rockwood Neighborhood Health Access Clinic staff meetings as appropriate.

4.3 Hazardous Substances. Sublessee shall not cause or permit any Hazardous Substance to be spilled, leaked, disposed of, or otherwise released on or under the Premises. Sublessee represents and warrants to the Sublessor that Sublessee's intended use of the Premises does not involve the use, production, disposal or bringing on to the Premises of any hazardous waste or materials. may use or otherwise handle on the Premises only those Hazardous Substances typically used or sold in the prudent and safe operation of the Permitted Use specified in Section 4.1. Sublessee may store such Hazardous Substances on the Premises only in quantities necessary to satisfy Sublessee's reasonably anticipated needs. Sublessee shall comply with all Environmental Laws and exercise the highest degree of care in the use,

handling, and storage of Hazardous Substances and shall take all practicable measures to minimize the quantity and toxicity of Hazardous Substances used, handled, or stored on the Premises. Upon the expiration or termination of this Sublease, Sublessee shall remove all Hazardous Substances from the Premises. The term Environmental Law shall mean any federal, state, or local statute, regulation, or ordinance or any judicial or other governmental order pertaining to the protection of health, safety or the environment. The term Hazardous Substance shall mean any hazardous, toxic, infectious or radioactive substance, waste, and material as defined or listed by any Environmental Law and shall include, without limitation, petroleum oil and its fractions.

4.32 Subleasee shall have the right to bring onto the Premises drugs, medicines, supplements and vitamins (collectively, "Drugs") used in connection with Sublessee's operations at the Premises. Subleasee shall dispense, store, dispose of and otherwise handle the Drugs in accordance with all applicable laws and regulations at the time. In no event shall Sublessee's activities conducted within the scope of the this Section 4.32 be deemed a violation of Section 4.3 above.

4.4 Parking. Sublessee, its employees and clientele shall have the non-exclusive use of all parking spaces in the parking lot at the Building during the times of Sublessee's use of the Premises.

Section 5. Repairs and Maintenance

5.1 Sublessor and Sublessee Responsibilities

(1) Maintenance and Repair of Premises shall occur in accordance with Paragraph 9. Maintenance and Repair of Premises in Master Lease. Lessor shall maintain in good repair and a hazard free condition, and shall be responsible for all necessary maintenance and repairs to, the structure, foundation, exterior walls, roof, doors and windows, sidewalks and parking area located on the Premises. Master Lessor shall repair or replace, if necessary and at Master Lessor's sole expense, the heating, air conditioning, plumbing, electrical and lighting systems, in the Premises.

(2) Sublessee shall take good care of the interior of the Premises and at the expiration of the term surrender the Premises in as good condition as at the commencement of this Sublease, excepting only reasonable wear attributable to Sublessee's use, permitted alterations, and damage by fire or other casualty. In no event shall Sublessee be required to perform any maintenance or repairs under this Section 5.1(2) other than those required under Section 5.1(3). Sublessee's obligations under this section shall be subordinate to the provisions of Section 9 relating to destruction.

(3) Sublessee shall make any repairs reasonably attributed to necessitated by the negligence of Sublessee, its agents, employees, and invitees, except as provided in Section 7.2 dealing with waiver of subrogation, but including repairs that would otherwise be the responsibility of Sublessor under Section 5.1. Notwithstanding any other provision of this Lease, Subleasee shall have no obligation to repair or maintain any portion of the Premises, except as set forth in this Section 5.1(3).

5.2 Sublessor's Interference with Sublessee. In performing any repairs, replacements, alterations, or other work performed on or around the Premises, Sublessor shall not cause unreasonable interference with use of the Premises by Sublessee. Sublessee shall have neither right to an abatement of rent nor any claim against Sublessor for any inconvenience or disturbance resulting from Sublessor's activities performed in conformance with the requirement of this provision.

5.3 Inspection of Premises. Sublessor shall have the right to inspect the Premises at any reasonable time or times to determine the necessity of repair. Whether or not such inspection is made, the duty of Sublessor to make repairs shall not mature until a reasonable time after Sublessor has received from Sublessee written notice of the repairs that are required.

5.4 Heating, Ventilating and Air Conditioning (HVAC) Requirements
The HVAC system shall be maintained as provided for in Paragraph 10. Maintenance of HVAC System of Master Lease.

Section 6. Alterations

6.1 Alterations Prohibited. Sublessee shall make no improvements or alterations on the Premises of any kind without first obtaining Sublessor's written consent. All alterations shall be made in a good and workmanlike manner, and in compliance with applicable laws and building codes.

6.2 Ownership and Removal of Alterations. All improvements and alterations performed on the Premises by either Sublessor or Sublessee shall be the property of Sublessor when installed unless the applicable Sublessor's consent or work sheet specifically provides otherwise. Improvements and alterations installed by Sublessee shall be removed, at Sublessor's option, be removed by Sublessee and the premises restored unless the applicable Sublessor's consent or work sheet specifically provides otherwise.

Section 7. Insurance

7.1 Insurance Required. Sublessee shall carry commercial general liability insurance in the amount of no less than \$1,000,000, and which insurance shall have an endorsement naming Sublessor as an insured. Sublessee shall provide a certificate from an insurer evidencing such coverage. Sublessee shall bear the expense of any insurance insuring the property of Sublessee on the Premises against fire and other risks covered by a standard fire insurance policy.

7.2 Waiver of Subrogation. Neither party shall be liable to the other (or to the other's successors or assigns) for any loss or damage caused by fire or any of the risks enumerated in a standard fire insurance policy with an extended coverage endorsement, and in the event of insured loss, neither party's insurance company shall have a subrogated claim against the other.

Section 8. Services and Utilities.

Utilities and services shall be provided for under paragraph 7. Utilities and Services of the Master Lease. Sublessor shall be responsible for payment of all utilities and for providing and paying for water, sewage disposal, biohazard disposal, heat and air conditioning adequate for normal operation of the Premises, janitorial supplies and services, window washing, trash removal and recycling. Master Lessor shall be responsible for snow removal on the Premises as provided for in the Master Lease. Sublessor shall ensure that the Premises is in clean condition at 3:00PM on Thursdays throughout the term.

Section 9. Damage and Destruction

9.1 Partial Damage. If the Premises are partly damaged and Section 9.2 does not apply, the Premises' repairs shall be accomplished with all reasonable dispatch subject to interruptions and delays from labor disputes and matters beyond the control of Sublessor and shall be performed in accordance with the provisions of Section 5.2.

9.2 Destruction. If the Premises or the structure are destroyed or damaged such that the cost of repair exceeds 30% of the value of the structure before the damage, either party may elect to terminate the lease as of the date of the damage or destruction by notice given to the other in writing not more than 45 days following the date of damage. In such event all rights and obligations of the parties shall cease as of the date of termination, and Sublessee shall be entitled to the reimbursement of any prepaid amounts paid by Sublessee and attributable to the anticipated term. If neither party elects to terminate, work to repair damage shall be commenced and completed as soon as reasonably possible.

Section 10. Eminent Domain

10.1 Partial Taking. If a portion of the Premises is condemned and Section 10.2 does not apply, the Sublease shall continue on the following terms:

(1) Sublessee shall have no claim against Sublessor as a result of the condemnation.

(2) Sublessor shall proceed as soon as reasonably possible to ensure such repairs and alterations to the Premises are made as are necessary to restore the remaining Premises to a condition as comparable as reasonably practicable to that existing at the time of the condemnation.

10.2 Total Taking. If a condemning authority takes all of the Premises or a portion sufficient to render the remaining premises reasonably unsuitable for the use that Sublessee was then making of the Premises, the lease shall terminate as of the date the title vests in the condemning authorities. Such termination shall have the same effect as termination by

Sublessor under Section 9.2. Sublessee shall have no claim against Sublessor as a result of the condemnation.

10.3 Sale in Lieu of Condemnation. Sale of all or part of the premises to a purchaser with the power of eminent domain in the face of a threat or probability of the exercise of the power shall be treated for the purposes of this Section 10 as a taking by condemnation.

Section 11. Liability and Indemnity

11.1 Liens

(1) Except with respect to activities for which Sublessor is responsible, Sublessee shall pay as due all claims for work done on and for services rendered or material furnished to the Premises, and shall keep the Premises free from any liens. If Sublessee fails to pay any such claims or to discharge any lien, Sublessor may do so and collect the cost as additional rent. Any amount so added shall bear interest at the rate of 7% per annum from the date expended by Sublessor and shall be payable on demand. Such action by Sublessor shall not constitute a waiver of any right or remedy, which Sublessor may have on account of Sublessee's default.

(2) Sublessee may withhold payment of any claim in connection with a good-faith dispute over the obligation to pay, as long as Sublessor's and Master Lessor's property interests are not jeopardized. If a lien is filed as a result of nonpayment, Sublessee shall, within 10 days after knowledge of the filing, secure the discharge of the lien or deposit with Sublessor cash or sufficient corporate surety bond or other surety satisfactory to Sublessor in an amount sufficient to discharge the lien plus any costs, attorney fees, and other charges that could accrue as a result of a foreclosure or sale under the lien.

11.2 Indemnification. Sublessee shall indemnify and defend Sublessor from any claim, loss, or liability to the extent arising out of or related to any negligent activity of Sublessee on the Premises or any condition of the Premises in the possession or under the control of Sublessee. Sublessor shall have no liability to Sublessee for any injury, loss, or damage caused by third parties, or by any condition of the Premises except to the extent caused by Sublessor's negligence or breach of duty under this Sublease.

Section 12. Quiet Enjoyment; Mortgage Priority

12.1 Sublessor's Warranties. Sublessor warrants that it is the Lessee of the Premises and has the right to sublease them. Sublessor will defend Sublessee's right to quiet enjoyment of the Premises from the lawful claims of all persons during the Sublease term.

12.3 Estoppel Certificate. Either party will, within 20 days after notice from the other, execute and deliver to the other party a certificate stating whether or not this lease has been modified and is in full force and effect and specifying any modifications or alleged breaches by the other

party. The certificate shall also state the amount of monthly base rent, the dates to which rent has been paid in advance, and the amount of any security deposit or prepaid rent. Failure to deliver the certificate within the specified time shall be conclusive upon the party from whom the certificate was requested that the lease is in full force and effect and has not been modified except as represented in the notice requesting the certificate.

Section 13. Assignment and Subletting. No part of the Premises may be assigned, mortgaged, or subleased, nor may a right of use of any portion of the property be conferred on any third person by any other means, without the prior written consent of Sublessor which consent shall not be unreasonably withheld or delayed. This provision shall apply to all transfers by operation of law. No consent in one instance shall prevent the provision from applying to a subsequent instance.

Section 14. Default. The following shall be events of default:

14.1 Default in Rent. Failure of Sublessee to pay any rent or other charge within 20 days after written notice that it is due.

14.2 Default in Other Covenants. Failure of Sublessee to comply with any term or condition or fulfill any obligation of the Sublease (other than the payment of rent or other charges) within 20 days after written notice by Sublessor specifying the nature of the default with reasonable particularity. If the default is of such a nature that it cannot be completely remedied within the 20-day period, this provision shall be complied with if Sublessee begins correction of the default within the 20-day period and thereafter proceeds with reasonable diligence and in good faith to effect the remedy as soon as practicable.

14.3 Insolvency. Insolvency of Sublessee; an assignment by Sublessee for the benefit of creditors; the filing by Sublessee of a voluntary petition in bankruptcy; an adjudication that Sublessee is bankrupt or the appointment of a receiver of the properties of Sublessee; the filing of any involuntary petition of bankruptcy and failure of Sublessee to secure a dismissal of the petition within 30 days after filing; attachment of or the levying of execution on the leasehold interest and failure of Sublessee to secure discharge of the attachment or release of the levy of execution within 10 days shall constitute a default. If Sublessee consists of two or more individuals or business entities, the events of default specified in this Section 14.3 shall apply to each individual unless within 10 days after an event of default occurs, the remaining individuals produce evidence satisfactory to Sublessor that they have unconditionally acquired the interest of the one causing the default. If the Sublease has been assigned, the events of default so specified shall apply only with respect to the one then exercising the rights of Sublessee under the Sublease.

Section 15. Remedies on Default. In the event of default by Sublessee, the Sublease maybe terminated at the option of Sublessor by written notice to Sublessee. Whether or not the Sublease is terminated by the election of Sublessor, Sublessor shall be entitled to pursue any remedies available to Sublessor under applicable law.

Section 16. Surrender at Expiration

16.1 Condition of Premises. Upon expiration of the Sublease term or earlier termination on account of default, Sublessee shall deliver all keys to Sublessor and surrender the Premises in first-class condition and broom clean. Alterations constructed by Sublessee with permission from Sublessor shall not be removed or restored to the original condition unless the terms of permission for the alteration so require. Depreciation and wear from ordinary use for the purpose for which the Premises are leased shall be excepted but repairs for which Sublessee is responsible shall be completed to the latest practical date prior to such surrender. Sublessee's obligations under this section shall be subordinate to the provisions of Section 9 relating to destruction.

16.2 Fixtures

(1) All fixtures placed upon the Premises during the term, other than Sublessee's trade fixtures, shall, at Sublessor's option, become the property of Sublessor. If Sublessor so elects, Sublessee shall remove any or all fixtures that would otherwise remain the property of Sublessor, and shall repair any physical damage resulting from the removal. If Sublessee fails to remove such fixtures, Sublessor may do so and charge the cost to Sublessee with interest at the legal rate from the date of expenditure.

(2) Prior to expiration or other termination of the Sublease term Sublessee shall remove all furnishings, furniture, and trade fixtures that remain its property. If Sublessee fails to do so, this shall be an abandonment of the property, and Sublessor may retain the property and all rights of Sublessee with respect to it shall cease or, by notice in writing given to Sublessee within 20 days after removal was required, Sublessor may elect to hold Sublessee to its obligation of removal. If Sublessor elects to require Sublessee to remove, Sublessor may effect a removal and place the property in public storage for Sublessee's account. Sublessee shall be liable to Sublessor for the cost of removal, transportation to storage, and storage, with interest at the legal rate on all such expenses from the date of expenditure by Sublessor.

16.3 Holdover

(1) If Sublessee does not vacate the Premises at the time required, Sublessor shall have the option to treat Sublessee as a sublessee from month to month, subject to all of the provisions of this Sublease. Failure of Sublessee to remove fixtures, furniture, furnishings, or trade fixtures that Sublessee is required to remove under this Sublease shall constitute a failure to vacate to which this section shall apply if the property not removed will substantially interfere with occupancy of the Premises by another sublessee or with occupancy by Sublessor for any purpose including preparation for a new sublessee.

(2) If a month-to-month tenancy results from a holdover by Sublessee

under this Section 16.3, the tenancy shall be terminable at the end of any monthly rental period on written notice from Sublessor given not less than 20 days prior to the termination date which shall be specified in the notice. Sublessee waives any notice that would otherwise be provided by law with respect to a month-to-month tenancy.

Section 17. . Early Termination. Sublessor or Sublessee may cancel this Sublease by giving not less than 60 days written notice of such cancellation.

Section 18. Miscellaneous

18.1 Nonwaiver. Waiver by either party of strict performance of any provision of this Sublease shall not be a waiver of or prejudice the party's right to require strict performance of the same provision in the future or of any other provision.

18.2 Attorney Fees. If suit or action is instituted in connection with any controversy arising out of this Sublease, the prevailing party shall be entitled to recover in addition to costs such sum as the court may adjudge reasonable as attorney fees at trial, on petition for review, and on appeal.

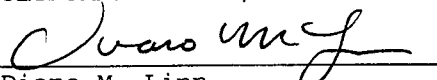
18.3 Notices. Any notice required or permitted under this Sublease shall be given when actually delivered or 48 hours after deposited in United States mail as certified mail addressed to the address first given in this Sublease or to such other address as may be specified from time to time by either of the parties in writing.

18.4 Recordation. This Sublease shall not be recorded without the written consent of Sublessor.

18.5 Entry for Inspection. Master Lessor and Sublessor shall have the right to enter upon the Premises at any time to determine Sublessee's compliance with this Sublease, to make necessary repairs to the Building or to the Premises, or to show the Premises to any prospective Sublessee or purchaser, and in addition shall have the right, at any time during the last two months of the term of this lease, to place and maintain upon the Premises notices for leasing or selling of the Premises.

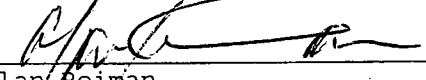
18.6 Time of Essence. Time is of the essence of the performance of each of Sublessee's obligations under this Sublease.

Sublessor:
BOARD OF COUNTY COMMISSIONERS INC.
FOR MULTNOMAH COUNTY, OREGON

By: 
Diane M. Linn
County Chair

Date: 1/10/02

Sublessee:
National College of Naturopathic
Medicine

By: 
Alan Reiman
Chief Operating and Financial Officer

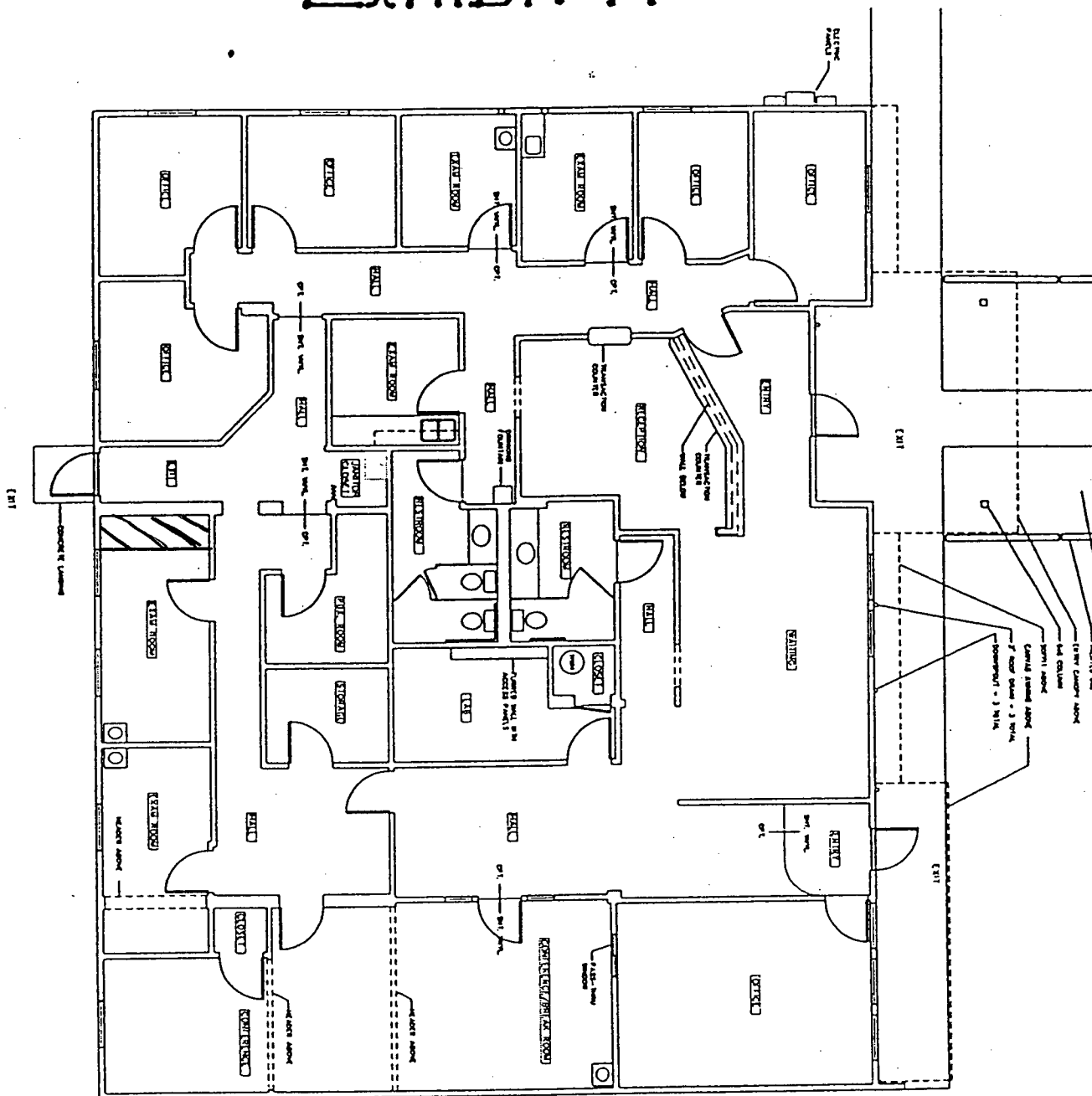
Date: 12/19/01

REVIEWED: Thomas Sponsler, County Attorney
For Multnomah County, Oregon

By: 
Matthew O. Ryan, Assistant County Attorney

APPROVED MULTNOMAH COUNTY 11
BOARD OF COMMISSIONERS
AGENDA # R-4 DATE 01.10.02
DEB BOGSTAD, BOARD CLERK

EGRESS PLAN
1/4" = 1'-0"



ROCKWOOD HEALTH CLINIC
800 SE 18TH
GRESHAM, OR

LEASE

This lease, dated ^{Sept 13} ~~August~~, 2000, is between TIMOTHY AND BETTY VANAGAS AND JAMES AND DEBRA WESTCOTT (Lessor) and MULTNOMAH COUNTY (Lessee).

Lessor hereby leases to Lessee and Lessee takes from Lessor the Property and Premises described as follows:

Approximately 3,700 square feet of space at 800 SE 181st Gresham, Oregon, Multnomah County.

The parties agree to the following terms of the lease:

1. Term. The term of this lease shall commence on **September 15, 2000**, ~~or as soon thereafter as the Tenant Improvements described in Paragraph 6 are completed~~, and shall continue through **August 31, 2005**. JW
2. Option to Extend. Lessee may extend the term of this lease for two years after the initial expiration date, by giving Lessor written notice of its intent to extend not later than 90 days before the expiration of the existing lease. All provisions of this lease shall be valid during the extended term unless otherwise agreed upon by both Lessee and Lessor.
3. Right of First Refusal. Lessor agrees not to sell, transfer, exchange, grant an option to purchase, lease, or otherwise dispose of the Property without first offering the Property to Lessee on the terms and conditions set forth in this Agreement. As used in this Agreement, the term "sell" includes a ground lease of the Property with primary and renewal terms of more than twenty (20) years in the aggregate.
 - a.) Notice of Acceptable Offer. When Lessor receives from a third party ("Third Party Offeror") a bona fide offer to purchase the Property which Lessor desires to accept, Lessor shall give Lessee written notice ("the notice") of the price, terms and conditions of the offer and deliver a copy of executed contract evidencing the offer ("Offer") to Lessee.
 - b.) Right to Accept. When Lessee receives the Notice and a copy of the Offer, Lessee shall have the prior and preferential right to purchase the Property at the same price and on the same terms and conditions as are contained in the Offer, except that if Lessee exercises the right of first refusal by electing to purchase the Property, then the closing of the transaction contemplated by the Offer shall take place no earlier than ninety (90) days after the date that Lessee elects to exercise the right of first refusal.
 - c.) Election to Purchase. Lessee shall have ninety (45) days from the date Lessee receives the Notice and a copy of the Offer to notify Lessor whether Lessee elects to purchase the Property pursuant to the terms of the Offer. If Lessee elects to exercise its right to purchase the Property, then, in addition to giving Lessor written notice of its election within the 45-day period, Lessee also shall tender an amount equal to the earnest money deposit, if any, specified in the Offer, which will be held and used in accordance with the terms of the Offer.
 - d.) Failure to Exercise. If Lessee fails to timely exercise its right to purchase the Property pursuant to the terms of this Lease, then Lessor shall be entitled to sell the Property according to the terms of the Offer to the Third-Party Offeror or any other purchaser acceptable to Lessor.
 - e.) Failure to Sell. If Lessee fails to timely exercise its right to purchase the Property pursuant to the terms of this Right of First Refusal, and for any reason Lessor shall not sell or convey the Property to the Third-Party Offeror or another purchaser on the terms contained in the Offer or on terms more favorable to Lessor within one (1) year of Lessee's election not to purchase, then Lessor must resubmit the Offer as well as any other offer to Lessee before

selling the Property, and such offers shall be subject to Lessee's right of first refusal under this Lease.

- f.) Term. The term of this Right of First Refusal commences as of the date of this Lease and terminates on the earlier to occur of: (a) the expiration or termination of this Lease, as extended by any options to extend, (b) the transfer or assignment of its rights under this Lease by Lessee, this Right of First Refusal being personal to Lessee, or (c) the consummation of a sale of the Property to a third party within one (1) year after Lessee has elected not to exercise its right of first refusal. Lessee shall cooperate in providing Lessor with any instruments that Lessor reasonably may require for the purpose of removing from the public record any cloud on title to the Property attributable in any manner to the grant or existence of this right of first refusal.

4. Rent.

- a.) Lessee shall pay \$4,070.00 per month, payable on or before the first day of each month of the term of the Lease. Rent for any period that is for less than one month shall be a pro rata portion of the monthly installment.
 - b.) The rental will be adjusted on the annual anniversary date of the Lease if the Lease is for a term of one (1) year or longer. On said anniversary date the rental adjustment will be based on the percentage increase in the yearly Consumer Price Index for U.S. City average (all urban consumer).
5. Use of Premises. Lessee may use the Premises for delivery of services related to neighborhood health care access and other services associated with such activity as determined by Lessee and agreed upon with Lessor.
6. Tenant Improvements. Upon execution of the Lease, Lessee shall pay \$10,000.00 toward the Tenant Improvements to the Premises, described in attached in Exhibit A. Said Improvements shall at once become part of the realty and the property of Lessor. The following improvements shall be made in addition:
- a) Paint stripes on the parking lot to indicate individual parking stalls
 - b) Paint the interior walls of the Premises
7. Utilities and Services. Lessee shall be responsible for payment of all utilities and for providing and paying for janitorial supplies and services, window washing, trash removal and recycling. Lessor shall be responsible for snow removal on the Premises.
8. Lessor's Covenants.
- (a) Lessor covenants that it has the right to make this Lease; that possession of the Premises will be delivered to Lessee free of conflicting claims; that the use of the Premises by Lessee for the specific uses set forth in Paragraph 4 is not in violation of any federal, state or permits and inspections Codes from enforcement authorities, and shall keep the Premises in good repair.
 - (b) Should Lessor fail to maintain the Premises in accordance with the requirements of the Lease, and after notification to Lessor, Lessee may contract for necessary services, labor, equipment and material to bring Premises within those requirements. Lessor shall be responsible for all such reasonable repair costs incurred by Lessee.
 - (c) Lessee shall take good care of the interior of the Premises and at the expiration of the term surrender the Premises in as good a condition as at the commencement of this Lease, excepting only reasonable wear, permitted alterations, and damage by fire or other casualty.

- (d) As evidence of the insurance coverage required by this lease and prior to commencement date of this lease, Lessor shall furnish to Lessee an original certificate of insurance naming Lessee as additional insured and as certificate holder. Valid certificates of insurance shall be provided to Lessee as changes occur or annually throughout the term of this lease.

9. Maintenance and Repair of Premises.

Lessor shall maintain in good repair and a hazard free condition, and shall be responsible for all necessary maintenance and repairs to, the structure, foundation, exterior walls, roof, doors and windows, sidewalks and parking area located on the Premises. Lessor shall repair or replace, if necessary and at Lessor's sole expense, the heating, air conditioning, plumbing, electrical and lighting systems in the Premises. Carpets shall be repaired and replaced as necessary by Lessee.

Should Lessor fail to maintain the Premises in accordance with the above requirements, and within a reasonable time after written notification to Lessor to cure, Lessee may contract for necessary labor, equipment and material to bring Premises within those requirements and may deduct related costs from future rent payments.

10. Maintenance of HVAC System. Lessor shall perform maintenance according to standards recommended by a licensed HVAC technician, and to conform to Paragraph 9. Before the space is considered suitable to occupy by Lessee, an exploratory and diagnostic evaluation of the system shall be completed and recommendations followed, and digital thermostats shall be installed. The HVAC system shall be in good repair to the extent that maximum efficiency and energy savings may be achieved, and a maintenance schedule to be performed by a licensed and reputable HVAC technician shall be in place for the entire term of the Lease.

- a) Following the recommendations of the licensed HVAC technician, and with the approval of Lessee, a means for providing good indoor air quality shall be implemented.
- b) Before Lessee will occupy the leased premises, the HVAC ductwork and equipment shall be cleaned, and such cleaning shall occur once every other year following the Lease commencement.
- c) The HVAC system shall be capable of maintaining outside air ventilation minimums of 20 cfm per person as required by current building codes. A system air test and balance shall be obtained to guarantee that the system is capable of providing the necessary ventilation rates to those areas which do not have operable windows prior to occupancy. Volume dampers should be added as necessary to maintain minimum air flows and supply air should be provided to Rooms 8 and 9 at a rate necessary to provide the minimum code outside air.
- d) Maintain comfort indoor air temperatures of a minimum of 70 degrees in the winter at 18 degrees outside and 74 degrees in the summer at 90 degrees outside temperature. Night setbacks will be incorporated for unoccupied periods to maintain a minimum of 60 degrees in the winter and 80 degrees in the summer. The system must be able to reach occupied setpoints within 2 hours of the scheduled occupied time period. Programmable thermostats should be installed so that these parameters will be met and so that the County can realize electric utility cost savings and efficiency of operation.

11. Lessee's Liability. Lessee agrees to be responsible for any damage or third party liability that may arise from its occupancy and use of the leased Premises, subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.250 through 30.300, and within the limits in ORS 30.275.

12. Waiver of Subrogation. Neither Lessor nor Lessee shall be liable to the other for their own loss arising out of damage to or destruction of the leased Premises or the Facility or the contents thereof, when such loss is caused by any of the perils which are or could be included within or insured against

by a standard form of fire insurance with extended coverage. All such claims for any and all loss, however caused, hereby are waived. Said absence of liability shall exist whether or not the damage or destruction is caused by the negligence of either Lessor or Lessee or by any of their respective agents, servants or employees. Each party shall fully provide its own property damage insurance protection at its own expense, and each party shall look to its respective insurance carriers for reimbursement of any such loss, and further, that the insurance carriers involved shall not be entitled to subrogation under any circumstance.

13. Casualty Damage. If the Premises or improvements thereon are damaged or destroyed by fire or other casualty to such a degree that the Premises are unusable for the purpose leased, and if repairs cannot reasonably be made within 90 days, Lessee may elect to cancel this lease.
14. Termination by Lessee. It is understood that Lessee may cancel this agreement, effective on any June 30 during the term thereof, beginning June 30, 2001, by giving Lessor not less than three months written notice of such cancellation only if the program funding to maintain the program to be operated in the Premises under this agreement is not provided by the Multnomah County Board of Commissioners. The provisions of this cancellation clause will not be used for the purpose of leasing alternative space where the program would be provided at the same level as in the Premises.
15. Attorneys' Fees. In the event a suit or action of any kind is instituted on behalf of either party to obtain performance under this lease, the prevailing party shall be entitled to such additional sums as the court may adjudge reasonable attorney fees and all costs and disbursement incurred therein and on any appeal.
16. Property Tax Savings. Under the provisions of ORS 307.112, certain real property tax savings resulting from exemption of the property leased herein may accrue to the building. The tax savings resulting from the exemption under such statute shall accrue to the benefit of Lessee by a reduction in the rent equal to the annual savings caused by the exemption. The amount of the rental offset shall be determined annually in November by multiplying the exempt value by the correct tax rate; this rental offset shall be divided by the number of lease months remaining from the date of notice of the reduction to Lessor through the next following month of June, and applying the reduction to the rent payments due in each of the said lease months.
17. Transfer of Lessor's Interest. In the event of any transfer or transfers of Lessor's interest in the Premises, other than a transfer for security purposes only, the transferor shall be relieved of any and all obligations and liabilities on the part of Lessor accruing from and after the date of such transfer only upon the transferee's assumption, subject to the limitations of this paragraph, of all the covenants, agreements and conditions in this lease to be performed by the lessor. The Lessee shall recognize the transfer and attorn to the transferee only if the Lessee has received the identity and the business address of the transferee. The Lessor's covenants and agreements in this lease shall be binding on the Lessor, its successors and assigns, only during and in respect of their respective successive periods of ownership, subject however to the provision of written notice and the transferee's assumption of all obligations as provided in this paragraph.
18. Assignment and Subletting. Lessee shall have the right to assign this Lease or sublet any part of the Premises to another entity without prior express approval of Lessor, provided that any such assignee's or subtenant's use shall be compatible with the character of Lessor's building, and Lessee may assign or sublet to other parties with Lessor's consent, which consent shall not be unreasonably withheld. Lessor's consent to any sublease or assignments notwithstanding, in no event shall Lessee be released from liability hereunder.
19. Parking. Lessee, its employees, and clientele, and Lessee's subtenants and their employees and clientele, shall have the exclusive right to park in the parking area on the Property.

20. Default.

Failure to perform any obligation as stated and agreed to under this Lease shall constitute a default. Neither party shall be in default under this Lease until written notice of its unperformed obligation has been given and that obligation remains unperformed after notice for 15 days in the case of a payment or for thirty (30) days in the case of other obligations. If the obligation cannot be performed within the thirty-day period, there shall be no default if the responsible party commences a good faith effort to perform the obligation within such period and continues diligently to complete performance. In case of default the nondefaulting party may terminate this Lease with thirty (30) days notice in writing to the defaulting party, shall be entitled to recover damages or any other remedy provided by applicable law, or may elect to perform the defaulting party's obligation. The cost of such performance shall be immediately recoverable from the defaulting party plus interest at the legal rate for judgment. If Lessee makes any such expenditures as the nondefaulting party, those expenditures may be applied to monthly rent payment(s).

21. Holdover.

If Lessee holds over after the end of the term, a tenancy from month to month shall be created at the same rental rate, and the holdover shall not be construed as an exercise of any renewal option contained herein.

22. MERGER.

THIS LEASE CONSTITUTES THE ENTIRE LEASE BETWEEN THE PARTIES. NO WAIVER, CONSENT, MODIFICATION OR CHANGE OF TERMS OF THIS LEASE SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY BOTH PARTIES. SUCH WAIVER, CONSENT, MODIFICATION OR CHANGE, IF MADE, SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. THERE ARE NO UNDERSTANDING, AGREEMENTS, OR REPRESENTATION, EITHER ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS LEASE. LESSOR, BY THE SIGNATURE BELOW IF ITS AUTHORIZED REPRESENTATIVE, HEREBY ACKNOWLEDGES THAT LESSOR HAS READ THIS LEASE, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

This Lease Agreement shall not become effective and shall not be binding upon Multnomah County or any agency thereof until it has been executed, in the signature spaces provided below, by all parties to this agreement, including those whose approval is required.

The parties have executed this Lease the 30 day of Aug, 2000.

LESSOR: TIMOTHY AND BETTY VANAGAS and
JAMES AND DEBRA WESTCOTT

By Timothy Vanagas Date: 8-30-00
Tim Vanagas

By Betty Vanagas Date: 8-30-00
Betty Vanagas

By James Westcott Date: 08-30-00
James Westcott

By Debra Westcott Date: 08-30-00
Debra Westcott

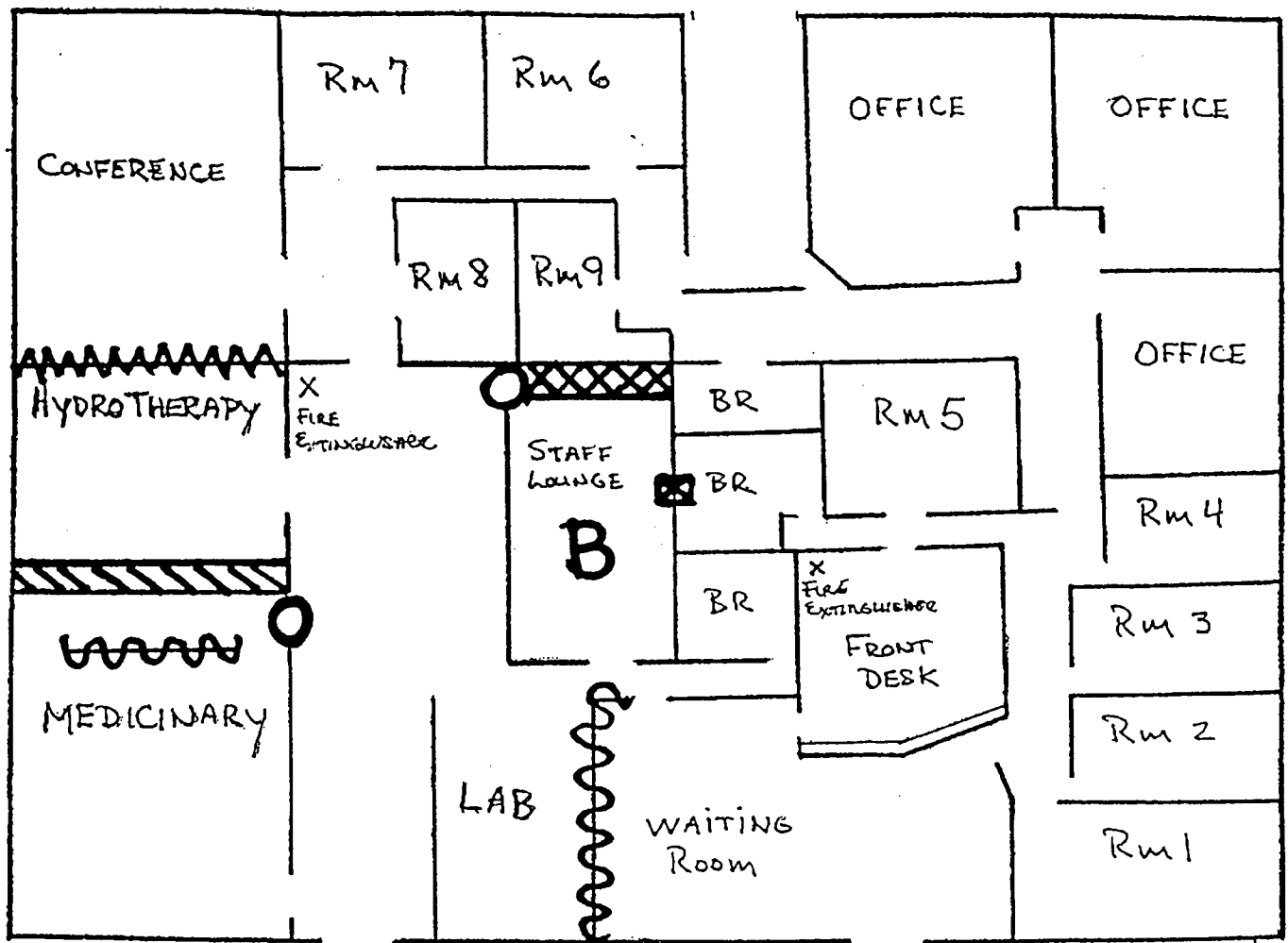
LESSEE: MULTNOMAH COUNTY







By Beverly Stein Date: 8-29-00
Beverly Stein, County Chair

Address for Notices:

Lessor: 21440 SE Stark St.
Gresham Or 97030
Lessee: 2505 SE 11th Ave.
Portland Or 97202

EXHIBIT A



- 1)  = Remove wall
- 2)  = Install sink with counters and cabinets
- 3)  = Install small window for urinalysis "pass-through" from bathroom
- 4)  = Remove wall and install support for accordion wall
- 5)  = Move counters, sink and cabinets from from existing Lab to east end of Room B
- 6)  = Fill in doorway (no opening)
- 7) In Rooms 6, 7 and 9 and in the new lab area, remove existing carpeting and replace with vinyl.



News Release

MULTNOMAH COUNTY OREGON

January 11, 2002

Contact: Julie Goodrich, 503-988-6127 ext. 273

County offers naturopathic health care to Rockwood residents

Multnomah County's Rockwood Neighborhood Health Center has expanded its services by offering naturopathic medical services to its clients through a contract with the National College of Naturopathic Medicine (NCNM). The partnership of traditional and natural medicine in a public health clinic is unique in the United States.

"I am proud that once again, Multnomah County has emerged as a leader among its peers," stated County Chair Diane Linn. "The Rockwood Neighborhood Health Access Center has been an example of innovation from its inception. Through our collaboration with Wallace Medical Concern and this new contract with the National College of Naturopathic Medicine, the Rockwood center, by design, will increase access to services."

Beginning January 10, 2002, the NCNM Community Clinic at Rockwood will operate on Thursday evenings from 4:00 pm – 8:00 pm. A bilingual, licensed naturopathic physician and naturopathic medical students and residents will see clients by appointment. In addition, Wallace Medical Concern currently offers free medical care for uninsured people age 15 and older on Monday and Wednesday evenings from 6:00 pm – 9:00 pm.

"Now, more than ever, public health providers are teaming up with our community resources to meet the needs of our clients," said Multnomah County Health Department Director Lillian Shirley. She added, "When planning the Rockwood Neighborhood Health Access Center, we saw the need for medical services in this community. I am confident that our approach is helping people receive the care they need and deserve."

- more -

Public Affairs Office
501 SE Hawthorne Blvd., #600
Portland, Oregon 97214
503-988-6800 phone
503-988-6801 fax

Naturopathic health care – page 2

One of the county's three neighborhood health access centers, the Rockwood Neighborhood Health Access Center provides primary care to mainly uninsured and underinsured people who do not qualify for the Oregon Health Plan.

The NCNM will collaborate in delivering primary care services including preventive health care, nutrition counseling, pediatric care, women's and men's health care, allergy, diabetes, and chronic illness management, treatment of digestive problems, geriatric care and family planning.

For more information on the National College of Naturopathic Medicine, contact Janet Renfro, Director of Marketing, at 503-499-4343 ext. 1116.

###

MEETING DATE: January 10, 2002
AGENDA NO: R-5
ESTIMATED START TIME: 9:55 AM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Resolution Adopting Policy Direction to Support Employee Commute Options and Parking Strategies

BOARD BRIEFING: DATE REQUESTED: _____
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: _____

REGULAR MEETING: DATE REQUESTED: Thursday, January 10, 2002
AMOUNT OF TIME NEEDED: 30 minutes

DEPARTMENT: DMBS DIVISION: Administration
CONTACT: Amy Joslin TELEPHONE #: (503) 988-4092
BLDG/ROOM #: 503/320

PERSON(S) MAKING PRESENTATION: Amy Joslin, Delma Farrell, Tom Guiney, and April Siebenaler

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

Resolution Adopting Policy Direction to Support Employee Commute Options and Parking Strategies
01/14/02 copies to Amy Joslin

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
(OR)

DEPARTMENT MANAGER: M. Cecilia Johnson

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us



Department of Sustainable Community Development
MULTNOMAH COUNTY OREGON

501 SE Hawthorne Blvd, Suite 320
Portland, Oregon 97214
(503) 988-5000 phone
(503) 988-3048 fax

SUPPLEMENTAL STAFF REPORT

TO: Board of County Commissioners

FROM: Amy Joslin, Acting Assistant Director of Sustainability

DATE: December 31st, 2001

RE: Resolution Adopting Policy Direction to Support Employee Commute Options & Parking

1. Recommendation/Action Requested:

Accept the recommendations of the ECOpark committee as outlined in the "Travel Smart" document dated December 28th, 2001 and direct the Department of Management and Business Services to implement recommendations that can be achieved within existing resources. A work plan will be developed for future implementation of recommendations with financial impacts.

2. Background/Analysis:

On May 31st, 2001 the Board of County Commissioners adopted Resolution 01-070 to create an Employee Commute Options-Parking (ECOpark) Review Committee to provide direction to guide future policies relating to employee commute options, parking and transportation. Questions relating to appropriate parking fees for the Multnomah building parking garage and the lease of Tri-Met park-and-ride spaces for County employees at the Multnomah County East building identified the need for policy in this area.

The ECOpark Review Committee was formed with countywide representation including representatives from the then Department of Sustainable Community Development Administration, Transportation, Fleet, and Facilities divisions; District 3 Board staff; the Chair's Office; the Sheriff's Office; the District Attorney's Office; Aging & Disability Services Department; Department of Community and Family Services; Department of Community Justice; Health Department; Library Department; and Support Services Department.

The vision identified by the group for development of recommendations included: *Multnomah County is committed to a more sustainable, equitable*

commute and parking policy that meets regional air quality and transportation goals while supporting employee commute needs.

Inherent in this vision was the identification that Multnomah County has been unsuccessful in meeting regional air quality and transportation goals set by the Oregon Department of Environmental Quality (DEQ). DEQ requires “employers to provide commute options that have the potential to reduce employee commute trips by ten percent within three years.” **Currently, Multnomah County has met this goal in only 3 of 9 locations that began ECO reporting in 1997.**

Additionally, the following conditions exist:

- For the original 9 locations surveyed, 83% of total weekly employee trips are drive alone.
- Multnomah County employees are estimated to log over 12 million miles per year driving to and from County work sites.
- Regional problems forecasted from significant increases in person trips due to population growth that will slow average motor speed and increase congestion further.
- Traffic congestion is already costing the U.S. \$168 billion in lost productivity.
- Multnomah County managers from downtown locations currently are experiencing employee recruitment difficulties over traffic congestion and parking fees – which will only get worse if current trends continue.

Decreased employee productivity, reduced quality of life from degraded air quality and traffic congestion, decreased job satisfaction, and recruitment difficulties – all impact the County’s bottom line.

To meet these demands, the following values guided the ECO Park Policy recommendations:

- Reduce Single Occupancy Vehicles (SOVs) employee commuting.
- Encourage employee use of available mass transit and multi-modal forms of transportation.
- Reduce dependency on fossil fuels and fuel emissions.
- Provide employee commute support and education.
- Design and site facilities to promote healthy commute options.
- Create programs that are socially, environmentally and economically sustainable.

3. Financial Impact:

There is no financial impact at this stage. The ECOpark review committee identified recommendations that could be achieved within existing resources for current implementation. The review committee recognizes that with Multnomah County’s current fiscal constraints, implementing new policies requiring new fiscal resources is not ideal at this time. However, it was the hope of the committee that the Board would consider these items for future

funding. Aggressive pursuit of employee commute options can actually save the County money in the long term as parking is freed up and over 550,000 estimated square feet of County parking real estate can be put to alternative uses.

4. Legal Issues:

There are no known legal issues.

5. Controversial Issues:

- Equity – Some Multnomah County employees are required to pay for parking while other County employees are provided parking free of charge at Multnomah County expense. However, differences also exist between County locations. For example, downtown employees have access to greater transit services and proximity to services such as banking, retail, day care etc. While rural areas commonly have greater parking availability – including free on-street parking.

A recommendation to charge all County employees the same rate for parking was rejected due to site-specific inequities, neighborhood impacts and fear of employee reprisal.

The review committee recommends that site specific analysis be conducted including all costs of parking (construction debt service, monitoring, maintenance, taxes, and opportunity costs), market rates, parking code provisions, employee parking policies, and proximity of additional parking facilities, public transit, biking and walking facilities. The review committee agreed that given the County's current budget shortfall, at a minimum subsidies should be removed where the County is currently directly paying employee-parking fees.

- Multnomah building garage – the focus of the committee was on countywide recommendations, and not site-specific recommendations. It is anticipated that the resulting recommendations will assist in development of specific parking and employee commute option policy for the Multnomah building.

6. Link to Current County Policies:

Promoting employee commute options supports Multnomah County's Local Action Plan on Global Warming adopted in Resolution 01-052 in April of 2001 by taking steps to reduce greenhouse gas emissions associated with automobile use.

Resolution 01-007 which led to the creation of Multnomah County's sustainability initiative, resolved to pursue policies that value "using resources with an emphasis on sustainability and environmental protection, guided by a vision of being wise stewards of our land, air and water for future generations." The ECOpark review committee believes the policy

recommendations included in "Travel Smart" are consistent with the vision included in Resolution 01-007.

7. Citizen Participation:

The Oregon Natural Step Network offers a "Sustainable Project Exchange" where project leaders can bring sustainability projects to discuss with mentors. I participated in the fall semester including 7 sessions where sustainability mentors from such organizations as Nike, Progressive Investment, Axis Performance, URS Environmental Consulting, The Castle Group, and Tri-Met offered advice and input on the development of the recommendations of the ECOpark review committee.

The Sustainable Development Commission, a citizen advisory board to Multnomah County and the City of Portland, also participated in reviewing the recommendations with helpful comments and suggestions.

The final policy recommendations reflect the input of these participants.

8. Other Government Participation:

The Oregon Department of Environmental Quality, Tri-Met and METRO have all been strong allies to Multnomah County in providing review and comments on these recommendations.

The final policy recommendations reflect the input of these participants as well.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY OREGON

RESOLUTION NO. 01-070

Creating the Employee Commute Options-Parking Review Committee

The Multnomah County Board of Commissioners Finds:

- a. Multnomah County needs to provide direction to guide future policies relating to employee commute options, parking and transportation to ensure efficient, effective and consistent decision-making.
- b. This policy will help Multnomah County meet new environmental standards set for State and local governments (including the Employee Commute Options-ECO Program).
- c. These issues impact the County's commitment to promote a sustainable future by reducing total Multnomah County emissions of greenhouse gasses (Global Warming Resolution 01-052).
- d. A policy is needed to help guide the day-to-day decisions made regarding siting, purchasing or building new facilities, relocating employees, budget priorities and employee travel.
- e. Resolution No. 01-007 resolved "the Department of Sustainable Community Development (DSCD) shall provide leadership to the entire Multnomah County organization regarding implementing strategies for achieving sustainability," and DSDC shall pursue policies that value "using resources with an emphasis on sustainability and environmental protection, guided by a vision of being wise stewards of our land, air and water for future generations."

The Multnomah County Board of Commissioners Resolves:

1. To further support Resolution Nos. 01-007 and 01-052 by creating an Employee Commute Options-Parking Review Committee whose purpose will be to develop countywide policy recommendations to the Board of County Commissioners that will support sustainable multi-modal commute alternatives and parking strategies for Multnomah County employees at all County owned facilities.
2. The Department of Sustainable Community Development will convene the Employee Commute Option-Parking Review Committee whose membership will include a representative from DSCD Administration, Transportation, FREDS and Facilities and Property Management; Board Staff; the Chair's Office, the Sheriff's Office; the District Attorney's Office; and one representative from each department.

3. The DSCD Administration representative will serve as Committee Chair.
4. The Employee Commute Option-Parking Review Committee will present initial recommendations to the Board of County Commissioners before December 21, 2001 and will present annual updates thereafter.

ADOPTED this 31st day of May, 2001.



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Bill Farver

Bill Farver, Interim Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By *Thomas Sponsler*
Thomas Sponsler, County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO.

Adopting Policy Direction to Support Employee Commute Options and Parking Strategies.

The Multnomah County Board of Commissioners Finds:

- a. On May 31st, 2001 the Board of County Commissioners adopted Resolution 01-070 to create an Employee Commute Options-Parking (ECOpark) Review Committee to provide direction to guide future policies relating to employee commute options, parking and transportation.
- b. The ECOpark Review Committee has had countywide representation including representatives from the then Department of Sustainable Community Development Administration, Transportation, Fleet, and Facilities divisions; District 3 Board staff; the Chair's Office; the Sheriff's Office; the District Attorney's Office; Aging & Disability Services Department; Department of Community and Family Services; Department of Community Justice; Health Department; Library Department; and Support Services Department.
- c. Committee recommendations were reviewed and strengthened by involvement from Tri-Met, the Oregon Department of Environmental Quality, METRO, the Sustainable Project Exchange of the Oregon Natural Step Network, and the Sustainable Development Commission.
- d. The attached document, "Travel Smart Policy Recommendations", meets the direction outlined in Resolution 01-070 by supporting sustainable multi-modal commute alternatives and parking strategies for Multnomah County employees at all County facilities.

The Multnomah County Board of Commissioners Resolves:

1. To accept the recommendations of the ECOpark committee as outlined in the "Travel Smart" document dated December 28th, 2001.
2. To direct the Department of Management and Business Services to implement recommendations that can be achieved within existing resources and develop a work plan for future implementation of recommendations with budgetary impacts.

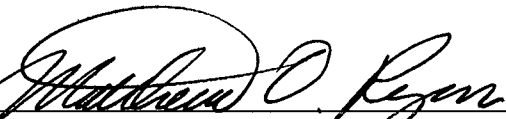
ADOPTED this 10th day of January 2002.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Matthew O. Ryan, Assistant County Attorney

Travel Smart Policy Recommendations

December 28th, 2001

Prepared by Amy Joslin and the ECOPark Committee: Lucy Baker (Aging & Disability), Steven Bullock (Community & Family Services), Delma Farrell (Chair's Office), F. Wayne George (DSCD Facilities), Tom Guiney (DSCD Fleet), Scott Marcy (District Attorney), Terri Naito (Commissioner District 3), April Siebenaler (DSCD Transportation), Tom Simpson (Support Services), Wes Stevens (Library), Richard Swift (Health), Kathy Treb (Community Justice), and Stephen Wright (Sheriff's Office).

I. EXECUTIVE SUMMARY

Multnomah County employees drive an estimated 12 million miles per year getting to and from County work sites. In addition, Multnomah County owns and operates over 500,000 square feet of parking area. Legislative requirements have set air quality and transportation goals for employee commute options that Multnomah County has yet to meet. Increased traffic volume and increased smog is resulting in decreased employee productivity, reduced quality of life, decreased job satisfaction, and increased recruitment difficulties. All of these factors impact the County's bottom line. In response, the following recommendations are provided to: reduce the need to drive, promote biking, promote walking, use transit, support carpooling, provide education, create incentives, manage parking, pursue funding, and measure progress.

<i>Saves County Funds</i>	<i>Low cost / No Cost</i>
Encourage ECO for business trips	Promote alternative work schedule.
Remove parking subsidies	Expand telecommuting
Do not provide parking beyond code	Expand fleet bike program
Do not lease parking beyond code req'ts	Promote health benefits biking/walking
Consider new pricing structure	Targeted walking program
Consider alternative uses for parking area	Offer bus tickets to visitors
Explore funding alternatives	Provide transit maps
Look for grants	Designate carpool spots
Change legislation	Expand emergency ride home
Explore County discounts	Partner with Carpool Match NW
	On-site transportation coordinators
<i>Requires Funding</i>	Provide biking assistance
Explore teleconferencing	Create a MINT site & include in orientation
Include on-site amenities	Host annual transportation fair
Provide more pool cars	Promote free bus passes
Provide more bike parking	Provide preferential carpool parking
Provide showers/lockers	Provide discounted bike helmets
Continue PASSport program	Have quarterly prize drawings
Provide vans for vanpooling	Include ECO in facility siting
Provide shuttles to transit	Monitor parking
Fund transportation FTE	Include good neighbor policies
	Promote park-and-ride at Hansen
	Survey all employees & measure progress

II. BACKGROUND

In May of 2001, the Board of County Commissioners adopted a resolution to create an Employee Commute Options-Parking (ECOpark) Review Committee. This committee was tasked to develop countywide policy recommendations targeting sustainable multi-modal commute alternatives and parking strategies for Multnomah County employees. The committee was instructed to present its findings to the Board of County Commissioners.

Why does Multnomah County need to address employee commute options and parking policy? It's the law. Oregon Administrative Rules (OAR 340-030-0800) requires larger employers to provide commute options to encourage employees to reduce auto trips to the work site. Further, "employers must provide commute options that have the potential to reduce employee commute trips by ten percent within three years." Currently, the County has been unsuccessful in meeting this goal. In 2001, 83% of total trips by employees surveyed at East County locations were drive alone, 5% carpooled, 4% took the bus/max, 2% biked, 2% walked, less than 1% telecommuted and 3% utilized compressed work weeks.

But also consider the following forecast if we do nothing:

- For the Portland metropolitan region between 1994 and 2020, the number of person trips beginning & ending within the urban growth boundary is expected to ***increase by 56 percent, to 7.6 million trips per day.*** As a result of significant increase in trips made in the region and without the implementation of new transportation projects or strategies, average motor vehicle speeds are expected to decrease from 25 mph in 1994 to 19 mph in 2020 with 37% of the region's freeway network experiencing congestion during the evening two-hour peak period. (2000 Regional Transportation Plan).

Traffic congestion costs the U.S. \$168 billion annually in lost productivity (Center of Excellence for Sustainable Development). Multnomah County managers from downtown locations already experience employee recruitment difficulties due to traffic congestion and parking fees. A survey conducted by AAA in 1999 identified that significant numbers of commuters would consider quitting jobs or moving to avoid worsening congestion.

Automobiles cause 30 – 40% of the air pollution in metropolitan regions (Arlington County, 2001). Automobile pollution causes severe health problems for many. Carbon monoxide and ozone from automobiles damage lungs of the children and elderly. Multnomah County fits in the "highest in the U.S." category by the U.S. Environmental Protection Agency for ambient levels of benzene. Benzene from automobiles can cause cancer including leukemia, eye, skin and respiratory problems. Pollution from autos is also a major contributor to global warming. In 1999 transportation accounted for 38 percent of all greenhouse gas emissions in Multnomah County.

Building a new highway or buying added parking spaces only provides short-lived solutions. Road funding and construction cannot keep pace with traffic volume. When pavement is laid in the form of more roads and increased parking – more vehicles will come. And with more vehicles comes more smog. Increased traffic volume and increased smog results in decreased employee productivity, reduced quality of life, decreased job satisfaction, and increased recruitment difficulties. All of these factors impact the County's bottom line.

The Board as well as the ECOpark committee has identified the need for a change in direction to address these issues. *Multnomah County currently has no policy re: provision of parking for employees, and there is no guide in place to support decision-making regarding commute alternatives and parking strategy.*

III. VISION

Committee members agreed the following values should guide the committee in making recommendations on employee commute options and parking:

Vision & Values Statement:

Multnomah County is committed to a more sustainable, equitable commute and parking policy that meets regional air quality and transportation goals while supporting employee commute needs.

To these ends, the following values will guide the ECO Park Policy recommendations:

- Reduce Single Occupancy Vehicles (SOVs) employee commuting.
- Encourage employee use of available mass transit and multi-modal forms of transportation.
- Reduce dependency on fossil fuels and fuel emissions.
- Provide employee commute support and education.
- Design and site facilities to promote healthy commute options.
- Create programs that are socially, environmentally and economically sustainable.

IV. CONSTRAINTS

There exist several constraints to significantly reducing single occupant vehicle (SOV) trips at Multnomah County. These include:

- Parking is generally inexpensive & easily available outside of the downtown core.
- East County infrastructure not as conducive to commute alternatives.
- Winter rainy season discourages walking and biking for some employees.
- Current budget constraints make it difficult to implement initiatives that cost money in the short term, even with financial savings in the long term.

V. OPPORTUNITIES

However the ECOpark committee also recognizes that opportunities exist to promote employee commute options further.

- According to the 1995 Nationwide Personal Transportation Survey, 50% of all trips are less than 3 miles, 40% are less than 2 miles, and over 25% are one mile or less. (City of Austin Pedestrian Plan Summary)

Existing conditions in the Portland metropolitan region also help. Multnomah County has a well-developed bike and transit system available to residents. The City of Portland was even recognized by Bicycling Magazine as the "Best Bicycling City" in the United States in 2001. This is due to Portland's well-developed bicycling infrastructure. Multnomah County employees who live and work in Portland can certainly take advantage of this infrastructure. A well-developed public transit system exists within Multnomah County that employees can utilize at no cost. And finally, a regional rideshare program is being launched this fall of 2001 that should make carpooling even easier and provide additional resources to employees interested in carpooling.

VI. APPROACH

" 'Livable' or 'sustainable' communities focus on people, rather than on cars. Creating sustainable transport systems that meet people's needs equitably and foster a healthy environment requires putting the automobile back into its useful place as a servant. With a shift in priorities, cars can be part of a broad, balanced system in which public transport, cycling, and walking are all viable options."

Marcia Lowe, Worldwatch Institute.

The ECOpark committee believes the County serves as a model employer by reducing the use of single occupancy vehicles in the region. Coordination with other jurisdictions such as METRO, the City of Portland, City of Gresham and partners such as Tri-Met, Oregon Department of Environmental Quality, Bicycle Transportation Alliance and others can strengthen the development of policy in this area.

The developed recommendation utilized an integrated approach that considered land use planning & facility siting, transportation infrastructure, parking policies, and ECO goals.

The ECOpark committee also believed that the developed policy should focus on informed choices rather than mandates, and focus on incentives versus disincentives. Therefore, we focused on County employees that currently pay for parking because they are more motivated to change their transit method. The committee also focused on all commute modes: biking, walking, carpooling and transit. Surveys in other areas have found that 90% of people want information on two or more modes. Incentives that generated the most interest from County employees: compressed work week (31%), guaranteed ride home for personal emergencies (29%), and telecommuting (25%).

Finally, the committee recognizes that future program implementation as a result of this policy should consider a methodology to focus on the interested employees. Successful programs such as Australia's Travel smart program recognize that a segment of the population is not interested in changing their commute modes regardless of what is offered, and can be the most vocal opponents hampering progress.

VII. POLICY COMPONENTS / RECOMMENDATIONS

A sustainable transportation system would not be dominated by cars, and would safely accommodate public transport, cyclists, and pedestrians. The committee recognized that some of the recommendations suggested below can be implemented immediately, where as other will require capital investment and staffing to implement over time. Low cost/no cost recommendations are identified with a √. Recommendations that will require capital expenditures are identified with \$\$\$. Recommendations that would save the County money and/or generate revenue are identified with a ☆.

A. Reduce Need to Drive:

1. √ Promote alternative work schedules including compressed workweek opportunities (9/80s and 4/10 schedule flexibility).
2. √ Expand implementation of County telecommuting program and provide support / information to employees and managers.
3. \$\$\$ Explore teleconferencing capabilities for County sites.
4. \$\$\$ Long Term: work to include more on-site amenities such as day-care, exercise facilities etc. in our buildings.
5. \$\$\$ Long Term: consider utilizing and/or developing telecommuting stations as alternative places to work.
6. \$\$\$ Long Term: provide additional County pool vehicles where practical to reduce the need for employees to drive personal vehicles to work to conduct County business.

B. Biking:

1. √ Expand fleet bike program.
2. √ Promote the health benefits of biking.
3. \$\$\$ Provide long-term bicycle parking for County employees at all sites. Evaluate feasibility of bike stations near transit hubs in East County areas with County partners such as Tri-Met. Also evaluate options for downtown areas.
4. \$\$\$ Long Term: provide showers & lockers for employees who bicycle or walk to work.

C. Walking:

1. √ Promote health benefits of walking
2. √ Target County employees who live within walking distance (<3 miles) of work or transit for walking promotion.

D. Transit:

1. ☆ Encourage use of alternative forms of transportation, including transit, for daily business trips when feasible and does not negatively impact employee productivity to reduce reliance on fleet cars.
2. ✓ Require County agencies to offer bus tickets to visitors who arrive by transit in any situation where the agency validates parking.
3. ✓ Provide appropriate transit maps at all County locations.
4. \$\$ Continue transit passport program.

E. Carpool / Vanpools:

1. ✓ Designate carpool spots at all County parking locations. Minimum numbers should be consistent with City codes with more added as needed.
2. ✓ Expand Emergency Ride Home Policy to include taxi and fleet vehicles use with supervisor approval.
3. ✓ Partner with Carpool Match Northwest to provide assistance to County employees to carpool.
4. \$\$ Long Term: consider providing vans for vanpools.
5. \$\$ Long Term: consider providing shuttles for facilities remote to transit (Yeon example).

F. Education:

1. ✓ Establish on-site employee transportation coordinators to assist employees with information on commute alternatives.
2. ✓ Provide biking assistance to address main obstacles people have to biking - unanswered questions re: parking, routes, rain, nighttime safety etc. Consider bike "buddy system" where bicycle enthusiasts are willing to assist co-workers in biking to work.
3. ✓ Make educational materials prominently available on the MINT and included in employee orientation materials for commuter info and ECO incentives. Examples of resources that should be readily available from a single MINT site location: bike & transit maps, Tri-Met trip planner, carpool forms, carpool match northwest, bus pass registration etc.
4. ✓ Host an annual transportation fair with participation by BTA, Tri-Met, local bike shops, and others to publicize transportation alternatives & provide information to employees.

G. Incentives:

1. ✓ Promote County's free bus passes now available to County employees.
2. ✓ Provide preferential parking for carpoolers countywide.
3. ✓ Provide discounted bike helmets to employees. Also explore County employee discount at local bike shops.
4. ✓ Make it fun - have quarterly prize drawings for participating employees (one trip / week use of commute alternative). Encourage friendly competition between departments.

H. Employee Provided Parking:

1. ☆ Consider removing parking subsidies for employees parking. The committee defined parking subsidies as situations where the County is paying in part or in total for employee parking. Exemptions should be considered only where it could be demonstrated to be in the County's best financial interest. Target downtown and Multnomah building garage first.
2. ☆ For new construction, do not provide motorized vehicle parking beyond what is required by code for purposes of providing employee parking.
3. ☆ County shall not lease or purchase spaces for employee parking beyond what is required by code.
4. ☆ Consider commercial market rates as well as all costs when setting parking pricing structures (i.e., construction debt service, maintenance, monitoring/enforcement, taxes, and opportunity costs.) The State of Oregon Department of Environmental Quality has a formula that can be utilized to calculate parking costs.
5. √ Include in facility siting considerations availability of public transit, biking and walking facilities, as well as proximity to other County sites.
6. √ Make monitoring and enforcement of parking sites the responsibility of each site location.
7. √ Include good neighbor policies to address employee parking in surrounding neighborhoods.
8. √ Promote park-and-ride opportunities at the Hansen building. There are at least 10 spaces that could be made available to take advantage of this location's proximity to transit lines.

I. Funding:

1. ☆ Long Term: as free up parking spaces, consider alternative uses for property. Where parking is determined the highest and best use, then consider offering to additional County agencies and/or leasing to non-County agencies.
2. ☆ Explore funding alternatives such as Business Energy Tax Credit (BETC) for equipment for teleworking, shuttles etc.
3. ☆ Take advantage of grants for fleet bikes, bike lockers etc. that may be available.
4. ☆ Long Term: evaluate changes in legislation to allow capital funding to be used for ECO projects. For example, Australia funds their Travel Smart program from infrastructure (road) funds as a cost-effective transportation project. The rationale is less expensive to reduce trips per day than to build highways to accommodate more trips per day. In effect, providing service rather than physical asset that has same net effect – gets people to their destinations.
5. √ Explore County employee discounts at local bike shops.
6. \$\$ Provide funding for dedicated transportation coordinator FTE position. A successful program require dedicated staff support to coordinate transportation fair, maintain website, provide personalized assistance,

organize prize drawings, survey employees, work with building coordinators, provide on-site resources etc.

J. Progress Measurement:

1. ✓ Survey annually all County employees for commute methods utilized.
2. ✓ Establish tracking methodology to measure progress with annual reporting. Example from City of Redmond: track measures in effect, results of surveys, # employees participating, and proposed modifications to improve.

VIII. ANTICIPATED OUTCOMES

The goal by adopting the above recommendations would be to change the mode of travel for the average employee once a week. The key result for the Department of Sustainable Community Development's Sustainability initiative is to reduce the single occupant vehicle trip rate for County employees from 85% to 82% for fiscal year 2002. This measurable result was chosen over vehicle miles traveled (VMT), as a more reliable indicator of the impact of employee commute options on employee's decision of commute method to travel to / from work.

The inclusion of education recommendations means that at the very least employees will have the information they need to make informed choices. The committee found that employees currently lack complete information on existing programs and options because such a resource does not exist. This lack of information hampers employee use of alternate commute methods.

The above recommendations also support the goals of the Local Action Plan on Global Warming adopted by the Board of County Commissioners in April 2001. This plan included goals to:

- Reduce per employee vehicle miles traveled in County administration vehicles by 20 percent by 2010 by promoting teleconferencing & availability of pedestrian, bicycle, transit, and rideshare options for employees on County business.
- Enable 25 percent of County employees to telework or work compressed schedules to avoid commuting at least one day every two weeks by 2010 by promoting telecommuting & flexible hours policies & providing education to department managers to encourage consistent application of the policies.

While these goals are aggressive, the above recommendations are a step in that direction.

IX. BENEFITS

The benefits of adopting countywide policy to encourage employee commute options are numerous.

❖ **Social Sustainability & Promotion of Health & Wellness:**

1. *Improved health through physical activity.* Surgeon General's Office says that everyone should get at least 30 minutes of moderate to intense physical activity several days a week. However, most adults (60% or more) do not get this much physical activity. Bicycling and walking are relatively low cost, easy to do for people of all ages, and enjoyable activities. When incorporated as part of the daily commute – easier to fit into busy schedules. (Vermont Bike & Ped News, August 1996)
2. *Reduced stress.* Bicycling and walking are also stress reducers compared to motorized travel, which actually increases stress.
3. *Improved employee productivity, attendance & morale.* Less local traffic and reduced traffic congestion allow employees to spend less time stuck in their cars getting to and from work. This lost time is time employees could be spending with their families or pursuing personal interests. There is also an associated reduction in the number of car crashes when more employee commute options are utilized. Car crashes are the number one cause of death for children nationwide.
4. *Reduced number of asthma attacks.* A recent study of the 1996 Summer Olympic Games in Atlanta suggest that reducing city-wide vehicle exhaust emissions may reduce the number of asthma related hospital admissions. During the 17 days of the Olympic Games, the city closed downtown Atlanta to traffic, altered delivery schedules and encouraged public transportation and telecommuting. During this period, daily peak ozone levels decreased 27.9% and the number of asthma acute care events decreased 41.6%. In Oregon, vehicles are the number one source of air pollution and 280,000 adults and children have asthma.

❖ **Economic Sustainability:**

1. *Increased financial savings.* The number one reason people will get out of their car: saves people money in both operating costs (fuel, maintenance) and ownership costs (insurance, depreciation). The American Automobile Association (AAA) estimated the average cost for driving in our region per year is \$7,344 (based on an average of 15,000 miles driven per year, in October 1999.) This translates into **the average family spending 15% to 20% of its income on automobile ownership and operation.** Put another way, the average American spends more on auto-related expenses than on food.
2. *Increased transportation alternatives.* Segments of our population cannot drive – children & senior citizens. Having an option gives people more flexibility in lifestyles, makes them less dependent on others and enhances overall quality of life. Increasing employee utilization and familiarity with transportation options can have a ripple effect into these segments of our population.

3. *Decreased parking costs.* Parking is not free. In Portland it costs over \$5000 per space to construct a parking lot and about \$18,000 per space to build a parking garage. Parking management and promotion of employee commute options can reduce parking costs by decreasing demand - saving Multnomah County money.
4. *Decreased fuel consumption.* The economic and political vulnerability of a car-dependent society becomes painfully clear in the event of an oil crisis. The United States uses 43% of its petroleum to fuel cars and light trucks and imports half of all its oil. Even in a stable market, reliance on foreign oil weakens the economy.

❖ Environmental Sustainability:

1. *Reduced greenhouse gas emissions.* In 1999, transportation accounted for 38% of all greenhouse gas emissions in Multnomah County. By 2010, the forecast is for almost 43%. Clearly action is required if the County seriously intends to address greenhouse gas emissions. A car left at home once a week reduces carbon dioxide emissions related to global warming by 795 pounds per year.
2. *Reduced soil and water pollution.* Run-off from highways & parking areas contributes significantly to contamination of soil and water.
3. *Improved air quality.* Cars and trucks are the number one cause of smog in the Portland area. On a typical day, they pump over a million pounds of pollution into our air and contribute to global warming.
4. *Reduced loss of open space & scenic destruction.* Construction of additional highways to accommodate vehicular traffic increases, combined with the pollution they create has led to deterioration and reductions in Oregon greenspaces. Increased utilization of employee commute options can assist in deferred road expansion. Cars also kill more animals than hunting and animal experimentation combined.

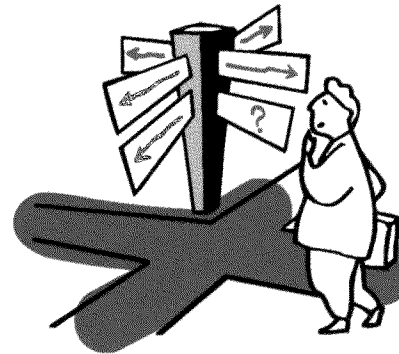
Multnomah County Travel Smart Recommendations

Prepared by Amy Joslin,
Department of Management &
Business Services, and the
ECOpark Committee

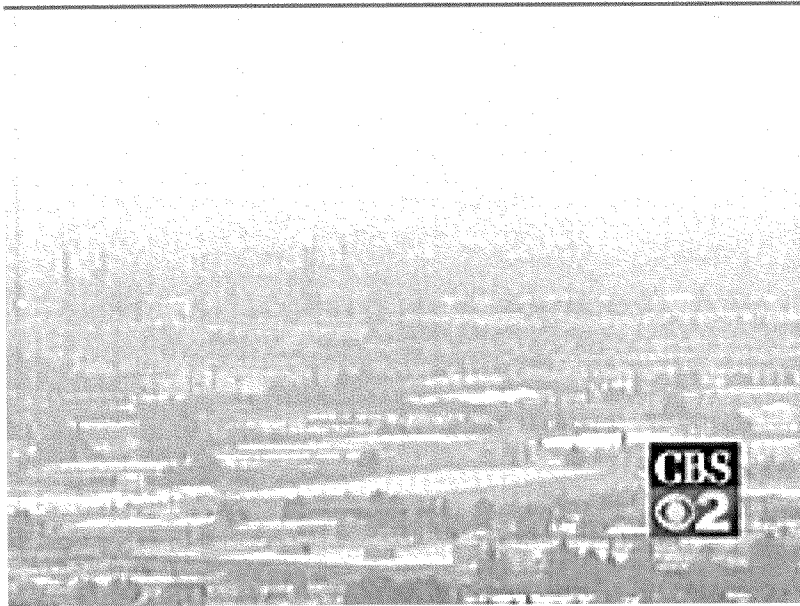
January 7th, 2002

What's Travel Smart?

- In May 2001, the Board of County Commissioners adopted a resolution to create a committee to develop countywide policy recommendations that would support multi-modal commute alternatives and parking strategies.
- Travel Smart!



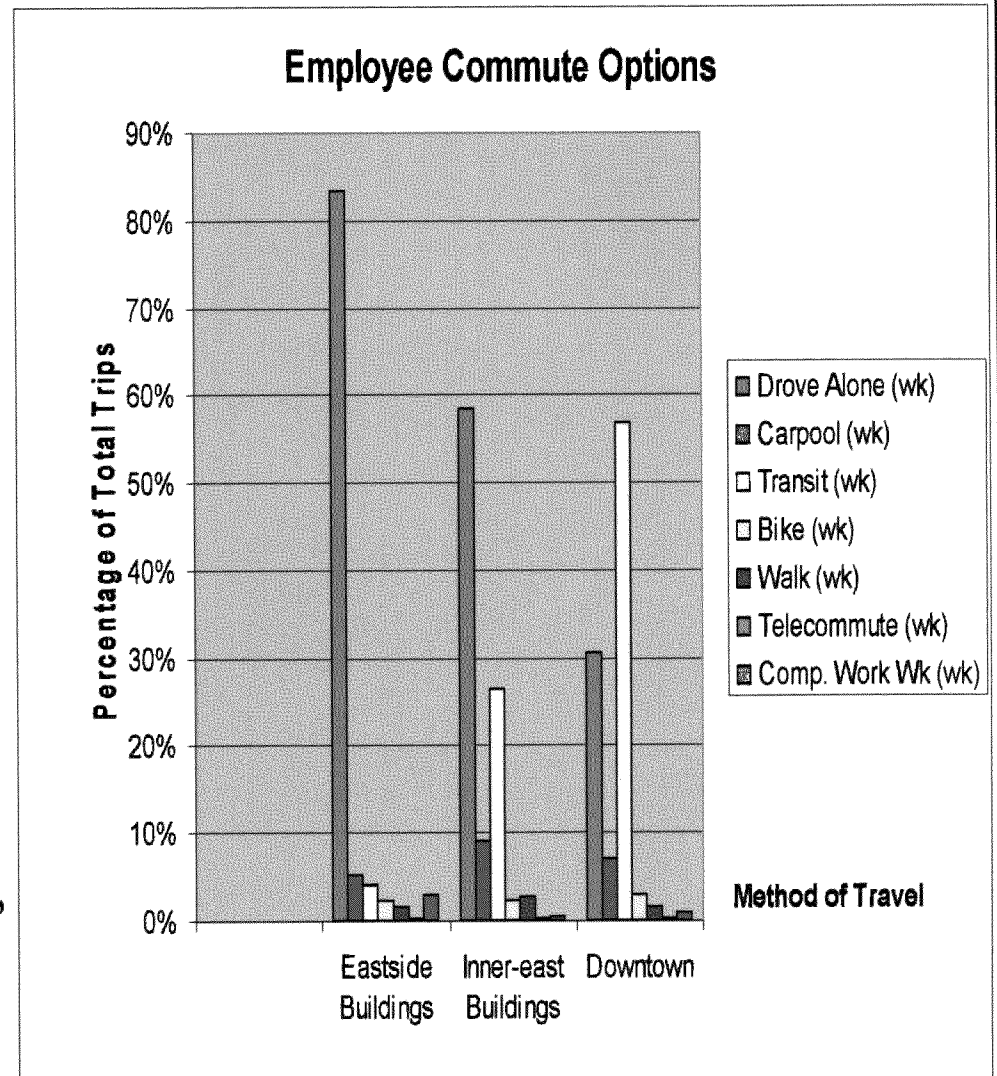
Why does the County need to address commute options and parking?



- Population Growth
- Congestion
- Productivity Losses
- Employee Recruitment Issues
- Smog
- Health Problems
- Global Warming
- Infrastructure Costs

State Law

- Oregon Administrative Rules requires larger employers to provide commute options to encourage employees to reduce auto trips to the work site.
- ***Goal 10% reduction within three years***
- ***County has been unsuccessful in meeting this goal.***
- In 2001, 83% of total trips by employees surveyed for DEQ were drive alone, 5% carpooled, 4% took the bus/max, 2% biked, 2% walked, 3% utilized compressed work weeks and less than 1% telecommuted.



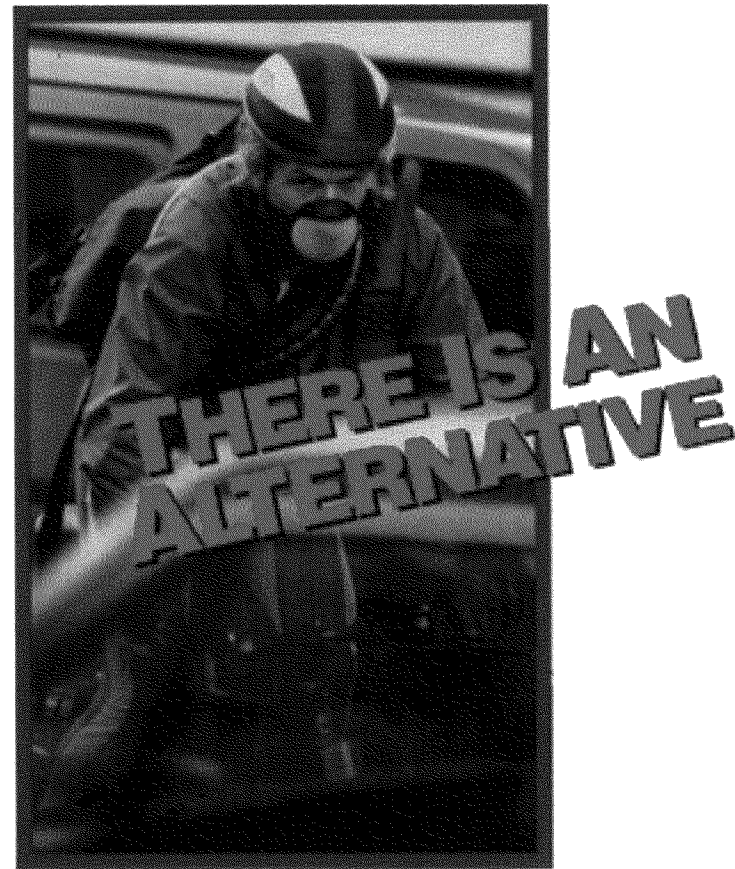
Vision

- Multnomah County is committed to a more sustainable, equitable commute & parking policy
- Meet regional air quality & transportation goals
- Support employee commute needs



Values

- Reduce SOVs commuting
- Encourage mass transit & multi-modal transportation
- Reduce dependency on fossil fuels & fuel emissions
- Employee education
- Design & site facilities to promote healthy commute options



Approach

- ***Model:*** County should be model employer to reduce use of single occupancy vehicles in region
- ***Integrated approach:*** facility siting, employee commute options, infrastructure & parking
- ***Partnerships:*** strengthen recommendations with support of partners
- ***Informed Choices:*** provide tools & incentives to employees, not mandates

Recommendations:

Reduce Need to Drive

Low cost/no cost:

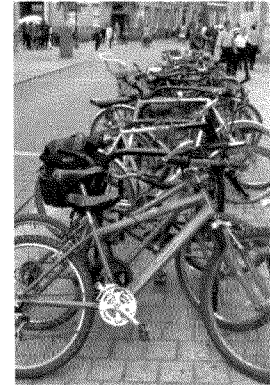
- Promote alternative work schedules including compressed work weeks
- Expand telecommuting program

Capital investments:

- Explore teleconferencing
- Long Term: provide more on-site amenities (day-care, exercise facilities etc.)
- Long Term: develop telecommuting stations
- Long Term: provide additional pool vehicles

Recommendations:

Promote Biking



Low cost/no cost:

- Expand fleet bike program
- Promote the health benefits of biking



Capital investments:

- Long Term: provide long-term bicycle parking at all sites
- Long Term: provide showers & lockers

Recommendations:

Promote Walking

Low cost/no cost:

- Target County employees who live within walking distance of work or transit for walking promotion
- Promote the health benefits of walking



Recommendations:

Use Transit

Save money:

- Encourage use of transit for daily business trips when does not impact employee productivity



Low cost/no cost:

- Offer bus tickets to visitors where Co. validates parking
- Provide transit maps at all County locations

Capital investments:

- Continue transit passport program

Recommendations: *Support Carpooling*

Carpool**Match**NW.org



Low cost/no cost:

- Designate carpool spots at all County parking locations.
- Expand Emergency Ride Home program to include taxi and fleet vehicle use.
- Partner with Carpool Match Northwest to provide assistance to County employees to carpool.

Capital investments:

- Long Term:
consider providing vans for vanpools.
- Long Term:
consider providing shuttles for facilities remote to transit.

Recommendations:

Provide Education

Low cost/no cost:

- Establish on-site employee transportation coordinators to assist with info on commute alternatives
- Provide biking assistance to address obstacles (I.e., parking, rain, safety, night riding etc.)
- Make ed materials available on MINT & include in employee orientation materials
- Host annual transportation fair



Recommendations:

Create Incentives

Low cost/no cost:

- Promote transit passes available free to employees.
- Provide preferential parking for carpoolers.
- Provide discounted bike helmets to employees.
- Make it fun! Have quarterly prize drawings for participating employees. Encourage friendly department competition.

2001



**Land
Access
Raffle**

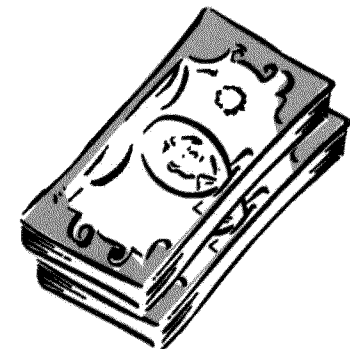
First Prize

Recommendations:

Manage Parking

Save money:

- Consider removing parking subsidies for employees.
- For new construction, do not provide parking beyond what is required by code.
- Do not lease or purchase spaces beyond code for employee parking
- Set parking prices based on commercial market rates as well as all costs (I.e., construction debt service, maintenance, monitoring, taxes & opportunity costs.)



Recommendations:

Manage Parking

Low cost/no cost:

- Include in facility siting availability of transit, biking & walking facilities, and proximity to Co. sites.
- Make monitoring the responsibility of ea. Site location.
- Include good neighbor policies.
- Promote park-and-ride opportunities at Hansen.



Recommendations:

Pursue Funding

Save money:

- Long Term: as free up parking spaces, consider alternative use for property. When parking best use, consider offering to additional County agencies and/or leasing to non-County agencies.
- Explore funding alternatives such as BETC.
- Pursue grants that may be available for fleet bikes, bike lockers etc.
- Explore employee discounts at local bike shops
- Long Term: evaluate legislative changes to allow capital funding for ECO projects. Less expensive to reduce trips than to build highways.

Recommendations:

Explore Future Staffing

Capital investments:

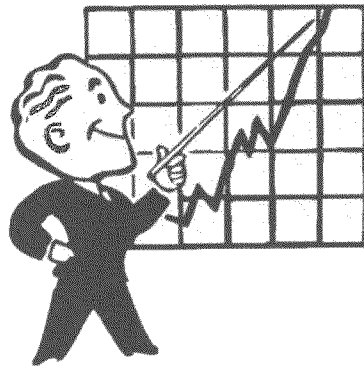
- Consider future staffing requirements for transportation coordination.
- Successful ECO program requires staff support to meet DEQ and Tri-Met requirements, manage parking strategies, work with building coordinators, promote ECO through transportation fair & personalized assistance, develop website, develop incentives, provide on-site resources etc.

Recommendations:

Measure Progress

Low cost/no cost:

- Survey annually all County employees for commute methods utilized.
- Establish tracking methodology to track measures in effect, results of surveys, number employees participating, and proposed modifications to improve.



Social Sustainability Benefits

- Improved health through physical activity.

Surgeon General's Office recommends 30 minutes physical activity, yet 60% or more adults are not able to get this level.

- Reduced stress.

Motorized travel can increase stress as compares to bicycling & walking

- Improved employee productivity, attendance & morale.

Less time stuck in cars, and more time with family & pursuing personal interests

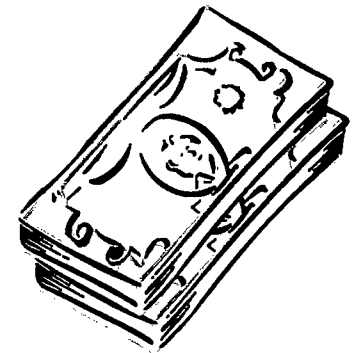


- Reduced number of asthma attacks.

During Olympics, Atlanta closed downtown to traffic & realized 42% reduction in asthma events. 280,000 people in Oregon have asthma.

Economic Sustainability Benefits

- Increased financial savings.
The average family spends 15-20% of its income on automobile ownership and operation.
- Increased transportation alternatives.
Having an option gives people more flexibility in lifestyles, making less dependent on others.
- Decreased parking costs.
In Portland to construct parking costs \$5000 (surface lot) to \$18,000 (garage) per space.
- Decreased fuel consumption.
Economic & political vulnerability of a car-dependent society. U.S. uses 43% of its petroleum to fuel cars & light trucks & imports half of all its oil.



Environmental Sustainability Benefits

- Reduced greenhouse gas emissions.

In 1999, transportation accounted for 38% greenhouse gas emissions in Multnomah County.

- Reduced soil and water pollution.

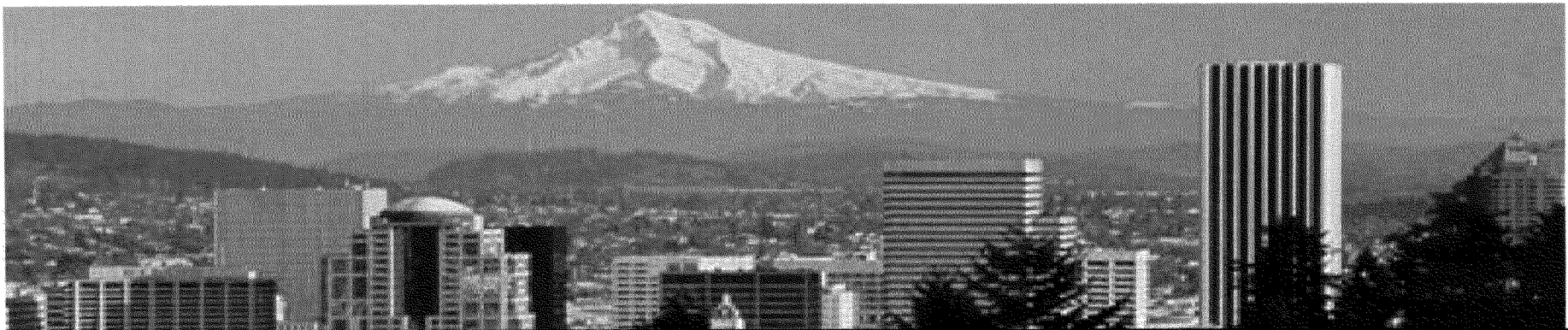
From runoff from highways and parking lots.

- Improved air quality.

On a typical day in Portland, cars and trucks pump over one million pounds of pollution into our air.

- Reduced loss of open space & scenic destruction.

Cars kill more animals than hunting & animal experimentation combined.



BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 02-007

Adopting Policy Direction to Support Employee Commute Options and Parking Strategies

The Multnomah County Board of Commissioners Finds:

- a) On May 31, 2001 the Board of County Commissioners adopted Resolution 01-070 to create an Employee Commute Options-Parking (ECOpark) Review Committee to provide direction to guide future policies relating to employee commute options, parking and transportation.
- b) The ECOpark Review Committee has had countywide representation including representatives from the then Department of Sustainable Community Development Administration, Transportation, Fleet, and Facilities divisions; District 3 Board staff; the Chair's Office; the Sheriff's Office; the District Attorney's Office; Aging and Disability Services Department; Department of Community and Family Services; Department of Community Justice; Health Department; Library Department; and Support Services Department.
- c) Committee recommendations were reviewed and strengthened by involvement from Tri-Met, the Oregon Department of Environmental Quality, METRO, the Sustainable Project Exchange of the Oregon Natural Step Network, and the Sustainable Development Commission.
- d) The attached document, "Travel Smart Policy Recommendations", meets the direction outlined in Resolution 01-070 by supporting sustainable multi-modal commute alternatives and parking strategies for Multnomah County employees at all County facilities.

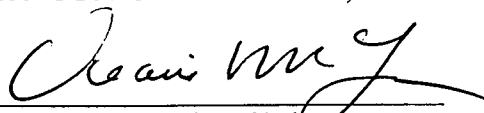
The Multnomah County Board of Commissioners Resolves:

1. To accept the recommendations of the ECOpark committee as outlined in the "Travel Smart" document dated December 28, 2001.
2. To direct the Department of Management and Business Services to implement recommendations that can be achieved within existing resources and develop a work plan for future implementation of recommendations with budgetary impacts.

ADOPTED this 10th day of January 2002.




BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Diane M. Linn, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Matthew O. Ryan, Assistant County Attorney

Travel Smart Policy Recommendations

December 28, 2001

Prepared by Amy Joslin and the ECOPark Committee: Lucy Baker (Aging & Disability), Steven Bullock (Community & Family Services), Delma Farrell (Chair's Office), F. Wayne George (DSCD Facilities), Tom Guiney (DSCD Fleet), Scott Marcy (District Attorney), Terri Naito (Commissioner District 3), April Siebenaler (DSCD Transportation), Tom Simpson (Support Services), Wes Stevens (Library), Richard Swift (Health), Kathy Treb (Community Justice), and Stephen Wright (Sheriff's Office).

I. EXECUTIVE SUMMARY

Multnomah County employees drive an estimated 12 million miles per year getting to and from County work sites. In addition, Multnomah County owns and operates over 500,000 square feet of parking area. Legislative requirements have set air quality and transportation goals for employee commute options that Multnomah County has yet to meet. Increased traffic volume and increased smog is resulting in decreased employee productivity, reduced quality of life, decreased job satisfaction, and increased recruitment difficulties. All of these factors impact the County's bottom line. In response, the following recommendations are provided to: reduce the need to drive, promote biking, promote walking, use transit, support carpooling, provide education, create incentives, manage parking, pursue funding, and measure progress.

<i>Saves County Funds</i>	<i>Low cost / No Cost</i>
Encourage ECO for business trips	Promote alternative work schedule.
Remove parking subsidies	Expand telecommuting
Do not provide parking beyond code	Expand fleet bike program
Do not lease parking beyond code req'ts	Promote health benefits biking/walking
Consider new pricing structure	Targeted walking program
Consider alternative uses for parking area	Offer bus tickets to visitors
Explore funding alternatives	Provide transit maps
Look for grants	Designate carpool spots
Change legislation	Expand emergency ride home
Explore County discounts	Partner with Carpool Match NW
	On-site transportation coordinators
<i>Requires Funding</i>	Provide biking assistance
Explore teleconferencing	Create a MINT site & include in orientation
Include on-site amenities	Host annual transportation fair
Provide more pool cars	Promote free bus passes
Provide more bike parking	Provide preferential carpool parking
Provide showers/lockers	Provide discounted bike helmets
Continue PASSport program	Have quarterly prize drawings
Provide vans for vanpooling	Include ECO in facility siting
Provide shuttles to transit	Monitor parking
Fund transportation FTE	Include good neighbor policies
	Promote park-and-ride at Hansen
	Survey all employees & measure progress

II. BACKGROUND

In May of 2001, the Board of County Commissioners adopted a resolution to create an Employee Commute Options-Parking (ECOpark) Review Committee. This committee was tasked to develop countywide policy recommendations targeting sustainable multi-modal commute alternatives and parking strategies for Multnomah County employees. The committee was instructed to present its findings to the Board of County Commissioners.

Why does Multnomah County need to address employee commute options and parking policy? It's the law. Oregon Administrative Rules (OAR 340-030-0800) requires larger employers to provide commute options to encourage employees to reduce auto trips to the work site. Further, "employers must provide commute options that have the potential to reduce employee commute trips by ten percent within three years." Currently, the County has been unsuccessful in meeting this goal. In 2001, 83% of total trips by employees surveyed at East County locations were drive alone, 5% carpooled, 4% took the bus/max, 2% biked, 2% walked, less than 1% telecommuted and 3% utilized compressed work weeks.

But also consider the following forecast if we do nothing:

- For the Portland metropolitan region between 1994 and 2020, the number of person trips beginning & ending within the urban growth boundary is expected to ***increase by 56 percent, to 7.6 million trips per day***. As a result of significant increase in trips made in the region and without the implementation of new transportation projects or strategies, average motor vehicle speeds are expected to decrease from 25 mph in 1994 to 19 mph in 2020 with 37% of the region's freeway network experiencing congestion during the evening two-hour peak period. (2000 Regional Transportation Plan).

Traffic congestion costs the U.S. \$168 billion annually in lost productivity (Center of Excellence for Sustainable Development). Multnomah County managers from downtown locations already experience employee recruitment difficulties due to traffic congestion and parking fees. A survey conducted by AAA in 1999 identified that significant numbers of commuters would consider quitting jobs or moving to avoid worsening congestion.

Automobiles cause 30 – 40% of the air pollution in metropolitan regions (Arlington County, 2001). Automobile pollution causes severe health problems for many. Carbon monoxide and ozone from automobiles damage lungs of the children and elderly. Multnomah County fits in the "highest in the U.S." category by the U.S. Environmental Protection Agency for ambient levels of benzene. Benzene from automobiles can cause cancer including leukemia, eye, skin and respiratory problems. Pollution from autos is also a major contributor to global warming. In 1999 transportation accounted for 38 percent of all greenhouse gas emissions in Multnomah County.

Building a new highway or buying added parking spaces only provides short-lived solutions. Road funding and construction cannot keep pace with traffic volume. When pavement is laid in the form of more roads and increased parking – more vehicles will come. And with more vehicles comes more smog. Increased traffic volume and increased smog results in decreased employee productivity, reduced quality of life, decreased job satisfaction, and increased recruitment difficulties. All of these factors impact the County's bottom line.

The Board as well as the ECOpark committee has identified the need for a change in direction to address these issues. *Multnomah County currently has no policy re: provision of parking for employees, and there is no guide in place to support decision-making regarding commute alternatives and parking strategy.*

III. VISION

Committee members agreed the following values should guide the committee in making recommendations on employee commute options and parking:

Vision & Values Statement:

Multnomah County is committed to a more sustainable, equitable commute and parking policy that meets regional air quality and transportation goals while supporting employee commute needs.

To these ends, the following values will guide the ECO Park Policy recommendations:

- Reduce Single Occupancy Vehicles (SOVs) employee commuting.
- Encourage employee use of available mass transit and multi-modal forms of transportation.
- Reduce dependency on fossil fuels and fuel emissions.
- Provide employee commute support and education.
- Design and site facilities to promote healthy commute options.
- Create programs that are socially, environmentally and economically sustainable.

IV. CONSTRAINTS

There exist several constraints to significantly reducing single occupant vehicle (SOV) trips at Multnomah County. These include:

- Parking is generally inexpensive & easily available outside of the downtown core.
- East County infrastructure not as conducive to commute alternatives.
- Winter rainy season discourages walking and biking for some employees.
- Current budget constraints make it difficult to implement initiatives that cost money in the short term, even with financial savings in the long term.

V. OPPORTUNITIES

However the ECOpark committee also recognizes that opportunities exist to promote employee commute options further.

- According to the 1995 Nationwide Personal Transportation Survey, 50% of all trips are less than 3 miles, 40% are less than 2 miles, and over 25% are one mile or less. (City of Austin Pedestrian Plan Summary)

Existing conditions in the Portland metropolitan region also help. Multnomah County has a well-developed bike and transit system available to residents. The City of Portland was even recognized by Bicycling Magazine as the "Best Bicycling City" in the United States in 2001. This is due to Portland's well-developed bicycling infrastructure. Multnomah County employees who live and work in Portland can certainly take advantage of this infrastructure. A well-developed public transit system exists within Multnomah County that employees can utilize at no cost. And finally, a regional rideshare program is being launched this fall of 2001 that should make carpooling even easier and provide additional resources to employees interested in carpooling.

VI. APPROACH

" 'Livable' or 'sustainable' communities focus on people, rather than on cars. Creating sustainable transport systems that meet people's needs equitably and foster a healthy environment requires putting the automobile back into its useful place as a servant. With a shift in priorities, cars can be part of a broad, balanced system in which public transport, cycling, and walking are all viable options."

Marcia Lowe, Worldwatch Institute.

The ECOpark committee believes the County serves as a model employer by reducing the use of single occupancy vehicles in the region. Coordination with other jurisdictions such as METRO, the City of Portland, City of Gresham and partners such as Tri-Met, Oregon Department of Environmental Quality, Bicycle Transportation Alliance and others can strengthen the development of policy in this area.

The developed recommendation utilized an integrated approach that considered land use planning & facility siting, transportation infrastructure, parking policies, and ECO goals.

The ECOpark committee also believed that the developed policy should focus on informed choices rather than mandates, and focus on incentives versus disincentives. Therefore, we focused on County employees that currently pay for parking because they are more motivated to change their transit method. The committee also focused on all commute modes: biking, walking, carpooling and transit. Surveys in other areas have found that 90% of people want information on two or more modes. Incentives that generated the most interest from County employees: compressed work week (31%), guaranteed ride home for personal emergencies (29%), and telecommuting (25%).

Finally, the committee recognizes that future program implementation as a result of this policy should consider a methodology to focus on the interested employees. Successful programs such as Australia's Travel smart program recognize that a segment of the population is not interested in changing their commute modes regardless of what is offered, and can be the most vocal opponents hampering progress.

VII. POLICY COMPONENTS / RECOMMENDATIONS

A sustainable transportation system would not be dominated by cars, and would safely accommodate public transport, cyclists, and pedestrians. The committee recognized that some of the recommendations suggested below can be implemented immediately, where as other will require capital investment and staffing to implement over time. Low cost/no cost recommendations are identified with a √. Recommendations that will require capital expenditures are identified with \$\$\$. Recommendations that would save the County money and/or generate revenue are identified with a ☆.

A. Reduce Need to Drive:

1. √ Promote alternative work schedules including compressed workweek opportunities (9/80s and 4/10 schedule flexibility).
2. √ Expand implementation of County telecommuting program and provide support / information to employees and managers.
3. \$\$\$ Explore teleconferencing capabilities for County sites.
4. \$\$\$ Long Term: work to include more on-site amenities such as day-care, exercise facilities etc. in our buildings.
5. \$\$\$ Long Term: consider utilizing and/or developing telecommuting stations as alternative places to work.
6. \$\$\$ Long Term: provide additional County pool vehicles where practical to reduce the need for employees to drive personal vehicles to work to conduct County business.

B. Biking:

1. √ Expand fleet bike program.
2. √ Promote the health benefits of biking.
3. \$\$\$ Provide long-term bicycle parking for County employees at all sites. Evaluate feasibility of bike stations near transit hubs in East County areas with County partners such as Tri-Met. Also evaluate options for downtown areas.
4. \$\$\$ Long Term: provide showers & lockers for employees who bicycle or walk to work.

C. Walking:

1. √ Promote health benefits of walking
2. √ Target County employees who live within walking distance (<3 miles) of work or transit for walking promotion.

D. Transit:

1. ☆ Encourage use of alternative forms of transportation, including transit, for daily business trips when feasible and does not negatively impact employee productivity to reduce reliance on fleet cars.
2. √ Require County agencies to offer bus tickets to visitors who arrive by transit in any situation where the agency validates parking.
3. √ Provide appropriate transit maps at all County locations.
4. \$\$ Continue transit passport program.

E. Carpool / Vanpools:

1. √ Designate carpool spots at all County parking locations. Minimum numbers should be consistent with City codes with more added as needed.
2. √ Expand Emergency Ride Home Policy to include taxi and fleet vehicles use with supervisor approval.
3. √ Partner with Carpool Match Northwest to provide assistance to County employees to carpool.
4. \$\$ Long Term: consider providing vans for vanpools.
5. \$\$ Long Term: consider providing shuttles for facilities remote to transit (Yeon example).

F. Education:

1. √ Establish on-site employee transportation coordinators to assist employees with information on commute alternatives.
2. √ Provide biking assistance to address main obstacles people have to biking - unanswered questions re: parking, routes, rain, nighttime safety etc. Consider bike "buddy system" where bicycle enthusiasts are willing to assist co-workers in biking to work.
3. √ Make educational materials prominently available on the MINT and included in employee orientation materials for commuter info and ECO incentives. Examples of resources that should be readily available from a single MINT site location: bike & transit maps, Tri-Met trip planner, carpool forms, carpool match northwest, bus pass registration etc.
4. √ Host an annual transportation fair with participation by BTA, Tri-Met, local bike shops, and others to publicize transportation alternatives & provide information to employees.

G. Incentives:

1. √ Promote County's free bus passes now available to County employees.
2. √ Provide preferential parking for carpoolers countywide.
3. √ Provide discounted bike helmets to employees. Also explore County employee discount at local bike shops.
4. √ Make it fun - have quarterly prize drawings for participating employees (one trip / week use of commute alternative). Encourage friendly competition between departments.

H. Employee Provided Parking:

1. ☆ Consider removing parking subsidies for employees parking. The committee defined parking subsidies as situations where the County is paying in part or in total for employee parking. Exemptions should be considered only where it could be demonstrated to be in the County's best financial interest. Target downtown and Multnomah building garage first.
2. ☆ For new construction, do not provide motorized vehicle parking beyond what is required by code for purposes of providing employee parking.
3. ☆ County shall not lease or purchase spaces for employee parking beyond what is required by code.
4. ☆ Consider commercial market rates as well as all costs when setting parking pricing structures (i.e., construction debt service, maintenance, monitoring/enforcement, taxes, and opportunity costs.) The State of Oregon Department of Environmental Quality has a formula that can be utilized to calculate parking costs.
5. √ Include in facility siting considerations availability of public transit, biking and walking facilities, as well as proximity to other County sites.
6. √ Make monitoring and enforcement of parking sites the responsibility of each site location.
7. √ Include good neighbor policies to address employee parking in surrounding neighborhoods.
8. √ Promote park-and-ride opportunities at the Hansen building. There are at least 10 spaces that could be made available to take advantage of this location's proximity to transit lines.

I. Funding:

1. ☆ Long Term: as free up parking spaces, consider alternative uses for property. Where parking is determined the highest and best use, then consider offering to additional County agencies and/or leasing to non-County agencies.
2. ☆ Explore funding alternatives such as Business Energy Tax Credit (BETC) for equipment for teleworking, shuttles etc.
3. ☆ Take advantage of grants for fleet bikes, bike lockers etc. that may be available.
4. ☆ Long Term: evaluate changes in legislation to allow capital funding to be used for ECO projects. For example, Australia funds their Travel Smart program from infrastructure (road) funds as a cost-effective transportation project. The rationale is less expensive to reduce trips per day than to build highways to accommodate more trips per day. In effect, providing service rather than physical asset that has same net effect – gets people to their destinations.
5. √ Explore County employee discounts at local bike shops.
6. \$\$ Provide funding for dedicated transportation coordinator FTE position. A successful program require dedicated staff support to coordinate transportation fair, maintain website, provide personalized assistance,

organize prize drawings, survey employees, work with building coordinators, provide on-site resources etc.

J. Progress Measurement:

1. ✓ Survey annually all County employees for commute methods utilized.
2. ✓ Establish tracking methodology to measure progress with annual reporting. Example from City of Redmond: track measures in effect, results of surveys, # employees participating, and proposed modifications to improve.

VIII. ANTICIPATED OUTCOMES

The goal by adopting the above recommendations would be to change the mode of travel for the average employee once a week. The key result for the Department of Sustainable Community Development's Sustainability initiative is to reduce the single occupant vehicle trip rate for County employees from 85% to 82% for fiscal year 2002. This measurable result was chosen over vehicle miles traveled (VMT), as a more reliable indicator of the impact of employee commute options on employee's decision of commute method to travel to / from work.

The inclusion of education recommendations means that at the very least employees will have the information they need to make informed choices. The committee found that employees currently lack complete information on existing programs and options because such a resource does not exist. This lack of information hampers employee use of alternate commute methods.

The above recommendations also support the goals of the Local Action Plan on Global Warming adopted by the Board of County Commissioners in April 2001. This plan included goals to:

- Reduce per employee vehicle miles traveled in County administration vehicles by 20 percent by 2010 by promoting teleconferencing & availability of pedestrian, bicycle, transit, and rideshare options for employees on County business.
- Enable 25 percent of County employees to telework or work compressed schedules to avoid commuting at least one day every two weeks by 2010 by promoting telecommuting & flexible hours policies & providing education to department managers to encourage consistent application of the policies.

While these goals are aggressive, the above recommendations are a step in that direction.

IX. BENEFITS

The benefits of adopting countywide policy to encourage employee commute options are numerous.

❖ Social Sustainability & Promotion of Health & Wellness:

1. *Improved health through physical activity.* Surgeon General's Office says that everyone should get at least 30 minutes of moderate to intense physical activity several days a week. However, most adults (60% or more) do not get this much physical activity. Bicycling and walking are relatively low cost, easy to do for people of all ages, and enjoyable activities. When incorporated as part of the daily commute – easier to fit into busy schedules. (Vermont Bike & Ped News, August 1996)
2. *Reduced stress.* Bicycling and walking are also stress reducers compared to motorized travel, which actually increases stress.
3. *Improved employee productivity, attendance & morale.* Less local traffic and reduced traffic congestion allow employees to spend less time stuck in their cars getting to and from work. This lost time is time employees could be spending with their families or pursuing personal interests. There is also an associated reduction in the number of car crashes when more employee commute options are utilized. Car crashes are the number one cause of death for children nationwide.
4. *Reduced number of asthma attacks.* A recent study of the 1996 Summer Olympic Games in Atlanta suggest that reducing city-wide vehicle exhaust emissions may reduce the number of asthma related hospital admissions. During the 17 days of the Olympic Games, the city closed downtown Atlanta to traffic, altered delivery schedules and encouraged public transportation and telecommuting. During this period, daily peak ozone levels decreased 27.9% and the number of asthma acute care events decreased 41.6%. In Oregon, vehicles are the number one source of air pollution and 280,000 adults and children have asthma.

❖ Economic Sustainability:

1. *Increased financial savings.* The number one reason people will get out of their car: saves people money in both operating costs (fuel, maintenance) and ownership costs (insurance, depreciation). The American Automobile Association (AAA) estimated the average cost for driving in our region per year is \$7,344 (based on an average of 15,000 miles driven per year, in October 1999.) This translates into **the average family spending 15% to 20% of its income on automobile ownership and operation.** Put another way, the average American spends more on auto-related expenses than on food.
2. *Increased transportation alternatives.* Segments of our population cannot drive – children & senior citizens. Having an option gives people more flexibility in lifestyles, makes them less dependent on others and enhances overall quality of life. Increasing employee utilization and familiarity with

transportation options can have a ripple effect into these segments of our population.

3. *Decreased parking costs.* Parking is not free. In Portland it costs over \$5000 per space to construct a parking lot and about \$18,000 per space to build a parking garage. Parking management and promotion of employee commute options can reduce parking costs by decreasing demand - saving Multnomah County money.
4. *Decreased fuel consumption.* The economic and political vulnerability of a car-dependent society becomes painfully clear in the event of an oil crisis. The United States uses 43% of its petroleum to fuel cars and light trucks and imports half of all its oil. Even in a stable market, reliance on foreign oil weakens the economy.

❖ Environmental Sustainability:

1. *Reduced greenhouse gas emissions.* In 1999, transportation accounted for 38% of all greenhouse gas emissions in Multnomah County. By 2010, the forecast is for almost 43%. Clearly action is required if the County seriously intends to address greenhouse gas emissions. A car left at home once a week reduces carbon dioxide emissions related to global warming by 795 pounds per year.
2. *Reduced soil and water pollution.* Run-off from highways & parking areas contributes significantly to contamination of soil and water.
3. *Improved air quality.* Cars and trucks are the number one cause of smog in the Portland area. On a typical day, they pump over a million pounds of pollution into our air and contribute to global warming.
4. *Reduced loss of open space & scenic destruction.* Construction of additional highways to accommodate vehicular traffic increases, combined with the pollution they create has led to deterioration and reductions in Oregon greenspaces. Increased utilization of employee commute options can assist in deferred road expansion. Cars also kill more animals than hunting and animal experimentation combined.



Capitol News

A source of legislative information for Multnomah County
by the Public Affairs Office



Special Session Alert - December 2001

Special Session Committees

From December 10–18, 2001, special session committees met to review state agency budget reduction proposals and gather input from the public.

Information gathered by the following committees will be forwarded to legislative leaders:

- Senate Economic and Job Stimulus
- Senate Budget Rebalance
- Senate Revenue Options
- House Special Committee on Budget Prioritization
- House Special Task Force on Jobs and the Economy

Included in public testimony was a letter signed by the Multnomah County Board of Commissioners highlighting potential impacts to county services from the state agency budget cut proposals. For a copy of the letter, contact the Public Affairs Office at 503-988-6800.

Budget Negotiation Teams

According to the Association of Oregon Counties (AOC), a number of legislators have been asked to participate on budget negotiation teams. The following members have been named (Multnomah County legislators are indicated by italics):

House of Representatives

Speaker of the House Mark Simmons

House Majority Leader Karen Minnis

House Democratic Leader Deborah Kafoury

Representative Ben Westlund

Representative Susan Morgan

Representative Kurt Schrader

Representative Gary Hansen

Representative Diane Rosenbaum

State Senate

Senate President Gene Derfler

Senate Majority Leader Dave Nelson

Senate Democratic Leader Kate Brown

Senator Lenn Hannon

Senator Margaret Carter

Senator Peter Courtney

Governor to Release Budget

During the first or second week of January 2002, Governor Kitzhaber is expected to release a budget upon which the Legislature will begin rebalance discussions.

While the state economist has estimated the current budget shortfall to be \$720 million, the Governor has stated publicly that he plans to formulate a budget that addresses a \$900 million shortfall. Future revenue forecasts in March and May are likely to reveal additional decreases in state revenue.

For more information on the Special Session, visit the Oregon Legislature's website at www.leg.state.or.us.

Impacts from Budget Cuts

The Public Affairs Office (PAO), budget office and departments have compiled a preliminary list of potential impacts to county services and programs based on the state budget cut proposals. It is an attachment. For more information, contact the PAO.



Board of County Commissioners

MULTNOMAH COUNTY OREGON

501 SE Hawthorne Blvd., Suite 600
Portland, Oregon 97214
503-988-6800

Diane M. Linn - County Chair
Maria Rojo de Steffey - District 1 Commissioner
Serena Cruz - District 2 Commissioner
Lisa Naito - District 3 Commissioner
Lonnie Roberts - District 4 Commissioner

December 20, 2001

Governor John A. Kitzhaber, M.D.
Governor's Office, State Capitol
Salem, Oregon 97301

Dear Governor Kitzhaber:

The State of Oregon works in partnership with Multnomah County to provide an array of vital services to the most vulnerable people. As you prepare to develop an executive budget for the upcoming special session, we wanted to take the opportunity to share with you the likely impact these proposed state budget cuts could have on our shared constituents.

Our preliminary analysis indicates that the cuts identified by state agencies would translate into a \$12 to \$17 million loss to the county's budget. Enclosed is a table that describes the impact each proposed cut may have on a county program, service, and/or client. In addition, some budget reductions, while not directly impacting the county, will have an enormous negative impact on the citizens of Multnomah County, such as public education and housing. Highlights of this document include:

- Loss of Oregon Project Independence services that enable roughly 1,400 frail/elderly clients to live at home.
- Loss of adult dental care for 50,000 county residents.
- Loss of \$26,000 in state funds for public health prenatal and perinatal programs, which could result in Multnomah County's health department losing more than \$300,000 in federal funds for home nursing visits.
- Loss of employment support services for 90 mental health clients.
- Loss of income for food, shelter, and health care for 1,034 clients a month, if the General Assistance Grant Program is eliminated.
- A 10% cut in outpatient service capacity, and a 7% cut in detoxification capacity, for substance abuse treatment of community corrections' clients with alcohol and drug issues.
- Return of an estimated 500 inmates to the county from the closure of state minimum security prisons. Approximately 20-30% would be added to the Department of Community Justice's specialized caseloads, including sex offenders, gang members, and clients with mental health issues.

- As much as a 20% cut in beds available for Multnomah County youth, resulting from Oregon Youth Authority cuts.


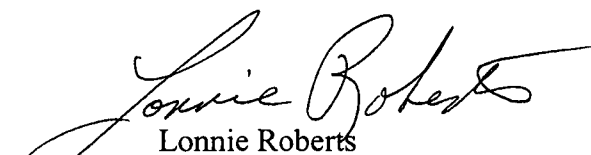
Multnomah County recently completed a mid-year rebalance of our budget. We were able to fill much of our \$20 million shortfall by identifying administrative efficiencies and finding additional revenues. We also reduced funding for the county library system and "mothballed" a county jail. We managed to avoid cutting services to the most vulnerable members of our community. However, we are in no position to "backfill" any state cuts affecting those services with county general fund revenues, particularly now that the weakened economy is taking a toll on projected property tax revenues and business income tax revenues.

Like you, we used the same approach of no across-the-board cuts. The magnitude of this shortfall cannot be addressed by reducing staff and infrastructure while providing the same services. **Instead, we must engage in strategic discussions that acknowledge the entire system and our mutual clients. We strongly believe that attention to revenue options must be included in these discussions.**

Thank you for the opportunity to share this information with you. We look forward to an open dialogue with you and our legislative delegation as the special session proceeds.

Sincerely,

		
Diane M. Linn Chair	Maria Rojo de Steffey District 1	Serena Cruz District 2

	
Lisa Naito District 3	Lonnie Roberts District 4

cc: Senate President Gene Derfler
Senate Democratic Leader Kate Brown
House Speaker Mark Simmons
House Majority Leader Karen Minnis
House Democratic Leader Deborah Karoury
Multnomah County Legislators
Multnomah County District Attorney Michael Schrunk
Multnomah County Sheriff Dan Noelle
Multnomah County Auditor Suzanne Flynn
Multnomah County Public Affairs Director, Gina Mattioda
Steve Marks, Office of the Governor
Olivia Clark, Office of the Governor



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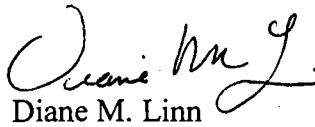

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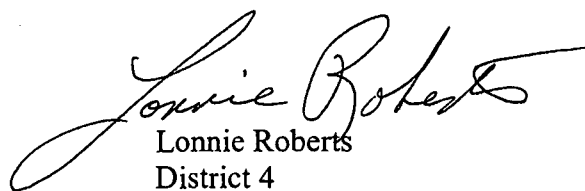
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Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Department of Human Services 10% reduction in GF = \$245 million					
Health	1 st 2% (pg 9)	<i>OHP-Health</i> Don't allocate the special appropriation for OHP caseload increase	(\$3,000,000) GF	\$0	<ul style="list-style-type: none"> This should not have a direct financial impact on the Health Department. However, if this results in management actions (on the state level) to control caseload, there will be more uninsured individuals in Multnomah County, negatively affecting individual health, and placing more strain on certain elements of the care delivery system (e.g., uninsured care delivered through emergency rooms).
CFS				These funds would be released by the state on the basis on higher than expected OHP caseloads. Distribution formula not known at this time	No potential of additional OHP allocations based on higher than expected caseloads (i.e. null potential for OHP mental Health system relief in event of unexpected caseload increase). Little impact since this was not anticipated. Potential decrease in CGF for CC+ and indigent meds proportionate to new eligibles if funded.?
ADS				None	No immediate impact on existing clients.

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Health	1 st 2% (pg 9)	<i>Prescription Drugs - Health</i> Don't allocate special appropriation to allow OMAP to maintain a higher cost reimbursement institutional pharmacies	(\$900,000) GF	\$0	<ul style="list-style-type: none"> No financial impact to Health Department.
ADS	1 st 2% (pg 10)	<i>Senior Prescription Drugs-ADS</i> Eliminate additional discount fund for Senior Prescription Assistance Program	(\$5,016,628) GF	None	No immediate effect on existing clients
Budget Mark C	1 st 2% (pg 10)	Carry forward Tobacco Tax from DHS Closeout	(\$1,075,448) *offset		
CFS	1 st 2% (pg 12)	<i>Developmental Disabilities - DCFS</i> Eliminate funding for adult crisis home for persons w/developmental disabilities	(\$317,124) GF (\$447,030) OF/FF	Unknown	Financial impact unknown. However, this will increase the costs to Regional Crisis program, which currently is under funded
CFS	2 nd 2% (pg 18)	<i>Domestic Violence -DCFS/HD</i> Eliminate Non-Domestic Violence Emergency Assistance Program (DHS notes state: eliminate services to 602 families)	(\$2,057,037) OF/FF	0	This funding is for AFS, it does not flow through the County
Health	2 nd 2% (pg 21)	<i>OHP - HD</i> Use Tobacco Settlement (Master Settlement) funds dedicated for tobacco use cessation, ed., and prevention for GF offset in OHP	(\$5,000,000) GF		<ul style="list-style-type: none"> This reduction would not directly affect the Health Department's Tobacco Prevention & Education Program because this program is funded by Measure 44 (Tobacco Tax) monies. However, loss of this money may cause the State to reassess the way it distributes Measure 44 money. If that happens, we may lose funds. There is no impact on our tobacco evaluation program.

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Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Health	2 nd 2% (pg 22)	<i>Dental - HD</i> Dis-appropriate GF for fluoridation ed. and assistance to local water	(\$500,000) GF		<ul style="list-style-type: none"> • These funds do not come directly to Multnomah County Health Department (MCHD). • However, this funds a state position that supports a tri-county fluoridation group that we participate on. • The majority of these funds would likely have ended up in the Tri-County area for fluoridation systems. • MCHD supports fluoridation as an effective tool to prevent long-term dental health problems.
Health	2 nd 2% (pg 24)	<i>SBHC - HD/DCFS</i> Eliminate school-based clinics affecting 20 clinics in 11 counties. All 46 clinics would lose technical assistance	(\$1,515,000) GF	\$210,476	<ul style="list-style-type: none"> • The state gives us \$210,476 to support school-based clinics. Without this money, we would have to close one clinic. In addition, we would lose two staff positions, which provide system-wide support.

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS	2 nd 2% (pg 25)	<i>Mental health</i> - Don't allocate E-Board funds for implementation of local mental health services'	(\$6,500,000) GF	Distribution was to be based on plans submitted by Counties as mandated in HB3024. It is not possible to specify what individual counties' allocations would have been.	No additional safety net funds, including funds to serve populations specifically mentioned in HB 3024 (children in the child welfare and juvenile justice systems, adults who are frequently incarcerated due to mental illness, and under or unserved adults and children with mental disorders.) Increased pressure on existing safety net services due to increasing numbers of consumers in need related to economy. Affects ADS clients with mental health diagnosis. Without services may end up in acute care systems at higher cost.
CFS	2 nd 2% (pg 26)	<i>Mental health</i> Eliminate mental health consumer advocate program	(\$188,003) GF	Not quantifiable	Would end statewide consumer technical assistance services to adults who are developing consumer based advocacy groups, support networks, and other consumer operated initiatives. OCTA's demise and PR issues.

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Health	2 nd 2% (pg 27)	<i>Safety net – HD</i> Don't allocate E-Board funds for Safety Net Clinics	(\$2,200,000) GF		<ul style="list-style-type: none"> • Although the State has not allocated this money, we believe Multnomah County's share would be fairly small. • However, this cut would jeopardize the financial health of vulnerable safety net clinics, especially smaller and rural health centers • Oregon would lose the opportunity to draw estimated \$3-4 million of additional federal funds. • Oregon would lose the opportunity to assume active role in organizing and developing health safety net capacity statewide.

Working Document: Preliminary Impacts from State Budget Cut Proposals

Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Health	2 nd 2% (pg 28)	Delayed OHP eligibility (beginning date would be first of month following eligibility)	(\$3,750,000) GF (\$5,545,847) OF/FF		<ul style="list-style-type: none"> Potentially eligible Medicaid-funded clients would not get service for up to one month. This may have a small negative effect on revenues. Some clients who should be seen quickly will not be, and may as a result develop more serious (and more expensive) needs.
CFS				Not quantifiable, but negative effect on safety net mental health funds and E-Hold funds. Increased financial pressure on outpatient and inpatient providers	<p>Increased pressure on safety net funds to cover necessary mental health services until OHP coverage begins; increased cost shifting to outpatient providers for emergency, urgent, and routine services. This cost shifting will have major impacts on providers operating on thin margins and/or serving small volumes of clients. Increased cost shifting to hospitals for ED and psychiatric inpatient services. Increased pressure on E-Hold funds to cover inpatient services during period when individual is not OHP funded.</p> <p>This would also have a significant impact on the ability of OHP clients to quickly access A&D services</p>

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS	2 nd 2% (pg 29)	Eliminate one state operated group home for children w/developmental disabilities. Delay opening of second home until July 2002	(\$ 1,018,643) GF (\$1,435,917) OF/FF	Unknown	The financial impact is unknown. However, the impact to DD would be an increase in children's diversion expenditures - which are not adequate now.
CFS	2 nd 2% (pg 30)	Delay funding for county/regional based quality assurance staff for Medicaid waivers (related to The Staley implementation plan)	(\$1,103,760) GF	\$80,214.	The implementation of the Staley plan will go as planned but there will be a delay in the hiring of the quality assurance position due to the funding delay.
ADS	2 nd 2% (pg 31)	Reduce 2,468 clients from OPI (reduces program by 50%)	(\$2,384,486) GF (\$2,516,588) OF/FF	(\$1,221,979) annually	759 frail clients/month lose services which enable them to live at home (annually 1,371 clients); ADS .8 FTE lost; reduces case management, (the front-line resource for vulnerable, at - risk elders) thus crippling the service system; reduces contractor funds resulting in community job losses.
ADS	2 nd 2% (pg 34)	Eliminate remainder of OPI (removes 1,081 clients)	(\$3,466,084) GF (\$997,614) OF/FF	(\$1,221,979) annually	See above –additional 650 frail clients lose services, using point-in-time State calculations based on biennial figures.
CFS	3 rd 2% (pg 34)	Reduce inpatient / residential problem gambling treatment	(\$142,910) LF	NA	These funds are currently unallocated and are intended to fund a new state wide residential treatment service for problem gamblers. The funding set aside for this service is not adequate even for a regional program thus it is unlikely that these funds would be spent any way.

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS LPSCC	3 rd 2% (pg 38)	Don't allocate E-Board funds for mental health planning	(\$1,000,000) GF	Multnomah County Would have received a portion of this \$1,000,000 to do planning related to HB 3024 (as would all other Counties in the state).	Lack of funding to meet planning mandates contained in HB 3024, including populations specifically mentioned in HB 3024 (children in the child welfare and juvenile justice systems, adults who are frequently incarcerated due to mental illness, and under or unserved adults and children with mental disorders.) This planning was to have been the basis of allocations to Counties from the Special E-Board appropriation of \$6,500,000 for safety net services (DHS Cut List p. 26), especially as outlined in HB 3024. Also results in an unfunded mandate for Oregon Counties to do planning as required in HB 3024.
Health	3 rd 2% (pg 39)	Eliminate "enhanced" reimbursement for Type B hospitals (Type B – less than 50 beds and less than 30 miles from nearest hospital)	(\$6,384,012) GF (\$9,441,502) OF/FF	\$0	<ul style="list-style-type: none"> No funds come directly to MCHD.

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Health	3 rd 2% (pg 40)	Remove adult dental coverage from OHP, which would eliminate coverage for roughly 190,000 (would require federal approval)	(\$23,401,459) GF (\$39,833,990) OF/FF	~\$3 million in revenue	<ul style="list-style-type: none"> This would reduce by about half the Health Department's capacity to provide dental services. In total, roughly 50,000 adult county residents would lose dental coverage. In addition, much of the rest of the capacity to serve low-income residents of the county will be eliminated. This would cause a loss of capacity to serve low-income children, even though they retain coverage.
ADS				None	ADS Medicaid clients lose dental coverage (estimated 26,000 elders and persons with disabilities)
Health	3 rd 2% (pg 41)	Require diagnosis be listed on OHP prescriptions and claims that are not funded on the priority list	(\$1,066,608) GF (\$1,577,438) OF/FF		<ul style="list-style-type: none"> This introduces a new administrative requirement, which will take additional provider time. Less time would therefore be available for patient care.

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS	3 rd 2% (pg 42)	Eliminate 2nd year Cost of Living Adjustment (COLA) for providers	(\$10,517,258) GF (\$12,841,819) OF/FF	Not quantifiable for mental health services. Estimated to be \$102,480 for A&D services. Estimated to be \$1,227,895 for DDSD.	Increased financial pressure on providers as operating margins become thinner; downward pressure on wages and compensation for mental health professionals, with potential impacts on overall quality of care and ability to recruit specialized and minority-serving providers; and increased staff turnover. For the Alcohol and Drug system this will most impact our subcontract systems' ability to keep pace with their own rising costs and may force them to cut services or moderate plans for staff salary increases which could impact staff recruitment and retention. It should be noted that this would come on top of the County's decision to not provide a COLA for the last two fiscal years. Internally this means that DCFS will not receive COLA increases for .50FTE of our Prevention Specialist in Office of Addiction Services and for the state A&D funds going into the Touchstone program in DCPD.
ADS				None	Developmental Disabilities estimates the COLA for FY02/03 to be 2%, the loss to the division will be at least \$1,227,895. This is 2% of the base allocation for FY02/03 of \$61,394,751. Reduce the availability of long term care community based resources when providers will not accept Medicaid clients because the payment is too low. May increase reliance on nursing homes which are more expensive and not the choice of clients

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS	3 rd 2% (pg 43)	Reduce training for DD providers by roughly 25%	(\$499,348) GF (\$605,056) OF/FF	\$10,680.	Reduction in training funds available to DCFS' DDSD staff and provider community. A 25% reduction is a loss in funding of \$10,680.
Health	4 th 2% (pg 46)	Eliminate remainder of Public Health perinatal and prenatal programs	(\$437,399) GF	\$26,000 Plus \$80,000 if Babies First is included	<ul style="list-style-type: none"> • Perinatal - Loss of \$26,000 eliminates perinatal care for 50 clients per year • Babies First program would lose Targeted Case Management Medicaid billing projected at \$1,085,555 for FY 02 (equivalent to one-third of home nursing team resources)
ADS CFS	4 th 2% (pg 46)	Eliminate mental health support employment program for 180 clients	(\$1,531,705) GF	None to ADS Not quantifiable	<p>90 clients lose intensive case management services in Multnomah County</p> <p>Reduced mental health rehabilitation capacity, including reduced ability to fully implement recovery model and increased likelihood of consumer decline in functional status/ need for intensive services.</p>

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
MCCF Health CFS	4 th 2% (pg 48)	Oregon Children's Plan funding for mental health and alcohol and drug treatment (estimated that there are 26,132 firstborns impacted)	(\$11,000,000) GF	Commission on Children & Families is the best source for this number 0	<ul style="list-style-type: none"> This would mean the loss of mental health and alcohol and drug services currently provided through the Nurse/Family Partnership Teams and Family Support Teams <p>None of these funds have been received. Plan was to maintain them at State level for family access. Loss of access to them will impact full implementation of County's early childhood plan</p>
ADS CFS Health	4 th 2% (pg 49)	Eliminate General Assistance Grant Program (2,800 clients)	(\$8,960,169) GF (\$721,315) OF/FF	\$1,301,097 + funding for overhead costs Not quantifiable	<p>1,034 clients with disabilities/month lose income for food, shelter, health coverage. ADS loses funding for an estimated 26 positions, using County payroll costs</p> <p>Decreased subsistence services to vulnerable clients resulting in increased instability and potential crises. Increased pressure on OHP funds and psychiatric intensive and acute care resources.</p> <ul style="list-style-type: none"> Grant elimination will result in more homelessness, which will have health consequences on this population. A large percentage of General Assistance clients are in Multnomah County.

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Health ADS	4 th 2% (pg 50)	Eliminate Medicaid long-term care services for clients in levels 15-17 (3,900 clients impacted – 3,418 are in home clients and 582 are in facilities)	(\$10,831,014) GF (\$18,250,694) OF/FF	(\$811,738) annually + funding for overhead costs	<ul style="list-style-type: none"> Many of these individuals (but not all) will lose OHP coverage if they lose long-term care coverage. Since a high percentage have Medicare, the loss of OHP will primarily affect their ability to pay for prescriptions. <p>1,031 clients/month lose long-term care services in home and community-based settings. ADS loses funding for an estimated 16 positions based on County payroll costs</p>
Health ADS	4 th 2% (pg 51)	Eliminate Medicaid long-term care services for clients in levels 11-14 (1,200 clients impacted 673 are in home clients and 527 are in facilities)	(\$2,628,828) GF (\$4,316,972) OF/FF	(\$197,435) annually + funding for overhead costs	<ul style="list-style-type: none"> Same as above. <p>275 elders or persons with disabilities lose long term care services in home and community-based settings. ADS loses funding for an estimated 4 positions</p>
CFS	5 th 2% (pg 53)	Reduction in "Adjustment Fund" for outpatient problem gambling treatment services	(\$142,910) LF	NA	These funds are in a reserve pool at the state to be used if Counties exceed their funding cap. We do not expect to exceed our cap for biennium.

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Health	5 th 2% (pg 54)	Eliminate STARS and other pregnancy prevention programs	(\$482,239) GF (\$559,917) OF/FF	\$143,000	<ul style="list-style-type: none"> Reduces program by about 60%, eliminating services for 3,600 middle school children. STARS provides service in 16 high schools and 31 middle schools in 6 school districts, 2 of which are in East County (Gresham-Barlow and Reynolds).
CFS	5 th 2% (pg 55)	Eliminate Emergency Assistance for 546 domestic violence cases	(\$4,148,733) OF/FF	0	This funding is for AFS, it does not flow through the County
DCJ CFS	5 th 2% (pg 59)	Reduce funding for substance abuse treatment of correctional clients with alcohol and drug issues.	(\$2,686,800) GF	\$466,756	These funds would be cut from the service element that includes subcontracted outpatient treatment and detoxification services. If we spread the cuts proportionately we would experience at least a 10% cut in outpatient service capacity and about a 7% cut in detoxification capacity. Utilization within our outpatient system exceeds its funded capacity. This level of cut could reduce agencies ability to provide the excess funded capacity, which could mean we could see service capacity reductions as high as 25%.
CFS MCSO	5 th 2% (pg 60)	Close Transitional Living Center (TLC) for forensics patients at Oregon State Hospital (currently serves 26 people w/an estimated level of 104 people)	(\$1,875,183) GF (\$48,081) OF/FF		

Working Document: Preliminary Impacts from State Budget Cut Proposals
Health and Human Services

Responsible Party	Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS MCSO	5 th 2% (pg 61)	Reduce outpatient community mental health funds for adults not eligible for Medicaid by 50%, (reduces medication and treatment access for 1,700 clients)	(\$4,761,659) GF	\$900,000 (50% of Full MHS 20 Allocation)	Would reduce funds for mental health outpatient services for indigent, non-OHP clients by 50%. Cuts would result in higher usage of crisis services and acute inpatient services, as well as cost shifting to other areas of the mental health system. Would also result in significantly increased likelihood of adverse or critical incidents.
ADS CFS	5 th 2% (pg 62)	Eliminate medically needy program for 7,490 clients (all clients are either elderly or disabled clients)	(\$17,263,980) GF (\$36,175,000) OF/FF	(\$673,269) annually + funding for overhead costs Unknown	1,210 elders or persons with disabilities who have high medical expenses lose limited health benefits. ADS loses funding for an estimated 14 positions, using County payroll costs Need additional information, left message at the State to assess which DD consumers this affects. No reply yet
Health	5 th 2% (pg 63)	Eliminate OHP coverage for a portion of the adult/couple population, by decreasing the upper limit for income from the current 100% of FPL	(\$21,091,722) GF (\$35,364,661) OF/FF		<ul style="list-style-type: none"> Under this reduction, a significant number of Multnomah County residents can be expected to lose OHP coverage. See impact statement from DHS document.

Working Document – Preliminary Impacts from State Budget Cut Proposals
Public Safety

Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Department of Corrections 10% reduction in GF = \$8,616,480				
Sheriff/DCJ/LPSCCC	Pro-rated elimination of 3.5% COLA (inflation) rate (or \$4,586,750) calculated into DOC community correction funds.	\$195.5 million allocated statewide for 2001-03	\$61,504,115 allocated for county	\$1,551,660 million reduction in funds: <ul style="list-style-type: none"> • \$1,011,500 for DCJ • \$530,200 for Sheriff • \$9,950 for LPSCC Opt-out clause could be triggered
Sheriff/DCJ	Early release of 1,600 DOC inmates statewide due to potential closure of 6 minimum-security prisons 370 layoffs at DOC	\$36,092,504 in savings (\$5,510,235 would be allocated to those communities)		An estimated 500 inmates would be returned to the county, impacting the jails. Of these, approximately 20-30% would be added to DCJ's specialized caseloads (i.e., sex offender, gang, and mental health).
Sheriff/DCJ	Parole high-cost medical inmates	1 st 2% = \$100,000 savings 1 st and 2 nd only		
Oregon Youth Authority 10% reduction in GF = \$22,946,828				
DCJ	175-275 close custody bed reductions	Each 2% would save \$2.1 million, totaling \$11.9 million at 10%	County generally comprises 30% of OYA's close custody beds	If the maximum number of beds are cut (275), the number of beds available for Multnomah County youth would be reduced by an estimated 10-20%.
DCJ	2-10% reduction in Gang Transition Services program funding		\$2.7 million was allocated to Multnomah Co.	A 10% cut would result in a \$271,042 to \$315,000 cut in DCJ's gang transition services.

Working Document – Preliminary Impacts from State Budget Cut Proposals
Public Safety

			for 2001-03 biennium	
Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
DCJ	2-10% reduction in county diversion funds	Each 2% = \$207,895	An estimated \$1.5 million was allocated to Multnomah Co. for 2001-03 biennium	A 10% reduction would result in a cut of \$151,828, impacting supervision of juveniles on probation and eliminating juvenile court counselor positions.
DCJ	2-10% in state juvenile crime prevention (JCP) funds	Each 2% = \$245,523	DCJ received \$4,796,054 for the biennium	A 10% reduction would result in a \$479,605 cut, severely impacting mental health services in detention. Also, the number of juvenile court counselor positions would be cut and community provider shelter beds would be reduced.
Department of Justice				
District Attorney	Reductions in witness fees beginning FY 03	1 st 2% and 2 nd 2% levels proposed		Each 2% = \$32,000 impact to DA's office, totaling \$64,000.
District Attorney	Reductions in DA salary supplement payments	2-10% is proposed		A 10% reduction would amount to an \$86,000 impact.
Office of Alcohol and Drug Abuse Programs (DHS)				
DCJ	Eliminate funding of 600 statewide A&D clients statewide (approximately 17% of non-OHP cases)			Does not directly affect revenues for DCJ, but would reduce access to treatment for DCJ clients. Funding for outpatient treatment would decline.

Working Document: Preliminary Impacts from State Budget Cut Proposals
Indirect Cuts

Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Oregon Department of Transportation 10% reduction in GF = \$4 million				
ADS	10% reduction in the Public Transit Division, which houses the Senior & Disabled Transportation grants, however these grants held harmless.	\$200,000	Indirect cut	Although the proposed elimination of \$200,000 in Oregon Transportation Network would not directly impact the county's budget, it would affect the tri-county's chances for receiving Senior & Disabled fund based on population and needs.
DSCD/Transportation	4 th 2% cut: Elimination of one train between Portland and Eugene in Jan 03	\$1 million	Indirect cut	Multnomah Co. does not operate rail service, but its elimination will impact transportation planning. ODOT and regional transportation partners will lose federal matching funds. Expensive to restore service.
DSCD/Transportation	5 th 2% cut: Elimination of one train between Portland and Eugene in Aug 02	\$1 million	Indirect cut	Multnomah Co. does not operate rail service, but its elimination will impact transportation planning. ODOT and regional transportation partners will lose federal matching funds. Expensive to restore service.
Oregon Housing & Community Services 10% reduction in GF = \$1,614,642				
DSCD/Housing/	Reduce # of farmworker housing units by 137	Reductions as a result of shifting \$1.3 million from Housing	Indirect cut	

Working Document: Preliminary Impacts from State Budget Cut Proposals
Indirect Cuts

		Development Trust Fund from GF to Other Funds		
DCSD/DCJ	Reduce # of transitional housing units for ex-offenders by 66		Indirect cut	
DSCD/Housing	Eliminate Emergency Housing Assistance Discretionary Grant Program (\$322,929)			Sacrifices funding of short-term gaps of local homeless programs and reserves for state emergencies (ie, drought, floods)
Department of Education				
DCFS/DCJ/Health	2-10% in common school fund		Indirect cut	While this would not cut direct county programs, it would have a significant impact on county services to youth and families.

Working Document: Preliminary Impacts from State Budget Proposals
Assessment and Taxation/Land Use

Dept. Level	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Department of Revenue				
DSS/A&T	Discontinue paying counties to collect taxes	\$5 million	\$400,000 per year	
Department of Land Conservation and Development				
DSCD/Land Use	Elimination of land use planning grants		\$80,000 per biennium	

BOGSTAD Deborah L

From: MATTIODA Gina M**Sent:** Monday, December 24, 2001 9:02 AM

To: #ALL CHAIR'S OFFICE; #ALL DISTRICT 1; #ALL DISTRICT 2; #ALL DISTRICT 3; #ALL DISTRICT 4; Amy JOSLIN; Arna HUBBARD; Barbara SIMON; Bob ELLIS; Carol FORD; Cecilia Johnson; Christine Kirk; Christine TEBBEN; Christopher Sample; Cindy GIBBON; Cindy GIBBON; Connie GUIST; Consuelo SARAGOZA; Daniel Brown; Darlene YOUNG; Dave BOYER; Dave Warren; David HOUGHTON; Denise CHUCKOVICH; Don HAUSKINS; Doug MCGILLIVRAY; FRONK Tom R; FULLER Joanne; Gail Parnell; Gary HENDEL; Gary OXMAN; Gary SAWYER; Ginnie COOPER; Ginnie COOPER; Gordon EMPEY; Harold LASLEY; Howard KLINK; Jane SPENCE; Janet WALLINDER; Jim MCCONNELL; Jim ROOD; Joanne FULLER; John ROWTON; Joy BELCOURT; Judy PHELAN; Julie BERGSTROM; Julie Neburka; Karen SCHILLING; Karyne DARGAN; Kathleen TUNEBOER; Kathy BUSSE; Kathy TINKLE; Kathy TREB; Kathy TURNER; Lila WICKHAM; Lillian SHIRLEY; Lisa YEO; Lore JOPLIN; Lyne Martin; Maggie Miller; Mark CAMPBELL; Mary LI; Mary Shortall; MaryAnn STEWART; MCCONNELL Jim; Michael Oswald; Michael SCHRUNK; Pam MINDT; R Wilcox; Rey Espana; Rich SCOTT; Robert HOVDEN; Robert Thomas; SHERIFF; Sheryl Stump; SHORTALL Mary E; Stan GHEZZI; Stephen Pearson; Susan MUIR; Suzanne FLYNN; Thomas Simpson; Thomas Sponsler; TINKLE Kathy M; Tom GUINEY; Tom HANSELL; Tony MOUNTS; Tricia TILLMAN-REARDON; Vanetta ABDELLATIF; Vicki ERVIN; Wanda Yantis; Wendy LEAR; Wendy RANKIN

Subject: News Clip

Below is a news clip from the Oregonian, which may be of interest to you. Please note that the special session alert - Capitol News stated that Rep. Gary Hansen was a member of the budget negotiation team, PAO has learned that more in likely Rep. Mark Hass will participate instead of Rep. Gary Hansen.

3. Oregonian

County may see more cuts after state trims its budget

12/19/01

FRED LEESON

Multnomah County officials trying to read tea leaves about forthcoming state budget cuts think the county could lose between \$12 million to \$17 million.

Unlike an earlier round of internal county cuts that left most social service programs intact, the new reductions could slice into county medical, mental health, drug treatment and services for seniors.

"It will impact the most vulnerable members of our community," said Diane Linn, county chairwoman after an informal county board meeting on Tuesday.

State legislators are expected trim some \$720 million from the state budget at a special session in February. The unusual mid-session cutting is dictated by a declining state economy that is reducing state revenue.

Gina Mattioda, director of the county's public affairs office, said the \$12 million to \$17 million estimate is based on talks with state agencies and legislative work sessions. Gov. John Kitzhaber is expected to issue his budget recommendations early in January.

While the county cannot predict legislative decisions, county commissioners now believe significant

1/2/2002

impacts could include:

Loss of adult dental care for 50,000 low-income county residents;

Return of an estimated 500 inmates from state prisons, many of whom would be added to caseloads of county parole and probation officers;

A 10 percent cut in outpatient drug and alcohol treatment for clients in county corrections programs;

Loss of services that keep approximately 1,400 frail or elderly patients in their own homes;

Loss of food, housing and health care for 1,000 clients in the General Assistance Grant program;

Approximately a 20 percent cut in county beds for juvenile criminal offenders.

Last month, the county completed its own mid-year budget reduction process by trimming \$10.8 million from a \$291 million general fund. The reductions were prompted in large part by declines in the county's business income tax.

County commissioners temporarily closed one county jail but avoided cuts to most human service programs. In many cases, county-funded social services provide the safety net for residents who cannot afford mainstream health or drug treatment.

"We've taken out all of our administrative buffer, to the extent we even had one," Linn said. She said the coming state cuts will come largely from mandated programs, which means the county has less discretion to switch money among competing services.

"If we identify things that we feel just can't be reduced, can the county backfill some of those services?" Linn asked. "It would be very, very difficult."

The board said it would encourage many of the 300 people who testified about during the recent county budget hearings to communicate with state legislators about impacts of state cuts.

But it is unlikely that the county can avoid any impact. "We're here to pick up the pieces," said Commissioner Lonnie Roberts, himself a former state legislator.

Gina Mattioda
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BOGSTAD Deborah L

From: MATTIODA Gina M**Sent:** Monday, January 07, 2002 1:57 PM

To: #ALL CHAIR'S OFFICE; #ALL DISTRICT 1; #ALL DISTRICT 2; #ALL DISTRICT 3; #ALL DISTRICT 4; Amy JOSLIN; Arna HUBBARD; Barbara SIMON; Bob ELLIS; Carol FORD; Cecilia Johnson; Christine Kirk; Christine TEBBEN; Christopher Sample; Cindy GIBBON; Cindy GIBBON; Connie GUIST; Consuelo SARAGOZA; Daniel Brown; Darlene YOUNG; Dave BOYER; Dave Warren; David HOUGHTON; Denise CHUCKOVICH; Don HAUSKINS; Doug MCGILLIVRAY; FRONK Tom R; FULLER Joanne; Gail Parnell; Gary HENDEL; Gary OXMAN; Gary SAWYER; Ginnie COOPER; Ginnie COOPER; Gordon EMPEY; Harold LASLEY; Howard KLINK; Jane SPENCE; Janet WALLINDER; Jim MCCONNELL; Jim ROOD; Joanne FULLER; John ROWTON; Joy BELCOURT; Judy PHELAN; Julie BERGSTROM; Julie Neburka; Karen SCHILLING; Karyne DARGAN; Kathleen TUNEBERG; Kathy BUSSE; Kathy TINKLE; Kathy TREB; Kathy TURNER; Lila WICKHAM; Lillian SHIRLEY; Lisa YEO; Lore JOPLIN; Lyne Martin; Maggie Miller; Mark CAMPBELL; Mary LI; Mary Shortall; MaryAnn STEWART; MCCONNELL Jim; Michael Oswald; Michael SCHRUNK; Pam MINDT; R Wilcox; Rey Espana; Rich SCOTT; Robert HOVDEN; Robert Thomas; SHERIFF; Sheryl Stump; SHORTALL Mary E; Stan GHEZZI; Stephen Pearson; Susan MUIR; Suzanne FLYNN; Thomas Simpson; Thomas Sponsler; TINKLE Kathy M; Tom GUINEY; Tom HANSELL; Tony MOUNTS; Tricia TILLMAN-REARDON; Vanetta ABDELLATIF; Vicki ERVIN; Wanda Yantis; Wendy LEAR; Wendy RANKIN

Cc: SODEN Stephanie A; MATTIODA Gina M**Subject:** Governor's Office Press Releases.htm

Below is Governor Kitzhaber's press release that outlines cuts. He stressed during his press conference that this is a starting point.

Stephanie Soden with the PAO attended the Governor's press conference and will have copies of the cut document. These and other details will be discussed at Thursday's BCC briefing .



FOR IMMEDIATE RELEASE
January 7, 2002

Contact:

Bob Applegate
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Jon Coney
(503) 378-6169

1/7/2002

Governor Releases Potential Budget Cuts

Decreased Revenue and Increased Cost Create \$830 Million Budget Shortfall

Governor John Kitzhaber today released a list of \$830 million in budget reductions that would be necessary to rebalance the 2001-2003 state budget without new revenue. The governor released the list of possible cuts as the first step in a bipartisan process with legislative leadership to rebalance the budget in a special legislative session targeted for early February.

"It is critically important for Oregonians to understand the depth of our budget problem and see the level in reduction in state services necessary to rebalance the budget," Kitzhaber said.

The cuts were made necessary by a projected \$700 million decrease in state revenue due to the recession; and by \$130 million in increased costs due to medical cost inflation in the Department of Corrections; and to an increased demand for social services by Oregonians directly affected by the recession.

"Let me be clear that this is not a 'Governor's Recommended Budget'," Kitzhaber said. "I believe that making this level of cuts is neither responsible nor politically possible. This should be viewed as a starting point for the debate and I will work over the next week to come up with a more balanced approach involving budget cuts, the use of existing unallocated resources as well as a consideration of new revenue." Kitzhaber targeted the week of January 14 as the probable release date for a more balanced budget plan.

Governor Kitzhaber also noted that the fiscal challenge involved not only rebalancing the budget for the current biennium, but doing so in a way that begins to reduce the looming billion dollar shortfall projected for the 2003-2005 and the 2005-2007 budgets. "Our responsibility is to make the tough choices now that will put our General Fund budget back on a sustainable footing for the future," he said.

Since nearly 90 percent of the General Fund is allocated to three program areas -- education (56.1%), human services (21.7%) and public safety (11.3%) -- those are the areas that must bear the brunt of the budget reductions.

The general outlines of the proposed cuts are as follows:

EDUCATION

Primary and Secondary (K-12)

Over 42 percent of the General Fund budget -- \$5.2 billion -- goes to our primary and secondary school system. For this reason, it is very difficult to rebalance the budget without cutting funding for public schools. The proposed rebalanced budget would reduce state funding of our K-12 system by \$304 million or six percent.

How those reductions will affect our children's education will differ among Oregon's 198 school districts. While each locally elected school board will make the final decisions, it is reasonable to

assume that these cuts will affect student to teacher ratios, access to language and art instruction, textbook purchases, transportation services and length of school year.

Community Colleges

The proposed rebalance would cut the state appropriation to Oregon's 17 community colleges by \$38 million or eight percent. Like our primary and secondary school system, locally elected boards govern Oregon's community colleges. Exactly how those reductions will be managed is up to those local boards. However, some examples of possible cuts include: reduction or elimination of outreach programs, reduction of English as a second language offerings and adult literacy classes, reduction or elimination of evening and weekend classes and increases in tuition ranging from 15 to 25 percent.

Oregon University System

The proposed rebalance would cut \$84 million or ten percent of the state appropriation to Oregon's institutions of higher learning. Specifically, the proposed reductions include:

- Elimination of state support for a top-tier engineering school -- \$5 million
- Reduction of statewide services including extension services, agricultural and forest research by 17 percent -- \$17.3 million.
- Reduce direct support for undergraduate education by 5.1% -- \$19 million.
- Reduce investment in engineering graduates by 15% -- \$2.9 million.
- Reduce campus-based service programs by 20 percent. Examples of such programs are Small Business Development Centers; campus-based radio stations and other specialized programs -- \$1.5 million.
- Cut state support for research by 20 percent -- \$2.4 million.

HUMAN SERVICES

Oregon's services to vulnerable citizens comprises \$2.59 billion or 21.7 percent of the total budget. The governor's proposed rebalance of the budget would reduce that by \$172.3 million or 6.6 percent. Following are some examples of proposed service cuts:

Oregon Health Plan The Oregon Health Plan budget will be cut by \$59 million or six percent. Examples of services that will be cut include:

- Elimination of the Family Health Insurance Assistance Program (FHIAP). FHIAP provides health insurance subsidies and assistance to about 6,500 working poor Oregonians and their children each year. There are 23,000 Oregonians on the "waiting list" for the program -- \$12.5 million.
- Reduction in dental benefits for 190,000 adults, including elimination of some services and increased co-pays - \$9.4 million.
- Reduction in the income eligibility level for children and pregnant women from 180 percent of the federal poverty level to 133 percent of the federal poverty level -- \$9 million.
- Reduce medically needy eligibility for more financially-advantaged clients -- \$4.5 million.

Oregon Children's Plan The Oregon Children's Plan budget will be cut by \$9.8 million or 17 percent. These program cuts will include:

- Delay implementation of the plan in seven counties -- \$131,000.
- Reduce funding for substance abuse and mental health treatment portion of the plan by 36 percent, which cuts services to 622 children and their families -- \$4 million.
- Reduce services to 1,800 children -- \$866,000.
- Eliminate "Babies First" program. This program provides nurse home visits to about 8,000 high-risk infants each year -- \$629,000.

Other examples of cuts in the Department of Human Services include:

Eliminate DARTS (Day and Residential Treatment Services) program for non-Medicaid children & adolescents. DARTS are psychiatric day treatment facilities for seriously emotionally disturbed children and youth. This cut will affect an estimated 193 children per year in 16 counties -- approximately 35% of the slots. In addition, we would not open a new DARTS program in Medford for about 10 kids -- \$5.2 million.

- Eliminate the Senior Drug Assistance program. This eliminates a discount for prescriptions for an estimated 100,000 senior citizens -- \$5 million.
- Eliminate Oregon Project Independence. This program provides services that enable senior citizens to stay in their homes rather than in alternative care settings. This will affect more than 3,500 seniors and approximately 530 will become Medicaid-eligible as a result -- \$5.8 million.
- Increase the co-pay for Employment Related Day Care (ERDC), and eliminate assistance for families over 150% of the federal poverty level. One of the most important supports that allows low-income parents to get and maintain employment is the availability of affordable childcare. ERDC has been critically important to reducing Oregon's welfare roles. This will affect 12,569 families. It is estimated that 314 of these families will return to cash assistance as a result -- \$3.4 million.
- Eliminate state funding for school based health centers. There are 46 school based health centers in the state. All 46 would lose training and technical assistance. In addition, 20 clinics in 11 counties would lose state funding. State funding represents an average of about 40 percent of the resources for these school based health centers -- \$1.5 million.
- Eliminate Medicaid Long Term Care for Levels 15-17. This cut affects 3,900 senior citizen clients who are served in their homes (3,418) or in facilities (582). These are people who need assistance with dressing or bathing -- \$10.8 million.

PUBLIC SAFETY

The public safety budgets include the budget for the Department of Corrections (DOC), the Oregon Youth Authority (OYA) and the Oregon State Police (OSP). In total, public safety consumes \$1.3 billion or 11.3 percent of the total budget. To balance the budget without new resources, public safety programs would be cut by \$103 million or 7.66 percent. Examples of proposed cuts include:

- Cut OYA by 150 beds -- \$6.8 million
- Transfer 18-year-olds from OYA to DOC -- \$6.6 million.
- Eliminate crisis intervention in domestic violence cases. This action would eliminate all grants

to victims of violence and terminate the one Program Representative position -- \$2.5 million.

- Delay opening medium security unit and special management unit at Coffee Creek, and delay opening a 48-bed Intensive Management Unit (IMU) at Snake River. The 15-month delay at Coffee Creek will force Oregon State Penitentiary to utilize emergency beds at other institutions, causing management stress. Delay of the IMU at Snake River will require continued use of beds at Oregon State Penitentiary -- \$4.68 million.
- Cancel the OSP 2003 Recruit School. This action would create substantial hardship for OSP in its effort to ensure well-trained new recruits to fill 41 sworn positions that become vacant due to retirement and other separations. It will primarily affect the Patrol Division -- \$1.85 million.
- Delay startup of second unit of OYA in River Bend. This action would delay startup of a second 25-bed unit until July 2002 -- \$289,000.
- Eliminate rural forensics laboratories in Ontario, Bend, Pendleton, and Coos Bay. This action would occur as a consolidation of the OSP's seven labs into four, which will improve productivity of the overall system, but will impair crime scene investigations in areas that lose labs -- \$676,630.

"These are some of the more graphic examples of how we will cut services if we must reduce the budget by \$830 million without new resources," Kitzhaber said. "I am hopeful I will be able to reach agreement with legislators on a plan that does not force us to cut all these services but instead will allow us to restore those that are most important for Oregon's future."

A chart is attached to this news release that shows the total proposed reductions by program area and what percent reduction that represents. For greater detail on all the proposed cuts, visit the governor's website at: <http://www.governor.state.or.us/>

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- [Charts A](#)
- [Charts B](#)

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Special Session Timeline

January 7, 2002	Governor releases Phase I budget that rebalances \$850 million shortfall with program and administrative cuts only
January 7-10	PAO, departments and budget office analyze potential impacts to county
January 10	PAO, departments and budget office brief BCC on potential impacts to county
January 14-17	Governor releases Phase II budget that reflects a combination of program and administrative cuts, revenue options, and use of one-time only funds
January 17-25	PAO, departments and budget office begin to analyze impacts to county
January 17	BCC hosts legislative breakfast with county delegation to discuss issues such as special session
January 23	Tentative: Legislature draft bills
January 28 – February 1	Public hearings
January 31 – February 1	Emergency Board
February 8	Special Session



FOR IMMEDIATE RELEASE

January 7, 2002

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(503) 378-6496

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Governor Releases Potential Budget Cuts

Decreased Revenue and Increased Cost Create \$830 Million Budget Shortfall

Governor John Kitzhaber today released a list of \$830 million in budget reductions that would be necessary to rebalance the 2001-2003 state budget without new revenue. The governor released the list of possible cuts as the first step in a bipartisan process with legislative leadership to rebalance the budget in a special legislative session targeted for early February.

"It is critically important for Oregonians to understand the depth of our budget problem and see the level in reduction in state services necessary to rebalance the budget," Kitzhaber said.

The cuts were made necessary by a projected \$700 million decrease in state revenue due to the recession; and by \$130 million in increased costs due to medical cost inflation in the Department of Corrections; and to an increased demand for social services by Oregonians directly affected by the recession.

"Let me be clear that this is not a 'Governor's Recommended Budget'," Kitzhaber said. "I believe that making this level of cuts is neither responsible nor politically possible. This should be viewed as a starting point for the debate and I will work over the next week to come up with a more balanced approach involving budget cuts, the use of existing unallocated resources as well as a consideration of new revenue." Kitzhaber targeted the week of January 14 as the probable release date for a more balanced budget plan.

Governor Kitzhaber also noted that the fiscal challenge involved not only rebalancing the budget for the current biennium, but doing so in a way that begins to reduce the looming billion dollar shortfall projected for the 2003-2005 and the 2005-2007 budgets. "Our responsibility is to make the tough choices now that will put our General Fund budget back on a sustainable footing for the future," he said.

Since nearly 90 percent of the General Fund is allocated to three program areas -- education (56.1%), human services (21.7%) and public safety (11.3%) -- those are the areas that must bear the brunt of the budget reductions.

The general outlines of the proposed cuts are as follows:

EDUCATION

Primary and Secondary (K-12)

Over 42 percent of the General Fund budget -- \$5.2 billion -- goes to our primary and secondary school system. For this reason, it is very difficult to rebalance the budget without cutting funding for public schools. The proposed rebalanced budget would reduce state funding of our K-12 system by \$304 million or six percent.

How those reductions will affect our children's education will differ among Oregon's 198 school districts. While each locally elected school board will make the final decisions, it is reasonable to assume that these cuts will affect student to teacher ratios, access to language and art instruction, textbook purchases, transportation services and length of school year.

Community Colleges

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Reduction Options: Education

Legend

CCWD	Department of Community Colleges and Workforce Development
ODE	Oregon Department of Education
OHSU	Oregon Health and Science University
OSAC	Oregon Student Assistance Commission
OUS	Oregon University System

No.	Agency	Short Description	2001-03				Full Time Equivalent
			General Fund	Lottery Funds	Other Funds	Federal Funds	
1	CCWD	Eliminate Curry County facility funding restored by Legislature.	1,000,000				
2	CCWD	Eliminate Sabin Center funds restored by Legislature.	500,000				
3	CCWD	Reduce Community College support fund by 2%.	7,979,693				
4	CCWD	Reclass savings, services and supplies cuts, and fund shift information systems position.	80,505			(36,526)	
5	CCWD	Oregon Youth Conservation Corps: cut travel, publishing, and 2001-02 forum.	9,090				
6	ODE	Reduce Data Integrity Assurance incentives and support to school districts to improve their data systems - a 38% reduction of project.	3,900,000				
7	ODE	Reduce General Fund for Early Intervention/Early Childhood Special Education and use additional expected Federal Funds.	3,900,000				
8	ODE	Reduce administration.	640,770				
9	ODE	Reduce services and supplies for agency operations.	350,000				
10	ODE	Eliminate Oregon Pre-Kindergarten study data collection project.	300,000				
11	OHSU	Further reduce administration (4% cut).	13,300				
12	OSAC	Further reduce administration (6% cut).	28,700				
13	OSAC	Reduce Opportunity Grant as result of reduction in Lottery revenue for a total of 1,294 fewer grants.		1,371,778			
14	OUS	2% cuts at OUS: statewide 4.8%; Chancellor's Office 5%; research/campus public services 2%; undergrad/grad 0.7%; additional cuts.	16,160,329				50.00
15	OUS	Increase OUS collaborative program cut from 34% to 35%.	7,068				
16	OUS	Eliminate veterinary school construction (E-Board appropriation).	4,000,000				
17	CCWD	Oregon Youth Conservation Corps: cut professional services, 2002-03 forum, and copier.	8,492				
18	CCWD	Oregon Youth Conservation Corps: cut leader training, travel, and annual forum.	8,630				
19	ODE	Eliminate Data Base Initiative data collection consolidation project.	280,000				
20	ODE	Phase out Frontier Learning Network.	350,000				
21	ODE	Oregon Pre-Kindergarten efficiencies.	1,500,000				
22	ODE	Reduce Talented and Gifted grants by 9%	20,000				
23	ODE	Reduce Student Leadership Centers grants by 10%.	85,000				
24	ODE	Reduce Workforce Development grants by 10%.	18,000				
25	ODE	Reduce Junior Achievement grants by 11%.	10,000				

26	ODE	Reduce data base initiative enhancements.	335,000				
27	ODE	Reduce Technology Enhanced Assessment program (TESA).	600,000				
28	OUS	6% cuts at OUS: research 10%, campus public services 5.8%, Top Tier Engineering 65%, Chancellor's Office 8.5%, Bend campus 5%, Statewide Public Services 6.6%.	10,704,195				100.00
29	OUS	Reduce Chancellor's Office by an additional 1.5%, to a 10% cut.	404,818				
30	OUS	Reduce systemwide expenses/programs by an additional 1%, to an 11% cut.	159,394				
31	OSAC	Eliminate Former Foster Youth Scholarship program.	60,000				
32	OUS	Reduce Research support by an additional 5%, to a 15% cut.	801,529				
33	OUS	Reduce Campus public services by an additional 5.2%, to a 10% cut.	329,889				
34	OUS	Reduce Oregon College of Engineering and Computer Sciences by an additional 1.5%, to a 10% cut.	71,738				
35	OUS	Reduce: small school support by 2-4%.	621,057				
36	OUS	Reduce top tier engineering funding by an additional 35%, eliminating program funding.	1,750,000				
37	OUS	Reduce engineering graduates supplemental funding by 5%.	176,650				
38	CCWD	Reduce Community College support fund by an additional 2%, to a 4% cut.	9,479,810				
39	CCWD	Oregon Youth Conservation Corps: cut funding for 14 youth.	9,350				
40	CCWD	Oregon Youth Conservation Corps: cut funding for 14 youth.	9,350				
41	ODE	Reduce Oregon Public Education Network (OPEN) funding by 9%.	200,000				
42	ODE	Use Federal Funds for grants to low performing schools.	1,042,000				
43	ODE	School Funding: eliminate School Improvement Fund for 2002-03.	112,000,000				
44	ODE	Reduce Special Schools funding by 2%: proportionate to reduction in School Funding.	334,000				
45	OUS	Reduce undergraduate cell value funding by an additional 1.1%, to a 1.8% cut.	3,940,453				
46	OUS	Reduce graduate cell value funding by an additional 2.9%, to a 3.6% cut.	4,421,137				
47	OUS	Reduce law, veterinary, pharmacy cell value funding by an additional 2.9%, to a 3.6% cut.	385,331				
48	OUS	Additional loss of Other Funds and FTE at a 6% cut.	--		5,300,000		85.00
49	OUS	Reduce Western Undergraduate exchange funding by an additional 5%, to a 35% cut.	80,951				
50	OUS	Shift \$1.8 million for Bend campus to Board reserve; eliminating 5% reduction in targeted funding.	(233,519)				
51	OUS	Increase Resource Allocation Model reserves by 3%, to a 50% cut.	(73,865)				
52	OUS	Reduce Oregon Joint Graduate Schools of Engineering by an additional 1.5%, to a 10% cut.	26,760				
53	OUS	Reduce engineering undergraduate supplemental funding by 2%.	89,284				
54	OUS	Reduce Statewide Public Services building maintenance by an additional 5%, to a 15% cut.	247,102				
55	OUS	Reduce Resource Allocation Model Reserve by an additional 50%, eliminating the reserves.	1,231,091				

56	OUS	Reduce small schools support by an additional 1-3%, to a 5% cut.	681,585				
57	OUS	Reduce engineering undergraduate supplemental funding by an additional 1%, to a 3% cut.	44,641				
58	OUS	Reduce campus public service by an additional 10%, to a 20% cut.	785,451				
59	ODE	Cut data base initiative enterprise integration.	585,000				
60	OUS	Reduce undergraduate cell value funding by an additional 2.2%, to a 4.0% cut.	8,141,144				
61	OUS	Reduce graduate cell value funding by an additional 1.9%, to a 5.5% cut.	2,978,453				
62	OUS	Reduce law, veterinary, pharmacy cell value funding by an additional 1.9%, to a 5.5% cut.	259,590				
63	OUS	Additional loss of Other Funds and FTE at an 8% cut.	--		5,700,000		95.00
64	OUS	Reduce funding for non-resident masters support by an additional 50%, eliminating the distribution.	887,906				
65	OUS	Reduce the Chancellor's Office by an additional 1%, to an 11% cut.	269,879				
66	OUS	Reduce systemwide expenses/programs by an additional 2%, to a 13% cut.	318,789				
67	OUS	Reduce Oregon College of Engineering and Computer Sciences by an additional 1%, to a 11% cut.	47,825				
68	OUS	Reduce Oregon Joint Graduate Schools of Engineering by an additional 1%, to an 11% cut.	17,840				
69	OUS	Reduce fee remission funding distribution by an additional 25%, to a 50% cut.	415,000				
70	OUS	Reduce Statewide Public Services by an additional 3.4%, to a 10% cut.	3,500,000				
71	OUS	Reduce Engineering Education Investment Funds by 10%.	1,959,000				
72	OUS	Reduce statewide public services by an additional 2%, to a 12% cut.	2,041,060				
73	OUS	Reduce Engineering Education Investment Funds by an additional 2%, to a 12% cut.	391,800				
74	OUS	Reduce statewide public services by an additional 1%, to a 13% cut.	1,020,530				
75	OSAC	Reduce Opportunity Grant to 2001-03 Governor's Recommended Budget level of an additional 2,771 fewer grants.	2,937,335				
76	OSAC	Reduce Opportunity Grant to Current Service Level - an additional 1,697 fewer grants for a total of 5,762 fewer grants.	1,477,645			320,928	
77	CCWD	Reduce Community College support fund an additional 2%, to a 6% cut.	9,479,810				
78	OUS	Reduce statewide public services by an additional 4%, to a 17% cut.	4,082,119				
79	OUS	Reduce undergraduate cell value funding by an additional 1.8%, to a 5.8% cut.	6,877,223				
80	OUS	Reduce graduate cell value funding by an additional 1.9%, to a 7.4% cut.	3,040,502				
81	OUS	Reduce law, veterinary, pharmacy cell value funding by an additional 1.9%, to a 7.4% cut.	264,999				
82	OUS	Additional loss of Other Funds and FTE at 10% cut.	--		7,500,000		130.00
83	OUS	Reduce research support by an additional 5%, to a 20% cut.	801,528				
84	OUS	Reduce Engineering Education Investment Funds by an additional 3%, to a 15% cut.	587,700				
85	OUS	Reduce engineering undergrad supplemental funding by an additional 2%, to a 5% cut.	89,284				

86	ODE	Reduce State School Funding - for a total 4% reduction.	90,772,086				
87	ODE	Reduce Special Schools funding a total of 4% - proportionate to reduction in School Funding.	334,000				
88	ODE	Reduce State School Funding - for a total 6% reduction.	101,386,043				
89	ODE	Reduce Special Schools funding a total of 6% - proportionate to reduction in School Funding.	334,000				
90	CCWD	Reduce Community College support fund an additional 2%, to an 8% cut.	9,479,810				
91	ODE	Eliminate Oregon Pre-Kindergarten expansion of 50% to 60%.	2,400,000				
92	Cumulative		449,042,659	1,371,778	18,500,000	284,402	460
93	Cumulative General Fund and Lottery Funds		450,414,437				
Reduction cited by agency not taken by Governor							
94	ODE	Further reduce Data Integrity Assurance incentives and support to school districts.	2,700,000				
95	ODE	Further reduce Technology Enhanced Assessment program (TESA).	400,000				
96	OSAC	Reduce Opportunity Grant to 2% below Current Service Level - an additional 708 fewer grants.	750,000				
97	OSAC	Eliminate second year funding of Nursing Services program - a one-time reduction.	189,000				
98	OSAC	Eliminate second year funding of Rural Health Services program - a one-time reduction.	260,525				0.10
99	CCWD	Reduce Community College support fund 10%.	9,488,783				
100	ODE	Reduce Early Intervention/Early Childhood Special Education program.	4,648,591				
101	ODE	Further reduce Data Integrity Assurance project - eliminate the CIM/CAM/PASS/Diploma support component.	2,425,000				
102	ODE	Further reduce Data Integrity Assurance project - eliminate certification process.	400,000				
103	ODE	Reduce long-term care and treatment (coordinate w/ DHS).	275,000				
104	ODE	School Funding - for a total 8% reduction.	101,386,043				
105	ODE	Reduce Special Schools funding for a total of 8% - proportionate to reduction in School Funding.	334,000				
106	ODE	School Funding - for a total 10% reduction.	101,386,043				
107	ODE	Reduce Special Schools funding for a total of 10% - proportionate to reduction in School Funding.	334,000				
108	ODE	Transfer \$1.4 million Long Term Care Treatment (LTCT) to State School Fund (if DARTS cut in DHS).					

Reduction Options: Human Services

Legend

DHS	Department of Human Services
OCB	Oregon Commission for the Blind
IPGP	Insurance Pool Governing Board
CCF	Commission on Children and Families

2001-03

No.	Agency	Short Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Full Time Equivalent
1	DHS	Higher match rate than assumed in the budget for the Medicaid Management Information System (MMIS) and the Mental Health information system projects.	1,500,000			-1,500,000	
2	DHS	Offset GF with Title XX or Social Services Block Grant (SSBG) carry forward funding from 1999-01 as Tobacco revenue.	3,882,531		-3,882,531		
3	DHS	Offset GF with Tobacco Tax carry-forward funds from closeout.	1,075,448		-1,075,448		
4	DHS	Offset GF with Temporary Assistance for Needy Families (TANF) carry-forward funds from 1999-01.	501,701			-501,701	
5	DHS	Substitute TANF carry forward funds from 1999-01 for GF special appropriation to the E-Board which was reserved for caseload changes during 2001-03.	4,300,000				
6	DHS	Offset GF with unused JOBS Plus Individual Education Account funds, which have been unused by individual clients for the statutory five years.	2,500,000		-2,500,000		
7	DHS	Increase staffing for third party collections for the Oregon Health Plan (OHP) and other medical programs.	1,200,000			-1,200,000	
8	DHS	Do not allocate the special appropriation reserved for OHP caseload increases.	3,000,000				
9	DHS	Do not allocate the special appropriation reserved to cover any shortfall which may occur if drug related management actions do not produce the full projected savings.	3,694,234				
10	DHS	Do not allocate special appropriation reserved to allow Office of Medical Assistance Programs (OMAP) to maintain a higher cost reimbursement for institutional pharmacies.	900,000				
11	DHS	Reduce out-of-state travel.	500,000				
12	OCB	Reduce services, supplies, and other office expenses.	7,689			28,410	
13	OCB	Develop cooperative agreements to bring in Other Funds match.	1,063			3,928	
14	OCB	Eliminate vacant rehabilitation instructor position.	13,047			70,319	1.00
15	OCB	Eliminate blind enterprises counselor position.	17,752			65,595	0.75
16	OCB	Decrease employee training.	4,047			14,953	
17	OCB	Decrease employee training, Attorney General costs, and dues.	3,351			12,381	
18	OCB	Reduce professional services/ telecommunications.	4,250			15,703	
19	OCB	Reduce facility maintenance, services and supplies, and telecommunications.	4,250			15,703	
20	OCB	Further reduce telecommunications, dues, and Attorney General costs.	4,250			15,703	
21	OCB	Reduce hours worked by staff.	4,250			15,703	
22	OCB	Further reduce hours worked by staff.	4,250			15,703	
23	IPGB	Reduce publicity and publications costs.	10,511				
24	IPGB	Further reduce publicity and publications costs.	10,511				
25	IPGB	Further reduce publicity, publications, and travel costs.	10,511				

26	IPGB	Reduce professional services.	10,510				
27	IPGB	Further reduce professional services.	10,510				
28	IPGB	Delay filling Administrative Specialist 1 position until April 2002.	5,387				
29	IPGB	Delay filling Administrative Specialist 1 position until July 2002.	5,387				
30	IPGB	Delay filling Administrative Specialist 1 position until September 2002.	5,387				
31	IPGB	Delay filling Administrative Specialist 1 position until December 2002.	5,387				
32	IPGB	Delay filling Administrative Specialist 1 position until February 2003.	5,387				
33	CCF	Administrative reductions.	175,562				
34	DHS	Reduce instate travel, office expenses, professional services, and use of temporary employees.	1,600,000				
35	DHS	Discontinue Klamath Adolescent Program which provides residential care and services to females age 13 to 17 yrs requiring specialized care.	167,396				
36	CCF	Eliminate second year funding of the Together for Children program.	300,000				
37	DHS	Discontinue Southern Oregon Day and Residential Treatment Services (DARTS), which would have served adolescents age 12-15 yrs.	100,000				
38	DHS	Discontinue funding for counseling, life skills, and parent training to the Father Taaffe Foundation serving an average of 14 pregnant and parenting teenage women in three locations.	34,769				
39	DHS	Eliminate GF for Retired Senior Volunteer Program.	135,960				
40	DHS	Discontinue GF support for Independent Living Centers which provide services to consumers with severe disabilities.	812,500				
41	DHS	Discontinue GF support for regulating Outdoor Youth Program.	47,428				0.50
42	DHS	Discontinue Juvenile Diabetes Database.	100,000				
43	DHS	Discontinue funding to strengthen Children's Emergency Medical Services protocol, standards, and training of Emergency Management Technician staff.	200,000				
44	DHS	Reduce residential problem gambling treatment by 32%.		142,910			
45	CCF	One-time reduction to systemwide evaluation.	250,000				
46	CCF	Eliminate second year funding for training for physicians.	150,000				
47	DHS	Eliminate funding for an adult crisis home for persons with developmental disabilities.	317,124			447,030	
48	DHS	Eliminate new tobacco prevention program and use funds to offset GF in the Oregon Health Plan.	5,000,000				
49	DHS	Eliminate JOBS Plus program.	2,625,000				
50	DHS	Reduce Assisted Living Facility rates to \$1,325 by January 2003.	3,897,217			5,773,707	
51	DHS	Reduce OHP pharmacy reimbursement to Average Wholesale Price (AWP) minus 16% and dispensing fee.	4,082,922			5,954,069	
52	DHS	Restructure Oregon Project Independence (OPI) to focus on case management. Eliminates direct client services.	2,384,486			-2,516,588	(7.76)
53	DHS	Do not allocate the Special Appropriation for funding for the Home Care Commission.	300,000				
54	CCF	Eliminate second year funding for Family Resource Centers.	400,000				
55	CCF	Eliminate Early Childhood Information Hotline.	180,000				
56	DHS	Eliminate funding for School Based Health Clinics.	1,515,000				1.84

57	DHS	Discontinue fluoridation education and assistance program.	500,000				
58	DHS	Eliminate sheltered services employment program for 93 severely disabled adults.	628,198				
59	DHS	Increase Employment Related Day Care (ERDC) co-pay from \$25 to \$50.	2,149,051		40,505	-8,749	1.21
60	DHS	Eliminate second year of Nursing Home rebasing.	2,514,210			3,718,338	
61	DHS	Eliminate the additional discount fund for Senior Prescription Assistance Program.	5,016,628				
62	DHS	Discontinue Food Stamp Outreach project funded by a special appropriation from the 2001 Legislature.	1,470,906			2,101,420	
63	DHS	Eliminate one state operated group home for children and delay opening second home until July 2002.	1,018,643			1,435,917	
64	DHS	Eliminate the wrap-around copay for pharmacies which would cover the pharmacies' costs when clients do not pay their copay.	2,000,000				
65	DHS	Eliminate Employment Related Day Care (ERDC) for families over 150% of Federal Poverty Level.	1,318,867		173,536	-18,463	5.88
66	DHS	Eliminate a \$25 copay for the first two months of ERDC and eliminate a continuous copay for a step increase copay (March 2000 policy change).	3,887,676		162,022	-69,948	3.53
67	DHS	Reduce TANF maximum cash grant by \$5 per month.	1,523,312		-13,125	47,113	1.29
68	DHS	Reduce JOBS program to amount in the 2001-03 Governor's Recommended Budget.	1,395,620			2,174,512	(2.73)
69	CCF	Delay Oregon Children's Plan Healthy Start begin date for 7 counties - a one-time reduction.	131,446			46,006	
70	CCF	Eliminate One-Call Centers.	540,000				
71	DHS	Eliminate non-domestic violence emergency assistance program.				2,057,037	5.16
72	DHS	Eliminate student day care program for families enrolled in post-secondary education.			2,018,518		
73	DHS	Further reduce the use of temporary employees and delay the hiring of permanent positions.	1,700,000				
74	DHS	Eliminate mental health Office of Consumer Technical Assistance.	375,000				
75	DHS	Eliminate Staley funding for quality assurance staff for Medicaid waivers.	1,103,760			1,003,197	
76	CCF	Eliminate second year funding of First Steps Program.	250,000				
77	DHS	Do not appropriate the Safety Net Clinic special appropriation.	2,200,000				
78	DHS	Do not allocate Special E-Board Appropriation for implementation of local mental health services' plans.	6,500,000				
79	DHS	Delay Oregon Health Plan eligibility until first of the month following eligibility determination.	3,750,000			5,545,847	
80	DHS	Reduce residential problem gambling treatment and workforce development.		285,820			
81	DHS	Reduce non-capital outlay (e.g. computers) and further delay hiring of permanent positions.	1,500,000				
82	DHS	Reduce training for Developmental Disability providers by 25%.	499,348			605,056	
83	DHS	Eliminate cost-based reimbursement for Type B hospitals.	6,384,012			9,441,502	
84	DHS	Eliminate wrap-around co-pay to ambulatory service providers, which would have covered the provider's costs when clients do not pay their co-payment.	1,418,998			2,098,596	
85	DHS	Eliminate TANF unemployed parent program, which serves two parent families.				2,467,167	4.17
86	DHS	Eliminate funding for the Babies First program.	628,737				
87	DHS	Reduce child welfare related contracted family treatment and support funds by 5%.	388,879				
88	DHS	Eliminate teen pregnancy prevention programs.	482,239		12,500	547,417	1.88

89	DHS	Reduce adult dental to benefit level approved by Waiver Application Steering Committee for OHP 2.	9,441,120			13,962,745	
90	DHS	Eliminate 25% of Flex Funds from System of Care.	1,871,390				
91	DHS	Reduce System of Care staff by 25%.	554,697			354,195	13.45
92	DHS	Eliminate Legislative expansion of Office of Multicultural Health.	500,000				
93	CCF	Eliminate second year funding for Crisis/Relief Nurseries.	1,750,000				
94	DHS	Eliminate Oregon Project Independence.	3,466,084			-997,614	(2.47)
95	DHS	Reduce Oregon Health Plan pharmacy reimbursement to Average Wholesale Price (AWP) minus 20% and dispensing fee.	4,000,000			6,000,000	
96	DHS	Reduce Oregon Health Plan eligibility for pregnant women and children down to 133% of the Federal Poverty Level. Reduce Medically Needy eligibility for more financial advantaged clients.	13,456,847		1,360,885	25,573,749	
97	DHS	Reduce Assisted Living Facility rates to \$1,125 by January 2003.	2,717,732			4,085,185	
98	OCB	Eliminate human resource aide position.	11,790			43,564	1.00
99	OCB	Reduce shipping and receiving clerk to .5 FTE.	6,658			24,603	0.50
100	OCB	Eliminate an Office Specialist 2 position.	8,015			54,509	1.00
101	OCB	Reduce wood shop teacher to .6 FTE.	7,375			27,252	0.60
102	OCB	Reduce another Office Specialist 2 position to .5 FTE.	5,421			25,841	0.50
103	OCB	Further reduce services and supplies - telecommunications.	987			3,647	
104	OCB	Reduce Executive Assistant position to .5 FTE.	10,351			38,247	0.50
105	OCB	Reduce Administrative Specialist 2 position to .5 FTE.	7,818			28,888	0.50
106	OCB	Further reduce telecommunications and dues.	3,629			13,409	
107	DHS	Reduce Mental Health and Alcohol & Drug treatment portions of the Oregon Children's Plan.	4,000,000				
108	DHS	Eliminate Medicaid Long Term Care for clients in Survival Priority Levels 15-17.	10,831,014		1,885,618	16,365,076	4.33
109	DHS	Eliminate 135 non-Medicaid Psychiatric Day Treatment (DARTs) slots.	5,066,813				
110	CCF	Fund Oregon Children's Plan Healthy Start at 70% rather than 80% - a one-time reduction.	866,475			303,266	
111	IPGB	Eliminate Family Health Insurance Assistance Program (FHIAP) - funding source is tobacco settlement funds.	12,500,000				
112	DHS	Reduction in "Adjustment Fund" for outpatient problem gambling treatment services.		285,820			
113	DHS	Eliminates 11 slots for Mental Health intensive kids and reduces hours for Client Employed Providers. This service reduction is in lieu of eliminating second year Cost of Living Adjustments (COLA) for those providers who receive them.	1,300,000			1,950,000	
114	Cumulative		171,636,711	714,550			
115	Cumulative General Fund and Lottery Funds		172,351,261				
Reduction cited by agency not taken by Governor							
116	DHS	Eliminate mental health supported employment program for 180 people with mental illness.	1,531,705				
117	DHS	Do not allocate Special E-Board Appropriation for local mental health services planning mandated in HB 3024.	1,000,000				
118	DHS	Eliminate remainder of Mental Health/Alcohol & Drug portions of the Oregon Children's Plan.	7,000,000				
119	DHS	Eliminate remainder of Public Health perinatal and prenatal programs.	437,399				
120	DHS	Reduce basic rehabilitation services program by eliminating services for an estimated 1,798 severely disabled clients.	500,000			1,847,418	3.13

121	DHS	Eliminate Medicaid Long Term Care for clients in Survival Priority Levels 11-14 for in-home services.	2,628,828		399,412	3,917,560	1.60
122	DHS	Further reduce Flex Funds from System of Care for child welfare by 25%.	1,871,390				
123	DHS	Eliminate General Assistance Program for 2,800 clients with a long-term disability.	8,960,169			721,315	1.47
124	DHS	Reduce funding for substance abuse treatment of correctional clients.	2,686,800				
125	CCF	Fund Oregon Children's Plan Healthy Start at 65% - a one-time reduction.	1,588,944			520,826	
126	DHS	Close the Transitional Living Center (TLC) for forensics patients at Oregon State Hospital.	1,875,183		48,081		26.00
127	DHS	Reduce community mental health services for non-Medicaid adults and children by 50%, reducing medication and treatment access for 1,700 clients.	4,761,659				
128	DHS	Reduce adoptions assistance by 5%.	678,314			622,035	
129	DHS	Reduce supportive remedial day care by 50%.	711,658				
130	CCF	Fund Oregon Children's Plan Healthy Start at 60% - a one-time reduction.	722,468			252,864	
131	DHS	Eliminate medically needy program for 7,490 clients who are elderly or disabled.	17,263,980		996,747	35,178,253	45.44
132	DHS	Increase Employment Related Day Care co-pay from \$50 to \$100.			9,897,075	-872,940	6.11
133	DHS	Eliminate child welfare related Title IV-E waiver which will eliminate flexibility in reducing foster care.	209,727			341,152	3.41
134	DHS	Eliminate domestic violence Emergency Assistance Program which serves an average of 546 cases a month.			-140,111	4,288,844	3.42
135	DHS	Eliminate Health Plan Coverage for a portion of the adult/couples population by decreasing the upper limit for income.	39,121,317		1,712,009	60,697,044	
136	DHS	Eliminate Health Plan coverage for the remainder of the 60,000 adults/couples not included in the above item.	109,539,835		8,006,301	173,123,687	
137	DHS	Eliminate health plan waiver -- eligibility staff for adults couples and other groups.	1,877,759			1,877,759	76.12
138	DHS	Eliminate health plan waiver -- mental health component.	95,721,770		3,757,212	148,306,159	
139	DHS	Eliminate health plan waiver -- managed care portion.	30,191,106			41,284,709	
140	DHS	Eliminate Medicaid Long Term Care for clients in Survival Priority Levels 4-10 who live at home.	10,483,295		1,657,348	15,919,654	11.17
141	DHS	Eliminate Medicaid Long Term Care for clients in Survival Priority Levels 4-10 in the Substitute Home program.	3,992,880			5,845,644	1.57
142	DHS	Reduce annual state support to county public health from \$.69 to \$.45 per capita.	900,000				
143	DHS	Eliminate cost based reimbursement for Type A hospitals.	2,094,280			3,097,291	
144	DHS	Reduce Alcohol and Drug residential treatment capacity from 580 to 476.	3,271,156			1,471,244	
145	DHS	Eliminate funding for community mental health residential facilities.	10,156,896			9,599,923	
146	DHS	Cut remaining community mental health services for non-Medicaid adults and children eliminating outpatient services for an estimated 2,000 adults and 3,500 children.	8,868,535				
147	DHS	Close Portland psychiatric unit, transferring half of patients to the Salem campus of the Oregon State Hospital.	5,107,236		143,775		60.50
148	DHS	Reduce residential treatment capacity by 30 beds.	581,448			1,191,058	0.00
149	DHS	Close one 30-bed unit at Eastern Oregon Psychiatric Center in Pendleton.	2,367,060		556,143	153,633	(25.87)
150	DHS	Eliminate remaining system of care resources.	5,700,000				53.79
151	DHS	Eliminate families client group from Medicaid health coverage.	2,128,987			3,148,620	
152	DHS	Eliminate families client group from Medicaid health coverage.	50,842,679			75,192,718	

153	DHS	Substantially reduce funding for those on the Wait List under the <i>Staley</i> Settlement Agreement.	13,751,319			6,068,494	8.63
154	DHS	Eliminate Medicaid long-term care for clients in Survival Priority Level 3.					
155	LTCO	Reduces Services and Supplies, includes cuts in volunteer and staff travel, primarily visits to long-term care facilities. Reduces advertising for volunteer recruitment, used in Multnomah County.	12,223		10,416		
156	LTCO	Further reduces Services and Supplies. Includes reductions in mileage reimbursement for initial certification and on-going training for volunteers.	12,223		10,416		
157	LTCO	Further reduces Services and Supplies and eliminates annual statewide training conference for program volunteers.	12,223		10,416		
158	LTCO	Further reduces Services and Supplies and eliminates any mileage reimbursement for volunteers making facility visits.	12,223		10,416		
159	LTCO	Further reduces Services and Supplies and eliminates all volunteer reimbursement for travel expenses for initial certification training.	12,223		10,416		
160	LTCO	Reduce Other Services and Supplies, Expendable Property and Dues and Subscriptions.	1,047				
161	LTCO	Reduce data processing budget by 24%.	1,047		892		
162	ODC	Reduction in temporary clerical support.	5,775				
163	ODC	Elimination of Out-of-State travel and some in state travel.	5,775				
164	ODC	Reduce instate travel and professional services.	5,775				
165	ODC	Reduce disability accommodations and office services.	5,775				
166	ODC	Reduce receptionist hours.	5,774				0.13

Reduction Options: Public Safety

Legend

BPPPS	Board of Parole and Post-Prison Supervision
CJC	Criminal Justice Commission
DAs	District Attorneys and Their Deputies
DOC	Department of Corrections
ODRC	Oregon Dispute Resolution Commission
OMD	Oregon Military Department
OSP	Oregon State Police
OYA	Oregon Youth Authority

2001-03

No.	Agency	Short Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Full Time Equivalent
1	OSP	Close 4 rural forensics labs: Bend, Ontario, Pendleton, Coos Bay.	676,630				
2	DOC	Reduce workforce development contracts.	153,000				
3	DOC	Reduce programs administration services and supplies.	60,000				
4	DOC	Institutions vacancy savings, services, and supplies reductions.	2,272,468				
5	OSP	Hold non-sworn positions vacant.	110,733				
6	OSP	Reduce capital outlay.	143,183				
7	OSP	Reduce facilities maintenance, and utilities.	156,684				
8	OSP	Reduce services and supplies.	336,368				
9	BPPPS	Hold systems analyst position vacant until January 2002.	14,757				
10	BPPPS	Reduce expendable capital outlay by 37%.	20,329				
11	BPPPS	Reduce office expenses by 17%.	14,131				
12	BPPPS	Further reduce office expenses, assuming Other Funds revenue.	3,637				
13	OYA	Defer information systems capital outlay expenditures.	77,791				
14	OYA	Delay parole/probation phased-in positions.	168,000				
15	OYA	Hold non-posted positions vacant .	170,000				
16	OYA	Unanticipated Juvenile Justice Information Systems Certificates of Participation interest.	814,886				
17	DOC	Federal residential substance abuse grant.	411,654			411,654	
18	DOC	Vacancy savings from Business/Finance Division - reduce one position.	211,904				0.75
19	DOC	Delay 1 medium-custody unit at Coffee Creek .	2,340,492				20.54
20	DOC	Construction savings at Coffee Creek, Two Rivers.	17,113,534				
21	OSP	Human Resources: AT&T payment.	187,650				
22	BPPPS	Hold records clerk vacant last 6 months of biennium.	17,799				
23	CJC	Undetermined services and supplies reductions.	13,049				
24	OYA	Delay Juvenile Justice Information Systems positions.	53,000				
25	DOJ	Domestic Violence - eliminate crisis intervention grants, 1 position.	2,500,000				0.75
26	DOC	Use Coffee Creek construction savings, interest for one-time debt service backfill.	14,840,698				
27	DOC	Savings from food purchases/management.	4,511,661				
28	OYA	Increased Federal Trust Receipts.	430,744		(430,744)		
29	DOC	Centralize telecommunications management.	400,000				
30	DOC	Reduce Director's Office services and supplies.	53,115				

31	DOC	Human Resources Div: vacancy savings, abolish 2 positions.	235,049				1.00
32	DOC	Reduce workforce development contracts.	1,054,066				
33	DOC	Change health services delivery.	2,063,156				
34	DOC	Eliminate Coffee Creek release counselor, services and supplies.	119,126				0.83
35	DOC	Programs: reduce administration services and supplies.	100,000				
36	DOC	Institutions: vacancy savings, services, and supplies reductions.	3,768,769				
37	DOC	Shift construction administrator to Certificates of Participation.	212,205				
38	OSP	Patrol: end disabled parking program.	26,917				
39	OYA	Federal Fund match rate change.	153,647			(153,647)	
40	OMD	Reduce tuition assistance by 70%.	847,860				
41	OSP	Human Resources: eliminate webmaster, 4 field positions, out-of-state travel, and capital outlay.	341,342				2.83
42	OSP	Information and Communications Mgt Div: contracts, equipment, 4 positions.	963,755				3.42
43	OSP	Dispatch: eliminate 1 manager, and 3 call takers.	239,051				3.12
44	OSP	Training: eliminate 1 position, training, services, and supplies.	146,359				1.00
45	DOC	Implement Attorney General "Gatekeeper" policy.	368,000				
46	DOC	Eliminate Oregon Health and Science Univ medical residency support.	116,000				
47	DOC	Eliminate work based/education slots at Eastern Oregon, Oregon State Penitentiary.	198,824				
48	DOC	Abolish Corrections Programs web maintenance position.	111,133				0.75
49	DOC	Eliminate systems/services positions.	336,822				2.01
50	DOC	Eliminate Business & Finance Division positions.	217,069				2.63
51	DOC	Institutions: take administrative reductions.	1,043,701				10.65
52	DOC	Institutions: take various services and supplies changes.	902,325				9.20
53	DOC	Redesign inspections process.	716,000				3.88
54	DOC	Delay hirings in Health Services.	1,100,000				
55	OSP	Eliminate 5 Fish & Wildlife and 3 Patrol positions vacant for 3-5 months.	54,587				
56	OSP	Reduce temporary services, overtime.	20,673				
57	CJC	Hold 2 positions vacant until 1/2002.	52,196				
58	OYA	Delay River Bend 2nd unit to July 2002.	289,672				
59	DOC	Delay 48 Intensive Mgt Unit beds at Snake River for 15 months.	1,979,566				20.68
60	DOC	Delay hirings - Health Services (\$2.2 million cum.)	1,100,000				
61	OYA	Delay filling facility nurse positions.	46,000				
62	DOC	Convert 10 registered nurses to certified medical aides.	245,160				
63	DA s	Reduce witness fee payments to counties.	191,277				
64	DA s	Eliminate remaining witness payments (\$292,067 cum.), reduce Deputy District Attorney supplement (\$90,487).	191,277				
65	OMD	Eliminate Youth Challenge Program.	382,532		1,045,406	1,673,826	3.00
66	OMD	Eliminate 4 armory technicians.	159,822				
67	OSP	Cancel 1/2003 recruit school.	1,851,282				10.25
68	OSP	Eliminate 5 detectives.	427,966				3.13
69	DOC	Community Administration: management actions.	166,634				1.29
70	DOC	Corrections Programs: management actions.	252,469				0.75
71	BPPPS	Reclassify systems analyst from IS7 to IS5.	19,646				
72	DOC	Change Coffee Creek service delivery in response to delayed Special Mgt Unit beds.	786,991				5.53

73	DOC	Delay opening Coffee Creek Special Mgt Unit until 2003-05.	367,000			3.75
74	OSP	Eliminate 4 call takers and 2 dispatchers.	422,465			3.75
75	OSP	Information & Communications Mgt Div: eliminate 5 tech positions.	410,850			3.55
76	OSP	Cut autopsy reimbursements from 40% to 20%.	71,000			
77	OSP	Information & Communications Mgt Div: eliminate 2 field technicians.	151,732			1.42
78	OSP	Information and Communications Management Division: further cut capital outlay.	50,000			
79	CJC	Reduce tribal Juvenile Crime Prevention grants by 50%, Juvenile Crime Prevention grants to non-minimum counties by 1%, and reduce Police Stop Committee support by \$50k.	395,824			
80	DOC	Parole high-cost medical inmates.	100,000			
81	OYA	50 bed close custody reduction.	1,413,417			15.75
82	OYA	1.7% community program reduction.	982,207		335,646	3
83	OSP	Sell remaining King Air.	800,000			0.67
84	OSP	Eliminate King Air pilot position.	89,182			
85	OSP	Law Enforcement Data System: eliminate 3 positions, services, and supplies.	241,806			2.42
86	OSP	Office of Emergency Management: eliminate 1 position, services and supplies, and fund shift.	123,292		(25,495)	1.00
87	OSP	Law Enforcement Data System: eliminate 2 Uniform Crime Report positions.	182,702			1.29
88	CJC	Reduce Juvenile Crime Prevention grants to non-minimums by 2.4%.	395,824			
89	CJC	Reduce Juvenile Crime Prevention grants to non-minimums by 2.4% (4.8% cum).	395,824			
90	CJC	Reduce Juvenile Crime Prevention grants to non-minimums by 2.4% (7.2% cum).	395,824			
91	CJC	Reduce Juvenile Crime Prevention grants to non-minimums by 2.4% (9.6% cum).	395,825			
92	OSP	Eliminate 3 call takers.	221,357			2.13
93	OYA	50 bed close custody reduction (100 beds cum).	2,707,726			21.00
94	OYA	3.1% Community program reduction (4.8% cum).	1,881,640		335,646	6.00
95	OYA	50 bed close custody reduction (150 beds cum).	2,707,726			21.00
96	OYA	3.2% Community program reduction (8.0% cum).	1,881,640		335,646	6.00
97	DOC	Institution overtime reductions.	525,538			
98	DOC	Parole high-cost medical inmates (\$362,000 cum).	262,000			
99	DOC	Eliminate 2nd week new employee training.	190,500			
100	DOC	Eliminate inflation on Community Corrections grants.	4,586,750			
101	DA s	Further reduce Deputy District Attorney supplement payments to counties (\$281,764 cum).	191,277			
102	DA s	Further reduce Deputy District Attorney supplement payments to counties (\$473,041 cum).	191,277			
103	DA s	Further reduce Deputy District Attorney supplement payments to counties (\$664,319 cum).	191,278			
104	OSP	Office of Emergency Mgt: cut 1 planning position.	37,258			0.71
105	OSP	Human Resources: cut 1 sworn inspector.	109,902			0.71
106	OSP	Training: cut 1 lieutenant.	158,547			0.71

107	OSP	Criminal: cut 5 detectives.	427,966				5.68
108	OSP	Fish &Wildlife: cut 1 officer.	116,220				0.71
109	OSP	Criminal: cut 6 detectives.	427,966				4.26
110	OSP	Fish & Wildlife: cut 2 officers.	116,217				1.42
111	OYA	Move 18+ yr olds from Oregon Youth Authority to Dept of Corrections.	6,636,226				
112	OSP	Criminal: cut 6 detectives.	427,966				4.26
113	Cumulative		103,258,574	-	614,662	2,913,276	219.18
114	Cumulative General Fund and Lottery Funds		103,258,574				
Reduction cited by agency not taken by Governor							
115	OSP	Patrol: cut 20 troopers.	1,635,903				14.20
116	OSP	Eliminate 10 forensic scientists.	1,000,000				7.10
117	OSP	Patrol: cut 22 troopers.	1,559,179				15.62
118	OSP	Patrol: cut 24 troopers.	1,722,521				17.04
119	OSP	Cancel Lane County autopsy contract.	187,500				
120	OSP	Eliminate 4 forensic scientists.	470,720				2.84
121	DOC	Close beds: 176 minimum security at Oregon State Penitentiary.	2,798,534				58.98
122	DOC	Fund additional county caseload: Oregon State Penitentiary.	(664,242)				
123	DOC	Close beds: 310 Mill Creek Correctional Facility.	3,250,003				
124	DOC	Fund additional county caseload: Mill Creek Correctional Facility.	(1,169,971)				
125	OSP	Patrol: cut 30 troopers.	2,091,687				21.30
126	OSP	Criminal: cut 6 detectives.	427,966				4.26
127	OSP	Fish &Wildlife: cut 2 officers.	116,220				1.42
128	DOC	Close beds: 390 Santiam Correctional Inst.	8,284,764				82.50
129	DOC	Fund additional county caseload: Santiam Correctional Inst.	(1,471,899)				
130	DOC	Close beds: 186 Powder River.	3,763,154				
131	DOC	Fund additional county caseload: Powder River.	(701,983)				
132	DOC	Close beds: 250 Shutter Creek.	6,489,557				51.60
133	DOC	Fund additional county caseload: Shutter Creek.	(936,025)				
134	DOC	Close beds: 150 South Fork Forest Camp.	1,538,502				
135	DOC	Fund additional county caseload: South Fork Forest Camp.	(566,115)				
136	OYA	50-75 bed close custody reduction.	2,707,726				21.00
137	OYA	3.1% Community program reduction.	1,881,640			335,646	6.00
138	OYA	50-75 bed close custody reduction.	2,707,726				21.00
139	OYA	3.2% Community program reduction.	1,881,640			335,646	6.00
140	ODRC	Reduce Professional Services.	2,386				
141	ODRC	Reduce Professional Services.	2,386				
142	ODRC	Reduce out of state travel.	2,386				
143	ODRC	Reduce reference materials.	2,386				
144	ODRC	Eliminate contract for program evaluation.	2,386				
145	BPPPS	Reduce expendable property additional 13%.	2,796				0.00
146	BPPPS	Reduce volume of psychological evaluations.	36,070				0.00
147	BPPPS	Eliminate Mail Clerk, Office Assistant 2.	51,628				1.00
148	BPPPS	Eliminate Systems Analyst Information Specialist.	122,469				1.00
149	BPPPS	Eliminate Records Clerk, Office Assistant 2.	36,219				0.50

Reduction Options: Natural Resources

Legend

Agriculture	Department of Agriculture
CRGC	Columbia River Gorge Commission
DEQ	Department of Environmental Quality
DLCD	Department of Land Conservation and Development
DOF	Department of Forestry
DOGAMI	Department of Geology and Mineral Industries
LUBA	Land Use Board of Appeals
ODFW	Oregon Department of Fish and Wildlife
OWEB	Oregon Watershed Enhancement Board
State Lands	Division of State Lands
WRD	Water Resources Department

2001-03							
No.	Agency	Short Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Full Time Equivalent
1	Agriculture	Debt service and vacancy savings.	294,355				
2	CRGC	Vacancy savings and expenditure reductions.	13,614				
3	DEQ	Hold positions vacant, delay bond sale, reduce expenditures for cleanup contracts.	920,909				0.80
4	DLCD	Reduce employee training, delay Measure 56 special payments and Senate Bill 12 grants.	195,924				
5	DOGAMI	Reduce travel, printing, and implement short-term sabbaticals.	51,320				
6	ODFW	Hold administrative positions vacant.	256,537				
7	DOF	Hold positions vacant, delay capital improvement and motor pool charges.	700,490				
8	LUBA	If vacancy occurs, hold open to capture savings.	20,370				
9	OWEB	Hold positions vacant, delay database improvements.		107,012			
10	State Lands	Reduce non-fixed services and supplies.	3,375				
11	WRD	Hold positions vacant.	283,790				
12	Agriculture	Reduces support for Smoke Management, Marketing, Food Safety, Animal Health, Predator Control, and Shellfish programs. Combination of program reductions and increased Other Funds program support.	831,344				1.82
13	DEQ	Reduces support for Hazardous Waste, Northwest Pollution Prevention Roundtable, Air Quality and Cleanup programs.	170,921				0.55
14	DLCD	Reduces Senate Bill 12 Grants and Measure 56 Special Payments.	287,884				
15	DOGAMI	Places Executive Service Person on sabbatical, reduces services and supplies.	97,500				
16	ODFW	Reduces support for Wildlife, Game, Fish Production, Interjurisdictional Fisheries, and Marine Habitat programs.	761,689				5.50

17	DOF	Reduces support for Fire Practices, Fire Protection, and Administration. Includes increased Other Fund program support.	591,709		775,793		11.79
18	OWEB	Reduces on the ground project grants.	40,035				
19	WRD	Reduces Klamath Well Construction Grants, Emergency Drought Services, Administration and Hearings. Decreased spending on services and supplies.	283,123				
20	Agriculture	Reduces support for Agricultural Marketing program and increases Other Fund support for the Food Safety Program.	603,968				
21	DEQ	Reduces support for Hazardous Waste, Air Quality, and Water Quality programs.	896,057				4.00
22	DOGAMI	Shifts program support to alternative revenue source.	12,000				
23	ODFW	Reduces support for Fish, Interjurisdictional Fisheries, Natural Production, Wildlife, Game and Habitat programs.	788,010		4,091	12,581	7.00
24	DOF	Reduces support for Fire Protection, Forestry Assistance, and Forest Practices programs.	282,928		589,806		1.66
25	OWEB	Further reduces on the ground project grants.	40,035				
26	WRD	Reduces support for Water Rights and Field Services programs.	605,043				0.89
27	Agriculture	Eliminate one field technician position.	55,000				0.50
28	ODFW	Closes Trask Hatchery.	238,014				2.00
29	OWEB	Further reduces on the ground project grants.	40,035				
30	ODFW	Closes Salmon River Hatchery.	198,492				1.21
31	ODFW	Closes Elk Creek Hatchery.	226,638				1.50
32	ODFW	Closes Cedar Creek Hatchery.	150,000				3.00
33	ODFW	Closes Nehalem Hatchery.	267,371				4.00
34	Cumulative		10,208,480	107,012	1,369,590	12,581	45.22
35	Cumulative General Fund and Lottery Funds		10,315,492				
Reduction cited by agency not taken by Governor							
36	Agriculture	Eliminates Confined Animal Feeding Operations program. Reduces Plant Pest and Disease and Noxious Weed programs. Increases Other Funds support for Animal Health program.	883,310				2.58
37	DEQ	Eliminates Pollution Prevention and Green Permits coordinator position.	219,993				1.00
38	DEQ	Reduces Water Quality and Air Quality programs.	893,821				4.75
39	DLCD	Reduces support for Coastal and Operations programs.	187,400				
40	DOGAMI	Reduces support for agency publications.	40,000		20,000		
41	ODFW	Reduces support for Wildlife, Game, Fish Natural Production, Interjurisdictional Fisheries and Marine programs.	312,989				3.58

42	ODFW	Reduces support for Interjurisdictional, Marine, and Trout Research programs.	377,421				2.00
43	DOF	Reduces Forest Practices, Eastside Forest Health Assistance, and Central Administration.	601,710		125,786		3.00
44	DOF	Reduces support for Forest Practices, Industrial Fire, Forestry Assistance and Administration programs.	1,882,388		1,043,946		16.97
45	OWEB	Reduces on the ground project grants.	40,035				
46	WRD	Reduces support for Field Services, Point of Diversion, Legal, and Hydrographic programs.	315,335				2.00
47	WRD	Reduces support for Klamath Basin activities and water rights mapping.	512,133				4.00
48	Agriculture	Eliminates the plant and endangered species program.	126,890				0.67
49	CRGC	Reduces staff training, GIS, and legal services.	13,614				
50	DOGAMI	Reduce support for field services.	109,500			50,000	
51	ODFW	Reduces Water Rights staffing.	67,559				0.50
52	DOF	Reduces support for Fire Protection, Forest Practices, and Forestry Assistance Programs.	658,293		813,421		5.00
53	LUBA	Hold positions vacant.	48,680				
54	State Lands	Reduces cost of Natural Heritage program transfer.	7,350				
55	WRD	Reduces Water Rights program support.	179,947				1.50
56	CRGC	Reduces legal services and eliminates public outreach.	22,054				0.50
57	DEQ	Reduces support for Water Quality.	182,368				1.00
58	DLCD	Reduces support for Urban and Rural grants.	254,713				
59	DOGAMI	Layoff field geologist.	64,500			50,000	
60	DOF	Reduce support for Forest Practices, Industrial Fire, and Forestry Assistance programs.	544,733		794,536		11.33
61	LUBA	Reduces Publications Coordinator, Staff Attorney and possibly Board Members positions.	24,340				0.40
62	State Lands	Reduces cost of Natural Heritage program transfer.	4,023				
63	WRD	Reduces Ground Water and Attorney General program support.	553,392				
64	Agriculture	Reduces support for outreach and education for water quality.	40,381				
65	CRGC	Reduce information services and planner positions.	13,615				0.75

66	DEQ	Reduces base monitoring support in the Water Quality program.	196,328				1.00
67	DLCD	Reduces support for Urban and Rural grants.	325,287				
68	ODFW	Eliminate Geneticist position.	149,000				1.00
69	DOF	Reduces support for Forest Practices and Forestry Assistance programs.	408,916		166,827		5.00
70	LUBA	Reduces Publications Coordinator, Staff Attorney and possibly Board Members positions.	48,681				0.80
71	State Lands	Lower costs of transition from current contractor to Oregon State University.	2,000				
72	WRD	Reduces Ground Water, Attorney General, and Field Technician support.	444,079				1.00
73	Agriculture	Eliminates Pesticide Use Reporting System. Reduces support for Oregon Plan activities.	365,462				4.84
74	DEQ	Reduces Water Quality, Environmental Partnerships for Oregon Communities and field support.	1,092,501				1.50
75	DLCD	Reduces support for four field technician positions.	620,019				
76	ODFW	Reduces support for Fish Propagation and Habitat programs. Also decreases deferred maintenance.	4,401,940				
77	OWEB	Use National Marine Fisheries Service Federal Funds in lieu of GF/LF for Oregon Plan.	23,106,500				
78	Agriculture	Reduce Special Payments for noxious weed control		119,184			
79	Agriculture	Reduce Special Payments to Soil and Water Conservation Districts.		240,000			
80	Agriculture	Eliminate lottery funding for county fairs.		3,100,000			
81	DOF	Increase landowner assessment to 55% support of Fire Protection.	828,553				
82	DOF	Increase landowner assessment to 60% support of Fire Protection.	1,657,106				
83	OWEB	Reduces on the ground project grants.		971,718			
84	OWEB	Reduces on the ground project grants.		971,718			
85	OWEB	Reduces on the ground project grants.		971,718			
86	OWEB	Reduces on the ground project grants.		971,718			
87	OWEB	GF WRI Reduction \$10,000, GF 99-01 Grant Commitments \$30,035, and Future LF Grants.	40,038	971,719			
88	OWEB	Watershed Improvement Grant Fund.	85,124				

Reduction Options: Administration

Legend

Asian Affairs	Commission on Asian Affairs
Black Affairs	Commission on Black Affairs
DAS	Department of Administrative Services
ERB	Employment Relations Board
GSPC	Government Standards and Practices
Hispanic Affairs	Commission on Hispanic Affairs
Library	State Library
OLCC	Oregon Liquor Control Commission
Revenue	Department of Revenue
Women	Commission for Women

2001-03

No.	Agency	Short Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Full Time Equivalent
1	OLCC	Reduce out-of-state travel to conferences with other control states.	10,080		18,000		
2	OLCC	Reduce janitorial services.	31,920		57,000		
3	OLCC	Reduce training.	5,600		10,000		
4	OLCC	Reduce supplies.	67,200		120,000		
5	OLCC	Defer purchase of cars and vehicle maintenance.	56,000		100,000		
6	OLCC	Reduce replacement and upgrades of expendable property.	33,600		60,000		
7	OLCC	Reduce Attorney General usage.	11,200		20,000		
8	OLCC	Reduce publicity and publications.	11,200		20,000		
9	OLCC	Reduce professional services.	44,800		80,000		
10	OLCC	Reduce recruitment.	3,875		6,920		
11	Governor's Office	Reduce GF by 3.5%.	316,336				
12	DAS	Temporarily reduce services and supplies and hold vacant positions unfilled.	288,774		866,410		
13	DAS	Reduce Oregon Health Sciences University (OHSU) grant by 3.5%.	115,500				
14	DAS	Eliminate Children's Trust Fund grant.	1,012,500				
15	DAS	Reduce Community Development Program.	117,917				
16	DAS	Eliminate Dentist Insurance Program.	9,900				
17	DAS	Reduce Progress Board by 3.5% GF.	24,656				
18	DAS	Reduce Arrest and Return by 3.5% GF.	45,167				
19	Governor's Office	Further reduce GF by 3.1%.	280,184				
20	DAS	Further reduce OHSU Grant by 3.1%.	102,300				
21	DAS	Further reduce Progress Board by 3.1% GF.	21,839				
22	DAS	Further reduce Arrest and Return by 3.1% GF.	40,005				
23	Cumulative		2,650,552	0	1,358,330	0	
24	Cumulative General Fund and Lottery Funds		2,650,552				
Reduction cited by agency not taken by Governor							
25	Library	Reduce grants by 4.6%.	63,826			66,634	
26	Library	Further reduce grants by 4.6%.	63,826			66,634	
27	Library	Further reduce grants by 4.6%.	63,826			66,634	
28	Library	Further reduce grants by 4.6%.	63,826			66,634	
29	Library	Further reduce grants by 4.6%.	63,826			66,634	
30	ERB	Move Conciliation Service employees from current office space.	26,800				

31	ERB	Move Conciliation Service employees from current office space.	6,700				
32	ERB	Reduce professional services, in-state travel, and training.	20,000				
33	ERB	Lay off an Office Specialist 2.	26,800				0.33
34	ERB	Lay off an employment relations hearing officer.	26,800				0.13
35	ERB	Lay off an additional employment relations hearing officer.	26,800				0.13
36	OLCC	Delay contested case hearings and orders.	30,572		54,593		
37	OLCC	Reduce available copiers, basic supplies, and grounds maintenance. Extend \$76,500 OF of the administrative reduction.					
38	OLCC	Reduce janitorial services by 50%. Extend \$42,750 OF of the administrative reduction.					
39	OLCC	Reduce customer service staff.	91,869		164,051		0.71
40	OLCC	Reduce administrative support positions.	69,134		123,453		0.5
41	OLCC	Decrease agent compensation to about 8.37% of sales on average.	372,597		665,351		
42	OLCC	Reduce administrative support positions to customer service.	40,993		73,201		0.25
43	OLCC	Reduce support to manufactures and wholesaler in regards to interpretation of tied house, financial assistance, and advertising laws.	54,403		97,148		0.25
44	OLCC	Reduce support for customer groups as it concerns implementing program changes; reduce maintenance of grounds and buildings.	83,276		148,708		0.5
45	OLCC	Reduce information system support, training, and overtime.	71,788		128,193		0.25
46	OLCC	Reduce agent compensation to about 8.20% of sales on average.	372,597		665,351		
47	OLCC	Eliminate a district representative that provides oversight of agents and claims processing.	65,470		116,911		0.25
48	OLCC	Reduce support for evaluation of providers and instructors of the Server Education program.	26,468		47,264		0.13
49	OLCC	Reduce support for the DUII program and the statewide compliance team.	31,300		55,892		0.25
50	OLCC	Reduce support for privilege tax auditing.	171,814		306,811		0.75
51	OLCC	Reduce agent compensation to about 8.03% of sales on average.	372,597		665,351		
52	OLCC	Reduce re-packing of product by 50%, and reduce staff support to the warehouse.	168,000		300,000		1.25
53	OLCC	Reduce agent compensation to about 7.86% of sales on average.	372,597		665,351		
54	OLCC	Reduce support to processing liquor licensing; leaves virtually no ability to check criminal backgrounds and qualifications of license applicants.	354,720		633,428		1.75
55	OLCC	Reduce agent compensation to about 7.69% of sales on average.	372,597		665,351		
56	Women	Eliminate training, travel and subscriptions.	3,225				
57	Women	Limit space rental and office supplies.	2,325				
58	Women	Eliminate all purchased services.	3,050				
59	Women	Reduce postage.	2,340				
60	Women	Use OF balance for rent, reduce telephone.	2,630				
61	Black Affairs	Reduce communications, web site and director.	2,630				0.02
62	Black Affairs	Further reduce director.	2,630				0.02
63	Black Affairs	Further reduce director.	2,630				0.02
64	Black Affairs	Further reduce director.	2,630				0.02
65	Black Affairs	Further reduce director.	2,630				0.02
66	Hispanic Affairs	Reduce director and travel.	1,414				0.01
67	Hispanic Affairs	Further reduce director.	1,414				0.01
68	Hispanic Affairs	Further reduce director.	1,414				0.01
69	Hispanic Affairs	Further reduce director.	1,414				0.01
70	Hispanic Affairs	Further reduce director.	1,414				0.01
71	Asian Affairs	Reduce travel.	2,830				

72	Asian Affairs	Reduce services and supplies; reduce director.	2,830				0.02
73	Asian Affairs	Further reduce director.	2,830				0.02
74	Asian Affairs	Further reduce director.	2,830				0.02
75	Asian Affairs	Further reduce director.	2,830				0.02
76	Revenue	Transfer from Senior Deferral Revolving Fund to GF.	8,000,000				
77	Revenue	Cut tax compliance program (Information processing)	1,641,546				21
78	Revenue	Cut tax compliance program (Personal Tax and Compliance)	2,239,022				33
79	Revenue	Cut tobacco tax force program	743,355				7
80	Revenue	Cut tax compliance program (Industrial Appraisal)	658,988				8
81	Revenue	Cut tax compliance programs (various)	2,048,925				28
82	Revenue	Cut tax compliance programs (various)	2,855,575				38
83	Secretary of State	Eliminate Cultural Development Grant Program.	1,000,000				
84	Governor's Office	Reduce support for Board of Education.	200,000				
85	GSPC	Reduce investigator position.	12,800				0.16
86	GSPC	Further reduce investigator position	12,800				0.16
87	GSPC	Further reduce investigator position	12,800				0.16
88	GSPC	Further reduce investigator position	12,800				0.16
89	GSPC	Further reduce investigator position .	12,800				0.16
90	DAS	Eliminate Sustainability Board.	100,000				
91	DAS	Eliminate World Affairs Council grant.	112,500				
92	DAS	Reduce Health Policy and Research (OHPR) by 6.6% GF.	106,814				
93	DAS	Eliminate Community Development Program.	1,668,700				
94	DAS	Eliminate Dispute Resolution Commission.	280,000				
95	DAS	Reduce Historical Society Grant by 6.6%.	84,687				
96	DAS	Reduce Oregon Public Broadcasting Grant by 6.6%.	224,395				
97	DAS	Reduce Other Fund balances. Impacts to 2003-05 assessment rates.			532,921		
98	DAS	Eliminate KSYS station grant.	100,000				
99	DAS	Eliminate Lewis & Clark Bicentennial grant.	100,000				
100	DAS	Eliminate Tom McCall Statue grant.	15,000				
101	DAS	Centralized trash pickup in state office buildings.	87,666		263,000		
102	DAS	Reduce state building custodial and maintenance to minimum.	565,994		1,698,000		
103	DAS	Reduce Facilities Division Programs.	149,665		449,000		
104	DAS	Stop further development of E-Government program.	508,328		1,525,000		
105	DAS	Reduce Information Resources Management Division Program.	760,659		2,282,000		
106	DAS	Reduce Human Resource Services Program	256,331		769,000		
107	DAS	Reduce Transportation, Purchasing and Print Services Program.	1,354,986		4,065,000		
108	DAS	Reduce Risk Management programs.	477,329		1,432,000		
109	DAS	Stop ORBITS (new budget system) development.	132,999		399,000		
110	DAS	Reduce Budget and Management Division.	154,998		465,000		3.00
111	DAS	Eliminate Statewide Accounts Receivable management.	46,333		139,000		
112	DAS	Reduced State Controllers Program.	226,331		679,000		
113	DAS	Reduce Directors Office and Operations Program.	459,995		1,380,000		

Reduction Options: Economic Development

Legend

ECD	Economic and Community Development Department
Employment	Employment Department
Housing	Oregon Housing and Community Services Department
ODVA	Oregon Department of Veterans' Affairs
State Fair	State Fair and Exposition Center

2001-03

No.	Agency	Short Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Full Time Equivalent
1	ECD	Current vacancy savings.		232,474			
2	ECD	Cut mailroom & receptionist positions.		110,998			1.50
3	ECD	Services and supplies savings from mail room closure.		16,406			
4	ECD	Arts and Tourism rent savings through consolidation and reduction of office space.	10,000	33,000			
5	ECD	Fund shift economic development positions currently funded by Lottery Funds onto Other Funds (business finance, infrastructure, and telecommunications).		43,995			0.35
6	ECD	Use current vacancy savings to fund shift central services staff to infrastructure programs.		57,901			0.58
7	ECD	Net rent savings from leasing space formally occupied by Arts and Tourism.		50,000			
8	ECD	Use current vacancy savings to fund shift economic development staff to infrastructure programs.		119,147			
9	ECD	Reduce funds available for Community Development Fund / Regional and Rural Investments; mitigated in first year by backfilling with available interest earnings.		1,850,000	(1,850,000)		
10	ECD	Reduce funds available for Community Development Fund / Regional and Rural Investments; would reduce funds available for local priority projects.		1,863,000			
11	ECD	Reduce direct appropriation (totaling \$200,000) to Oregon Garden for Frank Lloyd Wright House renovation.	10,000				
12	ECD	Reduction to Arts Commission: reduce services in arts education and community development, media fellowship, and designated fellowship grants.	90,000				
13	ECD	Reduction to Arts Commission: further reduces individual artist fellowship grants.	54,232				
14	Employment	Delay hiring of certifiers for federally funded positions; fund shift costs from GF. Could negatively impact Maintenance of Effort (MOE).	17,701				
15	Employment	Further delay hiring of certifiers for federally funded positions; fund shift costs from GF. Could negatively impact MOE.	17,701				
16	Employment	Further delay hiring of certifiers for federally funded positions; fund shift costs from GF. Could negatively impact MOE.	17,700				
17	Employment	Further delay hiring of certifiers for federally funded positions; fund shift costs from GF. Could negatively impact MOE.	17,700				
18	Employment	Further delay hiring of certifiers for federally funded positions; fund shift costs from GF. Could negatively impact MOE.	17,700				
19	Employment	Savings and cost control within department	413,376				
20	Housing	Vacancy savings related to delay in hiring homeless coordinator and community service block grant coordinator.	5,314				

21	Housing	Reduce travel & training; reduce temporary service.	5,315				
22	Housing	Further reduce temporary services.	5,314				
23	State Fair	Increased recycling/reduced overhead resulted in savings that could be shifted to reduce GF subsidy.	24,088				
24	State Fair	Less live entertainment resulted in savings that could be shifted to reduce GF subsidy.	24,088				
25	State Fair	Reduced arts and crafts related costs resulted in savings that could be shifted to reduce GF subsidy.	24,088				
26	State Fair	Reduced livestock and equine related costs resulted in savings that could be shifted to reduce GF subsidy.	24,088				
27	State Fair	Agricultural and horticultural related savings could be shifted to reduce GF subsidy.	24,087				
28	ODVA	Vacancy savings; services and supplies reduction.	9,069				
29	ODVA	Further vacancy savings; services and supplies reduction.	9,069				
30	ODVA	Further vacancy savings; services and supplies reduction.	9,069				
31	ODVA	Further vacancy savings; services and supplies reduction.	9,069				
32	ODVA	Further vacancy savings; services and supplies reduction.	9,069				
33	ODVA	Reduction of enhancement package for Aid to County Veterans' Service Offices. Will prevent counties from expanding current programs.	47,477				
34	ODVA	Reduction of Aid to National Service Organizations (NSO); reduced office hours and staffing may occur in Portland service offices.	25,475				
35	ODVA	Reduction of Aid to County Veterans' Service Offices (CVSO); reduced office hours and staffing may occur in smaller counties.	27,048				
36	ODVA	Further reduction of Aid to National Service Organizations (NSO); reduced office hours and staffing likely to occur in Portland service offices.	25,476				
37	ODVA	Further reduction of Aid to County Veterans' Service Offices (CVSO); reduced office hours and staffing likely to occur in smaller counties.	27,048				
38	ECD	Further reduce funds available for Community Development Fund / Regional & Rural Investments; would reduce funds available for local priority projects.		1,400,000			
39	ECD	Reduction of Community Assistance funds; reduces Oregon Downtown Development and Rural Development Initiative base services - eliminates for second year of 2001-03 biennium.		450,000			
40	ECD	Reduction of funds for Community Development Fund/Community Assistance Initiatives.		200,000			
41	ECD	Reduction of funds for Community Development Fund/Business Initiatives.		400,000			
42	ECD	Further reduce funds available for Community Development Fund / Regional & Rural Investments; would reduce funds available for local priority projects.		1,867,993			
43	ODVA	Reduction of enhancement package for Aid to County Veterans' Service Offices. Will prevent counties from expanding current service programs.	52,523				
44	ODVA	Reduction of Aid to National Service Organizations (NSO); may reduce hours that are available for interviews.	5,046				

45	ODVA	Further reduction of Aid to National Service Organizations (NSO); reduced office hours and staffing likely to occur in Portland service offices.	25,475				
46	ODVA	Further reduction of Aid to County Veterans' Service Offices (CVSO); reduced office hours and staffing likely to occur in smaller counties.	27,048				
47	Housing	Reduction to the Housing Development Account; would result in reduction of units available for farmworker and transitional housing for offenders.	322,928				
48	Housing	Further reduction to the Housing Development Account; would result in reduction of units available for farmworker and transitional housing for offenders.	322,928				
49	Housing	Further reduction to the Housing Development Account; would result in reduction of units available for farmworker and transitional housing for offenders.	322,928				
50	Housing	Further reduction to the Housing Development Account; would result in reduction of units available for farmworker and transitional housing for offenders.	322,929				
51	Housing	Further reduction to the Housing Development Account; would result in reduction of units available for farmworker and transitional housing for offenders.	322,929				
52	Cumulative		2,725,095	8,694,914	(1,850,000)	-	2
53	Cumulative General Fund and Lottery Funds		11,420,009				
Reduction cited by agency not taken by Governor							
62	ECD	Reduction/recapture of funds related to 1997 Senate Bill 710 projects. All projects are under contract and would require statutory change and contract renegotiation to reduce funding level.	-	1,115,000	-	-	-
63	ECD	Eliminate Beef Slaughter / Fabrication Study.	120,000	-	-	-	-
64	State Fair	Reduction of funding for Patron Information Center.	7,000	-	-	-	-
65	State Fair	Reduction of funding for food concessions monitoring.	6,000	-	-	-	-
66	State Fair	Reduction of funding for Money room services and supplies.	2,000	-	-	-	-
67	State Fair	Reduction of funding for Horse Show services and supplies.	14,849	-	-	-	-
68	State Fair	Reduction of funding for Horse Show services and supplies.	25,151	-	-	-	-
69	State Fair	Limit Livestock entries.	4,698	-	-	-	-
70	State Fair	Further limit Livestock entries.	25,151	-	-	-	-
71	State Fair	Further limit Livestock entries.	4,698	-	-	-	-
72	State Fair	Reduce funding for grounds cleanup during Fair	15,000	-	-	-	-
73	State Fair	Maintenance savings	14,245	-	-	-	-
74	State Fair	Entertainment savings.	604	-	-	-	-
75	State Fair	Entertainment savings.	29,849	-	-	-	-

Reduction Options: Transportation

Legend

ODOT		Oregon Department of Transportation					
			2001-03				
No.	Agency	Short Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Full Time Equivalent
1	ODOT	Public Transit - Lane Transit District facility.	500,000				
2	ODOT	Public Transit - State Agency Transportation Coordination Project.	96,000				
3	ODOT	Public Transit - Senior and disabled transportation studies.	200,000				
4	ODOT	Public Transit - Coordination of pupil and public transportation.	124,000				
5	Cumulative		920,000	-	-	-	-
6	Cumulative General Fund and Lottery Funds		920,000	-	-	-	-
Reduction cited by agency not taken by Governor							
7	ODOT	Rail - Eastern Oregon intercity bus connections.	480,000				
8	ODOT	Transportation Safety - safety education.	20,000				
9	ODOT	Rail - Willamette Valley intercity bus connections.	580,000				
10	ODOT	Rail - Eliminate round trip train service.	1,000,000				
11	ODOT	Rail - Eliminate round trip train service.	1,000,000				

Reduction Options: Consumer Services

Legend

BOLI		Bureau of Labor and Industries					
			2001-03				
No.	Agency	Short Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Full Time Equivalent
1	BOLI	Vacancy savings; elimination of 2 lead work differentials, reduce unemployment insurance.	62,980				
2	BOLI	Extend vacancy and underfilling of 2 management positions.	58,904				
3	BOLI	Fund shift investigations of alleged discrimination of injured workers (Injured Worker Program) back to the Workers' Benefit Fund from the General Fund. Requires legislative approval.	531,419		(531,419)		
4	Cumulative		653,303	-	-	-	-
5	Cumulative General Fund and Lottery Funds		653,303				
Reduction cited by agency not taken by Governor							
6	BOLI	Transfer responsibility for registering apprenticeship programs and apprentices to the federal Bureau of Apprenticeship and Training. Requires legislative approval.	709,726				7.41

Working Document: Preliminary Impacts from Governor's Budget Reductions

County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Department of Human Services					
Health	#8	<i>OHP-Health</i> Don't allocate the special appropriation for OHP caseload increase	\$3,000,000 GF	\$0	This should not have a direct financial impact on the Health Department. However, if this results in management actions (on the state level) to control caseload, there will be more uninsured individuals in Multnomah County, negatively effecting individual health, and placing more strain on certain elements of the care delivery system (e.g., uninsured care delivered through emergency rooms).
CFS				These funds would be released by the state on the basis on higher than expected OHP caseloads. Distribution formula not known at this time	No potential of additional OHP allocations based on higher than expected caseloads (i.e. null potential for OHP mental Health system relief in event of unexpected caseload increase). Little impact since this was not anticipated. Potential decrease in CGF for CC+ and indigent meds proportionate to new eligibles if funded.?
ADS				None	No immediate impact on existing clients.
Health	#10	<i>Prescription Drugs - Health</i> Don't allocate special appropriation to allow OMAP to maintain a higher cost reimbursement institutional pharmacies	\$900,000 GF	\$0	No financial impact to Health Department.

Working Document: Preliminary Impacts from Governor's Budget Reductions

County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
ADS	#61	<i>Senior Prescription Drugs-ADS</i> Eliminate additional discount fund for Senior Prescription Assistance Program	\$5,016,628 GF	None	No immediate effect on existing clients
Budget Mark C	#3	Carry forward Tobacco Tax from DHS Closeout	\$1,075,448 *offset		
CFS	#47	<i>Developmental Disabilities - DCFS</i> Eliminate funding for adult crisis home for persons w/developmental disabilities	\$317,124 GF \$447,030 OF/FF	Unknown	Financial impact unknown. However, this will increase the costs to Regional Crisis program, which currently is under funded
CFS	#71	<i>Domestic Violence -DCFS/HD</i> Eliminate Non-Domestic Violence Emergency Assistance Program (DHS notes state: eliminate services to 602 families)	\$2,057,037 OF/FF	0	This funding is for AFS, it does not flow through the County
Health	#48	<i>OHP - HD</i> Use Tobacco Settlement (Master Settlement) funds dedicated for tobacco use cessation, ed., and prevention for GF offset in OHP	\$5,000,000 GF		This reduction would not directly affect the Health Department's Tobacco Prevention & Education Program because this program is funded by Measure 44 (Tobacco Tax) monies. However, loss of this money may cause the State to reassess the way it distributes Measure 44 money. If that happens, we may lose funds. There is no impact on our tobacco evaluation program.

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Health	#57	<i>Dental - HD</i> Dis-appropriate GF for fluoridation ed. and assistance to local water	\$500,000 GF		These funds do not come directly to Multnomah County Health Department (MCHD). However, this funds a state position that supports a tri-county fluoridation group that we participate on. The majority of these funds would likely have ended up in the Tri-County area for fluoridation systems. MCHD supports fluoridation as an effective tool to prevent long-term dental health problems.
Health	#56	<i>SBHC - HD/DCFS</i> Eliminate school-based clinics affecting 20 clinics in 11 counties. All 46 clinics would lose technical assistance	\$1,515,000 GF	\$210,476	The state gives us \$210,476 to support school-based clinics. Without this money, we would have to close one clinic. In addition, we would lose two staff positions, which provide system-wide support.
CFS	#78	<i>Mental health -</i> Don't allocate E-Board funds for implementation of local mental health services'	\$6,500,000 GF	Distribution was to be based on plans submitted by Counties as mandated in HB3024. It is not possible to specify what individual counties' allocations would have been.	No additional safety net funds, including funds to serve populations specifically mentioned in HB 3024 (children in the child welfare and juvenile justice systems, adults who are frequently incarcerated due to mental illness, and under or unserved adults and children with mental disorders.) Increased pressure on existing safety net services due to increasing numbers of consumers in need related to economy. Affects ADS clients with mental health diagnosis. Without services may end up in acute care systems at higher cost.

Working Document: Preliminary Impacts from Governor's Budget Reductions

County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS		<i>Mental health</i> Eliminate mental health consumer advocate program	\$188,003 GF	Not quantifiable	Would end statewide consumer technical assistance services to adults who are developing consumer based advocacy groups, support networks, and other consumer operated initiatives. OCTA's demise and PR issues.
Health	#77	<i>Safety net – HD</i> Don't allocate E-Board funds for Safety Net Clinics	\$2,200,000 GF		Although the State has not allocated this money, we believe Multnomah County's share would be fairly small. However, this cut would jeopardize the financial health of vulnerable safety net clinics, especially smaller and rural health centers. Oregon would lose the opportunity to draw estimated \$3-4 million of additional federal funds. Oregon would lose the opportunity to assume active role in organizing and developing health safety net capacity statewide.

Working Document: Preliminary Impacts from Governor's Budget Reductions

County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Health CFS	#79	Delayed OHP eligibility (beginning date would be first of month following eligibility)	\$3,750,000 GF \$5,545,847 OF/FF	Not quantifiable, but negative effect on safety net mental health funds and E-Hold funds. Increased financial pressure on outpatient and inpatient providers	Potentially eligible Medicaid-funded clients would not get service for up to one month. This may have a small negative effect on revenues. Some clients who should be seen quickly will not be, and may as a result develop more serious (and more expensive) needs. Increased pressure on safety net funds to cover necessary mental health services until OHP coverage begins; increased cost shifting to outpatient providers for emergency, urgent, and routine services. This cost shifting will have major impacts on providers operating on thin margins and/or serving small volumes of clients. Increased cost shifting to hospitals for ED and psychiatric inpatient services. Increased pressure on E-Hold funds to cover inpatient services during period when individual is not OHP funded. This would also have a significant impact on the ability of OHP clients to quickly access A&D services
CFS	#63	Eliminate one state operated group home for children w/developmental disabilities. Delay opening of second home until July 2002	\$1,018,643 GF \$1,435,917 OF/FF	Unknown	The financial impact is unknown. However, the impact to DD would be an increase in children's diversion expenditures - which are not adequate now.

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS	#75	Delay funding for county/regional based quality assurance staff for Medicaid waivers (related to The Staley implementation plan)	\$1,103,760 GF	\$80,214	The implementation of the Staley plan will go as planned but there will be a delay in the hiring of the quality assurance position due to the funding delay.
ADS	#52	Restructure OPI to focus on case mgmt. Eliminate direct client service.	Unknown		
	#94	Eliminate Oregon Project Independence	\$3,466,084 GF (\$2,516,588) OF/FF	\$1,221,979 annually	
CFS	#44	Reduce inpatient / residential problem gambling treatment by 32%	\$142,910 LF	NA	These funds are currently unallocated and are intended to fund a new state wide residential treatment service for problem gamblers. The funding set aside for this service is not adequate even for a regional program thus it is unlikely that these funds would be spent any way.
	#80	Eliminate inpatient / residential problem gambling treatment	\$285,820 LF		

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS LPSCC	Not on Gov's List	Don't allocate E-Board funds for mental health planning	\$1,000,000 GF	Multnomah County would receive a portion of this \$1,000,000 to do planning related to HB 3024 (as would all other counties in the state).	Lack of funding to meet planning mandates contained in HB 3024, including populations specifically mentioned in HB 3024 (children in the child welfare and juvenile justice systems, adults who are frequently incarcerated due to mental illness, and under or unserved adults and children with mental disorders.) This planning was to have been the basis of allocations to Counties from the Special E-Board appropriation of \$6,500,000 for safety net services (DHS Cut List p. 26), especially as outlined in HB 3024. Also results in an unfunded mandate for Oregon Counties to do planning as required in HB 3024.
Health	Not on Gov's List	Remove adult dental coverage from OHP, which would eliminate coverage for roughly 190,000 (would require federal approval)	\$23,401,459 GF \$39,833,990 OF/FF	~\$3 million in revenue	This would reduce by about half the Health Department's capacity to provide dental services. In total, roughly 50,000 adult county residents would lose dental coverage. In addition, much of the rest of the capacity to serve low-income residents of the county will be eliminated. This would cause a loss of capacity to serve low-income children, even though they retain coverage.
ADS	#89	Reduce adult dental coverage to benefit level approved by Waiver Application Steering Committee for OHP 2	\$9,441,120 GF \$13,962,745 FF	None	ADS Medicaid clients lose dental coverage (estimated 26,000 elders and persons with disabilities)

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Health		Require diagnosis be listed on OHP prescriptions and claims that are not funded on the priority list	\$1,066,608 GF \$1,577,438 OF/FF		This introduces a new administrative requirement, which will take additional provider time. Less time would therefore be available for patient care.

Working Document: Preliminary Impacts from Governor's Budget Reductions

County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS	Not on Gov's List	Eliminate 2nd year Cost of Living Adjustment (COLA) for providers	\$10,517,258 GF \$12,841,819 OF/FF	Not quantifiable for mental health services. Estimated to be \$102,480 for A&D services. Estimated to be \$1,227,895 for DDSD.	Increased financial pressure on providers as operating margins become thinner; downward pressure on wages and compensation for mental health professionals, with potential impacts on overall quality of care and ability to recruit specialized and minority-serving providers; and increased staff turnover. For the Alcohol and Drug system this will most impact our subcontract systems' ability to keep pace with their own rising costs and may force them to cut services or moderate plans for staff salary increases which could impact staff recruitment and retention. It should be noted that this would come on top of the County's decision to not provide a COLA for the last two fiscal years. Internally this means that DCFS will not receive COLA increases for .50FTE of our Prevention Specialist in Office of Addiction Services and for the state A&D funds going into the Touchstone program in DCPD.
ADS	#113	In lieu 2 nd year COLA, eliminate 11 slots for mental health intensive kids and reduce hours for client employed providers	\$1,300,000 GF	None	Developmental Disabilities estimates the COLA for FY02/03 to be 2%, the loss to the division will be at least \$1,227,895. This is 2% of the base allocation for FY02/03 of \$61,394,751. Reduce the availability of long term care community based resources when providers will not accept Medicaid clients because the payment is too low. May increase reliance on nursing homes which are more expensive and not the choice of clients

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS	#82	Reduce training for DD providers by roughly 25%	\$499,348 GF \$605,056 OF/FF	\$10,680	Reduction in training funds available to DCFS' DDS staff and provider community. A 25% reduction is a loss in funding of \$10,680.
Health	Not on Gov's List	Eliminate remainder of Public Health perinatal and prenatal programs	\$437,399 GF	\$26,000	Perinatal - Loss of \$26,000 eliminates perinatal care for 50 clients per year
	#86	Eliminate funding for Babies First	\$628,737 GF	\$80,000	Babies First program would lose Targeted Case Management Medicaid billing projected at \$1,085,555 for FY 02 (equivalent to one-third of home nursing team resources)
ADS	Not on Gov's List	Eliminate mental health support employment program for 180 clients	\$1,531,705 GF	None to ADS	90 clients lose intensive case management services in Multnomah County
CFS				Not quantifiable	Reduced mental health rehabilitation capacity, including reduced ability to fully implement recovery model and increased likelihood of consumer decline in functional status/ need for intensive services.

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
MCCF Health CFS	Not on Gov's List	Eliminate Oregon Children's Plan funding for mental health and alcohol and drug treatment (estimated that there are 26,132 firstborns impacted)	\$11,000,000 GF	Commission on Children & Families is the best source for this number	This would mean the loss of mental health and alcohol and drug services currently provided through the Nurse/Family Partnership Teams and Family Support Teams.
	#107	Reduce Oregon Children's Plan funding for mental health and alcohol and drug treatment	\$4,000,000 GF		None of these funds have been received. Plan was to maintain them at State level for family access. Loss of access to them will impact full implementation of County's early childhood plan.
ADS CFS Health	Not on Gov's List	Eliminate General Assistance Grant Program (2,800 clients)	\$8,960,169 GF \$721,315 OF/FF	\$1,301,097 + funding for overhead costs Not quantifiable	1,034 clients with disabilities/month lose income for food, shelter, health coverage. ADS loses funding for an estimated 26 positions, using County payroll costs Decreased subsistence services to vulnerable clients resulting in increased instability and potential crises. Increased pressure on OHP funds and psychiatric intensive and acute care resources. Grant elimination will result in more homelessness, which will have health consequences on this population. A large percentage of General Assistance clients are in Multnomah County.

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Health ADS	#108	Eliminate Medicaid long-term care services for clients in levels 15-17 (3,900 clients impacted – 3,418 are in home clients and 582 are in facilities)	\$10,831,014 GF \$18,250,694 OF/FF	\$811,738 annually + funding for overhead costs	Many of these individuals (but not all) will lose OHP coverage if they lose long-term care coverage. Since a high percentage have Medicare, the loss of OHP will primarily affect their ability to pay for prescriptions. 1,031 clients/month lose long-term care services in home and community-based settings. ADS loses funding for an estimated 16 positions based on County payroll costs.
Health ADS	Not on Gov's List	Eliminate Medicaid long-term care services for clients in levels 11-14 (1,200 clients impacted 673 are in home clients and 527 are in facilities)	\$2,628,828 GF \$4,316,972 OF/FF	\$197,435 annually + funding for overhead costs	Same as above. 275 elders or persons with disabilities lose long term care services in home and community-based settings. ADS loses funding for an estimated 4 positions
CFS	#44 #112	Reduction in "Adjustment Fund" for outpatient problem gambling treatment services	\$142,910 LF \$285,820 LF	NA	These funds are in a reserve pool at the state to be used if Counties exceed their funding cap. We do not expect to exceed our cap for biennium.
Health	#88	Eliminate STARS and other teen pregnancy prevention programs	\$482,239 GF \$559,917 OF/FF	\$143,000	Reduces program by about 60%, eliminating services for 3,600 middle school children. STARS provides service in 16 high schools and 31 middle schools in 6 school districts, 2 of which are in East County (Gresham-Barlow and Reynolds).

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
CFS	Not on Gov's List	Eliminate Emergency Assistance for 546 domestic violence cases	\$4,148,733 OF/FF	0	This funding is for AFS, it does not flow through the County
DCJ CFS	Not on Gov's List	Reduce funding for substance abuse treatment of correctional clients with alcohol and drug issues.	\$2,686,800 GF	\$466,756	These funds would be cut from the service element that includes subcontracted outpatient treatment and detoxification services. If we spread the cuts proportionately we would experience at least a 10% cut in outpatient service capacity and about a 7% cut in detoxification capacity. Utilization within our outpatient system exceeds its funded capacity. This level of cut could reduce agencies ability to provide the excess funded capacity, which could mean we could see service capacity reductions as high as 25%.
CFS MCSO	Not on Gov's List	Close Transitional Living Center (TLC) for forensics patients at Oregon State Hospital (currently serves 26 people w/an estimated level of 104 people)	\$1,875,183 GF \$48,081 OF/FF		
CFS MCSO	Not on Gov's List	Reduce outpatient community mental health funds for adults not eligible for Medicaid by 50%, (reduces medication and treatment access for 1,700 clients)	\$4,761,659 GF	\$900,000 (50% of Full MHS 20 Allocation)	Would reduce funds for mental health outpatient services for indigent, non-OHP clients by 50%. Cuts would result in higher usage of crisis services and acute inpatient services, as well as cost shifting to other areas of the mental health system. Would also result in significantly increased likelihood of adverse or critical incidents.

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
ADS CFS	Not on Gov's List	Eliminate medically needy program for 7,490 clients (all clients are either elderly or disabled clients)	\$17,263,980 GF \$36,175,000 F/FF	\$673,269 annually + funding for overhead costs Unknown	1,210 elders or persons with disabilities who have high medical expenses lose limited health benefits. ADS loses funding for an estimated 14 positions, using County payroll costs Need additional information, left message at the State to assess which DD consumers this affects. No reply yet
Health	Not on Gov's List #96	Eliminate OHP coverage for a portion of the adult/couple population, by decreasing the upper limit for income from the current 100% of FPL Reduce OHP eligibility for pregnant women and children down to 133% of the federal poverty level (FPL)	\$21,091,722 GF \$35,364,661 OF/FF \$3,466,084 GF \$25,573,749 FF		Under this reduction, a significant number of Multnomah County residents can be expected to lose OHP coverage. See impact statement from DHS document.
Sheriff DCJ LPSCC	#100	Pro-rated elimination of 3.5% COLA (inflation) rate (or \$4,586,750) calculated into DOC community correction funds.	\$195.5 million allocated statewide for 2001-03	\$61,504,115 allocated for county	\$1,551,660 million reduction in funds: <ul style="list-style-type: none"> \$1,011,500 for DCJ \$530,200 for Sheriff \$9,950 for LPSCC Opt-out clause could be triggered
Sheriff DCJ	Not on Gov's List	Early release of 1,600 DOC inmates statewide due to potential closure of 6 minimum-security prisons 370 layoffs at DOC	\$36,092,504 in savings (\$5,510,235 would be allocated to those		An estimated 500 inmates would be returned to the county, impacting the jails. Of these, approximately 20-30% would be added to DCJ's specialized caseloads (i.e., sex offender, gang, and mental health).

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
			communities)		
Sheriff DCJ	#80	Parole high-cost medical inmates	\$100,000		
	#98	Parole high-cost medical inmates	\$262,000		
DCJ	#89	Eliminate 50 close custody beds	\$1,413,417	County generally comprises 30% of OYA's close custody beds	
	#93	Eliminate an additional 50 close custody beds	\$2,707,726		
	#95	Eliminate an additional 50 close custody beds	\$2,707,726		
DCJ	#82	1.7% Reduction in OYA community programs, likely including: <ul style="list-style-type: none"> Gang transition services Diversion Juvenile crime prevention (basic services) 	\$982,207		
	#94	3.1% Reduction in community programs	\$1,881,640		
	#96	3.2% Reduction in community programs	\$1,881,640		
DCJ	#79	1% reduction in state juvenile crime prevention (JCP) fund grants through the Criminal Justice Commission	\$122,761	DCJ received \$4,796,054 for the biennium	A 10% reduction would result in a \$479,605 cut, severely impacting mental health services in detention. Also, the number of juvenile court counselor positions would be cut and community provider shelter beds would be reduced.
	#88	2.4% additional reduction	\$395,824		
	#89	2.4% additional reduction	\$395,824		
	#90	2.4% additional reduction	\$395,824		
	#91	2.4% additional reduction	\$395,824		
	Not on list	3.1% additional reduction	\$1,881,640		
	Not on list	3.2% additional reduction	\$1,881,640		

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
District Attorney	#63	Reduce witness fee payments to counties	\$191,277		Each 2% = \$32,000 impact to DA's office, totaling \$64,000.
	#64	Eliminate remaining fee payments	\$191,277		
District Attorney	#64	Reduce DA salary supplement	\$90,487		A 10% reduction would amount to an \$86,000 impact.
	#101	Further reduce DA salary supplement	\$191,277		
	#102	Further reduce DA salary supplement	\$191,277		
	#103	Further reduce DA salary supplement	\$191,277		
Department of Human Services					
DCJ	Not on Gov's List	Eliminate funding of 600 statewide A&D clients statewide (approximately 17% of non-OHP cases)		Indirect cut	Does not directly affect revenues for DCJ, but would reduce access to treatment for DCJ clients. Funding for outpatient treatment would decline.
Department of Transportation					
ADS	#3	10% reduction in senior and disabled transportation studies	\$200,000	Indirect cut	Although the proposed elimination of \$200,000 in Oregon Transportation Network would not directly impact the county's budget, it would affect the tri-county's chances for receiving Senior & Disabled fund based on population and needs.
Trans. Div.	Not on Gov's List	4 th 2% cut: Elimination of one train between Portland and Eugene in Jan 03	\$1 million	Indirect cut	Multnomah Co. does not operate rail service, but its elimination will impact transportation planning. ODOT and regional transportation partners will lose federal matching funds. Expensive to restore service.
Trans. Div.	Not on Gov's List	5 th 2% cut: Elimination of one train between Portland and Eugene in Aug 02	\$1 million	Indirect cut	Multnomah Co. does not operate rail service, but its elimination will impact transportation planning. ODOT and regional transportation partners will lose federal matching funds. Expensive to

Working Document: Preliminary Impacts from Governor's Budget Reductions

County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
					restore service.
Department of Housing and Community Development					
Housing DCJ	#47	Reduce the Housing Development Account (HDA)	\$322,928	Indirect cut	This will result in a reduction in units available for farmworker and transitional housing for offenders
	#48	Further reduce HDA	\$322,928		
	#49	Further reduce HDA	\$322,928		
	#50	Further reduce HDA	\$322,929		
	#51	Further reduce HDA	\$322,929		
Housing DCJ	Not on Gov's List	Reduce # of transitional housing units for ex-offenders by 66		Indirect cut	
Department of Education					
DCFS DCJ Health CCFC	#43	Eliminate School Improvement Fund	\$112,000,000	Indirect cut	While this would not cut direct county programs, it would have a significant impact on county services to youth and families.
DCFS DCJ Health CCFC	#86	Reduce school funding by 4%	\$90,772,086	Indirect cut	While this would not cut direct county programs, it would have a significant impact on county services to youth and families.
	#88	Reduce school funding by 2%	\$101,386,043		
DCFS DCJ Health CCFC	#91	Eliminate Oregon Pre-Kindergarten expansion of 50% to 60%	\$2,400,000	Indirect cut	While this would not cut direct county programs, it would have a significant impact on county services to youth and families.
Department of Justice					
DCFS	#25	Eliminate domestic violence and sexual assault grants approved by the 2001 session	\$2,500,000	Indirect cut	While these dollars are not directly allocated the domestic violence network would have received an estimated \$350,000 in additional services. Coupled with probable loss in federal d.v. funds, elimination of this grant is significant.

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County Dept.	Priority on Gov's List	Proposed Cut	State Funding Portion	Funding Portion to Multnomah County	Impact to Multnomah County
Department of Revenue					
DSS A&T	Not on Gov's List	Discontinue paying counties to collect taxes	\$5 million	\$400,000 per year	
Department of Land Conservation and Development					
Land Use	Not on Gov's List	Reduce land use planning grants	\$254,713	\$80,000 per biennium	
	Not on Gov's List	Further reduce grants	\$325,287		
Department of Economic and Community Development					
Budget & Mgmt	#9	Reduce funds available for Community Development Fund / Regional and Rural Investments; mitigated in first year by backfilling with available interest earnings	\$1,850,000 LF	Indirect cut	
	#10	Reduce funds available for Community Development Fund / Regional and Rural Investments; would reduce funds available for local priority projects	\$1,863,000 LF		
	#38	Further reduce funds for local projects	\$1,400,000 LF		
	#42	Further reduce funds for local projects	\$1,867,993 LF		