

# MULTNOMAH COUNTY OREGON

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

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

AGENDA OF  
MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS  
FOR THE WEEK OF  
February 28 - March 3, 1989

Tuesday, February 28, 1989 - 1:30 PM - Informal Briefings . Page 2  
Thursday, March 2, 1989 - 9:30 AM - Formal. . . . . Page 3

Tuesday, February 28, 1989 - 1:30 PM

Multnomah County Courthouse, Room 602

INFORMAL

1. Informal Review of Bids and Requests for Proposals:
2. Legislative Briefing - Fred Neal, Howard Klink
3. Public Provision of Emergency Medical Services Ambulance Services - Joe Acker
4. Presentation of Task Force Report on Public Guardian - Cecil Posey, Linda Cramer, Rhea Kessler
5. Presentation and Report - Comparative Offender Analysis - John Angell and Wayne Salvo

NOTE: Informal Review of the Formal Agenda March 2 is cancelled. All matters scheduled will be discussed on Thursday only.

PUBLIC TESTIMONY WILL NOT BE TAKEN AT INFORMAL MEETINGS

Thursday, March 2, 1989, 9:30 AM  
Multnomah County Courthouse, Room 602

Formal Agenda

CONSENT CALENDAR

DEPARTMENT OF JUSTICE SERVICES

- C-1 List of found/unclaimed property in possession of Sheriff in excess of 30 days (List 89-1), to be transferred to the Department of General Services for appropriate disposal in accordance with MCC 7.70

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-2 Orders Accepting Deeds for County Roads:  
a) Allen D. & Deborah M. Watson - Cornelius Pass Road  
b) Gene A. & Sharon J. Rickert - SE 267th Avenue
- C-3 Order in the matter of Cancellation of an Agreement for the Sale of Property Owned by Multnomah County by Virtue of Foreclosure of Delinquent Tax Liens on which the City of Portland had Assessment Liens

REGULAR AGENDA

DEPARTMENT OF HUMAN SERVICES

- R-4 Budget Modification DHS #37 reflecting a reduction of revenues in the amount of \$13,077 in Social Services, DD Contracts and Case Management budgets, as a result of Amendment #28 to the State Mental Health Grant, and appropriates an additional \$53,148 in Social Services, DD Contracts and Case Management budgets, from unspent revenue paid back to the County for FY 87-88

DEPARTMENT OF JUSTICE SERVICES

- R-5 Budget Modification DJS #18 making an appropriation transfer within Sheriffs Office from Corrections Facilities Division, Personal Services permanent, Fringe, and Insurance to Corrections Support Division, Personal Services, Materials and Services, and Capital Outlay to cover cost of replacing State Custody Bailiffs (2 temporary deputies beginning February 1, and 5 permanent deputies beginning April 1)
- R-6 Notice of Intent to apply for a grant of \$246,332 from the U.S. Dept. of Justice from the District Attorney's Office for Targeting Urban Gangs Project

NONDEPARTMENTAL

- R-7      Budget Modification Nondept. #15 making an appropriation transfer in the amount of \$7,996 within Tax Supervising Commission from Materials & Services and Capital Outlay to Personal Services to cover wage settlements

ORDINANCES - NONDEPARTMENTAL

- R-8      Second Reading - An Ordinance establishing the Children's Task Force and the Great Start Committee

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

Thursday, 10:00 PM, Channel 11 for East and West side subscribers

Friday, 6:00 P.M., Channel 27 for Rogers Multnomah East subscribers

Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

0498C.49-52

SUPPLEMENTAL AGENDA

THURSDAY, MARCH 2, 1989

The following matter will be added to the agenda on Thursday:

Review of Formal Bids and Requests for Proposals:

- a) Traffic Counter
- b) 5 or More Passenger Vehicles
- c) Northern Telecom Phone Equipment and Support Services
- d) Cytology Lab Services
- e) Juvenile Intervention Program

(These are added because there is not another meeting until March 16)



## GLADYS McCOY, Multnomah County Chair

Room 134, County Courthouse  
1021 S.W. Fourth Avenue  
Portland, Oregon 97204  
(503) 248-3308

### MEMORANDUM

TO : Jane McGarvin  
Barbara Jones

FROM : Delma Farrell

DATE : 2/21/89

RE : Agenda Submissions  
Week of Feb. 27-Mar. 3, 1989

### INFORMAL

1. Submitted by John Angell X-3701

Comparative Offender Analysis Report presentation.

### FORMAL

2. Submitted by Dick Howard X-5050

Deed/Order for County Road Purposes Cornelius Pass Road/County Road No. 891/Item 89-23 - Allen D. and Deborah M. Watson.

3. Submitted by Dick Howard

Deed/Order for County Road Purposes - S. E. 267th Avenue/County Road No. 819 Item No. 88-369 - Gene A. and Sharon J. Rickert.

4. Submitted by Larry Baxter X. 3590

Cancellation of 1942 City/ County Agreement re the sale of property owned by Multnomah County by virtue of foreclosure of delinquent tax liens on which the City of Portland had assessment liens.

5. Submitted by Susan Clark X-3691

DHS #37 Bud Mod adjusts the DD Contracts and Case Management budgets for a net decrease of \$13,077 to reflect action in Amendment #28 to the State Mental Health Grant and appropriates an additional \$53,148 from unspent revenue paid back to County for FY 87/88.

1989 FEB 21 PM 3:26  
MULTNOMAH COUNTY  
OREGON

6. Submitted by R. Showalter X-255-3600

DHS #18 transfers funds from Sheriff's Office Corrections Facilities Division to Corrections Support Division to cover the cost of replacing State Custody Bailiffs.

7. Submitted by Susan Pape X-3054

Nond #15 Bud Mod transferring \$7,296 from Materials and Services to Personal Services to cover wage increases.

DDF

Feb. 22, 1989  
DATE SUBMITTED \_\_\_\_\_

(For Clerk's Use)  
Meeting Date 2/28/89  
Agenda No. #1

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: EMS

Informal Only\* Feb. 28, 1989 P.M.  
(Date)

Formal Only \_\_\_\_\_  
(Date)

DEPARTMENT DHS DIVISION Health Division

CONTACT Joe Acker TELEPHONE 248-3674

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Joe Acker

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Briefing on public provision of emergency ambulance service

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA \_\_\_\_\_

IMPACT:

☐ PERSONNEL  
☐ FISCAL/BUDGETARY  
☐ General Fund  
☐ Other \_\_\_\_\_

CLERK OF  
COUNTY COMMISSIONERS  
1989 FEB 22 PM 3:03  
MULTNOMAH COUNTY  
OREGON

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Bladys McCoy

BUDGET / PERSONNEL \_\_\_\_\_

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) \_\_\_\_\_

OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.





# Emergency Medical Services

Multnomah County · City of Portland · Fairview · Gresham · Troutdale · Wood Village

CONCEPTS OF A PUBLIC PROVIDER  
EMERGENCY MEDICAL SERVICES  
SYSTEM FOR MULTNOMAH COUNTY

BOARD OF  
COUNTY COMMISSIONERS  
1989 FEB 24 AM 11:36  
MULTNOMAH COUNTY  
OREGON

Prepared at the request  
of the Board of County  
Commissioners

February 1989

2/22/89

Department of Human Services  
426 S.W. Stark Street — 8th Floor · Portland, Oregon 97204 · 248-3674

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A. Mission Statement for Publicly Provided Emergency Medical Services (EMS)

To provide a publicly delivered and publicly accountable EMS system which assures each citizen in Multnomah County of the timely availability of an advanced life support first responder or enhanced basic life support (first responder), and an advanced life support emergency ambulance at a cost which is judged reasonable by the county governing body.

B. Goals of a public provider EMS system:

1. Dispatch:  
Through 911 dispatch, provide an integrated, coordinated EMS dispatch system which is supported by public funds (911 telephone tax and general fund revenues).
2. First Response:  
Provide a full advanced life support first responder capability at each fire station in the cities and an enhanced basic life support first response in other areas of the county.
3. Emergency Care and Transport:  
Provide a public emergency care and transport system which is fully funded by user fees and charges the user no more than Medicare allowable charges.
4. Medical Direction:  
Provide for Medical Direction of the EMS system through a process involving physicians, nurses and paramedics (i.e., Medical Advisory Board) to provide guidance to a single physician supervisor who is responsible for medical direction for all advanced life support and enhanced basic life support activities in the county.
5. Quality Assurance (QA):  
Provide QA to the EMS system in a publicly accountable forum which involves the medical community and assures a process for EMS system improvement.
6. Public Education:  
Provide public education to acquaint the public with the proper use of the EMS system.
7. Public Accountability:  
Provide for organized public, medical community, and EMS system participant input into decision making with ultimate authority and accountability resting with the Board of County Commissioners (BCC).
8. Maintain Private Non-Emergency Ambulative Service:  
Provide for a coordinated, privately operated non-emergency ambulance system which is freely competitive.

### C. EMS Objectives

#### 1. Dispatch:

Through 911 dispatch, provide an integrated, coordinated EMS dispatch system which is supported by public funds (911 telephone tax and general fund revenues).

- a. Seek implementation of fire first responder dispatch function consolidation and/or co-location as soon as practical.
- b. Continue financial support of the EMS dispatch function per the current user agreement formula until fire/EMS dispatch consolidation, and/or co-location, is accomplished and then reexamine whether the cost should be funded by EMS users.

#### 2. First Response:

Provide a full advanced life support first responder capability at each fire station in the cities and an enhanced basic life support first response in other areas of the county.

- a. Train and equip Portland Fire Bureau (PFB) and Gresham Fire Department (GFD) to provide advanced life support (ALS) first response service from all PFD and GFD stations. Using existing fire apparatus, this would result in a paramedic first response in less than four minutes in ninety percent of cases.
- b. Train and equip Corbett Fire, Sauvie Island Fire, and Skyline Fire to provide for enhanced basic life support (EMT rapid defibrillation) responses on all medical calls.
- c. Maintain fire capability to manage mass casualty incidents, specialized rescue situations, and hazardous material situations through the continued use of strategically placed rescue units.
- d. Fund the incremental costs of ALS first response through a contract between the Department of Human Services/Emergency Medical Services (DHS/EMS), the cities, and the rural fire protection districts (RFPD). The incremental cost for ALS first response would be considered as a part of the total cost of providing emergency ambulance service. Incremental costs for ALS first response would include, but not be limited to: initial training costs to achieve paramedic staffing at each fire station; maintenance of paramedic staffing; differential paramedic pay; ALS equipment purchase and maintenance; ALS supplies; and ALS administrative costs.
- e. Provide for expanded inebriate pickup services (CHIERS). Provide funding (through emergency ambulance user charges) for the existing and expanded services above the available alcohol and drug monies presently committed to the Hooper Outreach Program.

#### 3. Emergency Care and Transport:

Provide a public emergency care and transport system which is fully funded by user fees and charges the user no more than Medicare allowable charges.

- a. Secure funding from an outside source for DHS/EMS to cover capital equipment and start up costs using no tax monies (unless BCC determines it is appropriate to use tax monies to lower user cost).
  - b. Hire personnel to staff the DHS/EMS emergency ambulance service, giving hiring preference to the EMT-paramedic population of Multnomah County subject to the county's affirmative action program goals.
  - c. Acquire the ambulances, equipment, and supplies necessary for DHS/EMS to operate the emergency ambulance service through the purchase of any fire rescues declared surplus by the cities, and offer to purchase appropriate ambulances and equipment from present licensees.
  - d. Base emergency ambulances at hospitals to the maximum practical extent to enhance medical orientation of the program and to promote cross use of paramedic personnel.
  - e. Charge user fees which cover the costs of providing EMS service, including the costs of administration and regulation. User fees will be flat-rate, all inclusive, and will not exceed Medicare allowable charges. Consistent with DHS policy, a sliding fee scale based on ability to pay will be used for medically indigent clients. Any tax subsidy provided will be used to reduce user fees.
4. Medical Direction:
- Provide for Medical Direction of the EMS system through a process involving physicians, nurses and paramedics (i.e., Medical Advisory Board) to provide guidance to a single physician supervisor who is responsible for medical direction for all advanced life support and enhanced basic life support activities in the county.
- a. Maintain the current makeup and responsibilities of the Medical Advisory Board (MAB) and its subcommittees.
  - b. Contract for physician supervisor services using the guidelines previously developed by MAB.
  - c. Have the single physician supervisor provide medical direction services to all first responder agencies and the DHS/EMS emergency ambulance transport program.
  - d. Maintain the current contractual relationship with OHSU to offer physician direction (on-line medical direction) and continuing education to paramedics.
  - e. Maintain county health officer supervision of the DHS/EMS program.
5. Quality Assurance (QA)
- Provide QA to the EMS system in a publicly accountable forum which involves the medical community and assures a process for EMS system improvement.
- a. Continue the current basic structure and functions of the MAB QA subcommittee.
  - b. Provide for the single physician supervisor and associate EMS director to serve as staff to the QA subcommittee.

6. Public Education:  
Provide public education to acquaint the public with the proper use of the EMS system.
  - a. Employ a health educator who will identify problem areas of EMS system under use and over use. Develop and deliver an educational program to promote proper use of the EMS system.
7. Public Accountability:  
Provide for organized public, medical community, and EMS system participant input into decision making with ultimate authority and accountability resting with the Board of County Commissioners (BCC).
  - a. Continue the Medical Advisory Board as presently provided for in ordinance.
  - b. By ordinance, provide for a rate accountability committee (RAC) which will have membership from the public. The RAC will take public testimony and make recommendations to the EMS Policy Board (EMS PB) and BCC concerning rates and billing practices.
  - c. By ordinance provide for an Emergency Medical Services Operations Board (EMS OB) with representatives of dispatch, first responder, and the emergency ambulance transport agency. This Board will advise the EMS PB and BCC on all issues which affect EMS operations.
  - d. Continue the EMS PB in its present role as representative of the county's and cities' interests and adviser to the BCC.
8. Maintain Private Non-Emergency Ambulance Service:  
Provide for a coordinated, privately operated non-emergency ambulance system which is freely competitive.
  - a. Maintain licensure of private non-emergency ambulance services with present quality control measures.
  - b. Allow free market competition for non-emergency calls among all licensed private companies.
  - c. Assure that all non-emergency recumbent transports in the county are done by licensed private providers.

#### D. Organization Responsibilities

1. Portland Bureau of Fire Rescue and Emergency Services:
  - a. Dispatch all ALS and enhanced BLS first responders until consolidation or co-location of fire/EMS dispatch functions occurs.
  - b. Respond to all medical emergencies (triaged as needing a first responder) with ALS or enhanced BLS first responder services.
  - c. Determine the incremental cost of ALS first response and contract with DHS/EMS for reimbursement.
  - d. Provide response to and medical coordination for mass casualty incidents, hazardous materials incidents, and specialized rescue incidents.
  - e. Participate in EMS system decision making through participation in the EMS OB and EMS PB (fire/EMS Commissioner).
2. Gresham Fire Department
  - a. Respond to all medical emergencies (triaged as needing a first responder) with ALS or enhanced BLS first responder services.
  - b. Determine the incremental cost of ALS first response and contract with DHS/EMS for reimbursement.
  - c. Provide response to and medical coordination for mass casualty incidents, hazardous materials incidents, and specialized rescue incidents.
  - d. Participate in EMS system decision making through participation in the EMS OB.
3. Corbett Fire, Sauvie Island Fire, Skyline Fire
  - a. Respond to all medical emergencies (triaged as needing a first responder) with enhanced BLS first responder services.
  - b. Determine the incremental cost of enhanced first response and contract with DHS/EMS for reimbursement.
  - c. Provide response to and medical coordination for mass casualty incidents, hazardous materials incidents, and specialized rescue incidents.



#### 4. DHS/EMS

- a) Provide EMS system coordination and direction as required by MCC.
- b) Provide emergency ambulance transport service for all areas of the county.
- c) Bill for and collect user fees for emergency ambulance service including the incremental cost of ALS and enhanced BLS first response.
- d) Contract with PFB, GFD, and RFPDs to offer ALS or enhanced BLS first responder services and reimburse these organizations for the incremental costs of these services.
- e) Secure physician supervision services for the entire EMS system.
- f) Provide staff assistance to all boards, committees and governmental bodies involved in the EMS system.

#### E. EMS System Operation Description

1. A call is received by 911 and is determined to require an emergency ambulance response.
2. An ALS or enhanced BLS fire first responder and a DHS/EMS ALS ambulance are simultaneously dispatched.
3. The fire first responder responds from the closest fire station.
4. The closest ALS ambulance responds with 2 EMT/paramedics.
5. The patient is treated initially by fire first responder personnel. The patient is transported with continuing ALS treatment by DHS/EMS emergency ambulance.
6. The fire first responder returns to service and is immediately available for other fire or EMS responses.
7. The DHS/EMS ambulance completes patient treatment and transport to the hospital and returns to service.

## F. Pros and Cons of a Public Provider EMS System

### Pros

1. True ALS first response delivered in four minutes or less ninety percent of the time will significantly reduce illness, disability and death from cardiac and traumatic causes.
2. First response (ALS) delivered in this manner will make full use of dual trained personnel as no personnel must be dedicated entirely to EMS response. The personnel are always on the fire apparatus (trucks, pumper, etc.).
3. The cities will not have to purchase and maintain separate EMS functional vehicles (rescue) based upon the need for transport in a work stoppage situation. The transport vehicles will be county owned and available for staffing by fire agencies in the event of a work stoppage.
4. More efficient use of ALS first responder personnel (one EMT/P per station) assures the cities of lower fire costs and a revenue source for EMS incremental expenses.
5. Assurance that ALS personnel will be on the medical emergency scene in four minutes or less ninety percent of the time will allow for fewer ALS ambulances in the system and more efficient staffing and system status management.
6. Implementation of an enhanced BLS (rapid defibrillation) program in the rural areas would assure all of Multnomah County a higher level of care at very moderate expense.
7. The EMS provider roles are well defined and should present few areas of conflict: fire as ALS first responder; DHS/EMS as emergency (911) call answering and transport; and the private sector as non-emergency transport.
8. Department of Human Services is already delivering health care in an efficient manner throughout the city and county and does have experience in a fee-for-service system.
9. The expertise is present in the existing DHS structure to operate an ambulance service.
10. This system offers a partial solution to the unemployment of EMT paramedics in the system as this new system would hire a portion of the existing EMT paramedics in Multnomah County.
11. The mechanisms are in place that provide for responsibility and accountability to the medical community.
12. Staffing and system status management factors could be developed "from scratch" to provide for maximum economies of operation.

13. Tax dollar support for administrative EMS activities will be eliminated.
14. A unified advance life support system would cover the whole county and would be less hampered by interjurisdictional (city and fire district) boundaries and political/administrative interactions.
15. This system could be implemented without expenditure of additional tax dollars, provided that non-tax-based funding for vehicles, equipment, and personnel can be obtained.

Cons

1. System must build a new entity for service delivery.
2. There will be additional costs to Department of Human Services for personnel and equipment; however, this will be balanced by revenues from service delivery.
3. There is a perception that the overhead would be high because this would be a governmental operation.
4. An all-Advanced Life Support system does not make the best use of personnel due to the transporting of non-ALS patients.
5. There is a question as to whether tax dollars would subsidize the DHS/EMS operation through indirect support of administrative and other technical personnel as well as legal and purchasing assistance from the county.
6. A work stoppage might be legal under this system.

G. Implementation of Concepts:

1. Direct the EMS Office to prepare a proposal which reflects the concepts of this document (as may be modified by the BCC). The proposal would include a full description of system operation, budget, first responder agency endorsement, ASA plan revision and EMS ordinance revision. Implementation projections and timelines would also be included.
2. Direct county counsel to prepare code and other amendments to repeal provisions for single or double ASA franchising. This would cause the EMS office to withdraw the proposed ASA plan from the state and request a further extension of the July 1, 1988 ASA revised plan due date.



# Emergency Medical Services

Multnomah County · City of Portland · Fairview · Gresham · Troutdale · Wood Village

## MEMORANDUM

TO: EMS Licensees and Interested Parties

FROM: Joe E. Acker III *[Signature]*

DATE: February 22, 1989

SUBJECT: Board of County Commissioners Informal Meeting  
RE: EMS Public Provider Concepts

The Board of County Commissioners will consider, in an informal session, the concept of a public provider emergency medical services system for Multnomah County.

This session will be held in the Board of County Commissioner's Board Room in the Multnomah County Courthouse (6th floor) at approximately 1:30 p.m. on February 28, 1989.

Should you have any questions or concerns with regard to this meeting, please feel free to call upon me.

cc: Board of County Commissioners  
Jane McGarvin, Medical Advisory Board  
EMS Policy Board

BOARD OF  
COUNTY COMMISSIONERS  
1989 FEB 23 AM 11:36  
MULTNOMAH COUNTY  
OREGON

Health Division  
Department of Human Services

[5177E w] 426 S.W. Stark Street — 8th Floor · Portland, Oregon 97204 · 248-3674

# Officials hear merits of public ambulance

By ELIZABETH MOORE 3-1-89  
*of The Oregonian staff*

Multnomah County's emergency medical services coordinator Tuesday told county commissioners of several advantages of a public ambulance system over one run by private companies.

Jim Acker presented a 13-page report to the board, outlining the benefits of an ambulance system that would be run by local fire departments, including those in Portland and Gresham.

About 40 people attended the meeting, many from the three ambulance companies that currently serve Multnomah County and that could lose business if local fire departments take over.

An emergency medical services system provided by local fire departments would be more efficient and more cost-effective for Multnomah County residents than a privately owned system, Acker said.

A first response to a 911 emergency call could arrive in four minutes or less 90 percent of the time under a publicly owned system compared with eight minutes 98 percent of the time, which is a county guideline that was adopted seven years ago, he said.

County commissioners expressed serious interest in establishing a publicly owned ambulance system in early February, after voicing frustration in dealing with a series of lawsuits that has thwarted their efforts to establish a franchised emergency ambulance system run by one company in Multnomah County.

Four years ago, the board attempted to designate a single franchise area for the county, but was challenged successfully in court by two of the three ambulance companies now serving the county.

The county has appealed the ruling to the Oregon Court of Appeals, and the issue is expected to be heard in April.

A second plan that would establish two service and franchise areas also faces court challenges.

State law requires the county to adopt a service plan, and commissioners have said they want a plan that is less expensive to clients than the existing service.

Acker said Tuesday that counties have the legal right to create a public emergency ambulance system.

Commission Chairwoman Gladys McCoy told the board that she had always supported the plan for a public operation and noted that litigation that would clear the way for a private company could take up to two years to resolve.

According to the report, under a system run by fire departments, advanced life support services — usually provided by trained paramedics — would be provided by all fire stations in Portland and Gresham. Other areas, particularly rural fire districts within the county, would receive training and equipment to enhance basic life support services, such as rapid defibrillation equipment that would help persons suffering from cardiac arrests.

Flat-rate user fees for persons using the emergency medical services would pay for the publicly owned system and would not exceed Medicare allowable charges, Acker said.

After hearing Acker's testimony, the commissioners called for a public hearing with the Emergency Medical Services Policy Board on April 4 to further discuss the issue. At the hearing, the commissioners will decide whether to ask Acker for an expanded report on a publicly owned ambulance system.

DATE SUBMITTED 2/8/89

(For Clerk's Use)

Meeting Date 2/28/89  
Agenda No. #2

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: PMCoA Task Force Report on Public Guardian

Informal Only\* 2/28/89  
(Date)

Formal Only \_\_\_\_\_  
(Date)

DEPARTMENT DHS DIVISION Aging Services

CONTACT Jim McConnell TELEPHONE 248-3646

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Cecil Posey, Linda Cramer, Rhea Kessler

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Presentation of Task Force Report.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 20 Minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ - General Fund

Other \_\_\_\_\_

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Polly Caserline

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) \_\_\_\_\_

OTHER \_\_\_\_\_

(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



# Aging

February 20, 1989

1120 S.W. 5th AVE., 5th FLOOR  
PORTLAND, OR 97204-1978  
(503) 796-5269

TO: Board of County Commissioners  
FROM: Linda Cramer, Chair *Linda Cramer*  
Portland/Multnomah Commission on Aging  
SUBJECT: Report of Public Guardian Task Force

As you know, the Portland/Multnomah Commission on Aging appointed 20 individuals representing senior and disabled organizations, county offices, and social service agencies to a Public Guardian Task Force. This task force was charged with the responsibility of exploring options for the future of the Multnomah County Public Guardian and Conservator's office and its clientele. The task force studied such issues as the role of government in guardianship and conservatorship and intake criteria.

The Public Guardian Task Force has completed its work. Attached is a copy of the final report approved unanimously by the Commission on Aging at their January 18, 1989 meeting with one minor amendment. The Commission changed the date to December 31, 1989 for the completion of the report from the Public Guardian to the Board of County Commissioners regarding the feasibility of contracting out a portion of the program for new clients.

In addition, the Commission on Aging would like to offer the following clarifications and recommendations to the Public Guardian Task Force Report:

- 1) Recommendation #3 should include and maintain the program as part of County government.
- 2) Recommendation #5 should be amended to read "For conservatorship estates, up to 5% of the total estate based on actual costs..." The Commission did not feel it was the intent of the Task Force to propose that individuals be assessed more than actual costs.
- 3) That recommendation #7 be amended to include "a technical advisory committee should be established that will be comprised of 51% representatives of client groups to help shape policy..." The Commission on Aging should appoint 1 individual to the technical advisory committee.



The City of Portland



- 4) The Commission on Aging suggests addition of the following recommendation: The Public Guardian Office should take a lead role in developing alternatives to guardianship and conservatorship services such as, but not limited to power of attorney and money management.

The Portland/Multnomah Commission on Aging would like to commend the members of the Public Guardian Task Force for their fine work. We hope that the Board of County Commissioners will act favorably on the recommendations as proposed. The Commission on Aging is available to monitor the implementation of Public Guardian Task Force recommendations adopted by the Board of County Commissioners.

Members of the Commission on Aging and Public Guardian Task Force look forward to making a full presentation to the Board of County Commissioners at 1:30pm on February 28th. We will be happy to answer any questions you might have at that time.

Sincerely,



Linda Cramer, Chair

cc: Public Guardian Task Force  
Jim McConnell, ASD Director  
Jim Paynter, AASC President

**FINAL REPORT OF THE PMCoA  
TASK FORCE ON THE  
PUBLIC GUARDIAN/CONSERVATOR'S OFFICE**

**Cecil Posey, Chair  
Rhea Kessler, Staff**

**December 28, 1988**

**REPORT OF THE PMCoA TASK FORCE**  
**ON THE PUBLIC GUARDIAN'S OFFICE**

The Portland Multnomah Commission on Aging created a Task Force during the summer of 1988 to study the future of the Multnomah County Public Guardian's Office. In the wake of the investigation precipitated by the discovery of the former Public Guardian's wrongdoings, it was felt that a thorough examination of the office and its underlying policies was in order. Accordingly, a Task Force representing the widest possible community participation was created. A 20 member Task Force was formed, including 11 seniors. Senior organizations countywide were solicited to provide nominees for membership on the Task Force. Senior members represent a broad spectrum of the community. The other 9 members of the Task Force are professionals with expertise and interest in the issues facing the Public Guardian. (See attachment for names of members.)

**UNDERLYING ASSUMPTION**

The work of the Task Force assumes that there exists a need for guardianship/conservatorship services, either public or private, in Multnomah County. The State of Oregon, recognizing the fact that certain individuals lack the capacity to care for themselves or make reasoned financial and personal decisions on their own behalf, created a legal framework for appointment of guardians and conservators some time ago. Although the Task Force did examine service delivery options other than the current county sponsored program, the group did not question that guardianship or conservatorship services are in fact needed.

**METHODOLOGY**

The Task Force reviewed written materials, including articles, statutes and the relevant Multnomah County Code sections. Representatives from a number of organizations, including the Northwest Pilot Project, the GAPS program of the Association for Retarded Citizens, the Mid-Willamette Valley Senior Services Agency, and Clackamas County Senior Citizens Council addressed the group, as did staff members of the County Public Guardian's Office and other County programs. After considering the information presented, the Task Force discussed the issues presented below and voted on each issue. The individual recommendations are based upon a majority vote. (See attachment for summary of recommendations.) Given the diversity of positions represented, it is gratifying to note that consensus was achieved on so many issues. All but two questions were determined by unanimous vote.

**IS THERE A PUBLIC ROLE FOR THE PROVISION OF GUARDIANSHIP AND  
CONSERVATORSHIP SERVICES IN MULTNOMAH COUNTY?**

The Task Force considered whether there is a legitimate public role in the delivery of guardianship and conservatorship services in Multnomah County. Its members considered whether or not other alternatives, including the private sector and other less restrictive options, such as money management or representative payeeship, could fill the need.

The group concluded that other existing alternatives are simply insufficient to meet the need. The private sector serves only a limited number of potential wards. Private guardians and conservators necessarily operate to make profits and generally charge relatively high hourly fees. Non-profit private agencies, such as the Northwest Pilot Project or the GAPS program, do not have sufficient resources to meet community needs. Individuals who are presently considered to be the likeliest candidates for the Public Guardian program may be characterized as follows:

- those individuals with insufficient resources to purchase service from the private sector,
- past victims of financial exploitation or physical abuse by family, care-givers or former guardians/conservators,
- those wards presenting so many problems that the private sector may reject them, regardless of ability to pay for service.

The current Multnomah County program is considered a program of "last resort" for individuals in desperate need of a responsible decision-maker.

At this time, there exists no definitive statistical information regarding the extent of the need for guardianship or conservatorship services in Multnomah County. What is clear, however, is that the need is growing. As the population 65 years of age and older increases, the number of elderly with organic brain syndrome, including senility, dementia, and Alzheimer's disease increases. At this time, the frail elderly exhibiting such problems comprise the majority of the current caseload of the Public Guardian.

In addition, target client groups must be served. It has been estimated that there are approximately 7,000 chronically mentally ill individuals in Multnomah County. It has further been estimated that as many as 270 of these individuals might need a guardian and/or a conservator. This population does not improve with treatment, but rather face repeated hospitalizations. They suffer from a chronic inability to cope with the demands of daily living or to make reasoned decisions on their own behalf. This group is likely to exhibit other multiple health problems, including alcohol and drug abuse, and is likely to be indigent as well. The private sector clearly does not have the resources to provide adequate guardianship or conservatorship service to this population, which has traditionally been considered difficult to serve.

Similarly, there are several thousand developmentally delayed or retarded individuals within the county. It has been estimated that as many as 500 or 550 might be appropriate candidates for guardianship or conservatorship services. With the deinstitutionalization of the Fairview population, 300 profoundly disabled individuals will be placed in the community. A substantial number of these persons may be appropriate for guardianship and conservatorship as well. Again, the private sector does not have the resources to offer adequate guardianship or conservatorship services to this population.

At this time, there is no provision for a state funded Public Guardian program. The current statutory scheme simply allows a County to establish and fund its own program, if it so chooses. There are currently no state funds

allocated to a Public Guardian program other than Federal Title XIX dollars requiring local match. In many other jurisdictions, however, Public Guardian programs are extensively or even exclusively supported by state funds. There was strong sentiment among Task Force members that other state funding options should be pursued, particularly in light of the downsizing of the Fairview population.

**RECOMMENDATION:**

- a. There is a legitimate public role for the provision of guardianship and conservatorship services in Multnomah County.
- b. Appropriate County staff should explore potential state fiscal responsibility for guardianship/conservatorship services to individuals transitioning from state institution to community living and those in the community at risk of (re) institutionalization without these services.

**SHOULD THE MULTNOMAH COUNTY OFFICE OF THE PUBLIC GUARDIAN AND CONSERVATOR CONTINUE TO EXIST?**

Despite past problems, there is strong support for the current Public Guardian program. The Task Force recognizes that the office fills a very real need as a program of last resort for those wards who have no other viable options. Various individuals communitywide praise the program and the dedication of its staff.

The current caseload is 158. The majority of wards may be characterized as the frail elderly -- over 65, typically presenting problems which include dementia or Alzheimer's disease. Twenty-five of the wards are under 60. These individuals are chronically mentally ill, brain damaged, retarded, chronic alcoholics, or suffer some other severe disability.

Task Force members expressed the opinion that the past problems in the Public Guardian's Office did not develop because of a defect or weakness in the probate law, but rather because of a defect in the financial management of ward's assets. Accordingly, funds belonging to conservatorship wards are now handled through the County fiscal office. A thorough system of checks and balances for all expenditures has been implemented, thereby virtually guaranteeing that the fiscal improprieties of the past cannot be duplicated.

**RECOMMENDATION:**

Multnomah County should continue financial support of the Office of the Public Guardian and Conservator.

**WHAT POPULATION SHOULD THE PUBLIC GUARDIAN SERVE?**

As stated above, most of the Public Guardian caseload is 65 years of age or older. The program has, since inception, primarily served the elderly population. Due to staff and budget constraints, it has historically

been impossible to offer service to every individual who might be in need. It may be argued, therefore, that clients who represent other population groups -- that is, the chronically mentally ill, developmentally delayed, or mentally retarded -- have been under-represented in the program.

It has been estimated that less than 13% of all referrals to the Public Guardian Office result in wardship.<sup>1</sup> Some are turned away as inappropriate for the program. For example, a potential ward may have a relative willing to serve as guardian or conservator or simply may not meet the legal criteria for guardianship. However, the remainder of referrals cannot be taken because of staff limitations. The program currently has a needs based priority system. Referrals based upon a life-threatening emergency or imminent danger to the person are given highest priority. At this point, no one can state with any accuracy what happens to those cases rejected by the Public Guardian.

Over a six year period, the program averaged 1.6 new clients per month.<sup>2</sup> The intake data is surprisingly stable. This suggests that intake is not based upon need, but rather upon program limitations; the office serves only as many wards as it can reasonably handle.<sup>3</sup>

At this time, the Public Guardian Office does not advertise its service in any overt way. Advertising would likely overwhelm the office with referrals it could not manage.

The Task Force members believe that the character of the caseload should be determined solely by need for service, rather than by specific disability. In addition, the Task Force supports the notion that those client groups traditionally under-represented should be allowed equal access to the program, based on need.

#### **RECOMMENDATION:**

The Public Guardian Office should serve the entire adult population (over 18) which is eligible for service under state law.

#### **SHOULD FEES FOR GUARDIANSHIP AND CONSERVATORSHIP SERVICES BE ASSESSED? IF SO, HOW?**

Under state law, the Public Guardian and Conservator is allowed to charge fees for service with the approval of the Probate Court. These fees are paid into the County General Fund.

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<sup>1</sup> These numbers and analysis are taken from the working papers of a yet to be released audit report. This report is to be issued by the Multnomah County Auditor's Office in 1989.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

At present, the minimum yearly conservator or guardianship fee is \$325. For conservatorship fees, 2% of the total estate and 1% of the total estate for years thereafter is additionally assessed. Fees are held in abeyance if a client is unable to pay. That is, fees are not collected until such time as the client has adequate assets or, more commonly, until the time of death if there are any remaining assets in an estate. In fiscal year 1986-87, \$29,198 in fees were collected from Public Guardian wards.

The Task Force considered several options regarding appropriate assessment of fees. The clientele of the Public Guardian's Office is generally not wealthy; the average estate is approximately \$4,000. However, all members agree that some fee structure should be maintained, even though most wards have modest estates. It is perceived that the service provided by the office was a real "bargain," as private guardians or conservators generally charge much higher fees. Since the program is supported by tax dollars, the Task Force members believe that every reasonable effort should be made to recoup as much fee revenue as possible.

#### **RECOMMENDATION:**

The Public Guardian should assess fees for the provision of guardianship and conservatorship services.<sup>4</sup> The fee structure recommended is as follows:

- Minimum annual fee of \$500 for conservatorship and \$500 for guardianship services
- For conservatorship estates, 5% of the total estate (if greater than \$500) for the first year and 5% every year thereafter.

A minority of the Task Force recommends that the above fee structure be adopted, but that no fees be collected until after death from each estate.

#### **HOW EXTENSIVE SHOULD THE CASE MANAGEMENT FUNCTION OF THE PUBLIC GUARDIAN'S OFFICE BE?**

Case management is an integral part of the services which must be provided to those individuals who are under guardianship and/or conservatorship. However, this function can be quite time consuming; arguably, the limited resources of the Public Guardian Office might be better spent handling more cases, rather than providing extensive case management services. For those clients who can afford private case managers, the office routinely purchases such case management services from the private sector. Private case managers operate under the direction of the Public Guardian. For the approximately 60% of the

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<sup>4</sup> Medicaid wards apparently may not be assessed additional fees because Medicaid is already funding the total cost of service to these wards. The fee recommendation, therefore, necessarily excludes Medicaid clients.



office which is Medicaid eligible, private case management is not a realistic financial possibility. Those wards who are clients of other County programs already have case managers. These case managers, however, handle heavy caseloads. At times, they are not as responsive to the needs of wards as the Public Guardian's office staff would desire. Since the Public Guardian has legal responsibility for the welfare of wards of the office, staff accordingly spend time doing functions which arguably could be left to others. At this time, there are no formal written agreements regarding what responsibilities the Aging Services Division or Social Services Division case managers have regarding Public Guardian clients.

**RECOMMENDATION:**

- a. The Public Guardian's Office and the various County programs which case manage Public Guardian clients should develop formal agreements of responsibilities designed to limit the case management function of the Public Guardian's Office.
- b. For those clients not otherwise case managed, the Public Guardian should provide case management services in the most cost-effective method possible. The Public Guardian should explore the option of delegating certain routine tasks to volunteers.

**SHOULD AN ONGOING TECHNICAL ADVISORY COMMITTEE BE CREATED FOR THE PUBLIC GUARDIAN PROGRAM?**

The Public Guardian program has been in existence for some 14 years but, prior to the discovery of the problems precipitated by the former Public Guardian, little public attention has been focused on the program. The members of the Task Force explored, in a preliminary fashion, a number of difficult and important issues regarding the functioning of the office. There was strong sentiment that an ongoing examination of the program be built into future planning. Many of the issues which were raised by Task Force members were held in abeyance because certain topics were considered inappropriate for the examination by a citizen's task force. The creation of a technical advisory committee, composed primarily of professionals, was endorsed by the Task Force.

**RECOMMENDATION:**

A technical advisory committee should be established to help shape policy directions for the ongoing functioning of the Public Guardian's Office.

**SHOULD THE OFFICE EXPLORE CONTRACTING OUT SOME PORTION OF THE PROGRAM TO ANOTHER ENTITY?**

The Task Force members voiced strong support for other community programs, such as the GAPS program of the Association for Retarded Citizens and the Northwest Pilot Project, which provide guardianship and limited financial services to the chronically mentally ill and retarded populations. These other agencies perform a valuable service to clientele who otherwise might come to the Public Guardian for service, adding additional stress to an

overburdened system. These entities also have specialized expertise in dealing with client populations who traditionally have not been served by the Public Guardian in great numbers. Accordingly, the Task Force members felt that it might be appropriate to contract out some portion of the program to another entity, or entities.

**RECOMMENDATION:**

The Public Guardian Office should explore the possibility of contracting out some portion of its program as a demonstration project for new clients. Potential contractors would be private agencies which serve wards who might otherwise be wards of the Public Guardian. The Public Guardian should report to the Board of County Commissioners no later than Dec. 31, 1989, with specific recommendations including potential contractors, numbers of slots, and funding information.

Respectfully submitted,

Cecil Posey, Chair  
on Behalf of PMCOA Task Force

## RECOMMENDATIONS

1. There is a legitimate public role for the provision of guardianship and conservatorship services in Multnomah County.
2. Appropriate County staff should explore potential state fiscal responsibility for guardianship/conservatorship services to individuals transitioning from state institution to community living and those in the community at risk of (re) institutionalization without these services.
3. Multnomah County should continue financial support of the Office of the Public Guardian and Conservator.
4. The Public Guardian Office should serve the entire adult population (over 18) which is eligible for service under state law.
5. The Public Guardian should assess fees for the provision of guardianship and conservatorship services. The fee structure recommended is as follows:
  - Minimum annual fee of \$500 for conservatorship and \$500 for guardianship services
  - For conservatorship estates, 5% of the total estate (if greater than \$500) for the first year and 5% every year thereafter.
6. The Public Guardian's Office and the various County programs which case manage Public Guardian clients should develop formal agreements of responsibilities designed to limit the case management function of the Public Guardian's Office.

For those clients not otherwise case managed, the Public Guardian should provide case management services in the most cost-effective method possible. The Public Guardian should explore the option of delegating certain routine tasks to volunteers.
7. A technical advisory committee should be established to help shape policy directions for the ongoing functioning of the Public Guardian's Office.
8. The Public Guardian Office should explore the possibility of contracting out some portion of its program as a demonstration project for new clients. Potential contractors would be private agencies which serve wards who might otherwise be wards of the Public Guardian. The Public Guardian should report to the Board of County Commissioners no later than Dec. 31, 1989, with specific recommendations including potential contractors, numbers of slots, and funding information.

PMCoA TASK FORCE

MEMBERSHIP LIST

1. Mrs. Jo Aughinbaugh
2. Ms. Shirley Buxton
3. Mr. John Chinn
4. Ms. Barbara Donin
5. Mr. Bill Farver
6. Ms. Lucretia Gardner
7. Mr. Bill Gordon
8. Ms. Ruth Goebel (Resigned)
9. Ms. Velma Hodgson
10. The Honorable Lee Johnson
11. Ms. Sally Landauer
12. Mr. Gene McLaughlin
13. Ms. Ethelyn Pankratz
14. Mr. Cecil Posey
15. Mr. Sol Siegel
16. Mr. Dennis Skyles
17. Mr. Jim Smith
18. Ms. Lydia Strnad
19. Mr. Peter Wanderer
20. Mr. Ramsey Weit

13210/cvr

DATE SUBMITTED 2-21-89

(For Clerk's Use)

Meeting Date 2/28/89  
Agenda No. 43

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Comparative Offender Analysis Report

Informal Only\* February 28, 1989  
(Date)

Formal Only \_\_\_\_\_  
(Date)

DEPARTMENT Justice Services DIVISION Administration & Planning

CONTACT John Angell TELEPHONE 248-3701

\*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD John Angell/Wayne Salvo

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Presentation of report titled **Comparative Offender Analysis** which summarizes a comparison of offenders in the MCSO Restitution Center, State Probation, Alternative Community Service Gorge Project, and Volunteers of America Women's Center.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 20 minutes

IMPACT:

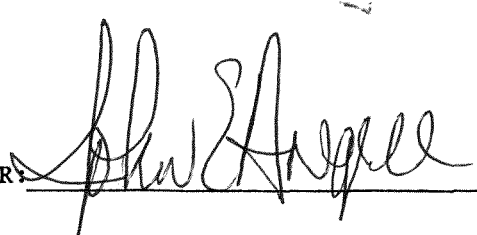
PERSONNEL

☐ FISCAL/BUDGETARY

☐ - General Fund

Other \_\_\_\_\_

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: 

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) \_\_\_\_\_

OTHER \_\_\_\_\_  
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

A  
COMPARATIVE STUDY OF OFFENDERS  
ADMITTED TO  
FOUR CORRECTIONAL PROGRAMS

Prepared  
by

Department of Justice Services  
Multnomah County

February 1989

## P R E F A C E

This report was initiated in response to concerns of Board members about the characteristics and offense histories of offenders admitted to various corrections programs in the County. Wayne Salvo was the principle investigator. The data processing and analysis were performed by Wayne Salvo with the assistance of Kate Desmond, Kevin Bowers and Cathi Bain. Previous drafts of the report were reviewed by personnel in Community Corrections, Women's Transition Services and the Sheriff's Office, and efforts to address the concerns and suggestions from these units were made in completing this document.

The report deals with the characteristics of offenders entering only four County correctional programs, State Probation, Alternative Community Service Gorge Project, Volunteers of America Women's Center, and Multnomah County Restitution Center. We do not have profiles of all programs. Further, the profiles would be more meaningful if they were more comprehensive. The resources were not sufficient for such a comprehensive undertaking. A more comprehensive study would contribute to greater understanding and improved capacity for system management, and should be undertaken.

Despite the limited scope of the study, the data accumulated are sufficient to demonstrate the nature of significant differences in the "average" offender admitted to each of the four programs.

I appreciate the efforts of Mr. Salvo, his staff, and others in the Department of Justice Services in this effort.

John Angell  
February 1989

## MULTNOMAH COUNTY DEPARTMENT OF JUSTICE SERVICES

### Important considerations in reviewing program data

There are three basic areas of comparative analysis that may be used to review any social program:

- 1) People variables: sex, race, age, social needs, behavior characteristics, etc.
- 2) Program variables: services provided, length of service, costs, etc.
- 3) Outcome variables: were goals met, were people variables changed, what changed at what cost?

Each basic analysis area has its strengths and the type of analysis chosen may enlarge or reduce differences between programs. As an example, consider the analysis of a dental office. Each morning for four hours the dentist does one tooth extraction on one patient in four hours. Each afternoon the dentist cleans ten patients' teeth in four hours. At the end of the week 5 patients have had teeth removed and 50 patients have had teeth cleaned. If the analysis is to focus on the type of person served by the dentist, the appointment book would show that most of the patients need to have teeth cleaned. If the analysis focuses on program variables such as "resources", the use of the dental chair would be examined. The dentist's chair is used equally for tooth extractions and cleaning. Outcome analysis would require information on the costs of providing the service and the success in meeting the dentist's goals.

Ideally a program would be compared by all three areas.

The report that follows compares offenders entering the programs on their "people variables". A "program variables" comparison was not possible because each program receives offenders for varying lengths of time and provides differing intensities of service. The comparison of "people variables" has the greatest impact on the MCSO Restitution Center which receives a large number of less serious offenders for short sentences and a lesser number of more serious offenders for much longer sentences. On any given day a program analysis will show that many of the less serious offenders have left the program, while the most serious offenders remain in custody. This same problem is also true of the state probation sample which, on a program comparison, would include all the parolees and pre-release offenders supervised by that program. In both cases the "snapshot" program population would look much "harder" than the population that had entered the program.



## Comparative Offender Analysis

This report summarizes a comparison of offenders received by four corrections programs operated within Multnomah County. The four programs are:

MCSO Restitution Center  
State Probation  
Alternative Community Service Gorge Project  
Volunteers of America Women's Center

Offenders received by each program were compared for prior arrest record and for the conviction(s) that resulted in entry into a corrections program. All programs except the MCSO Restitution Center have program guidelines which restrict referrals exclusively to felons. A complete description of methodology is contained in appendix A. Prior arrest information and program conviction information were chosen as indexes because this information is generally valid and available.

It is the project hypothesis that offenders who are arrested more often for more serious crimes are of greater concern to the community. Likewise offenders convicted of more serious crimes are of greater concern than offenders convicted of less serious crimes.

To allow evaluative decisions all offenses have been assigned a numeric value from a scale known as the Sussman table. The Sussman table assigns values based on the level of the offense, (misdemeanor or felony), the amount of physical violence inherent in the crime, and the degree of direct person-to-person victimization. The scale ranges from "1" to "40", with "1" assigned to unlisted misdemeanor crimes and "40" assigned to murder.

As is typical in studies of this type the number of offenders in each program varied. As a consequence averages or percentages are used to equalize the data sets for program to program comparisons.

The MCSO Restitution Center and Alternative Community Service Gorge Project have exclusively male populations while the VOA Women's Center is reserved for female offenders. The State Probation sample contained 18 women and 86 men.

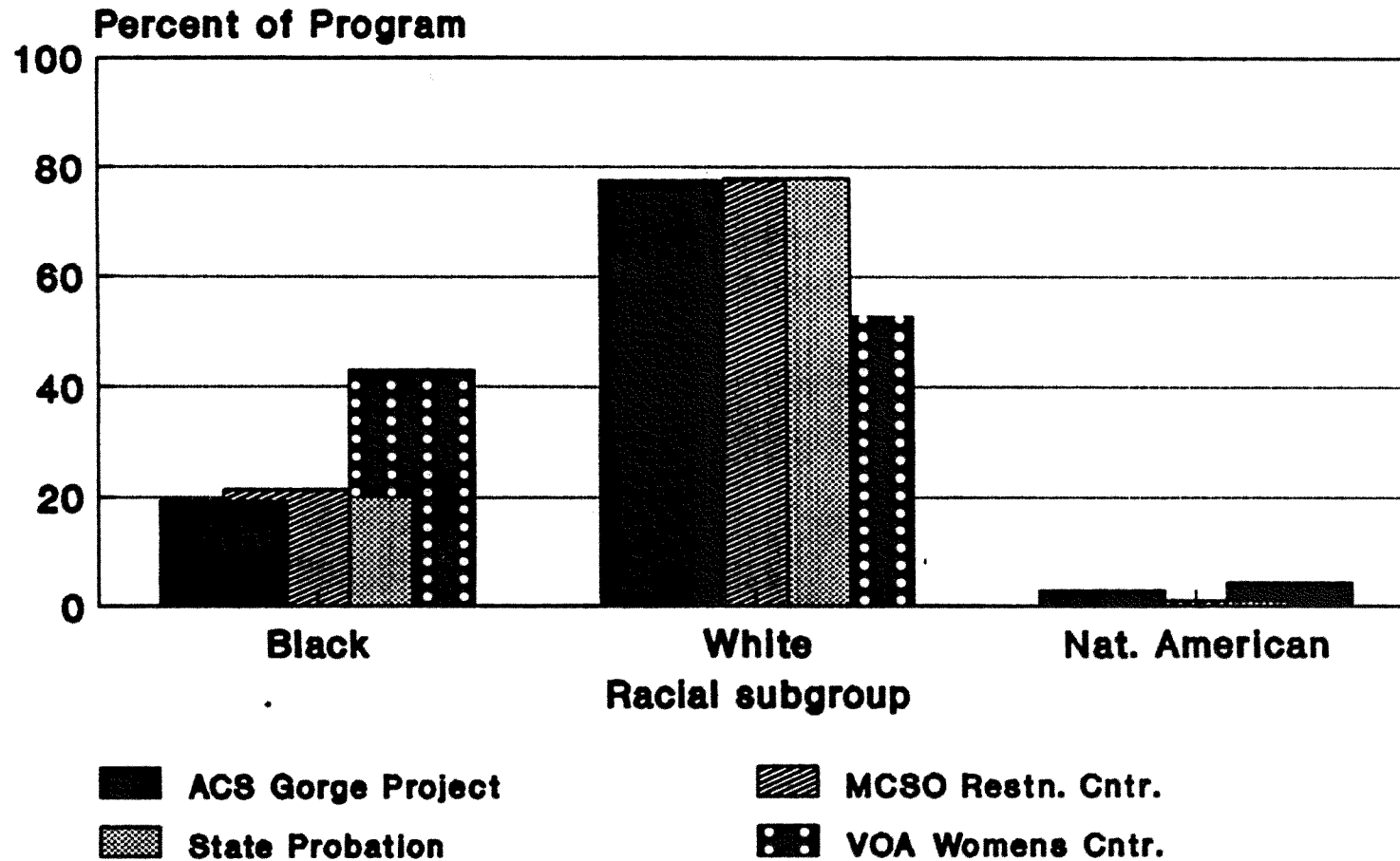
Additional information is available from the Multnomah County Department of Justice Services, 248-3701.

### Racial Composition

Racial composition of the three programs that deal exclusively or primarily with men were very similar.

The Volunteers of America Women's Center, funded by the Community Corrections Division, serves far more minority members.

## Racial Composition of Offenders in four programs

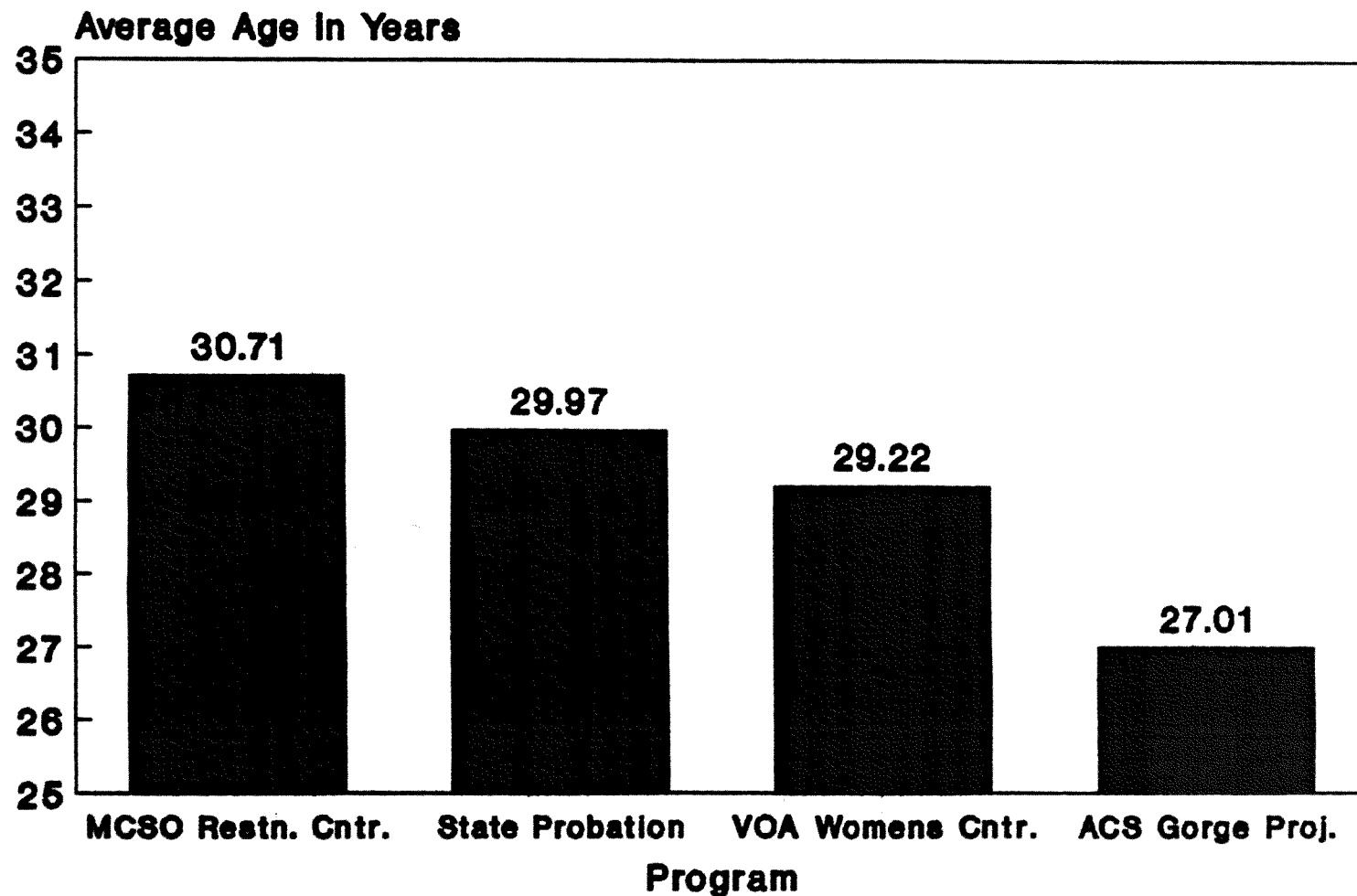


Average Age

The Alternative Community Service Gorge Project, Community Corrections Division, receives a slightly younger offender population.

The average age of all other program entrants is 30 years of age.

## Average age of offenders accepted into four programs



DJS Offender Profiles, January 1989

Average Prior Arrest record of offenders where average is greater than .099

This graph displays the average prior arrest record of an offender sentenced to each program. The arrest average had to exceed .099 to be displayed, that is, on the average at least one offender in every ten had to be arrested for the offenses shown.

The high average number of prior arrests of offenders in the VOA Women's Center is immediately apparent. These offenders averaged 2.62 prior arrests for Theft 2, 1.6 prior arrests for other misdemeanor property crimes, and .945 arrests for prostitution. They also had the highest average for C felony property crimes excluding Theft 1.

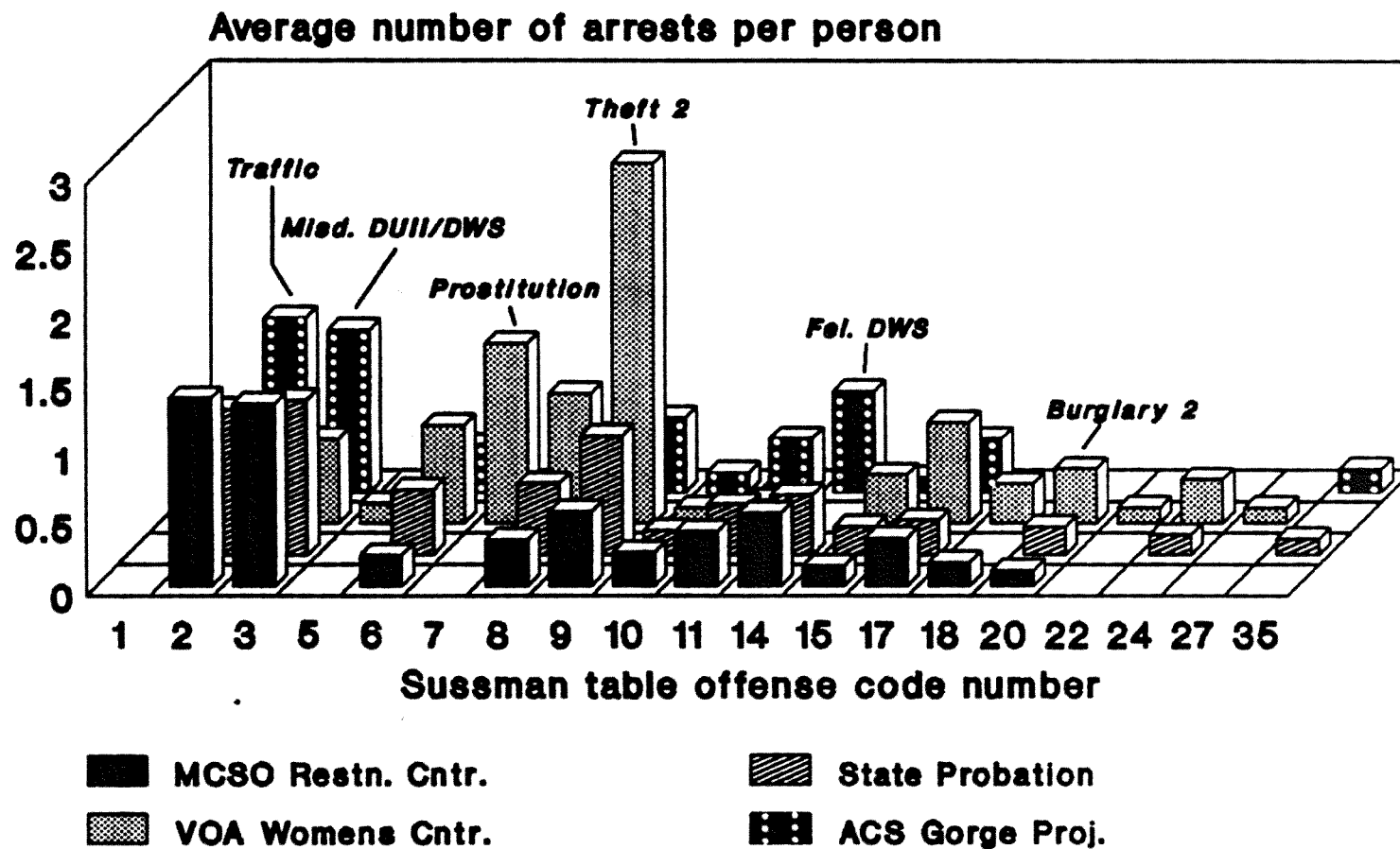
The average arrest profiles of the other three programs are similar. The ACS Gorge Project and State Probation receive offenders with a slightly wider range of prior arrests.

The total of all average prior arrests shown on the graph is:

ACS Gorge Project	5.655
VOA Women's Center	10.144
State Probation	5.922
MCSO Restitution Center	5.745

This data clearly shows that offenders sentenced to State Probation, the MCSO Restitution Center, and the ACS Gorge Project have nearly identical composite prior arrest records.

# Average Prior Arrest Record of Offenders in four programs where average is > .099



DJS Offender Profiles, January 1989

Average aggregate score for conviction(s) that resulted  
in program entry

Most offenders are sentenced to corrections programs for more than one offense. The convictions are designated by "crime 1" through "crime 4". Each average score for the crime of conviction was added together for each program. The numeric values are aggregate scores.

Note that the Y scale begins at "15".

For crime 1 the average score was:

ACS Gorge Project	18.597
VOA Women's Center	21.703
State Probation	21.385
MCSO Restitution Center	15.306

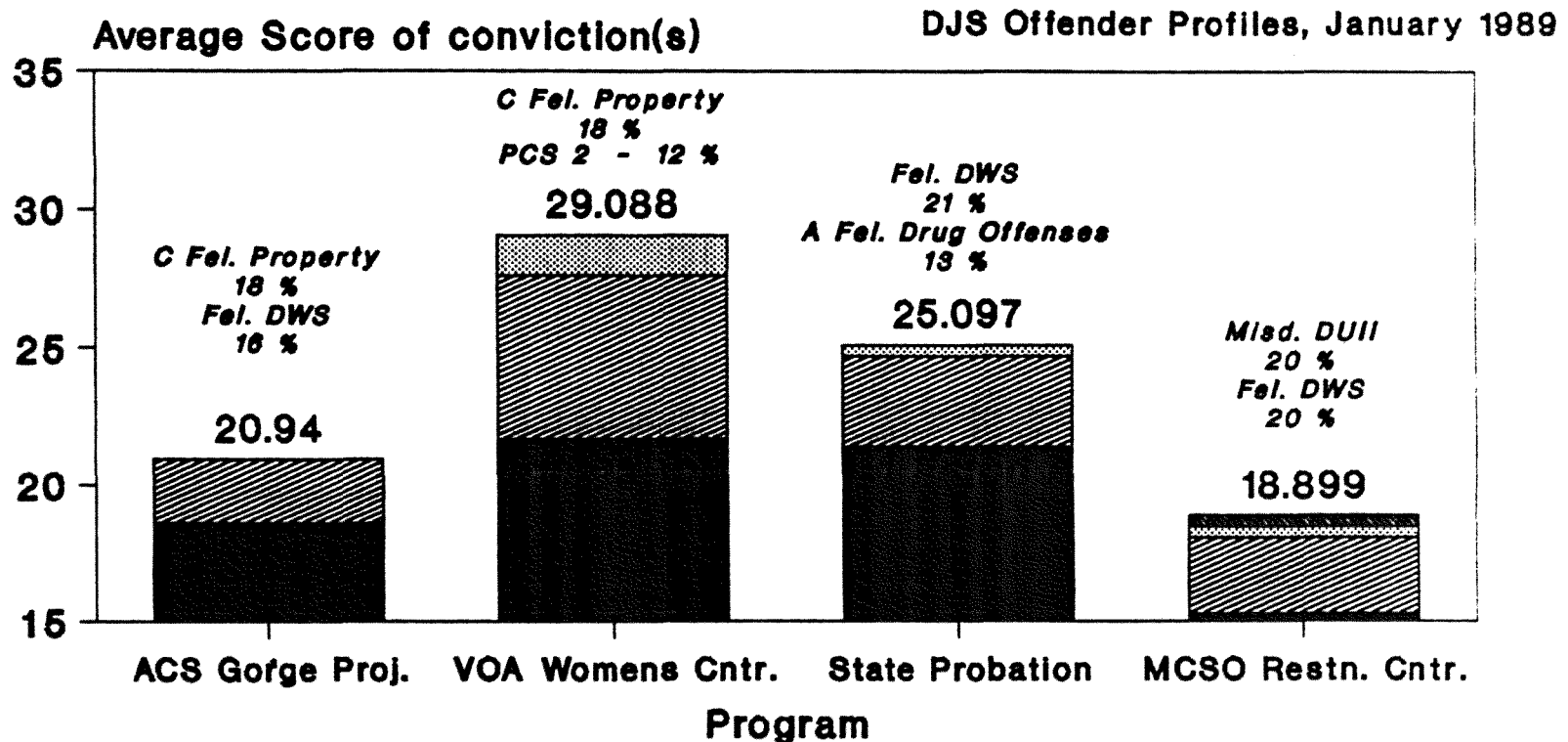
For crime 2 the average score was:

ACS Gorge Project	2.343
VOA Women's Center	5.890
State Probation	3.308
MCSO Restitution Center	2.786

Based on this information there are some significant differences in the convictions which result in program placement. The ACS Gorge Project exceeds the MCSO Restitution Center population by 2 "points", while the State Probation population exceeds the Restitution Center by 6 "points". The women in the VOA Center have similar scores for "crime 1" but higher scores for "crime 2".



# Average aggregate "Score" for conviction(s) that resulted in program entry



crime 1
  crime 2
  crime 3
  crime 4

*Most common crimes for crime 1 listed above program*

### Conclusions

1. The offender population served by the four programs averages 30 years of age. Program-by-program data follows.
2. The women in the Volunteers of America Center have approximately twice as many prior arrests as the offenders in the other three programs.
3. Based on prior arrest records the programs which deal exclusively or primarily with men have offender populations that are very similar.
4. Based on the conviction(s) which resulted in program entry the MCSO Restitution Center accepts the least serious offenders and the VOA Women's Center the most serious.
5. The effort required to produce this simple report once again underscores the need for readily available and routinely analyzed information to support the decision making process.  
Issues of comparative cost, program goals, program effectiveness, and other issues cannot be adequately addressed on random and infrequent "studies".

## APPENDIX A

### Methodology

An arbitrary target date of July 1, 1988 was selected. The four programs to be reviewed were requested to provide the names of 100 offenders consecutively admitted to the program after the target date. Programs that had not received 100 referrals (VOA Women's Center and ACS Gorge Project) provided lists of all accepted offenders.

Offenders were attributed to the program which submitted their name. If two programs submitted the same name, (5 such duplicates), the offender was attributed to both.

The prior arrest information was derived from the Portland Police Data System and the Sheriffs Record Management System. Only adult arrests were counted. "Converted" records without clear charge titles were not counted. Probation violations, fugitive warrants from other jurisdictions, and repetitive arrests for the same incident were not counted. All "counts" or charges arising from a single arrest incident were counted.

The conviction(s) which resulted in program entry were provided by the individual programs except for the MCSO Restitution Center. Individual Corrections Population Management System records were reviewed for each offender to determine the offense(s) that resulted in program entry.

The database consists of program code, offender name, race and sex, and individual tabulations of all conviction(s) and each prior arrest code one through forty. This information is available in ASCII from Wayne C. Salvo, 248-3810.

## SUSSMAN TABLE OF CHARGE PRIORITIES - APPENDIX B

### MISDEMEANORS

1. OTHER MISDEMEANOR CHARGES NOT LISTED
2. OTHER TRAFFIC
3. MAJOR TRAFFIC - INCLUDES DUII AND DWS
4. MISDEMEANOR FTA
5. MISDEMEANOR DRUG OFFENSES
6. OTHER MISDEMEANOR PROPERTY CRIMES - INCLUDES CRIMINAL MISCHIEF, CRIMINAL TRESPASS, FORGERY
7. PROSTITUTION
8. CRIMES AGAINST PUBLIC ORDER - INCLUDES ESCAPE, DISORDERLY CONDUCT, CCW, FURNISH FALSE INFORMATION TO POLICE, RESIST
9. THEFT II
10. MISDEMEANOR CRIMES AGAINST PERSONS - INCLUDES VIOLATE RESTRAINING ORDER, MENACING, CRIMINAL MISTREATMENT, RECKLESS ENDANGERING, SEX ABUSE, SEXUAL MISCONDUCT, CHILD NEGLECT
11. ASSAULT IV

### C FELONIES

12. ALL OTHER FELONY FTA
13. OTHER C FELONIES
14. C FELONY DRIVING OFFENSES
15. C FELONY DRUG OFFENSES - INCLUDES TAMPERING, PCS
16. ESCAPE
17. C FELONY PROPERTY CRIMES - INCLUDES UUMV, FORGERY, CRIMINAL MISCHIEF I
18. THEFT I
19. WEAPONS AND OTHER PERSON CRIMES - INCLUDES CRIMINAL NEGLIGENT HOMICIDE, EX-CON IN POSSESSION WEAPON, CARRY WEAPON WITH INTENT, COERCION, CRIMINAL MISTREATMENT
20. BURGLARY II
21. C FELONY SEX CRIMES - INCLUDES RAPE, SODOMY, SEX ABUSE I, INCEST
22. ROBBERY

### B FELONIES

23. OTHER B FELONIES
24. DRUGS PCS
25. DRUGS MCS/DCS
26. CRIMES AGAINST PERSONS - INCLUDES EXTORTION, COMPELLING PROSTITUTION
27. ROBBERY II
28. ESCAPE
29. B FELONY SEX CRIMES - INCLUDES RAPE 1, SODOMY 1, RAPE II, SODOMY II
30. KIDNAP II - INCLUDES CUSTODIAL INTERFERENCE
31. B FELONY ASSAULTS - INCLUDES ASSAULT I AND ASSAULT II
32. ATTEMPTED MANSLAUGHTER - INCLUDES MANSLAUGHTER I, MANSLAUGHTER II

### A FELONIES

33. OTHER FELONIES
34. A FELONY DRUGS
35. BURGLARY I
36. ROBBERY I
37. A FELONY SEX CRIMES - INCLUDES RAPE I, SODOMY I
38. KIDNAP I
39. AGGRAVATED CRIMES AGAINST PERSONS - INCLUDES ASSAULT I
40. HOMICIDE

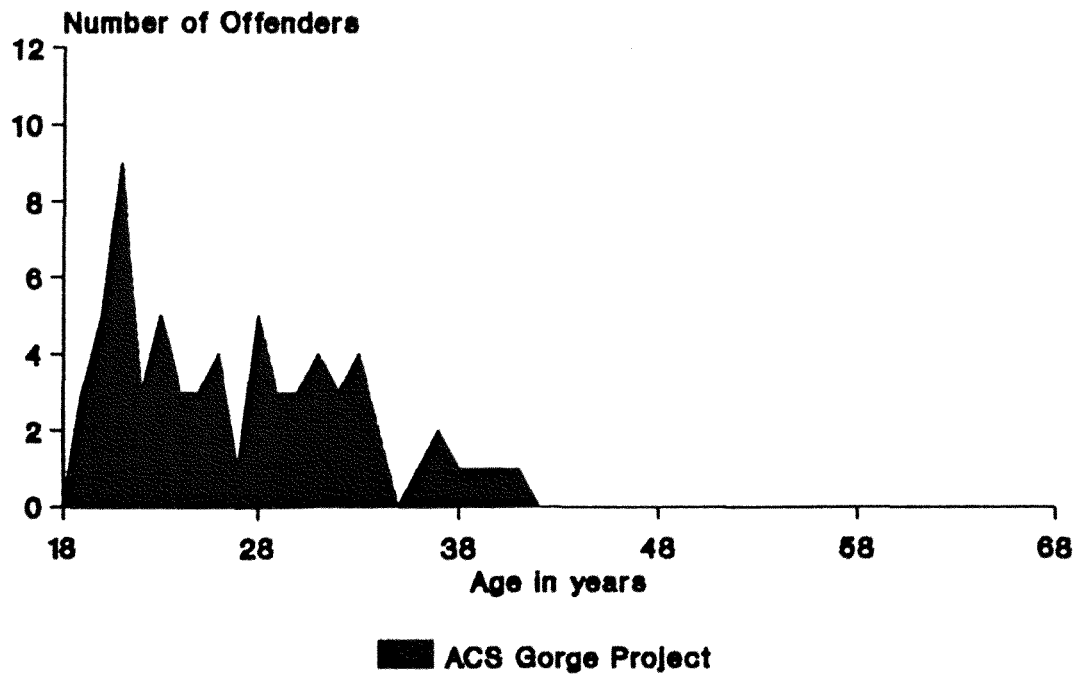
## APPENDIX C

The following program-by-program graphs provide additional details of offender age and most serious conviction which resulted in program entry.

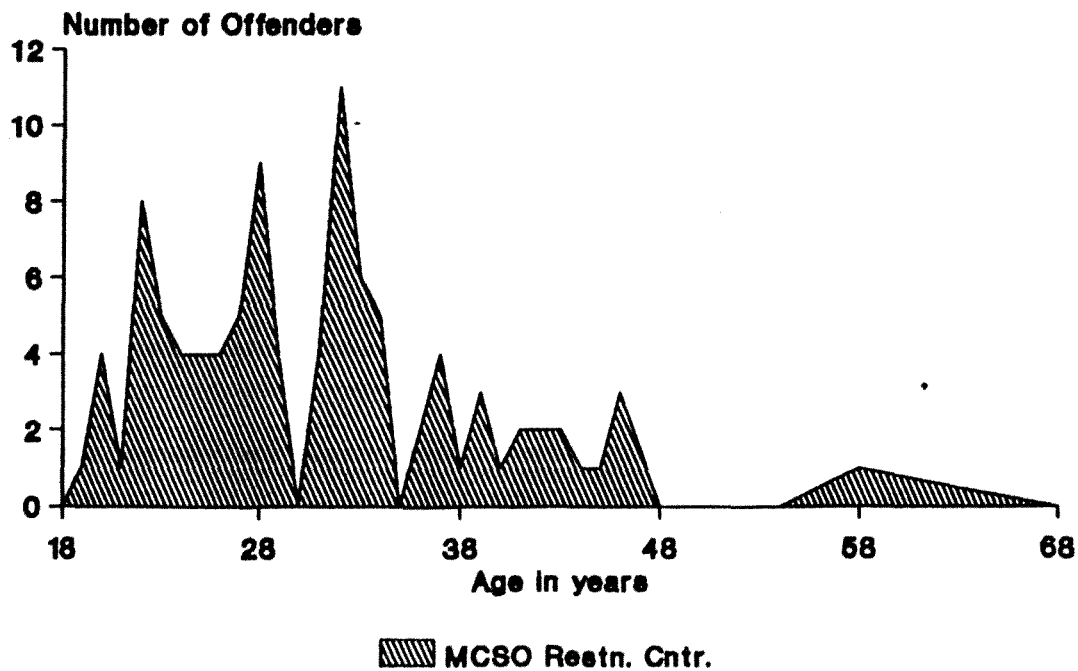
Tabular numerical tables are also available.

## AGE DISTRIBUTION OF OFFENDERS

ACS Gorge Project, N= 67

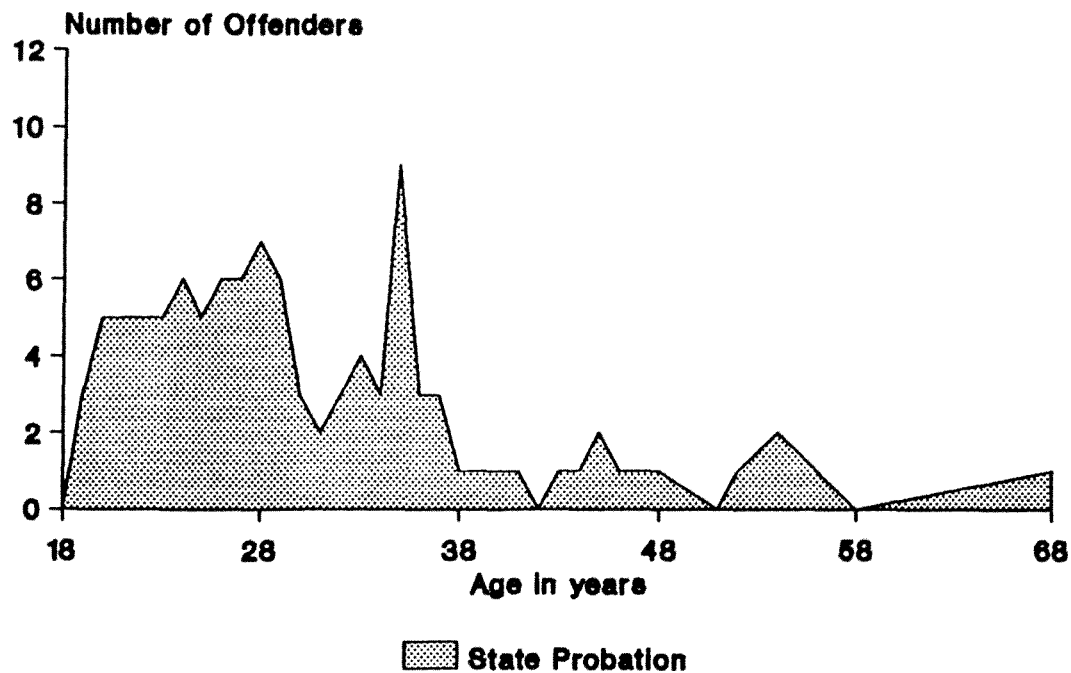


MCSO Restitution Cntr., N = 98

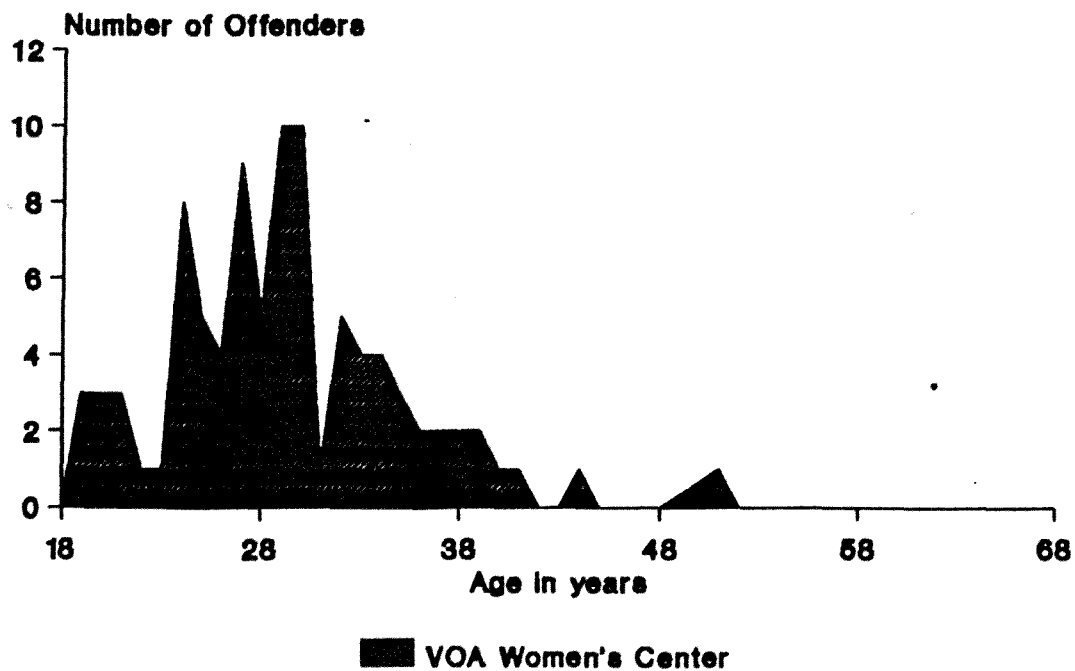


## AGE DISTRIBUTION OF OFFENDERS

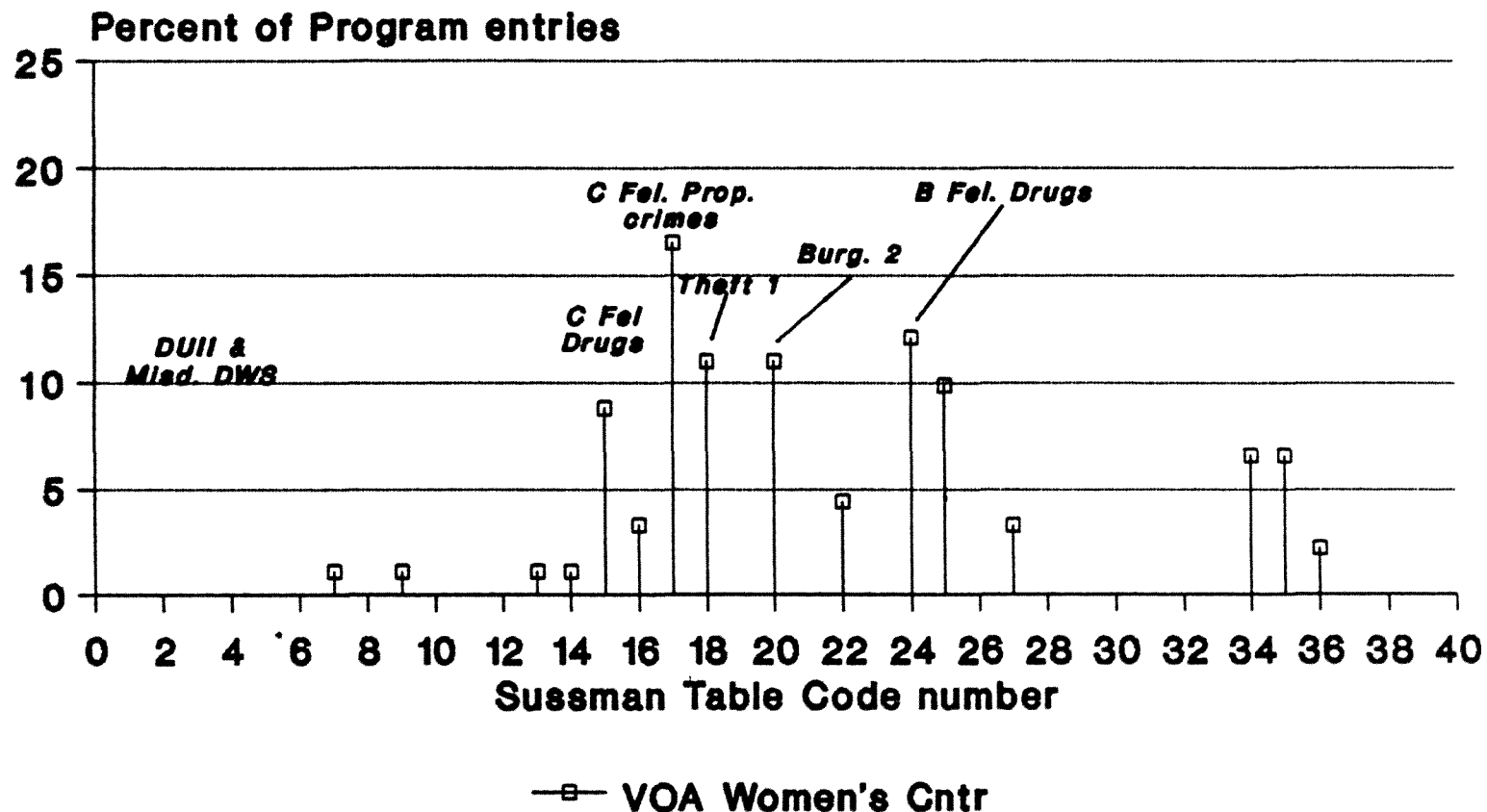
State Probation, N = 104



VOA Women's Center, N = 91



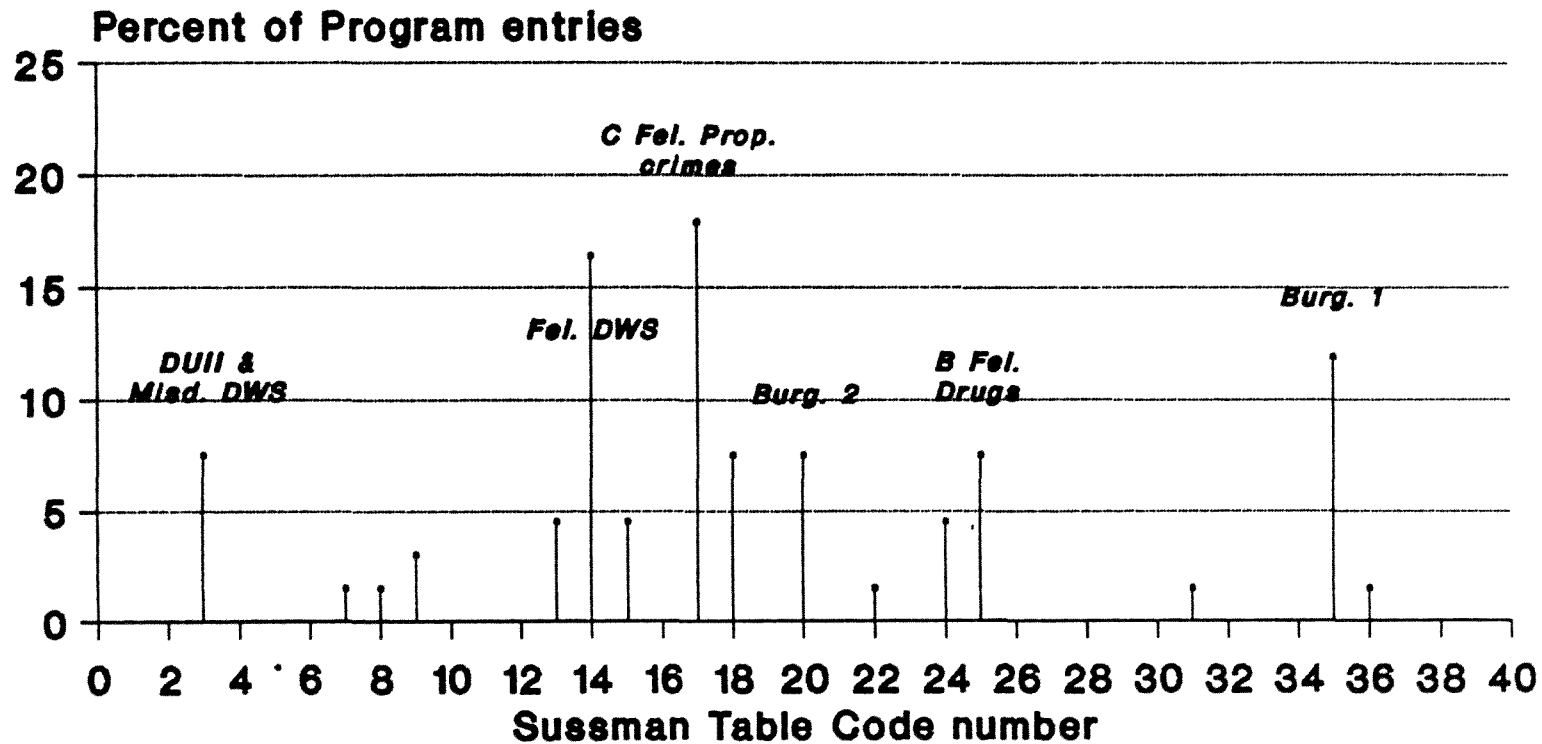
# Most serious conviction that resulted in Program entry as a percentage of that Program population, (crime 1)



DJS Offender Profiles, January 1989



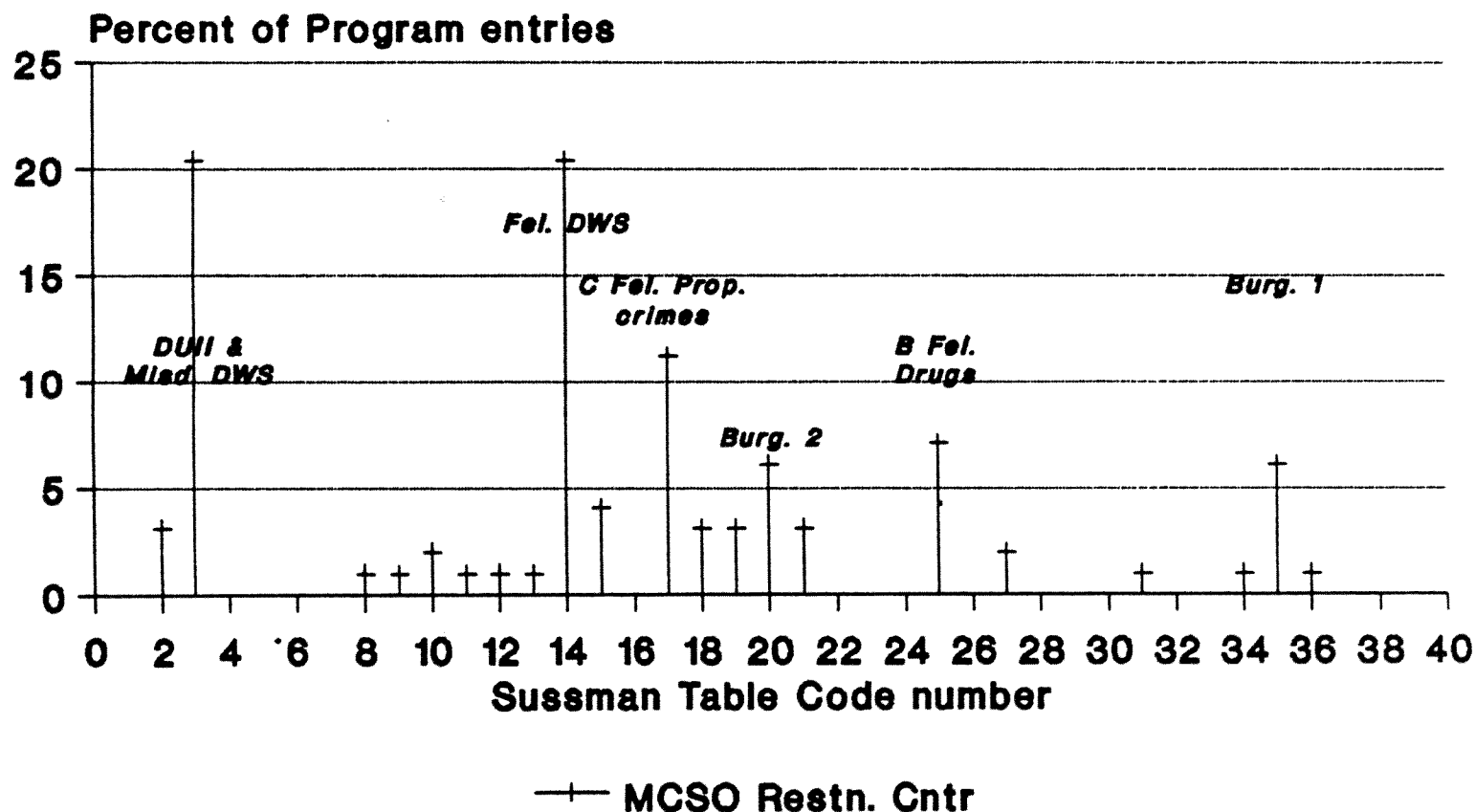
# Most serious conviction that resulted in Program entry as a percentage of that Program population, (crime 1)



— ACS Gorge Project

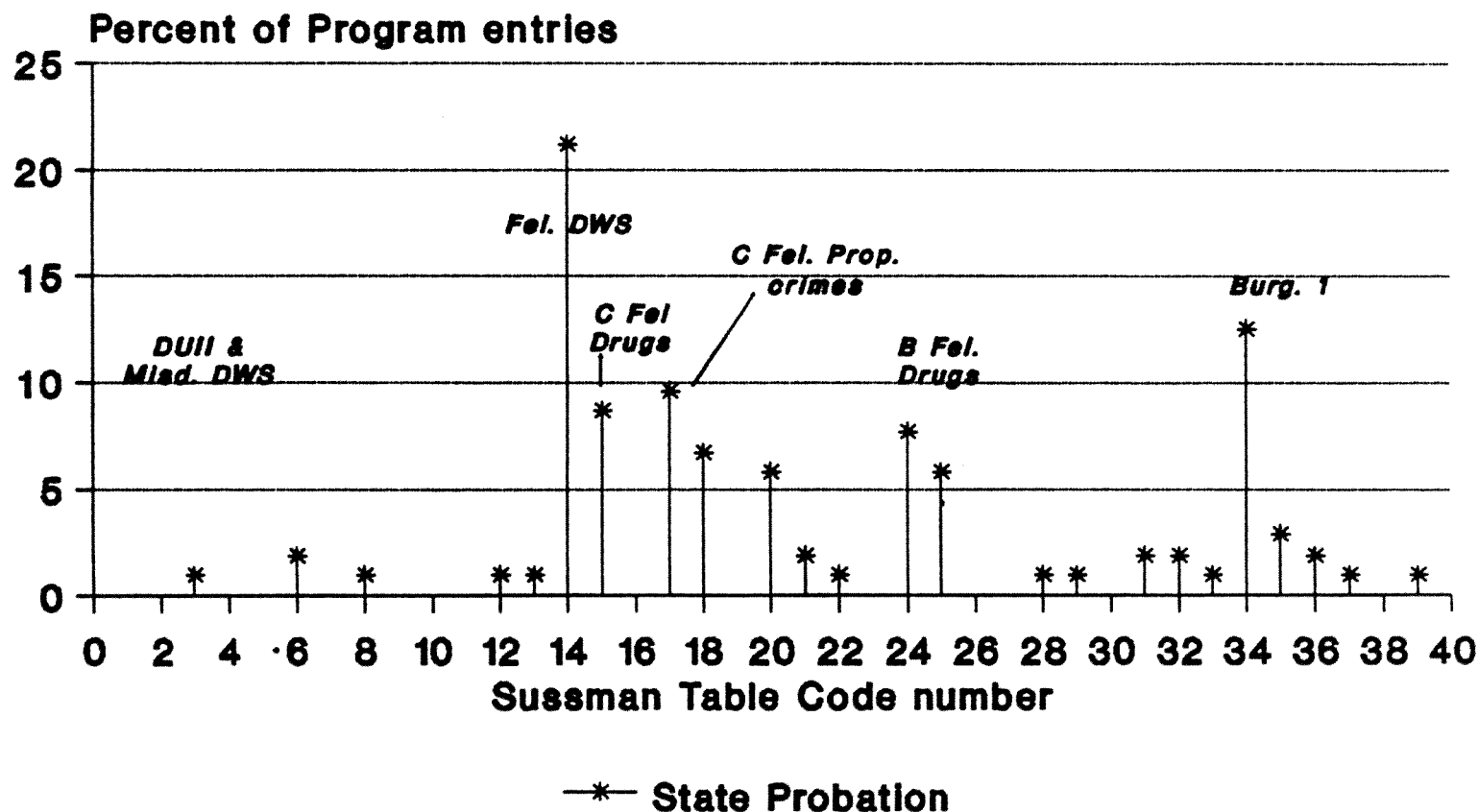
DJS Offender Profiles, January 1989

# Most serious conviction that resulted in Program entry as a percentage of that Program population, (crime 1)



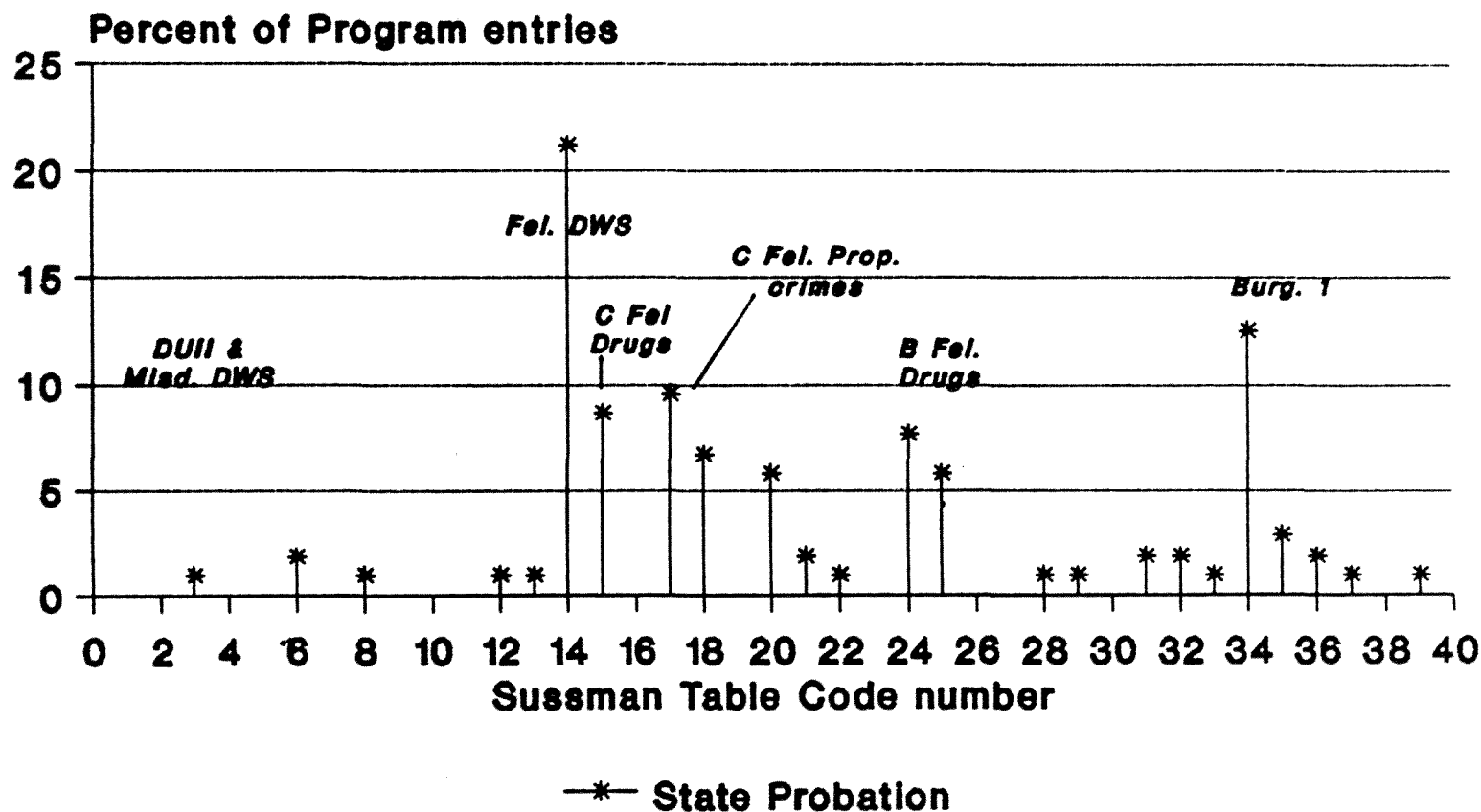
DJS Offender Profiles, January 1989

# Most serious conviction that resulted in Program entry as a percentage of that Program population, (crime 1)



DJS Offender Profiles, January 1989

# Most serious conviction that resulted in Program entry as a percentage of that Program population, (crime 1)



DJS Offender Profiles, January 1989