



Local Public Safety Coordinating Council of Multnomah County

10 Year Report 1996 - 2006

June 29, 2007



Local Public Safety Coordinating Council of Multnomah County – 10 Year Report

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Local Public Safety Coordinating Council of Multnomah County – 10 Year Report

EXECUTIVE SUMMARY

In 1995, on the heels of mandated minimum sentencing and a shift in responsibility from State prisons to local jails, the Local Public Safety Coordinating Council (LPSCC) of Multnomah County was formed. Leaders of all public safety agencies in the County embraced the opportunity to improve planning and coordination among local agencies, and better link public safety to prevention, health, and human service systems.

The past ten years have brought major improvements in local services. Partnerships among agencies, with non-profit organizations, and with citizens have been developed and strengthened. Evidence-based practices have been implemented. New approaches have been developed and tested. Through all these efforts, Multnomah County has become nationally acclaimed for its coordinated systems approach to public safety.

Three core organizational principles have guided LPSCC's progress:

- **Leadership:** All three Chairs – County Commissioner Sharron Kelley, County Chair Beverly Stein, and County Commissioner Lisa Naito – have maintained a steady and consistent vision in guiding LPSCC's work and direction over the years. Public safety leaders, as well as leaders in health and human service agencies, have played major roles in chairing the working groups and committees that created the results represented in this report.
- **Collaboration:** The commitment of every public safety agency to remain an active member of LPSCC has been critical to the many successes of LPSCC and its members. Everyone “puts their feet under the same table” and works together to address core issues that cross agency and jurisdictional lines.
- **Planning:** LPSCC has focused on planning as a core activity from the beginning. A priority was placed on creating a shared database to allow for inter-agency and cross-jurisdictional analysis of services and needs. The resulting information has been used to build a deeper understanding of issues, determine which practices work best, and form a basis for sound, data-based decisions.

According to the U.S. Department of Justice's *Guidelines for Developing a Criminal Justice Coordinating Committee*,¹ good planning at the local level should result in:

- *Improved analysis of problems* – for both elected officials and justice administrators.

- *Improved communication, cooperation, and coordination* – among justice agencies, with private service agencies, and between levels of government.
- *Clear goals, objectives and priorities* – linked together in a meaningful way.
- *More effective allocation of resources* – and a framework for resource decisions.
- *Improved programs and services* – resulting from a clearer understanding of problems and needs, as well as a comparison of alternative directions.
- *Improved capacity and quality of personnel* – by focusing organizational efforts.

All of these results have been seen over the first ten years of the Local Public Safety Coordinating Council of Multnomah County. This ten-year report will look at how these roles have been implemented in Multnomah County, discuss how the system has changed in response to challenges and opportunities, and highlight accomplishments.



Local Public Safety Coordinating Council of Multnomah County – 10 Year Report

INTRODUCTION

In 1995, Oregon launched the Partnership for Community Corrections, initiating a vital new collaboration among public safety agencies, local planning bodies, and community members.

This new partnership was based on passage by the Oregon voters the previous year of Ballot Measure 11, which mandated minimum sentences for a list of violent offenses. Anticipating the effect of longer sentences on already crowded State prisons, the 1995 Legislature adopted Senate Bill 1145 on Community Corrections, shifting responsibility for incarceration of felony offenders with less than one-year sentences to county jails, where linkages with community services and treatment options could be improved.

To implement these goals, SB 1145 authorized creation of local public safety councils to coordinate justice policy among local organizations, collaborate on planning for juvenile crime prevention, and improve results for offenders with lesser crimes.

Governor Kitzhaber emphasized the critical role of these new councils: “This partnership is based on three principles: local control, accountability, and crime prevention.”²

LPSCC FORMATION

Local leaders acted quickly to embrace this new opportunity. By November 1995, an ordinance was adopted establishing the Local Public Safety Coordinating Council (LPSCC) for Multnomah County. Initial members were the leaders of the multiple jurisdictions and agencies involved with the County’s public safety system; the first Chair was County Commissioner Sharron Kelley.

Early in 1996, LPSCC adopted its first *SB 1145 Action Plan* to utilize new State funds and increase capacity for the expanded population of offenders. Voters readily approved the plan to add 330 new beds to the Inverness Jail, and develop two alcohol and drug abuse intervention and work training facilities.

That first year, the newly formed Public Safety Council also adopted a vision statement and core values calling for an integrated network of citizens and community institutions, who would partner to improve crime prevention, law enforcement, corrections, and community services.

LPSCC Vision Statement

- A quality of life that ensures the public of safety, security, and freedom from fear – where all laws are enforced and all crimes have consequences.

- A thriving, vital, and productive community – with supportive and healthy environments for children and families.
- A rich variety of educational, employment, and cultural opportunities for all citizens.
- A shared sense of community responsibility, accountability, and fairness.

LPSCC Core Values

The Multnomah County public safety system must preserve and promote these values:

- All public safety partners must recognize the need for a comprehensive, balanced approach to public safety.
- Violent crimes against persons must be the first target of the public safety system, followed by crimes that erode the quality of life and respect for the law.
- To prevent crime, we must focus on the causes of crime. Reducing youth involvement in crime, while increasing school and healthy social activities, must be a shared priority.
- Valid and reliable data must be collected and used to measure our progress towards articulated goals.
- The personal rights of each member of the community must be respected and protected. Unfair impact on, or bias against, minority communities or women caused by the public safety system must be eliminated.
- Secure and healthy children and families, strong schools, and a shared sense of community, responsibility and justice are conditions for a healthy community.
- An informed public, able to provide information and feedback, is essential to gaining the trust needed for a working partnership to prevent and address crime wherever it occurs.

The LPSCC Process

Based on this vision, LPSCC adopted goals, operating policies, and procedures. An Executive Committee was formed to manage the ongoing work of LPSCC and coordinate its activities. Working groups were formed, and charged to research issues and make recommendations back to the full Council. By 1997, a roster of nine working groups was actively engaging dozens of agency representatives and committed citizens in planning system improvements.

Working Groups and Chairs, 1997

1145 Implementation	Sheriff Dan Noelle
Alcohol & Drug Abuse Intervention	County Commissioner Sharron Kelley
Courts	Judge Julie Frantz
Data Standards	District Attorney Michael Schrunk
Juvenile Justice & Prevention	Elyse Clawson, Dept. of Community Justice Director
Law Enforcement	Chief Charles Moose, Portland Police Bureau
Long Range Planning Committee	Steve Moskowitz, Chief Aide to Mayor Bud Clark
Mental Health	County Commissioner Sharron Kelley
Public Information	Ray Mathis, Citizens Crime Commission Director

FOUNDATIONS FOR SUCCESS

Leadership

LPSCC is essentially an organization of leaders. The leader of every public safety organization in the County participates in LPSCC, maintaining this commitment even when budgets are tight or opinions differ. Involvement of health, human service, and community leaders has broadened perspectives and enriched the ability to address seemingly intractable problems. The LPSCC Chair especially plays a critical role in setting the tone, forming the agenda, and moving the group forward.



SHARRON KELLEY
Commissioner
Multnomah
County



BEVERLY STEIN
Chair
Multnomah
County



LISA NAITO
Commissioner
Multnomah
County

LPSCC relies on the expertise of all participating leaders to identify emerging issues, brainstorm solutions, and lead in resolution efforts. Any LPSCC member may suggest a topic for a presentation, bring a shared concern to the group, or schedule time for input on their own organization's plans or dilemmas. Agency leaders then work with their staff to carry out recommendations of LPSCC and its committees, and report back to the whole on progress.

LPSCC maintains a lean approach to staffing, relying on just one or two staff, often part-time, to facilitate LPSCC's process and develop linkages across organizations.

LOCAL PUBLIC SAFETY COORDINATING COUNCIL OF MULTNOMAH COUNTY Executive Staff



**PETER
OZANNE**



**CHRISTINE
KIRK**



**JUDY
SHIPRACK**



**CAROL
WESSINGER**

Collaboration

When recently asked what makes the system work, the unanimous response of LPSCC leaders was collaboration: *It's our time together. Networking. Awareness. We learn what's happening. We get an early warning when something is changing.*

“Everyone puts their feet together under the table – we see that we’re inter-related.”

– District Attorney Mike Schrunk

In pursuing this essential collaboration role, LPSCC has developed three main approaches:

- **Cooperation** – LPSCC convenes public safety and community leaders to work together on a public safety system that is effective and responsive to community needs.
- **Coordination** – LPSCC works with public safety and community partners to streamline systems and create community-wide solutions to shared social and justice problems.
- **Communication** – LPSCC communicates to members, community leaders, and citizens about the needs of those served by the public safety system, best practices in public safety and related fields, and progress toward achieving adopted goals.

When a topic is of concern across the membership, the Executive Committee forms a working group or charges an existing group to examine the issue further. Both standing and ad hoc working groups define issues, conduct research on needs and best practices, make recommendations, coordinate implementation, monitor progress, and report at key points to LPSCC as a whole. Written reports from these groups are presented and adopted, and periodic update sessions are provided by the working group or the lead implementation agency.

Results are communicated to members and the community. LPSCC hosts speakers, sponsors membership-wide forums and conferences, and disseminates printed and electronic information. The LPSCC website provides public access to key reports, working group records, and forum proceedings.

Planning

Taking a systems approach to planning, LPSCC examines how a policy or action will affect the whole system, not just one agency. There is clear recognition of the “hydraulic” effect, where making program decisions in one area can impact another part of the system. This perspective leads to joint policy planning and discussion of budget and legislative priorities.

Members have worked hard to establish the capacity to share and analyze data across jurisdictions and agencies, so that policy and practice can be based on data and outcomes. Data is gathered, validated, analyzed, and presented to inform policy and program decisions. Best practices are researched and presented. Programs are evaluated, so that those with the best outcomes will be sustained or expanded. Recently, this approach has been demonstrated as effective in Multnomah County’s priority-based budget process, where programs are required to report annually on their outcomes.

CHALLENGES

While LPSCC has always supported expansion and enhancement of effective programs, this ability has been sharply constrained over the past six years by a series of State and federal budget cuts and program reductions. For example:

- De-institutionalization of people with mental illness without adequate funding for community-based services has resulted in frequent incarceration of the mentally ill.
- Sharp reductions in Oregon Health Plan coverage from over 100,000 people at its peak, to only 23,000 in 2004, cut many off from mental health and addictions treatment, and increased calls to police about acute mental crises and unacceptable behaviors.
- Lack of subsidized housing with on-site services for people with chronic disabling conditions has perpetuated homelessness, and a demand for the police to “do something.”

These policies have resulted in arrest and jail as the default intervention for those in crisis.

Local revenue shortfalls over the past several years have also resulted in the need to make further service reductions in areas such as jail capacity, mental health services, addictions treatment, and detention alternatives for youth.

Members share a concern about the adequacy of the State’s SB 1145 funding formula, which has failed to compensate for the full cost of jailing felons locally. Programs that once fostered success in juvenile detention reform have been devastated by State cuts, even though these services are much less expensive than locking kids up. State cuts to child and adult services weakened the region’s public health approach, and likely resulted in much higher costs through increased victimization and incarceration.

LPSCC’s collaborative response to revenue shortages included examining needs, best practices, and cost-effective results. Consistently favoring a systematic approach, LPSCC members worked across jurisdictional boundaries to establish common goals and advocate for the most critical programs. Even so, some good, effective programs were cut or reduced.

However, by working together, LPSCC members were able to advocate for the least harmful funding reductions and developed creative ways to keep the system working effectively. Thus, much was accomplished, even during difficult times.

COMMUNITY RESULTS

The SB 1145 community corrections partnership between the State and counties, and the collaboration among LPSCC members, have consistently produced positive outcomes. Major successes are reviewed in detail in the remainder of this report, and include:

1. **Crime Reduction** – Crime is down, especially violent and person to person crime. Even with a recent slight increase in property crime, levels have been reduced overall.
2. **Reduced Recidivism** – Re-offense rates for Multnomah County have dropped nearly 10% in the past decade.

3. **Better Outcomes for Youth** – Multnomah County has been cited by the Casey Institute as a model for juvenile detention, based on reductions of the total number of incarcerated youth, as well as reduced racial disparities in detention.
4. **Improved Services for Victims** – Victims can now be notified when the perpetrator is released from jail. The response to domestic violence has been strengthened, and an ongoing process for review of domestic violence fatalities will continually improve the system.
5. **Targeted Mental Health** – With the awareness that some mentally ill inmates cycle repeatedly through jail, coordination between police and social services has been strengthened, and connections to supports upon discharge have been increased for this high-risk population.
6. **Use of Evidence-Based Practices** – Shared data and evidence-based research has resulted in more effective responses to community problems, such as increasing early childhood interventions, which reduce later involvement with the justice system.

MAJOR INITIATIVES

The following sections track issues, recommendations and accomplishments in key areas over the past decade.

LPSCC acknowledges the many hours of work that were contributed to each of these efforts by those committed to a quality public safety system in Multnomah County: leaders who chaired working groups; members of working groups and subcommittees; agency managers and staff who implemented recommendations to improve services and systems; and citizens involved with planning bodies such as the Commission on Children, Families and Community, and the Citizens Crime Commission. These collaborative efforts have been the foundation on which LPSCC is built, and are essential for progress on these complex issues.

I. EVIDENCE BASED PRACTICES

“If public policymakers choose the right kinds of things, you can have some very good outcomes for the people in your state, both reducing the costs to the criminal justice system and the crime rates – a win-win situation.”

– Steve Aos, Associate Director, Washington State Institute for Public Policy³

Decision Support System – Justice (DSS-J)

From LPSCC’s beginning, members knew that good information was needed to make good decisions. One of the first tasks undertaken in 1996 was to obtain voter approval for a \$7.5 million Criminal Justice Information Technology Bond for computers and infrastructure to improve information sharing across justice agencies.



MICHAEL SCHRUNK
District Attorney
Multnomah
County

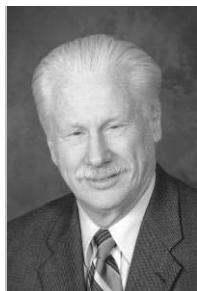
The LPSCC Data Standards Committee, chaired by District Attorney Michael Schrunk and supported by Suzanne Riles, LPSCC Research Director, first defined a project plan and then selected Technology Bond projects, funding 22 requests from 9 agencies by June 1997. Based on a clear need for data collection and reporting across systems, the Committee recommended establishment of a data warehouse. By March 1998, the proposed Decision Support System–Justice (DSS-J) received approval from the LPSCC Executive Committee for implementation.

With consistent data in place, members were able to move ahead with major projects. In 2000, LPSCC entered into a contract with consultant David Bennett, an expert in criminal justice system analysis, to develop jail population management strategies. In 2002, direction and support for DSS-J operations was shifted to the LPSCC Operations Resource Group (which later became the DSS-J Policy Committee), and Gail McKeel was hired as the DSS-J project manager.

As a data warehouse, DSS-J collects information from a diverse set of sources, including:

- OJIN – Oregon Judicial Information Network (statewide court case tracking system)
- SWIS – Sheriff’s Warrant and Inmate Tracking System (jail management system)
- DACTS – Multnomah County’s District Attorney Case Tracking System
- PPDS – Portland Police Data System
- DOC – State Department of Corrections

Data from Gresham and the smaller cities’ police departments are not yet integrated in the warehouse. Plans are underway to incorporate the Juvenile Information Network (JIN), Law Enforcement Data System (LEDS), and the Supervision Tracking System (SPIN).



JIM HENNINGS
Executive Director
Metropolitan
Public Defenders;
DSS-J Policy
Committee Chair

DSS-J receives data nightly from participating agencies. The resulting shared system allows for aggregation of statistics about cases and offenders, including across agency boundaries. Users may query their own agency data, look up events (incidents, arrests, etc.), search for programs to match client needs, or research frequently requested data, such as on recidivism. Authorized individuals may also track offender history.

LPSCC member agencies have made extensive use of DSS-J data. For example: Sheriff Dan Noelle initiated research on booking frequency and jail population management options; Judge Marcus, Jim Hennings, and Gail McKeel developed sentencing support tools for judges and attorneys; and Joanne Fuller initiated detailed tracking of offenders on Department of Community Justice supervision. Unfortunately, while DSS-J is used heavily, staffing cuts over the past several years have reduced capacity for new projects and there is now a large backlog of unmet requests.

DECISION SUPPORT SYSTEM –JUSTICE

LPSCC benefits from data and analysis provided through DSS-J. Jim Carlson authored several reports, including *If Crime Is Down, Why Is Our Workload Up?* Gail McKeel manages DSS-J and has created a system to provide regular information to stakeholders. Matt Nice with the County Budget Office has provided insightful and provocative research analysis of DSS-J data with budget impacts and outcomes.⁴

Effective Practices

Multnomah County agencies have used evidence-based practices as a basis for programmatic decisions for at least 15 years, and have worked together to develop and test new programs and procedures. Oregon and Multnomah County are often at the cutting edge of criminal justice practice across the nation, with innovative programs that frequently set new national standards.

Risk assessment tools were created to help ensure equitable treatment of offenders, allocate limited public safety resources, and improve public safety. Examples detailed later include:

- **A Danger Assessment Tool** was developed and implemented by DVERT and the Portland Police Bureau to assess risk of re-offense by a domestic violence offender.

- **A Risk Scoring Sheet** for adult pre-trial release was developed by LPSCC’s Court Work Group, to determine who was eligible for release on their own recognizance.
- **An Unbiased Scoring Tool** to determine which youth should be held in detention versus released was created by the Department of Community Justice (DCJ), and earned national recognition for achieving parity in detention rates for minority youth.
- **A Violence Triage Tool** was recently developed by DCJ to assess risk of future violence by adult offenders on supervision; the objective score assists with decisions about clinical evaluation, treatment and supervision.

Information on effective and promising practices is brought to the local justice community through presentations at LPSCC meetings and annual conferences, such as:

- In 2000, **Steve Aos**, Associate Director of the Washington State Public Policy Institute, presented to LPSCC on *Cost-Effectiveness Analysis of Justice Programs*.⁵ He described how Washington used cost information to select, implement, and evaluate programs, discovering that while some programs could lower both crime and future costs (especially some juvenile programs), others were bad investments. The State developed a portfolio approach for selecting programs to fund and used risk assessment tools to keep programs focused on the intended populations.
- In 2002, LPSCC reviewed the **State of Oregon** report, *The Effectiveness of Community Based Sanctions in Reducing Recidivism*,⁶ which analyzed SB 1145 outcomes. Statewide results demonstrated the limited effectiveness of jail. For example, re-conviction rates were higher following jail versus community sanctions. Also, the longer the jail stay for medium-risk offenders, the higher the recidivism. Brief incarceration turned out to be equally or more effective than longer stays. Suggestions were to have a range of available sanctions, minimize jail stays for medium-risk offenders, and pair rehabilitative treatment with sanctions for the most effective results. LPSCC agreed with these and by 2003, DDS-J added features to provide sentencing support tools that allowed judges and attorneys to look up programs and approaches that were the most effective.
- **Elyse Clawson** returned to LPSCC in December 2005 to present a *National Model for Evidence Based Practices; Oregon and Multnomah County Experiences*. She emphasized the need to target focused interventions to the offender’s criminogenic needs (those which are proven to be correlated with crime). Data showed that general interventions, such as to improve an offender’s self-esteem, were not effective. In fact, some interventions show a tendency to increase the likelihood of future criminal involvement.
- The 2006 annual LPSCC “**What Works**” Conference focused on *Evidence-Based Practices in Public Safety*. Steve Aos⁷ returned to keynote this event with Washington State’s updated research⁸. He shared information on evidence-based programs that clearly reduced future crime rates, and thus long-term costs. Effective programs targeted either adult offenders (drug treatment, adult drug courts, cognitive-behavioral treatment, employment/vocational training in prison); juvenile offenders (functional family and multi-systemic therapy, multi-dimensional treatment foster care); or early childhood prevention (nurse-family partnership, pre-K education for low-income three- and four-

year olds). Evidence-based alcohol, drug, and mental health treatment resulted in a 15% to 22% reduction in severity of these disorders, earning \$2.05 in benefits for each \$1.00 of treatment.⁹

- Over the past four years, LPSCC has presented updates through a series of conferences on thematic topics to its broad membership with a focus on effective practices and service models.

What Works Conferences

May 2002	Bridging the Gaps between Mental Health and the Criminal Justice System
November 2004	Public Safety and Public Health: Perception & Reality
October 2005	Early Childhood: “What Works” Symposium
March 2006	Victim Summit
November 2007	Evidence Based Practices in Public Safety

As improvements in data collection and management are made, research is conducted on current and innovative practices, results are analyzed, and the ability to make informed and cost effective decisions on justice policy and programs will continue to grow.

System Effectiveness

The National Institute of Corrections conducted a *Local System Assessment for Multnomah County* in 2003. The assessment praised the County for managing well in times of limited resources, seeking new revenue sources (like the I-Tax), developing the DSS-J data warehouse, and creating LPSCC with its “long track record of system decision-making and leadership.” The team’s major recommendations – all in agreement with LPSCC priorities – included:

1. Improve the analytical capacity of the LPSCC to convert the rich data of the system into policy-making information, and develop a culture of data-based policy setting.
2. Develop a consistent set of purposes for adult corrections (institutions and field alike).
3. Operate pretrial release and early “matrix” release as a seamless continuum, with validated screening tools.
4. Operate adult field and custody programs as a seamless continuum, and place offenders based on risk of re-offense, with a clear and unified focus on outcomes.

Results of LPSCC member work on these and similar priorities are found throughout the report.

II. RACIAL OVER-REPRESENTATION IN THE CRIMINAL JUSTICE SYSTEM

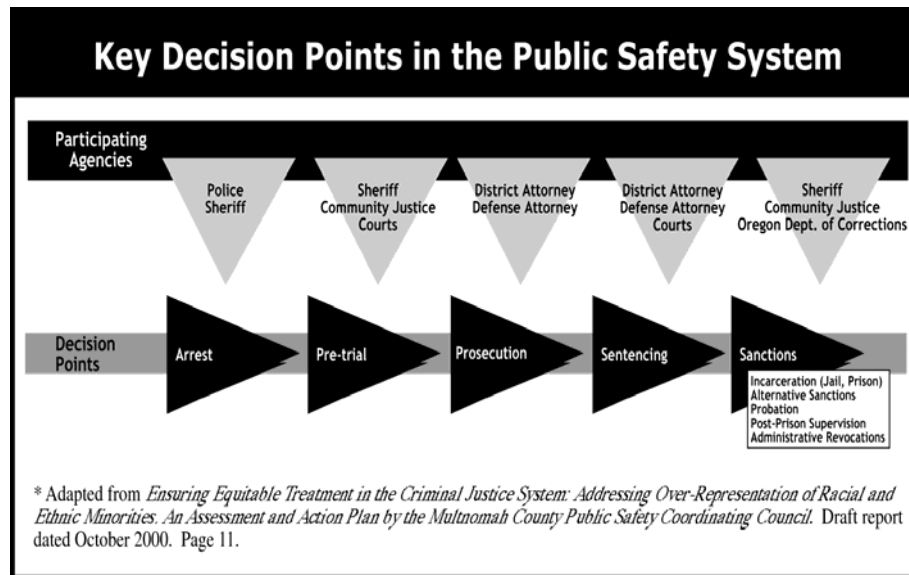
“Minority over-representation in the U.S. criminal and juvenile justice systems has been studied, written about, and debated for decades. Yet, like racial differences in our society in general, the problem persists, and the reasons for the continued disparity seem to be as complex as the solutions are illusive.”

– Daniel Dighton, Public Information Officer, Illinois Criminal Justice Information Authority¹⁰

The LPSCC structure provided a common table for a collaborative examination of the long-standing concern about racial disparities in the criminal justice system.

In 1998, following public concern over possible racial profiling in traffic stops, LPSCC established an 18-member Working Group on Minority Over-Representation. After researching data and holding public forums, the group issued a report on *Ensuring Equitable Treatment in the Criminal Justice System*,¹¹ which found that statistical and demographic evidence confirmed that over-representation existed in Multnomah County. The group called for steps to ensure that any practices contributing to over-representation be detected and eliminated, assuring citizens and communities of fair and equitable operation of their criminal justice system.

Research showed that three decision points seemed to drive this over-representation: drug and trespass arrests; sentencing in “level 8” grid blocks (sexual, person-to-person, property and drug crimes allowing the option of probation); and administratively imposed sanctions (such as for parole violations). Four committees were created – arrest, court process, outreach, and corrections – and each developed recommendations.



Definition:

Over-representation occurs when there is a greater percentage of a particular racial or ethnic group within the criminal justice population than that group’s percentage in the community’s general population.

It may result from actions taken or decisions made at any of the key decision points in the public safety system: arrest, pre-trial, prosecution, sentencing or sanctions.

Following this initial report, a second Task Force was convened in 2000, chaired by District Attorney Michael Schrunk and Rev. Ronald Williams, which brought together members of minority communities and criminal justice professionals to look deeper into the issue.

The Task Force heard public input at their meetings in North Portland. Their four working groups – on arrest, court process, outreach, and corrections – delved into concerns and potential solutions. In 2002, the Task Force issued detailed recommendations for procedural changes within the system, identifying four main areas for improvement:¹²

Racial Over-Representation Task Force – Major Recommendations

- | | |
|--|---|
| 1. Increase rate of appearance at court hearings. | Failure to appear at a hearing has severe consequences for the defendant, resulting in an arrest warrant, a subsequent arrest, jail booking, and often more serious sanctions. Reducing failure to appear decreases the likelihood of this cycle. |
| 2. Expand the use of objective assessment. | Juvenile Justice has successfully reduced racial disparities through use of objective criteria and rigorous monitoring of results, and the adult system should replicate this success. |
| 3. Improve alcohol and drug prevention and treatment. | Possession of illegal substances and violation of drug-free zones are key factors in arrests. Changes in ordinances and process, and increased communication with A&D and mental health workers, can reduce drug-related offenses. |
| 4. Conduct long-term monitoring. | A central body should oversee progress, make course corrections and monitor success. Data collected by DSS-J should represent all jurisdictions in the County. |
-

The working groups also suggested detailed changes, such as to increase the ease of variances to Drug-Free Zones, increase communications on frequently-booked individuals, evaluate the effect of classification and supervision on risk scores and sentencing, develop more alternatives to detention, improve community outreach, and improve data collection, analysis, and utilization.

The Task Force suggested that existing LPSCC working groups plan for implementing these changes. They concluded that the issue of over-representation would need continuous monitoring and recommended this be done by the LPSCC Executive Committee.

After the initial report, LPSCC members raised concerns over a specific finding that: “Harsher sentences are more often applied to people of color.” To research this, the DA’s office initiated a detailed investigation into sentencing practices through a case file review. In October 2003, *A Focused Look at Sentencing in Multnomah County*¹³ concluded that there had not been disproportionate sentencing to prison versus probation for Ballot Measure 11 crimes, or for other person, property, and sexual crimes. For drug crimes though, while all U.S. citizens had equal likelihood of prison sentences, Hispanic non-citizens had higher incarceration rates, because INS regulations prohibited the community-based sanction of probation for offenders who lacked legal residency status. The earlier analysis had not controlled for two factors – citizenship and crime seriousness – that were primary determinants of a prison sentence vs. probation. What appeared to be discrimination on the surface was not when these other factors were considered.

Challenges

Several challenges hampered success in addressing racial and ethnic over-representation in the criminal justice system. Since disproportionate representation often begins much earlier than the point of arrest, prevention programs have been repeatedly suggested by working groups. However, funding to support these programs has been declining over the last six years. Alternatives to sentencing, which can reduce jail time and recidivism, have also been cut. LPSCC has experienced similar reductions, which have diminished its research capacity to monitor data, trace the roots of disparity, and evaluate program effectiveness.

The 2005 LPSCC study of individuals frequently booked into jail found that many had a mental illness, with disproportionate representation of African Americans among them. Research is ongoing into police citing practices, and whether these affect racial disparity.

In a diverse and multi-cultural community, it is crucial for service providers and public safety responders to be educated and aware of cultural differences that impact both how the delivery of services is perceived within the community and how successful the interventions are with offender populations. Data from the 2004 census estimate and County Mental Health's *Client Process Monitoring System (CPMS)* suggests Asian and Latino communities are underserved overall. Native Americans and African Americans access higher levels of care for mental illness and utilize more outpatient services through the criminal system. Culturally competent services that meet the needs in the community remain the goal.

Results

- **Reducing Failure to Appear** – Implementation of the CANS (Court Appearance and Notification) System in 2005 has already shown promising results. Persons of color who were notified of upcoming court dates had a failure-to-appear (FTA) rate of only 14%, a major reduction from their previous rate of 40%. Whites had a pre-program rate of 23%, reduced to 18% after CANS notification. Research shows that appearing at court is a key to reducing recidivism among low-level offenders. Those who fail to appear are twice as likely to go to jail and have a longer length of stay.
- **Drug Free Zones** – These were first implemented in 1992 in an effort to curb street-level drug dealing within designated boundaries. By 2002, the ordinance was written to exclude a person with a drug-related offense from a zone for 90 days to a year. This policy came under attack, however, because of its impact on the homeless poor in the downtown Portland area, where many social services agencies are located, and was ruled unconstitutional by Circuit Court Judge Michael Marcus in 2003. LPSCC discussion at the time touched on broader issues of booking and racial disparity. The City of Portland has since rewritten the ordinance, and, through their 2006 Street Access for Everyone (SAFE) workgroup,¹⁴ made plans to make daytime life less hostile for homeless people, help law enforcement be more effective, and implement better problem solving.

Racial Parity in Juvenile Justice

Between 1994 and 2000, Multnomah County Department of Community Justice (DCJ) operated a Juvenile Detention Alternatives Initiative (JDAI) project, funded by the Casey Foundation.

During this time, DCJ's Juvenile Justice program examined its disproportionate confinement of minorities in juvenile detention. The department created a tool based on race-neutral factors that looked objectively at risk-to-offend. In 1996, 42% of minority youth referred to DCJ detention were detained, compared to only 32% of Anglo youth. By 2000, after reforming DCJ procedures for dealing with youth after arrest, an identical 22% of minority and Anglo youth were detained.

DCJ also saw juvenile crime rates drop by 26% over the same period. These outcomes resulted from strategies specifically aimed at reducing disparities, including use of:

- Effective and culturally appropriate community-based alternatives, including shelter care, home detention, and a day reporting center;
- An objective, culturally-sensitive risk assessment instrument;
- A seven-person intake team to review each and every detention decision;
- Expedited procedures to process cases, thus reducing lengths of stay in detention; and
- Non-secure sanctions for probation violators.

Challenges

Since 2002, over-representation in detention has climbed, and in 2006 the over-representation of minority youth exceeded the 1996 level, a development viewed by DCJ with grave concern. While it is likely that the past five years of budget cuts contributed to this distressing trend, DCJ is currently doing formal research to determine the root causes and possible remedies.

Results

- **Objective Assessment** – The objective assessment tool developed by DCJ demonstrated that removing cultural bias was at least one essential ingredient in achieving racial parity. This practice has been held up as a national model for success.
- **Juvenile Parity** – For a period of several years, DCJ achieved parity in rate of youth detained, with no difference by race – even though over-representation of minorities remained among youth arrested. There is a strong belief that this accomplishment can be achieved again.
- **Culturally Specific Services** – Working with the Oregon Youth Authority and local nonprofit organizations led by Self Enhancement, Inc. and the Latino Network, DCJ established Communities of Color, a program to provide culturally-specific services to high-risk youth.

Future Goals

- Increase the ability to analyze racial information across jurisdictions at key decision points, by expanding participation in DSS-J to all justice agencies in the County.
- Renew the commitment to report on and monitor racial over-representation across jurisdictions as an annual agenda item for the LPSCC Executive Committee.

III. PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM

“It is deplorable and outrageous that this state’s prisons appear to have become a repository for a great number of its mentally ill citizens. Persons who, with psychiatric care, could fit well into society, are instead locked away, to become wards of the state’s penal system.”

– Judge William Wayne Justice, Texas, 1999¹⁵

“The penal network is thus not only serving as a warehouse for the mentally ill, but... acting as an incubator for worse illness and psychiatric breakdowns.”

– Human Rights Watch, 2003¹⁶

Multnomah County justice agencies have long shared a concern over the high proportion of people with mental illness who are involved with the criminal justice system.

Through the late 1990’s, under leadership of County Commissioner and LPSCC Chair Sharron Kelley and District Attorney Michael Schrunk, studies were conducted on needs and services for people with mental illness who had been booked into jail. Many recommendations from the study group’s report,¹⁷ delivered to the Multnomah County Board of Commissioners in early 2000, were subsequently implemented: coordinating care across agencies, integrating community supports and County departments into a collaborative system, and creating a cross-agency team to serve mentally ill people released from jail. Infrastructure recommendations were also implemented, including creation of an integrated health data system, addition of specific funding for housing case managers and crisis response, and improved cultural competency.

To continue prior work and address public concerns, Commissioner Lisa Naito and Judge Julie Frantz convened a working group in 2001 to further examine the interface between mental health and justice systems, alternatives to incarceration, and resources necessary for system change.

PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM Co-Chairs



JULIE FRANTZ
Judge
Multnomah
County



LISA NAITO
Commissioner
Multnomah
County

In 2002, this working group on Persons with Mental Illness in the Criminal Justice System issued their Recommendations for Improving Options and Outcomes for Persons with Mental Illness in Multnomah County's Criminal Justice System.¹⁸

2002 Major Recommendations

SYSTEM IMPROVEMENTS

1. Provide training on mental health for law enforcement, judges, attorneys, parole officers.
2. Improve information sharing and coordination between the mental health and criminal justice systems for persons in crisis.
3. Increase options for crisis assessment and placement, including a secure treatment facility or crisis triage center.

STATE HOSPITAL SERVICES

1. Improve access to the Oregon State Hospital (OSH) for mandated services, especially pre-trial Aid & Assist evaluations.
2. Expand the use of local pre-trial evaluations.
3. Develop further options for stable housing for persons with a mental illness; include monitoring and wrap-around services.

PRE-BOOKING

1. Improve use of walk-in clinics.
2. Create alternatives for transport of those in crisis who have not committed a crime.
3. Improve stability of persons with a mental illness in the community.
4. Improve Crisis Response Training for officers.
5. Improve ability to utilize trained officers.

POST-BOOKING

1. Assure access to mental health services for persons who need these services; cover more defendants through Community Court.
 2. Advocate with health insurers to pay for mandated treatment for their enrollees.
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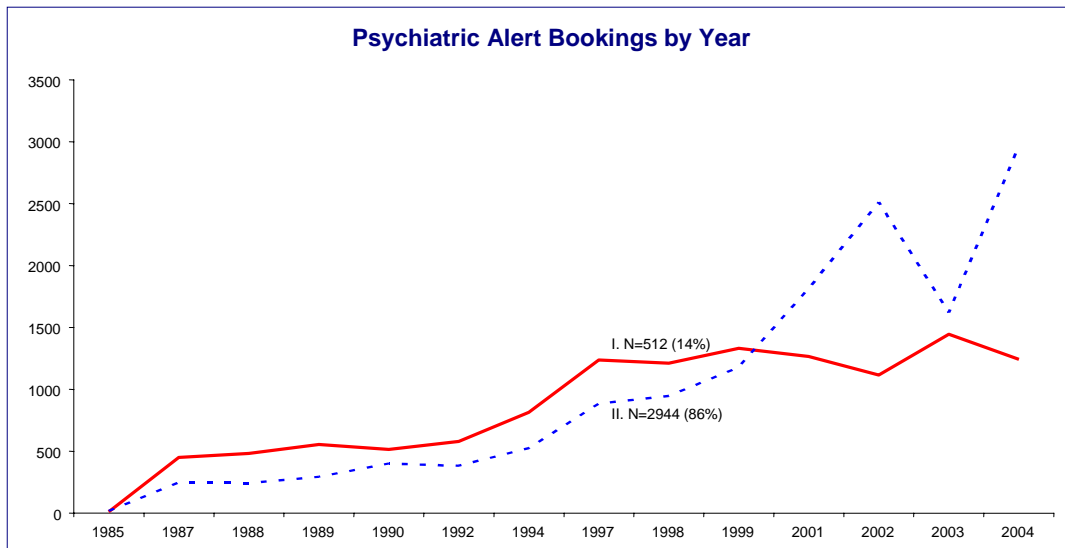
During this time, Multnomah County Mental Health initiated a major redesign to shift funds from high-cost acute care into outpatient services. The recommendations listed above figured highly in priorities for change. By early 2003, a new system was in place, including a 24-hour call center, 24/7 walk-in clinics, and expansion of mobile response teams. The only element not in place, due to no response to the request for proposals, was a sub-acute alternative to hospitalization.

When LPSCC convened a group in 2003 to review results to date, their *Progress Report on Bridging the Gaps between the Mental Health and Criminal Justice System* showed good improvements on systems changes, but also setbacks due to budget reductions.¹⁹ The LPSCC Annual Meeting that year on *Bridging the Gaps* focused on the need for continued change across justice and social service systems.

In tandem to this work, Sheriff Dan Noelle initiated a review of mental health needs in the jail. His report on *Psychiatric Alerts at the Multnomah County Jail, 1995-1999* showed that 7% of

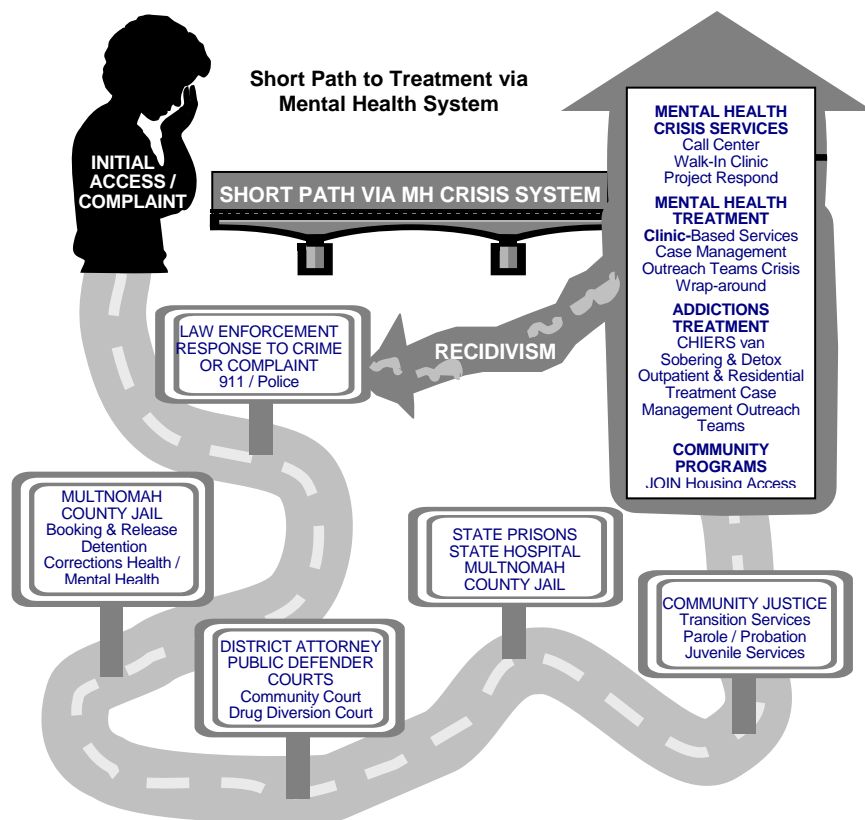
people booked received an alert based on a mental illness diagnosis, intoxication, or screening.²⁰ To delve more deeply, a review was undertaken of individuals who were frequently booked into jail. In 2001, a five-year review showed that 4% of offenders accounted for 23% of all bookings, and many of these had mental illness or addictions issues. Based on this, Sheriff Dan Noelle used DSS-J to examine records of 20 frequently-booked individuals. The 2002 *Booking Frequency Project Report* showed that these 20 individuals had a total of 1,146 arrests and 1,007 bookings over four years; 55% of them reported drug use, 40% were MH clients, 45% were A&D clients, and 40% were African American (compared to 8% for the total jail population).²¹

In 2004, LPSCC convened a working group to focus on a larger proportion of the frequently-booked population. Of 3,413 adults booked in FY04 with a psychiatric alert, 469 (14%) had frequent contact with the justice system. With 1,500 combined bookings a year (solid line in graph below), this high-bookings group averaged three bookings per person per year. The remaining 2,944 people with psychiatric alerts (dashed line), experienced 1,500 to 3,000 annual bookings (combined) in recent years, less than one per person per year.



The frequently-booked group was more likely to have a primary diagnosis of severe and persistent mental illness; most had co-existing disorders; 88% had a substance abuse disorder.

The committee found that when mental illness, substance abuse, and chronic homelessness were all present, the likelihood of community complaints about a person’s behavior increased, as did the chance for negative interaction with the police and criminal justice system. Treatment was difficult to initiate, hard to maintain, and long-term success unlikely. They recommended concerted efforts to create a “short path to treatment” via diversion from jail.



2004 Primary Recommendations:

1. Manage mental illnesses like other chronic diseases.
2. Co-occurring disorders form a persistent barrier to recovery.
3. Housing is key to successful treatment, stabilizing living situations & medical conditions.
4. Intervene before booking, with alternate intervention at earliest stage of contact.
5. Reduce racial/ethnic overrepresentation in the high-bookings group.
6. Develop a shared information system, so first responders know if person is in treatment.
7. Measure outcomes and shared indicators of success; monitor progress.

The committee’s 2004 report, *A Study of People with Mental Illness in the Criminal Justice System*,²² also recommended detailed implementation strategies, such as to:

- Increase access to crisis assessment and placement, such as mobile response, walk-in centers and a secure treatment facility or crisis triage center.
- Improve treatment readiness through outreach teams.
- Expand outreach case management teams for stabilization, emphasizing a recovery approach.
- Create options for pro-social interaction that promote recovery.
- Connect each person booked into jail with mental illness with an outreach team.
- Further integrate Mental Health and Addictions services, addressing a person’s entire set of needs.
- Advocate for the high-bookings group to be among the chronically homeless people moved into permanent housing.
- Intervene before booking to reduce the use of jail, by expanding mental health outreach, reducing parole/probation violations, and adding a crisis residential option for stabilizing people (vs. jail).
- Expand resources to eliminate bottlenecks in the treatment system.

- Resolve data-sharing questions to permit communication about shared clients across systems.
- Develop indicators of success for increasing diversion from jail.

These recommendations dovetailed with Multnomah County’s and the City of Portland’s *10-Year Plan to End Homelessness*,²³ issued in 2005, and boosted support for a “housing first” approach to serving the homeless, and for integrating mental health and addictions treatment in County-funded programs.

The *State Hospital Master Plan, Phase II Report*,²⁴ released in February 2006, recognized the need for significant investment in community mental health services: “Without the enhanced community programming, demand for OSH (Oregon State Hospital) beds will substantially exceed projections of size and cost.” The Department of Human Services convened a follow-up State Hospital Master Plan Community Services Workgroup in September 2006, to develop a detailed plan for community mental health services to support individual recovery.

This work at the State level mirrors recommendations made in LPSCC reports. The underlying values driving both sets of recommendations for community mental health services include:

- Recovery is possible and is the goal of all mental health services.
- Treatment and supports must be consumer directed.
- Services must be available in communities where people live.
- Services must be evidenced-based.
- Safe and affordable housing is key to recovery.
- Services must be cultural and age specific.
- Services must recognize the effects of trauma and support recovery from trauma.
- Planning for services best occurs at the local level, while the State provides the resources and accountability.

Also in 2006, County Health Department Director Lillian Shirley convened a task force to address implementing the 2005 LPSCC report. In *Reducing Criminalization of People with Serious Mental Illness*,²⁵ the group identified five “sequential intercept” levels within the criminal justice system and made recommendations for each:

- **Law Enforcement** – Train all officers to recognize and de-escalate mental illness crises (Crisis Intervention Training); enhance Project Respond to be more available to officers; develop a sub-acute crisis care center where police can bring people for screening.
- **Post-Arrest Diversion** – Establish a Mental Health Court, when resources allow.
- **Jail** – Use Corrections Health psychiatric staff to perform competency evaluations; develop a specialized team within the Public Defender’s office for a consistent response.
- **Release from Jail** – Assure treatment after release for mental illness; improve communications between courts and jail to coordinate services at release.
- **Community Corrections** – Assure mental health funding and access after release from jail.

In fall of 2006, responding to the tragic death of James Chasse while in custody, Mayor Tom Potter, along with Senators Avel Gordly and Ben Westlund, and Chair-elect Ted Wheeler, convened a panel to identify improvements needed to the mental health and public safety system’s response to persons with mental illness.



TOM POTTER
Mayor
City of Portland

The *Mayor’s Mental Health/Public Safety Initiative Action Plan*,²⁶ identified the necessary responses, costs, responsible entities and timeframes for identified tasks. Recommendations echo those of prior LPSCC committees:

- **Treatment Capacity** – Restore and expand the Oregon Health Plan; expand and sustain supporting housing capacity for special needs populations; expand programs such as *Treatment Not Punishment*; establish a permanent sub-acute facility of 16 beds.
- **Law Enforcement** – Review screening and training for law enforcement, endorse legislation allowing polygraph testing, and make Crisis Intervention Training mandatory; review use of force guidelines, and endorse legislation on use of deadly force; enhance Project Respond capacity.
- **Booking and Justice System** – Conduct mental health screening at booking; start a court advocate program for people with a mental illness.
- **Community Education** – Support the *Stop Stigma* campaign.
- **Oversight** – Create a coordination and oversight body, or support LPSCC with additional commitment and resources, to monitor implementation of this action plan.

Challenges

In recent years, severe budget cuts sharply reduced health and mental health services and options for thousands of individuals. Accumulated State cuts have resulted in a drastic loss in access to income, health care, and mental health treatment for many.

- In 2003, Oregon Legislators cut the Oregon Health Plan from over 100,000 members to about 23,000; 13,000 people receiving mental health services lost eligibility.
- The Legislature eliminated General Assistance support that provided a \$314/month stipend for those not yet qualified for disability. A Medically Needy program also helped 9,000 people meet high medical expenses, including many with a mental illness.

County revenue losses also necessitated severe program reductions. Care was taken to consider program outcomes, but major service losses occurred. By 2006:

- Mental health therapists were cut from the County health clinics.
- Four drop-in clinics for people with mental illness were defunded to divert funds to more effective treatment; one center remains at the Royal Palm in Northwest Portland.
- No sub-acute or crisis residential options were developed.

- Corrections Health/Mental Health & Inverness Mental Health Treatment Team were reduced.
- DCJ's Probation and Parole and the Mentally Ill Offender Unit were each cut by 25% and now are serving only the highest risk offenders.

A continued lack of housing with on-site services for people with mental illness means that people are often discharged back into the same circumstances that led them to jail in the first place. The frequency of bookings for people with mentally illness remains an ongoing concern.

The Civil Commitment system employs 13 mental health investigators, who investigate over 4,000 mental health holds per year, resulting in over 600 civil commitments just in Multnomah County. This large caseload is symptomatic of the impacts a failing mental health care system.

The Oregon State Hospital (OSH) lacks the capacity for timely evaluation of an individual's ability to assist in their own defense, resulting in a backup of prisoners needing this determination. OSH cannot accept all those who need a secure treatment setting, due to well-documented health and safety violations. The facility is at ongoing risk of forced closure.

Federal HIPPA regulations on the privacy of health care information have posed new challenges. Although regulations are less restrictive than many believe, fears of liability have reduced client-focused communication among some partners, and made it more difficult to coordinate services for individuals across agencies and programs, especially for those with multiple needs.

Results

Despite budget challenges, LPSCC members have planned and implemented major and lasting improvements for people with chronic mental illness who become involved with the criminal justice system. These include:

Mental Health Services

- **Improved Access** – Access to services for crisis response has improved, with a 24-hour crisis line, mobile 24/7 crisis teams, and Project Respond. One 18/7 walk-in clinic, new in 2003, remains open. Mental Health provider agencies can now bill for outreach.
- **Resource Line** – A dedicated mental health phone line provides police, parole/probation officers, and the court with immediate information on whether an individual is receiving treatment.
- **Appreciation** – A staff appreciation reception was held in June 2003 to thank members – especially mental health staff – for the dedication, hard work, and fresh ideas that made a significant difference in service delivery.

Mental Health and Addictions

- **Service Integration** – County Mental Health and Addictions Services have implemented service integration at the treatment level, so that the high proportion of people with co-occurring disorders will have both needs addressed by the same provider.

- **Dual-Certified** – All mental health and addictions providers are now required to be dual-certified in both disciplines to be able to provide integrated treatment.
- **Assertive Community Treatment (ACT) Teams** – County Mental Health and Addictions workers have formed ACT teams to provide case management for 100 high needs individuals per team. One team serves high-cost hospital users, a second team is open to all, and a third team is planned for the high-bookings group.

Mental Health and Housing

- **Project ACCESS** – This program is offered through the City of Portland’s Office of Neighborhood Involvement’s Crime Prevention Program.
- **County Assertive Community Treatment (ACT) Teams** – Teams now work on housing and stability for the individuals they serve.

PROJECT ACCESS

The ACCESS program is part of a larger strategy to reduce incidents of livability crimes in Downtown Portland through partnerships with social service providers, the Portland Police Bureau, the Department of Community Justice, the Bureau of Housing and Community Development, and the Downtown and Old Town/Chinatown communities.

ACCESS focuses on intensive outreach and engagement with individuals who are in need of some type of community intervention for their own personal safety or for the safety of the community. The goal of this program is to: reduce the number of repeat offenders who pursue criminal activities in the Downtown area; reduce disruptive street activities by helping individuals with inadequately treated mental health and substance abuse issues gain access to appropriate treatment programs; and reduce the number of chronically homeless persons on our streets by helping them find healthy housing options.

Mental Health and Criminal Justice

- **“Top 25” Group** – A collaboration of the Sheriff, County Mental Health and Addictions staff and treatment providers, the Top 25 group conducts intensive case reviews of persons who are the top 25 most-frequently booked persons with mentally illness, and makes collaborative decisions regarding the best program referrals and treatment plans.
- As of mid-2006, the Top 25 group had staffed 10 of the top 25 jail users. Of these, 5 had (re)engaged in treatment and shown marked reductions in re-arrest or addictions behaviors, and moved toward stable housing. In their interim report,²⁷ the group said communication among all agencies involved was essential, that efforts would be likely to fail or have limited effectiveness without stable housing, and addiction issues for mentally ill individuals must be addressed for other efforts to be successful.
- **“Unfunded 20” Project** – This Health Division project addresses the needs of non-violent mentally ill offenders who are repeatedly arrested, booked, and ultimately discharged from jail in Multnomah County without access to any health care, or access to psychiatric drugs that help keep them stabilized. The program evaluates needs and provides full access to Multnomah County Health Care services.

- **Jail Dorm 14** – The Multnomah County Sheriff’s Office established Dorm 14 for inmates with mental illness, resulting in better supervision and attention to the special needs of the mentally ill inmate. Upon discharge, a group of counselors, corrections officers, and health department professionals seek appropriate services, starting with housing.
- **Community Court** – The District Attorney’s office has been instrumental in creating a Community Court, which holds non-violent offenders accountable to the community and connects offenders to needed social services. Serving as a de-facto mental health court linking State courts, prosecution and social service providers, the Community Court processes over 6,500 cases a year.
- **Crisis Intervention Training** – Following the tragic death of a mentally ill man in police custody in 2006, the City of Portland and Multnomah County passed resolutions calling for all law enforcement officers to be trained in Crisis Intervention Training (CIT), increasing awareness and coordination between police and social service providers. With the leadership of Portland Police Chief Rosie Sizer, this training is being implemented.

Statewide Mental Health

- **Governor’s Task Force on Mental Health** – The Oregon State Hospital, at risk of forced closure due to its dilapidated condition, must be replaced. In 2003, the Governor’s Task Force on Mental Health was convened. Members in Phase I included Derald Walker of Multnomah County Mental Health & Addictions, and Susan (Godschalx) Marie of the County Health Department.²⁸

In the Phase II process, LPSCC Chair Commissioner Lisa Naito and Karl Brimmer of the Department of County Human Services participated on the committee to design two smaller regional facilities and a more comprehensive community system.²⁹

- **Oregon Partners in Crisis** – In 2004, a group of individuals concerned about Oregon’s mental health and criminal justice systems formed Oregon Partners in Crisis. Partners include sheriffs, judges, elected officials, behavioral health care officials, consumers, advocates, district attorneys, defense attorneys, and correction officials. With leadership from LPSCC’s Commissioner Lisa Naito and District Attorney Mike Schrunk, a goal was adopted to promote a statewide system of humane, effective interventions for people with mental illness, and to divert people with mental health or addictions issues from the legal system and into services to better meet their needs. Partners in Crisis advocates for services and legislation at the state level and promotes training and systems improvement at the local level.
- **Mental Health Parity Bill** – The Oregon Senate’s bill was signed into law by Governor Ted Kulongoski in August 2005, requiring insurance companies to offer equal coverage for mental illnesses as provided for physical ailments.

Future Goals

- Implement LPSCC and Health Department recommendations on mental health services for those involved with the criminal justice system, along with the *Mayor’s Mental*

Health/ Public Safety Initiative Action Plan to reduce criminalization of people with mental illness.

- Support effective solutions to mental health needs delivered through the health and human service arenas.
- Support adequate funding for the services needed by people with mental illness and/or addictions disabilities to be safe and independent. These services include housing, health care, mental health services, addictions treatment, and employment.

IV. PERSONS WITH ADDICTIONS IN THE CRIMINAL JUSTICE SYSTEM

“The case for integrating drug addiction treatment approaches with the criminal justice system is compelling. Combining prison- and community-based treatment for drug-addicted offenders reduces the risk of both recidivism to drug-related criminal behavior and relapse to drug use.”

– National Institute on Health³⁰

One of LPSCC’s first committees was a Working Group on Alcohol and Drug Abuse Intervention, chaired by County Commissioner Sharron Kelley. By 1996, this group developed recommendations for managing offenders dependent on drugs or alcohol, releasing their *Report of the Work Group on the Substance Abuse Treatment Requirements of Offenders*.

In 1999, this Working Group, along with the Domestic Violence Coordinator’s Office, issued *Treatment Protocols for Domestic Violence Intervention*. Targeted for use by A&D treatment providers, the paper profiled survivor and perpetrator characteristics, linked the knowledge bases for substance abuse and domestic violence, and outlined best approaches for offenders who were dependent on drugs or alcohol and involved in domestic violence.

A presentation to the LPSCC Executive Committee in 2000 on *Criminal Justice and A&D Treatment – What Do We Know?* by consultant Jim Carlson revealed that alcohol is strongly correlated with violent crime. In Multnomah County, about 73% of people tested positive for drugs at the time of arrest, and one in four said they committed their crime to get money for drugs. The paper also found that A&D treatment has been proven to work and is cost effective, relapse rates are no worse than for many diseases, and length of stay in treatment and continuing care is important for success. The Executive Committee recommended further studies of cost-effectiveness of different types of treatment programs, transition from prison treatment to community services, and the specific needs of female opiate users.

The Working Group on Alcohol and Drugs prepared a chart of A&D services, presenting this information to the County Commissioners. County Commissioner Serena Cruz became Chair of the Working Group in 2003, which then formed three committees: developing a universal assessment tool, housing as a critical tool for recovery, and A&D and public safety.

2004 brought a presentation by Suzanne Caubet and Matt Nice on *Local Trends in Illicit Substance Use: A Report for the A&D Criminal Justice Working Group*. This report compares

data from DSS-J, the Portland Police Bureau, and ADAM (the National Institute of Justice's Arrestee Drug Abuse Monitoring research project). Researchers found a long-term pattern: 60% of local arrestees tested positively for at least one substance and 25% for multiple substances, with trend lines fairly flat. Although arrests for drug charges appeared to have peaked in 1999, the lack of improvement in drug-involved arrests – despite arrestees' reports of recent treatment – suggested that more emphasis was needed on successful completion and post-treatment support, such as housing. (Among sites monitored by ADAM, Multnomah County had nearly the worst record for stable housing.)



SERENA CRUZ
Commissioner
Multnomah
County

Methamphetamines were studied as a separate issue. In 2005, the A&D Working Group chaired by Commissioner Cruz, along with Ray Hudson of DCHS, Kathleen Trebb of DCJ, and many others, presented a report on meth to LPSCC's Executive Committee. Although only a slight increase in meth use had occurred over the previous six years, meth contributed to a rise in property crime, identity theft, and the number of children removed from parental custody. In 1992, Oregon had the highest meth treatment enrollment per capita of any state, and remained at the top a decade later. From 2000 through 2004, Portland ranked in the middle of the top 20 cities for arrestees testing positive for meth. Meth lab seizures rose from 18 in 1994, to 116 seizures in 2004. The increase in meth abuse was linked to an increase in property crimes, with 60% of all property crime estimated to be meth related. Local A&D treatment

providers reported that 80% of new admissions were for meth abuse; a majority of those in treatment for meth were white (82%) or Native American (8%). The Working Group recommended immediate action to increase jail bed availability, restore drug courts and prosecution to prior levels, and support legislation to restore forfeiture proceedings and to control sales of products containing pseudoephedrine.

In a follow-up discussion, the A&D Working Group provided additional specific suggestions: target the most active meth manufacturers and hold them in jail until their court date; target manufacturer's associates for treatment; focus treatment on women, IV users, and severe addicts who are repeat criminals; and support a broad approach to treatment, with wrap-around services.

Challenges

During 2005, the study of individuals frequently booked into jail also highlighted A&D issues.³¹ As mentioned above, this study led to the conclusion that when the three factors of mental illness, alcohol or drug abuse, and chronic homelessness are all present, the likelihood of negative interaction with the criminal justice system increases. Co-occurring disorders – which include alcohol, drug abuse, or addiction – formed a persistent barrier to recovery.

Recent cutbacks in the Oregon Health Plan, drastically reducing the number of people eligible for coverage, have severely affected many people who need A&D treatment services.

Lack of an adequate amount of service is also an issue. State funds for alcohol and drug treatment have been cut, reducing the amount of subsidized service available. DCJ also lost a program for secure alcohol and drug treatment for high-risk adult offenders. About 400 offenders are waiting to receive treatment for substance abuse addictions locally, while the total waitlist for

subsidized alcohol and drug residential treatment is as many as 600 people. A widespread misperception that addiction treatment is not effective is both substantively incorrect, and a barrier to adequate funding for these services.

Results

- **Community Based Services Team (CBS)** – This team of County addictions outreach specialists provides treatment readiness and care coordination to homeless persons who have mental health and addictions issues, are often in jail, and are not connected to services or housing. The team provides a full Assertive Community Treatment (ACT) team response, a proven model for effective intervention.
- **Dual Certification** – DCHS Addictions Services now requires all providers to be dual-certified for integrated mental health and addictions treatment.
- **“Top 25” Group** – This inter-agency group reviews cases of the top 25 most frequently booked mentally ill persons – who very often have co-occurring alcohol or drug problems – and makes collaborative decisions regarding program referrals and treatment plans.
- **Families in Transition (FIT)** – This collaboration between Juvenile Court and treatment agencies fast-tracks women at risk of losing their children to obtain needed A&D treatment, allowing these mothers to meet Court conditions to parent their child. The average wait for such treatment is 111 days, while the FIT average is only 22 days.
- **Integrated Provider Procurement** – DCJ and DCHS have begun to use an integrated RFPQ provider procurement process to assure a seamless transition of individuals from criminal justice to community services.

Future Goals

- The primary goal for alcohol and drug service improvement is to restore and add treatment capacity to meet current needs.
- Also important is to continue to integrate addictions, mental health, housing, and community justice efforts to move persons with persistent co-occurring disorders and frequent involvement with criminal justice into more appropriate outcomes.
- Currently, the criminal justice system serves as a backdoor entrance to treatment and much of the work being done is to match offenders with services. A more effective approach would instead reduce initial contacts with the criminal justice system by making treatment resources available throughout the community for low-income people. It is estimated that the potential demand in Multnomah County for treatment slots exceeds 30,000 more than are currently available.
- Access to safe, affordable housing is at the hub of success in treatment and stability. LPSCC’s research into a public health model for reaching public safety goals indicates that stable housing heads the list of necessary conditions of success.

V. HOMELESSNESS

“In the past two years, we’ve demonstrated that we can end chronic homelessness. Now, it is time to organize the greater community that has shown they want to take part.”

– City Commissioner Eric Sten, 2007³²

Homelessness is closely linked to the criminal justice system. This was emphasized during the 2005 study of individuals frequently booked into jail,³³ which found that when mental illness, alcohol or drug abuse, and chronic homelessness are all present, the likelihood of negative interaction with the criminal justice system increases. Co-occurring disorders combined with homelessness form a persistent barrier to recovery, and an integrated “housing first” strategy was recommended to combat this.

The Citizen’s Commission on Homelessness issued *Home Again: a 10-Year Plan to End Homelessness in Portland and Multnomah County*³⁴ in December 2004. Adopted by Multnomah County and the City of Portland, this plan adopted a “housing first” model to provide a stable living situation, especially for chronic homeless people, including those on the jail’s frequently-booked list. LPSCC strongly supported this plan, which called for the addition of 1,600 units of permanent supported housing, and a purposeful strategy of finding housing for the hardest-to-house.

In January 2006, LPSCC led a session on *A Housing Agenda for Public Safety*, bringing housing and public safety organizations together to look at needed systems change. As reported at the session, community costs were much lower than incarceration: \$34/day for supportive housing and \$68/day for a shelter cot, versus \$112 per day for jail; or \$350/day for a psychiatric facility versus \$600+/day for a secure hospital. Finding housing for ex-offenders was reported to be difficult, as Section 8 rules exclude offenders. Housing is especially critical for women who want to reunite with their children after serving their prison term.

PROJECT HOMELESS CONNECT

Under the leadership of City Commissioner Eric Sten, Mayor Tom Potter, and County Commissioner Serena Cruz, Project Homeless Connect was launched in 2006. Hundreds of volunteers spent two days personally helping homeless people and families. These volunteers – business leaders, political leaders, stay-at-home parents, seniors, formerly homeless people – joined together for one day to do something extraordinary. They looked homeless people in the eye, asked them their name, listened to their stories, and asked how they could help.

Project Homeless Connect taps into the energy and commitment of individuals to help find creative solutions to end homelessness and provide homeless clients with individual attention and medical, dental, legal, addiction, and other support services. These services are provided by professionals donating their time and skills to help their community.

National studies show that a “housing first” model with permanent supportive housing can be effective in stabilizing 80-90% of tenants, even when they had been homeless for more than a year. Studies also show significant reduction in the use of public resources after placement and retention in housing. An evaluation of the local Community Engagement Program showed a 40%

reduction in hospital and jail costs for chronically homeless persons placed in permanent supportive housing.

Homeless Youth

For information on homeless youth, please see Section VI. *Youth and Public Safety*.

Challenges

Due to the multiple challenges they face, long-term homeless people can recycle through the system unsuccessfully and place heavy economic burdens on taxpayer funded programs. Housing for people with very low incomes remains scarce in spite of efforts, and there is very little housing with on-site support services for individuals with special needs. Most current housing requires compliance with a list of rules that excludes people with mental illness, behavioral problems, or addictions. Public housing waiting lists can be several years long.

Case managers find it especially challenging to find permanent, affordable housing for mentally ill offenders, especially units with the onsite supportive services needed to maintain stability. Most general purpose public housing will not accept offenders. As a result, offenders are often placed into scattered-site housing in the private market, where owners have more flexible rental criteria, but which may be less stable locations in the long-term because private landlords are able to raise rents or to refuse to renew leases when the rental market tightens.

Results

Over the past year, several new approaches have been developed for housing people with chronic homelessness, including individuals involved with the criminal justice system. These approaches are already showing excellent results.

Intensive Case Management Teams

- **Community Based Services Team (CBS)** – This team of County addictions outreach specialists provides treatment readiness and care coordination to homeless persons with mental health and addictions issues who are often in jail, but not connected to services.
- **Community Engagement Program (CEP)** – This multidisciplinary team operates on a “housing first” model where chronically homeless persons with mental health and addictions issues are placed in scattered site housing and provided health, mental health, addictions, and employment services.
- **Assertive Community Treatment (ACT)** – This wraparound model of team case management serves seriously mentally ill adults with a significant history of treatment resistance.
- **Treatment Not Punishment (TNP)** – This culturally-specific team provides treatment readiness and care coordination to African American persons who have serious mental illness, addictions issues, and are recurrently booked into jail. A goal is to reduce the over-representation of seriously mentally ill African-American individuals in County jails.

Homelessness Reduction

- **Permanent Housing** – Adopted in 2004 by the City of Portland and Multnomah County, *Home Again: A 10-Year Plan To End Homelessness*³⁵ has moved 1,039 chronically homeless people into permanent housing in a two-year period.
- **Housing Rapid Response (HRR)** – This partnership of the Portland Police Bureau, Multnomah County, and the City of Portland Office of Neighborhood Involvement, places frequently-arrested persons into housing and offers treatment. In 2005, providers Central City Concern and ACCESS began to house homeless offenders who repeatedly used correctional facilities, most with active substance abuse or untreated mental health needs.
- **Jail Discharge Program** – In 2006, a collaboration between the City of Portland and the Sheriff’s Office initiated a Jail Discharge program, with a homeless discharge planner to work with homeless inmates and ensure their proper discharge into housing and services.

New Initiatives Results

PLAN TO END HOMELESSNESS IN 10 YEARS³⁶

- By the end of 2006, 1,039 chronically homeless people had been placed into permanent housing over two years (47% directly from the street).
- After 6 months, 77% of chronically homeless individuals were still housed.
- 480 new units of permanent supportive housing were added.
- As of August 2006, 17 long-term homeless persons from the high-booking group had been placed in permanent housing.

HOUSING RAPID RESPONSE

A new program for chronically homeless offenders with repeat contact with the justice system. In the first six months:

- 55 people were moved into housing, 17 of these into permanent housing.
- 35% voluntarily entered substance abuse treatment.
- 62% have remained housed.

JAIL DISCHARGE PROGRAM, MULTNOMAH COUNTY SHERIFF’S OFFICE³⁷

- 96 homeless persons received counseling in 2006.
- 57% of these were placed in housing.
- In the last quarter of 2006, placement was 73%.

- **Prescott Terrace** – This 45-unit affordable housing project serves persons with mental illness who are chronically homeless, or have been discharged from hospitals or prison. On-site skills trainers help stabilize individuals who were unsuccessful in scattered-site housing situations.
- **Joint Access to Benefits (JAB)** – This program, created within the Department of Community Justice (DCJ) Transition Services Unit, is a local best practice that has become nationally acclaimed. With careful tracking of the date of a prospective discharge from prison, before their release, staff plan for an inmate’s future community living and help them access any benefits (such as Social Security) they may be eligible for. This

“reaching in” is a vital bridge, planning a successful and stable return from prison. A former inmate may have benefits upon release and be able to apply for long-term housing and transition safely, reducing the risk of homelessness and recidivism.

- **Strategic Investment Program (SIP)** – In 1993, the Oregon State Legislature passed a statute enabling local jurisdictions to offer incentives to capital-intensive industries with the potential to make significant contributions to the local and State economy. In Multnomah County, revenue generated in lieu of property taxes through SIP agreements with two large high-tech companies goes, in part, to support Community Housing programs. One program provides a rental subsidy until their benefits can be reinstated for persons released from jail who qualify for social security.

Future Goals

- A grant application was submitted in 2006 to the U.S. Department of Justice for permanent supportive housing for 25 of the hardest-to-house among the high-bookings group. Tenants would be persons with mental illness, have addiction issues, and a history of extensive use of the criminal justice system for low-level offenses. Services would include housing placement, intensive case management, treatment for co-occurring disorders, health care, and onsite supports.
- Recently, the Multnomah County Board of County Commissioners unanimously passed a resolution to Congress advocating for the maintenance of access to entitlements such as Medicare and Medicaid for persons who are held in jail pre-trial. Cost-shifts from these federal entitlements have become a fiscal burden on the County and a barrier to continuity of medical and mental health services, both in and upon release from jail. Multnomah County joins with other counties nationwide in seeking a change in this policy.

VI. DOMESTIC VIOLENCE

“Intimate partner violence is a major public health problem that occurs within all social, economic, religious, and cultural groups” and affects “one in ten Oregon women. The magnitude of this problem far exceeds most other threats to the health and safety of Oregon women.”

– State of Oregon, Department of Human Services³⁸

Within a few years of LPSCC’s formation, LPSCC created its first working group on Domestic Violence (DV) to evaluate how local criminal justice agencies were handling these crimes. Their report, an *Evaluation of the Multnomah County Criminal Justice Response to Intimate Partner Violence*, was released in 2000.³⁹ Presented by Domestic Violence Coordinator Chiquita Rollins, this report provided recommendations to: better track and respond to domestic violence cases, increase police and DA resources to respond to and prosecute DV suspects, develop a differential response for high-risk repeat offenders, and continue to analyze data for long-term trends.



CHIQUITA ROLLINS
Domestic Violence
Coordinator

In December 1999, LPSCC's Alcohol and Drug Criminal Justice Working Group, working with the Domestic Violence Coordinator, community domestic violence services, and alcohol and drug treatment providers, released *Treatment Improvement Protocols for Domestic Violence Intervention by Multnomah County Alcohol and Drug Treatment Providers*. The group found that A&D use and domestic violence were inter-related as risk factors, and that failure to address domestic violence interfered with addictions treatment effectiveness and contributed to relapse. They recommended that substance abuse treatment programs screen all clients for current and past domestic violence, including childhood abuse, and provided specific procedures and tools to use for survivors and perpetrators, including for screening, referral, and treatment.

In late 2000, Dr. Gary Oxman, Public Health Officer, presented a report to LPSCC on *Follow-Up on Domestic Violence: the Public Health Approach*. He reported that the traditional public health approach is based in science, collaborative, prevention-oriented, and rooted in social justice. The approach is most successful when responding to disease and harder to apply where social values must change. Using promising approaches, such as social marketing, the public health community has successfully changed harmful behaviors, such as smoking, drunk driving, and the unsafe sexual practices that spread HIV disease. This suggests a possible approach for domestic violence. With one in six women affected (rising to one in three for ages 18-24), the problem of domestic violence is widespread but difficult to impact.

A study on *Bullying and Dating Violence: Effective Intervention & Prevention in Multnomah County* was released in 2001, by intern Sarah Roberts for the DV Coordinator's Office.

In 2002, Domestic Violence Coordinator Chiquita Rollins presented a *Preliminary Inventory of DV Response by Multnomah County*. This report described a multi-layered response and the increased commitment from the Board of County Commissioners and the County Chair to provide an effective response to reducing domestic violence. However, this inventory found that the amount of dedicated resources was low compared to the need.

Also in 2002, the Family Violence Coordinating Council (FVCC) presented their *Multnomah County Community-Based Victim Services System Assessment*. The FVCC had assessed community-based services available for victims of domestic violence and their children, as well as barriers to receiving services. Major gaps included: insufficient funding for programs; high staff turn-over and the need for training; shortage of services for victims and their children; increasingly complex needs of victims; and barriers for women of color and immigrants, such as with language, cultural isolation, beliefs, and abilities to meet service requirements. Based on this report, the FVCC instituted monthly trainings on a variety of domestic violence topics and obtained grant funds to streamline access for victims and improve the response for victims with mental health or substance abuse problems.

In 2002, Judge Elizabeth Welch, Karin Immergut of the U.S. Attorney's Office, and Chiquita Rollins presented a program on *Violation of Restraining Orders and Guns*. They shared that there had been an increase in contested Restraining Orders and enforcement of these orders had always been difficult. The U.S. Attorney clarified that the Federal Gun Control Act related to restraining orders.

Also that year, a multi-agency task force led by Sheriff Dan Noelle and Chiquita Rollins reviewed policies for release of domestic violence offenders, finding that no pre-trial releases

had occurred since legislation passed in 1993. The task force covered points at which domestic violence offenders could be released (bail, charges dismissed, own recognizance), whether the victim would be informed of the pending release, and whether an assessment of the danger level posed by the offender would be done. Due to budget cuts, the report was never completed.

An update on the *Inventory of DV Response in Multnomah County* was presented in 2003 by Chiquita Rollins.

Under leadership of Judge Dale Koch and Commissioner Lisa Naito, Domestic Violence Coordinator Chiquita Rollins and LPSCC conducted Multnomah County's first fatality review. The *Domestic Violence Fatality Review Committee Report* was released in January 2004.⁴⁰ It was based on the case of a young Portland mother killed in 2003 by strangulation in the presence of her three-year-old child. The child's father, who was also her domestic partner, was arrested later that night and charged with homicide. Because the review was conducted without confidentiality protection, only events leading up to the homicide and information available in the public domain were reviewed. Recommendations were:

- Educate the public about the seriousness of DV, and to call for help when DV is suspected.
- Educate employers that they can provide a critical link in helping a victim.
- Improve accessibility of law enforcement reports to the entire system.
- Adopt shared high-risk criteria to trigger a heightened response.
- Treat strangulation and use of "white powder" drugs – specifically cocaine, methamphetamines, and heroin – as high-risk criminal behaviors.
- Strengthen communication between the arresting officer and the Recog (pretrial) officer.
- Strengthen pretrial release and supervision policies for high-risk offenders.
- Improve restraining order handling, and streamline arrest of a defendant for violation.
- Encourage gun dispossession for those prohibited from possessing firearms.
- Clarify process for placement of children affected by domestic violence homicide.

Administrative recommendations were to increase training, fund advocate positions, continue Domestic Violence Fatality Reviews, and develop a process to evaluate and report on progress.

The initial fatality review committee was hampered in its discussion by an inability to talk openly across agency lines about improving service delivery to prevent fatalities. In 2005, LPSCC supported passage of amendments to ORS 718 permitting establishment of multidisciplinary teams to confidentially study domestic violence fatalities. Oregon's Fatality Review bill created an inclusive process and culture of safety, by bringing all players to the table: community groups, survivors, the faith community, and family members.

In May 2006, the County formed a Domestic Violence Fatality Review Team and adopted Fatality Review Protocols, based on the legislation passed in 2005. The first review was conducted by the Team in fall 2006. A second review is scheduled for summer 2007.

In 2005, Judge Koch announced that a DV Court would be created to focus on misdemeanor offenses, restraining order enforcement, and compliance review.

Joanne Fuller, Director of the Department of Community Justice (DCJ), presented their newly developed violence triage tool in 2005. This *Violent Behavior Risk Assessment: Identifying and Supervising Violent Offenders in the Community* tool was created to target offenders at highest risk for violence. It asks questions for males about severe violence, DV, and lifestyle instability. For females, questions are about severe violence, minor violence, lifestyle instability, and DV history. With this tool, DCJ provides risk-driven case management and specialized supervision.

Over the last two years, there has been a collaborative effort to create a risk assessment tool or protocol specific to domestic violence offenders. The partnership includes the Portland Police Bureau, the Domestic Violence Enhanced Response Team (DVERT), the Department of Community Justice, and the Domestic Violence Court. They have utilized evidence-based tools – including a standard recidivism assessment, the Ontario Domestic Assault Risk Assessment (ODARA) and the Danger Assessment Scale (DAS) – to develop local protocols to help identify high-risk domestic violence offenders and develop supervision strategies.

Domestic violence advocates were honored by the Family Violence Coordinating Council and the Local Public Safety Coordinating Council at a June 2004 luncheon and ceremony recognizing their significant and persistent work to help stop domestic violence in the community.

Victim Support

LPSCC has consistently taken a strong position to increase support for victims where possible. This included support for creation of the State VINE system (Victim Information & Notification Everyday), which monitors the custody status of offenders in prison or on probation/parole, and provides information and automated telephone notification to crime victims on changes in status. By 2004, VINE had been implemented statewide.

In 2005, LPSCC formed a Pre-Adjudication Release Work Group to examine the points at which offenders may be released and to recommend ways to increase victim safety.

The Victim Summit Conference was held by LPSCC in March 2006, and featured Steve Siegel, a state and national expert with a range of knowledge and experience. He created one of the first domestic violence "fast track" programs in the nation, and shared his strategies to develop a domestic violence triage system to more safely and effectively serve the 5,000+ domestic violence victims that pass through the Denver system annually.

VICTIM SUMMIT CONFERENCE

LPSCC Chair, Lisa Naito moderated the conference, which included presentations by Mayor Tom Potter, District Attorney Mike Schrunck and Sheriff Bernie Giusto. Conference participants discussed ways to coordinate a response network for the needs of victims, and set goals for ongoing LPSCC and community work, an effort which is now led by Bob Robison of the Department of Community Justice and Helen O'Brien with the Multnomah County District Attorney's office.

Challenges

Domestic Violence is a major social issue which is often hidden by both victims and perpetrators. Outreach to victims is difficult and intervention is often hampered by a lack of public awareness of the issue, the fear of risks to personal and family safety, and perceptions of social stigma.

Obtaining adequate funding for intervention and victim services is a major challenge. After recent funding reductions, DV Advocates at Portland Police Bureau’s Family Services Division have been cut from six to five, and at the District Attorney’s office from nine to six. Two new grant-funded advocates have been placed at the Gresham Child Welfare office. DV programs County-wide remain under-funded for the numbers of individuals and families needing service.

Results

- **Domestic Violence Coordinator** – Housed in County Human Services (DCHS), Coordinator Chiquita Rollins has been an equal member at the LPSCC table over the decade. This consistency has allowed for steady progress on numerous fronts.
- **Multnomah County Family Violence Coordinating Council (FVCC)** – In 2006, the FVCC celebrated 20 years of fostering coordination, communication, and development of new resources to address domestic violence through multi-disciplinary/multi-jurisdictional efforts.
- **Domestic Violence Emergency Response Team (DVERT)** – This team of Portland Police officers, a Sheriff’s Deputy and victim advocates provides a heightened response for survivors at high risk of danger or lethal abuse. Annually, DVERT takes about 100 of the 1,000 cases identified as high risk/high lethality.
- **Danger Assessment Tool** – This tool, based on the research of Dr. Jacqueline Campbell, has been implemented by DVERT and adopted for use by the Portland Police Bureau’s Domestic Violence Reduction Unit. The Domestic Violence Court and DCJ’s Probation unit are reviewing this tool to determine if it would be appropriate to use in sentencing determination.
- **Recidivism Assessment Tool** – An assessment tool that is predictive of recidivism is now used to determine a high, medium or low need for probation or parole.

Future Goals

- The Domestic Violence Fatality Review Team plans to complete their second review in summer 2007. Following that, they will issue a report and recommendations, and evaluate the success of the process in preparation for further DV Fatality Reviews in the following year.
- Many victims of domestic violence never come to the attention of the criminal justice system or community providers. A major goal is to expand the awareness of employers and others who come into contact with victims, and increase referral to services.

- Detailed plans for 2007 include: electronic entry of incident reports by police officers from the vehicle computer, as well as improved access to reports and 911 call data; restraining orders listed in the LEDS; and a Family Violence Coordinating Council launch of a speakers' bureau that will focus on business and neighborhood organizations.

VII. EARLY CHILDHOOD AND YOUTH

“What do your children need to succeed in this world? Search [Institute] found a total of 40 assets that are like puzzle pieces in the lives of young people. Youth who are rich in these assets tend to thrive, enjoying better health and academic success. Asset-rich youth are also safer from the dangers of alcohol, drugs, violence and sexual involvement.”

– Focus on the Family and the Search Institute⁴¹

With children and youth, there is an opportunity to dramatically increase the chances of success in life. The right support at the right time can make all the difference.

For example, a long-term study of three- and four-year olds at risk of school failure found that high-quality pre-school not only improved educational outcomes, but demonstrated “a significantly lower rate of crime and delinquency.”⁴² By the age of 40, this “preschool advantage” resulted in “higher lifetime earnings, greater employment stability, higher educational attainment, greater family stability, and dramatically reduced involvement with crime.”⁴³

The Washington State Institute for Public Policy has similarly found that “long-term crime rates can be lowered by successful evidence-based early childhood and K-12 educational programs that foster academic achievement and increased high school graduation rates.”⁴⁴

Early Childhood

The earliest years have been shown to provide an unparalleled opportunity to boost a child's chances for later success.

The Citizen's Crime Commission's *2000 Report from the Children's Delinquency Prevention Committee*, prepared under leadership of Commission Chair Dick Alexander and Executive Director Ray Mathis, showed that the most effective and cost-efficient way to reduce crime was to identify and intervene with high-risk children early in their lives, as the cost of early intervention was far less than that of incarcerating youth or adult offenders.

Addressing these findings, in late 2000 an Early Childhood Policy Advisory Group was convened by Commissioner Lisa Naito, City of Portland Commissioner Dan Saltzman, and Gresham Mayor Charles Becker. Working closely with the Commission on Children, Families and Community (CCFC), the Citizen's Crime Commission, and other community advisors, members initiated a comprehensive structure that would become the *Early Childhood Framework* and laid groundwork for the City's later creation of the Children's Investment Fund.

The Portland/Multnomah Progress Board, with the Commission on Children, Families & Communities, also produced a report in 2000 on *Educational Success for Youth: Aligning*

School, Family and Community. The report detailed research and recommended eight strategies to improve educational benchmarks. County Chair Beverly Stein reported to LPSCC on the *Leaders Roundtable Initiative on Young Children*, aligning efforts of the many organizations involved in building better long-term educational and life outcomes for children and youth.

Also in 2000, with leadership from Commissioner Lisa Naito, a Child and Family System of Care work group began examining systems for supporting the social, emotional, and relational development of young children and families, with a goal of reducing the number and impact of risk factors, and increasing the number and strength of protective factors for child and family.

In 2002, this work group of consumers, advocates, providers, and mental health staff released their *Recommendations for Children’s Mental Health Redesign*.⁴⁵ They called for a child-centered, family-focused, community-based system of care, in which the needs of the child and family would determine the types and mix of services provided. Recommendations of this group have carried forward into funding decisions and system design that are being implemented today.

A 2003 collaboration of child-serving programs in the County, led by the Commission on Children, Families and Communities, developed the *Early Childhood Framework*, which described the elements necessary for all children to develop to their full potential.

EARLY CHILDHOOD FRAMEWORK

LPSCC Chair Lisa Naito, City Commissioner Dan Saltzman, and Gresham Mayor Charles Becker convened a workgroup to inventory services available for children 0-8 years old, evaluate best practices, and advocate for services. Wendy Lebow, Director of the Commission on Children, Families and Communities, worked with the Early Childhood Council to develop the Early Childhood Framework.

During this period, LPSCC members – including District Attorney Mike Schrunk, City of Portland Commissioner Dan Saltzman, and County Commissioner Lisa Naito – participated in creating the Child Receiving Center (now operated by Christie School) to reduce multiple placements for children in state protective custody. The Center reduces trauma for children removed from their homes due to abuse or neglect and keeps siblings together. LPSCC members later advocated for better procedures for taking children from a crime scene into custody.

LPSCC’s 2005 annual *What Works Conference* focused on Early Childhood, highlighting successful efforts to serve children and families during the earliest years, and the need for systemic changes in early childhood services, where effective changes in later behavior can most easily be influenced. The conference described early childhood programs that reduced later criminal involvement, including pre-K education for low-income three- and four-year-olds, and the Nurse-Family Partnership.⁴⁶

The Safe Child Task Force was convened in 2006, in response to a shocking 39% increase in child abuse since 2003. Co-chaired by Commissioner Lisa Naito and Gresham Police Chief Carla Piluso, Chair of the CCFC, this collaboration between LPSCC and the Commission on Children, Families and Community studied how to better prevent abuse and mistreatment of children. Recommendations were made to increase advocacy for child abuse prevention and intervention funding, create a local, universal parent education system focused on healthy parenting, and

change community attitudes and norms around the shared responsibility for safe and healthy children and families. A report and inventory of current services is expected in early 2007.

Challenges for Early Childhood

Fight Crime: Invest in Kids – Oregon,⁴⁷ is part of a national initiative, led by police chiefs, sheriffs, prosecutors, and crime survivors from across the State. The group reported in 2006 that although research clearly shows that Head Start and similar pre-kindergarten programs cut crime, many children eligible for Head Start do not receive it.

Early childhood services compete for funds with an ever-growing prison budget. In May, 2001, Governor Kitzhaber described his support of an Oregon Children’s Plan: “In 1994 Oregon adopted a ‘one strike and you’re out’ policy with Ballot Measure 11, and our public safety budget ballooned. In the last biennium before Measure 11, the budget for the Oregon Department of Correction was \$363 million. Today it has grown to \$863 million – and we have bonded an additional \$1 billion to finance prison construction.” The Governor went on to support increased funding of early identification of problems for children, though home visits, substance abuse and mental health treatment, relief nurseries, parent training, and early learning opportunities.

Dick Alexander, Founder of Viking Industries, chaired the Citizen Crime Commission and lead advocacy for early childhood investment with the Innovation Partnership and the Children’s Institute. He spoke at the LPSCC *What Works Conference* on early childhood in 2005.

THE NEED FOR HIGH QUALITY EARLY CHILDHOOD PROGRAMS

“If we don’t change course now, I see an Oregon where wages decline while social services and criminal justice expenditures climb...Its time to invest where we can make a difference: early childhood.”

– Dick Alexander, LPSCC 2005 What Works Conference

Results for Early Childhood

There is wide recognition that many children start having problems at an early age. Many teachers say they can tell which kids will have trouble by kindergarten. LPSCC members know that intervention in early childhood is the easiest and most cost-effective opportunity to change the direction of a life, and that use of evidence-based early childhood services can save downstream costs both for society and the criminal justice system.

- **Nurse Family Partnership** – In this local evidence-based program, nurse visits to families from pregnancy through age two show consistent results, with improvements in women’s prenatal health, reductions in children’s injuries, fewer subsequent pregnancies, and greater intervals between births. These protective factors have been shown to correlate with reduced juvenile delinquency.
- **Children’s Investment Fund** – The City of Portland levy, led by Commissioner Dan Saltzman, has added resources locally for early childhood programs. LPSCC Chair Lisa Naito participated on the allocation committee. Services were funded to prevent child abuse and provide appropriate services when child abuse does occur.

- **Wraparound: Early Childhood** – Managed by the Multnomah Educational Service District in cooperation with the early childhood service community, and funded by Substance Abuse and Mental Health Services Administration (SAMSHA), this six-year demonstration program uses a family facilitation and wraparound model to coordinate intensive services for emotionally disturbed young children and their families.
- **Early Childhood Services** – Once the services needed for the Wraparound: Early Childhood program have been clearly defined, the Department of County Human Services will release a new RFP for early childhood services that supports this model.

Youth with Mental or Emotional Disturbances

To broaden the scope of LPSCC’s 2004 *Study of People with Mental Illness in the Criminal Justice System*, a small working group – led by Amy Baker of the Department of County Human Services (DCHS) Mental Health and Wayne Scott of the Department of Community Justice (DCJ) – met to examine the needs of youth with mental or emotional disturbances who are involved with the juvenile justice system.

The prevalence of mental disorders among youth in juvenile justice systems nationwide is estimated to be as high as 60%, with two-thirds also having a co-occurring substance abuse disorder.

On the bright side, research shows that treatment for youth is effective. In fact, any treatment is better than no treatment. Regardless of the types of programs used or the youths’ background, recidivism rates among those who received treatment are as much as 25% lower than the rates of children and teens in untreated control groups. The best research-based treatment programs can reduce recidivism rates even more, up to an 80% reduction.”⁴⁸

In 2003, 8% of youth involved with Multnomah County Juvenile Services had two or more identified mental health needs, and 40% of youth experienced a substance abuse problem.

Assessment Data for all Juvenile Justice Youth for 2003

ASSESSMENT INDICATORS	PERCENT OF YOUTH (n=1,213)
1 Mental Health Indicator Or Need	15%
2 Or More Mental Health Indicators Or Needs	8%
Substance Use Problem	40%

A 2004 snapshot showed 32.5% of youth in DCJ detention had a serious mental health need.

Snapshot of Youth in Detention – December 2004

YOUTH IN DETENTION 12/04	WITH SERIOUS MENTAL HEALTH DIAGNOSIS	ON SUICIDE WATCH
80	26 (32.5%)	16 (20%)

The working group developed four main areas of recommendations:

1. **Move toward a family and home-based services model for treatment.** Because family involvement is critical for success, evidence-based family and home-based treatment models should be used for high-risk youth and their families.
2. **Integrate and coordinate treatment in a “system of care.”** Systems of care achieve better outcomes for high-risk youth. Services for youth offenders should blend a corrections approach with mental health and alcohol and drug treatment.
3. **Engage high-risk youth and families through outreach case management.** Reach out to identify and stabilize youth before they reach a crisis point. Make treatment more present and persistent for high-risk, non-compliant youth and their families.
4. **Target services to higher risk youth.** Targeting criteria should be adopted for a portion of Mental Health funds to increase services to medium and high-risk youth and families through outreach case management, and family and home-based service models.

Results for Youth with Mental or Emotional Disturbances

There has been tremendous progress in mental health services for children and youth, including for those youth involved with Juvenile Justice.

- **Community-Based Services** – Department of County Human Services (DCHS) now invests more State System of Care funds in community-based services than in residential services, also serving more children and youth in community settings. Because of the lower cost for community services, there are more services overall, including an intensive wraparound service model.
- **Family Care Coordination** – Care coordination has improved, with family care coordinators at both DCHS and Department of Community Justice (DCJ). They assess needs, work with providers to keep or move kids back into community settings, maintain an accountability structure, and create a link between the DCHS and DCJ systems. DCJ staff can now access the mental health database to look up a child’s history.
- **Services for High-Risk Youth** – In 2005, the DCHS procurement process bid out an array of intensive services, targeting services to the highest risk youth. More crisis respite is now available, and a new Transition Age program for youth age 17 to 22 addresses age-appropriate housing, employment, and transition to adult services. A new DCHS contract for Multi-Systemic Therapy, in addition to DCJ’s program, doubles the capacity for this proven intervention that targets youth with multiple needs.
- **Collaborative Approach** – This approach, where both DCHS Mental Health and DCJ Juvenile Justice share service priorities and work to assure smooth transitions, is making great progress in meeting needs for the highest risk youth.
- **Wraparound Oregon** – This project, managed by Albertina Kerr and a wide range of community partners, including the Courts, DCJ, and DCHS, is piloting the *School Age Project* to build a coordinated system of care in Multnomah County. In this Robert Wood Johnson-funded project led by Chief Family Law Judge Nan Waller, each child and

family have a single care coordinator and plan for appropriate services and supports and resources geared to meeting individual needs.

Future Goals for Youth with Mental or Emotional Disturbances

- **Improve services for African-American youth.** A number of African-American youth have returned to detention after residential treatment, counter to other groups, where treatment has been more successful. County Human Services is committed to learning how the system could work better for this group of young people.
- **Improve Mental Health outreach to youth with mental or emotional disturbances.** Oregon Youth Authority (OYA) and Juvenile Services staff repeatedly come into contact with youth with mental health issues who have not connected to, or have disconnected from, mental health services. An alternative contracting process would be needed to increase outreach to youth.

Homeless Youth

“41% of youth aging out of foster care will spend time in jail; 25% will be homeless for one night or more; and 60% of the young women will become pregnant...”

– Orphan Foundation of America, 2001⁴⁹

The high visibility of homeless youth has a direct impact on citizen perception of safety. Homeless youth are also particularly vulnerable to crime, to be preyed upon, or to victimize others as they attempt to survive on the streets.

Within Multnomah County’s homeless youth population, it is estimated that approximately 65% are seriously involved with alcohol or drugs, and studies of this population at the national level suggest that a majority of homeless youth experience significant mental health issues.⁵⁰

LPSCC’s Focus on this issue began as early as 1997, when the Citizens Crime Commission, through a joint commission with the Association for Portland Progress, found services for homeless youth to be inadequate in scope and quantity, woefully under-funded, poorly coordinated, and undermined by a lack of government leadership. Under the leadership of Ray Mathis, who also served as liaison to LPSCC, the Citizen’s Crime Commission assumed tremendous leadership in addressing the needs of homeless youth.

An Ad Hoc Committee formed as a collaboration of the Citizen’s Crime Commission, Department of County Human Services (DCHS), Department of Community Justice (DCJ), the City of Portland, Portland Police Bureau, the Portland Business Alliance, OYA, and community providers, to improve services for homeless youth. A Homeless Youth System redesign was released in 1998, providing for a continuum of services, from front-end prevention for youth at risk of homelessness or juvenile justice system involvement, to intervention for youth who were already homeless. Goals were to strike a balance between programs emphasizing short-term relief off of the streets, and those helping youth transition from street life to safe, stable housing. Primary providers in this Homeless Youth Continuum were:

- New Avenues for Youth, Executive Director Ken Cowdery

- Outside In, Executive Director Kathy Oliver
- Janus Youth Services, Executive Director Dennis Morrow

A broad Homeless Youth Oversight Committee was formed with the leadership of Mary Li of the County's Department of Community Justice. In 2003, the committee completed a second system redesign, with a goal of obtaining more positive outcomes for youth by engaging youth quickly and limiting services to youth not willing to commit to participation. Services now include: a 24/7 access and reception center, including the ability to receive youth directly from the Portland Police Bureau, DCJ, and DHS; a short-term crisis shelter; transition to housing; and expanded day programs, offering education and employment-focused services.

The Homeless Youth Continuum continues with funding from the Multnomah County Office of School and Community Partnerships, City of Portland, Portland Public Schools, and others.

In 2003, providers Outside In, New Avenues for Youth, and Janus Youth Programs presented to LPSCC on their *Homeless Youth Service Continuum System*. Their goals were to: provide screening and referral; transition youth into stable housing with supports; and assist youth in achieving self-sufficiency and independent living. A Federal Site Review had found their continuum system to be a national model.

HOMELESS YOUTH ADVOCACY

The Citizen's Crime Commission (CCC) Executive Director Ray Mathis convened a task force chaired by Fred Stickel, publisher of *The Oregonian*, and Jim Jeddalon, Chair of the CCC. Ex-officio members were LPSCC Chair Lisa Naito and Oregon Senator Kate Brown. The work of the task force resulted in improved State services for youth in foster care.

Despite the success of the Continuum, the needs of homeless youth remain an issue. In 2004, the Citizen's Crime Commission presented their *Task Force on Homeless Youth Prevention* report to LPSCC.⁵¹ The task force cited that 41% of youth aging out of foster care would spend time in jail; 25% would be homeless for one night or more; and 60% of the young women would become pregnant.⁵² They cited findings by the Multnomah County Auditor that a third to a half of homeless youth had come from the foster care system. They found the cost of community services (at \$52 to \$72 per day for a homeless youth bed with some services) was much lower than the Oregon Youth Authority or Juvenile Justice detention (at \$139 to \$215 per day). The report made recommendations to expand capacity of the homeless youth system, increase funding for adolescent services, and advocate for changes in legislation to improve this situation.

Interviews of service providers by League of Women Voters⁵³ members last year revealed that homeless young people needed connection to a significant and appropriate adult, mental health and substance abuse treatment, life skills training, wraparound services, food programs, case management, job-skill development, family mediation, and affordable housing. But equally critical to youth were non-judgmental service providers, friendly and trusting professionals, consistent rules and structure, and voluntary participation in programs.

Results for Homeless Youth

- **Homeless Youth Continuum** – This redesigned effort has proved effective. Currently, approximately 3,000 youth are screened and referred on an annual basis, and 100% of youth screened at the Access Center receive a screening and disposition to a case management agency within 3 hours. Seventy-nine percent of youth engage in case management services, and of 900 youth served, 78% exit to safe, stable housing.
- **Alternatives to Detention** – DCJ, in collaboration with the Portland Police Bureau, procured services so that a youth picked up by police for status offense or dependency issues could be taken to a youth shelter for evaluation, rather than to detention. This has reduced the use of detention for non-criminal activities by youth.

Delinquency Prevention and Supervision of Youth Offenders

In 1993, the Multnomah County Department of Community Justice embarked on an ambitious series of reforms designed to improve its success in keeping youth out of the justice system.

At that time, juvenile crime was peaking in the Portland area. As in many other jurisdictions, a few high visibility juvenile cases had driven public fears about juvenile “super predators,” and Multnomah County was under a court order to rebuild its decaying and crowded juvenile detention facility. DCJ took the opportunity to engage community leaders in a discussion about public safety priorities affecting delinquent youth, and ultimately to a decision to reduce reliance on detention to address youth crime.

At the beginning of this effort, during the early 1990’s, DCJ reduced probation revocations for technical violations and expanded alternatives to incarceration for youth, including increased referrals to community service providers such as New Avenues for Youth. From the late 1990s through 2002, DCJ planned and implemented an array of informal intervention programs for youth, achieving very positive results, including a low recidivism rate (22% in FY05) and a high positive case closure rate (83% in FY05).

With funding from the Casey Foundation in the late 1990’s, DCJ developed a Risk Assessment Index (RAI) to ensure that youth who entered detention were viewed objectively according to their risk to the community and likelihood to appear at a court hearing if released. This objective tool began to drive detention decisions, rather than a subjective evaluation of a detention worker or juvenile court counselor, and helped achieve a long period of race-neutral outcomes.

Implementing the RAI meant that fewer youth were housed in detention, and a continuum of alternatives were needed. Cost savings were reinvested into alternative placement programs that addressed the varying degrees of supervision called for by the risks and needs of each youth.

As one step in this reinvestment, in 1998 the Juvenile Justice work group released their *Strategic Plan for Juvenile Justice & Delinquency Prevention*, recommending: more prevention; immediate and effective intervention for delinquent behavior; and actions to identify and control a small group of chronic, violent juvenile offenders. General strategies were to prevent youth from becoming delinquent by focusing programs on at-risk youth, and to improve the juvenile justice system response through graduated sanctions and a continuum of treatment alternatives.

Also in 1998, funded by a State Commission on Children and Families grant, DCJ established a Gender Specific Policy Advisory Group. A 129% increase in violent crime among girls had been seen over the prior decade, compared to a 66% increase for boys. With 70% to 90% of girls in the juvenile justice system reporting prior physical or sexual abuse, at-risk girls were clearly in danger of becoming at-risk mothers. Evidence showed that teen mothers were twice as likely to abuse their children, and their sons were over three times as likely to end up in prison. The advisory group thus recommended an increase in gender-specific programming for girls.

Gender Specific Services for At Risk Girls was formed as a collaboration between the Commission on Children, Families & Community, and DCJ. The Commission had learned in a local Youth Assets Survey that of the 40 factors for healthy development, 16% of County youth had fewer than 10 assets, and these low-scoring youth were most likely to commit crime or exhibit at-risk behaviors. A Title V grant was received in 1999, and LPSCC served as an oversight body for this collaboration between DCJ and Portland Public Schools.

In 2000, LPSCC reviewed proposals for *Weed & Seed* funding to help coordinate approaches for at-risk youth. In 2003, Multnomah County I-TAX dollars offset some of the State's budget cuts to Juvenile Justice, restoring some juvenile crime prevention, diversion, and gang services.

Beginning in 2002, DCJ's Juvenile Services developed the Communities of Color Partnership in collaboration with State agencies and community providers, as a system of care for high-risk youth of color. This network of culturally competent agencies and treatment providers deliver services in culturally appropriate settings, with Self Enhancement, Inc. and the Latino Network serving as lead agencies. Youth receive educational and vocational services, counseling, mental health and addiction assessment and treatment, mentoring, and pro-social activities.

DCJ has developed a range of effective programs as alternatives to detention, including for diversion of youth to community placements: a Reception Center for homeless and other non-detainable youth, a community alternatives shelter care program, and a staff-secure shelter at the point of intake. Community detention can be offered as an alternative sanction, providing structured supervision in a culturally appropriate setting. Programs for youth offenders are now closely tied to youth needs and risk of re-offending, and include: a residential alcohol and drug abuse treatment program (RAD), increased alcohol and drug abuse and mental health services for youth, and a sex offender treatment program (SRTP). DCJ also updated case management policies to target youth risks and needs, and to bring consistency and objectivity to practices.

Challenges for At-Risk Youth

In the late 1990s, Multnomah County found that a safe system can also be a fair one for youth of color. In 1996, youth of color were a third more likely to be detained as were white youth, but between 1998 and 2002, all ethnicities were detained in Multnomah County at virtually identical rates. Since 2002, however, these gains have eroded, and DCJ has initiated work to examine causes and develop a new plan for action.

The range of graduated, alternative sanctions for juvenile probationers has been narrowed, with the 2005 closure of the day reporting center for skill building and supervision, and the juvenile forest camp. Fewer youth are now served in DCJ juvenile skill development and informal intervention programs.

Key community programs to serve youth diverted from juvenile justice – such as the children’s mental health system, the Student Attendance Initiative, and the Family Center system – have all sustained serious cutbacks or have had to be eliminated due to budget cuts. Lack of supportive community services for youth will likely affect the ability to keep youth from the justice system.

Results for At-Risk Youth

- **National Model** – DCJ has achieved stature as a national model for serving at-risk youth, providing conclusive evidence that public safety and juvenile accountability can be achieved without an over-reliance on secure detention.
- **Reduced Juvenile Crime** – This approach has reduced youth involvement in crime.
 - The overall juvenile crime in Multnomah County has steadily decreased from 5,391 criminal referrals in 1998 to 4,047 criminal referrals in 2005 – a reduction of 25%.
 - There were 61 referrals per 1,000 youth in 2004, compared to 84 per 1,000 in 1998.
 - The total number of unduplicated youth offenders has continued to decline from 3,664 youth in 1998 compared to 2,749 in 2005 – a reduction of 25%.
 - The number of recidivating youth has decreased 36% since 1998 – from 1,479 youth in 1998, compared to 952 youth in 2004.
 - The recidivism rate has also decline since 1998, to the lowest point of 35.5% in 2004.
- **Effective Programs** – The Washington State Institute for Public Policy found that select programs can reduce a juvenile’s recidivism rates by up to 15.9%. DCJ’s Juvenile Treatment Services includes a range of evidence-based programs: Multi-Systemic Therapy; Assessment and Treatment for Youth and Families, a Secure Residential Treatment Program (SRTP), and Residential Alcohol & Drug treatment (RAD).
- **Guiding Principles** – Over the past decade, DCJ has found the following principles to best guide results:
 - Putting youth in detention doesn’t deter them from committing future crimes. Rather, changing offender behavior is the most effective way to reduce crime.
 - Mixing low-risk youth with medium- and high-risk youth makes them more likely to commit new crimes. In general, the further a youth penetrates into the justice system, the more likely she/he is to return.
 - When an individual repeats the same misbehavior, it’s more effective to use the same consequence each time, rather than to escalate the consequence: a timely and consistent response is the key.

VIII. YOUTH GANG PREVENTION

“If they are to be successful, efforts to prevent, intervene with, or suppress gangs also must be systematic, sustained, and based on local knowledge and on research that is systematic and up to date.”

– J.F. Short, *Gangs in America*, cited in *Juvenile Justice Bulletin*⁵⁴

In the late 1980s and early 90s, gang violence was on the rise in Portland. Often linked with the sale of drugs, youth were actively recruited into gangs and provided with weapons. Gang violence peaked in Portland with an all time high of 3,646 shots fired within city limits in 1995.

The Gang Resource and Intervention Team (GRIT) was founded in the fall of 1988 as a response to gang violence in Northeast Portland. In 1990, the Office of Juvenile Justice and Delinquency and Prevention awarded GRIT a Demonstration Project grant, to fund a team of juvenile court counselors to provide intensive supervision to gang members placed on probation, provide skill groups to assist in behavior change, and work with law enforcement to decrease gang violence. (GRIT’s success can be seen in that services continue today, although with reduced funding.)

In 1993, Portland Mayor Vera Katz started the “Every Other Friday Gang Group,” which has continued in modified form to the present. By 1997, the Youth Gun Antiviolence Taskforce (YGAT) had been established in the Portland Police Bureau.

At the same time, LPSCC examined efforts to address and prevent youth violence, concluding that there was an immediate need for gang violence reduction strategies. With Juvenile Accountability Incentive Block Grant funds, the Youth Gang Antiviolence Task Force/“Strategic Approaches to Community Safety Initiative” (STACS) was formed in 1999 as a City/County collaborative. The goal was to develop a plan to link high-risk youth with services, crack down on illegal gun possession, and monitor hot spots.

Officials at all levels worked to obtain funding from the U.S. Department of Justice to develop an intervention plan, and in 2000, the STACS committee issued the *Portland Plan*.⁵⁵ (STACS federal funding later transitioned to *Project Safe Neighborhoods* funding, focused on guns and crime; see below.)

Gang violence decreased, with only 1,602 shots fired in 2000. But in 2001, trends in gang violence gradually increased again. In 2003, shots fired reached 2,005 for a 25% increase in two years, spread over almost every Portland precinct. Responding to growing concerns, Mayor Katz convened a *Roundtable on Gang Violence*, and local agencies recommitted themselves to action.

Early in 2004, the City of Portland released *The Community’s Response to Youth Violence: An Enforcement, Intervention & Prevention Plan for Greater Portland*. This paper reported progress on adopted goals to track youth gangs, reduce youth violence in neighborhood hot spots, disrupt the flow of illegal guns to juveniles, restructure services for youth awaiting trial or on supervision, and create opportunities for at-risk youth.

In early 2004, the Latino Gang Violence Prevention Task Force, chaired by Commissioner Serena Cruz, released the first draft of its report *Latino Youth Gang Violence in Multnomah*



VERA KATZ
Mayor
City of Portland

County: Understanding the Problem, Shaping the Future. The report highlighted the effect of gangs on Latino youth and made recommendations for: a central policy group to address gang issues; community collaboration to reduce gang involvement and violence; and specific improvements for schools, County, and public safety agencies.

In spring 2004, after a series of violent and highly publicized gang-related shootings, Department of Community Justice (DCJ) Director Joanne Fuller and Gresham Police Chief Carla Piluso convened two Youth Gang Strategies Steering Committees, one for Portland/Multnomah County and another for the Gresham/East County area, to design specific strategies to reduce gang involvement and violence.



JOANNE FULLER
Director
DCJ



CARLA PILUSO
Police Chief
City of Gresham

Partners used a public health model to examine the gang issue, allowing them to create a balanced approach among three areas: prevention, monitoring gang indicators, and taking rapid action to prevent outbreaks of violence. Based on this, the Healthy Communities framework was created.



Using this framework, priority recommendations were developed for each sector. *Healthy Communities: Youth Gang Prevention Strategies for Portland/Multnomah County*⁵⁶ and the companion report for *Gresham/East County*⁵⁷ were approved by LPSCC in September 2004. LPSCC held a staff appreciation event in 2005 to express the value of staff who worked on this.

Champions for Healthy Communities awards were made to recognize all of the leaders and the line workers who contribute to gang prevention and intervention.

Primary Recommendations: Healthy Communities Gang Prevention Strategies

- 1. Supportive, Coordinated Institutions**
 - Create a central policy group for gang-related issues County-wide, and across ethnic groups.
 - Develop standard gang definitions.
 - Develop multi-jurisdictional approaches to gangs.
 - Revitalize community collaboration on Latino gangs.
 - Provide training for a coordinated response.
 - 2. Capable Families**
 - Educate youth and parents of at-risk youth.
 - Link young children and their gang-involved families with the earliest possible intervention.
 - 3. Housing & Basic Needs**
 - Help gang-affected youth and their families access the services the families need.
 - Improve housing access and stability for those with a criminal record and their families.
 - 4. Available Employment**
 - Expand opportunities for high-risk to gain job experience and jobs.
 - 5. Success in School**
 - Improve school responses to troubling youth behaviors, limit suspensions/expulsions, reduce unsupervised youth.
 - 6. Youth Activities**
 - Increase activities that combine fun with learning.
 - Expand outreach to include more youth of color in activities, sports and recreation.
 - 7. Safe Neighborhoods**
 - Increase community involvement in finding solutions to youth gang violence.
 - 8. Gang Prevention and Intervention**
 - Coordinate outreach efforts to ensure services are targeted to the highest risk youth
 - Increase culturally-specific intervention services for Latino gang-affected youth, including culturally-specific residential treatment
 - Explore partnerships to enhance police effectiveness with gangs
 - 9. Alcohol, Drugs & Guns Intervention**
 - Increase culturally competent mental health and A&D services specifically for gang involved/affected youth.
 - 10. Law Enforcement and Prosecution**
 - Increase partnering among gang enforcement and law enforcement agencies.
 - Develop information sharing among agencies.
 - Add “cold case” detectives to investigate gang murders.
 - Focus on most influential gang members; prosecute or link with services to get them to leave the gang.
 - 11. Effective Supervision and Rehabilitation**
 - Find replacement funding for JBAG and PSN grants.
 - 12. Increase support for adjudicated youth**
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In 2006, Portland Police Chief Derrick Foxworth led a Gang Task Force for the region, in collaboration with the FBI and ATF (Alcohol, Tobacco and Firearms). *Stop the Violence* also began operating again with Project Safe Neighborhood funding. The East Metro Gang Enforcement Team (EMGET) received a State grant shared between the Gresham, Fairview, and Troutdale Police Departments, and the Sheriff’s Office. Also in 2006, a Gang Forum was hosted by County Chair Diane Linn and Portland Mayor Tom Potter to examine current issues related to gangs.

Federal Initiatives: STACS & Project Safe Neighborhoods

As LPSCC conducted a comprehensive planning effort in the late 1990s to address and prevent youth violence, it was recognized that an immediate gang violence reduction strategy was needed. Members at all levels worked to obtain funding from the US Department of Justice to develop an intervention plan, especially through Portland Mayor Vera Katz’s office and Portland Police Bureau’s Youth Gang Action Team (YGAT).⁵⁸ In 2000, the local *Strategic Approaches to Community Safety* (STACS) committee issued the *Portland Plan*, which served as a strategic document guiding local agency response. Originally operated out of U.S. Attorney Kris Olson’s office, the project transitioned to LPSCC when Peter Ozanne became Director. Created as a cross-jurisdictional youth gun violence reduction program, funding ended in 2000, although interest in this multi-jurisdictional approach has continued.



KARIN IMMERGUT
U.S. Attorney

By 2002, gun violence overall was dropping in Multnomah County, but gun violence in domestic violence was on the rise. At this time, *Project Safe Neighborhoods* (PSN) emerged as a major national funding source for a collaborative strategy to reduce gun violence in targeted communities. In 2003, U.S. Attorney Mike Mossman committed PSN funds to address three types of gun-related problems in Multnomah County: persons at high-risk for gun violence; domestic violence involving guns; and guns in hands of career criminals. Upon her appointment, U.S. Attorney Karin Immergut continued his work. PSN also funded *Stop the Violence* programs in the County. The U.S. Attorney’s office, the FBI, and ATF have recently participated in a new regional Gang Task Force, led by the Portland Police Bureau.

Challenges

Funding for prevention of youth involvement in gangs has been inconsistent. Both the Portland and the Gresham Gang Strategy Steering Committees reported a direct connection between funding and services for high-risk youth, and the number of youth who became involved with gangs. Intervention is critical to reducing the attractiveness of gangs to youth. Yet because youth are, by definition, an every-changing population, services are needed on a continual basis. Gang issues can be expected to be cyclical to match funding levels.

There has also been a loss of funding over recent years for schools, mental health, and addictions services. Funds were eliminated for the School Attendance Initiative, which dealt with truancy. Funding was reduced for general outreach and gang prevention, in order to increase the focus on higher risk youth.

Gangs are still very much present. Attorney General Hardy Meyers stated in his 2006 *Organized Crime in Oregon Report* that there are close to 3,000 gang members in the State, with 2,000 in the greater Portland metropolitan area. Gang influence has spread from major cities and is now prevalent in rural communities throughout the State.

East Multnomah Gang Enforcement Team (EMGET) officers currently document a total of 531 gang members; 309 of these are new in the past twelve months. There are currently 126 separate gang sets represented on EMGET's documented list. Portland Police reported 500 gang members in 2006, an increase from the previous year. However, gang violence overall is down – with 70 designated gang sets in the city, only 25 are active. Hispanic gang numbers are highest, but spread all over the city; Crips and Bloods member numbers are lower, but members are in one geographic area of the city and are still very violent.

A major demographic shift in the County, especially in East County, has resulted in large immigrant populations which are not yet fully integrated into the community, placing immigrant youth at high risk for gang affiliation.

Results

- **Services For Gang-Affiliated Youth** – These services have been reshaped by Department of Community Justice (DCJ), Department of County Human Services (DCHS), and the Office of Schools and Community Partnerships; new requests for proposals were issued to strengthen intensive case management for the highest risk youth.
- **Gang Resource and Intervention Team (GRIT)** – The GRIT team has been highly effective; 85% of GRIT offenders did not re-offend within the year after they completed probation supervision.
- **Services For Youth of Color** – Youth of color are suspended/expelled from schools throughout the County at a significantly higher rate than other students. GRIT has dedicated two part-time positions specifically assigned to help youth of color re-enroll and stay in school.
- **Gang Enforcement** – Gresham received a \$1.5 million State grant for East County police departments (Fairview, Gresham, Troutdale, and the County Sheriff) to partner on gang enforcement. This effort involves schools and community programs such as El Programa Hispano, Police Activities League, and the Weed & Seed Steering Committee. Funding continues through June 2007.
- **East County Programs** – In the past few years, other beneficial changes have occurred in East County. The Gresham Police Department opened a police office in Rockwood. El Programa added “safety promotores” with Project Safe Neighborhood funding. A new A&D treatment shelter was opened for Latino Youth, operated by El Programa and the nonprofit OCHA. Work Systems Inc. received a youth offender employment grant to develop successful pathways for kids.
- **Four-County Effort** – Federal FBI and DEA (Drug Enforcement Agency), in collaboration with local law enforcement agencies, are pursuing a four-county effort to examine the sources of funding for gangs, gang recruiting strategies, and ways to eventually reduce or eliminate gangs in the area.

IX. EMERGENCY PREPAREDNESS

“Emergency Management is core to public safety and includes making sure that our organization is trained and prepared to respond to any widespread emergency, is coordinated as part of any regional response, and that the community is informed and well-prepared for their role in any emergency response.”

– Multnomah County Chair Ted Wheeler⁵⁹

While emergency preparedness has always fallen within the vision of public safety, the terrorist attacks of September 11, 2001, brought this role into a sharper and more urgent focus.

In November 2001, the County introduced an Emergency Preparedness Initiative to: enhance the level of emergency awareness and preparedness; improve the ability to respond to any emergency or disaster; and better protect threatened employees, facilities, and the community. A leadership team was formed to develop an emergency preparedness action plan that would tie together the multiple roles of employee and citizen response teams, the Management Operations Group, and an Incident Management Center.

By December of 2001, LPSCC had arranged for a presentation on *Bioterrorism Intervention & Response*, with the goal of each representative on LPSCC understanding the roles of their own and other organizations, and strengthened cross-organizational efforts.

Mayor Vera Katz and Chair Dianne Linn presented new short-term goals for Emergency Preparedness in March 2002.

TABLE TOP EXERCISES

Mayor Katz led table top exercises at the City on earthquakes, “dirty bombs,” winter storms, and other natural and man-made disasters. The City, County, fire bureaus, police, sheriffs office, and other jurisdictions and departments participate in these simulations to better prepare and coordinate response and recovery.

In September 2002, the Citizens Crime Commission *Counter-Terrorism Task Force* released their report.⁶⁰ Members studied ways public and private sectors could better prepare for a terrorist attack or catastrophic event, and proposed an emergency preparedness plan including: gathering of intelligence to prevent attacks; mitigation to protect likely targets; emergency response by well-equipped and trained personnel; and remediation for recovery and continuation of services. The Crime Commission requested LPSCC take ongoing leadership of this effort.

Yearly since 2002, the U.S. Attorney’s office and FBI have provided updates to LPSCC on Homeland Security, changes in border protection agencies, and federal counter-terrorism efforts.

The Health Department, with Homeland Security Counter-Terrorism funding, conducted detailed bioterrorism planning. With a steering committee and broad public/private participation, they examined critical smallpox response activities, vaccination, surveillance, epidemiology, patient management, and isolation, and reported on this to LPSCC members.

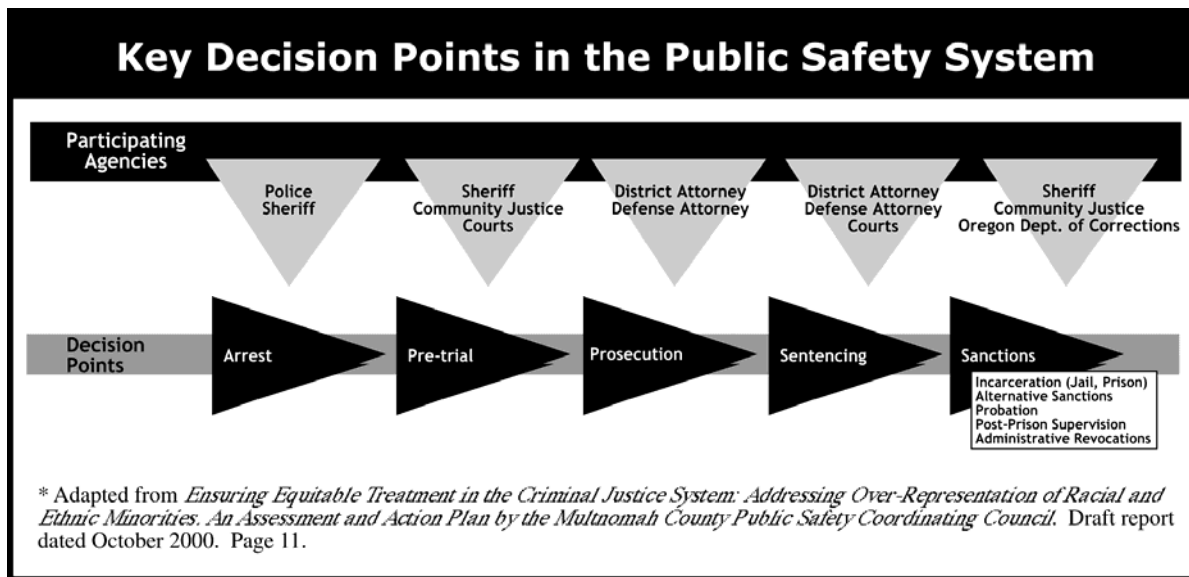
- Although much of this planning occurred within the first years after 9/11, this focus continues. In 2006, LPSCC received a report from Karin Immergut of the U.S. Attorney’s Office outlining: regional responsibilities in a terrorist attack or natural disaster; how to communicate; and what response can be expected. At the same meeting, the State Office of Emergency Management presented an outline of individual preparation before a disaster. LPSCC members reviewed City and County emergency teams and their individual organization’s responsibilities.

X. PUBLIC SAFETY PARTNERS

“Public safety is essential to our citizens. We must hold criminals accountable for their actions, prevent crime and reduce recidivism.”

– Governor Ted Kulongoski, 2005 ⁶¹

The “Public Safety System” is traditionally thought of as those agencies involved in operating the Criminal Justice System, dealing with offenders from the point of the crime or complaint onward. LPSCC members have worked collaboratively to improve the effectiveness of each point in this system, as well as the interfaces between the agencies involved.



Crime Levels

The original SB 1145 Action Plan from 1995 has served as a foundation for LPSCC’s work over the past decade. That plan covered how the Multnomah County public safety system would:

- Address responsibility for an expanded population of criminal offenders;
- Develop cost-effective crime prevention strategies for youth and adults; and

- Implement a rigorous system of self-evaluation to ensure funds are used to support programs that best reduce recidivism and promote public safety.

In part due to these local efforts, crime did drop significantly through the late 1990s. However, work for the public safety system did not decrease with this reduction. LPSCC’s Evaluation Committee made a presentation in 2000 titled, *If Crime is Dropping, Why Isn’t Our Workload?* Reasons were found to include: although arrest rates were stable, a rising County population increased the total number of arrests; lower person-to-person and property crime rates were offset by increased arrests for behavior crimes (especially drugs, trespass, and DUI); and jail beds were needed not only for arrests, but for non-compliant offender sanctions.

Thankfully, the trend of a dropping crime rate has continued, especially for violent crimes. Over the five years from 1999 to 2003, Part 1 person crimes (murder, rape, robbery, and aggravated assault) decreased in Portland from 12 to 8 per 1,000 population. Over these same years, Part 1 property crimes (burglary, larceny, motor vehicle theft, and arson) increased slightly, although drug house complaints were down.⁶² The Multnomah County Auditor found as recently as 2006 that overall, the County-wide crime rate had decreased slightly over the last five years.⁶³

Citizen perception of safety partly reflects this trend. City of Portland surveys – from 1999 to 2003 – of residents about their sense of safety found that citizens felt safe walking around during the day, a rate that remained steady at 88% each year, while those comfortable outdoors at night actually increased from 48% to 59%.⁶⁴ The County Auditor found in 2005 that, while feelings of safety during the day were high County-wide, feelings of safety at night declined over five years in all districts except West Portland, and especially in mid-County.⁶⁵

In May 2005, Multnomah County Auditor Suzanne Flynn released her assessment of the public safety system, *Public Safety Service Efforts and Accomplishments*.⁶⁶ Progress over the past five years included: the County-wide crime rate had decreased; few people were touched by violent crime; the average number of jail beds and daily jail population had both decreased; 14% fewer offenders were supervised per month at the end of the period; the recidivism rate for adult offenders declined for both probation and post-prison supervision; and spending remained fairly stable, although public-safety staffing had decreased.

Public Health & Public Safety



LILLIAN SHIRLEY
 Director
 Multnomah
 County Public
 Health

The County Health Department has been a key participant in LPSCC over the entire decade. One area of focus has been on domestic violence. In 2000, Public Health Officer Dr. Gary Oxman presented a *Follow-Up on Domestic Violence: the Public Health Approach*. The Health Department has also been deeply involved in issues of mental health and substance abuse among those incarcerated in jail, due in part to their role in operating Corrections Health Services.

In 2004, LPSCC’s annual conference on *Public Health and Public Safety: Perception and Reality* focused on community wellness and evidence-based practices. Governor John Kitzhaber, M.D. presented, along with Benjamin DeHaan of the Criminal Justice Policy Research Institute, Claudia Black with

Children of Incarcerated Parents, State Epidemiologist Dr. Melvin Kohn, and Lillian Shirley, Director of the Multnomah County Public Health Department.

Health Department staff, especially those from Corrections Health, were instrumental in conducting LPSCC's 2005 *Study of People with Mental Illness in the Criminal Justice System*. In 2006, County Health Department Director Lillian Shirley convened a task force focused on implementing this study; the task force recommended a specific sequence of strategies for *Reducing Criminalization of People with Serious Mental Illness*.⁶⁷

Public Health participation on LPSCC has helped members view crime and public safety through the lens of public health, examining the fact that although crime can't be eliminated, it can be managed, and that a good system monitors the level of crime and takes rapid action to contain any outbreaks, a model that is useful in thinking about cyclical crime, such as gangs.

Sheriff's Office

Historically, jails have been operated by county sheriffs, who managed the flow of large numbers of individuals arrested, held until trial, convicted of misdemeanors, or held related to probation. State prisons generally dealt with imprisonment of convicted felons for their sentences. With the passage of Ballot Measure 11 in November 1994, and Senate Bill 1145, this balance changed.

Ballot Measure 11 mandated minimum sentences for serious violent crimes. Oregon started prison construction for the anticipated growth and also passed Senate Bill 1145, delegating responsibility for felony offenders with sentences of a year or less to the counties. As a result of these two actions, pressure on both jail and prison systems has grown.

Under Sheriff Dan Noelle's leadership, Multnomah County made plans to add more than 700 jail beds and end the early release of prisoners. This included double-bunking at the Detention Center, and expanded use of both the Inverness Jail and the downtown Restitution Center. Beginning in 1996, Sheriff Noelle led a community effort to site and build a new 550-bed County jail. The Wapato Corrections Facility, scheduled to open in late 2003, included a treatment facility for drug- and alcohol-afflicted inmates. However, given budget cuts, Wapato has never opened.



DAN NOELLE
Sheriff
Multnomah
County

The Emergency Population Release plan was therefore developed and modified over the years, with a "matrix" scoring system, developed to release the least dangerous prisoners when too many individuals are booked into jail.

Using DSS-J, LPSCC supported the Sheriff's office development of a *Jail Snapshot* report in 2001. This report provided an overview of bookings, length of stay, average daily populations, and emergency releases, and allowed tracking of monthly statistics over time. In 2002, the booking policy was modified to reduce jail bookings for most Class C felony property crimes (e.g., motor vehicle theft, burglary II, attempted delivery of a controlled substance) and many drug crimes, and officers switched to writing more citations rather than bringing offenders to jail.

By 2003, DSS-J finished implementation of the *Jail Custody Snapshot* as a regular report, and was in the final stages of testing Cohort Tracking of inmates.

Matrix releases continued to increase. In 2005, there were 194 occurrences of emergency release of prisoners, a 15% increase over the prior year, and the number of offenders released was 4,520, a 33% increase from 2004.

In January 2005, LPSCC's *Jail Capacity Management Plan Review* summarized the effect of matrixing on crime trends. Matrix releases occurred primarily for those accused of property crimes (33%, mostly theft, burglary and unauthorized use of a motor vehicle), drug crimes (32%), traffic crimes (18%), and behavioral crimes (16%); few (<1%) were accused of person-to-person-crime. Yet statistics showed that burglary, robbery, aggravated assault, theft and auto theft were increasing. Sheriff Bernie Guisto cited the rise in methamphetamine use as one cause for the increase in crime, along with the lack of ability to house offenders at the jail.



BERNIE GUISTO
Sheriff
Multnomah
County

The long-term impact of Measure 11 on the State has also been significant. One way to measure this is by the number of *additional* prison beds needed due to the law's passage. By April 2006, an additional 2,431 prison beds were housing inmates with lengthened Measure 11 sentences, and another 1,011 beds used for offenders convicted of related crimes who also serve lengthened sentences. Since the numbers of intakes into prisons has steadily decreased, these 3,443 additional prison beds statewide can be seen as the direct result of the increased length of sentences.⁶⁸

As of 2006, jail space remains a major issue. The 525 beds at Wapato remain unfunded. The Correctional Institute in Troutdale and the Work Release Center were closed in 2005. Matrix released of offenders from Multnomah County jails has continued to occur due to lack of beds.

Courts

The Criminal Justice Advisory Committee (CJAC) is a LPSCC working group, which also meets a statutory requirement. Formed by a merger with LPSCC's Court Work Group, CJAC deals with issues which involve Judges, the defense bar, the Department of Community Justice, the Sheriff, and the District Attorney's Office.

In 2003, DSS-J started working on a Sentencing Support system, to provide judges with a calculus of the benefit and costs of varying sentences.



DALE KOCH
Presiding Judge

JIM ELLIS
Presiding Judge

JULIE FRANTZ
Chief Criminal
Court Judge

Specialized courts have been developed for targeted offenders, including the Drug Court, Community Court, and Domestic Violence Court. Specialized courts have a goal of improving outcomes for defendants, rather than imposing punishment for low-level crimes. With experienced judges and access to County social services staff, misdemeanor defendants with a mental illness, an addiction, or domestic violence charge can be referred into treatment rather than jail.

Failure to appear for court hearings creates a significant drain on criminal justice system resources, and places defendants at risk of heightened sanctions. The Court Appearance Notification System (CANS) was established by a team of LPSCC partners in 2005 to telephone defendants prior to their court date and remind them of their hearing. The failure-to-appear rate was reduced overall by approximately 37%, and those who successfully received calls had a 45% reduction, resulting in a net cost-avoidance to the criminal justice system of as much as \$264,000 in just a half-year of operation. This program, with its pilot cost of \$40,000 a year, is proving both effective and cost beneficial.

Community Corrections

With overcrowding or matrixed releases as a constant pressure on the jail system, there has been significant attention on the issue of pre-trial release, the decision about when an individual should be held for trial, versus when they could be released.

In 2001, consultant David Bennett provided LPSCC with recommendations for increasing pre-trial release efficiency, including to: consolidate Jail Intake, PSRP, and Close Street Supervision to speed up review of inmates; release all appropriate defendants; expedite release; and reduce failure-to-appear rates by court date notification and electronic monitoring.⁶⁹

In 2001, the Court Work Group merged with the Criminal Justice Advisory Committee (CJAC). A major focus for the merged group during the year was a comprehensive review of the County's pre-trial and early release policies and procedures, including release on the offender's own recognizance ("Recog"). In 2002, the group started development of a risk score sheet for adult pre-trial release; by 2003, this pre-trial instrument and criteria were being used to help determine who would be released versus coming before a judge. The group began to explore solutions to reduce failure-to-appear, such as an automatic reminder system.

In 2003, Joanne Fuller presented the updated *Community Corrections Plan* for LPSCC, incorporating adjustments and cuts resulting from State and local budget rebalancing, as well as restorations through community corrections funds and the I-TAX. The plan highlighted commitments to collaboration and to best practices, including: the focus on medium- and high-risk offenders; enhanced alcohol and drug treatment capacity; enhanced restitution services; and enhancements to the continuum of housing options for offenders.

At the end of 2004, a flowchart was developed on fourteen possible *Jail Release Points in Domestic Violence Cases*. In 2005, a Pre-Adjudication Release Work Group was formed to examine the points at which domestic violence offenders could be released, and recommend ways to increase victim safety.

**DEPARTMENT OF COMMUNITY JUSTICE
Executive Directors**



ELYSE CLAWSON JOANNE FULLER STEVE LIDAY

Recently, DCJ developed a Violence Triage Tool to assess the risk of future violence by offenders on supervision.⁷⁰ Although existing assessments predicted the general risk to re-offend fairly well, they did not predict risk of a future act of violence. With funding from the National Institute of Corrections, DCJ reviewed over 500 cases to find predictors most highly correlated with violence. For male offenders the three top predictors were: prior acts of severe violence, acts of domestic violence, and an unstable lifestyle (housing, employment, relationships). The predictors for females included two shared factors – severe violence and unstable lifestyle – but added minor violence (animal abuse, child neglect), or non-compliance on probation and parole. DCJ is now using this objective score to assist with decisions about clinical evaluation, treatment and supervision, and collecting information about outcomes for further refinement.

District Attorney's Office

Multnomah County District Attorney Mike Schrunk was an original LPSCC member and has been a consistent leader for collaboration among public safety partners.



MICHAEL SCHRUNK
District Attorney
Multnomah
County

The District Attorney's Office has implemented nationally recognized programs, such as establishing community prosecutors to work with the community to provide important solutions for quality-of-life crimes. They have collaborated on major local initiatives, including: one of the first nationally recognized drug courts, one of the first nationally recognized community courts, participation in creation of a Domestic Violence court to expedite cases, and initiation of project Clean Slate, which helped people with warrants and other problems clean up their records

A champion of consistent data and data analysis from the beginning, Mike Schrunk chaired the LPSCC Data Standards Committee, which established the need for a data warehouse and led to the establishment of the Decision Support System-Justice (DSS-J) to assure that all criminal justice agencies have access to the same statistical data. The DA's office was also active in developing the Criminal Justice Information System (CJIS), which will integrate information between the various law enforcement agencies and the courts.

In 2000, District Attorney Mike Schrunk was Co-Chair of a Task Force examining Racial Over-Representation in the Criminal Justice System. He has led efforts to improve services for persons with mental illness in the criminal justice system, both locally and statewide through Partners in Crisis. The DA and committed Deputies have continued to set a high priority on crimes of violence and gun cases, worked with partners trying to reduce gang activity, supported the Youth Gun Anti-Violence Task Force, and been involved with programs to get guns off the street.

Metropolitan Public Defender

As a key partner in the Multnomah County public safety system, the Metropolitan Public Defender (MPD) handles approximately 60 percent of the adult criminal caseload, a substantial percent of the juvenile caseload, and civil commitments. Formed in 1971 to provide constitutional and appropriate public defense services and serve as spokesperson for public defense services, this private non-profit organization receives funding from the State's Public Defense Services Commission, a branch of the Judicial Department.

The Executive Director of MPD, Jim Hennings, is an original member of LPSCC and has worked with LPSCC on the goal of improving public safety through an effective and efficient criminal justice system.



JIM HENNINGS
Executive Director
Metropolitan
Public Defender

MPD has been active in LPSCC efforts to provide for better public safety. This includes work with the courts in crafting alternatives to incarceration to remove its clients from the criminal life, and with presiding judges, district attorneys, sheriffs, city police and probation departments to improve the processing of the court system. Executive Director Jim Hennings was deeply involved in the allocation of technology bond funds to projects, including the Decision Support System–Justice (DSS-J), access by the defense bar to the sheriff's SWIS computer system to reduce demands on the sheriff's staff for client information, and the creation of a video phone system to the jails to reduce the demands on jail visitation time.

Other LPSCC projects with active MPD staff involvement include the study on Racial Over-representation in the Criminal Justice System, the Casey Foundation Study on the Juvenile Justice System, the on-going study of the pre-trial release system, and assistance on studies of the drug courts to determine their effectiveness.

MPD participated in creation of the following programs: the Criminal Justice Advisory Council (CJAC); the original Community Court in Northeast Portland and a second Community Court in Southeast Portland; the drug treatment court (STOP), the third of its kind in the nation; and the Domestic Violence Court. Staff have worked on improving courthouse security, developing Judge Marcus's smart sentencing project, the client notification system, and the Court Appearance and Notification System (CANS).

Law Enforcement

City police are crucial public safety partners, and their presence at the LPSCC table has been an important part of LPSCC's success. The Chiefs of both the Portland Police Bureau and Gresham

Police Department have been active members of the LPSCC Executive Committee, including current Portland Police Chief Rosie Sizer and Gresham Police Chief Carla Piluso.

The Portland Police Bureau (PPB) embraces a mission and values that complement and reflect both LPSCC’s collaborative work and the creation of a safe, productive and violence free community. Core values are building better relationships between the Police Bureau and the community, organizing resources to achieve maximum impact by focusing on chronic offenders, and by active follow-through to locations with repeat calls for services or community complaints.



CARLA PILUSO
Police Chief
City of Gresham

The Gresham Police Department (GPD) has been an anchor for East County law enforcement activity, including representing involvement of the smaller Troutdale and Fairview Police Departments, coordinating with the Sheriff’s Office for unincorporated areas, and leading or promoting interagency collaborations focused on East County issues. Their mission focuses on providing police services that involve the community in problem solving, evidenced by ongoing collaborations with criminal justice partners and community non-profits, such as El Programa Hispano and Rockwood Weed and Seed.

Both police agencies, along with the Sheriff’s Office, actively participate in regional teams, including Gang Enforcement teams, the multi-agency Vehicular Crimes Team, the Regional Organized Crime and Narcotics taskforce (ROCN), the Multnomah County Special Investigations Unit (SIU), the Multnomah County Multi-disciplinary Child Abuse Team (CAT), and the multi-agency Major Crimes Team (MCT). There regional teams have been highly effective in addressing crime that cross jurisdictional boundaries or require enhanced resources.

The performance of each police officer is a crucial part of the public safety system, and the leadership of each Chief is vital in providing direction, mentorship and support. Police officers are consistently encouraged to develop community partnerships, engage others in problem solving, and spend time interacting with youth in programs throughout each city. As an example, Portland officers participate in youth forums in Alternative Schools, offering at-risk youth the opportunity for honest dialogue with police officers in a place of safety. Portland officers also assist parole and probation by visiting high-risk offenders (many of them sex offenders) in a “getting to know you” manner to improve neighborhood safety.

**CITY OF PORTLAND
Police Chiefs**



CHARLES MOOSE



MARK KROEKER



DERRICK FOXWORTH



ROSANNE SIZER

The Portland Police Bureau has also developed partnerships with members of the emergency medical system including County Health, ER doctors, Multnomah County Corrections and Corrections Health, and ambulance services, resulting in new procedures to better ensure the best medical decisions are made, and in the most timely manner. Every street officer and sergeant is being provided with Crisis Intervention Team training to improve response to persons with mental illness. Relationships with the Independent Police Review Division and the Citizen's Review Committee have identified additional ways to improve service to the community.

Both departments work to ensure that unconscious racial bias does not factor into law enforcement decisions. For example, Gresham Police have taken a leadership role in the low-income and increasingly diverse Rockwood neighborhood, opening a satellite office and supporting community activities to improve neighborhood livability.

Through active involvement in LPSCC, the Portland and Gresham Police Chiefs continually communicate the values, mission, and projects of their agencies to improve system-wide understanding and cooperation, resulting in improved public safety within our community.

XI. SYSTEM-WIDE FISCAL IMPACT

“The conventional approach to budgeting is fundamentally flawed, because it focuses entirely on what we must cut, while ignoring what we keep.... [Instead] Budgeting for Outcomes focuses attention squarely on the need to buy better results – and deliver higher-value government – with the revenue that's available.”

– David Osborne and Peter Hutchinson, *Blueprint Magazine*, May 7, 2004⁷¹

On March 1, 2003, *The Oregonian* described the State of Oregon's meager funding for justice programs as having turned the system into an “injustice system.”

Between major statewide budget cuts at the end of 2002 and the defeat of a tax proposal (Measure 28), courts in Oregon ran out of money. Oregon Supreme Court Chief Justice Wally Carson, in responding to this crisis, designated case-type priorities for reduced operations. Courts were reduced from five to four days a week, indigent defense attorneys were not available for property felony cases, and deep cuts were made in the Oregon State Police forensics department. The greatest local impact was in Multnomah County where, as an example, one defendant charged with 42 counts of felony identity theft was released to await arraignment in July.

LPSCC Chair Lisa Naito voiced concern that the lack of sanctions for non-person misdemeanors and selected felonies would have a grave impact on stores, banks, restaurants, and other businesses, as well as on neighborhood livability. District Attorney Mike Schrunck's petition to the Oregon Supreme Court, asking that judges be ordered to perform arraignments as usual, instead of postponing some until July 1 because of statewide budget cuts, was denied.

Earlier, severe cuts to social service programs had been made. Residents of drug and alcohol-free affordable housing lost outpatient treatment services critical to staying clean and sober. Russian-speaking immigrants lost culturally-specific mental health services. Medically Needy HIV

patients lost the financial assistance to purchase medications. Cascadia Behavioral Healthcare, serving 80% of adults seeking mental health and addictions treatment through the Oregon Health Plan, projected closure of ten sites in Multnomah County.

Measure 28, a referral to voters of an income tax surcharge to support programs cut in the 2003 Legislative Session, lost in a February Special Election statewide, but received a majority of votes cast in Multnomah County. County Commissioner Lisa Naito, recognizing that the County simply couldn't sit idly by and refuse to care for public safety, schools, and vulnerable citizens, proposed a County income tax.

In 2004, the special County-wide income tax, known as the "I-Tax", was passed. But the new funds could not cover all services.

EFFECT OF BUDGET CUTS ON CRIME RATES

"With the closure of the Restitution Center, closure of the Interchange Program, reduced access to the Day Reporting Center, fewer jail beds, lack of attorneys for indigent defendants, and fewer resources available for mental health and substance abuse treatment, many sentencing options have been eliminated. Because these options have a demonstrated impact on reducing recidivism, it is expected that elimination of these options will have an adverse impact on the level of criminal behavior in our community."

— Presiding Judge Dale Koch, 2004 Budget Discussions

In response to this crisis in funding for the public safety system, Multnomah County's core justice programs designed the Streams of Offenders approach, coordinating a focus among jurisdictions and agencies on the most dangerous offenders. After passage and funding of the I-Tax, and the resumption of indigent defense and Court scheduling, the impacts on public safety, which had been anticipated as dire, were more manageable with replacement funds in place.

The I-Tax maintained some continuity for County Health Human Services and Public Safety Programs. However, State reductions continued. The property tax cap of Ballot Measure 5 resulted in a structural deficit to the County budget. County revenues increase at a capped 3% for property taxes, while personnel costs, primarily for health care, energy and other costs rose at higher rates. This structural deficit to the County is \$4 to \$6 million per year.

During the period the I-Tax was in place, rigorous work was done by all County departments to prioritize services to those in highest needs and determine the most effective service models. This work has served as groundwork for preparation of future budgets – often at flat or reduced levels – by most public safety and health and human service partners. It is remarkable that the Public Safety system has managed to stay in balance, and that the system-wide cooperation and coordination which has become not just a good idea, but a necessity, has played a key role in maintaining balance and effectiveness through a sustained period of budget shortfalls.

City Commissioner Sam Adams championed a joint City of Portland and Multnomah County budgeting process. Results of these discussions included City funding for Project 57 to purchase 57 jail beds, dedicated to repeat offenders in the City core. The City also purchased treatment services from Multnomah County for these offenders in this successful collaboration.

CONCLUSION

The founding vision of the Local Public Safety Coordinating Council of Multnomah County was that an integrated network of citizens and community institutions would partner to improve crime prevention, law enforcement, corrections, and community services – creating a high quality of life, a thriving, vital, and productive community, and a shared sense of community responsibility, accountability, and fairness.

This historical perspective on the past ten years has detailed how LPSCC has gone about working toward that goal. It is anticipated that the same three factors that served as the foundation for this decade of progress will continue to be needed for the future.

- **Leadership** – According to the United States Department of Justice, leadership is an essential feature of a successful public safety council. The leader “must be able to motivate and inspire people to commit their time and effort to the program and participate as equals around the table, despite real or perceived differences between members in power and status.” A chair must have the respect of the group, run a “tight and fair” meeting, and assure that everyone has their say.⁷²

The LPSCC Chair and members will continue to face challenges to integrate systems and sustain effective services with adequate funding. New funding must be targeted for the most effective practices and services with the best outcomes.

- **Collaboration** – Bringing leaders together to work on the longitudinal issues of public safety in the community has gradually brought more understanding of these issues. Leaders learn how to better deal with challenges in a system-wide approach. The ability to collaborate with one another as a public safety system focuses attention and energy towards working together on LPSCC’s fundamental mission: *To reduce the chances that innocent Oregonians will become victims of crime.*
- **Planning** – Multnomah County’s system has benefited greatly from the experience and expertise of all LPSCC members and participants. As leaders continue to work together in building and improving the local public safety system, it is hoped that this report will assist in clarifying past efforts and accomplishments, and will help in the ongoing effort to make our community safer and more productive.



Local Public Safety Coordinating Council of Multnomah County – 10 Year Report

APPENDICES

APPENDIX A: LPSCC MEMBERSHIP

APPENDIX B: ENDNOTES



Local Public Safety Coordinating Council of Multnomah County – 10 Year Report

APPENDIX A: LPSCC MEMBERSHIP

LPSCC Council Members December 31, 1999

Mike	Balter	State Director, boys and Girls Aid Society
Charles	Becker	Mayor, City of Gresham
Lynnae	Berg	Portland Police Interim Chief
Arwen	Bird	Survivors of Crime
Elyse	Clawson	Director, Multnomah County Department of Community Justice
Jim	Ellis	Presiding Circuit Court Judge, Multnomah County
Linda	Erwin	MD, Trauma Surgeon, Emanuel Hospital
Bill	Feyerherm	Vice Provost and Dean, Portland State University
Bernie	Guisto	Gresham Police Chief
Judy	Hadley	Public Member
Jim	Hennings	Executive Director, Metropolitan Public Defenders
Linda	Jaramillo	Multnomah County Violence Prevention Coordinator
Robert	Jester	Area Coordinator, Oregon Youth Authority
Vera	Katz	Mayor, City of Portland
Sharron	Kelley	Multnomah County Commissioner
Judy-Ellen	Low	Public Member
Carol	Matarazzo	Assistant Superintendent, Portland Public Schools
Ray	Mathis	Executive Director, Citizens Crime Commission
Sharon	McCormack	Crime Prevention Officer, Office of Neighborhood Associations
Dan	Noelle	Sheriff, Multnomah County
Kris	Olson	United States Attorney, District of Oregon
Gary	Oxman	MD, MPH, Multnomah County Public Health Officer
Lorenzo	Poe	Director, Multnomah County Department of Community and Family Services
Chiquita	Rollins	Domestic Violence Prevention Director for Multnomah County
Dan	Saltzman	Portland City Commissioner
Edward	Schmitt	Multnomah Education Service District Superintendent
Michael	Schrunk	Multnomah County District Attorney
Beverly	Stein	Multnomah County Chair and Chair, LPSCC Council
Anne	Sweet	Public Member
Ingrid	Swenson	Metropolitan Public Defender
Mike	White	Lieutenant, Oregon State Police

LPSCC Executive Committee Membership on December 31, 2006

Sam	Adams	Portland City Commissioner
Karl	Brimner	Mental Health Director, Multnomah County
Serena	Cruz	Multnomah County Commissioner
Julie	Frantz	Chief Criminal Court Judge, Multnomah County
Joanne	Fuller	Director, Multnomah County Department of Community Justice
Bernie	Guisto	Sheriff, Multnomah County
Judy	Hadley	Public Member
Deborah	Hanson	Oregon Youth Authority
Jim	Hennings	Executive Director, Metropolitan Public Defenders
Karin	Immergut	United States Attorney, District of Oregon
Dale	Koch	Presiding Circuit Court Judge, Multnomah County
Diane	Linn	Multnomah County Chair
Maggie	Miller	Executive Director, Citizens Crime Commission
Lisa	Naito	Multnomah County Commissioner and LPSCC Chair
Carla	Piluso	Gresham Police Chief
Tom	Potter	Mayor, City of Portland
Chiquita	Rollins	Domestic Violence Prevention Director for Multnomah County
Edward	Schmitt	Multnomah Education Service District Superintendent
Michael	Schrunk	Multnomah County District Attorney
Lillian	Shirley	Director, Multnomah County Health Department
Rosie	Sizer	Portland Police Chief
Ted	Wheeler	Multnomah County Chair-Elect



Local Public Safety Coordinating Council of Multnomah County – 10 Year Report

APPENDIX B: ENDNOTES

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