

March 19, 2014

The State School Funding Task Force

Dear Members:

I represent Morrison and Child and Family Services, one of the largest mental health providers in the state. We have four long term care and treatment programs, three of which have educational services provided through Portland Public Schools DARTS' programs and one through Multnomah Educational Services District. One of the unique characteristics of long term care and treatment is that mental health treatment and educational services are woven together to provide a comprehensive approach to helping children overcome adversity without sacrificing their academic potential.

Every day Morrison Long Term Care and Treatment programs serve 83 children with the following characteristics:

3-9 year old victims of severe physical, sexual and emotional abuse;
Recovering drug addicted youth 13 – 18 who have an average of 15 adjudications;
Sexually acting out adolescents ages 13-18; and,
Secure treatment facility serving young women with backgrounds of extreme abuse, neglect and substance abuse. All of these children are OHP recipients and the programs are funded through Department of Human Services Child Welfare and the Oregon Youth Authority. Although we are primarily located in the tri-county area we serve children from all over the state.

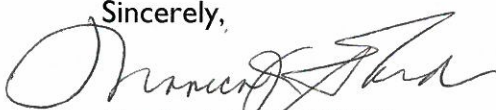
All of these children have diagnoses of primary mental health issues such as Post Traumatic Stress Disorder, Depression, Oppositional Defiant Disorder, Attachment Disorder and Conduct Disorder. Most come from splintered families who are struggling with lack of housing, lack of jobs and experience poverty and food insecurity, on a daily basis.

Unfortunately the educational funding formula to provide these educational services is arbitrary, inequitable and wholly inadequate. It is not cost-based and bears little resemblance to the overall K-12 funding model. With Legislative action **99% of children** in Oregon will see their education spending increased by almost 14% in a single biennium, while the other 1% in Long Term Care and Treatment, who are disproportionately children of color and poverty, watch from the sidelines with barely a 1% increase in overall funding (and in reality, many actually saw their funding decrease because of an administrative "holdback" by the Department.

Please Consider:

Moving these children into the State School Funding formula to more closely mirror the education funding formulas already in place under the State School Fund (how funds are distributed to school districts) and establishing appropriate funding closer to the costs of providing services (change the weighted funding from 2x to 3x).

Sincerely,



Monica J. Ford, LMSW
Director of Clinical Operations
MORRISON CHILD AND FAMILY SERVICES