

## Unexpected revenue could be used to fix struggling services

*Alison McIntosh is a policy manager with Neighborhood Partnerships, a member of the statewide Housing Alliance.*

**BY ALISON MCINTOSH**  
CONTRIBUTING COLUMNIST

We are now well past the halfway point of the Oregon Legislative Session. These final six weeks will be primarily focused on budgets and a few outstanding policy items. On Thursday, May 16, the Legislature received the final revenue forecast of the session. This is the last piece of information that Legislators need to make budget decisions – the revenue forecast gives them the official amount of revenue that will be available to balance the budget for the next two years.

The news on Thursday was good – the Legislature has just over \$270 million in additional revenue that they weren't expecting to have. So, what does this mean?

Everything gets talked about in the context of the current proposal from the Co-Chairs of the Legislature's budget writing committee, the Ways and Means Committee. Senator Devlin and Representative Buckley's budget proposal assumes a few things: it assumes some savings from changes to the Public Employee Retirement System (PERS) which have already been approved by the Legislature; it assumes the Legislature will find \$275 million in new revenue by cutting tax credits or raising existing taxes; and it assumes \$135 million in additional cuts to

health and human services, which have already been cut dramatically since the recession started.

The new revenue could mean a range of things, good and bad. The good news is that it is likely that there aren't more severe cuts to the programs Oregonians with low incomes depend on to help them meet basic needs. The bad news is that it doesn't necessarily mean the proposed \$135 million in cuts won't take effect, or that new money will be reinvested in critical services.

We know that too many of our neighbors and families here in Oregon are struggling, and the systems and structures that help us find the assistance we need when times are tough are stretched to the limit. We also know that the critical and life saving services provided by the Department of Human Services, Oregon Health Authority, and Oregon Housing and Community Services aren't meeting the needs in our communities. The budget cuts of the past three years have meant that too few Oregonians are getting the basic services they need including: emergency rent assistance to prevent or end someone's homelessness, domestic violence shelters to help women seeking safety from violence, and child care or transportation to help a family receiving temporary assistance look for work.

Here in Oregon, we have worked hard to come together and to build the communities and public systems that sustain us. As a community and as a state, we can make choices that reflect our priorities. We can live in a state where everyone has access to opportunity, and a decent, stable and affordable place to call home. We can live in a state where families and neighbors are supported in times of crisis.

So let's choose that future together. If you believe, as we do, that as a state we're better and stronger when everyone has a place to call home, then take a few minutes to do something about it – call your Legislator and ask them to reinvest in the critical services that help meet people's basic needs and let them know how important it is to you that we come together as a community to take care of each other. Now is the time for us to lift our voices together, and let our elected representatives know that we want more for the people in our state. Ask them to reinvest in opportunity. Ask them to reinvest in the programs that help meet people's basic needs – like the Emergency Housing Account and the State Homeless Assistance program, or Temporary Assistance for Needy Families. Ask them to reinvest in our state and the people that make this place great.

## Needle exchange funding saves lives, creates impact

**BY THOMAS D. ASCHENBRENER**  
CONTRIBUTING COLUMNIST

Twenty-four years ago Outside In opened one of the first syringe exchange programs in the nation. We did so to help prevent HIV infection among injection drug users. Today, we're exchanging nearly 600,000 syringes annually.

We started the program to save lives. But the program has other significant impacts:

- It prevents accidental needle sticks, perhaps by children who find a syringe in a park.
- By keeping people healthy, it eliminates the need for costly treatment.
- It works to get people off drugs and into treatment when they are ready to make this change.

A syringe exchange works the same way Oregon's bottle bill works: Portland's parks and streets are clean of discarded bottles and cans, unlike streets in many other cities. We all understand that Oregon's famous bottle bill is the principal reason for our clean streets and are proud of that. Syringe exchange serves the same function to keep our streets and parks clean of discarded syringes. Since the program began we have collected and safely disposed of over 10 million syringes. If we close our syringe exchanges, the people of Portland will find needles on our streets, in our parks where our children and adults should expect to be safe, and in the public waste bins where our workers can be harmed.

As a grandfather with an energetic 2-year-old grandson who loves to run wild in Sellwood Park; as a condo owner and dog walker who uses Washington Park and Forest Park as my yard; and as an engaged Portland citizen, I know how horrified I am on those rare occasions these days when I do find a discarded needle in the bushes or on the sidewalk. I do not want that to become a daily occurrence.

For more than 20 years, the program has been supported by both Multnomah County and the City of Portland. For the County, syringe exchange is an important component of their public health response to HIV and Hepatitis C infection among drug users. For the city, the program provides an important public safety function for the community. For both, it is a point of entry for some of our citizens to find health services and addiction counseling.

This year the funding for this program was eliminated from the Mayor's budget. However, the Mayor advocated with the county for this service, and the County Chair agreed to fully fund the program. Thank you Mayor Hales and Chair Cogen for ensuring this program continues. Thank you Commissioners Fritz and Novick for your strong advocacy for this service.

*Thomas D. Aschenbrener is a board member for Outside In, which provides health services for homeless youth and other marginalized people.*



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