



## TriMet

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day. Monthly passes would cost \$100 for adults, \$30 for youth and \$26 for honored citizens.

McFarlane says the fare increases are needed to avoid further reductions to services, which have been cut for the last four years. An online survey completed by 4,800 people supported fare increases and was strongly against service cuts.

"I was surprised about the resistance to cutting any more services and how uniform that was," said McFarlane. "I think there is a sense that after the last four years of service cuts we have cut through the fat and now we are into muscle and possibly hitting bone."

Still, some service reductions are part of the proposed mix. TriMet is looking at consolidating routes in Northwest and Northeast Portland and in Beaverton. Some riders who can now complete their trip on one bus could have to transfer. It's also looking at cutting some trips on 26 bus lines, including cutting Saturday service on three lines. The agency also is proposing cutting some MAX line train trips during low ridership hours.

### The \$17 Million shortfall

Why is the agency facing the \$17 million shortfall? TriMet's budget woes are in part due to the recession, which has reduced agency revenue from payroll taxes, and other state sources. Facing a \$60 million shortfall, TriMet already has made deep cuts. Management wages have been frozen for the last four years. The agency reduced its workforce by 200 people. Federal stimulus money of \$14 million cushioned the blow. This year, however, federal funding is projected to drop by \$4 million.

Yet, according to McFarlane, the biggest factor is the rising cost of employee healthcare benefits. Negotiated through a contract with the Transportation workers union, ATU, the average cost for employee healthcare is now \$21,836 and rising. Employees who work at TriMet for 10 years or more continue to receive healthcare benefits after retirement.

Union advocates say the benefits are part of their pay package and were fairly negotiated. Management says the benefits, which provide services with few or no co-pays, are unrealistic in today's healthcare market. The management healthcare plan, which does

have co-pays for visits and medication, costs an average of \$11,754 per employee.

McFarlane points to data that shows if the trend continues, healthcare costs are projected to make up 42 percent of the agency budget in 5 years.

Jonathan Hunt, President of ATU 757, the Union representing TriMet employees, said in a statement to the agency's board that TriMet could save millions if it stopped contracting out services for elderly and disabled citizens. Citing a 2008 audit by accountants Lauka & Associates he says, "TriMet could save over 7 million dollars a year ... by dumping the private contractors and performing the service in-house."

"Based on 2004/05 fiscal year budget numbers, the most recent full year budget figures provided by TriMet at the time, the audit revealed that TriMet would save nearly 7 million taxpayer dollars annually, if they brought paratransit service in-house."

Hunt also urged cutting management jobs, which he says have grown by more than 100.

With a contract that expired 28 months ago, TriMet and the union are currently in arbitration over healthcare benefits.

### YOUR COMMENTS

To comment you can find full details of the proposed cuts and service changes online at <http://trimet.org/mailforms/budgetproposal> or attend one of the upcoming Open Houses:

**Saturday, Feb. 11, from 1-3 p.m.**

Beaverton Library Conference Room  
12375 SW 5th St.  
Beaverton, OR

**Monday, Feb. 13, from 4:30-6:30 p.m.**

Multnomah County East County Health Center, Sharron Kelly A & B  
600 NE 8th St.  
Gresham, OR

**Wednesday, Feb. 15, from 4:30 to 6:30 p.m.**

Portland Building, Room C  
1120 SW 5th Ave.  
Portland, OR

**Thursday, Feb. 16 from 4:30 to 6:30 p.m.**

Clackamas Town Center, Community Room, Lower Level  
12000 SE 82nd Ave.  
Clackamas, OR

More Budget Hearings are scheduled for March. Check the TriMet website or the Skanner News calendar.

## Social

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says Mayo. "The cognitive deals with intellectual functions while the adaptive refers to social skills. Every person on the planet has some kind of developmental challenges but the purpose of the diagnosis is for people with special needs to receive services."

According to its mission statement, the group supports adults with special needs in accessing healthful, meaningful and environmentally responsible activities in their community.

Specifically, Mayo says On-the-Move combats social isolation.

She says there has been a progression over the years in how we provide services for people with developmental disabilities.

Originally, people with special needs were kept in institutions and completely segregated from society.

Afterwards, the policy moved towards more sight based programs. These programs provided places for people with developmental disabilities to go but didn't address the community as a whole, says Mayo.

She describes the Community Integration

strategy as a multi directional exchange where there is input from clients, staff and community members. Ultimately, the goal is to make society more accepting.

On-the-Move serves about 85 clients in total, most through the Oregon Brokerage System.

Clients can participate in a number of activities including volunteer jobs, sports

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and free concerts.

Some of the places the group volunteers include the Oregon Food Bank, Multnomah County Library and the Oregon Zoo.

Clients take part in health and wellness activities at local community centers like

Matt Dishman and Mt. Scott.

According to Mayo, the program seeks to help participants meet their own goals.

Most of the work is done in small community inclusion groups, where three clients are accompanied by a staff member. Mayo says this makes it easier for clients to build relationships and communicate.

"It helps us avoid the field trip dynamic," she says.

She says the small group size also allows the participants to plan their activities and maintain overall focus for the program as a whole.

In addition to small groups, there are also one on one appointments available.

On-the-Move hosts activities Tuesday through Saturday.

Activities with clients are generally held from 9:30 a.m. to 2:30 p.m. There are also evening activities on Wednesdays and Saturdays.

According to the winter schedule, Tuesdays are dedicated to animals and the environment. Wednesdays deal with health and wellness. On Thursdays, On-the-Move

does small group volunteering in the morning and holds social groups during the afternoon. Fridays are dedicated to the creative arts group and Saturdays are for outings.

The office is closed Sundays and Mondays.

Both Mayo and Waggoner stress that On-the-Move's programs are beneficial to both clients and the community.

"We're trying to build the skills of clients and teach the community members how to be more inclusive," says Mayo.

On-the-Move will be hosting a free rhythm and movement class with Bobby Foucher as part of its next Socializing Colorfully gathering. The class will be held on Friday, Feb. 24 from 3-5 p.m. at the On-the-Move Community Integration office.

According to the event flyer, Foucher's classes "foster a sense of pride in one's culture and an appreciation of the diversity and unifying themes of many cultures."

Participants can pre-register by Feb. 17 by calling 503-287-0346 or contacting On-the-Move via email at [info@onthemoveonline.org](mailto:info@onthemoveonline.org).

## Health

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need," said Sen. Laurie Monnes Anderson, D-Gresham.

The measure passed after Sen. Betsy Johnson, D-Scappoose, dropped her objection. She had been a swing vote, joining Republicans in a pledge to block the measure unless proponents added new limits on medical malpractice for health care providers involved in new organizations responsible for coordinating care.

Johnson said she changed her position after she was convinced that the legal issues were too complicated to address immediately.

Republicans said liability limits would drive down costs by reducing malpractice insurance premiums and reducing defensive medicine. The state is asking health care providers to transform the way they work, and potentially take on more liability, without providing a cap, said Sen. Frank Morse, R-Albany.

"It's just not fair," Morse said.

Kitzhaber and Senate Democrats fought back against the GOP proposal, saying the medical liability is complex and should be studied in more detail. The measure would create a task force to study the issue and recommend changes the Legislature could implement next year. Republicans dismissed that provision, saying there's no guarantee the Legislature would ever take up the issue.

Lawmakers last year approved the concept for Kitzhaber's initiative, telling him to work out the details and return for approval. Senate Bill 1580 would approve an implementation plan worked out over much of the last year.

Kitzhaber wants to create coordinated care organizations that would be responsible for overseeing mental, physical and

dental health care. The organizations would focus in particular on patients with chronic diseases, mental illnesses and addictions, who account for the largest share of health care spending. Proponents hope they can lower costs by focusing intensively on prop-

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erly managing those conditions so patients can avoid seeking expensive care in the emergency room.

The changes would apply initially to 600,000 people who get state-supported

health care, most of whom are on the Oregon Health Plan, the state's version of Medicaid for low-income patients. Proponents hope to eventually expand the model to state and school district employees and the general public.

Because Congress picks up more than 60 cents of every Medicaid dollar spent in Oregon, the Obama administration has expressed interest in helping with upfront costs to smooth the path for future savings, Kitzhaber has said. Critics warn that Washington hasn't provided any guarantees and nothing is in writing.

Skeptics worry the proposal is being implemented too quickly, that there's not enough money to make it work effectively or that it creates incentives to deny care. Proponents say the bill addresses those concerns.