When the right thing is the prudent thing
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The Oregon Legislature is perilously close to passing a state budget that leaves essential health and human service programs dangerously shortchanged.

That would be wrong for Oregon because protecting vulnerable Oregonians is not only the right thing to do, it's also the fiscally responsible thing to do.

To illustrate that point, consider one of the most pressing but currently unfunded needs: substance-abuse treatment for parents of children in the foster care system.

Oregon spends millions of dollars each year paying foster parents to care for kids who aren't able to return home safely, a number that continues to rise as more and more children enter and remain in care. The majority of children in foster care are there because of a parent's drug or alcohol addiction. Yet the current budget proposal of the co-chairs of the Ways and Means Committee provides no new funding for programs that would allow many children to go home to their parents while helping their parents live healthier, more responsible lives.

This lack of investment is especially disturbing considering how much worse off these families are now than six years ago. According to the state Department of Human Services, of the families who needed substance-abuse treatment in 2000, more than 80 percent of them got it. But by 2004, that rate dropped to about 40 percent. Is it any wonder the number of children in foster care has increased?

When drug and alcohol prevention and treatment programs are cut, children and taxpayers pay a high price. The Governor's Council on Alcohol and Drug Abuse Programs found that every dollar spent on prevention and treatment saves five to seven dollars in related costs from health care, law enforcement and criminal justice.

A good first step for alcohol and drug programs would be passage of Senate Bill 184, currently pending in the Legislature but left out of the co-chairs' budget. It would dedicate 2 percent of Oregon's total gross liquor revenues to targeted addiction prevention, intervention and treatment services benefiting children and their families.

But what is true of substance-abuse programs is also true of community mental health programs, the Oregon Health Plan, Temporary Assistance for Needy Families, programs for seniors and the disabled, and many other critical human service programs. Funding levels have not been restored after years of cuts. Programs serve too few people, and often serve them with greatly reduced benefits.

This approach to budgeting amounts to a shell game, with costs shifted to other departments or the future. If state budgets were set for a generation rather than a biennium, we'd be forced to consider the true costs.

Past years have seen severe cuts to many of these critical programs because of recession and declining tax revenues. Now, with growing revenue projections, the Legislature has an opportunity to begin to invest again in the health of children and low-income families. At least $172 million more is needed than is currently under discussion. The money is there, or could be found, without reducing the commitment legislative leaders have recently made to restore funding for higher education.

Legislators should seize this opportunity to act for children and low-income families.

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