

Executive Summary

Coordinated Plan for Children, Families & Community

Our community is a colorful tapestry of diverse people and resources. We are looked upon as a place where people are remarkably collaborative and innovative. People like to live here. Our community is rich in its resources to support children, youth and families. We celebrate the strengths and resources of our community, while recognizing that we continue to fail to meet the needs of many of our citizens.

Development of this *Coordinated Plan for Children, Families and Community* was largely completed before the devastating events of September 11th so fundamentally altered most Americans' view of the world. It is too soon to know how this recent, overshadowing focus on terrorism will affect our children, families and community. It appears likely that there will be broad economic consequences regionally as well as nationally, and this may tip more families into poverty. It is also likely that, at least for the short term, charitable giving may shift away from services supporting children and families as it is redirected towards disaster relief. It may well be that governmental capacity to support services to children and families is also diminished due to the combined effects of economic recession, tax limitations and increased spending on national security.

However, children's developmental needs are timeless and transcend world events. Our understanding of what works best to support children and families is well researched and has enduring merit. So, while there may be greater financial challenges for individuals and institutions in this post September 11th world, the conditions, priorities and strategies presented in this plan are what should inform and guide us as we move forward. In these troubled times, we need to keep in mind that we are a community rich in the resources of caring and creative people who understand the power of working together. We have a vision:

Our Vision – Our Chosen Future

The Commission on Children, Families & Community pledges to work with and for the people of Multnomah County to build on our community's strengths. We'll provide and support leadership that will fortify services and supports and create a safe environment for all children, youth and families, across every ethnic, cultural, generational and economic group. We'll measure our success not by our efforts, but rather by our results as we work to make Multnomah County a great place to grow up and live in.

This *Coordinated Plan for Children, Families and Communities* has been prepared in accordance with Senate Bill 555 and the related planning guidelines issued by the Oregon Commission on Children and Families [OCCF].

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Our Approach In Multnomah County

This *Coordinated Plan for Children, Families & Community* has been developed using the collaborative, inclusive processes envisioned in SB 555. This is a plan that:

- Includes all children [prenatal to 18 years] and families;
- Considers primary prevention needs as well as the continuum of treatment and aftercare services;
- Reflects the social, cultural and economic diversity of this community;
- Has been influenced by a diverse set of stakeholders, including families;
- Respects the planning work already being done in this community;
- Presents data and research-based proven practices;
- Supports partnerships and provides tools to catalyze more integrated planning in the future.

This report also meets the State's substantive requirements for Phase II:

1. Extensive background "mapping and analysis" information is presented for nineteen High Level Outcomes;
2. Inventories of services and partnerships supporting each High Level Outcome have been expanded and updated;
3. Priorities and strategies have been developed through broadly collaborative planning processes to address: a) Alcohol and drug abuse, b) Early childhood supports; and c) Juvenile justice and delinquency prevention.

The CCFC is committed to using an asset-based approach to planning. We believe this requires the following: viewing our youth and our community in terms of their capacities, identifying strategies that build on strengths and provide positive developmental opportunities as well as reducing harms, planning with young people rather than for them, and focusing on the outcomes of healthy, thriving youth. This is based on our belief that problem-free is not the same as thriving. We are eager to work with the OCCF to continue to develop outcome measures that reflect the attainment of health and well-being, in addition to the prevailing emphasis on reduction of harm. We observe that many of the high level outcomes, such as reducing high-school dropouts, have corresponding positive outcomes, such as increasing the number of youth who succeed in their education. In future phases of the plan, we will continue to develop and include indicators that track gains in thriving as well as reductions in harm.

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Our asset-based approach is reflected in the goals adopted by the Commission on December 11, 2001:

1. *Infants, Children and youth are healthy, thriving and safe.*
2. *Children and youth succeed in their education and serve a valued role in the community.*
3. *Families have the economic, social and cultural resources they need.*
4. *Infants, children and youth feel valued and have caring relationships that help them succeed.*

In designing our process for development of this plan, the CCFC made the strategic decision to work with existing groups who have an on-going commitment to the particular topic areas rather than to convene a new, large-scale planning effort as some communities have done. We believe this positions our county well for plan implementation.

Responsibility for compiling the mapping and analysis information for each of the High Level Outcomes [HLOs] was assumed by county planning and program management staff in the CCFC, the Department of Community and Family Services, the Department of Community Justice, and the Health Department. These authors elicited partner and stakeholder input for the mapping and analysis work; they welcome additional comments. Author names and contact information are listed at the end of each HLO section.

Priorities and strategies reflect the work of the Early Childhood Care and Education Council, the Juvenile Justice and Delinquency Prevention Strategic Planning Committee, and both the youth and adult Local Alcohol and Drug Abuse Planning Committees. Each of these groups are broadly representative, including an array of system partners, community-based providers and citizen representatives. Membership on each group is culturally diverse. Membership lists for each group are attached as an appendix to this plan.

It has been one of our explicit objectives to have this Coordinated Plan look very familiar to the hundreds of people who have worked so hard in recent years to develop plans and policies for these important community concerns. You may notice that different sections of this report reflect different conceptual frameworks, planning approaches and writing styles. We accept these differences as a natural consequence of a collaborative approach. We endorse each of body of work as reflective of good planning practices, unified by common values and principles consistent with SB 555.

The Coordinated Plan honors and reflects the work being done by people who have demonstrated a continuing commitment to improving the quality of life for children and families in our community.

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Cultural and Gender Differences

Multnomah County and the Commission on Children, Families and Community have a strong commitment to supporting the provision of culturally and gender appropriate services. In our research, we seek to understand whether culture and gender affect access to services or the effectiveness of services delivered. As planners and managers, we are working to revise program delivery strategies to better meet the needs of our diverse clients and families. Each of the strategic planning groups contributing to this Coordinated Plan have demonstrated long-standing commitments to ensuring cultural and gender differences are addressed in planning and implementation efforts. This commitment is expressly reflected in particular priorities and strategies. Most importantly, we see this as an integral responsibility in all that we do.

High Level Outcomes

The following table provides a snapshot of how we are doing in terms of the nineteen High Level Outcomes which are required as part of SB 555 planning. Our performance on these outcomes is rated here using only the measures and data provided by the State.


How we are doing on each of the outcomes is assessed as "better", "about the same" or "worse" compared to statewide averages and compared to prior experience in Multnomah County. The approach is used because for some indicators having the percent or number go up is desirable while for other indicators it is undesirable. In general, the judgements made in this chart are not controversial.

However, there are a few areas where reasonable people might disagree with this chart. First, it is not immediately clear whether increases in reported crimes are a good or bad thing. The real concern is whether the incidence of crime has gone up or down, but we know that not all crimes are reported. We want crimes to be reported when they occur, so it might be a good thing if crime reports go up while the actual incidence of crime remains about the same or even goes down. The measures of child maltreatment [#4] and juvenile recidivism [#15] are both based on report rates. While reported incidences of child maltreatment went up between 1994 and 1998, the victimization rate in the County has gone down by one-third since 1998. Second, even arrest rate data can be interpreted more than one way. For example, a relatively higher rate of domestic violence arrests in Multnomah County compared to the State is considered relatively "better" on this chart because as a matter of policy we want offenders arrested. The final caveat is more general: all measurement techniques have their limitations and these High Level Outcomes are, by design, intended to summarize very complex conditions. For a more complete review and analysis of the High Level Outcomes, please refer to the body of the report.


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





























How are we doing?

 = better

 = about the same

 = worse

 = unknown

| High Level Outcome | | As Measured By | Year | Compared to State Average | Local Trend |
|--------------------|---|--|------|---|---|
| 1 | Reduce adult substance abuse | percent of adults who abuse or are dependent on alcohol or other drugs | 2000 |  |  |
| 2 | Reduce domestic violence | rate of domestic violence arrests of partners per 1,000 adults (18+) | 1999 |  |  |
| 3 | Reduce poverty | percentage of people with incomes below 100% of the Federal poverty level | 1995 |  |  |
| 4 | Reduce child maltreatment | duplicated rate of child reports to SCF of children maltreated per 1,000 persons under the age of 18 | 1999 |  |  |
| 5 | Improve prenatal care | percentage of babies whose mothers received prenatal care in 1 st trimester | 1999 |  |  |
| 6 | Increase immunizations | percentage of two-year olds who are adequately immunized | 2000 |  |  |
| 7 | Reduce alcohol, tobacco and other drug use during pregnancy | percentage of infants whose mothers used alcohol, tobacco or other drugs during pregnancy | 1999 |  |  |
| 8 | Increase child care availability | number of child care slots available for every 100 children under age 13 | 1998 |  |  |
| 9 | Improve readiness to learn | percentage of children entering school ready to learn | 1997 |  |  |
| 10 | Decrease student alcohol use | percentage of 8 th grade students who report using alcohol in the past month | 2000 |  |  |
| 11 | Decrease student drug use | percentage of 8 th grade students who report using illicit drugs in the past mo. | 2000 |  |  |
| 12 | Decrease student tobacco use | percentage of 8 th grade students who report using tobacco in the past month | 2000 |  |  |
| 13 | Decrease juvenile arrests | number of juvenile arrests per 1,000 juveniles age 10-17 | 1999 |  |  |
| 14 | Maintain OYA bed use | number of discretionary beds used at OYA Youth Correctional Facilities | 2001 |  |  |
| 15 | Reduce juvenile recidivism | percentage of juveniles with a new criminal referral within 12 mos. of the original criminal offense | 1998 |  |  |
| 16 | Reduce teen pregnancy | pregnancy rate per 1,000 females age 10-17 | 2000 |  |  |
| 17 | Decrease youth suicide | number of suicide attempts by minors per 1,000 youth age 12-19 | 1997 |  |  |
| 18 | Reduce high school drop out rate | percentage of public high school students who drop out of grades 9 through 12 in any given year | 2000 |  |  |
| 19 | Increase community engagement | percentage of Oregonians who feel they are part of their community | ---- |  |  |

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Our Strategic Direction

The priorities presented here relate to the three topic areas for which counties were required to plan under SB 555 guidelines:

- Priorities Aimed at Reducing Alcohol and Drug Abuse
- Priorities to Support Juvenile Justice & Delinquency Prevention
- Priorities to Support Young Children Developing to Their Full Potential

These represent important concerns but these are not our communities' only priorities. The full scope and balance of our priorities will not be reflected until the Phase III SB 555. In the meantime, our Commission will continue to support the full spectrum of children, youth, young adults and families.

Although the priorities and strategies are organized topically and do not address a full continuum, a number of consistent themes have emerged regarding ways of providing services. In all three topic areas, there are strategies that take a strengths-based approach to build on the assets of children, youth, families and communities. There is also a pattern of strategies that address the whole child in the context of their family and community, rather than just trying to fix specific problems. In the context of existing services, many strategies adapt or expand existing services to accommodate children and youth with multiple needs, such as mental health and alcohol/drug treatment. There is also a consistent theme of supporting parents with education, training and other family-strengthening approaches.

Strategies in each of the three areas also reflected patterns of gaps in services. Most consistently appearing were strategies that: increase the availability of gender and culturally appropriate services; increase access to mental health services; increase access to alcohol and drug services; foster safe neighborhoods and violence-free families; and increase services for certain special populations that are currently underserved.

Common barriers impede progress in all three areas. Stability of non-profits is undermined by low wage scales and insufficient training, particularly in the child care and alcohol and drug services arenas. Efforts to make programs more culturally competent are hindered by recruitment and retention problems. There are a number of strategies to address these issues in each topic area.

For a full listing of related strategies and the rationale for their selection, please refer to the Priorities and Strategies section of this report.

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Priorities Aimed at Reducing Substance Abuse Abuse

- A. Stabilize and strengthen the current A&D treatment and prevention provider system.
- B. Reduce administrative contracting costs of providers by streamlining the County's procurement, contracting and performance monitoring processes.
- C. Expand A & D free housing, adult residential treatment, children's beds in residential treatment, youth and adult detoxification, and youth and adult outpatient services. [Requires additional funding to implement.]
- D. Incorporate strength-based approaches, including family strengthening strategies/services across the continuum of prevention and treatment services.
- E. Move our youth and adult treatment systems to a fully integrated dual diagnosis service model.
- F. Expand intersystem collaboration and integration efforts.
- G. Increase access to A&D services for very high risk, and/or inadequately/under-served segments of the County's varied population. [Requires additional funding to implement.]
- H. Influence community norms to ensure that youth's access to tobacco is reduced and their environments are tobacco free.

Priorities to Support Juvenile Justice & Delinquency Prevention

- A. Prevent juvenile delinquency by supporting at-risk, acting out and delinquent youth to complete high school and to engage in structured activities outside of school.
- B. Prevent and intervene early in delinquency by holding high expectations of young people, promoting mutual respect and improving the skills of youth and adults to respond appropriately at home, in school and in their neighborhoods.
- C. Hold youth accountable, be fair and reduce recidivism by improving the ability of the Juvenile Justice System to provide swift, sure, appropriate and equitable consequences when youth violate the law.
- D. Protect public safety and control costs by equitably directing specialized resources toward youth at greatest risk of committing violent crime and serious, repetitive crimes.
- E. Do our work together, more effectively, by being leaders in sharing information for decision-making and identifying best practices with community members, partners and staff on what works to prevent juvenile crime and routinely evaluate effectiveness.

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Priorities to Support Young Children Developing to Their Full Potential

A. The community nurtures children and families by ensuring that:

- Families have economic well-being and financial stability;
- Families have access to community resources and informal supports such as extended family and neighbors;
- Families have affordable, stable and decent housing;
- Families have access to affordable, reliable transportation;
- Families have access to comprehensive, culturally competent, coordinated health and social services;
- Children live with safe families in safe neighborhoods; and
- People are educated about child and human development throughout their lives.

B. Families nurture their children:

- Families learn and use effective skills to nurture and guide their children;
- Each child forms stable, positive relationships;
- Programs support the healthy development of families through parenting education and links to resources and mentoring;
- Family stability is supported by the community at all phases of development; and
- Families ensure that their children receive adequate health care and needed social services.

C. Family strengths are supported by ensuring that:

- Families are actively engaged in building upon their strengths;
- Families with risks are identified and obtain health and social services;
- The community helps children overcome the effects of abuse, neglect and trauma;
- Families have a positive view of the future; and
- Children with special needs fully participate in the community.

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D. Child Care meets children's and families' needs by ensuring that:

- Child care is recognized as early childhood care and education;
- Families obtain the child care they need that is accessible and affordable;
- Children are in quality care environments that are safe, healthy and developmentally appropriate;
- Child care provider training and technical support is available to all providers;
- The child care profession offers stable, desirable jobs with living wages; and
- Employers support child care for their employees and for the community.

E. Children succeed in their early education because:

- Children meet guidelines for school readiness;
- Schools use a strength based approach to young children and build a positive relationship with families;
- Parents actively participate in their young children's education;
- The community is involved in the supporting the education of young children;
- Children are working toward meeting 3rd grade academic benchmarks;
- Children develop problem solving, social and communication skills, and make progress in school; and
- A coordinated, systematic transition occurs from home and early childhood programs to school.

F. The early childhood system of care meets community needs because:

- Planning and implementation are coordinated;
- Every sector of the community is engaged in supporting families with young children;
- Programs and resources have the capacity to meet community needs;
- Best practices of new and existing strategies are utilized across the system of care; and
- Programs are retooled for effectiveness and efficient use of funds through technical assistance.

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For More Information on Multnomah County's SB 555 Phase II Plan

Visit our website at:

www.ourcommission.org

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Acknowledgements

This plan has been shaped by hundreds of people from across our community who have shown sustained commitment, as volunteers or dedicated professionals, to improving community conditions for children, youth and families. Although the list of names is too lengthy to include here, we hope you will join with us in extending our appreciation for their contributions to the strategic planning efforts that are the foundation for this plan.

The research and writing for this plan was done by a core team of professionals who somehow made time to take on these additional responsibilities: Barbara Brady; Lisa Cline; Elana Emlen; Pat Franck; Karen Gorton; Lisa Hansell; Janet Hawkins; PeggyLou Hillman; Linda Jaramillo; Scott Keir; Van Le; Wendy Lebow; Nancy Martin; Annie Neal; Lisa Pellegrino; Jim Peterson; Wendy Rankin; Chiquita Rollins; Chris Tebben; Tricia Tillman Reardon; and Jan Wallinder.

Meganne Steele coordinated the SB 555 Plan development process and prepared this report as a consultant to the Commission on Children, Families and Community.