

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 00-028

Adoption of the Report of Early Childhood Planning Group of Multnomah County, *Coming Together for Children*: An inventory of resources and needs for young children and families provided or funded by Multnomah County

The Multnomah County Board of Commissioners Finds:

- a. Multnomah County Board has identified as one of its three Long Term Benchmarks, Increase School Completion – School Success
- b. The County desires to emphasize prevention through early childhood development
- c. Significant steps have been taken to identify issues, needs and resources relating to early childhood, including work by: the Commission on Children, Families and Community of Multnomah County; the Portland-Multnomah Progress Board; the Early Childhood Care and Education Council of Multnomah County; the Health Department; Community and Family Services; Early Childhood Workgroup
- d. An extensive internal and public involvement process was used by the Early Childhood Planning Group to develop the inventory of resources and needs for young children and families provided or funded by Multnomah County

The Multnomah County Board of Commissioners Resolves:

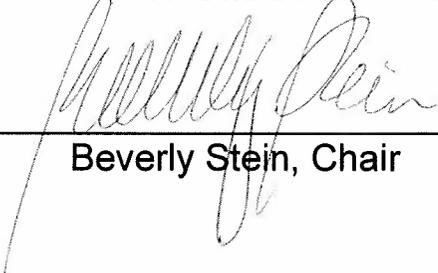
1. The work of the Early Childhood Planning Group is commended.
2. Adoption of the attached report of the Early Childhood Planning Group entitled *Coming Together for Children*, as Multnomah County's inventory of resources and needs for young children and families currently provided or funded by the County.

3. The County will work with the community to address the needs identified within the report and further develop a systematic approach to early childhood issues and needs in the community.
4. The County will include as a legislative priority to secure adequate funding for early childhood programs that address the needs of children, families and readiness to learn.
5. Department Directors will continue and expand the inter-departmental cooperation established to identify these early childhood resources and needs, and will work to address those identified needs.

ADOPTED this 16th day of March, 2000.



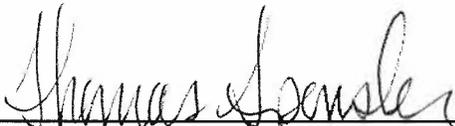
BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON



Beverly Stein, Chair

REVIEWED:

Thomas Sponsler, County Attorney
For Multnomah County, Oregon

By 

Thomas Sponsler, County Attorney

Coming Together for Children:

**An inventory of resources and needs for
young children and families
provided or funded by Multnomah County**



**Presented by the Early Childhood Planning Group of Multnomah County
March 16, 2000**

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I. Introduction

This brief plan identifies the scope of resources provided by and through Multnomah County to very young children and their families. The continuum of current resources illustrates this county's commitment to the health and well-being of this vulnerable segment of the population. The continuum also identifies needs that may not be met by existing resources. This plan is limited in that it only identifies county funded resources. The County Early Childhood Planning Workgroup is aware that there are many other jurisdictions and agencies that provide resources to young children. Members of the Early Childhood Planning Workgroup include: Lisa Naito, County Commissioner; Denise Chuckovich, DCFS; Ann Bremer, Health Department; Barbara Brady, DCFS; Wendy Lebow, DCFS; Steve March, Commissioners Office; Pat Foley, Health Department; Jim Clay, CCFC; and Marsha Mulvey Peninsula Child Care Network. We hope that this document will serve as a framework for all jurisdictions and services providers in Multnomah County to begin to catalogue the valuable resources currently being provided to the very young, as well as those resources that are not presently available but are so very needed. As the community comes together to define what we do now and what we must do in the future for our children, we can build partnerships and leverage resources to improve resources to our youngest and most vulnerable citizens.

II. Recent History of the Departments of Multnomah County Early Childhood Planning Efforts

Health and social services to very young children and their families have been a focus of Multnomah County for many years. The county's Readiness to Learn benchmark demonstrates an

ongoing commitment to the positive growth of our youngest citizens. However, during the past year, heightened interest in research regarding the impact of experiences during the early years of life has given policy makers and service providers increased interest in the quality and quantity of services provided to this population. On a parallel track at first, and most recently on a fully integrated track, the Commission on Children, Families and Community of Multnomah County has developed a collection of initiatives that support our youngest children. They've done this by supporting innovative approaches to creating improvements to our overall system of care and education; recruiting private investors who now serve as collaborative partners; and advancing community asset building so that professionals are not the only ones who are increasing their commitments to our youngest children.

County Commissioner Lisa Naito took the lead on the early childhood issue beginning in the Winter of 1999. The Multnomah County Early Childhood Workgroup was established at her request and met regularly. Commissioner Naito chaired the Early Childhood Workgroup to review current county government funded services to young children and their families and develop recommendations regarding how these resources could be better coordinated, better integrated and what services might be added if additional funding becomes available.

The workgroup was composed of representatives from several county departments including Community and Family Services, Health, Juvenile Justice, the Library and the Commission on Children, Families and Community. For several months the workgroup focused its review on recommendations from two recent reports regarding county early childhood services:

- The Portland Progress Board’s report. “Children’s Readiness to Learn: Strategies for Improvement”, October 1998.
- The Early Childhood Care and Education Council of Multnomah County’s report, “Cradle to Community”, May 1999.

During 1999 the Multnomah County Board of County Commissioners participated in several briefings regarding early childhood research, the county service system, and approved recommendations from the workgroup regarding ways to improve early childhood services at the state and local level.

A joint County/Commission on Children, Families and Community/Early Childhood Care and Education Council forum for early childhood was held on January 21, 2000. The forum was an opportunity to gather comments and suggestions on this document from early childhood community advocates.

This Early Childhood Plan is the outcome of the work group efforts, input from the Board of Commissioners and responses from community advocates. Another outcome of the workgroup’s effort is an extraordinary level of interdepartmental collaboration and mutual respect.

III. Community Partnerships

Several other public and private partners have taken an active role in promoting early childhood issues.

- **The Commission on Children, Families and Community of Multnomah County** has launched a collaborative five year initiative to promote the language and literacy development of children aged

birth through six. Many public and private partners have been involved in a variety of ways--as investors, as planners and advisors, and as partners in organizing activities. Activities will include outreach to parents (including new parent kits developed collaboratively with Success by Six), training and grants for childhood care and education providers, advocacy for routine hearing screenings of infants, and evaluation.

- **The United Way of the Columbia-Willamette** received a grant in 1999 from the NationsBank/Bank of America to launch a *Success by 6* program in the four-county area (Clackamas, Clark, Multnomah and Washington counties). The first year strategies are: funding parent education programs; conducting a community-wide media, collaborative public awareness campaign about the importance of brain development and its implications for parents; and providing families with parent kits, with tools to reinforce these message and local resources.
- Mayor Katz provided leadership, along with Commissioner Francesconi and the superintendents of the Portland school districts, to convene the **Portland Early Childhood Care and Education Workgroup** in Fall 1998. The group was charged with identifying what the City is currently doing and could be doing (in concert with appropriate school districts, the County, community groups and service organizations) to increase the percentage of Portland children who enter school "ready for kindergarten". The Workgroup's recommendations have resulted in several projects, including one that supports and expands child care networks that help providers to

improve quality and stability of care; make facilities improvements; provide for employee benefits, substitute and respite care, and add equipment and transportation services.

- **The Early Childhood Care and Education Council of Multnomah County**, founded in 1995, works as a broad-based coalition of early childhood professionals, parents and advocates, to represent the needs and interests of young children and their families with governmental and non-governmental planners, policy makers and funders. This last year The Council sponsored *Cradle to Community*, a visioning process that involved the whole community in developing integrated action plans for enhancing the system of care and education for young children and families.
- **OREGON! Ready to Learn** is an education initiative of the **Oregon Community Foundation**. The Foundation has committed \$1 million over five years to provide grants to raise the levels of literacy and language development among young children, and improve young children's education experiences through providing support for families and child care providers. The first grants will be awarded in February 2000.

IV. Profile of Children in Multnomah County

Population

- 9303 total births in Multnomah County in 1998 (approximately 20 percent of all Oregon Births). (*Oregon Health Division*)

- 42,420 children birth to five years old in Multnomah County in 1998. (*American Community Survey*)
- 5,688 single fathers with one or more children in Multnomah County in 1996. (*American Community Survey*)
- 19,478 single mothers with one or more children in Multnomah County in 1996. (*American Community Survey*)

Poverty

- Approximately 20% of all children under 5 years of age (8484) were living below the federal poverty level in 1998. (*American Community Survey*)
- 622 families are homeless on a given night (45% of the persons in those families are 5 years old and under). (*One Night Shelter Count, March 1998*)

Behavioral Health

- In 1998, the number of drug effected babies dropped for 4th year in a row. (*State of Oregon Department of Human Services Child Abuse Statistics*)
- 21 percent of preschool aged children met the criteria for a psychiatric disorder, 9.1 percent have a severe psychiatric disorder. (*Lavigne et.al. (1996). Prevalence rates and correlates of psychiatric disorders among preschool children. Journal of the American Academy of Child and Adolescent Psychiatry, 35 (2), 204-214.*)
- The number of persons seeking mental health services has increased by 22 percent, while revenues are down 32 percent. (*Multnomah County Mental Health Task Force, Report from the Providers' Impact Workgroup, December 10, 1999*)

- 13 percent of adult clients with alcohol/drug episodes of care had children age six or under in 1997/98. *(Client Process Monitoring System, Alcohol and Drug System of Services, Oregon Office of Medical Assistance Programs)*
- A 25 percent decline in service access was the result of a \$15 million reduction in Medicaid revenue during fiscal year 1997/98. *(Multnomah County Mental Health Task Force Report from the Service Mapping/Data Workgroup, December 10, 1999)*

Health Care

- 82 percent of pregnant women received first trimester care in 1997, a 6 percent improvement since 1990. *(Oregon Health Division)*
- There has been a slight (6%) increase in the number of babies born Low Birth Weight in Multnomah County between 1990 and 1997. Despite improvements in birth outcomes for African American babies in Multnomah County, there continues to be a racial disparity in African American use of early prenatal care, low birth weight, and infant mortality. *(Oregon Health Division)*
- The number of infant deaths dropped 41 percent between 1990 and 1997. *(Oregon Health Division)*
- The number of infants dying of SIDS dropped 81 percent between 1990 and 1997. *(Oregon Health Division)*
- 84 percent of Multnomah County's 2 year olds were up to date on their immunizations in 1997, an increase from 52 percent in 1992. *(Oregon Health Division)*
- 35.7 percent of women who had babies in Multnomah County met the income eligibility (185 percent of poverty) and were enrolled in WIC at time

of delivery in 1996. *(Multnomah County Health Department WIC program)*

- 29 percent of eligible families at the time of delivery were not enrolled in the WIC program in 1996. *(Multnomah County Health Department WIC Program)*
- The teen pregnancy rate for 10-17 year olds in Multnomah County in 1998 was 21.5 per thousand females age 10-17, a 34 percent decline since 1988. *(Oregon Health Division)*

Child abuse and neglect

- In 1997, there were 1,691 substantiated reports of abuse and neglect in Multnomah County. More than half of these children were under six years old. About 15 percent were infants under a year old. *(Portland-Multnomah Progress Board, Benchmark for 1999: www.p-m-benchmarks.org/86a.html)*
- Alcohol and/or drug problems are a factor in 42 percent of the abuse incidents. *(Portland-Multnomah Progress Board, Benchmark for 1999: www.p-m-benchmarks.org/86a.html)*
- About 33 percent of child abuse cases involve spousal abuse, and 29 percent involve parents who are involved in the criminal justice system. *(Portland-Multnomah Progress Board, Benchmark for 1999: www.p-m-benchmarks.org/86a.html)*
- Approximately 12 percent of the children reported for suspected abuse and neglect in the County are removed from their homes. There are an average of 2,300 children in foster care in Multnomah County, most because of abuse and neglect. *(Portland-Multnomah Progress Board, Benchmark for 1999: www.p-m-benchmarks.org/86a.html)*

- In Multnomah County, 31 percent (557 of 1,779) of the children in foster care are between 0-5 years. *(Report to Early Childhood Planning Group by Kevin George, Transitional Resource Unit, Department of Human Resources, State Offices to Children and Families, 12/28/99)*
- Of the 557 children in Multnomah County between 0-5 years old: 374 children reside in regular foster family home, 90 children reside with relatives and receive a monthly federal reimbursement of \$363.00, 93 children reside with relatives, but are not eligible for federal foster care reimbursement *(Report to Early Childhood Planning Group by Kevin George, DHR, 12/28/99)*
- Adoptive placements during the period of July 1, 1998 to June 30, 1999 reflect 922 children placed by SOSCF into an adoptive home statewide. Of these children: 259 (28.1%) were less than 3 years of age, 196 (21.3%) were 3-4 years of age, 227 (24.6%) were 5-7 years of age. *(Report to Early Childhood Planning Group by Kevin George, DHR, 12/28/99)*
- 23 percent (216 of 922) of statewide adoptive placements occurred in Multnomah County. *(Report to Early Childhood Planning Group by Kevin George, DHR, 12/28/99)*

Domestic Violence

- 577 children and 649 women were sheltered in the domestic violence system of service providers in Multnomah County in 1998. *(1998 Oregon Domestic Violence Needs Assessment: A Report to the Oregon Governor's Council on Domestic Violence (ODVNA), 1999)*
- In Oregon, 204,200 children lived in abusive households during the past year. Most of these children saw or heard the abuse in their homes. One-

half of the children were under 5 years of age the first time they saw or heard the abuse. *(ODVNA, 1999)*

- More than 1 of every 6 (15 percent or 123,400) Oregon children saw or heard the abuse of their mothers or caregivers during the past year. *(ODVNA, 1999)*
- 31 percent to 45 percent of the children removed from their homes for child abuse are also in homes with substantiated domestic violence occurrence. *(“Assessing the Effectiveness of Child Welfare Services,” Child Welfare Partnership, Portland State University, January 1999)*

Child care availability

- In 1998 in Multnomah County, 68 percent of women with children under 6 years old are in the labor force. *(American Community Survey)*
- There are 18.8 child care spaces per 100 children age 0-13 in Multnomah County . Total number of child care spaces is 22,760 (this rate is 18% worse than in 95/96). *(Status of Oregon's Children, 1998 County Data Book, Children First for Oregon.)*

V. Next Steps in Early Childhood Planning

This document represents the best thinking to date of county managers, planners and others involved in early childhood resources in this county. It is to be viewed as a beginning draft and will be further developed as we seek input from others within this community who are concerned about the well-being of young children and their families. Important next steps in planning for early childhood include:

- Finalization of this plan with formal adoption by the Board of County Commissioners in early March, 2000. Use of this plan as a reference for all County departments is an effort to develop better coordination of services, maximize resources, develop strategies and identify opportunities to promote and prioritize early childhood services within the County.
- Counties interested in applying to the state for funding for home visiting services will be required to submit a grant application to the state by March, 2000.
- The statewide implementation of SB555 which says that each county CCFC “shall develop and prepare a single local plan for coordinating programs, strategies, and services for children who are 0 to 18 years of age and their families...”; and which requires an early childhood planning component to this “single plan” as a prerequisite for applying for available state funds.

VI. Resource Continuum

The Current Resources section presents County resources to young children (0-8) and families provided by or funded through the Health Department, Department of Community and Family Services (Community Programs and Partnerships, Developmental Disabilities and Behavioral Health), Library, Department of Community Justice, District Attorney’s Office and the Commission on Children, Families and Community.

The continuum categorizes resources, services and needs, not children or families. Family needs occur across the continuum, often in multiple dimensions at the same time.

The service areas describe County-funded services, but may lack important dimensions if this inventory is broadened. Examples of additional categories include:

- Family Support (vs. individual-based services)
- Basic Needs (food, transportation)
- Economic Health of the family/community
- Education (of children, adults, parents, career development, etc.)
- Spiritual Needs

The Needs section identifies services or populations county-wide in which there is an unmet need. This section is intended to identify the county-wide need for resources and does not necessarily suggest gaps in specific programs. Programs which could address a gap in service have been identified when appropriate. Service categories are: Home Visits for New Births, Behavioral Health, Parenting, Child Development, Child Care, Health, Housing, and Hotlines. Within each of these service categories is a description of a specific service and the population served with the program name in parentheses.

The Continuum of Prevention

The “continuum of prevention activities” is one way to think about the various approaches for creating positive outcomes for children and families. It’s very important to note that this is NOT intended to describe individual children or families. Instead, it describes the purpose of activities that are with and for children and families.

One way to understand the “continuum of prevention activities” is to notice that at one end there are Growth Promotion activities that are “proactive” and future vision directed. That is to say, there is no thought given to problems, but much consideration given to identifying and achieving a positive future. On the opposite end of the continuum we find Intervention/Treatment, which is “reactive,” and acknowledges that a problem has occurred in the past, or continues into the present, and that opportunities for growth are tied to addressing the problem. In between the two end points lie activities that have the purpose of being more or less proactive and reactive. It’s important to note that activities rarely can be placed on only one spot along this continuum. In other words, an intervention activity that is supporting a family in crisis, may have, and is preferred to have, a strong growth promotion component.

Growth Promotion: The focus of these activities is not on any health or social problem, and instead looks for ways to enhance an individual’s positive growth and development. Activities may include recreation, academic learning, social skills development, health maintenance skills building, or values setting, to name a few. Activities may have the net effect of preventing or reducing the likelihood of future problems (like social isolation, teen pregnancy or drug abuse), but the main focus is on wellness, i.e. healthy growth and development. Efforts target all individuals,

families and the community, either as a whole, or as targeted sub communities.

Primary Prevention: These activities recognize that there is the risk of some health or social problem in the future, either to the general population, or to a targeted subset of the population. Although there is risk, the problem has not begun, and through specific activities the problem can be avoided entirely. Primary prevention activities seek to reduce “exposure” to risk, and at the same time lower “susceptibility” to the problem through resiliency or asset building. Efforts target individuals and families at increased risk, and the community, either as a whole, or as targeted sub communities.

Early Intervention: Early intervention describes community services that offer prompt identification and resolution of issues that interfere with the well being of the child and family. The goal of service is to prevent future risk of such interference. Community services are added to the natural family support system in the least intrusive manner possible. Efforts target individuals and families, (and their caregivers and support systems) who are experiencing the early onset of a problem.

Intervention/Treatment: These activities are direct services to a child and family in a concerted effort to restore wellness. Intervention services may have the net effect of preventing further problems or reducing the impact of a problem. The individual, the family and the community together determine the focus of intervention services and the definition of full functioning for an identified problem. The target population is children and families who need additional supports from others, when other less intrusive services have not resulted in an optimal resolution.

Current resources provided or funded by Multnomah County

Continuum > Service Areas >	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Home Visits for New Births	<p><u>Health Dept.</u> -Health promotion/education (Community Health Nurse and Community Health Worker at Parent Child Development Services) -Newborn Home Visit (Field Services Community Health Nurse)</p>	<p><u>Health Dept.</u> -Teen parents (Connections, Neighborhood Health Team) -1st time, low income, unmarried mothers in E and Mid County (Olds, Neighborhood Health Team) -African American & Latina low income pregnant women in Northeast and North Portland (Healthy Birth Initiative) -Low income, ESL, uninsured and at bio/psycho/social risk (Neighborhood Health Team, Babies First)</p> <p><u>CFS-Developmental Disabilities:</u> -Assessment, consultation, coordination of resources and support to children and families</p>	<p><u>Health Dept.</u> Neighborhood Health Team home visits to families experiencing: -domestic violence -child abuse/neglect -substance abuse -homelessness (Healthcare for the Homeless) -developmental disabilities (Early Intervention) -mental health issues -chronic health concerns</p> <p><u>CFS-Behavioral Health</u> -In home adult mental health services for parents at risk of abuse and neglect of young children (Family Enhancement Program)</p>	<p><u>Health Dept.</u> -Home visits to infants & families identified with special needs babies at bio-psycho-social risk (CaCoon, Early Intervention) -Incarcerated pregnant substance using women (ADAPT)</p> <p><u>CFS-Behavioral Health</u> -In home mental health services for parents with some history of abuse or neglect (Family Enhancement Program)</p>
Behavioral Health	<p><u>CFS-Behavioral Health</u> -Mental health consultation and training for providers of child care and parents whose children are in child care (Early Childhood Mental Health Consultant at Metro) -A&D prevention</p>	<p><u>CFS-Behavioral Health</u> -Mental health consultation and training for parents and staff serving young children (Early Childhood Mental Health Consultant Team) -Mental health and alcohol/drug treatment for parents (Adult A&D Services and Adult Mental Health Services) -Mental health assessment and treatment of teens at risk of early pregnancy (School-Based Health Clinic) -A&D clinical assessment and referral at School-Based Health Clinics -A&D education and intervention at Primary Health Clinics</p> <p><u>Library</u> -Strong A&D self-help resource collection</p>	<p><u>CFS-Behavioral Health</u> -Mental health consultation and training for parents and staff whose children show signs of disturbance, treatment for children who show signs of disturbance (Early Childhood Mental Health Consultant Team) -Mental health and alcohol/drug treatment for parents (Adult A&D and Adult Mental Health Services) -In home mental health services for parents whose children show signs of disturbance (Family Enhancement Program) -A&D intervention within Juvenile Justice system -A&D youth treatment in community (one specific to African-American males) <u>Dept. Community Justice - Juvenile Early Intervention Unit</u> – services to children 11 and younger with law violations</p>	<p><u>CFS-Behavioral Health</u> -In home MH treatment for very young children (Early Childhood MH Consultant Team) -Clinic based MH treatment for young children (Outpatient & Day Treatment Providers) -Cash Enhancements for outpatient MH services for children (through Early Childhood Team) -In home services for parents whose children require mental health treatment (Family Enhancement Program) -MH assessment of abused and neglected children and referral for treatment (Child Assessment Service) -A&D adult treatment for parents with young children in community (some currently specific to Afr-American women)</p>

Current resources provided or funded by Multnomah County

Continuum Service Areas	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Child Care	<p><u>CFS-Programs and Partnerships</u> -Training and technical assistance to child care providers (Metro CCR&R Resource Team) -Provider Networks to improve home child care stability and quality (Peninsula Children's Center & VOA)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation and training for providers of child care and parents whose children are in child care (Early Childhood Mental Health Team at Metro)</p> <p><u>CCFC</u> -Grants to child care & education programs for acquiring learning materials (Language & literacy development fund) -System-wide professional development on language & literacy development for child care & education providers</p>	<p><u>CFS-Programs and Partnerships</u> -Family Child Care loans and scholarships for improvements (Metro CCR&R) -Portland Public Schools Teen Parent Services (Early Head Start)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation and training for providers of child care and parents who live in poverty. (Early Childhood Mental Health Team at Metro and Mt. Hood Head Start Community Placements)</p> <p><u>CFS-Developmental Disabilities:</u> -Referrals to specialized child care providers</p> <p><u>CCFC</u> -Language & literacy development fund -System-wide professional development on language & literacy development for child care & education providers</p> <p><u>Library</u> -Training and materials to child care centers and family child care homes (Early Childhood Resources Training) -Training and materials through Story Time Mentors (volunteers) to family child care providers (ECR Family Child Care Program)</p>	<p><u>Health Dept.</u> -Relief Nursery</p> <p><u>CFS-Programs and Partnerships</u> -Education for child care providers on services to special needs kids (KICS) -Emergency family child care scholarships (Metro CCR&R)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation, training, and referral for children in child care who show signs of disturbance (Early Childhood Mental Health Team at Metro and Mt. Hood Head Start Community Placements)</p> <p><u>CFS-Developmental Disabilities:</u> -Referrals to specialized respite providers</p>	<p><u>CFS-Programs and Partnerships</u> -Education for child care providers on services to special needs kids (KICS)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation, training, and referral with cash enhancements for children in child care who require MH treatment and MH treatment for children in child care (Early Childhood Mental Health Team at Metro and Mt. Hood Head Start Community Placements) -A&D (some) child care for parents in ourpatient. - A&D (some) residential care for women & men that included residence for children</p>

Current resources provided or funded by Multnomah County

Continuum Service Areas	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Parenting	<u>Health Dept.</u> -Education and outreach to parents about lead blood levels in children (Lead Poisoning Prevention) -Assessment, teaching and referral to appropriate groups such as PCDS (Neighborhood Health Team) <u>CFS-Programs and Partnerships</u> -Education/support groups, home visits, Parents as Teachers curriculum, child development screening and activities. (Parent Child Development Services) <u>CFS-Developmental Disabilities</u> -Strong system of peer support and peer advocacy among families <u>Library</u> -Parent education materials (Library) -Emergent literacy program for expectant and new parents in coordination with agencies providing parent education and prenatal services (ECR Born to Read) -A family science & children's picture book parenting program which shows parents of children 3-7 how to encourage both reading and science exploration through children's books. (Mother Goose Asks "Why?") <u>District Attorney's Office - Support Enforcement Division</u> -Modification and enforcement of child support orders for non-TANF children and families (Paternity and Support Order Establishment)	<u>Health Dept.</u> -Families with children enrolled in Early Head Start (Neighborhood Health Team) -Families enrolled in WIC (WIC, Neighborhood Health Team) -Teen parents (Connections) -1 st time low income, unmarried mothers (Olds) -African American & Latina low income families in NE and NP (HBI) -Health promotion/education (Well Child Care in Primary Care Clinics) <u>CFS-Behavioral Health</u> -Parenting program for parents interested in preventing conduct disturbance (The Incredible Years, Early Childhood MH Teams) -Mental health consultation & training for parents and staff serving young children in poverty (Early Childhood Mental Health Consultant Team) -In home adult mental health services for parents at risk of abuse and neglect of young children (Family Enhancement Program) <u>CFS-Developmental Disabilities</u> -Consultation to parents <u>Library</u> -Positive modeling and training to parents in schools, social service locations (ECR Parent Educ. Prog.) <u>District Attorney's Office - Support Enforcement Division</u> -Parenting Program for Non Custodial Parents (PACT) -Orientation Classes for Custodial Parents -Community Outreach program to schools, community organizations, etc. to discuss paternity and child support issues	<u>Health Dept.</u> -Families at risk for child abuse/neglect (Family Enhancement Prog.) -Teen parents (Connections, LifeSkills for Young Parents) -Homeless families (Healthcare for the Homeless) -Low income, ESL, and uninsured families at bio-psycho-social risk (Neighborhood Health Team) <u>CFS-Behavioral Health</u> -Parenting program for parents interested in preventing conduct disturbance (The Incredible Years, Early Childhood MH Teams) -MH consultation/ training for parents and staff serving young children with signs of disturbance (Early Childhood MH Consultant Team) -In home adult MH services for parents at risk of abuse and neglect of young children (Family Enhancement Program) -A&D services at SCF for MH assessment, triage and consultation <u>CFS-Developmental Disabilities</u> -Support/advocacy/ training to parents who are Developmentally Disabled. -Parent consultation and advocacy	<u>Health Dept.</u> -Incarcerated, pregnant, substance using women (Neighborhood Health Team, ADAPT) -Infants & families identified at high bio-psycho-social risk (Early Intervention, Neighborhood Health Team) -Infants identified at risk or who have experienced child abuse/neglect (Family Preservation & Support, Field Services, Neighborhood Health Team) <u>CFS-Behavioral Health</u> -Parenting program for parents whose children have early signs of conduct disturbance (The Incredible Years, Early Childhood Mental Health Teams) -Mental health support, triage, and referral, and counseling for families whose child has been abused (CARES Family Support Team) -Mental health assessment, triage and consultation at SCF (Kaliedescope) -Mental health consultation, training, and family treatment for families whose child requires mental health treatment (Early Childhood Mental Health Consultant Team) <u>CFS-Developmental Disabilities</u> -Resource development in coordination with other providers -Consultation and training to providers -Parent consultation and advocacy

Current resources provided or funded by Multnomah County

Continuum Service Areas	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Child Development	<p><u>Health Dept.</u> -Screening, assessment, and teaching, and referral to appropriate groups such as PCDS. (Neighborhood Health Team)</p> <p><u>CFS-Programs and Partnerships</u> -Parents as Teachers curriculum, education/support groups, home visits, child develop, screening and activities. (Parent Child Development Services)</p> <p><u>CCFC</u> -New Parent Kits (containing child devel. & language/literacy resources) -Grants to child care & education programs for acquiring learning materials (Language & literacy development fund) -System-wide professional development on language & literacy development for child care & education providers</p> <p><u>CFS-Developmental Disabilities</u> -Establish eligibility through intake assessment for all referred</p> <p><u>Library</u> -Collection of 121,000 children's books available Children's Library at Central and 15 neighborhood branches -Public story times and special workshops on activities to increase child/adult literacy -Year-round delivery of children's picture books to full-day child care centers (ECR Child Care Center Program) -Resource bags provided to six Early Childhood Resource Centers for teachers and parents to engage young children (It's In the Bag) -Books in 4 different languages at medical and social service community sites (Books While You Wait) -Computer access to children and parents with appropriate parent/child early learning activities</p>	<p><u>Health Dept.</u> -Families enrolled in WIC - as it relates to adequate and appropriate for age nutritional intake (Neighborhood Health Team) -1st time, low income, unmarried mothers (Olds) -Families with children enrolled in Early Head Start (Neighborhood Health Team) -Teen parents (Connections) - Early literacy for low income families receiving home visits (First Book Program- Primary Care Clinics) -Health promotion/education (Well Child Care in Primary Care Clinics) -Early Literacy in Northeast and East Co for primary care clients (Reach Out & Read)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation and training for parents and staff serving young children and parents (Early Childhood MH Consultant Team)</p> <p><u>CCFC</u> -Lang. & literacy development fund -System-wide professional development on language & literacy development for child care & education providers</p> <p><u>CFS-Developmental Disabilities</u> -Intake and assessment for children to determine eligibility -Referral for children who are deemed not eligible for services</p> <p><u>Library</u> -Special services collection for disability issues -Spanish outreach program (LIBROS)</p>	<p><u>Health Dept.</u> -Families at risk for child abuse/neglect (Family Enhancement, Neighborhood Health Team) -Teen parents(Connections, Neighborhood Health Team) -Homeless families (Healthcare for the Homeless, Neighborhood Health Team) -Low income, ESL, and uninsured families at bio-psycho-social risk (Babies First, Field Services)</p> <p><u>CFS-Behavioral Health</u> -Mental Health consultation and training for parents and staff serving young children with signs of disturbance (Early Childhood Mental Health Consultant Team) -In home mental health services for parents at risk of abuse and neglect of young children (Family Enhancement Program)</p> <p><u>CFS-Developmental Disabilities</u> -Coordination of resources for Head Start children. -Case management for children. -Parent consultation and advocacy -Consultation and training to teams of mental health, health, social service and school personnel</p> <p><u>Dept. Community Justice</u> -Home contact with all youth K - 9th who are not attending school (School Attendance Initiative) -Case management services for families where children do not return to school after outreach home visit (Family Centers)</p>	<p><u>Health Dept.</u> -Incarcerated, pregnant, substance using women (ADAPT) -Infants & families identified at high bio-psycho-social risk (Early Intervention, CaCoon) -Infants identified at risk or who have experienced child abuse/neglect (Neighborhood Health Team)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation and training for staff and families serving developmentally disabled young children (Early Childhood Mental Health Consultant Team at PEIP and MESD) -Mental health consultation and training for SCF staff and involved families including triage, assessment and referral of SCF children (Kaliedescope) -Mental health treatment for abused children (CARES Family Support Team) -Mental health assessment of abused and neglected foster children, consultation to SCF, foster and biological parents (Children's Assessment Service)</p> <p><u>CFS-Developmental Disabilities</u> -Monitor outcomes of family support services for children 0-5 eligible for special education (PEIP) -Monitor outcomes of family support services for children 0-5 eligible for special education (MESD Early Childhood Program) -Consultation and training to teams of mental health, health, social service and school personnel -Case management (including support to children and families in crisis in order to stay in community)</p>

Current resources provided or funded by Multnomah County

Continuum Service Areas	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Health	<p><u>Health Dept.</u> -Students in schools with School Based Health Center (Neighborhood Health Team) -Families in PCDS catchment areas (Neighborhood Health Team) -Health screenings at Head Start site for all children in geographic area (Neighborhood Health Team) -Health promotion/education (Well Child Care – Primary Care Clinics) -Immunizations (Community Immunization Clinic) -Dental education age 0-36 months (Baby Days)</p> <p><u>Library</u> -Wide range of health related materials in collection -Pediatric early literacy program providing free books and library information to parents at well baby visits. Two County Health clinics are participating – NE and East County. (Reach Out and Read)</p>	<p><u>Health Dept.</u> -Screen blood lead levels in children 12-24 mths on Medicaid (Lead Poisoning Prevention) Health assessment, teaching and referral to: -Teen Parents – in hospital and home visit (Connections) -Home visits 1st time low income unmarried mothers in East and mid county (Olds) -Home visits to African American & Latina low income pregnant women in NE and NP (HBI) -Home visits to low income, ESL, uninsured families at bio-psycho-social risk (Neigh. Health Team) -CHN health consultant services to Early Head Start staff & families. -Health teaching to families enrolled in WIC as it relates to nutrition -Health promotion/education (Well Child Care –Primary Care Clinics) -Early prenatal services for HIV+ women (HIV clinic) -Nursing home based case management for HIV affected families (Partnership Project) -Pediatric dental services for OHP clients (MultiCare Dental)</p> <p><u>CFS-Programs and Partnerships</u> Health/devel. screenings 0-5 (SKIP)</p>	<p><u>Health Dept.</u> Neighborhood Health Team health assessment, teaching, & referral to families experiencing: -domestic violence, -child abuse/neglect (Family Enhancement Program) -substance use -homelessness (Healthcare for the Homeless) -developmental disabilities -chronic health concerns -mental health issues (readiness for mental health treatment counseling)</p>	<p><u>Health Dept.</u> Neighborhood Health Teams services to children and families who are: -involved with SCF -pregnant women who are incarcerated and involved in substance use (ADAPT) -at high bio-psycho-social risk</p>

Current resources provided or funded by Multnomah County

Continuum > Service Areas >	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Housing			<p><u>CFS-Programs and Partnerships</u> -Rent assistance for families at risk of homelessness.</p>	<p><u>Health Dept.</u> -Remove or remediate lead hazard caused from lead based paint in housing (ClearCorps)</p> <p><u>CFS-Programs and Partnerships</u> -Homeless families services: shelter & motel vouchers, transitional housing, rent assistance, client assistance, case management. -Domestic violence services – shelter, transitional housing, rent assistance, client assistance, case management, child care, children’s case management.</p>
Hotlines	<p><u>Health Dept.</u> -Safenet – Info & Referral -Teen Info Line -Lead Hotline - Information, referral and follow-up on Lead Poisoning Prevention issues</p> <p><u>Library</u> -Community information materials in central area at each location and online (Info Line and www.multnomah.lib.or.us/lib/)</p>	<p><u>CFS-Programs and Partnerships</u> -Safenet – expansion for East County Food Stamp Outreach Pilot Project (Oregon Hunger Relief Task Force w/ HD & CFS)</p>		

Identified Needs

1 = 33% or less of population in need served, 2 = 34% - 65% of need served, 3 = 66% to 100% of need served

Continuum Service Areas	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Home Visits for New Births	<p><u>Health Dept.</u> -Universal initial home visit for new parents (1)</p>	<p><u>Health Dept.</u> -Home visit for all low-income, first time, unmarried mothers (Olds Program) (1) -Intensive case management and home visit services for all low income African American & Latina mothers (HBI) (1) -Case management for all OHP families identified at risk. (1) -Case management for all at risk uninsured & under insured families (minimum 10 visits birth – 3) (1)</p> <p><u>CFS-Developmental Disabilities</u> -No central intake through DD to obtain the number of un-served (see PEIP/MESD). -Drug & alcohol effected babies likely underserved.</p>	<p><u>CFS-Behavioral Health</u> -Health and mental health services available to all eligible families (Family Enhancement Program) (1)</p>	<p><u>CFS-Behavioral Health</u> -Health and mental health services available to all high risk families (Family Enhancement Program) (1)</p>
Behavioral Health	<p><u>CFS-Behavioral Health</u> -Domestic Violence prevention (1)</p>	<p><u>Health Dept.</u> -Post-pregnancy loss (via termination, miscarriage, and adoption) grief work for teens currently not available (to prevent rapid subsequent pregnancies with all their inherent risks to mother and baby). (1)</p>	<p><u>CFS-Behavioral Health</u> -Adult Mental Health Services (35% decrease in funding post-onset of managed care). (1) -Adult A&D Services (2) -Psycho/educational program for children who witness domestic violence, and support and parenting education for their mothers (1)</p>	<p><u>CFS-Behavioral Health</u> -<i>In-home MH consultation and training for foster/kinship and bio families of young foster children; cash enhancements for MH and A&D services for bio parents (Early Childhood Partnerships Project) (1)</i> -Adult Mental Health Services (35% decrease in funding) (1) -Adult A&D Services (2) -Family-based A&D treatment -Increase culturally appropriate A&D treatment options (especially Latinos) -Case management for A&D clients -A&D free safe/affordable housing -Integrated MH/A&D treatment -Coordinated treatment across life domains for clients receiving A&D treatment -A&D service gap for 18-24 age group</p>

Italics = Early Childhood Workgroup Recommendations 11/8/99

Identified Needs

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Continuum > Service Areas >	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Child Care	<p><u>CFS-Programs and Partnerships</u> -Technical assistance and support to develop basic system of education/ assistance for home child care providers to ensure a safe and healthy environment for the children in their care (1) -Expand the number of child care provider networks (currently 2 county contracts at \$40K each) (1) -Expand Metro Child Care Resource team capacity to assist child care providers.</p> <p>-Affordable quality childcare for all families. (1)</p>	<p><u>CFS-Programs and Partnerships</u> -Respite Care for low-income families (1)</p> <p><u>CFS-Developmental Disabilities</u> -Increased childcare options for children with developmental disabilities.</p>	<p><u>CFS-Programs and Partnerships</u> -Respite care for parents at risk for child abuse or homelessness (1)</p> <p><u>CFS-Developmental Disabilities</u> -Increased respite care options for children with developmental disabilities.</p>	<p><u>CFS-Programs and Partnerships</u> -Respite care for parents of children with chronic health problems and parents identified with bio-psycho-social risks (1)</p> <p><u>CFS-Behavioral Health</u> -Quality and availability of child care associated with A&D outpatient treatment -Increase capacity of A&D residential service for children with custodial parent in residential treatment.</p> <p><u>CFS-Developmental Disabilities</u> Increased training for foster care providers of children with developmental disabilities.</p>
Parenting	<p><u>CFS-Programs and Partnerships</u> -Expansion of parent education and child development services to clinic and school sites to include all low income, ESL, and/or uninsured parents. (Parent Child Development Services) (1)</p> <p><u>CFS-Developmental Disabilities</u> -Geographic access, transportation, child care gaps to peer support and peer advocacy among families.</p> <p><u>Library</u> -Adult literacy program</p>	<p><u>Health Dept.</u> -Outreach and access to parenting services for all teen parents (LifeSkills for Young Parents) (2)</p>	<p><u>CFS-Behavioral Health</u> -Coordinated, comprehensive, linked mental health and related services for "at risk" children (Early Childhood Partnerships) (1)</p> <p><u>Health Dept.</u> Neighborhood Health Team home visit services available to all families at high risk for: -child abuse/neglect -homeless families -low income, ESL, & uninsured families at bio-psycho-social risk (2)</p> <p><u>CFS-Developmental Disabilities</u> -Increased support services for all parents who are developmentally disabled -Increased parent training resources for families with children who are developmentally disabled</p>	<p><u>CFS-Behavioral Health</u> -In-home MH consultation and training for foster/kinship and bio families of young foster children; cash enhancements for MH and A&D services for bio parents (Early Childhood Partnerships Project) (1)</p> <p><u>CFS-Developmental Disabilities</u> -Increased behavioral consultations services for families with children who are developmentally disabled.</p>

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Identified Needs

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Continuum Service Areas	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Child Development	<p><u>CFS-Programs and Partnerships</u> -Child development groups available to all parents seeking services (Parent Child Development Services) (1)</p> <p><u>Library</u> -Expand Early Literacy Program for families with newborns (1)</p>		<p><u>CFS-Behavioral Health</u> -Coordinated, comprehensive, linked mental health and related services for "at risk" children (Early Childhood Partnerships) (1)</p> <p><u>CFS-Developmental Disabilities</u> -Increase case management services to all families at this level of need.</p>	<p><u>CFS-Behavioral Health</u> -In-home MH consultation and training for foster/kinship and bio families of young foster children; cash enhancements for MH and A&D services for bio parents (Early Childhood Partnerships Project) (1)</p> <p><u>CFS-Developmental Disabilities</u> -Increase case management services to all families at this level of need (including developing new resources).</p>
Health	<p><u>Health Dept.</u> -Breastfeeding support for mothers of newborns – CHN home visit at 3 day post partum. (1) -Universal development and health screenings for all preschool age children (1)</p>	<p><u>Health Dept.</u> -Home visit program for all low-income first time unmarried mothers (Olds Nursing Home Visit Program) (1) -Intensive case management and home visit services for all low income African American & Latina mothers (HBI) (1) -Perinatal case management for all OHP low income families identified at risk (1) -Perinatal case management for all at risk uninsured & under insured families (minimum 10 visits 0–3) (1)</p>		
Housing	<p><u>CFS-Programs and Partnerships</u> -Affordable housing in safe, supportive neighborhoods -Family wage jobs with benefits</p>	<p><u>CFS-Programs and Partnerships</u> -Adequate supply of low-income housing in safe, supportive neighborhoods</p>	<p><u>CFS-Programs and Partnerships</u> -Rent assistance and other support services to prevent homelessness</p>	<p><u>CFS-Programs and Partnerships</u> -Funding for quality child care for all children who are homeless. -Child advocates to provide long-term case management and coordination w/school and other resources for homeless and formerly children. -Families impacted by dom. viol. and/or homelessness: Intensive group and indiv. intervention for children and their mothers.</p>
Infrastructure		<p><u>Health Dept.</u> -Training of staff for best practice models. Example: Prenatal and Early Childhood Nurse Home Visitation Program (Olds) (1)</p>	<p><u>CFS-Behavioral Health</u> -Training for Early Childhood Mental Health Community in best practices (2) Training for child MH professionals on working with children witnessing domestic violence (1)</p>	<p><u>CFS-Behavioral Health</u> -Training for Early Childhood Mental Health Community in Best Practices (2) -Cross training for alcohol/drug and mental health professionals with focus on early childhood impact of services.</p>

Italics = Early Childhood Workgroup Recommendations 11/8/99

Glossary:

A&D – Alcohol and Drug treatment services.

ADAPT – a joint project of Corrections Health, Department of Community Justice, and Community Health Nurse field nurses. Provides case management, special probation supervision, access to transitional housing and home nursing visits to women in jail who are pregnant and drug addicted. Community based follow up/assurance of linkage to prenatal care and other services provided through the child's first year.

Babies First - community health nurse case management to families with psychosocial risk factors.

Behavioral Health – includes Mental Health and Alcohol/Drug services.

CaCoon - care coordinated by community health nurses for families with children who have special needs.

CHN - Community Health Nurse at PCDS- provide newborn and post partum assessment and teaching, link with needed services and promote other PCDS services to reduce child abuse.

CHW - Community Health Worker

CIC - Community Immunization Clinic – provide access to childhood immunizations to low income families in Multnomah County.

CYP - Connections for Young Parents – promote good birth outcomes and healthy children in teen parent families.

Domestic violence - domestic violence programs are funded by CFS (such as Raphael House, Bradley-Angle House, YWCA, Volunteers of America, Portland Women's Crisis Line).

EHS - Early Head Start – Community Health Nurse at Early Head Start facility promotes health standards in facility and facilitates healthy lifestyle for participating families.

EI - Early Intervention –home visit based program to achieve early identification of children with special health care needs and

provision of case management and child development education to improve child outcomes.

Early Intervention Unit - provides services to children 11 years of age and younger and their families who have been referred to Department of Community Justice - Juveniles for law violations.

FEP - Family Enhancement Program – in home mental health and nursing services to reduce the risk of child abuse and improve parenting.

Field CHN - case management through home visits to improve birth outcomes, reduce child abuse, and connect families with needed resources.

FP - Family Preservation & Support – reduce the risk of child abuse in families at high risk.

HBI - Healthy Birth Initiative - outreach and case management for pregnant African American and Latina women in Northeast and North Portland to improve birth outcomes. A federally funded Healthy Start Program.

HCH - Healthcare for the Homeless – Community Health Nurse services to improve health outcomes for homeless families.

Homeless services - provided by community and family service centers, through a system of six centers, by contract from CFS. All of the homeless resources are funneled through the centers, and offer an array of homeless services. In addition, there are ethnic access services for American Indian and Latinos.

KICS - Kids in Community Settings - Curriculum for child care providers on how to include children with special needs in their child care setting. KICS is being expanded to include children with behavioral challenges.

LYP - Lifeskills for Young Parents (formerly called WYN or Waiting for Your Next) – education program for teen mothers to encourage waiting for subsequent pregnancy until other life goals are met.

Mental Health – mental health triage, assessment and treatment of individuals, families and groups with diagnosable mental or emotional disturbances.

NAS - Neighborhood Access Sites – provide traditional public health services (Family planning, immunizations, health teaching, and WIC) in small neighborhood based centers.

NHT - Neighborhood Health Team – includes community health nurses, community health workers, mental health consultants, office assistants, field managers, and program – specific staff.

PCDS - Parent Child Development Services – program for families with a child 0-5, provide universal access to parent education and child development programs, home visits, Community Health Nurse visits, and other services.

Safenet – information and referral hotline for families seeking health and social services.

SBHS - School Based Health Center – provides reproductive health and primary care health services in public schools to improve the health of adolescents and reduce teen pregnancy.

SKIP - Health and developmental screenings, and referrals, provided throughout the county for children 0-5.

WCC - Well Child Care – promotes healthy growth and development in children 0 to 17 in Health Department Primary Care Clinics.

WIC – Women, Infants, and Children – nutrition education and food vouchers for pregnant women, infants and children at 185% of poverty and at risk for nutritional deficiency to improve birth outcomes and promote healthy growth and development in children.