BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR MULTNOMAH COUNTY, OREGON

In the Matter of Approving the Amend-)
ment to the Comprehensive Plan of the )
Multnomah Commission on Children )
and Families for FY 1995-97 )

RESOLUTION
94-228

WHEREAS, the Multnomah Commission on Children and Families has developed and approved a comprehensive plan for the children and families of Multnomah County, and

WHEREAS, the Board of County Commissioners approved the comprehensive plan, and

WHEREAS, the Multnomah Commission on Children and Families has amended the comprehensive plan, and

WHEREAS, the State of Oregon Commission on Children and Families will review for approval the Multnomah Commission on Children and Families amendment to the comprehensive plan, and

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of Multnomah County hereby approves the amended Comprehensive Plan for the Period of July 1, 1995 to June 30, 1997 and authorized its official submission by the County Chair.

ADOPTED this 1st day of December, 1994.

MULTNOMAH COUNTY, OREGON

By _____
Beverly Stein, County Chair

REVIEWED:
LAURENCE KRESSEL, COUNTY COUNSEL
for Multnomah County, Oregon

By _____
Laurence Kressel

*Multnomah Commission on Children and Families*

Pauline Anderson, Chair
Helen Richardson, Director

# *Comprehensive Plan for Achieving 15 Key Benchmarks*

amended December 1, 1994

*POTENTIAL PARTNERS:*
***Some of the organizations that we may work with***

The organizations listed below are considered to be examples of community partners. We recognize that many more names may be added to this list.

A partial list of public partners includes the following:

- City of Portland
- Community Colleges
- Elected officials (federal, state, local)
- Employment Department:
- The Child Care Division (CCD)
- Child Care Resource & Referral
- Four year colleges
- Health & Human Services
- Multnomah County ESD
- Multnomah County Health Department
- Multnomah County Libraries
- Public School systems
- State of Oregon Adult and Family Services Division
- State of Oregon Children's Services Division (CSD)
- State of Oregon Department of Education

A partial list of private partners includes the following:

- Association for Portland Progress
- Chamber of Commerce
- Corporations
- Foundations
- Hospitals
- Media - print & broadcast
- Non-profit organizations
- Professional organizations
- Service organizations
- Volunteer Center

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
***What we know about the way things are now, and how people in the community are responding***

Early childhood care and education (readiness to learn) is emerging as a national priority, being the first of six national educational goals, as a state priority under the leadership of the Oregon Commission on Children and Families, and as a local priority under the leadership of Multnomah County Chair, Beverly Stein. As our communities seek root causes for youth violence, an ill prepared workforce and family dysfunction, research clearly points to the earliest years as critically formative and predictive of success.

There is agreement, and substantive evaluation, of effective systems which support children and families from the earliest age. The Carnegie Foundation Report "Ready To learn" by Ernest Boyer cites seven conditions necessary for children to be ready to enter school:

1. A healthy start
2. A language rich environment with caring, empowered parents
3. Quality early care and education, including preschools and child care
4. A responsive, family-friendly workplace for parents
5. Responsible, nonviolent and educational TV programming on all major networks
6. Safe, supportive neighborhoods where learning can take place
7. A society where there is a web of supports for families and greater intergenerational connections

Compelling research on the long term benefits of early childhood care and education and family support, new targeted federal moneys, and the statewide reallocation of social services block grant offer rationale for prioritizing this field of service.

In striving for the achievement of this benchmark particular care must be taken to protect the rights of individuals and families. Creating a wellness philosophy within the county for every child, requires recognition of the family's strengths and belief system. Respect and support must be given to individual and cultural differences, recognizing the family's rights to choice.

The definition and interpretation of terms used in early childhood care and education often elicits controversy. Curriculum, Ready To Learn, and even the phrase care and education itself invokes differing opinions. Public perception of these terms is of even greater concern.

Controversy continues over the importance of children and the necessity of parent education and support. While public concern and interest is expressed, economic and political decisions are made that actually impede the healthy development of children and do not support the integrity of the family.

The categorization of children into specific age groups precludes the development of a comprehensive continuum of services. A full spectrum of child care and related services is needed to reach older school age children.

## *Benchmark: Early Childhood Education*

(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Establish Multnomah County in a key leadership role in the field of early childhood development, responsible for improving communication, coordination and collaboration among all players, and increasing the visibility of children and families and the professionals who serve them | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 1<br>1. Fund/evaluate the delivery of parent education and support at every possible community touch point<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Establish a vehicle for achieving this objective, such as the Multnomah County Office of Early Childhood Care and Education, insuring collaboration and integration<br>2. Establish a community advisory board to the Office with members reflecting the diversity within the early childhood community<br>3. Coordinate continuing community awareness and education about what children need to be successful in school<br>4. Educate businesses on the value of a family friendly workplace<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 1<br>*(see appendix titled: "Policy Considerations")* |
| OBJECTIVE 2<br>Assure every child a healthy start in life by providing an array of neighborhood-based services and supports for young children and their families | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Implement and expand programs based on the Healthy Start model<br>2. Assure regular, timely screenings to evaluate the child's physical well being, cognitive, social, emotional, language, literacy, fine and gross motor development<br>3. Make immunizations available to all children prior to kindergarten<br>4. Provide direct services to parents and families in need of medical and mental health care, parent education, emotional support and economic stability<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Establish multiple neighborhood-focused Parent Child Development Services at each Family Center<br>2. Establish neighborhood advisory boards to the Family Centers, to design services to meet the unique needs of children and families within that neighborhood<br>3. Collaborate with and support the State of Oregon's benchmark goal of 100% enrollment of children eligible for Head Start<br>4. Expand providers' awareness of developmentally appropriate practices<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 2<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Expand parents' awareness of developmentally appropriate practices<br>2. Expand parents' ability to locate/evaluate quality child care services |
| OBJECTIVE 3<br>Assure the availability of quality parenting education for families of young children | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 3<br>1. Expand parent education and support services which include home visits from parent educators and community health nurses<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 3<br>1. Establish neighborhood-focused Parent Child Development Services at each Family Center<br>2. Support system changes conducive to the delivery of parent education and support at every possible community touch point |

*POTENTIAL PARTNERS:*
***Some of the organizations that we may work with***

The organizations listed below are considered to be examples of community partners. We recognize that many more names may be added to this list.

A partial list of public partners includes the following:

- City of Portland
- Colleges-four year
- Community Colleges
- Elected officials (federal, state, local)
- Employment Department:
- The Child Care Division-CCD Certification
- Child Care Resource & Referral
- Health & Human Services
- Multnomah County ESD
- Multnomah County Health Department
- Multnomah County Libraries
- Public School systems
- State of Oregon Adult and Family Services Division
- State of Oregon Children's Services Division (CSD)
- State of Oregon Department of Education

A partial list of private partners includes the following:

- Association for Portland Progress
- Chamber of Commerce
- Corporations
- Foundations
- Hospitals
- Media - print & broadcast
- Non-profit organizations
- Professional organizations
- Service organizations
- Volunteer Center

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
***What we know about the way things are now, and how people in the community are responding***

Developmentally appropriate child care is an economic development issues as well as a family issue.

Child care is impacted by 3 concerns:

- Accessibility
- Affordability
- Quality

Since this benchmark seeks to increase the number of child care providers meeting quality standards, it is significant to note that child care quality is impacted by:

- The setting of high and consistent standards
- Provider training and technical assistance
- Implementation of developmentally appropriate practices
- Provider compensation
- A system of monitoring compliance with established standards

Child care providers are often a child's first teacher out of the home, and play a vital role in a child's early development and education. Their capacity for providing healthy, developmentally appropriate and safe care is essential.

Child care providers are among the lowest paid workers in the chronically underpaid field of human services. Many child care workers live below the poverty line and qualify for public assistance. Few have medical insurance or other benefits.

Only recently (7/94) family (home) child care became subject to registration with the State. 80% of child care in Oregon is provided in a home.

Staff turnover, most often due to low wages and benefits, undermines efforts to achieve quality standards.

Baseline data is not available to assess issues of quality (i.e. "group size" currently existing in child care programs).

To coordinate the achievement of this benchmark with other closely related efforts, we need to recognize school age child care as separate from but related to the issues involved in early childhood care and education.

There is a growing need for additional child care slots and the availability of Head Start slots for every eligible child.

Child care resources for parents in treatment programs are not adequately developed.

State subsidy practices undermine the efforts which seek to achieve compensation for full cost of care.

## *Benchmark: Increase Quality Child Care*
(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Implement and expand the many projects already developed in the Child Care Development block Grant Plan | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Fund/evaluate the maintenance and expansion of the Child Care Resource and Referral Resource Team<br>2. Fund/evaluate the maintenance and expansion of the Resource Fund<br>3. Fund/evaluate the maintenance and expansion of the Loan Fund<br>4. Fund/evaluate the maintenance and expansion of the Child Care Center/Family Provider Network |
| OBJECTIVE 2<br>Establish Multnomah County in a key leadership role in the field of early childhood development, responsible for improving communication, coordination and collaboration among all players, and increasing the visibility of children and families and the professionals who serve them | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Fund/evaluate the Emergency Scholarship Fund<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Establish a vehicle for achieving this objective, such as the Multnomah County Office of Early Childhood Care and Education, insuring collaboration and integration<br>2. Advocate for an increase in the overall wages and benefits for workers within the child care system who are employed by providers meeting quality standards<br>3. Integrate Oregon Childhood Care and Education Career Development Plan into Multnomah County<br>4. Develop, implement and support a regulatory system within Multnomah County that establishes high and consistent standards for child care<br>5. Develop additional sources for child care subsidies<br>6. Advocate with the State for higher and more consistent standards for child care<br>7. Re-establish the Child Care Council as an advisory board<br>8. Establish a linkage between child care providers and available support systems<br>9. Create a comprehensive database of child care programs and support services, including information on quality indicators<br>10. Increase providers abilities to meet quality standards and to conduct their services in a businesslike and profitable manner<br>11. Expand awareness of developmentally appropriate practices among providers<br>12. Increase accessibility to and availability of trainings, particularly on diversity and gender issues<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 2<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Expand parents' abilities to locate and evaluate quality child care services<br>2. Increase community awareness of child care as an economic development issue, affecting the quality and availability of the workforce in the area<br>3. Increase the overall supply of child care particularly in areas of school age and infant/toddler child care<br>4. Expand awareness of developmentally appropriate practices among parents |

## *Benchmark: Reduce the Number of Babies Born Drug Affected*

BENCHMARK ALLOCATION: 1% of available funds

*POTENTIAL PARTNERS:*
***Some of the organizations that we may work with***

- Multnomah County Alcohol and Drug Program Office, including the Target Cities program
- Current alcohol & drug treatment service providers in Multnomah County
- Current programs focusing on perinatal substance use, including:
  - Project Network
  - ADAPT
  - SAFE
- Multnomah County Health Department Field Services
- Major health care systems, including:
  - Kaiser
  - OHSU
  - Legacy
  - Multnomah County Health Department
  - Sisters of Providence
  - Portland Adventist

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
***What we know about the way things are now, and how people in the community are responding***

Drug-affected babies result from pregnancy of an alcohol and/or drug abusing or addicted women, or from use of tobacco during pregnancy. Reduction of drug-affected babies is, therefore, tied to reduction of chemical abuse among women of child-bearing age.

Within the past 8 years, educational campaigns have increased public awareness of the dangers of drug use during pregnancy. Also, advocacy for the special addiction treatment issues pertaining to pregnant women, and women with children, has resulted in increased availability of specialized treatment services.

Some child-care programs have been made available to women in treatment, with some targeted outreach to ethnic and cultural populations at increased risk.

Treatment on demand is not available.

Current reporting systems under-identify use of drugs and alcohol. A research study is under way in Oregon to determine the prevalence of drug use during pregnancy, testing for THC, barbiturate, cocaine, opiate, methamphetamine. About 24% of pregnant women report smoking during their pregnancy.

A high percent of chemically dependent women were sexually abused as children, and often have experienced other violence in their lives. This means the service system needs to have comprehensive strategies including treatment, mental health services, family treatment, parenting education, basic skills training and community support.

## *Benchmark: Reduce the Number of Babies Born Drug Affected*

(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Assure that pregnant, substance using women receive early referrals to supportive services | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 1<br>1. Make customer education on substance use issues and resources available to all customers at prenatal visits<br>2. Make smoking cessation interventions part of prenatal care<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Develop an easy and immediate/crisis access link between provider assessment and treatment services<br>2. Expand prenatal outreach strategies to assure expanded early identification of pregnancies and access to care<br>3. Increase the number of health care providers, and others, who provide early needs assessment and early referral<br>4. Expand health care provider education (basic, continuing) on substance use and how to do screening/assessment<br>OTHER ACTIVITIES FOR OBJECTIVE 1<br>1. Create standard of care on screening & intervention through professional organizations |
| OBJECTIVE 2<br>Increase availability of comprehensive services, tailored to needs of each client, including both residential and outpatient services, and expand recovery support services | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Develop more beds for children of all ages, and for longer care, for pregnant women in residential treatment<br>2. Develop child care and transportation assistance for pregnant women in outpatient treatment<br>3. Develop the Family Centers to serve as women's centers for basic life skills, exercise, health information and support<br>4. Fund/evaluate programs that prevent child/adolescent HIV infections and other sexually transmitted diseases, targeting populations at increased risk<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Improve coordination between prenatal and treatment providers<br>2. Expand the availability of culturally appropriate treatment services<br>3. Sensitize alcohol/other drug treatment programs, and other programs, to the need for comprehensive services, including components such as child care, family treatment, mental health, domestic violence<br>4. Need to create models of 'community' of support, through natural communities that are culturally appropriate<br>5. Create a consistent, system-wide case management model (not agency specific) following women and children throughout treatment and recovery<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 2<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Support efforts to expand increased affordable, safe, decent housing |
| OBJECTIVE 3<br>Build on and expand existing strategies to reduce substance use | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 3<br>1. Support the recommendations of the adolescent A&D prevention plan<br>2. Support a comprehensive, age appropriate K-12 substance use education, including effects of substance use on pregnancy in higher grades<br>3. Discourage media's glamorizing the use of alcohol and tobacco<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 3<br>*(see appendix titled: "Policy Considerations")* |

## *Benchmark: Increase Prenatal Care*

BENCHMARK ALLOCATION: 2% of available funds

***POTENTIAL PARTNERS:***
***Some of the organizations that we may work with***

- Oregon Health Division media campaign on need for prenatal care.
- Oregon Health Systems in Collaboration-partner with Oregon Health Division for media campaign and incentive coupon project.
- Black United Fund
- March of Dimes
- Major health care systems:
  - Kaiser
  - OHSU
  - Legacy
  - Health Department
  - Sisters of Providence
  - Portland Adventist
- Current community providers:
  - NARA/NW
  - Neighborhood Health Clinic
  - Outside-In
  - Center for Maternity & Family Support

***SITUATION ANALYSIS/COMMUNITY FINDINGS:***
***What we know about the way things are now, and how people in the community are responding***

Approximately one fourth of all pregnant women in Multnomah County in the last several years have not received adequate prenatal care. This has remained consistent over time. Three main factors limit access to adequate prenatal care:

1. Limited financial access.
   Although the ability of women to access care has improved somewhat in the last 3 years due to Medicaid changes (allowing eligibility to women at 133% of federal poverty limits) and the Oregon Health Plan, there is still a gap in economic access for low income women who are "not poor enough" to be on welfare, but who don't earn enough to be able to purchase adequate service.
2. Not understanding the importance of care.
   Many people don't realize how important quality prenatal care is, and why, and how and where to get it.
3. Prenatal care that doesn't meet the clients need.
   Care is often not culturally appropriate. The information given or procedures done may not be understood, explained, or fit the client's situation. Additionally, people affected by alcohol and other drugs may be uncomfortable seeking care at the very time it's most important.

## *Benchmark: Increase Prenatal Care*

(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Implement strategies which encourage the early identification of pregnancy; which promote the importance of prenatal care; and which educate on the availability of community resources | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Expand outreach efforts to help pregnant women and their support systems know about the availability of care, and how that care is important to their health and to the health of their baby<br>2. Expand the number of and increase access to School Based Health Centers<br>3. Develop expanded access to care through a mobile prenatal care unit<br>OTHER ACTIVITIES FOR OBJECTIVE 1<br>1. Distribute information through home pregnancy kits and pharmacies concerning the need for prenatal care & availability of local resources<br>2. Disseminate simple information on pregnancy test sites & procedures, using phone book, plus churches, work sites, & other community locations<br>3. Conduct a visual media campaign on the need for prenatal care<br>4. Conduct school health education on need for prenatal care<br>5. Create a 'community' expectation of prenatal care, using grandmoms, aunts, curanderos, elders; use focus group of community members to define community strategies |
| OBJECTIVE 2<br>Reduce existing barriers to accessing prenatal care | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Provide transportation assistance; for example, Tri-met passes, Volunteer Drivers<br>2. Provide on-site child care or in-home child care resources<br>3. Develop the concept of a mobile prenatal care van at neighborhood sites<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Increase cultural competence among service providers and referring sources<br>2. Encourage more women and minorities to become health care providers, such as physicians and nurse midwives, so clients have a choice of providers to best meet their needs<br>3. Assure the availability of a diversity of providers within managed health care plans<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 2<br>*(see appendix titled: "Policy Considerations")* |

*POTENTIAL PARTNERS:*
***Some of the organizations that we may work with***

Bradley Angle House, Raphael House, West Women's and Children's Shelter, YWCA Women's Resource Center, Portland Women's Crisis Line, Community Advocates for Safety & Self Reliance, Children First, Multnomah Co. Legal Aid, Multnomah Bar Association Young Lawyers 7 Volunteer Lawyers Projects, Oregon Coalition Against Domestic & Sexual Violence, Multnomah Co. Family Violence Intervention Steering Committee, OHSU, Nursing Schools, Child Abuse Unit, Multnomah Co. Health Dept., Physicians for Social Responsibility, PPB Domestic Violence Reduction Unit, United Way, Portland Rotary, Ecumenical Ministries, Albina Ministerial Alliance, Lesbian Community Project, International Refugee Center, SOAR, Urban League, Coalition of Black Men, Emanuel Hospital's CARES Program, Imani Women's Center, School Districts (K-3 reps, ECE reps), Child care providers, Oregon Association for the Education of Young Children, OSU Extension Service, CASA, Association for Portland Progress, Schools, Morrison Center, Dr. Sudge Budden, Housing Authority of Portland Drug Elimination Team, Mental Health providers, public and private, CSD, MDT, Junior League of Portland, Multnomah County Libraries, Volunteers of America, Men's Resource Center, PCDC's, Multnomah County Connections Teen Parent Program, SKIP, STEPS, Even Start, Multnomah County Health Nursing Office, Head Start, Insight Teen Parent Program, Multnomah county Jail, Family court Services, William Temple House, Our Father's Ministry, Lutheran Family Services, Parents Anonymous, Peninsula Child Care Center, Metro Child Care R & R, Parent Cooperative Preschools, churches, parks and recreation programs, National council of Jewish Women; libraries, Baby's First, Pacific University, hospitals, Portland Family Calendar, United Way, Portland Office of Neighborhood Associations, Oregonian, Metro Crisis Intervention, Waverly, Mid-county Family Center, DARE, GREAT Oregon Peace Institute, Save Our Youth, the Solo Center, Tri County Youth Consortium, Eastwind, PACE, Mental Health Services West, Foster Parents Association, Morrison Center, Reach Out, Harry's Mother, Association of Retarded Citizens, Oregon Medical Association, OHSU, Kaiser, ASAP, Human Solutions, Portland Public Schools at Columbia Villa, Community Service Centers, Robert Wood Johnson, Shepard's Home, SAFAH , RASP, media, ASAP, Council for Prostitution Alternatives.

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
***What we know about the way things are now, and how people in the community are responding***

Reported child abuse in Multnomah County has varied only slightly in the last 6 years from a high of 14.3 to a low of 12.4 abused children per 1,000 young persons under 18 years. For 1993, the rate of reported abuse was 13.3 abused children per 1,000. These statistics reflect incidents reported to Children's Services Division (CSD), and most likely are lower than the actual rate of child abuse.

Who is abused, and who is the abuser and why do they abuse are important indicators of how we, as a community, need to address these problems. Infants comprise the largest single age class of child abuse and neglect victims, because they are inherently more vulnerable, family stress is high at the time of birth, and many babies are born drug affected. Female children are 57% of Oregon's victims of child sexual abuse, mental injury, and threat of harm. Many abused girls and boys experience developmental delays, since they have learned to "shut down" their emotions as a way of coping with the ever present threat of harm.

Children with disabilities are over-represented in all categories of maltreatment. In one study where information was collected from a nationally representative sample involving 35 Child Protective Services (CPS) agencies (Crosse, Kaye, and Ratnofsky, 1993), CPS case workers reported maltreatment in children with disabilities 1.7 more times than in children without disabilities. In 47% of these cases, the disabilities directly led to, or contributed to the maltreatment. Physical abuse was reported by CPS caseworkers at a rate of 2.1 times, sexual abuse 1.8 times, and physical neglect 1.6 times that of children without disabilities.

Abusers are usually family members of the victims. Parents are the perpetrators in 59% of all abuse, and familial abusers constitute 85% of all cases. Family stress from a variety of sources is correlated to reports of child abuse and neglect. These sources include alcohol and other drug problems, early, single parenting, unemployment, parental criminal involvement, major child care responsibilities, parental history of childhood abuse, and domestic violence, which itself can be considered a form of violence against children who witness, it in at least 3 specific ways:

1. Children are invisible victims. Witnessing one parent beat another causes immediate and long term trauma.
2. Children are accidental victims. They are often hit trying to protect a parent or when they simply are caught in harm's way
3. Children are intentional victims. 45% to 75% of men who batter women also batter their children. Mothers in a violent relationship are among those most likely to physically discipline their children for as long as they remain in the violent relationship

The need to solve the problem of child abuse and neglect has led to extensive research. This research points to parent education and support as one way of reducing child abuse. *Parents as Teachers* and *Healthy Start* are 2 programs that have been thoroughly evaluated, and provide parent education and support. Research also indicates that parents' psychological maturity and emotional well being increases sensitive parenting.

Positive parent-child bonding, essential to a child's well being, takes place when parents are sensitive to infants and provide responsive and affectionate caregiving. Abusive parents tend to lack effective child management techniques and experience and are more harsh and negative when interacting with infants.

## *Benchmark: Reduce Child Abuse and Neglect*

(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Promote and expand supports specifically for children, helping them to understand what abuse and neglect is, what they can do in an abuse situation, and what resources are directly available to them | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 1<br>1. Fund/evaluate community-based, in-school programming that teaches children about how they can safely respond to unwanted touching<br>2. Support the delivery of curricula on relationships, dating and violence<br>3. Develop programs to support young people's self-esteem, and to support them in asking for what they need ("I need a meal; I need a safe place to live; I need some shoes")<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Develop a "safe haven" in every school where a young person can go to confide in a trustworthy, non-judgmental adult |
| OBJECTIVE 2<br>Promote and expand community supports for parents and other adults, helping them to understand what abuse and neglect is, what they can do to reduce abuse and neglect, and what resources are available to them | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Fund/evaluate a 24-hour family crisis intervention hotline<br>2. Fund/evaluate respite services ("time-outs") for parents in high stress<br>3. Support treatment programs for families that abuse<br>4. Expand social & support networks for parents<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 2<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Conduct community conversations/education on "what is child abuse and neglect?" and advocate for a broad, community-wide understanding, using both the CSD definition, and an informal social definition<br>2. Advocate for improved services for offenders returning to community<br>3. Support extended families, including foster grand parent programs |
| OBJECTIVE 3<br>Provide professional services which support families in their healthy growth and development, in avoiding becoming involved in abuse or neglect, and in becoming responsive to the incidence of abuse and neglect at the earliest possible point | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 3<br>1. Fund/evaluate these three programs: Healthy Start, Court Appointed Special Advocates (CASA), and Parents as Teachers<br>2. Coordinate screening and assessment with kindergarten teachers and early childhood care and education programs<br>3. Reduce family stress by providing basic needs through family centers<br>4. Reduce family stress, and provide for an early point of reporting abuse and neglect, by providing high quality family mediation programs<br>5. Provide home visits to all newborns<br>6. Expand access to stable, quality child care<br>7. Support parent screening and referral for alcohol and other drug abuse<br>8. Expand availability of developmental screening, starting at birth, for all children; offer follow-up services<br>9. Expand the number of relief nurseries<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 3<br>1. Conduct community education on the statutory responsibilities of youth and family serving professionals in reporting abuse<br>2. Train community providers to better recognize and respond to risk and protective factors, and to symptoms of abuse/neglect<br>3. Advocate for a child focused tracking system, connecting and coordinating people & services<br>4. Support the continuance of multi-disciplinary teams (MDTs)<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 3<br>*(see appendix titled: "Policy Considerations")* |
| OBJECTIVE 4<br>Assure the availability of quality parent education at every possible community touch point | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate the delivery of quality parent education based on best practices, including provider training and program evaluation<br>2. Support the beginning of PCDC dad's group<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 4<br>1. Expand the number of Parent Child Development Centers (PCDCs)<br>2. Explore the feasibility of child care centers as potential PCDC sites |

## Benchmark: Reduce Domestic Violence within Families

BENCHMARK ALLOCATION: 3% of available funds

*POTENTIAL PARTNERS:*
*Some of the organizations that we may work with*

Bradley Angle House, Raphael House, West Women's and Children's Shelter, YWCA Women's Resource Center, Portland Women's Crisis Line, Community Advocates for Safety & Self Reliance, Children First, Multnomah Co. Legal Aid, Multnomah Bar Association Young Lawyers 7 Volunteer Lawyers Projects, Oregon Coalition Against Domestic & Sexual Violence, Multnomah Co. Family Violence Intervention Steering Committee, OHSU, Nursing Schools, Child Abuse Unit, Multnomah Co. Health Dept., Physicians for Social Responsibility, PPB Domestic Violence Reduction Unit, United Way, Portland Rotary, Ecumenical Ministries, Albina Ministerial Alliance, Lesbian Community Project, International Refugee Center, SOAR, Urban League, Coalition of Black Men, Emanuel Hospital's CARES Program, Imani Women's Center, School Districts (K-3 reps, ECE reps), Child care providers, Oregon Association for the Education of Young Children, OSU Extension Service, CASA, Association for Portland Progress, Schools, Morrison Center, Dr. Sudge Budden, Housing Authority of Portland Drug Elimination Team, Mental Health providers, public and private, CSD, MDT, Junior League of Portland, Multnomah County Libraries, Volunteers of America, Men's Resource Center, PCDC's, Multnomah County Connections Teen Parent Program, SKIP, STEPS, Even Start, Multnomah County Health Nursing Office, Head Start, Insight Teen Parent Program, Multnomah county Jail, Family court Services, William Temple House, Our Father's Ministry, Lutheran Family Services, Parents Anonymous, Peninsula Child Care Center, Metro Child Care R & R, Parent Cooperative Preschools, churches, parks and recreation programs, National council of Jewish Women; libraries, Baby's First, Pacific University, hospitals, Portland Family Calendar, United Way, Portland Office of Neighborhood Associations, Oregonian, Metro Crisis Intervention, Waverly, Mid-county Family Center, DARE, GREAT Oregon Peace Institute, Save Our Youth, the Solo Center, Tri County Youth Consortium, Eastwind, PACE, Mental Health Services West, Foster Parents Association, Morrison Center, Reach Out, Harry's Mother, Association of Retarded Citizens, Oregon Medical Association, OHSU, Kaiser, ASAP, Human Solutions, Portland Public Schools at Columbia Villa, Community Service Centers, Robert Wood Johnson, Shepard's Home, SAFAH , RASP, media, ASAP, Council for Prostitution Alternatives.

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
*What we know about the way things are now, and how people in the community are responding*

In 1993-94, Multnomah County domestic violence programs received over 29,000 crisis calls reporting domestic violence and seeking help. Domestic violence has major consequences for medical services, police, and business. One-third of all emergency room visits by women are due to domestic violence. Local 911 emergency services received over 13,000 calls reporting domestic violence assaults. One-third of the homicides in Multnomah County involved family or domestic violence. Domestic violence is the single greatest reason women leave the workforce, and can cause absenteeism and lowered productivity by both victim and perpetrator.

More babies are born with birth defects as a result of the mother being battered during pregnancy, than from the combination of all diseases for which we immunize pregnant women. At least 8% of pregnant women are battered during pregnancy, are twice as likely to miscarry and 4 times as likely to have low birth weight infants, 40% more likely to die in the first year. 45% of female alcoholics report being battered prior to their drinking.

Who are the victims, who are the abusers and why do they abuse? Overwhelmingly, it is women who are the victims, both in Multnomah County and nationally. A 1994 U.S. Department of Justice survey of 400,000 victims, reported that 90% of the victims were women. In Multnomah County 85% of those receiving restraining orders because of domestic violence are women. And equally overwhelmingly, it is men who are the perpetrators of domestic violence. The U.S. Department of Justice survey also indicated that between 90 and 95% of all perpetrators were men, husbands, ex-husbands, boyfriends or lovers.

Witnessing domestic violence has long-term negative effects on children. and is a greater predictor of perpetrating or being the victim of domestic violence than is being abused as a child. In one study, 85% of children from violent homes admitted to a drinking problem starting as early as age 11, and over 50% had used methamphetamines or marijuana, 10% habitually. Youth reporting violence between their parents have a higher rate of violence in their dating relationships, and are more frequently involved in the juvenile justice system, or have academic or social problems.

The links between child abuse, neglect and domestic violence, require that we address all three problems in order to reduce the incidence of any one. The presence of domestic violence is the single risk factor most identifiably predicting child abuse. One expert declares the linkage so close that domestic violence can be considered the primary cause of child abuse.

At least 3.3 million children in the U.S. between 3 and 17 years of age are annually at risk of exposure to parental violence. In Oregon, 41% of child fatalities and critical injuries from abuse and neglect occur in families with adult domestic violence. Adult domestic violence is a form of violence against children who witness it in at least 3 specific ways:

1. They are invisible victims: Witnessing one parent beat another causes immediate and long term trauma.
2. They are accidental victims: They are often hit trying to protect a parent or when they simply are caught in harm's way
3. They are intentional victims: 45% to 75% of men who batter women also batter their children. Mothers in a violent relationship are far more likely to physically discipline their children than after they have left it.

## *Benchmark: Reduce Domestic Violence within Families*
(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Assure the provision of high quality parent education and other family supports | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 1<br>1. Provide social and support networks for parents to reduce isolation<br>2. Increase availability of A&D/mental health screening, individualized treatment services<br>3. Support qualified violence reduction/sexual abuse treatment programs<br>4. Fund/evaluate expanded conflict resolution skills trainings and human sexuality and partnership education addressing sexism in schools and within religious youth groups<br>5. Expand group treatment services for children/youth in violent homes (Hawaii model)<br>6. Provide universal hospital visits at birth and immediately following, for domestic violence screening and support<br>7. Increase quality parenting education, especially in East County<br>8. Provide a "Head Start" type program in all schools<br>9. Provide affordable, supervised visitation programs<br>10. Provide "time-out" programs accessible to people who speak languages other than English, are hearing impaired, or have disabilities<br>11. Fund/evaluate programs that prevent child/adolescent HIV infections and other sexually transmitted diseases, targeting populations at increased risk<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Educate about domestic violence/resources at prenatal/OB/GYN visits<br>2. Expand knowledge of domestic violence issues among school counselors/teachers, A&D counselors, public health personnel, religious and business communities, general public<br>3. Ensure relevant services for all racial/ethnic communities and people with special needs<br>4. Support the establishment of mediation protocols on domestic violence, and train mediators to make appropriate referrals<br>OTHER ACTIVITIES FOR OBJECTIVE 1<br>1. Fund/evaluate community education on the dynamics of domestic violence, including causes, detection, effects and potential solutions; as well as education on sexism, alcohol and other drug abuse and rape<br>2. Create a community norm of violence free relationships. |
| OBJECTIVE 2<br>Assure adequate and appropriate institutional support in preventing and responding to domestic violence | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Assure adequate, appropriate law enforcement intervention, as a priority, including more female officers in school police and in developing police, prosecutorial protocols<br>2. Provide routine safety planning by all points of community contact<br>3. Coordinate with the work of other violence prevention activities<br>4. Implement "Harassment to Homicide" and its update<br>5. Assure adequate record keeping of domestic violence and child abuse statistics<br>6. Provide more victim's support groups, some in languages other than English<br>7. Establish a formal link among Multnomah County Family Violence Intervention Steering Committee, Child Abuse Task Force and the MCCF<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 2<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Advocate for media presenting images of healthy male-female relationships; open/honest discussions of domestic violence; women portrayed as more than sexual objects; and the dynamics of power<br>2. Train providers to recognize risk and protective factors |
| OBJECTIVE 3<br>Assure high quality affordable child care, including drop-in care | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 3<br>1. Support the recommendations of the Child Care planning team<br>2. Provide additional relief nursery programming in East County |
| OBJECTIVE 4<br>Assure adequate early intervention for adult and child victims of domestic violence, including safe shelter/other support services | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate a 24-hour crisis hotline and a 24-hour crisis intervention team to support domestic violence victims<br>2. Fund/evaluate the development of a system of centralized, accessible, computerized multi-lingual information and referral services<br>3. Expand available safe shelter, transitional housing , victim services as a priority<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 4<br>1. Expand the availability of early intervention through well-trained medical, religious and other outreach personnel.<br>2. Create a system of routine cross-assessment by child abuse and DV professionals<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 4<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 4<br>1. Conduct community education on domestic violence, its effect on children and cross over with child abuse |
| OBJECTIVE 5<br>Assure a range of rehabilitative services including counseling and other supports for people who have been perpetrators of violence or who are at risk for violent behavior | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 5<br>1. Identify service needs, inventory existing services, and identify gaps |

***POTENTIAL PARTNERS:***
***Some of the organizations that we may work with***

*A NOTE TO THE READER:*
*Many on this list were not at the table for this process, and the group developing this list had a lot of concern about publishing it without some explanation; there was a fear that those not listed would be offended and might choose not to participate in the future, and that some listed might feel misrepresented as having participated. This list is offered as "some of the organizations that* ***could*** *be valuable contributors to future work around preventing violence."*

- Portland Parks Bureau
- Portland Productions
- Community Wellness Center
- Youth Outreach Program
- Portland Youth Redirection
- Multnomah County Community and Family Services Division
- Central NE Crime Prevention
- Gang Related Intervention Team
- American Friends Services Committee
- Victims/Offenders Reconciliation Program
- Southeast Uplift
- The Children's Program
- Oregon Health Sciences University
- PSU Endangered Child Program
- Self Enhancement, Incorporated
- Oregon Health Division
- Urban League (Public Health & Violence)
- Physicians for Social Responsibility (PSR)
- TCYSC Family Mediation Program
- Multnomah County Health Department
- Portland Police Bureau
- Multnomah County Sheriff's Office
- Children First
- Oregon Peace Institute
- County Commissioner Sharron Kelley
- Phoenix Rising
- Youth Service Centers
- Public/Private Schools
- OSMYN
- OMEGA/Boy's & Girls Club in N. Portland
- Student Unions
- Youth organizations
- Oregon Coalition Against Sexual and Domestic Violence
- House of Umoja
- Coalition of Black Men
- Legal community
- MC Task Force on Gay/Lesbian Youth
- A&D service providers
- Ecumenical Ministries of Oregon (EMO)
- Service organizations
- Citizen's Crime Commission
- Public Safety Council
- PFLAG
- People of Faith Against Bigotry
- United Way and their related programs

***SITUATION ANALYSIS/COMMUNITY FINDINGS:***
***What we know about the way things are now, and how people in the community are responding***

There is scientific and experiential evidence that several social factors contribute to violence by and against children and youth. These include:

- A rise in both actual experiences involving violence, and increasing positive depictions of violence in our language and all forms of communication and entertainment media.
- American culture's emphasis on competition and "polar thinking."
- Changes in family environments, including poor family bonding, repeated exposure to domestic violence and physical and sexual abuse, and a decrease in inter-generational contact.
- Economic and demographic shifts limiting young people's opportunity for a productive and secure future.
- Fragmentation of the immediate, and deterioration of the natural supports provided by the community.
- The limitations imposed by institutional racism/other forms of class devaluation.
- Abuse of alcohol and other drugs.
- The availability and acceptability of guns and other weapons to settle disputes.
- A shortage of places where young people can feel safe, and a lack of non-violent role models in many families and communities.

At the same time, there are many strengths in the community. These include:

- A variety of high-quality providers of youth services.
- Multiple organizations with expertise in conflict resolution.
- Strong and growing political leadership to address the issue of violence.
- A public health sector with growing technical expertise in the science of violence prevention.
- Strong individuals and organizations that offer role models, support, and activities for youth from our culturally diverse communities.
- A strong base of knowledge and leadership from individuals and organizations in law enforcement, health and social services, conflict resolution and mediation, and other disciplines.

There is a large body of support for addressing violence by and against children and youth, including support from the grass roots, the spiritual community, social service providers, people in education and health, and from elected officials.

Although the topic is framed in many ways, public safety is reported as one of the highest, if not **the** highest priority issue in most community polling. There is the potential for vast community support (including funding) if a strong leadership unites all the partners around a common agenda.

The proliferation and use of guns and other weapons among young people are among the most specific and urgent community concerns.

Violence takes several forms: physical violence; emotional violence; sexual and dating violence; self-directed violence; and hate, bias and prejudice.

The objectives dealing with domestic violence, juvenile crime, alcohol and other drugs, and others are directly related to this objective.

This community has a substantial peace and justice movement which can play a major role in planning and implementing this objective.

Many people want a quick, single method fix, but nearly everyone working in the field agrees that we waste time seeking this mythical remedy.

A few of the organizations contributing to current local efforts include:

- A Child/Family Mediation program at Tri-County Youth Services Consortium
- Local gang related organizations, which include experts on street violence
- Outside In, helping young men find alternatives to the violence of prostitution
- The Coalition of Black Men, a local resource committed to reducing violence
- Peer mediation programs, existing at local schools, and expandable
- The Metropolitan Human Rights Commission, conducting a campaign to reduce hate-directed violence and bias

## *Benchmark: Reduce Violence by and against Children and Youth*
(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Assure that all families have access to culturally appropriate prenatal care including components emphasizing family development and parenting education | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Coordinate with implementers of the Prenatal Care Plan<br>2. Coordinate with implementers of the Early Childhood Education Plan |
| OBJECTIVE 2<br>Assure all families access to culturally-appropriate supports promoting optimal family/early childhood development, including components for children and parents on how to avoid violent situations and what to do when involved in one | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Coordinate with implementers of the Early Childhood Education Plan<br>2. Coordinate with implementers of the Child Abuse Prevention Plan<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Support family reading and literacy programs<br>2. Make universal family support a legitimate community and government goal |
| OBJECTIVE 3<br>Improve the cultural appropriateness, availability and community acceptability of alcohol and other drug treatment and prevention services; and of mental health services and related services | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 3<br>1. Fund/evaluate the availability of community-based mental health services for sexual minority youth, and their families when appropriate, who are increased risk of harming themselves/being harmed by their families<br>2. Expand the availability of a youth hotline for sexual minority youth<br>3. Expand school-based health centers as entry points into the health, mental health and social services system, including programs that prevent child/adolescent HIV infections and other sexually transmitted diseases<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 3<br>1. Coordinate with implementers of the Tobacco, Alcohol and other Drug Abuse Prevention Plan<br>2. Fund/evaluate a system of outreach to help sexual minority youth access resources |
| OBJECTIVE 4<br>Expand the number of meaningful opportunities available to young people who wish to contribute to reducing violence, and call attention to their work | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate the expansion of peer delivered mediation in schools, at all grade levels, and other settings where these services could be valuable<br>OTHER ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate the provision of forums for youth to speak in their own voices to policy makers, and to one another, about their concerns and solutions to societal violence<br>2. Give public recognition to exemplary youth efforts in reducing violence<br>3. Create a cultural value declaring young people to be a critical and valued community asset, worthy of protecting at any reasonable cost |
| OBJECTIVE 5<br>Involve the whole community in owning the need to develop and participate in effective violence prevention activities | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 5<br>1. Fund/evaluate programs providing the mentorship of safe, stable and culturally appropriate adults for all youth, but especially for those with high risk factors, in the community and in the schools<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 5<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 5<br>1. Work with local media and entertainment outlets to reduce depictions of violence in entertainment and news programming, and in movies, music, videos, and video games<br>2. Assure young people the opportunity to enter the legitimate job market, through youth employment programs and other mechanisms |
| OBJECTIVE 6<br>Eliminate the unlawful use and possession of guns by youth | OTHER ACTIVITIES FOR OBJECTIVE 6<br>1. Conduct community conversations on the proliferation and use of guns<br>2. Convene a planning process to create an action oriented plan |
| OBJECTIVE 7<br>Assure a range of rehabilitative services including counseling and other supports for people who have been perpetrators of violence or who are at risk for violent behavior | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 7<br>1. Identify service needs, inventory existing services, and identify gaps |

***POTENTIAL PARTNERS:***
***Some of the organizations that we may work with***

1. Corporate partners (i.e., NIKE) or professional partners (i.e., Doctors)
2. Teen moms, and teens who have made other choices
3. Multnomah County Network on Teen Pregnancy & Young Parenting (including the prevention committee and the young parent caucus)
4. *Oregonian*
5. culturally specific newspapers and other publications, including school/youth oriented publications
6. Portland Parks & Recreation
7. Multnomah County Health Department
8. School-based health clinics
9. Schools
10. Oregon Teen Pregnancy Task Force
11. HIV prevention outreach services
12. Tri-county Youth Services Consortium
13. Planned Parenthood
14. Boys and Girls Clubs
15. Salvation Army
16. Self Enhancement
17. Employment programs (PIC, Steps to Success, Job Corps)
18. Child Care Council
19. Gang related community-based organizations
20. GIFT program
21. Boys & Girls Aid Society
22. Multnomah County Libraries
23. youth and youth groups
24. families
25. religious organizations

***SITUATION ANALYSIS/COMMUNITY FINDINGS:***
***What we know about the way things are now, and how people in the community are responding***

Multnomah County's teen pregnancy rate is among the highest of 36 other counties in Oregon. Since 1989 teen pregnancy in Multnomah County has remained relatively stable, both rising and falling only moderately, from a high of 30.1 pregnancies per 1,000 females aged 10-17 to a low of 26.3 per 1,000. This range is *substantially* far from the statewide benchmark of 9.8 per 1,000.

| Year | Mult. County | Oregon |
|---|---|---|
| 1989 | 28.9 | 19.6 |
| 1990 | 28.4 | 19.7 |
| 1991 | 30.1 | 19.3 |
| 1992 | 26.3 | 17.9 |
| 1993 | 27.4 | 18.2 |

In 1992 there were 1,069 births to Multnomah County teens under 20 years. In 23.2% of these cases it was the mother's second or more child.

Many of the fathers of teen births are over age 20. For 1,751 births in 1989-1992 among teenage girls under 20 between 1989-1992 in Multnomah County for which the father's age was known (41% of the cases) 56% of the male partners were over 20, and 17% were over 25.

According to The Alan Guttmacher Institute's *Sex and America's Teenagers*, 1994, a larger percent of teens are having sex than in previous decades.

| Age | % Sexually Active | Age | % Sexually Active |
|---|---|---|---|
| 12 | 9% | 16 | 42% |
| 13 | 16% | 17 | 59% |
| 14 | 23% | 18 | 71% |
| 15 | 30% | 19 | 82% |

A study by Debra Boyer, Ph.D., University of Washington, has correlated teen pregnancy with sexual/physical abuse, other trauma. In her research Dr. Boyer determined that 62% of 535 pregnant teens had been sexually molested or raped prior to the pregnancy. Other unranked high risk factors for teenage pregnancy include:

1. Leaving middle/high school before completion
2. Unstructured, unsupervised time
3. Low or no access to contraception
4. Sibling or parent who was a teen parent
5. Early initiation of sexual activity
6. Homelessness
7. Severe Poverty
8. Substance abuse
9. Low self-esteem
10. Gang affiliation

Of 1,857 1992 Multnomah Co. teen pregnancies, 60% were to mothers 18/19 years old. Of the mothers 17 and under, 65% were Caucasian, 22% African-American, 7% Hispanic, and 1% Native American. 57% of those pregnancies resulted in live births, 75% of which were to first time mothers of whom 54% were 18/19 years old. Teen mothers already parenting comprised the other 25%, the vast majority (80%) age 18 or 19. Only 5% of the teen births occurring in 1992 were to mothers in this benchmark's target age (10 - 17 years) who had previously given birth.

Geographically, teen birth rates differ markedly from area to area in the county. For mothers ages 15-17, the north and northeast integrated service districts had rates almost double the rate in southeast; while southeast's rate of teen births (33.9/1,000) was over 80% more than southwest's.

A few local peer-to-peer programs include Planned Parenthood's "Teens & Company," Youth Unlimited's various video productions, and Project Action's social marketing campaign and teen-to-teen skills building workshops.

Prevention programs must have clarity of goals and objectives, particularly if the program has some of the following purposes, but hasn't clearly stated them:

- Prevent young women from becoming pregnant
- Prevent young women from having babies
- Prevent young people from having sex
- Prevent young women from having abortions
- Supply young people with birth control
- Promote religious values, or community values, or create new values

## *Benchmark: Reduce the Rate of Teen Pregnancy*
(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Further the development of an equitable health and social services system by creating increased coordination and communication among providers, planners, funders and consumers; by reducing duplication and competition through increased collaboration, inclusiveness and teamwork; and by efficiently and appropriately collecting and sharing information | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Create a better understanding of best practices by supporting existing, promising local programs that have a rigorous evaluation component<br>2. Establish a small programs funding pool to provide support for promising grass roots efforts that wouldn't traditionally respond to RFPs<br>3. Allow contracts with local agencies to include a larger than customary portion of funds to support program design and rigorous evaluation<br>4. Conduct community conversation around the need to distinguish between strategies proven to be effective, strategies proven to be ineffective, and strategies which have not been evaluated<br>5. Support the coordination of and cooperation among service providers working in the field of teen pregnancy prevention |
| OBJECTIVE 2<br>Assure an expanded range of opportunities for young females and males to grow-up and develop in a world that values and supports them with culturally and age appropriate health and social services and supports | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Fund/evaluate school/non-school peer education/primary prevention<br>2. Fund/evaluate structured, no/low-cost, social opportunities for teens<br>3. Fund/evaluate programs that prevent child/adolescent HIV infections, other sexually transmitted diseases, targeting highest risk populations<br>4. Fund/evaluate community teen mentorship (peer to peer) programs<br>5. Fund/evaluate community service/employment opportunities for young women/men who have personally experienced teen pregnancy<br>6. Assure pre-employment/employment programs and other opportunities, for young women as an alternative to "pregnancy as a way out"<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Support and expand school based health centers<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Fund/evaluate programs assisting young people in influencing news and entertainment media in ways related to preventing teen pregnancy |
| OBJECTIVE 3<br>Respond to the growing base of knowledge correlating childhood sexual abuse and other forms of victimization in girls and young women to adolescent pregnancies | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 3<br>1. Fund/evaluate expanded child abuse intervention, including early ID of victims, and the provision of mental health and other services<br>2. Fund/evaluate occupational therapy support for remedial developmental growth of young women who have been the victims of abuse<br>3. Fund/evaluate child abuse prevention programming |
| OBJECTIVE 4<br>Promote the belief that, for males as well as females, parenting is both a joy and a responsibility, requiring substantial preparation and a commitment shared equally by two parents | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate programs for boys/young men to support them in becoming sexually responsible and aware, and, when ready, in becoming fathers who are emotionally connected with their children and spouse<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 4<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 4<br>1. Conduct community discussion on the role of men as parents. |
| OBJECTIVE 5<br>Conduct both community-wide and individualized education on relevant issues | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 5<br>1. Educate men and boys, and girls and young women, on social responsibility, sexuality, parenting, and relationships<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 5<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 5<br>1. Fund/evaluate a public education and social marketing campaign promoting the belief that parenting is both a joy and a responsibility, requiring preparation and commitment<br>2. Conduct community conversation and education around the need to talk openly and constructively about sensitive/controversial issues, like youth sexual activity, incest, child abuse, contraception, domestic violence, alcohol/other drug abuse, values, morality, and parent's rights |

## *Benchmark: Reduce the Number of Families Living in Poverty*

BENCHMARK ALLOCATION: 2% of available funds

*POTENTIAL PARTNERS:*
***Some of the organizations that we may work with***

1. **National/local Public Policy Makers** who will work for a unified national agenda that affirms:
   - **Communities** in poverty are unhealthy for the entire country, diminishing the quality of life and availability of opportunities for all residents. A community that must compete internationally can not do so if vast numbers of residents are left behind.
   - **Business** has a vital role in ending poverty. Involvement in the process of education is necessary, as is acknowledging the value of health care, child care and an adequate minimum wage and providing continuing education. Some businesses are deeply committed in their practices to these ends; others need encouragement.
   - **Government** is responsible to set and enforce policies to ensure that profit is not the only bottom-line outcome for business practice.
2. **Local coordinating bodies** need to make eradication of poverty a top priority. Extensive coordination among policy makers in the fields of income supports, education, employment and social services is needed to achieve this goal.
   - **The Multnomah County Community Action Commission** (MCCAC) is a lead policy body addressing poverty issues.
   - **The Multnomah Commission on Children and Families** (MCCF) must develop a formal relationship with MCCAC, becoming partners in moving families out of poverty.
3. **Funding bodies** need to make eradication of poverty a top priority.
   - Oregon Adult and Family Services
   - Multnomah Co. Community and Family Services Division, particularly Community Action Program
   - Portland Bureau of Housing and Community Development
   - Portland Development Commission
   - Multnomah County Health Dept.
   - Specific federally funded programs

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
***What we know about the way things are now, and how people in the community are responding***

Every child deserves to have a family and community committed to that child's well-being. The foundation for a child's healthy development is three nutritious meals a day, stable housing, access to health care, positive school experience, and a safe nurturing, family-centered environment.

Poverty limits a child's ability to reach full potential in every aspect of life. Too many Multnomah County children are living in conditions that are in sharp contrast to the basic goal of achieving wellness. Studies consistently show that child poverty negatively affects health, mental health, cognitive and behavioral development, and other problems.

More children and families in Multnomah County are living in poverty today; in 1990, 16% of those in poverty were children, compared to 11% in 1970. Poverty limits a family's ability to afford basic school supplies or quality child care, impedes a parent's ability to put nutritious food on the table each day, and can limit access to health care.

Frustration and despair is the result of the daily struggle to attempt to meet basic needs with inadequate resources. The lack of options associated with poverty makes poor families vulnerable to a variety of problems at higher rates than the general population; including mental and physical health concerns, developmental delays and teen pregnancy.

Poverty and hunger, the daily lot of many Multnomah County children, are in sharp contrast to achieving the basic goals of wellness for every child, the overall goal of the Multnomah Commission on Children and Families, defined as "***the preservation of each child's potential for physical, social, emotional and cognitive and cultural development.***" Children in poverty are, by default, denied the opportunity to reach their potential in virtually every aspect of their lives.

Although subsidized public support is available for some poor families, the poverty guidelines are unrealistically low compared to what is needed to achieve a minimum standard of living. Persons receiving Aid to Dependent Children assistance and food stamps receive only approximately two-thirds of the federal poverty guidelines.

Who lives in poverty? Nearly one-fifth (19%) of Multnomah County's children live in poverty, further concentrated in certain demographics:

- Nearly one-quarter (24%) of children under 5 live in poverty.
- Nearly one-third (31%) of the female-headed households with children live in poverty.
- Ethnic minority families are poor in significantly higher proportions than the population as a whole. More than one-third (35%) of African-American families in Multnomah County live in poverty.
- Among homeless families, 606 children were counted on 11/17/93, an increase of more than one third from the previous year.
- 95 homeless youth, unaccompanied by an adult, were counted on 11/17/93, an increase of more than one half from the previous year.

Domestic Violence forces many women to become single heads of households, and are placed at risk of poverty and homelessness. Over three-fourths (77%) of the women in the local Community Action Program's Homeless Families Program have experienced three or more types of violent acts in domestic relationships. Reducing domestic violence in our society will also reduce the needs of many families living in poverty.

## *Benchmark: Reduce the Number of Families Living in Poverty*
(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Support meaningful reforms within the current system of welfare and other forms of public assistance | POLICY RELATED ACTIVITIES FOR OBJECTIVE 1<br>*(see appendix titled: "Policy Considerations")* |
| OBJECTIVE 2<br>Increase entrepreneurial and employment opportunities for families living in poverty | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Provide services and other supports needed by families trying to become independent of public assistance<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Fund/evaluate neighborhood economic development projects in neighborhoods with high rates of child poverty |
| OBJECTIVE 3<br>Assist teen mothers in continuing their education and in gaining employment that pays living wages | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 3<br>1. Fund/evaluate through contracts with community-based organizations the expansion of teen parent programs, including services that increase young parents' ability to earn an income sufficient to become non-dependent on public assistance<br>2. Fund/evaluate programs for student retention and retrieval, to support teen parents in completing their high school education<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 3<br>1. Advocate for and collaborate with the Community Action Commission to focus on the needs of low-income teen parents |
| OBJECTIVE 4<br>Increase the opportunities for a quality early education for infants and toddlers living in poverty | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate child care and other early childhood education programs which meet quality standards<br>2. Expand Head Start programs to include earlier ages<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 4<br>1. Coordinate with implementers of the Early Childhood Education Plan<br>2. Coordinate with implementers of the Quality Childcare Plan<br>3. Provide expanded training opportunities to home caregivers serving low income families, concerning early childhood growth and development and education |

*POTENTIAL PARTNERS:*
***Some of the organizations that we may work with***

The Housing and Community Development Commission (HCDC) is the policy-making body charged with implementing the County-wide Housing Affordability Strategy (CHAS). The HCDC has representation from the Cities of Gresham and Portland, and Multnomah County.

Other public entities involved in funding or developing housing or funding related services are:

- Housing Authority of Portland
- Portland Bureau of Housing and Community Development
- Portland Development Commission
- Gresham Community Development
- Multnomah County Community and Family Services Division (CFSD), Community Development Program
- Multnomah County CFSD Community Action Program

Other partners could include housing developers for low-income and special needs populations, such as community development corporations.

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
***What we know about the way things are now, and how people in the community are responding***

Every child deserves to have a family and community committed to that child's well-being. Unstable, unsafe housing is not compatible with achieving wellness, the goal of the Multnomah Commission on Children and Families, defined as *"the preservation of each child's potential for physical, social, emotional and cognitive and cultural development."*

Children in unsafe, unstable, sometimes overcrowded housing are severely hampered in their opportunities to reach their potential. Housing instability or lack of safety is closely associated with poverty (addressed in a separate benchmark).

Housing is becoming less affordable and less available in Multnomah County at the same time that poverty has increased:

- Fewer than one-half (42%) of renters pay under 30% of income for housing, the standard percentage for housing affordability.
- Poverty among families with children has increased. In 1990, 19% of children lived in poverty. Yet, public housing waiting lists are full and are closed.
- For 10 years, rental vacancy rates have been extremely low, indicating a tight housing market, particularly in close-in neighborhoods.
- Homelessness among families with children is increasing. On November 17, 1993, 606 children were homeless.

Home is unsafe for many women and children:

- Domestic violence shelters in Multnomah County turned away 87% of the women and children requesting shelter in 1990.
- Many unaccompanied youth report becoming homeless because of abuse or alcohol or drug use of parents.
- There is an absence of neighborhood safety in some areas.

Rent Burden issues are an increasing problem:

- 58% of renters pay over 30% of income for housing, the standard percentage for housing affordability. In other words, most renters are carrying a high rent burden compared to their income.
- The Housing Authority of Portland has nearly 10,000 households on its Public Housing/Section 8 waiting lists. Some lists are closed.
- Data gathered through 1990 shows the Portland metro area enjoyed a relatively high degree of housing affordability, but housing prices have increased dramatically since. There has been a general decline in housing affordability and in the available housing stock for sale.
- Many families with children are at-risk of homelessness.

Homelessness is an increasing risk for many:

- Federal, state and local housing policies, a decrease in affordable, private market housing, and changes in family life, result in many families being headed by economically vulnerable, single mothers.
- Four factors on the pathway to homelessness are: (1) lack affordable housing, precipitating the loss of permanent housing (2) residential mobility, destabilizing families (3) discrimination in the housing market, constraining housing choices, and (4) multiple stressors demoralizing fragile family systems

Half of all "severely distressed" Oregon neighborhoods are in Multnomah County, mostly in North and Northeast Portland. A severely distressed neighborhood is defined as including high rates of poverty, female-headed households, high school dropouts, unemployed males and families receiving public assistance (Children First, 1994).

Other major issues impacting the goal of safe stable housing include domestic violence, and a sharply increasing number of homeless youth, unaccompanied by an adult (see poverty benchmark for more information).

## *Benchmark: Increase Safe, Stable Housing*

(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Increase the availability of affordable housing for families | POLICY RELATED ACTIVITIES FOR OBJECTIVE 1<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 1<br>1. Expand housing options that keep families together (for example: "granny flats," group living arrangements, etc.) |
| OBJECTIVE 2<br>Increase the stability of housing for families | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Fund/evaluate through contracts with community-based organizations the expansion of teen parent programs, including services that support the development of independent living skills<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Provide Family Center access to the Landlord-Tenant Mediation Program in Multnomah County<br>2. Fund entrepreneurial community development activities that ultimately will provide income to afford housing |
| OBJECTIVE 3<br>Increase safety of housing for families | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 3<br>1. Fund/evaluate the cost of immediate safe housing options for women and children fleeing violence<br>OTHER ACTIVITIES FOR OBJECTIVE 3<br>1. Support community policing efforts and crime watch foot patrols |
| OBJECTIVE 4<br>Assure safe, stable housing options for children and youth who are without families able to care for them | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate through contracts with community-based organizations permanent housing options for unaccompanied homeless youth for whom returning home is not an option |

*POTENTIAL PARTNERS:*
***Some of the organizations that we may work with***

- Oregon Health Sciences University
- Regional Research Institute, Portland State University
- National Resource Center for Family Support Programs
- National Resource Center on Family-Based Services
- National Resource Center for Crisis Nursery and Respite care programs
- Birth to Three, National Center for Clinical Infant Programs
- National Committee For the Prevention of Child Abuse Program models which have proven to be successful include:
- The Healthy Start Program
- Intensive Family Preservation Services (Homebuilders)
- Relief Nursery Program (The Family Nursery)
- Intensive Family Services
- Parent Training Services
- Family Centers (Parent Child Development Services and Youth and Family Services)
- Multnomah County Health Department Connections program
- Mentoring Programs (Big Brother/Sister, Rotary etc.)
- Respite programs
- Helplines (Parents Anonymous)
- Substance abuse and A.A. program
- news, entertainment and advertising media
- government organizations
- business organizations
- religious organizations
- community service
- non-profit organizations

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
***What we know about the way things are now, and how people in the community are responding***

The objective of this benchmark is to increase the number of families who are able to care for their own children reducing the need to place children in substitute care and reducing the need for intensive crisis intervention services.

Changing demographics and a dramatic increase in the demand for substitute care, nationally and in Oregon, serve as major obstacles in identifying reliable indicators to measure progress towards achieving this benchmark. While the rate of children from Multnomah County in foster care is high compared to other Oregon counties, the rate is lower than the national rate. Further, the demand for foster care in the Portland metropolitan area is growing slower than in other regions of the state, although the demand for out-of-home placements at mass shelters is increasing. Since the demands for substitute care vary widely, several indicators should be considered to form a reliable basis for evaluating progress.

One reasonable indicator that we are progressing towards achieving this benchmark would be a reduction in the average daily population (ADP) of children in foster care for Multnomah County as compared to the national average. (Similar indicators could measure progress in reducing the need for mass shelters. Currently, the ADP of children in paid foster care in Multnomah County is 80 percent of the national average. A reasonable goal would be a decrease in the ADP for Multnomah County to 75 percent of the national rate within five years.

Another indication of progress would be a drop in the ranking of Multnomah County compared to other counties in the rate substitute care placement. Currently, we rank second among Oregon's 36 counties. A reasonable goal would be a drop in the ranking to the lower two thirds of Oregon counties.

Thirdly, a 10 percent reduction in the length of time that children stay in substitute care over the next five years would be another goal.

A fourth indicator of progress would be a reduction in the disparity in the rates of placement of minority and non-minority children.

Finally, to assure that child safety is not sacrificed in the name of reducing placements, there should be no increase in the number of founded cases of child abuse.

Several underlying principles, based in part on the Principles of Family Support developed by the National Family Resource Coalition, create a solid foundation:

- Services are family-centered , addressing the needs of the child within the context of the family.
- Services are built upon the strengths of the families involved in the program with a focus on wellness and prevention and designed to foster resiliency.
- Central to the core of each program is the commitment to empower parents and support them as the best advocates for their children.
- The relationship between program and family is one of equality and respect.
- Participants are the program's most vital resource. Parents' ability to serve as resources to each other and to participate in program governance are recognized through the establishment of community networks, support groups and advisory boards and committees.
- Programs are voluntary, neighborhood based and accessible to families using the service, and when appropriate, should be provided in the home.
- Programs are inclusive and non-stigmatizing.
- Programs are designed to be to be culturally and socially relevant to the families they serve. When possible, staff and volunteers working in the program should reflect the ethnic and cultural makeup of the families served.
- Parent education, information about human growth and development and skill building for parents are essential elements for programs.
- Programs that are non-custodial should be voluntary. Seeking help and support is viewed as a sign of strength, not an indicator of deficits and problems.
- Programs offer safe environments, especially to the most vulnerable.

## ***Benchmark: Increase Families Caring for their Children*** *(Part 1: All families)*
(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Reduce Teen Pregnancy | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 1<br>1. Expand human sexuality education<br>2. Replicate and expand programs known to be effective in reducing teen pregnancy<br>OTHER ACTIVITIES FOR OBJECTIVE 1<br>1. Produce a public education campaign on the challenges and virtues of parenting |
| OBJECTIVE 2<br>Establish the services and supports that will assist people in understanding that becoming a parent involves assuming a big responsibility, and that this should be the result of a considered decision | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Support teen parents with hospital visits and case management<br>2. Provide non-stigmatizing parent education at every critical stage of a child's development<br>3. Provide a full range of options related to pregnancy, including birth control, abortion, sterilization and adoption<br>4. Offer parent education as a part of the regular school curriculum<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 2<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Produce a public education campaign on the challenges and virtues of parenting |
| OBJECTIVE 3<br>Create an interdependent, non-stigmatizing service delivery system with services available at a neighborhood level | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 3<br>1. Establish Family Centers in every neighborhood<br>2. Support multi-service Family Centers that specifically focus on the needs of cultural and ethnic minority children, youth and families<br>3. Require collaboration for contracted services, including those dealing with mental health, alcohol/other drugs, respite care, and supportive services for families with children with disabilities |

*POTENTIAL PARTNERS:*
***Some of the organizations that we may work with***

- Multi-disciplinary Team
- Juvenile Rights Project
- Portland State University
- Portland police
- School police
- Children's Services Division
- Juvenile Court
- CASA
- Harry's Mother/Garfield House Shelter
- Foster Parents Assn.
- Foster Grandparents Assn.
- Mental health providers
- Health providers
- CARES program
- School counselors
- Family Centers
- Family Crisis Nursery
- Casey Family Program
- Substitute Care Agencies

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
***What we know about the way things are now, and how people in the community are responding***

There appears to be a strong community value in Multnomah County that it is usually in the best interests of children to live with their families. The safety of the child must be balanced with attachment to family and, when, necessary the child placed in substitute care. By far, the majority of substitute care placements are made to foster family homes.

An escalating number of infants and young children (under 5 years) are being placed in substitute care.

In 1993, 2,342 families in Multnomah County received out-of-home placements of children aged birth-17 years through Children's Services Division. Based on a 1993 child population (birth-17) of over 143,000, children in Multnomah County were placed in foster care at a rate of 16.29 per thousand, the 2nd highest rate among 36 Oregon counties.

Multnomah County CSD worker caseloads average, significantly above national averages. Majority of families whose children enter out of home placements are previously known to CSD through Hotline calls. No one has responsibility for serving these families known to be at risk.

A single child welfare worker, rather than a team, is often asked to make decisions about the future of the child regarding removal, transition, treatment and permanency. Child welfare workers are not available 24 hours a day to respond with law enforcement to crises.

There are not adequate coordinated, accessible "front end" or treatment resources (including needs assessment, family mediation, parenting help, family and individual counseling and respite care).

In addition to the needs of younger children and their families, there remains a serious need to be responsive to the families of adolescents and pre-adolescents that are at increased risk for having a youth run away from home due to family problems including

- poverty, unemployment
- lack affordable housing, precipitating the loss of permanent housing
- residential mobility, destabilized families
- mental health concerns
- lack of parenting skills, lack of communication skills, lack of conflict resolution skills
- multiple stressors demoralizing fragile family systems

More than half the families of adolescents seeking family crisis intervention services are turned away or placed on a waiting list.

Emergency shelter beds have declined the last few years for youth who have run away from home and need safety before social workers can evaluate the youth's family's ability to become reunited.

Male and female youth as young as 14 or 15 who have run away from home are often left with three primary options:

- sleeping and eating at an age-inappropriate, night-time only homeless shelter, unaccompanied by an adult (if any beds are available)
- sleeping on the streets, under bridges, or in abandoned buildings
- working in prostitution or other sex industry jobs

## ***Benchmark: Increase Families Caring for their Children*** *(Part 2: Families with emerging problems)*
(continued)

| *OBJECTIVES:* ***The directions we plan to take to lead us toward the benchmark*** | *ACTIVITIES:* ***The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities*** |
|---|---|
| OBJECTIVE 1<br>Maintain foster care as a state service at this time. Evaluate the child welfare system in Multnomah County, especially the advantages and disadvantages of localizing child welfare and some or all of foster care. | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 1<br>1. Fund/evaluate the services of consultants to work with a task force to bring national perspective and insight to the complex issues of child welfare in Multnomah County. Coordinate with Juvenile Rights Project and Multi-disciplinary Team (MDT) consultants<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Commission/evaluate a multi-disciplinary task force to work with consultants to assure coordination, common values and direction in child welfare issues and a systematic and planned prevention program. |
| OBJECTIVE 2<br>Expand services for families at risk of having their children removed from the home, or at risk for having their children running away from home, using Hotlines as significant referral points. | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Fund/evaluate a Family Team at each Family Center to respond to and assist families at risk particularly, those who call the Hotline but do not fall within CSD's jurisdiction. Include the family as a decision maker, an advocate for the family, a child welfare worker, mental health and health specialists, a school counselor, Family Center personnel and a community police person at a minimum. Include a resource fund which the team could access for discretionary client services.<br>2. Fund/evaluate Family Relief Nurseries<br>3. Fund/evaluate the provision of access, needs assessments, family mediation, family/individual counseling, case management, respite care<br>4. Implement Healthy Start<br>5. Fund/evaluate school-based child abuse prevention programs with adequate follow through and parent services.<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 2<br>*(see appendix titled: "Policy Considerations")* |
| OBJECTIVE 3<br>Assure the responsiveness of the child welfare system to the family | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 3<br>1. Work with CSD to develop and expand a continuum of individualize services coordinated by three child welfare system-related teams: one for preventing entry into the system, one for treatment while in it, and one for transition out of it into the community. Strive for continuity in teams and assure that the child's needs receive first priority. Assure that the family is an integral part of the decision making process.<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 3<br>*(see appendix titled: "Policy Considerations")* |
| OBJECTIVE 4:<br>Expand family crisis intervention services to provide support and options for families near the "breaking point" | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 4:<br>1. Fund/evaluate the provision of a package of services, for children and families who are not CSD involved, including hotline access, needs assessment, family/individual crisis counseling, case management, family mediation, respite care/emergency shelter, and basic needs |
| OBJECTIVE 5:<br>Assure continuing support and implementation for the existing plan for services and supports for children and youth classified as CSD Level 7 | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 5:<br>1. Refer to existing Level 7 plan for activities; support all activities |

## *Benchmark: Increase Youth Graduating from High School*

BENCHMARK ALLOCATION: 8% of available funds

***POTENTIAL PARTNERS:***
***Some of the organizations that we may work with***

- Multnomah Education Service District (MESD)
- Portland Public Schools (PPS)
- Barlow/Gresham Schools
- Bonneville School District (SD)
- Centennial SD
- Corbet SD
- David Douglas SD
- Gresham Grade SD
- Orient SD
- Parkrose SD
- Reynolds SD
- Riverdale SD
- Sauvie Island SD
- Portland Leaders Roundtable Caring Communities
- Youth Gang Task Force
- The PEN (Portland Education Network)
- Multnomah County Health Department
- Multnomah County Libraries
- Committed Partners for Youth
- PSU Project PLUS
- Portland Public Schools' Teen Parent Program
- Private Industry Council
- Pacific University & PSU Upward Bound Programs
- Portland Impact
- RWQC Council
- Job Corps
- Business Youth Exchange (Chamber of Commerce)
- Business/industry organizations, and associations
- Multnomah County
- I Have a Dream Foundation
- Mott Foundation
- Neil Goldschmidt Foundation

***SITUATION ANALYSIS/COMMUNITY FINDINGS:***
***What we know about the way things are now, and how people in the community are responding***

Increasing the percentage of youth graduating from high school and its inverse - decreasing the percentage of students dropping out - is a popular issue at the present time. Starting with the 1988-89 school year, the Oregon Department of Education (ODE) began requiring regular dropout reports from every school district in the state. This was the first time a uniform reporting system had been required. The ODE's analysis provides annual, one-year statistics as well as a synthetic four-year rate. For 1992-93, the dropout rate statewide was 5.7% and the four year rate was calculated to be 21.4%.

The Portland School Board adopted it as one of its major goals in 1990. PPS staff responded by creating a wide variety of "dropout retrieval programs." PPS staff also initiated the "Dropout Monitoring Study" which tracks the Class of 1994 from the end of 8th grade through the senior year. By the end of year 3 (grade 11) 31.5% of all students in the study had dropped out and not reentered another PPS school or program.

Implementation of the Katz Plan will require new ways of analyzing graduation and dropout rates as well as an increase in "relevancy" in the curriculum. It also requires alternative learning centers for dropouts and those at risk for failure.

Research points out the following reasons for students dropping out of school:

1. Lack of self-respect, respect from family and community.
2. Language and cultural issues; inability to adapt to mainstream culture and maintain first culture at the same time (Oregon Department of Education statistics say Hispanic students drop out at more than twice the average rate statewide; Am. Indian students are close behind)
3. Mobility (Oregon Department of Education statistics say a high proportion of dropouts were enrolled in the school district 1 year or less; mobility was also cited in Portland Public Schools' *Dropout Monitoring Study*)
4. Teen pregnancy, parenting, independent living burdens
5. Disrupted/dysfunctioning nuclear families
6. Alcohol/other drug abuse
7. Discipline problems
8. Gang involvement
9. Poor achievement
10. Homelessness
11. Inability to adapt to school setting (Oregon Department of Education statistics say students in large schools are more likely to drop out)
12. Inability of the school to provide a program leading to success for that student
13. Limited ability of schools to provide a bilingual program to meet the needs of non-English speaking students

## *Benchmark: Increase Youth Graduating from High School*
(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Involve and assist the parents and family of the students at risk of leaving school before graduating | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 1<br>1. Provide direct assistance to families experiencing disruption<br>OTHER ACTIVITIES FOR OBJECTIVE 1<br>1. Promote an appreciation for parental involvement with schools, within the school system and the community<br>2. Cooperate with community efforts and community colleges in relocating the programs that teach English to LEP adults into the neighborhood schools |
| OBJECTIVE 2<br>Coordinate and collaborate with other community efforts having similar goals, including both public and private interests | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Continue supporting in-school sited integrated service centers<br>2. Continue supporting in-school sited Teen Health Centers<br>3. Fund/evaluate programs that prevent child/adolescent HIV infections and other sexually transmitted diseases, targeting populations at increased risk<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Support and cooperate with community efforts to reduce teen pregnancy, gang involvement, and alcohol/other drug abuse among students and their families<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Support "service learning/community-based teaching" component of the Urban Svcs Grant, (The PEN) program at PSU; Caring Community Clusters<br>2. Support school-to-work transition activities in public/private sectors, in both the profit and non-profit arenas<br>3. Increase the number of public/private partnerships<br>4. Promote the business community's involvement with students, including both large and mid-size corporations as well as small, family run businesses |
| OBJECTIVE 3<br>Develop and expand programs that specifically address the unique needs of individual students at risk of leaving school before graduating | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 3<br>1. Support "Counteract," a drug and alcohol program initiated by PPS<br>2. Support and expand Emanuel Hospital's "Save Our Youth" program<br>3. Increase programs aimed at LEP populations with high dropout rates<br>4. Advocate for the creation of in-school programs and supports to address risk factors affecting dropout rates among sexual minority youth<br>5. Fund/evaluate the availability of community-based mental health services for sexual minority youth, and their families when appropriate, who are increased risk of harming themselves/being harmed by their families<br>6. Expand the availability of a youth hotline for sexual minority youth<br>7. Promote the maintenance of home languages that are not English<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 3<br>1. Support Dropout Retrieval Programs/alternative programs sponsored by SDs<br>2. Promote staff development to increase multicultural awareness and implement curriculum already developed<br>3. Fund/evaluate outreach to sexual minority youth; help them access resources<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 3<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 3<br>1. Promote the idea of an "individual learning plan" for every student at risk; recognize the ability of some students to graduate from high school in spite of many barriers (i.e. some pregnant teens, gang members, and drug abusers manage to graduate from high school)<br>2. Promote school programs shown to be successful at helping students with poor achievement to do well; promote objective evaluation of experience programs<br>3. Support meaningful work opportunities for low-income students<br>4. Support the interests and needs of all students and their families through an appreciation for diversity |
| OBJECTIVE 4<br>Promote the values of personal respect and safety, and reduce in-school conflict and violence | OTHER ACTIVITIES FOR OBJECTIVE 4<br>1. Support County efforts at violence abatement in schools/community<br>2. Develop a plan to reduce physical and emotional violence based on cultural and ethnic minority status, gender, and any other bias<br>3. Reduce the number of weapons in schools, creating a safer overall environment<br>4. Promote respect for students and education in general |

## *Benchmark: Reduce Minority Over-Representation in Juvenile Justice /Child Welfare Systems*

BENCHMARK ALLOCATION: 10% of available funds

*POTENTIAL PARTNERS:*
***Some of the organizations that we may work with***

- Multnomah County Juvenile Justice Division
- Multnomah County Community & Family Services Division
- Multnomah County Adolescent Mental Health/Youth Program Office
- Multnomah County Alcohol and Drug Program Office
- Multnomah County Health Department
- other Multnomah County divisions and programs
- Intervention Committee of the former Multnomah County Children and Youth Services Commission
- Detention Reform Committee
- Oregon Children's Services Division (CSD), child welfare & juvenile corrections
- Oregon Commission on Children and Families
- Alternative schools
- Tutoring services
- Employment programs
- Gang resources - juvenile justice, law enforcement and community-based
- Church programming, including mentoring services
- Alcohol and other drug treatment programs, in-patient and out-patient
- Residential treatment programs
- Transitional housing programs
- Shelter care facilities
- Mental health agencies
- city, county & state law enforcement, including the school police
- Child Welfare
- school district supported services
- Family Service Centers
- Juvenile Parole

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
***What we know about the way things are now, and how people in the community are responding***

Social justice for minority youth is an issue for both the juvenile justice and the child welfare systems.

Most planning has involved the juvenile justice system. The Multnomah County Juvenile Justice Division has concentrated on reducing the over-representation of African-American youth in the juvenile justice system through a variety of programs funded with state, federal and county money.

The MCCF is committed to these efforts and to similar future efforts related to the child welfare system. The MCCF's predecessor funded programs targeting minority youth in the state training schools, and funded a SE Asian youth needs assessment.

There has been a decrease in minority overrepresentation in the juvenile justice system in the past three years, especially for African American youth, but the reasons for this have not been fully examined.

For many years, the juvenile justice system has been the focus of research on the perception of bias toward minority youth. Studies of Multnomah County include the ongoing Office of Juvenile Justice & Delinquency Prevention study, begun in 1992 by the State Commission on Children and Families, and the more recent research of the Oregon Supreme Court Task Force on Racial/Ethnic Issues in the Judicial System.

The Supreme Court Task Force's report called for:

- A comprehensive statewide plan to reduce minority over-representation and disproportionate confinement in the juvenile justice system
- More skilled interpreters to assist non-English speaking parents/care-givers
- More trained and culturally-sensitive experts available to juvenile court staff and practitioners

No comparable research of similar issues within the child welfare system has been undertaken since 1982.

Although it is phrased more generally, this initiative deals nearly entirely with young, African American males.

Over-representation for young African American males becomes more acute as system penetration increases from early warnings, to diversion, to early detention, to commitment to state training schools, to remand to the adult system.

While the nature of reasons for over-representation are not fully addressed, the research to date indicates a need for further and more refined analysis of the system data, controlling for the influence of the number of prior referrals, crime severity, and selection factors. All of these can affect the accumulation of cases at certain decision points in juvenile justice processing.

Qualitative data analysis suggest the need for additional research on the availability of client resources and services.

## *Benchmark: Reduce Minority Over-Representation in Juvenile Justice /Child Welfare Systems*

(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Increase the availability of a sufficient array of community-based services that are ethnically, culturally, linguistically and gender appropriate and that are available throughout the system from first contact to post-commitment placement | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 1<br>1. Advocate with Oregon Children Services Division (CSD) for residential placements that are accessible and available to minority youth<br>2. Advocate for continued funding of community-based alternatives to secure confinement<br>3. Continue to advocate for and fund post-commitment transitional and community-based placement for minority youth<br>4. Increase the availability and improve the quality of diversion programs<br>5. Provide after-care programs to facilitate the reintegration of minority youth from state/county facilities back into their home communities<br>6. Advocate for an increased level of mental health services<br>7. Provide interpreters as needed for non-English-speaking children, parents and care-givers in all juvenile proceedings, including informal proceedings<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Study the need and effectiveness of current programming<br>2. Develop processes to ensure that all services and supports are relevant, gender specific, and appropriate for diverse populations including ethnic, cultural, sexual and linguistic minorities; and to ensure an equitable distribution of resources and services<br>OTHER ACTIVITIES FOR OBJECTIVE 1<br>1. Develop alternatives to secure confinement for minority youth |
| OBJECTIVE 2<br>Support system-wide improvements which allow for the best and most current information to be shared by all partners, and which allow all practices to be of maximum effectiveness, and culturally, linguistically and gender appropriate | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Cooperate and collaborate with both local, state and federal efforts to identify and address the problems of over-representation and develop community-based alternatives<br>2. Develop a resource listing of interpreters<br>3. Advocate for a system of cross-cultural training for juvenile justice personnel and other care-givers<br>4. Continue to cooperate and collaborate with the state Commission on Children and Families, the JJD, and CSD on the pilot study of over-representation of minority youth in the juvenile justice system<br>5. Coordinate services on a broader scale, involving state, county, school and community-based organizations<br>6. Support cross-cultural diversity training and education for juvenile justice personnel, practitioners, elected officials, the general public and the at-risk populations<br>7. Develop processes to ensure that all services and supports are relevant, gender specific, and appropriate for diverse populations, including ethnic, cultural and sexual minorities<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Encourage further study of over-representation of minority youth in the child welfare system<br>2. Develop a systematic ongoing monitoring procedure to determine at regular intervals the percent of minority youth being processed through each stage of the juvenile justice system, in order to target more specifically the decision points at which major disparities occur |

*(Based on the recommendations of the Oregon Supreme Court Task Force on Racial and Ethnic Issues in the Judicial System)*

*POTENTIAL PARTNERS:*
***Some of the organizations that we may work with***

- Multnomah County Juvenile Justice Division
- Multnomah County Community & Family Services Division
- Multnomah County Adolescent Mental Health/Youth Program Office
- Multnomah County Alcohol and Drug Program Office
- Multnomah County Youth Employment and Empowerment Program
- Multnomah County Health Department
- other Multnomah County divisions and programs
- Juvenile Court
- Youth Service Center diversion programs
- Mall security businesses
- African-American churches
- Crime prevention units of neighborhood associations
- Law enforcement: Portland Police, Multnomah County Sheriff, Oregon State Police, school police
- Alcohol and drug prevention programs
- Hispanic youth programs
- Casey Foundation
- Alternative schools
- Tutoring services
- Employment programs
- Gang Resources - Juvenile Justice, law enforcement and community-based
- Church programming, including mentoring services
- Alcohol and other drug treatment programs, in-patient and out-patient
- Residential treatment programs
- Transitional housing programs
- Shelter care facilities
- Mental health agencies
- Child Welfare
- School district supported services
- Family Service Centers
- Juvenile Parole
- organizations accessing the federal crime bill appropriations

*SITUATION ANALYSIS/COMMUNITY FINDINGS:*
***What we know about the way things are now, and how people in the community are responding***

The increase in violent crime by juveniles, including the increased use of weapons is a serious problem in Multnomah County. The rates have increased far in excess of population growth.

Increase in violent crime continues to put great pressure on the number of available close custody beds to Multnomah County.

The county has experienced growth in referrals for sexually assaulted behavior by juveniles, and a greater number of adjudicated juvenile sex offenders.

Citizens are frightened and are demanding "quick fixes."

The gang phenomenon is not going away. Attention has been focused on North/Northeast Portland, but serious problems in Southeast Portland and East County have not been addressed.

We are seeing an increase in multi-cultural gangs, Hispanic gangs, skinheads, SE Asian youth, involvement of girls in gangs.

Although Multnomah County has a new Detention facility, only 60 beds are dedicated to Multnomah County youth requiring pre-dispositional, secure confinement. The remaining beds are dedicated to Regional Detention, treatment and assessment programs, or are currently undesignated pending state wide planning efforts.

The Juvenile Justice Division is involved with the Annie E. Casey Foundation to implement program and policy changes to increase the use of detention alternative programs while still assuring public safety.

Juvenile justice is in the midst of tremendous change at all levels, much of which is a result of public pressure, pending legislation regarding waivers to adult court, and proposals to strengthen juvenile justice while allowing the system resources to rehabilitate youth.

Programming for female offenders and for minority youth, and community-based options are still lacking. With changes in policy, very few young women will be eligible for confinement in secure detention.

There is a tremendous push for "quick fix" methods, including recently approved ballot measures, seeking to remand all youth who commit felonies to adult court and to be served in the adult system.

A strong commitment is needed in this county to both assist in and advocate for adequate services at all levels in the juvenile system, and to educate the public as to what is being done and can be done to reduce juvenile crime without putting all of our resources into an adult prison system that is too expensive and is not working.

## *Benchmark: Reduce Juvenile Crime*

(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Increase the availability of a sufficient array of community-based services that are ethnically, culturally and gender appropriate, that are available for all children and families at increased risk of becoming involved or becoming further involved with juvenile criminal behavior, and that incorporate an individualized family-preservation model | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 1<br>1. Fund/evaluate and implement these recommended pilot programs:<br>• Multi-systemic, family preservation, home-based, intensive wrap-around service model, based on the South Carolina model for serious, chronic and violent offenders<br>• PACE (Practical And Cultural Education), non-residential model for girls, based on the philosophy/components of the PACE Program of Florida, emphasizing unconditional advocacy, academics, life skills, community service, and individualized follow-up<br>2. Increase treatment services/supports to youth facing loss, grief, and post traumatic stress, since these are often the precursors to violent acts. (violence is a cycle to be ended)<br>3. Fund/evaluate community mentorship programs linking a safe, stable adult with each high risk factor youth, requiring training for mentors, mechanisms for coordination and established program standards<br>4. Expand A&D treatment programs for youth and their families<br>5. Continue support for existing diversion programs, and implementing the Alternatives to Detention project<br>6. Fund/evaluate structured recreation for youth at high risk of juvenile crime<br>7. Provide meaningful pre-employment/employment services for youth<br>8. Expand school health clinic services into Middle Schools<br>9. Assure housing and basic needs for African-American girls<br>10. Provide multi-disciplinary screening for alcohol and other drugs and mental health needs prior to placement<br>11. Provide aftercare and transition programs for 18-21 year olds coming out of the state institutions and returning to the community<br>12. Provide a pot of flexible funding to meet the individualized needs of youth and families<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 1<br>1. Develop outcome measures for evaluating current programs/for developing new ones<br>2. Evaluate current resources; develop new ones as necessary<br>3. Increase training for direct client service staff regarding the development of strong client/service provider relationships<br>4. Provide resources to intervene at the first offense, including diversion<br>5. Seek funding to develop a plan for a continuum of services for girls and young women |
| OBJECTIVE 2<br>Improve the child welfare and juvenile justice systems to better respond to the needs of children and families | SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Improve tracking and data collection for the child welfare system<br>2. Develop a link between child welfare/juvenile justice tracking systems<br>3. Seek funding to conduct research into child welfare and juvenile justice involvement so that estimations and trends can be developed regarding reducing minority overrepresentation and juvenile crime |
| OBJECTIVE 3<br>Assure the special consideration of specific, targeted populations of children and families | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 3<br>1. Provide gang involved youth expanded social support programs, requiring specific, measurable outcomes and rigorous evaluation<br>2. Provide adjudicated youth expanded services, including A&D, mental health, that are culturally/gender appropriate<br>3. Provide street youth, and other youth, without the support of a family, basic needs and developmental opportunities<br>4. Support existing diversion programs for male/female youth working in prostitution, to offer youth safe, legal options for self-support<br>5. Develop programs for enhanced response to sexual offenders<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 3<br>1. Develop processes ensuring all services/supports are culturally relevant, gender specific, and appropriate for diverse populations, including ethnic, cultural sexual minorities<br>2. Support existing programs and develop programs for enhanced response to sexual offenders as needed<br>3. Convene a task force to examine issues related to sexual offenders and other offenders with severe mental health problems<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 3<br>*(see appendix titled: "Policy Considerations")* |
| OBJECTIVE 4<br>Assure that the ideas and voices of young people, as well as other community members, are included in the development and implementation of efforts to reduce juvenile crime | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate peer delivered mediation services in schools, and in culturally specific community organizations<br>OTHER ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate school and general public forums for youth to speak in their own voices about their concerns and solutions to violence<br>2. Continue to utilize the juvenile justice planning team and other interested persons in an advisory capacity on an on-going basis for the MCCF's planning and advocacy work |

## *Benchmark: Reduce Adolescents' Use of Tobacco, Alcohol, other Drugs*

BENCHMARK ALLOCATION: 6% of available funds

***POTENTIAL PARTNERS:***
***Some of the organizations that we may work with***

- Youth
- Families
- Schools
- Businesses
- Religious Community
- Community Groups
- Health Care Providers
- A&D Providers
- Media
- Criminal Justice System
- Local, State, and Federal Government

***SITUATION ANALYSIS/COMMUNITY FINDINGS:***
***What we know about the way things are now, and how people in the community are responding***

Adolescent use of tobacco products, alcohol, and other drugs is a significant concern in Multnomah County. Available data points to the conclusion that, in spite of steady declines in drug use among juveniles in years past, more recent information nationally and locally, signals a change in this pattern with strong indications of increase in use.

It should be noted that available statistics only reflect data regarding students in school even though use of tobacco, alcohol, and other drugs is believed highest among out-of-school youth, a substantial population.

Foremost among the findings of this report is the need for new funding patterns that encourage collaboration and integration of services. Our service delivery system aims at providing a broad-based, integrated, full continuum of services for youth and families, but relies on categorical funding methods which create inappropriate competition among services areas as well as between service providers. This is a major systems barrier, which not only doesn't reward, but actually *inhibits* collaboration and integration of services.

It should also be recognized that though there are substantial state and federal resources for alcohol and drug treatment programs, the adolescent population is the recipient of only a small portion of these resources and require specialized services so that resource service dollars available may not go as far with the adolescent population as with the adult population.

Volunteer members of the county's Regional Drug Initiative Youth Coalition served as a focus group to provide input to this planning effort. Their recommendations regarding drug prevention included the following:

- Use peers as educators on topics pertaining to youth.
- Provide in-school drug education programs beginning at the earliest possible age.
- Assure interactive learning situations for youth.
- Designate school counselors who are available to help.
- Make choices and consequences clear for adolescents.

In a 1992 research project among middle and high school students, Seattle-based Comprehensive Health Education Foundation in determined that "the issue of greatest reported personal significance to students was drugs" although there was "only limited recognition that alcohol products and cigarettes are drugs, with some students reporting that to be 'a drug' a substance must be illegal. Students explained their concerns by identifying how drugs affected "nearly all aspects of their lives: sex, sexually transmitted diseases, violence (and sexual violence in particular), safety, abuse, fitness and exercise, communication, personal relationships with family and friends, entertainment and news media, peer pressure, law enforcement personnel, and their plans for the future."

Portland 11th graders who were asked in 1992 if they had used alcohol and/or other drugs in the preceding month reported 23% illegal drug use, 43% alcohol use, and 22% tobacco use; 8th graders reported slightly lower usage.

Multnomah County Alcohol & Drug Program Office estimates that 10% of Multnomah County's 23,000 high school students have "serious problems with alcohol and/or other drugs."

## *Benchmark: Reduce Adolescents' Use of Tobacco, Alcohol, other Drugs*

(continued)

| *OBJECTIVES:* *The directions we plan to take to lead us toward the benchmark* | *ACTIVITIES:* *The things we propose to do, and the tools we propose to use, categorized as "direct service," "system development," "policy," or "other" activities* |
|---|---|
| OBJECTIVE 1<br>Adopt consistent public policy positions that support the recommendations of this report | POLICY RELATED ACTIVITIES FOR OBJECTIVE 1<br>*(see appendix titled: "Policy Considerations")* |
| OBJECTIVE 2<br>Advocate for program concepts based on community involvement, capacity building, risk and resiliency factors, and wellness | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 2<br>1. Advocate for more youth oriented recreation activities at times and locations that will support the non-use of alcohol and other drugs<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 2<br>1. Train service providers to better address risk and protective factors<br>2. Collaborate with County Health Department's anti-smoking program<br>POLICY RELATED ACTIVITIES FOR OBJECTIVE 2<br>*(see appendix titled: "Policy Considerations")*<br>OTHER ACTIVITIES FOR OBJECTIVE 2<br>1. Advocate with news/entertainment media for images of responsible behavior; down-play images portraying alcohol as central to having fun<br>2. Appoint task force to identify exemplary local practices and programs<br>3. Advocate for *Oregonian* to reconsider its current and substantial donated anti-drug ads to include ad messages developed by local youth<br>4. Give meaningful recognition to young people who are contributing time and talent to effective drug prevention activities |
| OBJECTIVE 3<br>Assure a continuum of services supporting growth, education, prevention, intervention, treatment, and sanctions | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 3<br>1. Fund/evaluate, through contracts with community-based organizations, services consistent with the activities above in Objective 2<br>2. Fund/evaluate programs that prevent child/adolescent HIV infections and other sexually transmitted diseases, targeting populations at increased risk<br>OTHER ACTIVITIES FOR OBJECTIVE 3<br>1. Work with employers of youth to develop access to EAP programs for their young employees as an employment benefit |
| OBJECTIVE 4<br>Assure culturally competent and culturally specific direct services | DIRECT SERVICE ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate social activities for sexual minority youth in environments that are safe and free from alcohol and other drugs<br>2. Fund/evaluate the availability of community-based mental health services for sexual minority youth, and their families when appropriate, who are increased risk of harming themselves/being harmed by their families<br>3. Expand the availability of a youth hotline for sexual minority youth<br>SYSTEM DEVELOPMENT ACTIVITIES FOR OBJECTIVE 4<br>1. Fund/evaluate a youth caucus to deliberate on ways to include youth views in prevention programming<br>2. Increase the skill and educational level and the number of minority service providers to ensure culturally competent services<br>3. Fund/evaluate a system of outreach to help sexual minority youth access resources |
| OBJECTIVE 5<br>Work to eliminate artificial barriers to funding a full range of services | POLICY RELATED ACTIVITIES FOR OBJECTIVE 5<br>*(see appendix titled: "Policy Considerations")* |

This document is the final version of all the text.