

## **ANNOTATED MINUTES**

*Tuesday, July 19, 1994 - 9:30 AM  
Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland*

### **BOARD BRIEFINGS**

- B-1**     *Community Action Commission Mission and Organization, and Report on the State of Poverty in Multnomah County. Presented by Jan Savidge, Commission Chair, Commission Members and Staff.*

**JAN SAVIDGE, BILL MUIR, DEBORAH GRUENFELD,  
BONNIE WEBSTER AND BILL THOMAS  
PRESENTATION AND RESPONSE TO BOARD  
QUESTIONS.**

- B-2**     *East Multnomah County Road Transfer Process. Presented by Larry Nicholas.*

**LARRY NICHOLAS PRESENTATION AND RESPONSE  
TO BOARD QUESTIONS.**

- B-3**     *Multnomah Commission on Children and Families Preliminary Comprehensive Plan Overview. Presented by Helen Richardson, Jim Clay and Carol Wire.*

**HELEN RICHARDSON, JIM CLAY AND CAROL WIRE  
PRESENTATION AND RESPONSE TO BOARD  
QUESTIONS.**

---

*Thursday, July 21, 1994 - 9:30 AM  
Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland*

### **REGULAR MEETING**

*Chair Beverly Stein convened the meeting at 9:30 a.m., with Commissioners Sharron Kelley, Gary Hansen and Dan Saltzman present, and Vice-Chair Tanya Collier excused.*

### **CONSENT CALENDAR**

**UPON MOTION OF COMMISSIONER KELLEY,  
SECONDED BY COMMISSIONER HANSEN, THE  
CONSENT CALENDAR (ITEMS C-1 THROUGH C-5) WAS  
UNANIMOUSLY APPROVED.**

## **DEPARTMENT OF HEALTH**

- C-1      *Ratification of Intergovernmental Agreement Contract 200435 Between the City of Portland and Multnomah County, Wherein the City Will Reimburse the County for Monitoring and Controlling Rats Within and Originating from the City's Wastewater Collection System, for the Period July 1, 1994 through June 30, 1995*
- C-2      *Ratification of Intergovernmental Agreement Contract 200445 Between Oregon Health Sciences University and Multnomah County, Providing Hospital Services for Multnomah County Corrections System Prisoners, for the Period July 1, 1994 through June 30, 1995*
- C-3      *Ratification of Intergovernmental Agreement Contract 200485 Between Mt. Hood Community College Head Start/Oregon Prekindergarten Program and Multnomah County, Wherein the County Will Provide the Services of a .5 FTE Community Health Nurse to Participate as a Member of the Mt. Hood Community College Head Start Staff, for the Period August 15, 1994 through June 30, 1995*

## **DEPARTMENT OF COMMUNITY CORRECTIONS**

- C-4      *Ratification of Intergovernmental Agreement Contract 900355 Between the City of Portland and Multnomah County, Wherein the City Will Provide Funds to Participate in the Sanctions Treatment Opportunity Progress (STOP) Diversion Program, for the Period July 1, 1994 through June 30, 1995*
- C-5      *Ratification of Intergovernmental Agreement Contract 900365 Between the City of Portland and Multnomah County, Wherein the City Will Provide Funds to Participate in the County's Contract With the Council for Prostitution Alternatives, Inc., for the Period July 1, 1994 through June 30, 1995*

## **REGULAR AGENDA**

### **COMMUNITY AND FAMILY SERVICES DIVISION**

- R-1      *First Reading and Possible Adoption of a Proposed ORDINANCE Repealing Multnomah County Ordinance No. 393, and Establishing the Multnomah County Mental Health Advisory Committee, and Declaring an Emergency*

**PROPOSED ORDINANCE READ BY TITLE ONLY.  
COPIES AVAILABLE. COMMISSIONER KELLEY  
MOVED AND COMMISSIONER HANSEN SECONDED,  
APPROVAL OF FIRST READING AND ADOPTION.  
MARYANN STEWART AND LINDA REILLY  
EXPLANATION AND RESPONSE TO BOARD  
QUESTIONS. ORDINANCE 794 UNANIMOUSLY**

**APPROVED.**

**DEPARTMENT OF HEALTH**

- R-2**      *Ratification of a Intergovernmental Agreement Contract 200455 Between CareOregon and Yamhill County Health and Human Services, Public Health Division, Wherein the Division Agrees to Provide Specialty Care Services to CareOregon Clients, With Reimbursement on a Fee for Service Basis*

**COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-2. TOM FRONK EXPLANATION. AGREEMENT UNANIMOUSLY APPROVED.**

**SHERIFF'S OFFICE**

- R-3**      *Ratification of Intergovernmental Agreement Contract 800275 Between Multnomah County and the Oregon Department of Environmental Quality, Wherein DEQ Will Identify, Store and Dispose of Chemicals Located at an Alleged Illegal Drug Manufacturing Site*

**COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-3. LARRY AAB EXPLANATION AND RESPONSE TO BOARD QUESTIONS. AGREEMENT UNANIMOUSLY APPROVED.**

- R-4**      *Ratification of Intergovernmental Agreement Contract 800285 Between Multnomah County and the Metropolitan Service District, Providing a Supervised Inmate Work Crew to Perform General Labor, Including But Not Limited to Grounds Maintenance, Yard and Nursery Work, Light Carpentry, Painting and Debris Removal, at Sites Owned, Operated or Managed by METRO, for the Period July 1, 1994 through June 30, 1995*

**COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-4. LARRY AAB EXPLANATION AND RESPONSE TO BOARD QUESTIONS. AGREEMENT UNANIMOUSLY APPROVED.**

- R-5**      *Ratification of Intergovernmental Agreement Contract 800295 Between Multnomah County and the Metropolitan Service District, Providing Certain Law Enforcement Functions at Oxbow Park and Blue Lake Park, for the Period June 25, 1994 through September 6, 1994*

**COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF**

**R-5. LARRY AAB EXPLANATION AND RESPONSE TO BOARD QUESTIONS. AGREEMENT UNANIMOUSLY APPROVED.**

**NON-DEPARTMENTAL**

**R-6**      *RESOLUTION in the Matter of Approving the Comprehensive Plan of the Multnomah Commission on Children and Families for FY 1995-1997*

**COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-6. MARK ROSENBAUM AND JUDITH ARMATTA PRESENTATION, EXPLANATION AND ACKNOWLEDGEMENT OF EFFORTS OF STAFF HELEN RICHARDSON, CAROL WIRE AND JIM CLAY. BOARD COMMENTS IN SUPPORT OF DRAFT PLAN AND APPRECIATION OF EFFORTS OF COMMISSION MEMBERS AND COUNTY STAFF. DIANE WALTON, BRANDON CLARK, ALLANYA GUENTHER AND MYNDI GIEDT TESTIMONY IN SUPPORT OF PLAN. RESOLUTION 94-135 UNANIMOUSLY APPROVED.**

**R-7**      *RESOLUTION in the Matter of Authorizing the Transfer of \$15,000 to be Paid from the Natural Areas Acquisition and Protection Fund to the City of Portland for Acquiring 15.38 Acres of Land to Be Added to Forest Park*

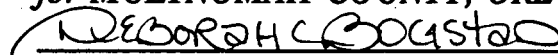
**COMMISSIONER SALTZMAN MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-7. SHARON TIMKO AND NANCY CHASE EXPLANATION. COMMISSIONER SALTZMAN RESPONSE TO QUESTION OF COMMISSIONER KELLEY. PATRICE MANGO AND CHRIS WRENCH TESTIMONY IN SUPPORT OF TRANSFER. BOARD DISCUSSION AND COMMENTS. RESOLUTION 94-136 UNANIMOUSLY APPROVED.**

**PUBLIC COMMENT**

**R-8**      *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

*There being no further business, the meeting was adjourned at 10:33 a.m.*

**OFFICE OF THE BOARD CLERK  
for MULTNOMAH COUNTY, OREGON**

  
Deborah L. Bogstad



# MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK  
SUITE 1510, PORTLAND BUILDING  
1120 S.W. FIFTH AVENUE  
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS  
BEVERLY STEIN • CHAIR • 248-3308  
DAN SALTZMAN • DISTRICT 1 • 248-5220  
GARY HANSEN • DISTRICT 2 • 248-5219  
TANYA COLLIER • DISTRICT 3 • 248-5217  
SHARRON KELLEY • DISTRICT 4 • 248-5213  
CLERK'S OFFICE • 248-3277 • 248-5222

## AGENDA

### MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

#### FOR THE WEEK OF

JULY 18, 1994 - JULY 22, 1994

*Tuesday, July 19, 1994 - 9:30 AM - Board Briefings . . . . . Page 2*

*Thursday, July 21, 1994 - 9:30 AM - Regular Meeting . . . . . Page 2*

*Thursday Meetings of the Multnomah County Board of Commissioners are taped and can be seen by Paragon Cable subscribers at the following times:*

*Thursday, 6:00 PM, Channel 30  
Friday, 10:00 PM, Channel 30  
Saturday, 12:30 PM, Channel 30  
Sunday, 1:00 PM, Channel 30*

**INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222, OR MULTNOMAH COUNTY TDD PHONE 248-5040, FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.**

*Tuesday, July 19, 1994 - 9:30 AM*

*Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland*

**BOARD BRIEFINGS**

- B-1 Community Action Commission Mission and Organization, and Report on the State of Poverty in Multnomah County. Presented by Jan Savidge, Commission Chair, Commission Members and Staff. 9:30 AM TIME CERTAIN, ONE HOUR REQUESTED.*
- B-2 East Multnomah County Road Transfer Process. Presented by Larry Nicholas. 10:30 AM TIME CERTAIN, 30 MINUTES REQUESTED.*
- B-3 Multnomah Commission on Children and Families Preliminary Comprehensive Plan Overview. Presented by Helen Richardson, Jim Clay and Carol Wire. 11:00 AM TIME CERTAIN, 30 MINUTES REQUESTED.*
- 

*Thursday, July 21, 1994 - 9:30 AM*

*Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland*

**REGULAR MEETING**

**CONSENT CALENDAR**

**DEPARTMENT OF HEALTH**

- C-1 Ratification of Intergovernmental Agreement Contract 200435 Between the City of Portland and Multnomah County, Wherein the City Will Reimburse the County for Monitoring and Controlling Rats Within and Originating from the City's Wastewater Collection System, for the Period July 1, 1994 through June 30, 1995*
- C-2 Ratification of Intergovernmental Agreement Contract 200445 Between Oregon Health Sciences University and Multnomah County, Providing Hospital Services for Multnomah County Corrections System Prisoners, for the Period July 1, 1994 through June 30, 1995*
- C-3 Ratification of Intergovernmental Agreement Contract 200485 Between Mt. Hood Community College Head Start/Oregon Prekindergarten Program and Multnomah County, Wherein the County Will Provide the Services of a .5 FTE Community Health Nurse to Participate as a Member of the Mt. Hood Community College Head Start Staff, for the Period August 15, 1994 through June 30, 1995*

## **DEPARTMENT OF COMMUNITY CORRECTIONS**

- C-4      *Ratification of Intergovernmental Agreement Contract 900355 Between the City of Portland and Multnomah County, Wherein the City Will Provide Funds to Participate in the Sanctions Treatment Opportunity Progress (STOP) Diversion Program, for the Period July 1, 1994 through June 30, 1995*
- C-5      *Ratification of Intergovernmental Agreement Contract 900365 Between the City of Portland and Multnomah County, Wherein the City Will Provide Funds to Participate in the County's Contract With the Council for Prostitution Alternatives, Inc., for the Period July 1, 1994 through June 30, 1995*

## **REGULAR AGENDA**

### **COMMUNITY AND FAMILY SERVICES DIVISION**

- R-1      *First Reading and Possible Adoption of a Proposed ORDINANCE Repealing Multnomah County Ordinance No. 393, and Establishing the Multnomah County Mental Health Advisory Committee, and Declaring an Emergency*

## **DEPARTMENT OF HEALTH**

- R-2      *Ratification of a Intergovernmental Agreement Contract 200455 Between CareOregon and Yamhill County Health and Human Services, Public Health Division, Wherein the Division Agrees to Provide Specialty Care Services to CareOregon Clients, With Reimbursement on a Fee for Service Basis*

## **SHERIFF'S OFFICE**

- R-3      *Ratification of Intergovernmental Agreement Contract 800275 Between Multnomah County and the Oregon Department of Environmental Quality, Wherein DEQ Will Identify, Store and Dispose of Chemicals Located at an Alleged Illegal Drug Manufacturing Site*
- R-4      *Ratification of Intergovernmental Agreement Contract 800285 Between Multnomah County and the Metropolitan Service District, Providing a Supervised Inmate Work Crew to Perform General Labor, Including But Not Limited to Grounds Maintenance, Yard and Nursery Work, Light Carpentry, Painting and Debris Removal, at Sites Owned, Operated or Managed by METRO, for the Period July 1, 1994 through June 30, 1995*
- R-5      *Ratification of Intergovernmental Agreement Contract 800295 Between Multnomah County and the Metropolitan Service District, Providing Certain Law Enforcement Functions at Oxbow Park and Blue Lake Park, for the Period June 25, 1994 through September 6, 1994*

**NON-DEPARTMENTAL**

- R-6      *RESOLUTION in the Matter of Approving the Comprehensive Plan of the Multnomah Commission on Children and Families for FY 1995-1997*
- R-7      *RESOLUTION in the Matter of Authorizing the Transfer of \$15,000 to be Paid from the Natural Areas Acquisition and Protection Fund to the City of Portland for Acquiring 15.38 Acres of Land to Be Added to Forest Park*

**PUBLIC COMMENT**

- R-8      *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

TANYA COLLIER  
Multnomah County Commissioner  
District 3



1120 SW Fifth St., Suite 1500  
Portland, OR 97204  
(503) 248-5217

## M E M O R A N D U M

---

TO: Board Clerks  
Chair, Beverly Stein  
Commissioner Gary Hansen  
Commissioner Sharron Kelley  
Commissioner Dan Saltzman

FROM: Commissioner Tanya Collier

DATE: April 14, 1994

SUBJECT: Summer Vacation

---

This memo is to inform you that I will be out of the office from July 11, 1994 through July 25, 1994. Therefore I will not be attending the July 14 and 21 Board Meetings.

TC:sf

RECEIVED  
COUNTY COMMISSIONER  
1994 APR 14 PM 1:59  
MULTNOMAH COUNTY  
OREGON

Meeting Date: JUL 19 1994

Agenda No: B-1

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM  
(For Non-Budgetary Items)

Subject: General Briefing on Community Action

Board Briefing: Tuesday, July 19, 1994, 9:30-10:30am Regular Meeting: \_\_\_\_\_  
Date Date

DEPARTMENT: \_\_\_\_\_ DIVISION: Community and Family Services Division

CONTACT: Jan Savidge TELEPHONE: 669-1408

PERSON(S) MAKING PRESENTATION: Jan Savidge, Commission Chair; Community Action Commission members and staff

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON AGENDA: One hour

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: \_\_\_\_\_

BRIEF SUMMARY (include statement of rationale for action requested, as well as personnel and fiscal/budgetary impacts, if applicable):

Community Action has not done a routine briefing of the Board for quite some time. This briefing will include some general demographic information on poverty in the County. It will also background the Board on the mission of Community Action, the roles of its programs, the organization of its staff into work teams, and the roles and work of the Commission.

The information from this briefing will assist Board members in fulfilling their role as the governing board for Multnomah County's Community Action Agency.

If Board members have requests for specific information or have specific questions they would like answered in the briefing, please call Jan Savidge at the above phone number, or CAPO staff Dana Brown at X4780.

BOARD OF  
COUNTY COMMISSIONERS  
1994 JUL 12 PM 12:48  
MULTNOMAH COUNTY  
OREGON

SIGNATURES:

ELECTED OFFICIAL: \_\_\_\_\_

OR

DEPARTMENT MANAGER: [Signature]

(All accompanying documents must have required signatures)

# MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION

Briefing before the Board of County Commissioners

July 19, 1994

Jan Savidge, Community Action Commission Chairperson

*"Federal and state statutes and rules require that a community action agency which is an...agency of a political subdivision be administered by a community action board...which shall provide for the operation of the agency and be directly responsible to the governing board of the subdivision."*

*– County Ordinance No. 665*

# MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION

## Briefing to the Board of County Commissioners

July 19, 1994

### PRESENTATION OUTLINE AND PACKET CONTENTS

#### Introduction

*Poverty is increasing at a significantly faster rate than population as a whole in Multnomah County.*

Some Facts about Poverty and Homelessness in Multnomah County

#### Background

*Community Action is part of an historical movement for social change and a present community of organizations. In Multnomah County, a county-wide community action agency evolved in the context of ever-changing institutional environments.*

Mission of the Community Action Commission and the Agency

Some Critical Moments in Community Action History

Values of Community Action

Community Action Organizations

History of Community Action in Multnomah County

County Resolutions from 1980, 1988, and 1990

#### Community Action Commission

*The Community Action Agency is a citizen-driven organization, including the participation of low-income persons. Its Commission has been empowered with dual roles, those of administrative oversight and advocacy.*

County Ordinance

Oregon State Statute

Roles Related to Commission Oversight

Commission Fact Sheet

Commission Member Criteria

Commission Member List (by sectors)

Community Action Commission Highlights

### Community Action System

*The Commission oversees a coordinated and unified system of consumer-centered services. This community partnership is a national model for service provision.*

Community Action Program Fact Sheet

Community Action Service Providers

Office Guide to Services

Defining a Continuum of Care

### Community Action Agency

*The Community Action staff-team is experimenting with new management and organization models with the goal of program excellence. Three major community action program functions have been identified, all overlapping in advocacy.*

Community Action Program Functions

### Community Action Partnerships

*Community Action initiates and values partnerships as a critical element in providing quality services and working for social justice.*

Some of Community Action's Current Partnerships

SOME FACTS ABOUT  
POVERTY AND HOMELESSNESS IN MULTNOMAH COUNTY

Prepared July 1994

**Population Increase**

The population of Multnomah County grew by 4% between 1980 and 1990, from 562,640 to 583,887.

By 1993, the increase was 5%, to 615,000.

**Increase of Persons in Poverty**

The number of persons living at or below the Federal Poverty Level increased from 62,539 in 1980 to 79,179 in 1990. This is an increase of 20% in ten years.

The number of persons living at or below 125% of the FPL increased from 86,079 in 1980 to 100,284 in 1990. This is an increase of 17%.

**Percentage of Population in Poverty**

The percentage of the population living at or below the FPL was 11% in 1980 and 13% in 1990.

The percentage of persons living at or below 125% of the FPL was 15% in 1980 and 17% in 1990.

**1994 Federal Poverty Guidelines**

Size of Household	Poverty Guideline	125% of FPL
1	\$ 7,360	\$ 9,200
2	9,840	12,300
3	12,320	15,400
each additional	+ 2,480	+ 3,100

**Homelessness**

On November 18, 1992, there were 1,699 persons counted as homeless. On November 17, 1993, there were 1,771 persons. This is a 4% increase in one year.

The number of children counted as homeless on November 18, 1992 was 454. On November 17, 1993, it was 606. This is an increase of 34% in one year.

# MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION

## *MISSION*

The mission of the Community Action Commission is to counteract the causes and consequences of poverty in Multnomah County

- 1) by advocating to increase the availability of resources and opportunities for low-income citizens to meet their basic needs, to empower themselves, to improve their quality of life, and to achieve self-sufficiency;
- 2) by promoting a more equitable distribution of resources and access to opportunities; and
- 3) by coordinating efforts to eradicate poverty, hunger and hopelessness.

## SOME CRITICAL MOMENTS IN COMMUNITY ACTION HISTORY

Prepared June 1994

### 1930's                      **The Great Depression**

With 25% of the workforce unemployed, the Depression transformed American politics. Government took a larger role in creating social insurance programs to assist in times of need (Unemployment Insurance, Social Security) and safety nets to those who needed it on a temporary basis (Aid to Families with Dependent Children/AFDC and Supplemental Security Income/SSI).

### Early 1960's              **A Booming American Economy**

The Civil Rights Movement greatly expanded in support and attention.

The unemployment rate of 5.5% - 6% was considered unacceptable.

The Other America by Michael Harrington was published. Television expanded its news coverage from 15 to 30 minutes each day. "Hunger in America" was broadcast.

The Ford Foundation funded community organizing "demonstration projects" in a few low-income urban communities.

The Council of Economic Advisors reported to John and Bobby Kennedy that the poor were not being touched by the booming economy.

### 1964                      **The War on Poverty Begins**

In January, President Johnson declared war on poverty in his State of the Union address.

In August, the Economic Opportunity Act was signed into law. The Office of Economic Opportunity (OEO) reported directly to the President. Its programs included Job Corps, Legal Services, Vista, Neighborhood Youth Corps and Community Action. **Some of the themes of these programs were - organizing to redistribute opportunities, requiring maximum feasible participation of the poor in all areas, intervening to overcome household problems, and building leadership in communities.**

### 1965-66                  **Community Action Takes Off**

One thousand organizations were directly granted Community Action funds in 1965, eight hundred more in 1966, in both rural and urban areas.

Head Start and Foster Grandparents were added as Community Action programs.

The US Conference of Mayors and other local governments complained about Community Action's focus on community organizing and participation of the poor, calling it "fomenting class struggle".

#### **1966-68                    Community Action Is Restructured**

Responding to the complaints from local governments and declining public support for the Great Society concept:

The boards of Community Action Agencies were required to have 1/3 elected officials, 1/3 low-income and 1/3 private sector.

(Oregon's) Edith Green Amendment provided for the designation of Community Action Agencies by local elected officials.

#### **1969-80                    Challenges and Changes**

Many OEO programs were spun-off (legal services, Head Start, etc.) in this period. Nixon begins the process of dismantling the OEO.

In 1973, Nixon impounded funds Congress had appropriated for the OEO. The Community Action Agencies filed suit and won.

In January 1975, the Community Services Act was signed into law. The OEO's name was changed to Community Services Administration. The focus of Community Action activity changed from organizing to service provision. Federal funding for all human services began a steady decline in 1978.

In 1979, the Weatherization Program and Low Income Home Energy Assistance Program were added to Community Action.

President Carter took action to strengthen Community Action Agencies and their impact on poverty, but he was defeated in reelection before implementation could take place.

#### **1981-86                    Community Action Pulls Through**

In 1981, under the leadership of President Reagan, the Community Services Administration was closed. An eleventh hour compromise was reached in Congress to continue Community Action funding through the Community Services Block Grant (CSBG).

States administered the CSBG and were required to pass through 90% of funds to eligible Community Action Agencies (932 nationwide).

In 1985, President Reagan zeroed out the CSBG in his budget. Oregon's Senator Hatfield introduced an amendment which saved the CSBG.

## VALUES OF COMMUNITY ACTION

1. The protection of the inherent worth, dignity, and the right to be treated with respect of all individuals and families in our society.
2. The recognition of the debilitating impacts of both racism and sexism and of their role in perpetuating poverty, and the commitment to work toward their elimination in ourselves and our society.
3. The promotion of self-determination and equal opportunity for all citizens to achieve their potential as individuals and as members of our society.
4. The basic right and responsibility of all persons in a democracy to participate in the affairs of the community, and for persons who are affected by change to participate in planning for decisions which affect their lives.
5. The responsibility of individuals to be self-sufficient to the best of their capabilities, and to be both responsive to human needs and responsible to the society in which they live.
6. The balance between the rights and responsibilities of the individual and society.
7. The mutual interdependence between the health of the community and the health of its individual citizens.
8. The necessity of providing for the basic needs of all individuals and families if the health of the community is not to suffer.
9. The recognition that all individuals, groups and communities must be viewed as "whole persons" (the whole is greater than the sum of its parts), and that if the parts are incomplete or unhealthy the whole will reflect the same condition.
10. The unique responsibility of implementing these shared values by working together through constructive and cooperative efforts to solve the problems of the community.
11. The mutual benefits of implementing these shared values by working together through constructive and cooperative efforts to solve the problems of our community.

# COMMUNITY ACTION ORGANIZATIONS

## Community Action Directors of Oregon (CADO)

Statewide association of Oregon's 16 Community Action Agencies, which service 32 of Oregon's 36 counties, and provide assistance to over 601,000 individuals each year. Statewide farmworker services are provided by Oregon Human Development Corporation (OHDC). Affiliated organizations include Oregon Food Bank, Oregon Shelter Network, Oregon Energy Coordinators Association and Association of Oregon Community Development Organizations. CADO and its affiliates work in partnership with Oregon Housing and Community Services Department (OHCSA) to ensure policy and funding coordination for the full range of anti-poverty activities undertaken in the state. CADO, in partnership with OHCSA, sponsors Oregon's annual Housing and Human Investment Conference.

## National Community Action Foundation (NCAF)

National, non-profit advocate and lobbyist for low income programs. Members include Community Action Agencies and their state and regional associations. NCAF works with members of Congress, the Executive Branch and federal and state agencies and governments to maintain adequate funding for social welfare programs and to shape future policy directions for a range of low-income issues, including the Community Services Block Grant, Welfare Reform, Low-income Energy Assistance, Employment and Job Training, Housing and Shelter for the Homeless, Health and Nutrition, Tax and Income Policy, and Low-income Weatherization.

## National Association of Community Action Agencies (NACAA)

National association of over 1,000 Community Action Agencies, which service 99% percent of the nation, and provide assistance to over 30,000,000 individuals each year. NACAA provides technical assistance, issues research, coalition building, professional development, and education and training opportunities for Community Action Agency management and line staff.

## **HISTORY OF COMMUNITY ACTION IN MULTNOMAH COUNTY**

- 1968** Portland Metropolitan Steering Committee (PMSC) established as non-profit Community Action Agency for City of Portland to serve as conduit of funds to 16 delegate agencies.
- 1970** Multnomah County Community Action Agency (MCCAA) created by resolution of the Board of County Commissioners.
- 1977** PMSC disbands; single purpose agencies receive funds directly from Region X Community Services Administration.
- 1980** Board of County Commissioners adopt recommendations of MCCAA Futures Task Force, determining that MCCAA remain a public agency under certain conditions and with periodic review of its public status, and clarifying authority and responsibilities of Community Action Agency (CAA) Administering Board.
- 1982** Community Action Agency of Portland (CAAP) created by State of Oregon as administrative umbrella for CAA delegate agencies to receive federal funds.
- 1983-84** Tri-County Community Council/United Way issues "Reports on Emergency Services in Multnomah County", identifying needs and establishing countywide clearinghouses.
- 1984** City-County Service Evaluation Task Force (SETF) created by ordinance to further define municipal and County services; issues "Report on Meeting Emergency Basic Needs" in 1985.
- 1985** State Legislature adopts SB 797, establishing CAA network as the delivery system for anti-poverty programs in Oregon, and establishing composition and roles of CAA Administering Board.
- 1986** Based on recommendations of SETF, City-County Emergency Basic Needs Committee (EBNC) created by ordinance "to provide the leadership necessary to maximize the ability of the City and County to meet emergency basic needs".

- 1988 Based on recommendations of EBNC, Board of County Commissioners adopts plan to "create a single countywide Community Action Agency to coordinate planning and channeling of funds for emergency basic needs and community action services in Multnomah County" under contract with the Board of County Commissioners, which expands "its current designation to become the countywide governing authority for community action"; Community Action Service System service delivery model adopted, based on geographically based multi-service centers; MCCAA staff "spin off" to become private non-profit agency, Human Solutions; CAAP reorganized as Metropolitan Community Action (MCA); MCA Board designated by County as CAA Administering Board; County contracts with MCA for citizen involvement, advocacy, planning and contracting for service through Department of Human Services Director's Office.
- 1989 Community Action Program Office (CAPO) established in Aging Services Division; CAPO designated as County's Community Action Agency; at direction of State, CAPO assumes direct responsibility for CAA low income weatherization program.
- 1990 CAA Administering Board (MCA Board) initially determines that CAPO should directly administer contracting for delivery of services in FY 90-91, and subsequently determines that CAPO also should be directly responsible for advocacy and planning, and for citizen involvement through staffing Community Action Commission; Board of County Commissioners approve these organizational changes and adopt an ordinance establishing a Community Action Commission "to address the needs of low income citizens in Multnomah County, to serve as the focal point for citizen involvement and advocacy in the emergency basic needs and community action system, and to serve as the federally mandated Community Action Board for Multnomah County".
- 1992 CAPO transferred from Aging Services Division to new Housing and Community Services Division (HCSD) established by Chair McCoy; management within CAPO flattened.
- 1993 CAPO and other HCSD programs transferred to new Children and Family Services Division (CFSD) created by Chair Stein.

BEFORE THE BOARD OF COUNTY COMMISSIONERS

In the Matter of the Approval )  
of the Revised Recommendations ) RESOLUTION  
of the Multnomah County Community )  
Action Agency "Futures Task Force".. )

WHEREAS, The Multnomah County Community Action Agency (MCCAA) Futures Task Force was established in July, 1979, to study and make recommendations on the question of whether or not the MCCAA should remain a county agency or become a private, nonprofit organization; and

WHEREAS, The Futures Task Force has completed its study and submitted its revised recommendations, attached here as Exhibit A; and

WHEREAS, The Board of County Commissioners has reviewed the revised recommendations of the Futures Task Force, Exhibit A; now, therefore,

BE IT RESOLVED that the revised recommendations of the Futures Task Force, Exhibit A, is approved by the Multnomah County Board of Commissioners.

May 22, 1980

(SEAL)

BOARD OF COUNTY COMMISSIONERS FOR  
MULTNOMAH COUNTY, OREGON

By Dennis Buchanan (BA)  
Presiding Officer

APPROVED AS TO FORM:

JOHN B. LEAHY  
County Counsel for  
Multnomah County, Oregon.

By Melinda L. Bruce  
Melinda L. Bruce  
Deputy County Counsel

Recommendations of The  
"Future Task Force"

Re: The Multnomah County Community Action Agency

The Multnomah County Community Action Agency shall remain a County agency under the following conditions:

1. For the purposes of policy making, the Executive Director shall report to, and be accountable to, the Administering Board. The Executive Director can be authorized by the Administering Board to communicate directly to the County Executive and the Board of County Commissioners on policy matters.
2. For purposes of administration the Director of the Department of Human Services shall have authority over the MCCA Executive Director. That authority can be delegated to his or her representative, subject to the confirmation of the Administering Board. The Executive Director can be authorized to communicate directly with the County Executive on administrative matters. The Department of Human Services administration shall provide the vehicle for MCCA's Executive Director to meet on a regular basis with DHS administration and the heads of other DHS programs for the purpose of developing and maintaining communications and program coordination.
3. County elected officials shall give time to their Administering Board representatives to inform their Board representatives of their views so that the Board representatives can act in the interests of the public officials they represent. Board representatives must be authorized in some way to act for the public officials.
4. The Administering Board shall meet with the County Executive and with the Board of County Commissioners at least semi-annually to develop and maintain communications (for example, to discuss major policy issues, annual work programs, and long range development). Either party may ask for a quarterly meeting, or more often, if necessary. Neither party can refuse a requested meeting for more than a quarter of a year.
5. The County Executive shall delegate to the Administering Board the powers that are allowed to be delegated according to Community Services Administration (CSA) instructions.
  - a. Specifically, the County Executive shall delegate to the Administering Board the following powers in keeping with the CSA instructions and Multnomah County established policies.

- 1) Determination, subject to CSA policies, of major personnel, organization, fiscal, and program policies.
- 2) Determination of overall program plans and priorities, including provisions for evaluating progress against performance.
- 3) Approval of all program and budget proposals.
- 4) Approval of all evaluation and assessment studies and reports.
- 5) Approval of all arrangements for delegating the planning, conduct, or evaluation of a component of the work program.

b. The Administering Board is required, according to CSA instructions, to have the following powers in addition to those delegated above:

- 1) To participate jointly and to concur formally in the selection of the Executive Director of the CAA including the right to participate directly in the interview process for said selection.
- 2) To exercise all powers which the designating officials choose to delegate to the Administering Board.
- 3) To oversee the extent and the quality of the participation of the poor in the programs of the CAA.
- 4) To determine, subject to CSA policies, rules and procedures for the Administering Board.
- 5) To select the officers and the executive committee, if any, of the Administering Board.

c. The County Executive is required, according to CSA instructions, to retain the following powers:

- 1) To enforce compliance with all conditions of CSA grants.
- 2) To appoint the Executive Director of the CAA in a shared power with the Administering Board.

d. The Board of County Commissioners retains the right of final approval of all budgets.

6. The termination of the Executive Director shall be a shared power between the Administering Board and the County Executive, as stated in current MCCA By-Laws.

7. There shall be annual reviews to reassess MCCAAs administrative structure and status as a County agency, including the possibility of becoming a private agency. Such reviews shall be done by a committee established by the Administering Board and accomplished as a part of the annual planning process of the agency.

8. An ongoing committee shall be established by the Administering Board to explore the meaning of advocacy and to develop appropriate ways for MCCAAs to carry out advocacy.

9. There must be a speed-up in the County personnel hiring process, and the County personnel director shall work directly with MCCAAs to develop procedures to reduce significantly the time required to hire new personnel.

(Revised: 3-2-88)

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

In the Matter of the Emergency )  
Basic Needs Committee Report )  
of February 23, 1988 )

RESOLUTION  
#88-25

WHEREAS the Board of County Commissioners and the City Council established the City-County Emergency Basic Needs Committee by Ordinance No. 495 (County) and Ordinance No. 158185 (City) and charged the Committee to develop specific policy, budget and planning recommendations, and produce a plan for co-ordinated delivery of emergency basic needs services; and

WHEREAS the City-County Emergency Basic Needs Committee ("EBNC") has examined ways to improve co-ordination in funding, planning, advocacy and delivery of emergency basic needs and community action services including shelter, food, energy assistance, transportation, medical assistance, employment/income maintenance, and case management; and

WHEREAS EBNC has presented to the Board of County Commissioners and the City Council its Plan for Coordination of Emergency Basic Needs Services (February 23, 1988) ("EBNC Plan") which recommends the adoption and implementation of a specific service delivery model and a specific funding model; and

WHEREAS the Board of County Commissioners recognizes emergency basic needs services as one element of provision of human services in Multnomah County; and

WHEREAS the Board of Commissioners determines that implementing the elements of this resolution would result in more effective and efficient delivery of emergency basic needs and community action services;

NOW, THEREFORE, BE IT RESOLVED that:

1. The Board commends EBNC for responding to its charge in an exemplary manner and for producing a plan which has achieved support from broad sectors of the community.

2. The Board adopts the following EBNC recommendations:
- a) to "create a single countywide community action agency to coordinate planning and channeling of funds for emergency basic needs and community action services in Multnomah County" under contract with the Board of County Commissioners which expands "its current designation to become the countywide governing authority for community action;" and
  - b) to "adopt a service delivery model organized around 9-12 emergency service centers;" and
  - c) to "establish an Advisory Committee to advise the funders and the countywide community action agency."
3. The Board affirms its intention to proceed in good faith efforts toward implementation of those recommendations.
4. The Board takes no action on any fiscal recommendations pending: 1) policy and fiscal analysis by the County of the EBNC Plan and of the transition of Multnomah County Community Action Agency ("MCCAA") to an independent agency; 2) the County's regular budget process; 3) the progress of discussions with the Community Action Agency of Portland ("CAAP") and "MCCAA"; and 4) commitment of other funders.
5. Subject to the preceding paragraph, the Board instructs the Department of Human Services and other representatives the Board may designate to enter into negotiations with the Board of CAAP in order to move implementation forward, and to maintain regular communication with the Board concerning the progress of these negotiations.
6. The Board affirms its support for the transition of MCCAA to a private not-for-profit agency capable of continuing to deliver quality services in Mid and East County, and requests the Department to provide regular reports to the Board on progress toward this end.
7. It is the Board's desire to have the elements of this resolution in place by July 1, 1988.



3rd DAY OF MARCH, 1988.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

By

*Gladys McCoy*  
Gladys McCoy, Chair

APPROVED AS TO FORM

*Laurence Kressel*  
Laurence Kressel, County Counsel

RESOLUTION

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
OF MULTNOMAH COUNTY, OREGON

In the matter of defining the role )  
of Metropolitan Community Action )

RESOLUTION #90-46

WHEREAS, the Board of Directors of Metropolitan Community Action has requested Multnomah County Department of Human Services to administer contracting and contract monitoring in FY 90-91, and

WHEREAS, the Board of Directors of Metropolitan Community Action has requested and received certain assurances from the Department of Human Services regarding support and assistance in this transitional period and beyond, and

WHEREAS, the Department of Human Services is willing and able to more cost-efficiently administer contracting and contract monitoring, and

WHEREAS, the savings caused by the transfer of contracting and contract monitoring to the County will enable Metropolitan Community Action to perform more extensive advocacy and planning functions, and

WHEREAS, the Board of County Commissioners recognizes the need in the community for an independent advocacy and planning body and Administering Board for community action programs and the appropriateness in having Metropolitan Community Action fill that role, and

WHEREAS, the Board of County Commissioners recognizes the success that Metropolitan Community Action has had in advocating for the needs of emergency services and homeless clients.

THEREFORE BE IT RESOLVED, that the Board of County Commissioners affirms the decision of the Department of Human Services to assume the contracting role.

BE IT FURTHER RESOLVED that the Board recognizes Metropolitan Community Action's new emphasis on planning and advocacy and the bold decision on the part of its Board to take this responsibility.

BE IT FURTHER RESOLVED that it is the Board's hope and intent that MCA become the central planning and advocacy agency for Multnomah County, and that the MCA Board continue to serve as the County's appointed Administering Board for community action programs.

ADOPTED this 29th day of March, 1990.

By

*Gladys McCoy*  
Gladys McCoy, Chair  
Multnomah County, Oregon

REVIEWED:

Laurence Kressel, County Counsel  
Multnomah County, Oregon

By *[Signature]*



RESOLUTION

BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR MULTNOMAH COUNTY, OREGON

In the matter of the organization of the)  
community action system for FY 90-91 )

RESOLUTION 90-102

WHEREAS, the Board of Directors of Metropolitan Community Action (MCA) has determined that MCA will no longer be involved in planning and advocacy for the community action system after June 30, 1990; and

WHEREAS, the MCA Board of Directors has recommended that the Aging Services Division of the Multnomah County Department of Human Services assume direct responsibility for ensuring citizen involvement, advocacy and planning in the community action system for FY 90-91; and

WHEREAS, the MCA Board of Directors has recommended that the transition to a new administrative model be conducted jointly between the MCA Board and the Aging Services Division, and has established a Transition Committee from the MCA Board, the Division and the Contractors Association to address certain organizational and transitional issues; and

WHEREAS, the MCA Board of Directors has adopted the Transition Committee's "Proposal for the Organization of the Community Action System for FY 90-91" dated June 8, 1990; and

WHEREAS the MCA Transition Committee's proposal recommends that the Board of County Commissioners provide for citizen involvement in the community action system through establishing a Community Action Commission, to serve a variety of functions pertaining to the needs of low income citizens in Multnomah County; and

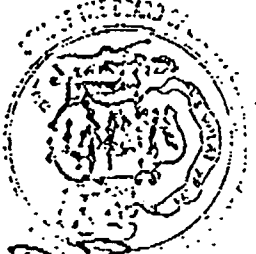
WHEREAS the MCA Transition Committee's proposal further recommends that the Aging Services Division provide for advocacy and planning in the community action system through staffing by the Division's Community Action Program Office, to focus and support the work of the Community Action Commission.

THEREFORE BE IT RESOLVED, that Resolution #90-46 is hereby amended, and that the Board of County Commissioners affirms the decision of the Aging Services Division to assume direct responsibility for ensuring citizen involvement, advocacy and planning in the community action system, as recommended in the MCA Transition Committee's "Proposal for the Organization of the Community Action System for FY 90-91" and as reflected in the Division's proposed amendment to the FY 90-91 Adopted Budget.

BE IT FURTHER RESOLVED that the Board of County Commissioners recognizes that time is of the essence in implementing and staffing a new administrative model for the community action system which will provide for both continuity and stability.

BE IT FURTHER RESOLVED that the Aging Services Division be hereby directed to prepare an Ordinance for consideration by the Board of County Commissioners which will establish a Community Action Commission at the earliest possible date, and that the Board of County Commissioners hereby requests the MCA Board of Directors to serve as the Multnomah County Community Action Board during the transition period prior to establishment of the Community Action Commission.

ADOPTED this 28th day of June, 1990



By

*Gladys McCreary*  
Gladys McCreary, Chair  
Multnomah County, Oregon

REVIEWED:

*Laurence Kressel*  
LAURENCE KRESSEL, County Counsel  
of Multnomah County, Oregon

1                   BEFORE THE BOARD OF COUNTY COMMISSIONERS

2                   FOR MULTNOMAH COUNTY, OREGON

3                   ORDINANCE NO. 665

4  
5           An ordinance establishing a Community Action Commission to  
6   address the needs of low income citizens in Multnomah County,  
7   to serve as the focal point for citizen involvement and  
8   advocacy in the emergency basic needs and community action  
9   service system, and to serve as the federally mandated  
10   community action board for Multnomah County.

11           Multnomah County ordains as follows:

12   Section I. Findings and Purpose

13           (A) On July 1, 1988, pursuant to County Resolution 88-25 a  
14   single, countywide community action agency was created in the  
15   Multnomah County Department of Human Services, with the Board  
16   of County Commissioners serving as the countywide governing  
17   board.

18           (B) On July 1, 1990, pursuant to County Resolutions 90-46  
19   and 90-102 the Aging Services Division assumed direct  
20   responsibility for ensuring citizen involvement, advocacy,  
21   planning, and contracting for delivery of services in the  
22   community action service system, through the division's  
23   Community Action Program Office.

24           (C) Federal and state statutes and rules require that a  
25   community action agency which is an office, division, or agency  
26   of a political subdivision be administered by a community

1 action board of at least nine but no more than 33 members,  
2 which shall provide for the operation of the agency and be  
3 directly responsible to the governing board of the subdivision.

4 (D) The Board of Directors of Metropolitan Community  
5 Action, Inc. (MCA), which has served as the county's designated  
6 community action board since July 1, 1988, has recommended that  
7 the Board of County Commissioners establish a Community Action  
8 Commission to address the needs of low income citizens in  
9 Multnomah County, to serve as the focal point for citizen  
10 involvement and advocacy in the emergency basic needs and  
11 community action service system, and to serve as the federally  
12 mandated community action board for Multnomah County.

13 (E) On June 28, 1990, the Board of County Commissioners  
14 accepted the recommendations of the MCA Board and, upon finding  
15 that it is in the interest of the county to establish such a  
16 commission pursuant to Section 3.70 of Multnomah County's Home  
17 Rule Charter, directed the Aging Services Division to prepare  
18 this ordinance for the purpose of establishing a Community  
19 Action Commission and providing for the mission, powers,  
20 duties, membership, organization and staffing thereof.

21 Section II. Definitions

22 For the purposes of this ordinance, unless the context  
23 requires otherwise, the following items are defined as follows:

24 (A) Governing Board: Board of County Commissioners of  
25 Multnomah County, Oregon.

26 (B) Administering Board: The community action board

1 established for a community action agency which is an office,  
2 division, or agency of a political subdivision, with  
3 membership, powers and duties prescribed in ORS 184.802.

4 (C) Commission: Community Action Commission established  
5 by this ordinance to serve as Multnomah County's community  
6 action board and other identified functions.

7 (D) Division: Aging Services Division of the Multnomah  
8 County Department of Human Services.

9 (E) Program: The community action program operated with  
10 federal, state and local anti-poverty funds by the Division's  
11 Community Action Program Office in its capacity as the county's  
12 community action agency.

13 Section III. Establishment of Commission

14 (A) A Community Action Commission is hereby established to  
15 serve such functions as are identified below pertaining to the  
16 needs of low income people in Multnomah County.

17 (B) The Community Action Commission shall have the  
18 mission, powers, duties, membership, organization and staffing  
19 provided to it through this ordinance.

20 (C) The mission of the Community Action Commission shall  
21 be to counteract the causes and consequences of poverty in  
22 Multnomah County:

23 1) by advocating to increase the availability of  
24 resources and opportunities for low income citizens to meet  
25 their basic needs, to empower themselves, to improve their  
26 quality of life, and to achieve self sufficiency;

1           2) by promoting a more equitable distribution of  
2 resources and access to opportunities; and

3           3) by coordinating efforts to eradicate poverty,  
4 hunger, and homelessness.

5       Section IV. General Powers and Duties

6           (A) The Community Action Commission shall serve as the  
7 focal point for citizen involvement and advocacy in the  
8 emergency basic needs and community action service system in  
9 Multnomah County, through:

10           (1) Providing citizen leadership to further policies,  
11 planning, and programs which will empower low income  
12 individuals and families and improve their quality of life, in  
13 partnership with funders, program staff, providers, and  
14 constituents in the community action service system;

15           (2) Representing the views and voicing the needs of  
16 low income individuals and families to policy makers, funders,  
17 program staff, providers, and the general community, and  
18 providing review and comment regarding public issues and  
19 proposals which impact low income citizens;

20           (3) Educating the general community regarding the  
21 extent and impact of poverty, hunger, homelessness and other  
22 issues affecting low income citizens, and their negative effect  
23 on the quality of life in our community;

24           (4) Collecting, maintaining, and providing information  
25 on low income issues, including dissemination through public  
26 forums and conferences;

1           (5) Advocating on behalf of low income citizens for  
2 resources, for policy and system changes, and for needed  
3 programs and services, both in the public and private sectors;

4           (6) Mobilizing public support for the Commission's  
5 advocacy efforts, and coordinating its advocacy activities with  
6 other community groups;

7           (7) Conducting studies and hearings to identify,  
8 assess, and prioritize the needs of low income citizens in  
9 Multnomah County and to evaluate the service system's capacity  
10 to meet those needs, and disseminating the Commission's  
11 findings to policy makers, funders, providers, and other  
12 interested persons and entities in the community;

13           (8) Participating in the formulation of system  
14 policies for meeting the basic needs of low income citizens and  
15 for promoting their self-sufficiency and independent and  
16 dignified living;

17           (9) Reviewing, monitoring, and evaluating system and  
18 program effectiveness in accomplishing established goals,  
19 objectives, and priorities for service delivery to low income  
20 citizens;

21           (10) Representing the interests of low income citizens  
22 in advising program staff regarding planning for a coordinated  
23 and comprehensive system of services, and the development of an  
24 annual plan of action which specifies strategies and activities  
25 to make progress toward meeting the goals of the plan;

1           (11) Representing the interests of low income  
2 citizens, providing citizen participation and oversight, and  
3 advising program staff and the governing board on all matters  
4 related to the development, structure and administration of the  
5 county's community action program and the operations conducted  
6 thereunder, and related to the duties delegated to the  
7 Community Action Commission by the governing board; and

8           (12) Providing ongoing advice, guidance, and  
9 recommendations to program staff and the governing board on  
10 policy decisions and program development, both in the planning  
11 and implementation phases.

12           (B) The Community Action Commission shall serve as the  
13 federally mandated community action board for Multnomah  
14 County's community action program, to administer and provide  
15 for the operation of the agency as required by federal statutes  
16 and ORS 184.802, through:

17           (1) Being directly responsible to the governing board  
18 for the operation of the community action program;

19           (2) Reviewing and approving program policies related  
20 to the expenditure of federal and state anti-poverty funds,  
21 including the Community Services Block Grant, Low Income Energy  
22 Assistance Program, Department of Energy Weatherization  
23 Program, Emergency Food and Shelter Program, State Homeless  
24 Assistance Program, and such other anti-poverty funds as may  
25 become available to the program;

- 1           (3) Being involved in and consulted on the hiring,  
2 evaluation, and firing of the agency director;  
3           (4) Monitoring and evaluating program effectiveness;  
4           (5) Insuring the effectiveness of community  
5 involvement in the planning process; and  
6           (6) Assuming all duties delegated to it by the  
7 governing board.

8       Section V. Membership

9           (A) The commission shall consist of twenty-four (24)  
10 members. Members shall serve without compensation, except that  
11 members may be reimbursed for reasonable expenses involved in  
12 the performance of their duties. Representation shall be as  
13 follows:

14           (1) One-third (eight) of the members shall be elected  
15 public officials currently serving or their designees;

16           (2) At least one-third (eight) of the members shall be  
17 low income citizens of Multnomah County (maximum income of 125%  
18 of federal poverty guidelines at the time of appointment);

19           (3) The balance of members shall represent business,  
20 industry, labor, religious, welfare, education, neighborhood  
21 associations or other major groups and interests in the  
22 community; and

23           (4) Alternates may be designated for low income and  
24 private sector members.

1 (B) Composition of the commission should reflect community  
2 diversity in so much as is possible, including age, disability,  
3 economic status, ethnic backgrounds, geographic distribution,  
4 racial minorities, and sex.

5 (C) Elected officials and private sector members shall be  
6 appointed in accordance with Section 3.70 of the Multnomah  
7 County Home Rule Charter.

8 (D) Low income members shall be selected by the sitting  
9 members of the commission through democratic selection  
10 procedures adequate to insure that they are representative of  
11 the poor in Multnomah County.

12 (E) Terms of appointment and selection shall coordinate  
13 with the fiscal year, July 1 to June 30. Length of terms shall  
14 be for two (2) years, except that initial appointments and  
15 selections shall be staggered so that one half expire on June  
16 30, 1991 and one half expire on June 30, 1992. Members may  
17 serve three (3) consecutive terms. Initial terms expiring on  
18 June 30, 1991, shall not be included in this limitation.

19 Section VI. Organization

20 The commission shall adopt bylaws, with the approval of the  
21 governing board, which shall address such issues as terms of  
22 appointment, vacancies, officers, conduct of business,  
23 committees, responsibilities of membership and other such  
24 issues as the commission may deem appropriate.

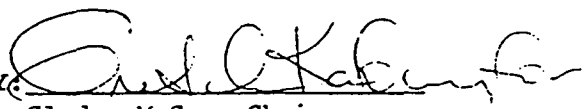
1       Section VII. Staffing

2           The commission shall be provided an appropriate level of  
3       staff support, communication, and technical assistance by the  
4       Division's Community Action Program Office in order to carry  
5       out its designated functions.

6  
7           Adopted this 18th day of October, 1990, being  
8       the date of its second reading before the Board of County  
9       Commissioners of Multnomah County, Oregon.




14  
15

BY:   
Gladys McCoy, Chair  
Multnomah County, Oregon

16  
17  
18

REVIEWED:

  
LAURENCE KRESSEL, COUNTY COUNSEL  
of Multnomah County, Oregon

19  
20       10/02/90/4

21  
22       [0322f]

184.785 Authority of department for performance of support services. (1) The Department of Human Resources may enter into agreements with district attorneys or the Support Enforcement Division for performance of support enforcement services pursuant to federal laws or regulations.

(2) The Department of Human Resources may, if required by federal law or regulation relating to child support programs:

(a) Enter into agreements with the Support Enforcement Division or a district attorney for providing child support services;

(b) Promulgate rules for operation of child support programs under ORS 25.080; or

(c) Provide other services not specified by ORS 23.185, 25.010 to 25.030, 25.050, 25.070, 25.080, 25.350, 108.110, 109.100, 109.125, 418.042 and this section. [1975 c.458 §57, 16; 1989 c.633 §5]

184.787 Rulemaking. (1) Pursuant to ORS 183.310 to 183.550, the director may adopt such administrative rules as the director considers necessary to carry out the functions of the department.

(2) Notwithstanding any other provision of law, the director by order may delegate authority under subsection (1) of this section to such extent as the director considers proper to assistant directors of the department. [1977 c.267 §4]

184.790 [1975 c.768 §51, 2; 1977 c.661 §4; renumbered 184.865]

184.795 Department of Human Resources Account. (1) There is established in the General Fund of the State Treasury an account to be known as the Department of Human Resources Account. All moneys in this account are appropriated for and shall be used by the department for the respective purposes authorized by law. The moneys in the account and all appropriations for the account are subject to allotment control by the Executive Department.

(2) The Department of Human Resources shall keep a record of all moneys credited to and deposited in the account. The records shall indicate by separate cumulative accounts the source from which the moneys were derived and the individual activity or program against which each withdrawal is charged.

(3) The unobligated balance in the account on June 30 of each odd-numbered year shall be determined by the department as of September 30 next following, and certified to the Executive Department. Unless otherwise provided by law or action of the Emergency Board, the amount certified pursuant to this subsection shall revert to the General Fund

and become available for general governmental purposes. [1977 c.267 §14]

184.800 Department of Human Resources Special Checking Account. (1) There is established a Department of Human Resources Special Checking Account in the State Treasury. Upon the written request of the Director of Human Resources, the Executive Department shall draw warrants in favor of the Department of Human Resources to be charged against appropriations and other moneys available to the Department of Human Resources in the same manner as other claims against the state, as provided in ORS chapter 293. All such warrants shall be deposited in the special checking account and may be disbursed by check.

(2) The special checking account may be used for the purpose of paying the administrative expenses of programs and services as assigned to the Department of Human Resources by law, including the payment of expenses to be reimbursed by the Federal Government. [1977 c.267 §15]

184.801 State goal to eliminate or alleviate poverty. The State of Oregon desires to assist and enable the poor to achieve maximum feasible economic self-sufficiency. It shall be a state goal to eliminate or alleviate the causes and conditions of poverty in Oregon. The state shall assist community action agencies to stimulate a better focusing of all available local, state, federal and private resources upon the goal. [1989 c.370 §1]

184.802 Community action agency network as delivery system for federal anti-poverty programs; other systems; Oregon Human Development Corporation to receive certain federal funds; State Community Services. (1) The community action agency network, established initially under the federal Economic Opportunity Act of 1964, shall be the delivery system for federal anti-poverty programs in Oregon, including the Community Services Block Grant, Low-income Energy Assistance Program, Department of Energy Weatherization Program and such others as may become available.

(2) Funds for such programs shall be distributed to the community action agencies by the Department of Human Resources, State Community Services with the advice of the Community Action Directors of Oregon.

(3) In areas not served by a community action agency, funds other than federal community services funds may be distributed to and administered by organizations that are found by the Department of Human Resources, State Community Services to serve the anti-poverty purpose of the community action agency network.

(4) In addition to complying with all applicable requirements of federal law, a community action agency shall:

(a) Be an office, division or agency of the designating political subdivision or a not for profit organization in compliance with ORS chapter 65.

(b) Have a community action board of at least nine but no more than 33 members, constituted so that:

(A) One-third of the members of the board are elected public officials currently serving or their designees. If the number of elected officials reasonably available and willing to serve is less than one-third of the membership, membership of appointed public officials may be counted as meeting the one-third requirement;

(B) At least one-third of the members are persons chosen through democratic selection procedures adequate to assure that they are representatives of the poor in the area served; and

(C) The remainder of the members are officials or members of business, industry, labor, religious, welfare, education or other major groups and interests in the community.

(c) If the agency is a private not for profit organization, be governed by the Community Action Board. The board shall have all duties, responsibilities and powers normally associated with such boards, including, but not limited to:

(A) Selection, appointment and dismissal of the executive director of the agency;

(B) Approval of all contracts, grant applications and budgets and operational policies of the agency;

(C) Evaluation of programs; and

(D) Securing an annual audit of the agency.

(d) If the organization is an office, division or agency of a political subdivision, be administered by the board which shall provide for the operation of the agency and be directly responsible to the governing board of the political subdivision. The administering board at a minimum, shall:

(A) Review and approve program policy;

(B) Be involved in and consulted on the hiring and firing of the agency director;

(C) Monitor and evaluate program effectiveness;

(D) Insure the effectiveness of community involvement in the planning process; and

(E) Assume all duties delegated to it by the governing board.

(e) Have a clearly defined, specified service area. Community action service areas shall not overlap.

(f) Have an accounting system which meets generally accepted accounting principles and be so certified by an independent certified accountant.

(g) Provide assurances against the use of government funds for political activity by the community action agency.

(h) Provide assurances that no person shall, on the grounds of race, color, national origin or sex, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity funded in whole or in part with funds made available through the community action program.

(i) Provide assurances the community action agency shall comply with any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 or with respect to an otherwise qualified individual with disabilities as provided in section 504 of the Rehabilitation Act of 1973.

(5) For the purposes of this section, the Oregon Human Development Corporation is eligible to receive federal community service funds and low-income energy assistance funds.

(6) The State Community Services shall:

(a) Administer federal and state anti-poverty programs.

(b) Apply for all available anti-poverty funds on behalf of eligible entities as defined in this section.

(c) In conjunction with the Community Action Directors of Oregon, develop a collaborative role in advocating for, and addressing the needs of, all low income Oregonians.

(d) Biennially produce and make available to the public a status report on efforts by it and state agencies to reduce the incidence of poverty in Oregon. This report shall contain figures regarding the numbers and types of persons living in poverty in Oregon.

(e) On a regular basis provide information to the Community Action Directors of Oregon on the activities and expenditures of State Community Services.

(f) As resources are available, provide resources for technical assistance, training and program assistance to eligible entities.

(g) As resources are available, provide resources for the training and technical assistance needs of the Community Action Directors of Oregon.

ROLES RELATED TO COMMISSION OVERSIGHT  
October 29, 1992

	Policy	Policy Revisions	Policy Implementatn	Program Effectiveness	Planning Process	Plans
BCC	FA as nec					
MCCAC	R&A	R&A	R	M&E	I&C/M&E	R&A
CAA/Div	Rec	Rec	Rep	M&E	NA/Implement	Rep & Rec
	Budgets	Bud Mods	Notices of Intent	Service Allocations	Reallocate Funds	Agency Allocatns
BCC	FA	FA	FA			
MCCAC	R&A	R&A	R&A	R&A	R&A	R
CAA/Div	Rec	Rec	Rec	Rec	Rec	Rep
	Organizatnl Modificatns	CAA Director				
BCC	FA as nec					
MCCAC	R&A	I&C/M&E				
CAA/Div	Rec					
FA	Final Approval	R	Review			
I&C	Involve and Consult	R&A	Review and Approve			
M&E	Monitor and Evaluate	Rec	Recommend			
NA	Needs Assess	Rep	Report			

DESCRIPTIONS OF OVERSIGHT AREAS  
October 29, 1992

Policy, Policy Revisions, Policy Implementation

1. What is a policy?

A policy is a governing principle which ensures, when followed, that certain values will be expressed, certain priorities respected, certain goals reached and certain outcomes produced.

2. What policies does the Commission review and approve? (adopted 8/12/92)

1. Policies governing the design of or modifications to the service delivery system and programs for community action services.

2. Policies governing Requests for Proposals for community action programs and services.

3. Policies governing allocation of funds administered by CAPO pursuant to Request for Proposal and other funding processes.

4. Policies governing development of new resources and program initiatives for community action services.

3. Over what funds does the Commission have oversight responsibilities?

1. Any funds received as the community action agency

2. Any funds in the community action budget

4. What specific policies does this include currently?

1. Systemwide policies

\*\* Community action-funded systemwide RFP (Funds covered here include CSBG, ESG, SHAP, etc.)

2. Fund-specific policies

\*\* LIEAP program and allocation

\*\* FEMA program and allocation

\*\* EHA program, allocation and RFP

\*\*LIRHF (Low-Income Rental Housing Fund) program and allocation

\*\* Grants (both private- and public-funded) program and allocation

\*SAFAH grant program

\*RWJ/HUD Homeless Families Program

\*BHF Mother Mentor Program

\*Homeless Prevention Program

\*Other grants

\*\* Other pass-through-funds program and allocation

\*State discretionary CSBG & EHA funds

\*United Way-Chamber Homeless Action Fund

\*Other funds

3. Program-specific policies

- \*\* Emergency Housing Assistance Program
- \*\* Voucher program and allocation
- \*\* Weatherization program and allocation

\*\*\*\*\*

Program Effectiveness

1. Over what programs does the Commission have oversight responsibilities?

1. Programs in the community action budget, including both contracted services and internal organization of the community action agency
2. Programs acquired through community action funding
3. Programs for which the Commission has set policy

2. What specific programs does this currently include?

1. Community action-funded service system
2. LIEAP
3. Weatherization
4. Voucher
5. Emergency Housing Assistance Program
6. SAFAH grant program
7. RWJ/HUD Homeless Families Program
8. BHF Mother Mentor Program
9. Bulk food purchasing through OFB
10. Veterans project
11. Organization effectiveness

\*\*\*\*\*

Planning Process

1. What is the unique role of the Commission in a planning process?

By statute and ordinance, the Commission is to involve the community, particularly low-income persons in planning processes. Members of the Commission are also expected to participate.

2. What planning processes does this include?

1. for determining program and allocation policies
2. for service delivery system and community action program development
3. for organizational development, goal-setting, and work-planning

\*\*\*\*\*

Plans

1. Over what plans does the Commission have oversight responsibilities?

1. Community action agency goals
2. Needs assessment and community action program development
3. Community action program and contract monitoring and evaluation
4. Community action staffing unit workplans

\*\*\*\*\*

Budgets, Bud Mods, Reallocating Funds

1. What do budgets and bud mods refer to?

The budget is the full budget for the community action program that must go before the Board of County Commissioners for final approval. Bud mods are any changes in that budget that go before the Board for final approval.

\*\*\*\*\*

Service Allocations, Agency Allocations

1. What is the difference between service and agency allocations?

Service allocations refers to allocation policies for services that are across agencies, eg. geographic areas, populations, systemwide programs. Agency allocations refers to the allocation of a specific fund for a specific agency as a result of an RFP and contracting process.

2. What does reallocating funds refer to?

Reallocating funds is the use of funds for other than those uses originally agreed to in budget approval or policy-making processes. This is an internal procedure which does not require approval by the Board.

\*\*\*\*\*

Organizational Modifications

1. Over what type and magnitude of changes in organization does the Commission have oversight?

This includes large or high level changes in leadership and leadership structure, including changes in management structure, director, managers, key Commission staff, and Commission staffing structure and levels. Also included are large and high level changes in relationships with other organizations, including inter-governmental agreements, private-public partnerships, and coordination processes.

\*\*\*\*\*

CAA Director

According to statute and ordinance, the Commission is to be involved in and consulted on the hiring, evaluation, and firing of the community action agency director.

SOURCES FOR OVERSIGHT ROLES  
October 30, 1992

Policy, Policy Revisions, Policy Implementation

**Authorities:**

State Statute 184.802 (4)(d)(A) - "The administering board at a minimum, shall: Review and approve program policy"

CFR Title 45, Chapter X, Section 1062.200-3 (a)(3)(iii)(F) - "...the community action board shall deliberate upon the following matters and submit its written recommendations to the designating officials before they render a final decision whenever the designating officials have not specifically delegated these powers: Determination, subject to CSA policies, of major personnel, organization, fiscal and program policies"

CFR Title 45, Chapter X, Appendix (A)(1)(b)(2) - "Although the Executive Director (of the CAA) is accountable ultimately to the designating officials, he/she at a minimum should provide to the board all administrative, financial, and programmatic reports on the operations of the CAA and in addition should keep the board fully informed of current program developments"

County Ordinance 665, Section IV (B)(2) - "The Community Action Commission shall serve as the federally mandated community action board for Multnomah County's community action program, to administer and provide for the operation of the agency as required by federal statutes and ORS 184.802, through:...Reviewing and approving program policies related to the expenditure of federal and state anti-poverty funds, including the Community Services Block Grant, Low Income Energy Assistance Program, Department of Energy Weatherization Program, Emergency Food and Shelter Program, State Homeless Assistance Program, and such other anti-poverty funds as may become available to the program"

County Ordinance 665, Section IV (A)(12) - "The Community Action Commission shall serve..., through:...Providing ongoing advice, guidance, and recommendations to program staff and the governing board on policy decisions and program development, both in the planning and implementation phases"

**Precedents:**

Multnomah County Community Action Agency (1980-88) - "Determination, subject to CSA policies, of major personnel, organization, fiscal, and program policies"

Community Action of Portland/Metropolitan Community Action (1988-91) - "...the administering board will: Review and approve program policy within a framework of policies and guidelines established by the County, while the BCC retains final authority for all policy decisions..."

\*\*\*\*\*

Program Effectiveness

**Authorities:**

State Statute (above) (C) - "The administering board at a minimum, shall:...Monitor and evaluate program effectiveness"

County Ordinance 665, Section IV (B)(4) - "The Community Action Commission shall serve...through:...Monitoring and evaluating program effectiveness"

County Ordinance 665, Section IV (A)(9) - "The Community Action Commission shall serve..., through:...Reviewing, monitoring, and evaluating system and program effectiveness in accomplishing established goals, objectives and priorities for service delivery to low income citizens"

**Precedents:**

MCCAA - "Approval of all evaluation and assessment studies and reports"

CAAP/MCA - "...the administering board will:...Monitor and evaluate the effectiveness of programs"

\*\*\*\*\*

Planning Process

**Authorities:**

State Statute (abovve) (D) - "The administering board at a minimum, shall:...Insure the effectiveness of community involvement in the planning process"

CFR (above) (C) - "To oversee the extent and the quality of the participation of the poor in the programs of the CAA"

County Ordinance 665, Section IV (B)(5) - "The Community Action Commission shall serve...through:...Insuring the effectiveness of communlity involvement in the planning process"

County Ordinance 665, Section IV (A)(7) - "The Community Action Commission shall serve as the focal point for citizen involvement advocacy in the emergency basic needs and community action service system in Multnomah County, through:...Conducting studies and hearings to identify, assess, and prioritize the needs of low income citizens in Multnomah County and to evaluate the service system's capacity to meet those needs"

County Ordinance 665, Section IV (A)(10) - "...Representing the interests of low income citizens in advising program staff regarding planning for a coordinated and commprehensive system of services, and the developpment of an annual plan of action which specifies strategies and actgivities to make progress toward meeting the goals of the plan"

**Precedents:**

MCCAA - "Approval of all arrangemebnts for delegating the planning, conduct, or evaluation of a component of the work program....To oversee the extent and the quality of the participation of the poor in the programs of the CAA"

CAAP/MCA - "...the administering board will:...Insure the effectiveness of community involvement in the planning process"

\*\*\*\*\*

Page 3 - Sources for Oversight Roles

Plans

see sections on Policies, etc. and Planning Process

**Authorities:**

CFR (above) (G) - "Determination of overall program plans and priorities"

**Precedents:**

MCCAA - "Determination of overall program plans and priorities, including provisions for evaluating progress against performance"

\*\*\*\*\*

Budgets, Bud Mods

see section on Policies, etc.

**Authorities:**

CFR (above) (H) - "Approval of all program proposals and budgets"

**Precedents:**

MCCAA - "Approval of all program and budget proposals"

CAAP/MCA - "...the administering board will:...Approve all contracts, grant applications and budgets of the contractor (CAAP) which relate to emergency basic needs and community action services..."

\*\*\*\*\*

Notices of Intent, Service Allocations, Reallocate Funds, Agency Allocations

**Authorities and Precedents:**

see sections on Policies, etc. and Budgets, Bud Mods

\*\*\*\*\*

Organizational Modifications

see sections on Policies, etc., Plans and Budgets, Bud Mods

**Authorities:**

CFR (above) (J) - "Approval of all arrangements for delegating the planning, conduct, or evaluation of a component of the work program"

County Ordinance 665 (A)(1) - "The Community Action Commission shall serve..., through:...Providing citizen leadership to further policies, planning, and programs which will empower low income individuals and families and improve their quality of life, in partnership with funders, program staff, providers, and constituents in the community action service system"

County Ordinance 665 (A)(11) - "The Community Action Commission shall serve..., through:...Representing the interests of low income citizens, providing citizen participation and oversight, and advising program staff and the governing board on all matters related to the development, structure and administration of the county's community action program and the operations conducted thereunder, and related to the duties delegated to the Community Action Commission by the governing board"

**Precedents:**

MCCAA - "Approval of all arrangement for delegating the planning, conduct, or evaluation of a component of the work program"

\*\*\*\*\*

CAA Director

**Authorities:**

State Statute (above) (B) - "The administering board at a minimum, shall:...Be involved in and consulted on the hiring and firing of the agency director"

CFR (above) (A) - "To participate jointly and to concur formally in the selection of the Executive Director of the CAA"

County Ordinance 665, Section IV (B)(3) - "The Community Action Commission shall serve..., through:...Being involved in and consulted on the hiring, evaluation and firing of the agency director"

**Precedents:**

MCCAA - "To participate jointly and to concur formally in the selection of the Executive Director of the CAA including the right to participate directly in the interview process for said selection"

CAAP/MCA - "...the administering board will:...Select, appoint and dismiss the executive director of the contractor (CAAP) with the prior consultation of the County on hiring and firing including the County's participation on a hiring committee of the administering board"



## MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION

421 S.W. Fifth, Suite 200  
Portland, OR 97204-2221



TEL: 503-248-5464  
FAX: 503-248-3332

### FACT SHEET (FY 1994-95)

#### Commission Officers

Jan Savidge,  
Chairperson

Debbie Gruenfeld,  
Vice-Chairperson

Ikhlas Shah,  
Secretary

#### Commission Purpose and Mission

##### **from the bylaws:**

The Commission has been established to address the needs of low income citizens in Multnomah County, by serving as the focal point for citizen involvement and advocacy in the emergency basic needs and Community Action service system, and by serving as the federally mandated Community Action board for Multnomah County.

The mission of the Community Action Commission is to counteract the causes and consequences of poverty in Multnomah County.

- 1) by advocating to increase the availability of resources and opportunities for low income citizens to meet their basic needs, to empower themselves, to improve their quality of life, and to achieve self-sufficiency;
- 2) by promoting a more equitable distribution of resources and access to opportunities; and
- 3) by coordinating efforts to eradicate poverty, hunger, and hopelessness.

#### Commission Committees

##### The Community Action Agency Committee

Carole Murdock, Chairperson

##### **from the bylaws:**

The Community Action Agency Committee shall work with CAPO staff, service providers, clients, and citizens groups and other advocacy organizations to develop recommendations for Commission action:

- a. to oversee operations of the Community Action Program and ensure the effectiveness of community involvement in planning,
- b. to review program policies related to the expenditure of antipoverty funds,
- c. to monitor and evaluate effectiveness of the community action service delivery system.

### **The Empowerment Committee**

Brittany Lewis, Chairperson

#### **from the bylaws:**

The Empowerment Committee shall work with CAPO staff, service providers, clients, and citizens groups and other advocacy organizations to develop recommendations for Commission action:

- a. to promote the empowerment and self-sufficiency of low income citizens in Multnomah County by ensuring their direct participation in the decision making process,
- b. to reduce dependency and barriers to economic and social independence which keep people in poverty,
- c. to increase the levels of advocacy, public education, planning, coordination, and funding for affordable housing, nutritional support, energy education and weatherization, income maintenance, child care, education, training and employment, case management, and other supportive and preventative services, resources, and opportunities.

### **Emergency Basic Needs Committee**

Gene Ross, Chairperson

#### **from the bylaws:**

The Emergency Basic Needs Committee shall work with CAPO staff, service providers, clients, and citizens groups and other advocacy organizations to develop recommendations for Commission action:

- a. to address emergency basic needs of no income and low income citizens in Multnomah County,
- b. to reduce homelessness, hunger, and other debilitating effects of poverty,
- c. to increase the levels of advocacy, public education, planning, coordination, and funding for emergency food, emergency utility assistance, emergency transportation, short-term intervention, and other emergency assistance and transitional services, resources, and opportunities.

### **The Homeless Advisory Committee**

Chuck Currie, Chairperson

#### **from the bylaws:**

The Homeless Advisory Committee shall work with CAPO and Housing and Community Development Commission (HCDC) staff, service providers, clients, and citizens groups and other advocacy organizations to develop recommendations for Commission and HCDC action:

- a) to provide oversight to the implementation of Comprehensive Housing Affordability Strategies (CHAS) homeless strategies on behalf of the Commission and the HCDC:
  1. to ensure workplans are developed to implement CHAS strategies,
  2. to ensure linkage of housing and services,
  3. to ensure that program/resource development and coordination occurs.

- b) to provide information, advice and recommendations to the Commission and the HCDC, concerning:
  - 1. policies and planning related to homeless issues,
  - 2. priorities for programs and projects to address homelessness which are funded with Community Action, Community Development Block Grant (CDBG), HOME, and other flexible funds,
  - 3. annual updates to CHAS homeless policies, production and service goals, and implementation strategies.
- c) to provide advocacy through the Commission to the HCDC, community groups, funders, and providers, by:
  - 1. mobilizing networks to support recommendations,
  - 2. making presentations to budget advisory committees and other groups,
  - 3. testifying at hearings.

### **Membership Committee**

Ikhlas Shah, Chairperson

#### **from the bylaws:**

The Membership Committee shall work with CAPO staff, service providers, clients, and citizens groups and other advocacy organizations to develop recommendations for Commission action:

- a. to recruit and nominate qualified persons to serve on the Commission,
- b. to recruit other volunteers from the community to participate in committees and Commission activities,
- c. to assist with orientation and information for new members.

## MEMBERSHIP CRITERIA

### MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION

adopted August 14, 1991; revised October 13, 1993

#### I. Criteria for Personal Attributes

- \*Demonstrated interest in and agreement with community action and its mission
- \*Willingness to commit the necessary time to serve on the MCCAC (apx. 10 hours/month)
- \*Tact and ability to work cooperatively with people
- \*Desire to learn more about MCCAC issue areas and programs, the CAPO system, low-income concerns and the low-income community
- \*Willingness to express opinions and participate actively in decision-making

#### II. Criteria for Diversity Goals

MCCAC member candidates must assist the MCCAC in meeting its goals to effectively reflect the diversity of the population of Multnomah County. The following population groups/areas are mentioned in state statute and/or affirmed by the MCCAC. The MCCAC has 24 members.

- \*Racial/ethnic minority
- \*Differently-abled
- \*Age
- \*Gender
- \*Geography: minimum of 4 members from the area east of 82nd Ave.
- \*Sexual Orientation

By ordinance, the MCCAC is required to be constituted by 1/3 public sector, 1/3 private sector, and 1/3 low-income. The full membership of the MCCAC is to reflect a broad diversity of populations.

#### III. Criteria for ITIA Goals (Information, Talent, Influence, Affiliation)

As the mission of the MCCAC is to advocate effectively for positive poverty policies in Multnomah County, its work will be enhanced by requiring each MCCAC member candidate to have one of these attributes:

- \*S/he is a source of primary information on one or more issues pertinent to the MCCAC because of occupation, personal interest or life experience and is able to articulate that information well.
- \*S/he has a significant talent or well-developed skill which the MCCAC can use (eg. facilitation, advocacy, publicity, public speaking, community organizing, planning).
- \*S/he has personal influence because of position or renown.
- \*S/he is affiliated to an organization and can deliver its constituents (eg. business and industry, labor, religion, neighborhood assoc, education, welfare). Such affiliation is a prerequisite for a private sector seat.

**MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION  
MEMBERSHIP**

**Private Sector**

SEAT	NAME	SEX	ETHNICITY	DOB	TERM APPOINTED	EXPIRE
1						6/30/95
2	Carole Murdock 805 SE 205 Drive Gresham, OR 97030 667-6001	Female	Caucasian	3/22	2/13/91	6/30/96
3						6/30/95
4						6/30/96
5						6/30/95
6	Gene Ross United Church of Christ 0245 SW Bancroft, Ste E Portland OR 97201 228-3178	Male	Caucasian	8/25/38	3/10/93	6/30/96
7	Bill Muir 2545 E. Burnside, #1 Portland OR 97214 234-3265 (W) FAX: 234-2747	Male	Caucasian	2/18/46	2/13/91	6/30/95
8	Charles Moose 1111 SW 2nd Portland OR 97204 823-0000(W)/234-2691(H) FAX: 796-3342	Male	Afri-Amer.	8/11/53	4/14/93	6/30/96

Public Sector

SEAT	NAME	REPRESENTING	SEX	ETHNICITY	DOB	TERM APPT / EXPIRES
1	Deborah Gruenfeld 1602 SE Ladd Ave. Portland OR 97214 232-7843(H) FAX: 234-2371	Com. Dan Saltzman City of Portland 1120 SW 5th, #1500 Portland OR 97204 248-5220	Female	Caucasian	8/5/50	4/14/93 6/30/95
2	Ramsay Weit 1220 SW 5th, Rm. 303 Portland OR 97204 823-4121 FAX: 823-3588	Mayor Vera Katz City of Portland 1220 SW 5th, Rm. 303 Portland OR 97204 823-4141	Male	Caucasian	5/10/47	6/30/96
3	Renita Gerard 2853 SE Kelly Portland OR 97202 234-3920(H)	Chair Bev Stein Multnomah County 1120 SW 5th, #1410 Portland OR 97204 248-3093	Female	Caucasian	4/13/49	11/10/93 6/30/95
4	Bonnie Webster 8835 NE Wygant Portland OR 97220 (unlisted)	Com. Sharron Kelley Multnomah County 1120 SW 5th, #1550 Portland OR 97204 248-5213	Female	Caucasian	8/14/37	10/13/93 6/30/96
5	Jan Savidge 432 SE 15th Gresham OR 97080 669-1408	Mayor Gussie McRobert City of Gresham 1333 NW Estmn/Pkwy Gresham, Or 97030 669-2306 FAX: 661-5927	Female	Caucasian	10/6/51	6/30/95
6	Chuck Currie PO Box 3783 Portland Or 97208 229-3842(M)/223- 4121(W) FAX: 228-6837	Com. Gretchen Kafoury City of Portland 1220 SW 5th #211 Portland OR 97204 823-4141	Male	Caucasian	2/8/69	6/11/92 6/30/96
7		Rep. Gail Shibley PO Box 6805 Portland OR 97228 248-4568 FAX: 248-4568	Female	Caucasian	7/7/	6/30/95
8						6/30/96

# LOW INCOME SECTOR

SEAT	NAME	SEX	ETHNICITY	DOB	TERM	
					APPOINTED	EXPIRE
1	Brittany Lewis 4733 NE 30 Portland OR 97211 284-8487(H)	Female	Caucasian	12/17/55	7/7/93	6/30/95
2	Ikhlas Shah 5520 N. Haight Apt.3 Portland OR 97217 735-3713(H)	Female	Afri-Amer.	1/23/46	7/8/92	6/30/96
3	Kris Smock Housing Our Families 5315 N. Vancouver Portland OR 97217 335-0947(WK) FAX: 281-0933	Female	European/Amer.	1/14/71	11/10/93	6/30/95
4						6/30/96
5						6/30/95
6	Xanthia LaCross 3536 SE Yamhill Portland OR 97214 234-2529(W)/233-1614(H)	Female	Caucasian	12/20/48	8/12/92	6/30/96
7	Vitalis Ogbeama PO Box 15256 Portland OR 97215 232-5546(H)	Male	Afri-Amer.	1/4/61	4/13/94	6/30/95
8	Emilie Boyles 3520 SE Yamhill Portland OR 97214 235-1723(W)/236-2281(H)	Female	Caucasian	9/15/65	2/9/94	6/30/96

## COMMUNITY ACTION COMMISSION HIGHLIGHTS

Prepared July 1994

Commission's Enabling County Ordinance - Adopted by the Board in October 1990.

Commission's Organizing Meeting - February 1991.

Commission-Dedicated Staffpersons Hired - August 1992, advocacy and planning staffpersons are hired.

Emergency Housing Account Allocation Policies - Adopted November 1991; Services evaluated August 1993; and Request for Proposals Policies and Principles - Adopted December 1991, updated to address funding shortfall in February 1993.

These were the Commission's first major experiences in a community process for the development of plans and policies.

Improving Human Services for Low-Income Hispanics in Multnomah County - Community process involving 150 persons (including many low-income); Report published February 1992.

Implementation is ongoing and includes Community Action contract improvements for affirmative action and cultural diversity and additional funding for services targeted to Hispanics in the Community Action system. The Commission's Emergency Basic Needs Committee continues to monitor progress and advocate for implementation.

Hamilton and Lownsdale Hotels Replacement Housing Advocacy Effort - Broad-based coalition formed under the Commission's name in March 1992.

Results include: Both the City of Portland and Multnomah County passed resolutions supporting the specific aims of the advocacy effort. Senator Hatfield secured \$2.2 million, nearly half of the money needed to replace the housing. Efforts continue with a June 1994 Action Alert to secure federal, or if necessary local, money to replace the 194 units lost.

Homeless Speak-Out - November 1992.

Twenty-three homeless persons spoke (while decision-makers listened) about their experiences and potential solutions to homelessness.

Legislative Session Kick-Off Event on Homeless and Housing Issues - January 1993.

The Commission through its Homeless Advisory Committee organized a broad-based coalition to agree to and work on a common legislative agenda on homeless and housing issues in Multnomah County.

Strategy for Serving Homeless Single Adults in Multnomah County - Model adopted in May 1993, Implementation plan adopted in October 1993 with broad community agreement; progress monitored by the Commission's Homeless Advisory Committee; implementation coordinated by interjurisdictional Homeless Singles Work Group.

Both the City of Portland and Multnomah County have increased funding to serve this population. Funding has been administratively consolidated in the Community Action Agency. Implementation is on track and ongoing.

Community Action System Standards for Single Entry Access - Adopted August 1993; progress monitored by the Commission's Community Action Agency Committee.

Implementation includes training of contracting agency staff and contract requirements. The Commission has identified as a concern for action this year the need to ensure that agencies are uniformly following the definition and standards of single entry access.

Community Action Service System Strategic Planning - Goals and outcomes adopted November 1993; Planning is coordinated by a broad-based steering committee and progress is monitored by the Commission's Community Action Agency Committee.

The five-year strategic plan will include goals for the Community Action system, identification of populations in poverty, identification of strategies, service plans and outcomes for all populations (including domestic violence victims, homeless youth and homeless families), and funding plans and policies.

Shelter and Related Services for Homeless Youth in Downtown Portland - Review and recommendations adopted July 1994; Implementation to be monitored by the Commission's Homeless Advisory Committee with first report in October 1994; in coordination with the Multnomah Commission on Children and Families.

**Program**                      ***Community Action Program Office***

**Purpose**            To counteract the causes and consequences of poverty, including homelessness, hunger and excessive costs of basic needs (food, home energy, housing). The Program Office is responsible for developing and managing a continuum of services to help low income households meet their basic needs, become stabilized, empower themselves, and achieve self-sufficiency through:

*Service Coordination:*

- \* Citizen involvement/advocacy
- \* Community education/organizing
- \* Policy/resource development
- \* System design/planning
- \* Program development/integration
- \* Service/housing coordination

*Services:*

- \* Emergency food and shelter
- \* Emergency housing and rent assistance
- \* Access for cultural minorities
- \* Case Management
- \* Transitional housing
- \* Service enriched permanent housing
- \* Home energy assistance
- \* Home weatherization assistance

**Target Population**            100,000+ households with incomes of 125% or less of poverty level, including 18,000+ households at risk of homelessness and 15,000+ persons who are homeless annually

**Actual Served**                Over 22,000 at-risk and homeless persons; over 14,000 households who receive energy assistance or weatherization assistance

<b>Funding</b>	F/S	\$ 9,559,498
	General Fund	<u>\$ 1,259,852</u>
	Total	\$10,819,350

**Staffing**                      3.0 FTE responsible for program management and advocacy; 12.1 FTE responsible for managing anti-poverty, housing stabilization and energy assistance services, including 24 contracting community agencies; 7.0 FTE responsible for managing weatherization services, including 11 contracts with specialty for-profit contractors.

**Citizen Participation**            Multnomah County Community Action Commission

July 1994

# **COMMUNITY ACTION PROGRAM OFFICE**

## **FY 94-95 Community Action Service Providers**

**Revised 7/18/94**

ALBINA MINISTERIAL ALLIANCE  
PO Box 11243  
1425 NE Dekum  
Portland OR 97211  
Cornetta Smith, Director  
Eileen Byrnes, Program Coordinator

285-0493  
FAX 285-0493

NORTHEAST  
COMMUNITY SERVICE  
CENTER

AMERICAN INDIAN ASSOC. OF PORTLAND  
1438 SE Division  
Portland OR 97214  
Sande Allman, Director

232-9818

BOYS & GIRLS AID SOCIETY  
18 SW Boundary Court  
Portland OR 97201-3985  
Diane Coats, Options Program Manager  
Peggy Samolinski

222-9661  
FAX 224-5960

BRADLEY-ANGLE HOUSE  
PO Box 14694  
631 SE Taylor, Room 179  
Portland OR 97214  
Chiquita Rollins, Executive Director  
Erica Silver

232-7812 OFFICE  
FAX 232-6617  
281-3540 SHELTER

CATHOLIC COMMUNITY SERVICES  
231 SE 12th Avenue  
Portland OR 97214  
Franklin Hensley, Director  
Sandy Templeman, Director  
Hispanic Program  
451 NW 1st  
Gresham OR 97030

231-4866  
FAX 231-4327

COUNCIL FOR PROSTITUTION ALTERNATIVES  
65 SW Yamhill, 2nd Floor  
Portland OR 97204  
Susan Hunter, Exec Director

223-4670

FRIENDLY HOUSE  
2617 NW Savier  
Portland OR 97210  
Mary Brentano, Exec Director  
Emergency Services  
1808 NW Irving  
Portland OR 97209

228-4391  
FAX 273-8642

NORTHWEST  
COMMUNITY SERVICE  
CENTER

228-4335  
FAX 228-0359

HUMAN SOLUTIONS INC  
2900 SE 122nd  
Portland OR 97236  
Carolyn Piper, Executive Director  
Jill Bills, Director of Programs

248-5201  
FAX 248-5202  
  
ext 5025  
ext 6236

OUTER EAST  
COMMUNITY SERVICE  
CENTER

IRCO  
1336 E Burnside  
Portland OR 97214  
Jeff McDonald  
Le Po Cha

234-1541  
FAX 234-1259

METRO CRISIS  
PO Box 637  
Portland OR 97207  
Laura Jeibman, Director  
Lew Curtis, Associate Director

226-3099  
FAX 499-4301

NEIGHBORHOOD HOUSE  
7780 SW Capitol Hwy  
Portland OR 97219  
James Mundt, Executive Director  
Peggy Renz, Community Services Manager

246-1663  
FAX 245-2819

SOUTHWEST  
COMMUNITY SERVICE  
CENTER

NORTHWEST PILOT PROJECT  
1137 SW Broadway  
Portland OR 97205  
Susan Emmons, Executive Director  
Bobby Weinstock, Housing/Intervention  
Program Manager

227-5605  
FAX 274-8559

OREGON FOOD BANK  
2540 NE Riverside Way  
Portland OR 97211-1889  
Rachael Little, Executive Director

282-0555  
FAX 282-0922

OREGON HUMAN DEVELOPMENT CORP  
9620 SW Barbur Blvd, Suite 110  
Portland OR 97219  
Larry Sanchez, Program Manager  
Jeanette Ewald, Operations Director  
Hispanic Access  
1533 E Burnside  
Portland OR 97232

245-2600  
FAX 245-9602

236-9670

OUTSIDE IN  
1236 SW Salmon  
Portland OR 97205  
Kathy Oliver, Executive Director  
Maureen Brennan, Youth Program Coordinator  
Maggie O'Brien

223-4121  
FAX 223-6837

PORTLAND IMPACT  
4707 SE Hawthorne  
Portland OR 97215  
Marilyn Miller, Executive Director  
Community Resource Center  
Teresa Taylor, Director  
4147 SE Division  
Portland OR 97202

233-8491  
FAX 233-5783

SOUTHEAST  
COMMUNITY SERVICE  
CENTER

231-9578  
FAX 231-0593

PORTLAND HOUSING CENTER  
2755 NE Broadway  
Portland OR 97232  
Peg Malloy, Director  
Richard Melling

282-1397  
FAX 282-0049

RAPHAEL HOUSE  
PO BOX 10797  
Portland OR 97210  
Mitchell Jacover, Exec Director  
Dottie Smith

222-6507  
FAX 222-4754  
222-6222 SHELTER

THE SALVATION ARMY EASTSIDE  
P.O. Box 5635  
Portland OR 97228-5635  
Major Neal Hogan  
313 E Burnside  
Portland OR 97214

239-1259 HARBOR LIGHT

239-1233 RECOVERY INN  
FAX 239-1262

THE SALVATION ARMY WESTSIDE  
West Women & Children's Shelter  
PO Box 2398  
Portland OR 97228  
Pat Hill, Coordinator

224-7718

TRANSITION PROJECTS  
1211 SW Main Street  
Portland OR 97205  
Jean DeMaster, Director  
Adult Shelter  
435 NW Glisan Street  
Portland OR 97209  
Jill Walters / Edward

222-9361  
FAX 299-6800

DOWNTOWN  
COMMUNITY SERVICE  
CENTER

222-9362

VOLUNTEERS OF AMERICA  
537 SE Alder  
Portland OR 97214  
Judy Ferguson, Family Resource Center

235-8655  
FAX 239-6233

CASP List, Page 4

YWCA DOWNTOWN

1111 SW 10th

Portland OR 97205

Cathy Jones, Executive Director

Susan Winter

223-6281

FAX 223-5988

YWCA ST. JOHNS

8010 N Charleston

Portland OR 97203

Cathy Jones, Executive Director

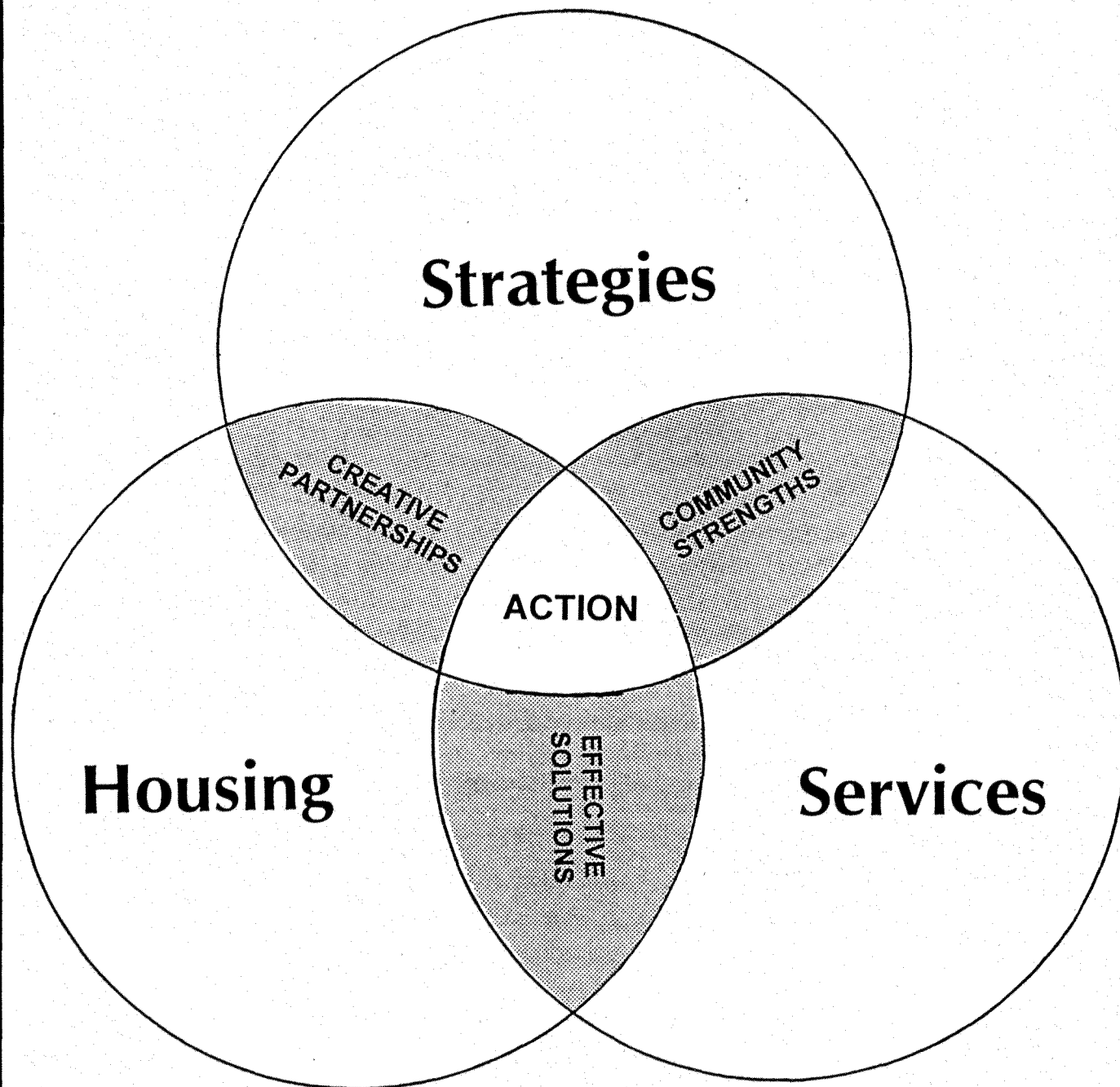
Susan Regan, Emergency Svcs Manager

223-6281, ext 3069

FAX 285-6980

NORTH  
COMMUNITY SERVICE  
CENTER

**Defining a Continuum of Care:  
Portland's Effort to End Homelessness**



City of Portland



Multnomah County

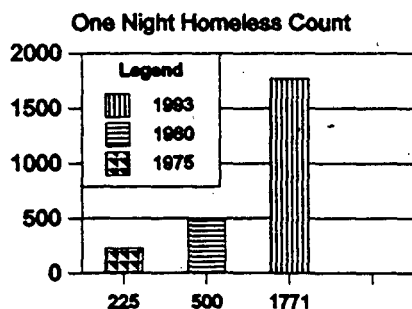
The model illustrates the functional areas that support this community's continuum of care. The circles represent spheres of activity, whose dynamic interactions are signified by the overlapping regions. Strategies arise from combining public policy and community planning, and emphasizing citizen participation. Strategies engage creative partnerships to leverage resources and develop housing. Housing and services work in combination to offer effective solutions for homeless and at-risk populations. Strategies for services build on community strengths, and incorporate system coordination and performance-based outcome indicators. An element that is common to all spheres is action, representing this community's effort to lift people out of poverty and homelessness.

## DEFINING A CONTINUUM OF CARE:



*"Portland is a hands-on city. It is vibrant and accessible, quaint and cultured, busy and beautiful. That is no accident. Careful, long-range urban planning has promoted vitality and growth while placing people at the top of the priority list."*

- Mayor Vera Katz



## PORTLAND'S EFFORT TO END HOMELESSNESS

### • City of Roses

Portland, Oregon has enjoyed a reputation for being a very livable community, with beautiful natural surroundings. Portland is the state's largest and most ethnically diverse city, and serves as the cultural and metropolitan center of Oregon and southwestern Washington.

### • Trouble in Paradise

Portland, however, is not immune from the national trend of increasing poverty and its accompanying homelessness. Between 1980 and 1990, the number of persons living at or below 125% of the federal poverty level rose 74%.

	1980	1990	Increase
Persons at or below 125% Federal Poverty Level	47,435	82,384	34,949 or 74%
Total population	368,139	438,802	70,663 or 19%
Percent at or below 125% Federal Poverty Level	13%	19%	

As more people have become poor, and those already poor have become even poorer, the number of homeless persons has increased. From 1980 to 1993, the number of homeless persons counted has increased by 350%.

The profile of homelessness has changed drastically since the 1980's. Families with children, women and children fleeing domestic violence, and unaccompanied youth now account for 56% of those counted as homeless on any single night. Unfortunately, those groups make up 95% of those turned away from our local shelters for lack of available beds.

The most apparent contributing factor to the increase in homelessness, aside from the increase in poverty, is the gap in housing availability for very low-income households.

There are over 10,000 more very low-income households (below 30% of median family income) in Multnomah County than there are housing units affordable to them. As a result, 58% of these households are paying more than half of their income toward housing costs alone.

In the central city area, there has been a net loss of 14% of affordable housing units since 1978. The loss would be far worse if not for the successful efforts of Portland's Downtown Housing Preservation Partnership, a public-private partnership dedicated to the preservation of low-income housing in Portland.

## ● **Portland's Tradition of Working to End Homelessness**



Since the mid-1960s Portland's civic and community leaders and many concerned citizens have taken an active role in working to reverse these trends. While urban renewal efforts undertaken in the early 1960's modernized the south end of downtown, they eliminated many low cost housing units. In 1966 the city applied for federal funding for a project titled "Portland Center for Homeless Men." The center planned to offer "a continuum of services" to allow homeless men to return to "self-support, self-care and self-respect." The project did not receive funding. As further reductions in the stock of affordable housing continued to force people into homelessness, the city responded in 1972 by producing the "Portland Downtown Plan", which advocated for historic preservation, housing rehabilitation, new open space for downtown, and improved transportation services. In 1979 the Portland City Council adopted the "Downtown Housing Policy and Program," which emphasized the city's commitment to low income housing.

In 1981 the City Council adopted the "North of Burnside Plan," which was developed by an extensive community planning process. The plan established a land use framework to guide public and private decision making, and called for consolidation of long-term, low income housing and support services, integrated with commercial and retail development. The plan was unique in integrating the needs of homeless and low income persons with the concerns of business and economic revitalization.

In 1981 the city also began the "SRO Demonstration Project," which was the first of its kind in the nation. The project was developed by a partnership which included the Housing Authority of Portland, the Portland Development Commission, several non-profit social services agencies and was funded by HUD. In 1982 the city established one of the nation's first emergency shelter voucher programs, which provides vouchers to homeless individuals and families, who are required to have a case plan developed with the intake agency, so that emergency shelter can serve as the first step towards achieving self-sufficiency.

In 1984 Portland and Multnomah County established an intergovernmental agreement to define their distinctive responsibilities

*"When you get help to people so they can help themselves, you get productive members back into the community. We think it's important to economic development to have a community like that."*

- Blanche Schroeder, past vice president, Portland Metropolitan Chamber of Commerce

in providing for emergency basic needs. In 1986 the United Way, Housing Authority of Portland, City of Portland, Multnomah County and a number of citizen groups joined to form the Emergency Basic Needs Committee, which coordinated studies that were later used as a basis for service models for Shelter, Food, Case Management, Health Services/Medication, Energy Assistance, Transportation, and Employment. In 1987 Portland Mayor Bud Clark published "Breaking the Cycle of Homelessness: The Portland Model," which gained national recognition as a model for innovative solutions to the problems of homelessness.

Portland's Chamber of Commerce in 1987 established the Business Development and Social Service Task Force to bridge the needs of low income people and business revitalization interests. In the same year, the Funders' Advisory Committee was created to coordinate policy and funding decisions for the homeless system.

In 1988 the Multnomah County Community Action Agency was formed to serve as the lead organization responsible for social service planning, service integration and funding coordination, and to establish a countywide network of community service centers. In 1989 the U.S. Department of Health and Human Services (HHS) funded a demonstration grant for the Homeless Families Self-Sufficiency Project. In the same year, non-profit organizations joined with the Portland Development Commission, the Portland Metropolitan Chamber of Commerce and the Housing Authority of Portland to form the Downtown Housing Preservation Partnership, which is designed to preserve and increase Portland's stock of very low-income downtown housing.

*"If you want safe, stable neighborhoods and an educated work force, people must have housing. People can't make these changes if they don't have homes."*

- Susan Emmons, Chair, Housing and Community Development Commission

In 1990 the Chamber of Commerce, with the United Way and other partners, created the Homeless Action Fund, a public/private partnership to provide funding for homeless services. In the same year the Robert Wood Johnson foundation selected Portland as a demonstration site for the Homeless Families Program. In 1991 this program was expanded with 80 Section 8 certificates and SAFAH funds for case management.

In 1991 the cities of Portland and Gresham and Multnomah County published a countywide Comprehensive Housing Affordability Strategy (CHAS), which recommended the creation of a countywide Housing and Community Development Commission, a citizen body to oversee implementation of affordable housing and community development goals. In 1993 a comprehensive community planning process resulted in the creation of the "Strategy for Serving Homeless Single Adults in Portland/Multnomah County, Oregon", which outlined a restructured housing and service system for homeless single adults in downtown Portland. Current initiatives underway include creating strategies for a dedicated funding source for homeless shelter and services, and a regional approach to creating public policies which will preserve and increase affordable housing stock.

*"Through a Money Management program, Jack has been able to budget his money so he can stay in his own apartment. These people give you personal help in getting set up in society, he said. If it hadn't been for the program I would have probably ended up on the streets, drinking."*

**-The Oregonian, 7/12/93**

## ● **A Way Home: Overview of Portland's Continuum of Care**

Portland's continuum of care for homeless persons is focused on the goal of stabilizing households in permanent housing. Operating as a coordinated network of services, housing and resources, homeless persons are better served.

The Portland system has all the traditional elements of the care continuum:

**Assessment**

**Emergency Shelter**

**Transitional Housing**

**Permanent Housing**

**Supportive Services**

Many homeless households do not need to experience the entire continuum in order to maintain themselves in permanent housing. Via outcome evaluation, we find more effective and expedient ways to get people housed and keep them there.

Our system emphasizes homeless prevention as the least costly means of combatting homelessness. Eviction prevention services, landlord-tenant mediation, direct client assistance, and money management services are only some of the means of keeping households at risk of homelessness in their housing. Supportive services in the areas of mental health, substance abuse, HIV hospice care and parent-child development are critical elements to maintaining housing stability for some individuals.

## ● **A Coordinated Service System**

Comprehensive community planning processes formulate strategies for improving access to housing and services for homeless people in this community. Two citizen commissions, the Multnomah County Community Action Commission and the Housing and Community Development Commission are active partners in these planning efforts. Both Commissions operate on a countywide basis to provide policy and implementation oversight in meeting the community's objectives as it strives to end homelessness.

The Multnomah County Community Action Commission is the federally-mandated administering board for the Multnomah County Community Action Program Office (CAPO), which administers the countywide Community Action Service Providers (CASP) service system, consisting of 7 geographically-based community service centers providing an array of services, plus 20 agencies providing specialized services. The service system's mission is to invest in

*"Portland is ahead of many other cities in terms of services to the homeless. A recent New York Times Magazine article described the work of Ellen Baxter, whose 'revolutionary' answer to homelessness is single-room-occupancy hotels with on-site case management for occupants. It is an approach Portland has been pursuing for a decade."*

- The Oregonian, 2/4/94

*"Teresa, a 37-year-old single mother with six children from 20 months to 16 years old, said her family was homeless for two and a half years until recently getting public-subsidized housing. 'It's hard when you don't know where you'll be sleeping,' said Chris, her 16-year-old son. 'The worst part is when your friends find out and tease you. You get tired of people saying you're not as good as them.' Teresa, who is employed, said 75 percent of her income would have to go for rent if the family wasn't subsidized."*

- The Oregonian, 2/4/94

client-centered services (with culturally relevant support services) and community resources which address the emergency basic needs of homeless and low income persons, and to create maximum opportunities for these persons to empower themselves and to become stabilized and self-sufficient citizens.

Local housing and service coordination is achieved through community planning processes and the variety of partnerships cited throughout this document. Statewide coordination of housing and supportive services is provided by the Oregon Department of Housing and Community Services (HCS), which administers both The State's housing and homelessness programs and the Community Services Block Grant (CSBG), which provides funding for the statewide network of Community Action Programs (CAPs).

## ● **Everyone Deserves a Home: Affordable Housing Development**

As the housing crisis has deepened, both the City of Portland and the State of Oregon have looked to community development corporations as a major vehicle for affordable housing rehabilitation and construction. Multnomah County is home to 20 community development corporations which have produced 800 units of affordable housing in 1993-94.

The ten-year goal of the Downtown Housing Preservation Partnership (DHPP) is to return the quantity of affordable housing stock in downtown Portland to its 1978 level of 5,183 units. This means replacing the 1,337 units of affordable housing lost in downtown Portland between 1978 and 1988. It also means replacing units that in spite of progressive housing policies continue to be lost, such as the 194 units destroyed for construction of a federal courthouse. Thus far, DHPP has completed eight projects for a total of 839 units.

Multnomah County operates the successful Affordable Housing Development Program which transfers tax-foreclosed properties to non-profit community development corporations for rehabilitation as affordable housing.

The Housing and Community Development Commission has set as a ten-year goal beginning in 1994, the production of 10,000 units of affordable housing in Multnomah County. At least 5,000 units will have two or more bedrooms in order to accommodate families. One thousand to 1,500 units will be linked with special needs services, and 400-500 units will be dedicated to homeless single adults.

Portland may have the most progressive fair housing policies in the country. Recent revisions to the city's zoning code make it much easier to locate special needs housing, group homes, transitional housing, and emergency shelters anywhere in the city. Related policies help ensure that low-income housing is not concentrated in any one area of the city.

## • **Let's Go Home! The Continuum of Care for Homeless Families**

In spite of all efforts to build adequate affordable housing, large numbers of families fall into homelessness.

*"Every morning I wake up and notice I'm in my own place. This is my home, and I am so thankful to be here safe and healthy for this long."*

- Jane, formerly homeless mother

*"In a domestic violence relationship, when you leave, you often end up giving up everything. They often walk out of the house with only the clothes on their backs. With abuse that is life-threatening, soul-threatening, it is the only thing they can do to stay alive."*

- Jeannie LaFrance, outreach coordinator, domestic violence agency

In Multnomah County, a continuum of options is available to homeless families coordinated through the Community Action system. Mass shelters are not the model practiced here. Vouchers for motels and some seasonal church shelters have provided emergency housing for some families. Emergency and transitional housing are accompanied by case management and other supportive services.

In 1991, Multnomah County was one of nine sites nationally selected to implement a Robert Wood Johnson/HUD grant. Directed at system change, a demonstration project enables chronically homeless, multiple problem families to move directly from emergency shelter to permanent housing subsidized through the Section 8 program. The service system has been reshaped to better meet the complex needs of homeless families by combining the talents and resources from various agencies and programs. Multi-disciplinary services are available on-site. The demonstration has been successful with 82% of 162 families surveyed having retained their permanent housing for an average of 17.5 months.

Additional private and federal grants enhance the Community Action system by expanding the array of services and housing options for low income families, including extensive work with landlords and tenants aimed at preventing homelessness.

Progress has been made and families are moving from homelessness to housing - permanently. Yet, on any night in Portland, over 250 children have no shelter. Many of these children, some alone and some with a parent, are fleeing domestic violence.

## • **Before One More Woman Dies: A Continuum of Care for Domestic Violence Survivors**

Domestic violence here, as it is throughout the nation, is an obscenity of increasing volume. In 1993, there were 21 domestic fatalities in the Portland metro area and over 21,000 domestic violence calls to the 911-emergency telephone line.

Domestic violence is the leading cause of homelessness for women and children. Our community does not yet have adequate safe shelter for those fleeing domestic violence. From July 1992 through June 1993, 23,838 women and children requested shelter, but were turned away due to inadequate capacity. Here in Multnomah County, the Family Violence Intervention Steering Committee is dedicated to developing,

*"How can we expect to address violence in the streets until and unless we address it in our homes and families? We have to move in several directions at once: in law enforcement efforts through the police, courts, and corrections; in services for victims and children; in treatment for perpetrators; in prevention measures through the schools and community outreach. We've made significant progress in Portland over the last few years in building a coordinated response system. Our successes, however, have also showed us just how much more we need to be doing and how important the work is."*

- Commissioner Gretchen Kafoury, City of Portland

implementing and monitoring an integrated response to domestic violence and to focusing community attention and resources in order to deter the problem. Representatives from battered women's programs, the police, the district attorney's office, legal aid, the private bar, corrections, United Way, the medical community, court personnel and local government participate.

The Portland Police Bureau has created a Domestic Violence Reduction Unit which assists officers in building cases without victim participation and links up victims with social service providers.

Agencies providing services to domestic violence victims emphasize safe shelter. Emergency and transitional housing is accompanied by case management, counseling, children's care and therapy, support groups, and advocacy.

## • **I Can't Go Home Anymore: The Continuum of Care for Homeless Youth**

*"All of the really young homeless kids have no legitimate way to take care of themselves. It's an obscene and intolerable situation that our community faces on a day-to-day basis."*

- Chuck Currie, Chair, Community Action Commission

Living at home is no longer an option for most homeless youth because of physical or sexual abuse; family dysfunction, often substance abuse related; or parents' view that the children have become "too difficult" to handle. It's estimated that 1,500 youth are homeless during the course of a year in Multnomah County. Services offered to homeless youth include assessment, emergency shelter, drop in centers, medical services, clean-up, recreation, meals, legal services, case management, transitional housing, an employment and education program, counseling, and substance abuse treatment.

A Homeless Youth Self-Sufficiency Demonstration Project, begun in January 1991 with a grant from the Administration for Children and Families proved highly successful. The project has three components: apartment-based transitional housing accompanied by intensive case management and supportive services, vocational education, and work experience. An intermediate evaluation found that six months after completing the program, 83% of the youth were living off the street, 83% were in an education program or employed, and 75% met the stated definition of self-sufficiency.

A recent change in Oregon law makes it possible for youth 16-years-old and over to enter into housing contracts.

As the number of youth on the streets continues to rise, the challenges for Portland's continuum of care are 24-hour safety off the streets, additional housing options with case management, and increased services in the areas of health, substance abuse, mental health, HIV disease and employment.

## • A New Road Home: The Continuum of Care for Homeless Single Adults

The continuum of care for homeless single adults in Portland is being restructured with the focus of helping individuals to access stable housing as quickly as possible and providing them with the supports they need to stay there. This strategy means no more warehousing in mass shelters and no more recycling repeatedly through the system for those who would choose to end their homelessness.

*"Our response is that we want to provide a better service to a fewer number of people if that means those individuals will really get out of being homeless."*

-Jean DeMaster, director, downtown community service center

After months of community meetings, a strong foundation of consensus was built among providers, housing advocates, business leaders, system funders, and public administrators. Agreement was reached in 1993 on principles and policies, on a housing and services strategy, and on a plan for implementation. Some elements of the strategy are:

- A reduction in overall emergency shelter beds and an increase in transitional and permanent housing options.
- Specialized, 24-hour shelter facilities for men, women, couples, and persons who are chronically mentally ill.
- In addition to emergency shelter, a specialized continuum of services and housing options for chronically mentally ill persons (partially funded under a Safe Havens/McKinney grant).
- A commitment to pool existing community resources dedicated to services for homeless single adults and to coordinate services as one system.
- A centralized intake and assessment process.
- Adequate case management and the ability to access specialists from the mental health and alcohol/drug systems.
- Housing placement specialists to establish relationships with landlords, locate available housing units, link individuals to appropriate housing, and follow them for any needed eviction prevention services.
- Culturally competent services for Hispanic persons.
- Employment-related services, such as voice mail and placement assistance.
- A day shelter operated with local, private funds.
- Ongoing evaluation of the system's effectiveness.

*"As you can see, the service system for homeless people in Multnomah County is underfunded, is not duplicative, and crosses geographic boundaries. Please support funding for the whole system. The need is great."*

- Jill Bills, program director, East County community service center

*"The poor may always be poor, but I don't accept that anyone in Portland has to be homeless."*

- Susan Emmons, Chair, Housing and Community Development Commission

Only in our first year of implementation, we have made a great deal of progress and have been limited only by resources available. Thus far, funding and services are coordinated in one system through Community Action, the emergency shelters for men and women have been renovated and residents are case managed, additional permanent housing has been built and renovated, voice mail has been instituted, option has been taken on a site for the shelter for chronically mentally ill persons, and a housing placement specialist has been hired.

## ● **Paradise Regained**

Portland has the necessary will and spirit to resolve homelessness in our community.

The Portland Metropolitan Chamber of Commerce has charged a special task force to meet monthly with providers and advocates to stay apprised of the situation of homelessness and how business can be supportive.

Churches have opened emergency shelters which operate with no public funds.

Key local government officials have made homelessness their number one priority.

Social service agencies work long and hard to provide homeless persons with the hope and resources needed to secure stable housing. These agencies have also formed an association in order to be a more effective network.

Volunteers from homemakers to corporate executives give their time and talents to serve on commissions and committees, steering the way to better coordination of services and housing.

In order to more fully fund services and housing options for homeless persons, Commissioner Gretchen Kafoury has convened a task force, which includes former Mayor Bud Clark, to identify and advocate for a local dedicated source of revenue. In addition, increased federal monies will be essential in matching local community efforts.

Our local community will continue to work hard to realize the vision of a continuum of services to provide homeless persons with opportunities to achieve self-sufficiency. Civic leaders, service providers, advocates and citizens will continue to work collaboratively to ensure accountability, increase local resources, identify leverage, and promote the most effective use of all available resources. Current initiatives to increase funding include increasing the capacity of the Oregon Housing Trust Fund, and development of a local revenue source dedicated to funding homeless shelters and services.

This community views its responsibility as providing everyone with access to affordable, decent housing in a suitable environment. The achievement of this objective will require high accountability, provision of suitable housing options and regular monitoring and evaluation.

*The people of Portland believe and hope that,  
in taking this approach, we can end the crisis  
of homelessness in our community.*

## Portland's Bibliography on Homelessness

Before One More Woman Dies: A Report on Domestic Violence in the Tri-County Area, November 1992, Tri-County Domestic and Sexual Violence Intervention Network.

Breaking the Cycle of Homelessness: The Portland Model, September 1988, Office of the Mayor, City of Portland.

Comprehensive Housing Affordability Strategy, October 1993, Housing and Community Development Commission.

From Harassment to Homicide: Update - A Community Confronts Violence in the Family, February 1994, Family Violence Intervention Steering Committee.

Homeless Youth Self-Sufficiency Project: Intermediate Evaluation Findings, December 1992, Multnomah County Community and Family Services Division, Community Action Program.

Improving Human Services for Low Income Hispanics in Multnomah County, February 1992, Multnomah County Community Action Commission.

Office Guide to Services for Homeless and Low Income Persons, January 1994, Multnomah County Community and Family Services Division, Community Action Program.

Plan for Coordination of Emergency Basic Needs Services, February 1988, City of Portland-Multnomah County Emergency Basic Needs Committee.

Report and Recommendations from the Task Force on Strategies for Fair Housing, June, 1993, City of Portland, Bureau of Housing & Community Development.

Resolving Homelessness in Portland and Multnomah County: A Report and Planning Framework, November 1989, Housing Authority of Portland.

Service Plan for Displaced Youth in Multnomah County, September 1991, Multnomah County Community and Family Services Division, Youth Program.

Shelter and Related Services for Homeless Youth in Downtown Portland, June 1994, Multnomah County Community and Family Services Division.

Snapshot of Homelessness: One Night Shelter Count in Multnomah County for November 1993, January 1994, Multnomah County Community and Family Services Division, Community Action Program.

Strategy for Serving Homeless Single Adults in Portland/Multnomah County, Oregon, November 1993, Multnomah County Community and Family Services Division.

### FOR MORE INFORMATION:

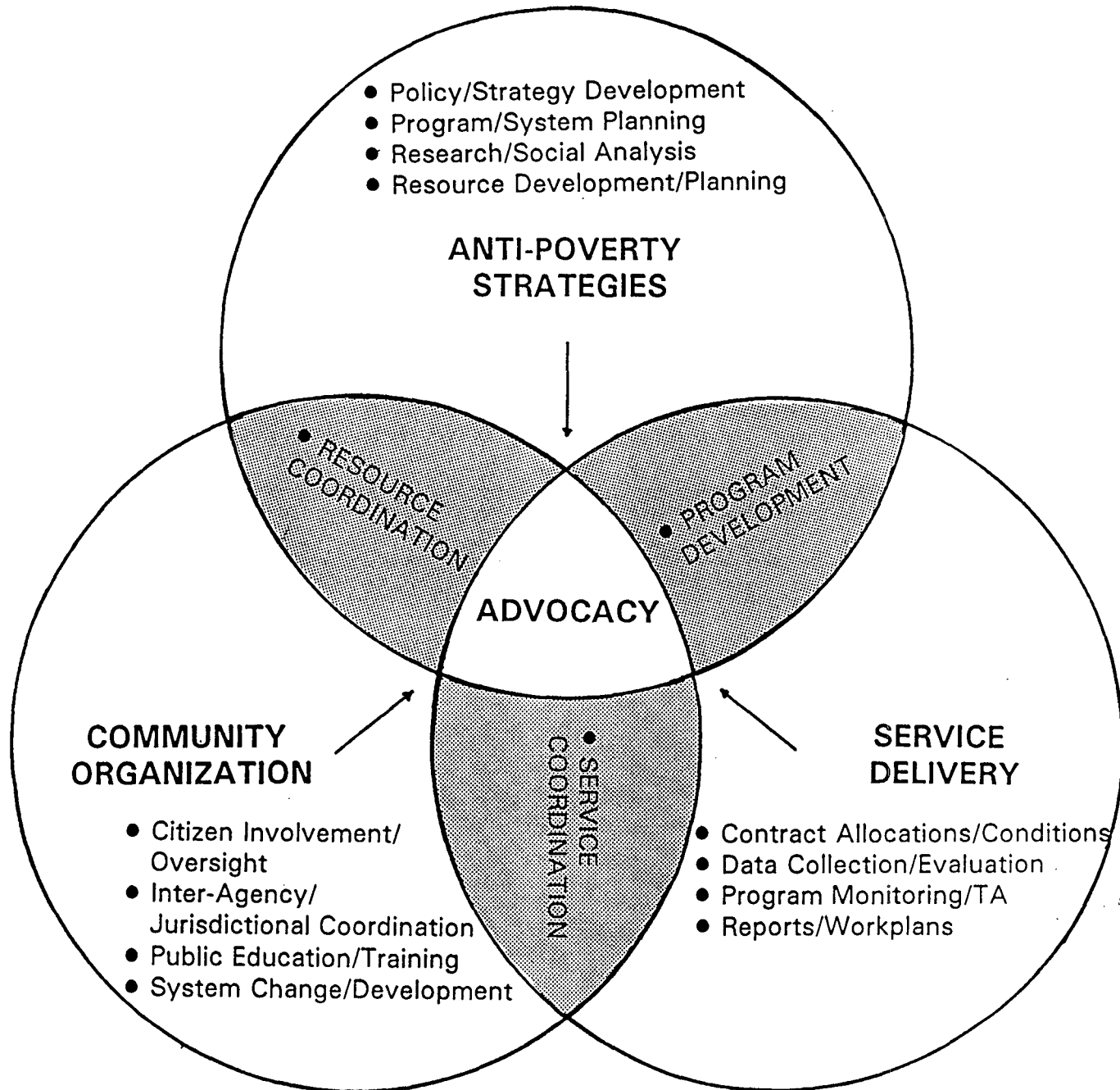
Erik Sten  
Office of Commissioner Gretchen Kafoury  
City of Portland  
(503) 823-4151

### FOR PRINTED MATERIALS:

Zola Andrews  
Bureau of Housing and Community Development  
City of Portland  
(503) 823-2379

# COMMUNITY ACTION PROGRAM FUNCTIONS

May 18, 1994



# COMMUNITY ACTION PROGRAM FUNCTIONAL RESPONSIBILITIES

May 18, 1994

AREA	FUNCTIONS	LEAD RESPONSIBILITIES
ANTI-POVERTY STRATEGIES	Advocacy Policy/Strategy Development Program/System Planning Program Development Research/Social Analysis Resource Coordination Resource Development/ Planning	Domestic Violence . . . . BH Energy . . . . . NC Homelessness . . . . Planner Housing . . . . . BW Hunger . . . . . (SF) Self Sufficiency . . Planner Welfare Reform . . . . DB Management . . . . . BT
COMMUNITY ORGANIZATION	Advocacy Citizen Involvement/ Oversight Interagency/ Jurisdictional Coordination Public Education/Training Resource Coordination Service Coordination System Change/ Development	CADO . . . . . BT Columbia Villa . . . . . BC Commission . . . . . DB Energy . . . . . NC Housing . . . . . BW Hunger . . . . . (SF) Roosevelt . . . . . JM Service Standards . . . . BH Singles . . . . . JP Weatherization . . . . . TB Management . . . . . BT
SERVICE DELIVERY	Advocacy Contract Allocations/ Conditions Data Collection/ Evaluation Program Monitoring/TA Program Development Reports/Workplans Service Coordination	Clearinghouse . . . . . MM Domestic Violence . . . . PD Energy . . . . . NC Families . . . . . PD Housing . . . . . BW Singles . . . . . JP Special Needs . . . . . JP Weatherization . . . . . TB Management . . . . . BT

## CAPO Work Groups

Work groups ensure that identified functions are performed within designated areas of responsibility. Work groups meet as needed to communicate, coordinate activities, plan and problem solve. (Please note: work group memberships do not yet include all support staff.)

### Operational Work Groups

Commission (DB, Convenor) . . . . . CC, NC (CAA), BW (HAC), Planner (HAC) (BT)  
Community Services Client Services (PD, Convenor) . . . . . NC, MM, JP, BW (BT)  
North Portland District Services (BC, Convenor) . . . . . PD, JM (BT)  
Program Operations (CC, Convenor) . . . . . CJ, CM, TO, SP, Clearinghouse OA2 (BT)  
Weatherization Client Services (TB, Convenor) . . . . . JB, DH, DL, CM, CS, JS (BT)

### Developmental Work Groups

Family Support Network (JM, Convenor) . . . . . DB, BC, PD, BH, BW, Planner (BT)  
Service Standards (BH, Convenor) . . . . . TB, NC, PD, MM, JP (BT)  
Strategic Planning (Planner, Convenor) . . . . . DB, TB, BC, NC, SF, BH, JM, JP, BW (BT)

# COMMUNITY ACTION STAFF MAJOR ASSIGNMENTS

(Does Not Yet Reflect Support Staff)

May 18, 1994

STAFF	AREAS	MAJOR ASSIGNMENTS
Dana Brown (DB)	Anti-poverty Strategies Community Organization	Welfare Reform Commission Commission WG Convenor
Jay Burco (JB)	Service Delivery	Weatherization
Tom Brodbeck (TB)	Community Organization Service Delivery	Weatherization Weatherization Wx Client Svcs WG Convenor
Barbara Cotton (BC)	Community Organization	Columbia Villa North PDX WG Convenor
Nancy Culver (NC)	Anti-poverty Strategies Community Organization Service Delivery	Energy Energy Energy
Patty Doyle (PD)	Service Delivery	Client Services WG Convenor Domestic Violence Families
Sara Fleming (SF)	Anti-poverty Strategies Community Organization	Hunger Hunger
Barbara Hershey (BH)	Anti-poverty Strategies Community Organization	Domestic Violence Service Standards Standards WG Convenor
Diane Hansen (DH)	Service Delivery	Weatherization
Dave Lutes (DL)	Service Delivery	Weatherization
Mary Marson (MM)	Service Delivery	Clearinghouse

STAFF	AREAS	MAJOR ASSIGNMENTS
Judith Mayer (JM)	Community Organization	Family Support WG Convenor Roosevelt
John Pearson (JP)	Community Organization  Service Delivery	Singles  Singles Special Needs
Curtis Stephens (CS)	Service Delivery	Weatherization
Judy Swendsen (JS)	Service Delivery	Weatherization
Barbara Willer (BW)	Anti-poverty Strategies  Community Organization  Service Delivery	Housing  Housing  Housing
Planner	Anti-poverty Strategies	Homelessness Self Sufficiency Strategic Planning WG Convenor

## SOME OF COMMUNITY ACTION'S CURRENT PARTNERSHIPS

Prepared July 1994

### **Resource Development**

#### Innovative Homeless Initiatives Demonstration Program (HUD)

Only a few cities in the country have received or will receive this grant of up to \$10 million. Community Action, the City of Portland and the Housing Authority have submitted an informal proposal to HUD for this grant. While the US Conference of Mayors visited Portland, these partners, under the leadership of Commission past-chair Chuck Currie, held a friendly rally for HUD Secretary Cisneros. From these efforts, we have received a positive, if informal, response (see following letter).

#### Local, Dedicated Revenue for Homeless Services

As a partner with Gretchen Miller Kafoury's office, we are seeking a local, dedicated revenue source of approximately \$2 million to fund homeless services. Both voluntary and mandatory revenue options are being explored. A group representing a broad-range of interests has been convened to assist in exploring this idea.

### **Services Coordination and Planning Implementation**

Both the Homeless Singles Strategy and the Homeless Youth Review have required extensive coordination with other County programs, as well as other jurisdictions, social service agencies, and private sector interests. In developing the Homeless Singles Strategy, both focus-type groups and advisory groups were used to get input and commitment from all potential partners in the plan development stage. This has served as a prototype to be improved upon in future planning efforts.

A coordination group, including many County programs, has recently been formed to assist in the implementation of these two strategies and in routine coordination of services.

### **Interjurisdictional Coordination**

The Bureau of Housing and Community Development (BHCD, City of Portland) is a strong partner of Community Action. Rey España of the Community and Family Services Division and Howard Cutler of BHCD have been meeting with Chuck Currie, past-chair of the Commission, to develop protocols and policies for an even stronger and more effective partnership. These recommendations (to be acted upon at the Commission's August 1994 meeting) affirm the Commission's central role in

overseeing the Community Action Agency and the emergency basic needs services system.

### **Broad-based Advocacy Efforts**

In addition to the Commission's work on the Hamilton Hotel replacement housing, the Commission has initiated a regional affordable housing effort. Tri-county in scope and including those interested in both services and housing, this effort was launched in May 1994 with the short-term goal of including affordable housing as a critical component in Metro's 2040 plan. A number of public policy alternatives have been identified with the goal of maintaining and increasing our community's stock of affordable housing.

### **Community Organizing**

The Commission considers its most important partner to be the low income residents of Multnomah County. With the help of experienced community organizers, the Commission is exploring the possibility of refocusing its advocacy work in the direction of community organizing. Rather than speaking for low-income residents, the Commission is seeking more effective means to work with low-income residents to speak for themselves.

## **COMMUNITY ACTION AGENCY RESOURCE DEVELOPMENT:**

### **Public and Private Funding Demonstration Programs**

The Community Action Program Office and Community Action Commission have aggressively pursued opportunities to develop resources for expanding and improving services to low income and homeless citizens of Multnomah County. These efforts have resulted in a number of publicly and privately funded demonstration programs, as follows:

- |      |   |
|------|---|
| 1989 | U.S. Office of Community Services Demonstration Partnership Program (DPP) grant for a Homeless Families Self-Sufficiency project to demonstrate the effectiveness of case management and transitional housing (2 years - \$250,000)             |
| 1990 | Robert Wood Johnson Foundation grant to demonstrate "Services Enriched Permanent Housing for Multi-Problem Homeless Families" (5 years - \$600,000; 150 Section 8 certificates)   |
| 1990 | U.S. Office of Community Services DPP grant for a Homeless Youth Self-Sufficiency project to demonstrate the effectiveness of case management and up to twelve months of transitional housing (2 years - \$262,000; 2 year renewal - \$210,000) |
| 1991 | Better Homes Foundation grant, Mother Mentor Program for homeless pregnant women (2 years - \$155,000; supplements - \$98,000)  |
| 1991 | Better Homes Foundation /United Way of America grant, Homeless Families Stabilization Project for families with preschool children (3 years - \$200,000; supplements - \$52,000)  |
| 1992 | U.S. Department of Housing and Urban Development Supplemental Assistance for Facilities which Assist the Homeless (SAFAH) grant for case management to move families from transitional to permanent housing (3 years - \$702,000)               |
| 1992 | U.S. Office of Community Services Family and Community Partnership (FCPP) grant to demonstrate strategies for preventing initial and recurring family homelessness (3 years - \$750,000)  |
| 1992 | Oregon Adult and Family Services Division, federal match for Homeless Families Emergency Assistance Program to provide housing deposits and rent assistance to homeless and at-risk persons (ongoing - 50% state/local and 50% federal)         |



DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
WASHINGTON, D. C. 20410

THE SECRETARY

June 29, 1994

Mr. Chuck Currie  
Burnside Advocates Group, Inc.  
P.O. Box 3783  
Portland, OR 97208

Dear Mr. Currie:

Thank you for inviting me to the rally. You did an outstanding job of organizing the event.

Homelessness is HUD's top priority. I am working hard to help homeless people move from transitional housing to permanent housing and to receive the services and counseling necessary for them to lead healthy, productive lives.

I respect and admire your leadership and sense of public service. Keep up the great work!

Sincerely,

*Henry G. Cisneros*  
Henry G. Cisneros

*We will work with you on a second-year innovative grant for Portland - thank you for the T-shirt and the hat - they are clear reminders of your work in Portland.*

MEETING DATE: JUL 19 1994

AGENDA NO: B-2

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Road Transfer Process

BOARD BRIEFING Date Requested: ~~June 7 or June 9, 1994~~ 7/19/94

Amount of Time Needed: 15 minutes 11:00-11:15

REGULAR MEETING: Date Requested: \_\_\_\_\_

Amount of Time Needed: \_\_\_\_\_

DEPARTMENT: Environmental Services DIVISION: Transportation

CONTACT: Larry Nicholas TELEPHONE #: 248-3355

BLDG/ROOM #: 425/Yeon

PERSON(S) MAKING PRESENTATION: Larry Nicholas

ACTION REQUESTED:

[X] INFORMATIONAL ONLY [ ] POLICY DIRECTION [ ] APPROVAL [ ] OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Briefing for Board on East Multnomah County road transfer process.

SIGNATURES REQUIRED:

ELECTED OFFICIAL: \_\_\_\_\_

OR

DEPARTMENT MANAGER: 

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

BOARD OF  
COUNTY COMMISSIONERS  
1994 JUN 21 PM 12:20  
MULTNOMAH COUNTY  
OREGON

# TRANSPORTATION INITIATIVES NEWSLETTER

This newsletter is the first in a series of monthly newsletters. The purpose of this newsletter is to update stakeholders to the monthly progress of discussions concerning the jurisdiction of the roads and the road network. Discussions should be complete by the end of the year.

In November 1994, Ballot Measure 26-1 was presented to voters in Multnomah County. At issue was a measure to allow each city in Multnomah County the opportunity to assume control of all Multnomah County roads located within each city. The ballot measure was defeated.

The underlying issues remained however. To work out a consensus solution to the roads questions, the Cities of Fairview, Gresham, Troutdale, Wood Village and Multnomah County entered discussions to review jurisdiction of the roads and the road network. Broad agreement has been reached to allow each city to assume jurisdiction of their local road network if they choose. Multnomah County will retain control of the regional road network.

Based upon the division of responsibility, it was agreed that Multnomah County would transfer all local streets and neighborhood collectors to the City of Gresham, upon Board of County Commissioners and City Council approval. All major arterials and most minor arterials and major collectors will remain with Multnomah County. Criteria being used in determining jurisdiction of those streets in question is:

- Access and Mobility
- Efficient and Effective Service Delivery
- Integrity of the Grid Road Network
- Customer Service

## PROCESS

The process for discussing the transfer of roads and resources has been established under a quality initiative using the Teambuilding format. Although the focus of much of the discussion has been between the City of Gresham and Multnomah County, each of the other East Multnomah County cities, Fairview, Wood Village and Troutdale, has a significant stake in the outcome. Fairview, Wood Village and Troutdale have the same opportunity to assume similar responsibilities as Gresham, if each city so chooses.

The Teambuilding format was adopted at a workshop attended by managers and employees of each of the four East Multnomah County cities and the County. The workshop demonstrated the skills necessary to achieve a consensus solution that is beneficial to all parties.

To accomplish the tasks, eight teams (1. Liaison; 2. Permitting Activity; 3. Personnel Issues; 4. Transportation Planning; 5. Revenue Sharing; 6. Storm Water System; 7. Road Transfer and 8. Communication) with members from the four cities and County have been formed. The teams will be meeting over the next five months to review the issues and recommend solutions regarding the transfer of roads and other resources.

## SERVICES AND RESOURCES

**FUNDS** The transfer of roads will require the transfer of resources to provide for the responsibility being accepted. Although a formula to determine the amount of gas tax funds to be transferred has not been determined, the formula will most likely be based on maintenance cost and capital liability.

**EMPLOYEES** The initial concept agreed to will see few county employees being transferred. Instead the city may contract with the county for additional maintenance or engineering.

**PERMITTING** The county has agreed to transfer right of way permit access function to the cities. Methods of standardizing Right of Way Permits as well as establishing one-stop permitting are being explored. An issue associated with right of way permits is agreement on common standards, which is being discussed.

**PLANNING** The City of Gresham and the county will work cooperatively on transportation planning. This will be accomplished through regular meetings and exchange of work plans.

**STORM WATER MANAGEMENT** The County has agreed in principle to transfer storm water management to the cities. Details, such as maintenance of catch basins, sumps and grates need to be agreed upon.

## WE WANT TO HEAR FROM YOU

We intend to inform employees and stakeholders of the activities of the different teams over the next five months as discussions continue. We also want to hear from you if you have any questions or comments. Please use the coupon below to prepare your comments/questions and return it to either City of Gresham, 1333 NW Eastman Parkway, Gresham, OR 97030-3813; City of Fairview, 300 Harrison Street, Fairview, OR; City of Troutdale, 104 SE Kibling, Troutdale, OR 97060; Wood Village, 2055 NE 238th Drive, Wood Village, OR 97060; or, Multnomah County, 1620 SE 190th Ave., Portland, OR 97233.

---

---

---

---

---

---

---

---

---

---

# ROAD TRANSFER TEAM

Gresham

Dave Rouse

J.C. Davis

Richard Ross

Multnomah County

Ed Pickering

Don Hauskins

Kathy Busse

---

Troutdale

Fairview

Wood Village

# **STORM WATER SYSTEM TEAM**

Gresham

Mel Miracle

Haig Valenzuala

Multnomah County

Chuck Henley

Don Hauskins

---

(Bob Thomas)

Fairview

Jeff Sarvis

# **PERMITTING ACTIVITY TEAM**

**(R/W Access)**

Gresham

Guy Graham

Terry Vanderkooy

Multnomah County

John Dorst

Troutdale

Fairview

Wood Village

# **REVENUE SHARING TEAM**

**(Formula)**

**Gresham**

**Dave Rouse**

**Courtney Wilton**

**Multnomah County**

**Kathy Busse**

**Bob Thomas**

**Bop Pearson**

**Troutdale**

**Fairview**

**Wood Village**

# **TRANSPORTATION PLANNING TEAM**

Gresham

Richard Ross

Terry Vanderkooy

Multnomah County

Kathy Busse

Ed Pickering

(Ed Abrahamson, Dan Layden)

Troutdale

Fairview

Wood Village

# **PERSONNEL ISSUES TEAM**

Gresham

Ike Dixon

Multnomah County

Virginia Webster

Mike Oswald

# **LIAISON TEAM**

Transportation Planning

Road Transfer

Storm Water

Permitting

Revenue Sharing

Personnel

Greg DiLoreto

Larry Nicholas

# COMMUNICATION PLANNING

Who needs to know?

What is reported?

How is information shared?

When are they briefed?

Greg, Dave, Larry, Kathy, Troutdale,  
Fairview, Wood Village

# **TEAM FORMATION**

## **Getting Started**

**Elect Chair**

**Elect Scribe**

**Elect Liaison**

**Agree on Vision**

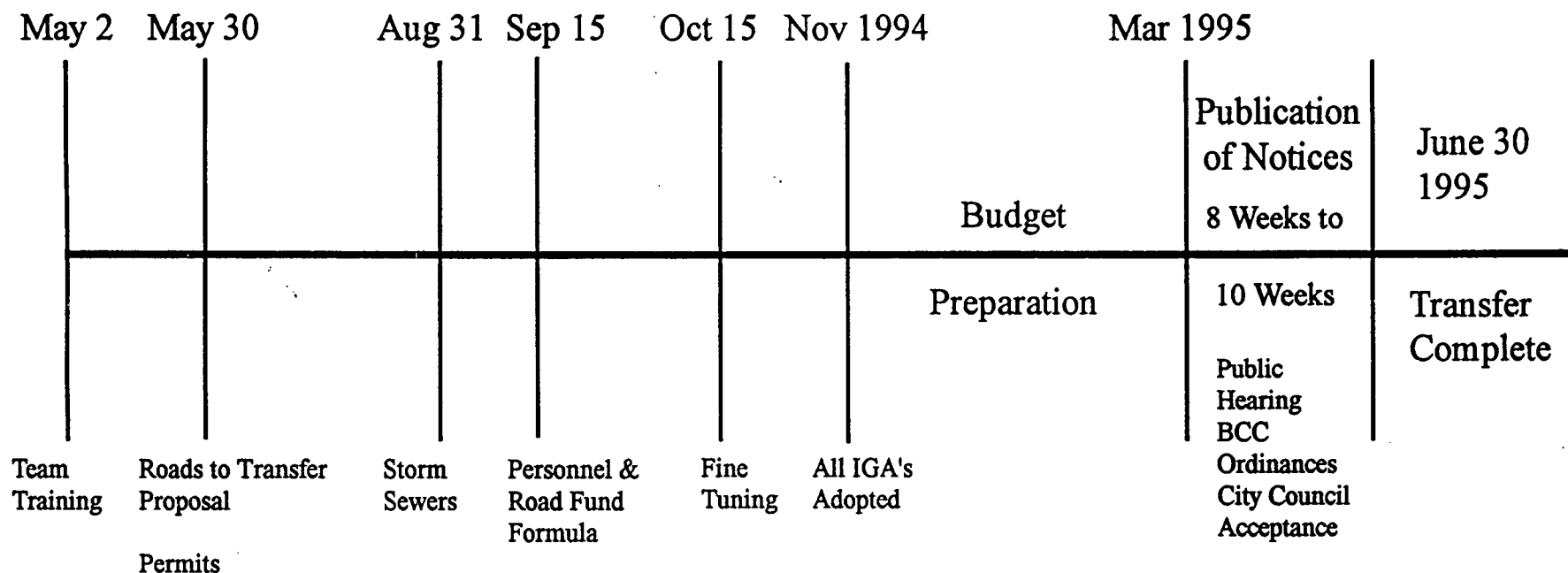
**Set Goals**

**Set Schedule to Meet**

**Overall Project Schedule**

# CITIES/COUNTY TRANSPORTATION INITIATIVES SCHEDULE

[illegible]



# CITIES/COUNTY TRANSPORTATION INITIATIVES TIME LINE

## Other Opportunities:

- Aggregate (Rock Products)
- Signal Agreement
- Signs
- Soils Lab
- Joint Purchasing

# Commitment & Persistence

## Success Can Be Yours Once You Set Your Goal and Commit to Do Whatever It Takes to Reach That Goal

by Jeffrey Keller

I used to think that I knew what commitment and persistence meant. *Trying hard. Making a lot of attempts.* However, I didn't grasp the true meaning of these concepts until I read a small paperback book entitled, *The Ultimate Secret To Getting Absolutely Everything You Want*, by Mike Hernacki.

Commitment is the essence of *The Ultimate Secret*. According to the author, the key to getting what you want is the **"willingness to do whatever it takes"** to accomplish your objective. However, exclude all actions which are illegal, unethical or which harm other people.

So, exactly what do I mean by this "willingness?" Let me explain further. It's a mental attitude which says: *If the process to reach my goal takes five steps, I'll do those five steps; if it requires 1,005 steps, I'll do those 1,005 steps.* Of course, at the outset of any endeavor, you usually won't know exactly how many steps will be required to reach your goal. This doesn't matter. To succeed, all that's necessary is that you make a commitment to do whatever it takes — regardless of the number of steps involved.

Where does persistence fit in? Persistent action follows commitment — that is, you first must be committed to something before you will persist to achieve it. Once you have made a commitment to achieve your goal, then you will follow through with relentless determination and action until you attain the desired result.

### The "Magic" of Commitment

When you make a commitment and are willing to do whatever it takes, you begin to attract the people and circumstances necessary to accomplish your goal. For instance, once you devote yourself to becoming, say, a best-selling author, you might suddenly "bump into" a literary agent or "discover" a television program offering advice on this very topic. It's not as if these resources never existed before, it's just that your mind never

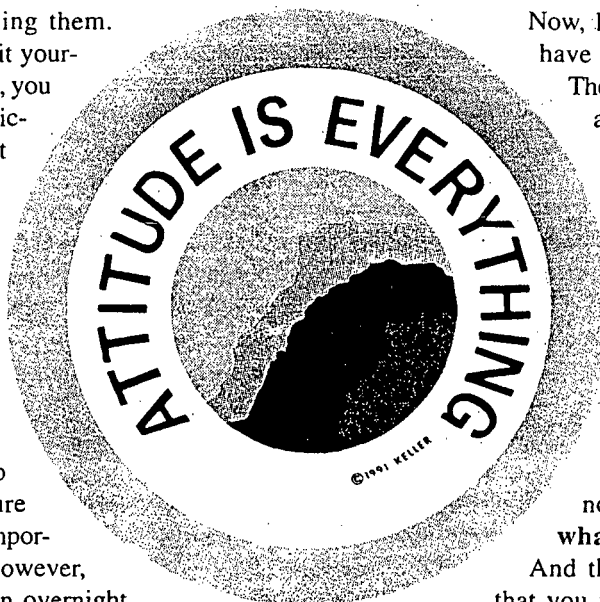
focused on finding them.

Once you commit yourself to something, you create a mental picture of what it would be like to achieve it. Then, your mind immediately goes to work, like a magnet, attracting events and circumstances which will help bring your picture into reality. It's important to realize, however, that this is not an overnight process; you must be *active* and seize the opportunities as they appear.

Another miraculous feature of the power of commitment is that you do not have to know at the outset *how* to achieve your goal. Having a plan of attack will greatly assist you, but it is not essential that every step be mapped out in advance. In fact, when you have the willingness to do whatever it takes, the "right" steps are often suddenly revealed to you. You will meet people who you never could have planned to meet. Doors will unexpectedly open for you. It might seem, like "luck" or "good fortune" is smiling on you; in truth, you will have created these positive events by making a commitment and, thus, instructing your mind to look for them.

### A Word of Caution

Before you get too excited about waltzing easily toward your goals, I caution you. Even with a commitment, not everything will be rosy on your path. Life will test you to see how serious you are about achieving your objective. Obstacles will arise, you'll make mistakes and suffer disappointments and setbacks.



Now, let's assume you have a goal in mind.

The next question to ask yourself is:

*Am I willing to do whatever it takes to achieve this goal? If your answer is: I'll do just about anything, except that I won't do*

*\_\_\_\_\_, you are not willing to do*

*whatever it takes.*

And the likelihood is that you will be derailed and not achieve your objective.

For instance, many people start a new business with the idea that they will give it six months to prosper. If things don't work out after six months, they'll quit. This is not a mental attitude which leads to success.

### Take Action!

Now that you've learned about the power of commitment, it's time to apply the principle. So, go ahead. Select a goal which you have a burning desire to achieve. Make a commitment to do *whatever it takes* to achieve this goal. Start moving forward and get ready to notice and take advantage of all opportunities which come your way. Then follow through with persistent action and get ready to succeed!

By the way, I strongly recommend that you go to your local bookstore and pick up a copy of Mike Hernacki's book. It's enjoyable and easy to read; you can complete it in several hours. Then you'll probably want to share it with your family, friends and the members of your organization.

*(Jeffrey Keller is a motivational speaker, seminar leader and writer who began his professional career as an attorney. He is founder and president of Attitude is Everything, Inc., in Rockville Centre, New York.)*

Meeting Date: JUL 19 1994

Agenda No.: B-3

(Above Space for Board Clerk's Use *ONLY*)

AGENDA PLACEMENT FORM

SUBJECT: In the Matter of Approving the Comprehensive Plan of the Multnomah Commission on Children and Families

BOARD BRIEFING: Date Requested: July 19, 1994  
Amount of Time Needed: 30 minutes

REGULAR MEETING: Date Requested: \_\_\_\_\_  
Amount of Time Needed: \_\_\_\_\_

DEPARTMENT: Nondepartmental DIVISION: \_\_\_\_\_

CONTACT: Helen Richardson TELEPHONE: 248-3982  
BLDG/ROOM: 106/1410

PERSON(S) MAKING PRESENTATION: Helen Richardson, Jim Clay, Carol Wire

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if available):

The Multnomah Commission on Children and Families' preliminary Comprehensive Plan will be presented in preparation for a request for Board approval. The process of developing the plan; decisions made, including choice of benchmarks; and preliminary data concerning benchmarks will be discussed. Next steps in the planning process will also be addressed.

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Beverly Stein  
OR  
DEPARTMENT MANAGER: \_\_\_\_\_

CLERK OF  
COUNTY COMMISSION  
1994 JUL 16 AM 11:44  
MULTNOMAH COUNTY  
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

# Creating a Chosen Future

*A Stage One Comprehensive Plan of the  
Multnomah Commission on Children and Families*

*July, 1994*

## ***DRAFT***

*This DRAFT version contains only the main text.  
It does not contain all the supplements referenced.  
Supplements will be included with the final version.*

**SEND YOUR COMMENTS**

*(preferably on disk)*

*to: Jim Clay*

*MCCF*

*1120 SW 5th Ave., Room 1410*

*Portland, OR 97204*

**OR**

*voice mail 248-3981*

## Table of Contents

INTRODUCTION	1
WHAT WE BELIEVE IN (wellness, necessary conditions, core values)	2
WHERE WE'RE GOING (vision, mission, goals & benchmarks)	3
COMMUNITY STRENGTHS & NEEDS (a celebration of community strengths, what we already knew)	4
RESOURCES/SERVICES TRANSFER (strengthening families, purchased treatment services, foster care, technical assistance)	5
CASA & YCC	5
TECHNICAL NOTES (monitoring & evaluation, a word to plan reviewers)	6
COMMUNITY INVOLVEMENT	7
DIVERSITY	8
SERVICE SYSTEM	9
BENCHMARK SPREAD SHEETS	chart 1 - 15

---

## INTRODUCTION

When Governor Roberts signed *House Bill 2004* into law on August 18, 1993, the State of Oregon committed itself to an entirely new approach to meeting the needs of children, youth and their families. Newly established local Commissions on Children and Families were charged with planning for the implementation of a new wellness model with an emphasis on early childhood development, primary prevention for children and youth, and strengthening and supporting families while providing for comprehensive treatment services.

Based on the mandate of *HB 2004*, the Board of Multnomah County Commissioners passed the *Multnomah Commission on Children and Families Ordinance* on December 16, 1993, establishing the new commission and setting a new course.

---

### A NEW APPROACH

These new laws reverse the historical policy that assured services only when serious problems developed, often by a young person's posing a threat to public safety. The Multnomah Commission on Children and Families (MCCF) is directed to assure wellness, to promote growth and development, and to prevent problems *before* they happen. We on the MCCF are making ourselves more accountable to taxpayers and other investors by establishing directives for measurable outcomes, including the Oregon and local benchmarks.

This new approach called upon those of us on the MCCF to begin a three part task: creating a vision, then preparing a plan, and finally taking action.

The MCCF, and other Multnomah County policy makers, funders, and community members charged with, *or charged-up about* creating a chosen future for children, youth and their families have created our vision of the future and developed values and standards (see attachments) that will guide us all. And we have begun the creation of a planning document, found on the pages that follow.

---

### WE'RE JUST GETTING STARTED

Balancing the enthusiasm and urgency we all feel for supporting children, youth and their families in a new commitment to growth and development, we have the reality that it will take time to unite our community around a shared vision. Creating and implementing a plan of this scope is an ambitious undertaking, one that may take five or more years. *House Bill 2004*, however, mandates that a comprehensive plan for children, youth and their families be developed by the Multnomah Commission on Children and Families, reviewed by all interested community members, approved by the Board of County Commissioners, and submitted to the State Commission on Children and Families for approval consideration by July 31, 1994.

Meeting the mandate of *HB 2004* can best be understood to be a developmental process spanning several years with a few time limited milestones, the very first of which is presented on the pages that follow. MCCF members know that this is a work-in-progress, and seek the involvement of all members of the community as we further develop our community's plan.

We also seek support, encouragement, advice, constructive criticism and, where appropriate, appreciation as we work to fulfill our six key responsibilities:

- Establish policies in support of wellness, to guide and assist all community initiatives in Multnomah County which support children, youth and their families.
- Conduct a comprehensive, inclusive planning process for children, youth and their families in Multnomah County, guided by a specified set of core values.
- Make application for State of Oregon funds, and conduct an open purchasing process for services purchased with those funds in pursuit of the goals of the comprehensive plan.
- Oversee the planning and implementation of efforts designed to achieve specific state and county urgent benchmarks.
- Review and comment on all planning initiatives that affect children, youth and their families in Multnomah County; and call for planning in areas of unmet need.
- Advocate in the legislature, in local governments, in the media and through public education on behalf of children, youth and their families in Multnomah County.

If all this seems a bit overwhelming, we can simplify our understanding of the task by referring to a more concise statement of the Commission's responsibility, expressed in *HB 2004*: "The main purpose of the local commission is to promote wellness for the children and families in the county."

This "Stage One" version of the 1994 Multnomah Commission on Children and Families' Comprehensive Plan is where we begin to meet our responsibilities.

---

## WHAT WE BELIEVE IN

Through the dedicated and principled efforts of an MCCF ad hoc committee, we have become clear on who we are, what we believe in and what we stand for. Since we had been called together to seek wellness for local children and families the committee deemed it fitting to first explore what we meant by the term.

---

### WELLNESS

After a lot of discussion we adopted the definition of the Oregon Children's Care Team:

*"Wellness is defined as the preservation of each child's potential for physical, social, emotional and cognitive and cultural development."*

It follows from this definition that a wellness delivery system must have a strong prevention component as its base, as well as provision for comprehensive treatment services. Such a model needs to be based on an understanding of the stages of child development, and with an emphasis on promoting early childhood development and developmental competencies across the entire age spectrum of childhood. We expect the result of this to be children who become responsible adults and productive citizens contributing to their community.

This MCCF has further developed this definition of wellness and described what wellness looks like at each stage of development for the child, the family, the neighborhood and the community. We also have developed a narrative depicting our image of wellness and a graph representing a functional supportive community system of care (see attachments).

---

### NECESSARY CONDITIONS

To build and maintain wellness, several things must be present for the child, the family, the neighborhood and the community at every developmental stage.

A child flourishes when he or she has a loving, competent adult in his or her life; food, clothing and stable housing; optimal physical, dental and mental health; and appropriate opportunities to develop at each stage.

The family is its best in every stage when it has access to effective and culturally appropriate systems of health and mental care, housing, child care, public safety, transportation, education, employment, recreation and social development.

The neighborhood is a supportive environment for everyone when neighbors know each other, play together, and have a sense of pride and ownership in their neighborhood; and when they respect and enrich each other by sharing cultural traditions and valuing safety and security.

The community establishes systems which support the wellness of all children and families, and encourage the development of a safe and healthy environment. It supports and recognizes the responsibility of both parents *and* the community for achieving wellness.

---

### CORE VALUES

The core values of the MCCF include an appreciation for strong families; diverse, thriving communities; and a coordinated system of services and supports promoting optimum growth and development for every child. Each value has a corresponding standard (see attachments).

- We value children, and their right to achieve their dreams.
- We value the safety and security of every child and every youth.
- We value the family unit and consider it every child's first source for growth and support.
- We value loving, skillful parenting.
- We value the community as every family's primary source for support and nurturance.
- We value the healthy growth and development of children and youth, as they progress through developmental stages in their own way and time.
- We value the inherent strengths, skills and capacities of every child, youth and family, and recognize these strengths as vital community resources.
- We value the perspectives and opinions of young people.
- We value and embrace the diversity of the children, youth and families in our community, and the cultural wealth that enriches us all.
- We value equal opportunity, equal access, social justice and support for individual freedom.
- We value a community support system that encourages coordination and collaboration, makes best use of available resources, identifies and develops new resources, and values its workers.
- We value results. We value efficiency, accountability and the ability to get the task done.
- We value community opinions and an open and accessible process.
- We value all people and recognize that among individual children, youth and families there exist varying capabilities at different times and at different developmental stages.

---

## WHERE WE'RE GOING

The Multnomah Commission on Children and Families is clear in its conviction that our community can choose its preferred future. We worked hard to develop an in-depth understanding of this preferred future to guide us in conducting the detail oriented work ahead, and it seemed useful to also craft a very short, easily understandable statement of what it is that we're all working so hard to achieve. We want to give everyone the opportunity of investing in this same future. With that in mind the MCCF developed and approved the following statement:

---

### OUR VISION

Our vision for this community is a county in which each child realizes and reaches full potential with the support of a family, neighborhood and community which protects, values, nurtures and encourages the child through adulthood.

As we considered this vision we became more and more aware that behind all the philosophy, and after all the dreaming, we would discover a lot of old fashioned hard work. No one missed the realization that the financial and other costs involved would be enormous. And worth it.

In the final analysis it was clear that an investment of this magnitude can only be made within the construct of a well developed and widely accepted and coordinated plan. This led us to asking ourselves "what is our role in all this? who else needs to be involved? and how will we begin to accomplish all that needs to be done?" As part of the answer to these questions we established our mission statement.

---

### OUR MISSION

The mission of the Multnomah Commission on Children and Families is to create and oversee the implementation of a plan which supports the development of each child and his or her family through each stage of life. The Commission through its plan:

- Establishes policies and sets values which support the healthy growth and development and sustenance of all children, youth and their families in the county.
- Identifies and prioritizes specific goals; establishes the means to achieve those goals; and ensures efficient use of resources through evaluation of results.
- Enhances resources already available and advocates for additional resources, both public and private, in cooperative efforts to reach set goals.

Our primary goal is wellness and we envision that as being composed of four subordinate goals, each one interrelated to the others, and each one an integral part of community wellness.

---

### OUR GOALS & BENCHMARKS

*GOAL #1:* Our goal is to have families and communities supporting the healthy growth and development of every child from the earliest possible opportunity.

*GOAL #2:* Our goal is to have families and communities supporting the principle that every child deserves a family ready to parent her or him.

*GOAL #3:* Our goal is to have families and communities committed to the right of every child and family to develop free from harm in a safe environment.

*GOAL #4:* Our goal is to have an increasing number of capable, caring and stable adults within our families and communities.

To reach these goals the MCCF has set 15 objectives, most of which are tied to local and Oregon Benchmarks. (Numbers in parentheses index objectives to the goals.)

The MCCF commits itself:

1. To meet specific developmental standards by kindergarten (1, 2, 3)
2. To reduce the incidence of teen pregnancy (1, 2)
3. To reduce the incidence of child abuse/neglect (1, 2, 3, 4)
4. To reduce the incidence of domestic violence (1, 3, 4)
5. To increase the incidence of adequate prenatal care (1, 3)
6. To reduce the incidence of drug affected babies (1, 2)
7. To increase the number of child care providers meeting quality standards (1, 3)
8. To increase the number of families living above the poverty line (1, 2, 3, 4)
9. To increase the number of families who are able to care for their own children (1, 2, 3, 4)
10. To increase the number of families living in safe, stable housing (1, 2, 3)
11. To reduce over-representation of minority youth in juvenile justice/child welfare systems (3)
12. To increase the number of youth graduating from high school (2, 4)
13. To reduce the incidence of violence by and against children and youth (3)
14. To reduce the incidence of juvenile crime (3)
15. To reduce the incidence of adolescents using tobacco, alcohol and other drugs (3)

---

## COMMUNITY STRENGTHS & NEEDS

Given the MCCF's declared value of building on community strengths, and given the importance of focusing resources on the highest priority needs it made sense to assess community conditions before proposing any changes. We wanted to know what supports already existed and which critical needs required additional attention. To inform ourselves in these areas we have pursued two processes to date (July, 1994) and propose to continue our assessment work over the next several months.

---

### CELEBRATION OF COMMUNITY STRENGTHS

"Front porches." "The bicycle shop owner who always has room for one more kid." "The businessman who hired a Russian speaking clerk because Russian was the native tongue of his newest customers." These are some of the neighborhood resources that were identified in the six *Celebration of Community Strengths* meetings held throughout Multnomah County in April 1994. Sponsored by the Multnomah Commission on Children and Families (MCCF), the Board of County Commissioners, and County Chair Beverly Stein, these meetings took a different approach to the concept of needs assessments.

Inspired by the community capacity building work of John Kretzmann and John McKnight, MCCF members invited residents to come out and talk about their communities' strengths. Multnomah County is divided into six service districts, or Family Support Network areas, making one meeting per district a logical strategy.

A steering committee of MCCF members and staff, Portland Educational Network (PEN) of Portland State University staff, and city and county volunteers designed and implemented the meetings, and developed and coordinated resources. Fred Meyer and Starbucks donated refreshments and Children First, a statewide advocacy group, arranged for child care services.

Community organizations, including the Leaders Roundtable, Ecumenical Ministries of Oregon and the Rainbow Coalition, co-sponsored and promoted the event and provided over 60 volunteers to help facilitate the small groups. PEN donated the technology and personnel to create maps of each district on which to place the resources identified.

Some of the identified community strengths, of course, were well respected local human service provider agencies, many of which were well known to MCCF members and staff. Some of them, on the other hand, were less familiar although highly regarded. The organizations identified have been tabulated and staff is working to complete the list from internal data bases.

MCCF members, however, know that many resources exist in every community – resources that daily sustain and support the people who live and work there. The strengths that usually remain unreported in a more traditional needs assessments were, to some, of the greatest interest: access to transportation, an architectural legacy, cultural identity, older home neighborhoods with a sense of history, ethnic and cultural diversity, high volunteer involvement, pedestrian-friendly shopping, bridges, parks, public art, street musicians, and value driven social service programs are a few examples.

MCCF members have expressed interest in further developing our findings. (For a more extensive listing of the community strengths identified in these sessions, see attachments).

Approximately 400 people attended the meetings (from 50 to 125 at each), generating over 3,000 community strengths. PEN staff is compiling this information and designing the product that will illustrate the community strengths identified. Further use of the process will recognize that some populations were not fully represented at the meetings. Additional *Community Strengths* meetings with culturally specific communities are being considered.

---

### WHAT WE ALREADY KNEW

Dozens of plans with comprehensive needs assessments already exist in Multnomah County dealing with child care, alcohol and other drug abuse, out-of-home care, delinquency, youth employment, diversion, and the needs of homeless youth, gay and lesbian youth, young African American male youth, south-east Asian youth, girls, infants and toddlers, and youth who are at risk for being abused or neglected. These are only a few examples.

MCCF staff have been gathering and reviewing all these data and will be providing them to planning teams that will be convened around each of the benchmarks (or benchmark clusters) in August - October.

---

## **RESOURCES/SERVICES TRANSFER**

The Multnomah Commission on Children and Families recognizes that the primary responsibility for promoting and supporting healthy children and families lies at the local level. With that in mind, the Commission is interested in exploring the transfer of several of the following state services to the local level.

---

### **STRENGTHENING FAMILIES**

Because strengthening all families in the county is a prime objective of the Commission, local planning and implementation for these services, currently provided by Children's Services Division (CSD) is concordant with the Commission's charge. The Commission, through its Resource Development Committee, will investigate parent training, counseling, child care and other family support services currently provided by CSD for possible development through local delivery systems.

---

### **PURCHASED TREATMENT SERVICES**

CSD currently purchases treatment services, including sex abuse treatment, alcohol and drug abuse treatment, services for developmentally delayed youth, shelter and evaluation services and intensive treatment for emotionally disturbed youth. The Commission is interested in exploring local planning and implementation of these services for children with significant treatment needs.

---

### **FOSTER CARE**

Multnomah County houses a great deal of expertise in foster care due to the number of agencies currently providing the service in the county. The local Commission is interested in exploring a pilot project to offer foster care for children birth through 3 years through the county. The Commission will convene a foster care study group to work with the Resource Development Committee to determine the feasibility of this pilot project.

---

### **TECHNICAL ASSISTANCE**

The Multnomah Commission requests that the State Commission and its staff work in concert with local efforts to assure the best possible outcome for transfer of resources and/or services. Assistance with gathering data, reconciling local CSD expenditures with federal funding and assuring no loss to the community in resources would promote Commission work in this arena. This county also requests acknowledgment and real understanding, on the part of the State Commission and its staff, of the depth and breadth of services needed in this urban county and the complexity of planning for and providing those services.

---

## **CASA & YCC**

The Multnomah County Court Appointed Special Advocates (CASA) program plays a leadership role in the area of providing technical advocacy for young people who have been neglected or abused. CASA's staff and extensive volunteer base is a major community strength, both in terms of the direct service provided, and the intrinsic value of having a pool of people knowledgeable about and committed to working with children who are abused and neglected. Retaining CASA services in Multnomah County is a significant support for the child abuse prevention benchmark.

The Youth Conservation Core program, although quite small in scale, provides employment and pre-employment support for youth at risk of juvenile crime, alcohol and other drug abuse, poverty and other social problems. Providing employment support is a known protective factor, and so we consider the YCC to be part of our overall benchmark strategy.

---

## TECHNICAL NOTES

---

### MONITORING & EVALUATION

Assuring a rigorous technical evaluation of social service programming is the essence of what distinguishes benchmark driven programming from most others. The Multnomah Commission on Children and Families' core values call for the best use of available resources, efficiency, accountability and the ability to get the task done. The most concise statement of this is the value which declares "We value results."

It's impossible to view our results, if any, if we don't apply technically and socially appropriate evaluation procedures. With this in mind we propose an evaluation framework that will allow results to be viewed and considered not only by technical program staff, but by MCCF members and general community members as well. The proposed framework is composed of four stages, each one progressively becoming more technical, more costly and more pioneering.

#### STAGE ONE: Compliance review

This is a simple comparison of contract requirements with contractor *performance*. In brief, did the contractor provide the services that the contract called for? This is assessed on a routine basis through data collection (client tracking reports), monthly or other required periodic reports submitted by the contractor, and through annual fiscal audits. When a potential problem is detected this level of review is conducted by means of specially required or more frequent reports and by site visits and phone interviews.

Compliance evaluation is the absolutely "bare-bones" approach to evaluation.

#### STAGE TWO: Process Evaluation

This assesses the *quality* of the program and the services it provides. It involves program attributes such as accessibility, philosophy/methodology, and staffing. Other areas include assessment of population(s) served, conditions under which services are offered, and the nature of proposed service effects. This is assessed through structured, formal site reviews, peer reviews, client satisfaction surveys, and client tracking data.

This level of evaluation, combined with compliance review, provides basic accountability.

#### STAGE THREE: Client Impact Evaluation

This is an advanced and technically difficult process, measuring the impact, if any, that the services a client received had on the client or his/her family and community. It deals with program or service *effectiveness* in achieving their pre-identified goals. Essentially we seek to answer the question "now that we know that a service of a known quality and quantity has been delivered, what difference has it made in the lives of the people served, and was that difference worth the cost of the service?"

Part of what makes this a technically difficult process is that it must involve developing all aspects of the program from preliminary design to evaluation analysis.

#### STAGE FOUR: Social Change Evaluation

This is the most advanced, most costly and most infrequently applied technology. It's possibly the most urgent. It seeks to measure community-wide *social change* within a given issue, like the proliferation of hand guns and related violence, or a reduction in institutional racism. It measures the cumulative impact of social programs, political and economic changes, and all other influences on the issue.

This is benchmark level evaluation. Keep your checkbook handy.

---

### TO THE PLAN REVIEWERS

- A. The MCCF's core benchmarks are listed on page 3 of this document. All OCCF benchmarks have been chosen; no waivers are requested.
- B. All MCCF decisions related to defining wellness; creating the vision, values, and goals; selecting core benchmarks; and establishing a preliminary macro budget have followed the same process:
  1. MCCF prepares background and support information and brings it to the Planning Committee
  2. Planning Committee reviews staff prepared information, deliberates on the issues, forms a recommendation and brings it to the MCCF at a general meeting
  3. MCCF members receive and discuss the recommendation at a general meeting, revise as needed and vote to accept.

---

## COMMUNITY INVOLVEMENT

To date the Multnomah Commission on Children and Families has involved the community in its planning in three ways:

1. The appointment of diverse commissioners who each represent their own community.
2. A series of Community Strengths meetings (described in greater detail on page 4).
3. A community meeting/strategy building session held on June 17.

Having adopted definitive goals and objectives for the next biennium the MCCF started to develop concrete strategies for implementing our vision in this community meeting/strategy building session.

The four objectives for the session were:

- To review the goals and objectives of the Multnomah Commission on Children and Families.
- To identify preliminary strategies for reaching those goals and objectives.
- To connect MCCF members with other community members committed to wellness.
- To identify other key players that the commission needs to connect with.

To accomplish this we provided a well facilitated and fast paced process whereby people meet in large group to begin with, and later broke into smaller group focused on the cluster of benchmarks related to an individual goal.

Three hours of conversation and deliberation among informed and impassioned community members resulted in a wide variety of creative and meaningful program ideas for achieving the benchmarks.

Information compiled was distributed to MCCF members, and specifically considered by Planning Committee members.

People who couldn't attend were offered the opportunity to contribute their support in other ways.

- They were asked to pass this invitation on to someone else who could represent their interest in specific populations or issues.
- They were encouraged to submit their ideas to MCCF staff in writing or via voice mail.
- They were encouraged to identify specific objectives which interest them and to seek to be part of the more thorough planning process scheduled for the next several months.

The Planning Committee has recently held a discussion centered on ways to increase community participation in the future, and some of the ideas are presented here:

- Establish MCCF liaisons to each district
- Identify other organizations to work with as partners
- Establish a youth advisory body for the MCCF
- Work with community health aides in outreach
- "Go to them"
- TV/radio/video access/PSAs
- Engage with the District Coordinating teams (DCTs)
- Engage with the local neighborhood organizations
- Conduct polling/surveys

---

## DIVERSITY

Multnomah County Chair Beverly Stein appointed a broadly diverse group of people to the Multnomah Commission on Children and Families, including representatives, advocates and members of ethnic, cultural, sexual and linguistic minorities.

In addition the MCCF has selected core values which support diversity and multi-culturalism. The MCCF has declared that "we value and embrace the diversity of the children, youth and families in our community, and the cultural wealth that enriches us all," and "we value equal opportunity, equal access, social justice and support for individual freedom."

In June the MCCF Planning Committee considered the need to involve more cultural and ethnic minority people in the planning process, and charged staff with polling MCCF members with an expressed interest in cultural and ethnic minority children and families, and who might have suggestions for increasing the cultural competency of the MCCF. The following ideas were offered during a staff conducted telephone poll of several MCCF members, all people of color.

1. Develop a "People of Color and Friends Caucus" to the MCCF to advocate for inclusion of the specific consideration of the needs of young people of color and their families.
2. Provide staff support to the caucus for one meeting (some respondents suggested an on-going caucus)
3. Charge the caucus with developing a list of concerns and suggestions to be presented to the MCCF at its next regularly scheduled meeting.
4. At the first meeting of the caucus only invite MCCF members, to form the agenda, set the purpose and goals, and to begin the process (the group might want later to expand to include community members after starting the process.
5. Provide a better orientation to the MCCF so that members who want to advocate for "frequently forgotten populations" can understand how they can fulfill their interest.
6. The MCCF can take leadership in assisting community-based service organizations to develop appropriate outreach to culturally diverse communities.
7. The MCCF needs to improve its own outreach to culturally diverse communities when inviting them to public hearings, strengths meetings and similar events.
8. The MCCF can advocate for the provision of technical support and the implementation of an RFP process and that is more supportive and more inclusive of younger community-based organizations that have difficulty competing for public funds.
9. The MCCF can advocate for the delivery of cultural competency training (some respondents said that this is often not effective).
10. MCCF members could become involved in mentoring youth from culturally diverse communities, exposing both the youth and the MCCF member to new cultural experiences.
11. A program could be developed allowing youth of color to intern with the MCCF.
12. MCCF could encourage its members to volunteer in diverse communities.
13. MCCF could compile a needs assessment for each diverse community.
14. MCCF could revise the family support network concept to include culturally specific centers staffed by people of the culture of the people served, providing culturally appropriate and sensitive services. (People will not go into their neighborhood district center if they feel cultural insensitivity).
15. MCCF could establish a United Nations-type facility where issues that deal with families and children could be discussed, and where members of the non-English speaking community may attend and get simultaneous translations of various languages.
16. MCCF must make extra efforts to reach the non-English speaking population by going to their community meetings; by going to the natural community centers (church, restaurant, school, etc...) where people feel comfortable in their natural environment, for activities like community mapping, etc. If translation is needed, it is likely to be naturally present.
17. Reach members of the non-English speaking community at natural touch points ESL (English as 2nd language) Departments at the various school districts.
18. Address the concern that linguistic diversity will lead to the disuniting of America.
19. Avoid academic/didactic trainings and hire local consultants to develop small groups to go to a variety of interactive cultural experiences (pow-wow, festival, meal, concert)

---

## SERVICE SYSTEM

As the critical issues affecting children and families in Multnomah County are explored, benchmarks are chosen and desired strategies for making desired changes are deliberated on, an over-arching concern comes to the fore - the system that supports both the philosophy and delivery of services and supports.

The county contains a bewildering array of programs and services with complex eligibility requirements and daunting entry procedures, usually with little help for overcoming barriers and providing appropriate referrals. Having gained access to one service, the customer is likely to find that not only must they repeat the same struggles elsewhere, but now they also must arrange their lives so that they can get to multiple locations for various offerings from different service providers who may or may not be in active communication with each other. The family with 4 or 5 case workers ranging from "welfare workers through addiction treatment to behavior management difficulties in school, none of whom provide help in obtaining child care, is all too common. If the family does not identify with the dominant culture, there is little assurance that they will receive assistance that is sensitive to and consistent with their culture.

In Multnomah County, as in many large urban areas, the evolution of services for children and families and the systems through which they are delivered has been driven by emerging needs, changing priorities and variations in funding. While unique and laudable efforts have been made to coordinate and collaborate on services to specific populations, the broader system has remained difficult for children and families to use, especially for those with multiple issues. As noted in The Report of the Children and Youth Work Group (2-1-91), "The County's services delivery system for children and youth is fragmented, resulting in barriers to services, inefficient administrative procedures, lack of coordinated planning and program development, and inadequate collaboration among programs."

The MCCF joins County Chair Stein in advocating for a wellness-focused system of non-stigmatized services and supports that are community-based, culturally appropriate, and easy to access. Multnomah County has begun building this system by dividing the county into six service districts, each containing a range of county and non-county services for children from 0 to 18 years and their families that will be connected with each other as a **Family Support Network**. The Network is an affiliation of individuals and organizations based on the MCCF's values of wellness and respect for individuals and families. Members will subscribe to a set of standards, also based on the MCCF's values, that include celebrating diversity, supporting strengths and working collaboratively. An **outreach** component that will support the Network's movement toward proactive, user-friendly interactions with customers is under development via a cooperative effort by County Departments and Divisions.

Each district has in it three county-funded centers that are related with having a distinct focus - Aging, Community Action, and Family. Each **Family Center** is operated by a not-for-profit agency that delivers an array of services and supports to children and their families including family counseling, alcohol and drug, employment, mentorship, recreation, law-related, health and access to the entire Family Support Network. **Parent Child Development Centers** linked to each Family Center provide community-based, family-focused, developmentally appropriate supports for families with young children. These supports include development of both child and parent, promotion of both health and mental health, and access to other services.

Within each district, a District Coordinating Team (DCT) is already working toward realizing the goal of system-wide coordination including but not limited to children and families issues. Represented on each Team are a broadening range of county-funded (community action, family centers, library branches, aging programs, health, juvenile justice, etc.), schools, public safety, and other service organizations. Representatives of each DCT meet monthly as an Integrated Services Team for over-all systems communication and coordination. Identified policy issues will be referred to the MCCF which will coordinate quarterly with other county advisory bodies such as the Community Action Commission, Multnomah Commission on Chemical Dependency, Portland Multnomah Commission on Aging, etc.

The MCCF reviews all county planning efforts for children and families. To assist in communicating the MCCF's values and standards and enhancing coordination among county departments and divisions, a Youth Services Management Team composed of the county department and division heads will be chaired by the MCCF director. Both policy and advocacy issues that are identified will be forwarded to the MCCF for deliberation and action.

An important step in the development of a fully integrated system is the coordination of funding. The MCCF will bring funders together to support the Comprehensive Plan and use it to guide their decisions about and distribution of funds for children and families.

**ISSUE:** Early care and education

**LEAD OBJECTIVE:** To meet specific developmental standards by kindergarten

**BENCHMARK:** By (date), x % or fewer of all children entering kindergarten in Multnomah County will fail to meet specific developmental standards for their age, as it relates to cognitive development, physical well being, social and emotional development, and language and literacy

**INDICATOR:**

# EARLY CHILDHOOD EDUCATION BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Early care and education (readiness to learn) is emerging as a national priority under the Clinton administration, as a state priority under the leadership of the state Commission on Children and Families, and as a local priority under the leadership of Beverly Stein. It is the first of six national educational goals. 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.</p> <p>There is agreement, and substantive evaluation, on 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:</p> <ol style="list-style-type: none"> <li>1. A healthy start</li> <li>2. A language rich environment with caring, empowered parents</li> <li>3. Quality early care and education, including preschools and child care</li> <li>4. A responsive, family-friendly workplace for parents</li> <li>5. Responsible, nonviolent and educational TV programming on all major networks</li> <li>6. Safe, supportive neighborhoods where learning can take place</li> <li>7. A society where there is a web of supports for families and greater intergenerational connections.</li> </ol> <p>Compelling research on the long term benefits of early care and education and family support, new targeted federal monies, and the statewide reallocation of social services block grant offer rationale for prioritizing this field of service.</p>	<ol style="list-style-type: none"> <li>1. Consider parents to be teachers; develop a system of family support and education which includes universal home visits prenatally through transition into Kindergarten; assure high quality through proven training and evaluation.</li> <li>2. Support expanded parent training and parent education at every possible community touchpoint, utilizing and valuing hands-on, parent child interaction.</li> <li>3. Support expanded A&amp;OD screenings for parents</li> <li>4. Support developmental screening and follow-up services for all children starting at birth</li> <li>5. Build on current infrastructure to develop a system of services to support young children and their families, including: <ol style="list-style-type: none"> <li>a. Expand Head Start to become prenatal to 5 years, including families up to 133% poverty; coordinate with child care system and schools.</li> <li>b. Expand number of PCDC's; expand PCDC's to serve children through age 5; explore possibility of child care centers as possible PCDC's.</li> <li>c. Integrate expanded community health nurse services with home visits from parent educators and the services available at PCDC's.</li> <li>d. Maintain a child-focused tracking system, providing connections &amp; coordinating services.</li> <li>e. Develop a means for families to transition between systems (ie. child care and school).</li> <li>f. Assure that schools are ready for children, have a developmentally appropriate curriculum and reach out to parents' involvement.</li> <li>g. Increase compensation for people working with young children.</li> <li>h. Increase family literacy</li> <li>i. Expand social &amp; support networks for parents.</li> <li>j. Decrease young children's exposure to violence.</li> <li>k. Increase number of trained child care providers.</li> <li>l. Increase awareness among businesses of the value of a family friendly workplace.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>4. Contract with local agencies to provide direct services</li> <li>5. Research national models of well evaluated parent education/home visiting programs; work with PCDC's, child care centers, to implement.</li> <li>6. Develop and implement a policy calling for universal screening at birth and throughout early childhood</li> <li>7. Develop and implement a transition plan for children as they move from home to child care to preschool to school; assure developmentally appropriate practices at each stage. <ol style="list-style-type: none"> <li>a. Contract for transition specialists to work with children and parents</li> <li>b. Conduct community education about what kids need for school</li> <li>c. Work with schools to assure they are prepared to receive children</li> </ol> </li> <li>8. Establish an Early Care and Education Council to advise the Commission</li> <li>9. Establish an office of Early Care and Education within the County</li> <li>10. Expand the Child Care Resource Teams to one for each two districts; include a transition specialist on each team.</li> <li>11. Advocate for better regulation and high requirements for child care providers</li> <li>12. Focus on the role of fathers. Conduct fathers groups at PCDC's.</li> <li>13. Conduct positive public communications campaign with the Oregonian Family Section and other media avenues</li> <li>14. Host a conference on Early Care and Education</li> <li>15. Set standards to assure that PCDC's remain neighborhood focused</li> <li>16. Advocate for full county funding of the six current PCDC's</li> <li>17. Maintain/expand N'hood Child Care Networks</li> <li>18. Collaborate with Head Start as it expands</li> <li>19. Conduct a community education campaign about the effects of violence on young children</li> </ol>	<ol style="list-style-type: none"> <li>1. School districts (K-3 reps, ECE reps)</li> <li>2. Metro Child Care Resource and Referral</li> <li>3. PCDC's</li> <li>4. Oregon Association for the Education of Young Children</li> <li>5. Head Start</li> <li>6. Region X Administration for Children, Youth and Families</li> <li>7. Dell Ford, State Dept. of Ed.</li> <li>8. Community Colleges</li> <li>9. Multnomah Education Service District</li> <li>10. Portland State U.</li> <li>11. Warner Pacific College</li> <li>12. United Way</li> <li>13. Child Care Providers</li> <li>14. Community Health Nurses/Health Dept.</li> <li>15. Hospitals</li> <li>16. Parent Cooperative Preschools of Oregon</li> </ol>	<ol style="list-style-type: none"> <li>1. 12 % of MCCF funds</li> <li>2. Also, funding and other resources come from the following partners, in amounts yet to be identified: <ol style="list-style-type: none"> <li>1. Multnomah County</li> <li>2. Head Start</li> <li>3. Federal Family Support and Preservation Program</li> <li>4. School Dists</li> <li>5. ODE</li> <li>6. United Way</li> <li>7. Catholic Community Services</li> <li>8. Jewish Federation of Women</li> <li>9. Portland State University</li> <li>12. Child Care Devel'mt Block Grant</li> <li>13. Private foundations incl. OCF</li> </ol> </li> </ol>	<p>Local notable programs include:</p> <ol style="list-style-type: none"> <li>1. Parents as Teachers program at Eastwind</li> <li>2. Parent-Child Services (Head Start 0-3)</li> <li>3. Event Start (Mount Hood Community College)</li> <li>4. Child Care Resource &amp; Referral Team</li> <li>5. Child Care Neighborhood Networks</li> <li>6. the concept of the Parent-Child Development Centers</li> </ol> <p>Local issues include:</p> <ol style="list-style-type: none"> <li>1. How will current funding for Parent-Child Development Centers (PCDCs) be used to impact a child's ability to be prepared for kindergarten?</li> <li>2. Should the PCDC's embrace a well evaluated model of parent education such as Parents as Teachers?</li> <li>3. How can this community make high quality early care and education a norm?</li> </ol> <p>Strong local advocacy will be needed to fully tap substantial federal resources that are available</p> <p>"Human Beings learn along a logarithmic curve. And, it is estimated that one half of all our knowledge, our life's knowledge, is locked in during the first year."</p> <p>—Foster Kline, Understanding and Treating the Severely Disturbed Child, 1979.</p>

ISSUE: Teen pregnancy

LEAD OBJECTIVE: To reduce the incidence of teen pregnancy in Multnomah County

BENCHMARK: By (date), x % or fewer of all girls ages 10 - 17 in Multnomah County will become pregnant.

INDICATOR: Multnomah County Health Department birth records

## TEEN PREGNANCY BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>During the last decade the rate of teen pregnancy in Multnomah County has both risen and fallen, only moderately, from a high of 32.5 pregnancies per 1,000 females aged 10-17 to a low of 26.8. In any event this is far from the statewide benchmark of 9.8 per 1,000.</p> <p>Multnomah County's teen pregnancy rate is among the highest of 36 other counties in the state.</p> <p>Among current scientific literature on the subject, there is an extensive study by Deborah Boyer, Ph.D., University of Washington, correlating teen pregnancy with child abuse. In her research Dr. Boyer determined that 62% of a sample of 535 pregnant teens had been sexually molested or raped prior to the pregnancy.</p> <p>The developmental delays and significant skills deficits experienced by most abused young people place young females at an increased risk for becoming pregnant at a time that they are unprepared to care for a child (or even for themselves).</p> <p>Traditional pregnancy prevention strategies (abstinence promotion and/or contraceptive services) is particularly unhelpful to developmentally delayed young women (and perhaps young men).</p> <p>Some young women get pregnant intentionally to provide themselves an exit from an abusive home, since pregnancy makes them eligible for public assistance in establishing independent living.</p> <p>Many pregnant teens were impregnated by males much older than 20 years.</p> <p>Most pregnancy prevention activities are developed by and for females, with males playing an extremely limited role.</p>	<ol style="list-style-type: none"><li>1. Develop a demonstration project in selected, targeted populations, coupled with rigorous evaluation</li><li>2. Conduct public education and social marketing</li><li>3. Expand the options available to young women seeking to escape victimization</li><li>4. Prevent victimization in girls and young women</li><li>5. Increase peer education/primary prevention activities in both school, non-school settings</li><li>6. Conduct resource development/community development &amp; coordination activities</li><li>7. Establish a small programs support pool</li><li>8. Expand system coordination and interagency collaboration</li><li>9. Increase structured, no-cost/low-cost, social opportunities for teens/young adults</li><li>10. Educate men and boys, and girls and young women, on social responsibility, sexuality, parenting, and relationships</li><li>11. Develop adolescent mentors in the community (peer to peer programs)</li><li>12. Support implementation of the Denmark model (build community self sufficiency; validate families; organize to accommodate families)</li><li>13. Expand child abuse intervention, including early ID of victims, provision of mental health and other services</li><li>14. Provide occupational therapy support for remedial developmental growth</li><li>15. Provide community service and/or employment opportunities for girls and young women who have first hand experience with the issue</li><li>15. Provide pre-employment/employment skill-building programs for girls and young women and young men and boys</li></ol>	<ol style="list-style-type: none"><li>1. Contract with local agencies to provide direct services and in-depth program design &amp; evaluation</li><li>2. Promote the belief that parenting is both a joy and a responsibility, requiring preparation and commitment (parent readiness) through public education and social marketing</li><li>3. Promote the norm that parenting is both a joy and a responsibility shared equally by two parents</li><li>4. Conduct community conversation around the need to distinguish between strategies which have been proven to be effective, strategies which have been proven to be ineffective, and strategies which have not been evaluated</li><li>5. Conduct community conversation around the need to begin talking openly and constructively about sensitive and/or controversial issues, like youth sexual activity, incest, contraception, values and morality, and parent's rights</li><li>6. Advocate for increased economic and legal responsibility for males who impregnate</li><li>7. Advocate for more employment and other opportunities for girls and young women, as an alternative to "pregnancy as a way out"</li><li>8. Conduct community education on the related issues of child abuse, domestic violence, and alcohol and other drug abuse</li><li>9. Conduct community discussion on the role of men as parents</li><li>10. Work with shopping malls to find collaborative opportunities for young adults to socialize</li><li>11. Promote the use the Carrera model</li></ol>	<ol style="list-style-type: none"><li>1. Shopping malls</li><li>2. Schools</li><li>3. Teen moms, and teens who have made other choices</li><li>4. MC Network on Teen Pregnancy and Young Parenting (including the prevention committee and the young parent caucus)</li><li>5. County Commissioner Dan Saltzman</li><li>6. Oregonian; culturally specific newspapers</li><li>7. Portland Parks &amp; Recreation</li><li>8. Multnomah County Health Department</li><li>9. Ore. Teen Pregnancy Task Force</li><li>10. School-based health clinics</li><li>11. HIV prevention outreach services</li><li>12. Tri-county Youth Services Consortium</li><li>13. Planned Parenthood</li><li>14. Boys and Girls Clubs</li><li>15. Salvation Army</li><li>16. Self Enhancement</li><li>17. Employment programs (PIC, Steps to Success, Job Corps)</li><li>18. Child Care Council</li><li>19. Gang related community-based organizations</li><li>20. GIFT program</li></ol>	<p>9 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"><li>1. Multnomah Co. Health Department and other divisions &amp; departments</li><li>2. United Way</li><li>3. Private foundations</li><li>4. Oregon Health Division</li></ol>	<p>In 1993, before the founding of the Multnomah Commission on Children and Families, the Multnomah County Children and Youth Services Commission selected teen pregnancy prevention as one of its lead benchmarks.</p> <p>The Multnomah County Health Department is involved significantly in reducing teen pregnancy, with both social and medical services provision.</p> <p>A few local peer-to-peer programs communicate through youth-culturally appropriate venues, including Planned Parenthood's "Teens &amp; Company," Youth Unlimited's various video productions, and Project Action's social marketing campaign around using condoms and their teen-to-teen skills building workshops for diverse cultures.</p> <p>Confusion predictably arises within programs without a clear mission and the ability to answer the question: "What are we trying to accomplish?"</p> <p>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? Create new values?</p>

ISSUE: Child abuse and neglect

LEAD OBJECTIVE: To reduce the incidence of child abuse/neglect

BENCHMARK: By (date), x % or fewer of all young people under 18 years in Multnomah County will be abused or neglected

INDICATOR:

# CHILD ABUSE/NEGLECT BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Child abuse in Multnomah County has both risen and fallen 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 it was 13.3.</p> <p>Abuse statistics only reflect incidents reported to Children's Services Division (CSD); under-reporting probably skews both gross numbers and demographics.</p> <p>Indicators point to more severe stress in families and a correspondingly increased vulnerability to abuse for children in those families. A recent CSD report found alcohol and other drug problems to be pervasive in families where children have been removed due to abuse.</p> <p>Infants comprise the largest single age class of victims, reflecting several factors:</p> <ol style="list-style-type: none"> <li>1. More babies are born drug affected</li> <li>2. The age group is inherently vulnerable</li> <li>3. Family stress is high at time of birth</li> </ol> <p>Females represent 57% of Oregon's victims of sexual abuse, mental injury, and threat of harm. Parents are the perpetrators in 59% of all abuse; familial abusers constitute 85% of all cases.</p> <p>Abuse has primary linkages to early, single parenting; alcohol and other drug abuse; unemployment; parental criminal involvement; major child care responsibilities; a parent having been abused as a child; and domestic violence.</p> <p>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. Occupational therapy has been suggested as a potential discipline for remediating developmental deficits.</p>	<ol style="list-style-type: none"> <li>1. Expand community-based, in-school programming, such as Community Advocates, that teach children about how they can safely respond to unwanted touching</li> <li>2. Develop respite care ("time -outs") for parents under high stress</li> <li>3. Develop a "safe haven" in every school where a young person can go to confide in a trustworthy, non-judgmental adult</li> <li>4. Support the development of extended families, including foster grand parent programs</li> <li>5. Provide home visits by Community Health Nurses (CHN) to all newborns</li> <li>6. Increase access to stable, quality child care</li> <li>7. Develop programs to support young people's self-esteem, particularly supporting them in asking for what they want ("I need a meal; I need a safe place to live; I need some shoes")</li> <li>8. Support parent screening for AODA</li> <li>9. Expand developmental screening, starting at birth, for all children; offer follow-up services</li> <li>10. Support continuing, developmental parent education from prenatal on, that relies on and values hands-on, parent-child interaction, including Parent Child Development Centers</li> <li>12. Expand Head Start to become prenatal to 5 years including people under 133% poverty</li> <li>13. Support the development of transition teams - helping families bridge the change from a child being "at home" to being "in school"</li> <li>14. Expand PCDCs; explore feasibility of child care centers as potential PCDC sites (with HS \$)</li> <li>15. Support the beginning of PCDC dad's group</li> <li>16. Expand services of CHNs &amp; outreach workers</li> <li>17. Expand home visiting to a universal practice</li> <li>18. Expand social &amp; support networks for parents</li> <li>19. Expand therapeutic nurseries</li> <li>20. Support screening and assessment with kindergarten teachers (check with Oregon Association for the Education of Young Children)</li> </ol>	<ol style="list-style-type: none"> <li>1. Contract with local agencies to provide direct services</li> <li>2. Promote Parent-Child Development Centers as services with a local neighborhood focus</li> <li>3. Conduct community conversations/education on "what is child abuse and neglect?" and advocate for a broad, community-wide understanding of the terms, using both the formal CSD definition, and a more comprehensive social definition</li> <li>4. Conduct community education on the statutory reporting responsibilities of youth and family serving professionals</li> <li>5. Train community providers to better recognize and respond to risk and protective factors, and symptoms of abuse/neglect</li> <li>6. Advocate/conduct community education for a community-wide norm: "We value children"</li> <li>7. Advocate for children valuing each other</li> <li>8. Conduct positive public communications through the Oregonian Family Section</li> <li>9. Collaborate with Head Start/Child Care system</li> <li>10. Advocate for kindergartens to be developmentally appropriate</li> <li>11. Advocate for a child focused tracking system, connecting and coordinating people &amp; services</li> <li>12. Advocate for thinking of parents as teachers</li> <li>13. Develop policy of universal hospitals' screening</li> <li>14. Advocate within school districts for the kindergarten transition to be developmentally appropriate</li> <li>15. Conduct community education about what kids need for school</li> <li>16. Provide meaningful recognition to media, other businesses that support children &amp; families.</li> <li>17. Define the circumstance of a child living in a home experiencing domestic violence as being child abuse</li> <li>18. Define chronic developmental neglect as a form of child abuse</li> <li>19. Institute a system of parent education with training &amp; eval; review national models</li> </ol>	<ol style="list-style-type: none"> <li>1. School districts (K-3 reps, ECE reps)</li> <li>2. Child Care providers</li> <li>3. Oregon Association for the Education of Young Children (OAEYC)</li> <li>4. OSU Extension Service</li> <li>5. CASA (Court Appointed Special Advocates)</li> <li>6. Community Advocates</li> <li>7. Children First for Oregon</li> <li>8. Association for Portland Progress</li> <li>9. Schools</li> <li>10. Pam Patton</li> <li>11. Dr. Sudge Budden</li> <li>12. Housing Authority of Portland Drug Elimination Team</li> <li>13. Jan Bays, Emanuel CARES Program</li> <li>14. Mental Health providers, public &amp; private</li> <li>15. CSD</li> <li>16. Multi-disciplinary Teams</li> </ol>	<p>12 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> <li>1. Multnomah County (Health Dept., Mental Health programs, Community &amp; Family Services Division)</li> <li>2. Child Protective Services of the Oregon Children's Services Division</li> <li>3. Multi-disciplinary teams</li> </ol>	<p>Extensive research points to a strong relationship between parent education and support and a reduction of child abuse. Parents as Teachers and Healthy Start are 2 programs that have been thoroughly evaluated.</p> <p>Research indicates that parents' psychological maturity is associated with their emotional well being and more sensitive parenting.</p> <p>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 are more harsh and negative when interacting with infants.</p> <p>Local programs which are providing quality parent education and training include:</p> <ol style="list-style-type: none"> <li>1. VOA's Therapeutic Nursery</li> <li>2. Eastwind's "Parents as Teachers" at their PCDC</li> <li>3. Community Advocates "Kids Can" program</li> </ol> <p>Quality secondary prevention services for local children and families affected by child abuse and neglect are provided by CASA (Court Appointed Special Advocates) which is a model for utilizing highly trained and screened community volunteers to deliver social services.</p>

ISSUE: Domestic violence

LEAD OBJECTIVE: To reduce the incidence of domestic violence against spouses or domestic partners and children

BENCHMARK: By (date), x % or fewer of all families in Multnomah County will experience domestic violence

INDICATOR:

# DOMESTIC VIOLENCE BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Mothers are up to eight times more likely to physically abuse a child when they are in a violent relationship.</p> <p>At least 3.3 million children in the US. between 3 and 17 years are annually at risk of exposure to parental violence.</p> <p>In homes where domestic violence occurs, children are abused at a rate 1,500% higher than the national average.</p> <p>45% - 75% of men who batter women also batter their children. The presence of spouse abuse is the single risk factor most identifiably predicting child abuse.</p> <p>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.</p> <p>At least 8% of pregnant women are battered during pregnancy; are 2 times as likely to miscarry; and 4 times as likely to have low birth weight infants who are 40% more likely to die in the first year.</p> <p>In Oregon, 41% of child fatalities and critical injuries from abuse/neglect occur in families with adult domestic violence.</p> <p>In one study, 85% of children from violent homes admitted to a drinking problem starting as early as age 11. Over 50% of them had used methamphetamines or marijuana, and 10% were habitual users.</p> <p>Witnessing parental violence is a greater predictor of perpetrating or being the victim of wife abuse than being abused as a child.</p> <p>Youth reporting spousal violence between their parents have a higher rate of violence in their dating relationships.</p>	<ol style="list-style-type: none"> <li>Expand the availability of early intervention through well-trained medical, religious and other outreach personnel.</li> <li>Create a system of routine cross-assessment by child abuse and domestic violence professionals.</li> <li>Expand knowledge of DV issues among school counselors and teachers, alcohol and drug counselors, public health personnel, the religious and business communities and the general public.</li> <li>Expand conflict resolution skills trainings and sex/partnership education which addresses sexism through school curricula and within the activities of religious youth groups.</li> <li>Expand group treatment services designed for children and youth in violent homes (see Hawaii model).</li> <li>Ensure access to relevant services for every racial and ethnic community and to people with special needs.</li> <li>Expand the availability of safe shelter, transitional housing and victim services commensurate with the need.</li> <li>Foster the development of more safe places throughout the community.</li> <li>Reduce family stress by connecting people to family centers (food, housing, employment)</li> <li>Make community members more informed about resources, through a community resource book or other methods</li> <li>Provide social and support networks for parents to reduce isolation</li> <li>Increase availability of A&amp;D screening and treatment</li> <li>Support qualified violence diversion programs and sexual abuse treatment programs</li> </ol>	<ol style="list-style-type: none"> <li>Contract with local agencies to provide direct services</li> <li>Support a public educational campaign about causes, detection, effects and potential solutions to DV.</li> <li>Create a community norm of violence free relationships.</li> <li>Provide routine safety planning by all points of community contact.</li> <li>Provide information about DV and resources at all prenatal &amp; OB/GYN visits.</li> <li>Provide neighborhood educational forums on domestic violence and how to stop it.</li> <li>Coordinate the with the work of other violence prevention activities, including those lead by County Commissioner Sharron Kelley.</li> <li>Advocate for media presenting images of healthy male-female relationships; open/honest discussions of domestic violence; women portrayed as more than sexual objects; and an understanding of the dynamics of power</li> <li>Conduct community education on dynamics of domestic violence, sexism, A&amp;D, rape</li> <li>Develop policies (laws) putting teeth into restraining orders, protecting women who are stalked. Support mandatory arrest laws</li> <li>Train providers to treat domestic violence as real, not as a mythical, distant issue; and to recognize/target risk and protective factors.</li> <li>Support policies of removing the abuser, not the abused, from the home</li> <li>Identify sexism as one cause of violence against women</li> <li>Conduct community education on the cycle: violence at home leads to youth fleeing home, becoming victims and/or perpetrators</li> </ol>	<ol style="list-style-type: none"> <li>Bradley Angle House</li> <li>Raphael House</li> <li>West Women &amp; Children's Shelter</li> <li>Women's Resource Center YWCA</li> <li>Portland Women's Crisis Line</li> <li>Community Advocates for Safety &amp; Self Reliance</li> <li>Children First</li> <li>Multnomah County Legal Aid</li> <li>Multnomah Bar Association Young Lawyers &amp; Volunteer Lawyers Projects</li> <li>Oregon Coalition Against Domestic &amp; Sexual Violence</li> <li>Multnomah Co. Family Violence Intervention Steering Committee</li> <li>OHSU</li> <li>Nursing Schools</li> <li>Child Abuse Unit</li> <li>Mult. Co. Health Dept.</li> <li>Physicians for Social Responsibility</li> <li>Domestic Violence Reduction Unit, PPB</li> <li>United Way</li> <li>Portland Rotary</li> <li>Ecumenical Ministries</li> <li>Lesbian Community Project</li> <li>International Refugee Center</li> <li>SOAR</li> <li>Urban League</li> <li>Coalition of Black Men</li> </ol>	<p>9 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> <li>Multnomah County Health Department, Community Action Program Office, others.</li> <li>Oregon Medical Association</li> <li>City of Portland</li> <li>United Way</li> <li>Physicians for Social Responsibility</li> </ol>	<p>Children are victimized by domestic violence in 3 ways:</p> <ol style="list-style-type: none"> <li>They are invisible victims: Witnessing one parent beat another causes immediate and long term trauma.</li> <li>They are accidental victims: They are often hit trying to protect a parent or when they simply get in the way.</li> <li>They are intentional victims: Battering husbands also batter children; mothers in a violent relationship are far more likely to abuse a child.</li> </ol> <p>Existing Services:</p> <ol style="list-style-type: none"> <li>Services for children from violent homes are virtually nonexistent.</li> <li>Community Advocates for Safety &amp; Self-Reliance has piloted a puppet show in the elementary grades, followed by a 6 to 8 week curriculum on domestic violence.</li> <li>Grassroots DV programs have developed middle/high school curricula addressing DV &amp; teen dating violence.</li> </ol> <p>Other notable activities are by the OMA, Portland Rotary, the DA &amp; Portland Police, PHNs, Mult. Co. Family Violence Intervention Steering Comm., Ore. Multi-disciplinary Council.</p> <p>Victim services are chronically underfunded. Locally 90% of women and children seeking shelter are turned away; ethnic and racial minorities particularly.</p>

ISSUE: Prenatal care

LEAD OBJECTIVE: To increase the incidence of adequate prenatal care

BENCHMARK: By (date), x % or fewer of all babies in Multnomah County will be born to a mother who has not received adequate prenatal care

INDICATOR:

**PRENATAL CARE BENCHMARK**

**Multnomah Commission on Children and Families**

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>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.</p> <p>Multnomah County's infant mortality rate averaged 10.3 per 1,000 for the ten year period 1981-91. For 1991 it was 10.9</p> <p>The issue is not one of needing more services. Within the full range of professional/paraprofessional providers (OBs, midwives, lay mid-wives, etc.) there exists an ample service capacity. Instead the issue is access. Multnomah Co. Health Dept. has identified 2 main factors limiting access to adequate prenatal care:</p> <p><b>1. Limited financial access</b> 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.</p> <p><b>2. Not understanding the importance</b> Many people don't realize how important quality prenatal care is, and why, and how and where to get it. Additionally, people affected by alcohol and other drugs may be uncomfortable seeking care at the very time it's most important.</p> <p>The Campbell Institute for Children has cited several studies which set the cost of adequate prenatal care at \$400 per woman, while a conservative cost for medical response to a low birth-weight baby is more than \$30,000 per infant.</p>	<ol style="list-style-type: none"><li>1. Increase the capacity of family centers to be prepared to help young women access prenatal care which is adequate to their needs and culturally relevant to their lives</li><li>2. 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.</li><li>3. Increase cultural competence among service providers and referring sources, so that more African-American women will feel encouraged to seek care.</li><li>4. Develop stronger ties, both within the system of care and within the viewpoints of pregnant women and their support system, between quality prenatal care and treatment for issues related to alcohol and other drugs</li><li>5. Expand the availability of different models of prenatal care, including patient education, drop-in care, alternatives to physician's care</li><li>6. Create more family-friendly environments in care settings, by ensuring that technical language is "translated" to patients' experiential language</li><li>7. Advance the concept of every family needing a "health home"</li></ol>	<ol style="list-style-type: none"><li>1. Coordinate efforts with the County Health Department</li><li>2. Advocate for reducing barriers to access: transportation, availability, culturally appropriate services, language, etc.</li><li>4. Conduct community education to help people understand the importance of prenatal care</li><li>5. Conduct outreach on where to find clinics and how to go to and use the services of a clinic.</li><li>6. Advocate for clinic environment to be user friendly, fun, comfortable, child-friendly</li><li>7. Promote the integration of services related to alcohol and other drugs with prenatal care services</li></ol>	<ol style="list-style-type: none"><li>1. School-based Health Clinics</li><li>2. March of Dimes</li><li>3. Pregnant women who use prenatal care</li><li>4. Hospital systems</li><li>5. Outside In prenatal care services</li><li>6. NE Neighborhood Health Clinic. Midwives</li><li>7. MaryAnn Curry, OHSU</li><li>8. Community based organizations</li><li>9. Mariah Taylor</li><li>10. Community agents in specific populations</li></ol>	<p>12 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"><li>1. Multnomah County</li><li>2. WIC program (Federal \$)</li></ol>	<p>The need for African-American women to gain access to prenatal care is far higher than for all other populations, as measured by every birth outcome measure and related indicator tracked by the Health Department.</p> <p>Percent of no prenatal care is more than 3 times higher for NE African-American women than countywide. They also have higher teen birth weights, a greater proportion of all births occurring to teens, and a higher percentage of births to unmarried mothers.</p> <p>The urgent need for increased prenatal care services among NE African-American women is particularly acute given the demographic characteristics of the population (1 in every 3 African-American woman is under the age of 15 and moving toward child bearing years).</p>

ISSUE: Drug affected babies

LEAD OBJECTIVE: To reduce the incidence of drug affected babies

BENCHMARK: By (date), x % or fewer of all babies in Multnomah County will be born drug affected

INDICATOR:

**DRUG AFFECTED BABIES BENCHMARK**

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Drug-affected babies result from pregnancy of an alcohol and/or drug abusing or addicted woman. Reduction of drug-affected babies is, therefore, tied to reduction of chemical abuse among women of child-bearing age.</p> <p>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.</p> <p>Some child-care programs have been made available to women in treatment, with some targeted outreach to ethnic and cultural populations at increased risk.</p> <p>Treatment on demand is not available.</p> <p>Universal testing research indicates the incidence of drug-affected babies to be 10% - 11% of pregnancies. Most normal reporting systems under-identify. A new study is under way in Oregon.</p> <p>A high percent of chemically dependent women were sexually abused as children.</p>	<ol style="list-style-type: none"><li>1. Increase the availability of earliest identification and referral by health care workers and others</li><li>2. Increase the availability of thorough assessments and referrals to intervention (both residential and day-treatment) services by chemical dependency specialists</li><li>3. Increase community knowledge, at lay and professional levels, about the efficacy and cost-effectiveness of chemical dependency treatment</li><li>4. Expand child care and other parent support services for women and families receiving or in need of treatment</li><li>5. Expand the services of parent training and education to include a more in-depth consideration of the impact of prenatal use of alcohol and other drugs on fetal and early child development</li><li>6. Expand drug-testing to include alcohol so that women from lower socio-economic and certain ethnic groups may be more fully assessed.</li><li>7. Increase availability of holistic treatment services that treat the whole family, as opposed to services which view either the baby or the mother as the client.</li><li>8. Expand social and employment support, and alcohol/other drug treatment services, within the women's corrections system to include all women, since some evidence indicates that women inmates are aware that often the only way to get help is to get pregnant.</li><li>9. Expand prenatal screening services</li><li>10. Expand programs to include longer term follow-up and after care</li><li>11. Build on existing mentorship programs for young people</li></ol>	<ol style="list-style-type: none"><li>1. Contract with local agencies to provide direct services</li><li>2. Develop policy relating to universal testing of pregnant women (a controversial concept)</li><li>3. Conduct community education on a variety of topics concerning risk factors and resource availability</li><li>4. Integrate earliest possible assessment and referrals into system-wide protocols</li><li>5. Conduct cross disciplinary training on risk factors, needs assessments and referrals</li><li>6. Advocate for media to discourage alcohol advertising</li><li>7. Advocate for positive role models for young women in the media</li><li>8. Assure that all services are culturally appropriate and that all service staff are culturally competent and sensitive to the needs of a multicultural clientele</li><li>9. Support drug-free housing/zones/schools</li><li>10. Develop policies supporting longer time for rehab services</li></ol>	<ol style="list-style-type: none"><li>1. A&amp;D Program Office: Target Cities program (provides treatment for pregnant mothers and women of child-bearing age.)</li><li>2. Parent Child Development Centers (PCDC) as early identification &amp; intervention sites</li><li>3. School-based Health Clinics as an early identification &amp; intervention sites</li><li>4. Multnomah County Health Department including HIV programs, A&amp;D Program Office</li><li>5. Cascade AIDS Project</li><li>6. Outside In</li><li>7. Lettie Owens House (EMO residential addiction treatment program for pregnant women)</li><li>8. VOA treatment for women with children</li><li>9. CODA treatment for women with children</li><li>10. Jean Sobie (per Wanda Silverman)</li><li>11. Project Network</li><li>12. OHSU</li><li>13. ADAPT</li><li>14. Schools (especially the A&amp;D staff)</li><li>15. March of Dimes</li><li>16. Gang related community-based organizations</li></ol>	<p>7 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"><li>1. Multnomah County</li><li>2. Ecumenical Ministries of Oregon (EMO)</li></ol>	<p>START in the County Health Department refers women receiving prenatal care who are identified as needing chemical dependency treatment to Community Health Nurses who get them into treatment and do follow up case management post treatment.</p> <p>ADAPT is a corrections program that provides intervention and treatment in jail with post release follow up services.</p>

ISSUE: Quality child care

LEAD OBJECTIVE: To increase the number of child care providers meeting quality standards

BENCHMARK: By (date), x % or fewer child care slots in Multnomah County will be delivered by providers not certified as meeting minimum qualifications

INDICATOR:

# CHILD CARE BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Developmentally appropriate child care is the number one goal of the nation's education system.</p> <p>Child care is impacted by 3 core issues:</p> <ol style="list-style-type: none"> <li>1. Accessibility</li> <li>2. Affordability</li> <li>3. Quality</li> </ol> <p>Since this benchmark seeks to increase the number of child care providers meeting quality standards, it is significant to note that quality is impacted by:</p> <ol style="list-style-type: none"> <li>1. The setting of high and consistent standards</li> <li>2. Provider training and technical assistance</li> <li>3. Implementation of developmentally appropriate practices</li> <li>4. Provider compensation</li> <li>5. A system of monitoring compliance with established standards</li> </ol> <p>Child care workers 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.</p> <p>Child care workers 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.</p> <p>Only recently (7/93) in-home child care became subject to licensing requirements. 80% of child care in Oregon is provided in-home.</p> <p>Child care resources for parents in treatment is not adequately developed.</p>	<ol style="list-style-type: none"> <li>1. Implement and expand the many projects already developed in the Child Care Development Block Grant Plan</li> <li>2. Expand the Resource Fund</li> <li>3. Expand for the Loan Fund</li> <li>4. Increase the supply of school age child care</li> <li>5. Support and expand the local Child Care Resource &amp; Referral system</li> <li>6. Maintain &amp; expand the Child Care Network</li> <li>7. Maintain &amp; expand the Resource Team</li> <li>8. Increase the overall worker's compensation within the child care service system for services meeting quality standards</li> <li>9. Develop and implement a regulatory system to maintain high and consistent standards for services</li> <li>10. Integrate State training plan into Multnomah County</li> <li>11. Increase community awareness of child care as an economic development issue, affecting the quality and availability of the workforce in the area</li> <li>12. Expand awareness of developmentally appropriate practices among parents and providers</li> <li>13. Expand parents abilities to locate and evaluate quality child care services, and their appreciation for such services</li> <li>14. Increase providers abilities to meet quality standards and to conduct their services in a businesslike and profitable manner</li> </ol>	<ol style="list-style-type: none"> <li>1. Contract with local agencies to provide direct services</li> <li>2. Coordinate services and resources through expansion of existing mechanisms</li> <li>3. Advocate in the legislature for system funding and development, including support for resource and referral organizations, and for higher licensing standards</li> <li>4. Call for planning and community consideration for the need for school age child care services</li> <li>5. Advocate for high and consistent standards and for services regulation</li> <li>6. Coordinate with welfare reform (moms getting off ADC might become child care providers)</li> <li>7. Explore structured recreation as a school age child care service</li> <li>8. Evaluate market rates in this county</li> <li>9. Establish a financing subcommittee of bankers, business and economic development interests, City, County, etc. to address full cost of care</li> <li>10. Advocate for industry and government to develop a child care development fund</li> <li>11. Examine models in other communities</li> <li>12. Conduct community education on the important role of care providers in childrens' development</li> <li>13. Develop policies supporting child care as being an integral part of the social service system</li> <li>14. Develop policy recognizing and calling for the development of a child care system coordinator position, supported within a child care-specific county work unit, similar to the state)</li> <li>15. Establish a PCDC relationship w/child care; for example explore the possibility of a voucher from a PCDC for drop-in care at local child care center</li> </ol>	<ol style="list-style-type: none"> <li>1. Association for Portland Progress</li> <li>2. Portland Parks and Recreation</li> <li>3. Mount Hood Community College</li> <li>4. PCC</li> <li>5. PSU</li> <li>6. Oregon Child Care Commission</li> <li>7. Oregon Office of Child Care</li> <li>8. Business: Hanna Anderson, Powells Books</li> <li>9. OAEYC</li> <li>10. Child Care Network</li> <li>11. Child Care Resource &amp; Referral system</li> <li>12. Oregon Association of Child Care Center Directors</li> <li>13. Provider Resource Organization (PRO)</li> </ol>	<p>3 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> <li>1. Multnomah County</li> <li>2. General Corporate citizens</li> <li>3. Banks, other lending institutions</li> </ol>	<p>The Metro Child Care Resource &amp; Referral system provides the infrastructure for child care in the Tri-County area, providing technical assistance, referral, training, advocacy and resources for both providers and parents.</p> <p>Peninsula Child Care Center and Volunteers of America (VOA), Helen Gordon Child Development Center, and Fruit and Flower provide models of quality care.</p> <p>Priority needs in Multnomah County include:</p> <ol style="list-style-type: none"> <li>1. Increased coordination</li> <li>2. More infant &amp; toddler care</li> <li>3. Respite care</li> <li>4. Provider resources</li> <li>5. Technical assistance</li> <li>6. Business/employer support and involvement</li> </ol> <p>As family wages jobs decrease there is an increasing number of unsupervised school aged children</p>

ISSUE: Poverty

LEAD OBJECTIVE: To increase the number of families living above the poverty line

BENCHMARK: By (date), x % or fewer of families in Multnomah County will live below 100% of the federal poverty line

INDICATOR:

**POVERTY BENCHMARK**

**Multnomah Commission on Children and Families**

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Of all the underlying causes of social distress, poverty is possibly the most pervasive cause, the most frequently addressed cause in social service programs, and the matter of greatest political focus.</p> <p>Entire program systems, on both national and international levels have sought to remediate and eliminate poverty, with varying degrees of effectiveness.</p> <p>Within each county in Oregon there is an appointed citizens body called the Community Action Commission, which has the primary charge in that county to counteract the root causes of poverty and to provide services to individuals and families affected by it.</p> <p>The Multnomah Community Action Commission has an entire system of service centers and other programs to meet its goals.</p> <p>Multnomah County has an extensive homeless population, among which are many multi-need people.</p> <p>An estimated 10,184 families were living in poverty in Multnomah County in 1990 according to the Oregon Progress Board. This was approximately 15% of all families.</p>	<ol style="list-style-type: none"><li>1. Expand employment training at community colleges for jobs that pay family wage jobs</li><li>2. Expand availability of affordable housing of adequate size</li><li>3. Develop PDC-type, low income loan programs</li><li>4. Increase the number of smaller units of housing</li><li>5. Increase the number of young people completing high school or equivalency programs</li><li>6. Expand the utilization of Extension Service to encourage home gardening and canning</li><li>7. Develop ways to integrate more manufactured homes into appropriate sites in communities</li><li>8. Increase the availability of affordable, quality child care</li></ol>	<ol style="list-style-type: none"><li>1. Coordinate with the Community Action Commission</li><li>2. Advocate in the legislature and locally for better pay for key services like child care</li><li>3. Review policies regarding permits, zoning, etc. which might be barriers to affordable housing</li><li>4. Review policies in home financing regarding sweat equity as a contribution towards down payments, monthly payments</li><li>5. Develop new policies concerning nontraditional living arrangements (for example, 2 families together)</li><li>6. Advocate for large, common, recreational spaces to support people who live in limited space housing</li><li>7. Advocate for an increase in the minimum wage</li><li>8. Advocate for progressive welfare reform</li><li>9. Advocate for universal health care coverage</li></ol>	<ol style="list-style-type: none"><li>1. Community Action Commission</li><li>2. PIVOT program</li><li>3. Job Corps</li><li>4. Alternative Schools</li><li>5. School Districts, including Superintendents, alternative education staff, and special education staff</li><li>6. Private Schools (Alternative Schools)</li><li>7. Private Industry Council (PIC)</li><li>8. Other private schools</li><li>9. Emergency Room Nurses</li><li>10. Trauma room personnel</li><li>11. Legacy/Emanuel (anti-gun program)</li><li>12. Oregon Peace Institute</li><li>13. Jan Bayse, Emanuel Hospital CARES program</li><li>14. Raphael House</li><li>15. West Women's &amp; Children's Shelter</li><li>16. Boys &amp; Girls Aid Society</li><li>17. EMO</li><li>18. Hispanic population</li><li>19. Asian Acculturation Center</li><li>20. United Way - Don Ballinger</li><li>21. Camp Fire</li><li>22. Scouts - Explorers</li></ol>	<p>0 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"><li>1. Multnomah County</li><li>2. Community Action Commission</li></ol>	<p>Among the poorest of the poor people in Multnomah County are those who are homeless. In planning for the needs of children and families it is urgent to not lose sight of the estimated 2,000 young people in the county each year who are without a home, without a family, and except for publicly provided health and social service supports, have absolutely no means for providing for their most basic urgent day to day needs of food, clothing, shelter, emergency health care, and safety.</p> <p>Since homeless, single youth (ages 12 to 18) are not traditionally, nor appropriately considered as part of the Oregon workforce, it is easy to miss them if we measure poverty on the basis of annual income.</p> <p>Since homeless, single youth can only survive by relying on public programming, or involvement in illegal, dangerous and developmentally damaging activities (like petty theft, working in prostitution and dealing in drugs) it's important to see that supporting their continuing development into adulthood will allow them to become productive, wage earning adults.</p>

ISSUE: Capable families

LEAD OBJECTIVE: To increase the number of families who are able to care for their own children

BENCHMARK: By (date), x % or fewer of all families in Multnomah County will not provide care for their children and will release them into substitute care

INDICATOR:

## CAPABLE FAMILIES BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Most people in Multnomah County hold a strong conviction that it is usually in the best interests of children to live with their families. In those limited number of cases when this is not possible or not advised, other arrangements must be made. One of these arrangements is foster care.</p> <p>Foster care here is defined as "the formal out-of-home placement of children in alternative residential settings."</p> <p>In 1993 2,342 families in Multnomah County received placements of children aged birth - 17 years from the Oregon Children Services Division (CSD).</p> <p>From a 1993 child population (birth - 17) of over 143,000, Multnomah County placed children in foster care at a rate of 16.29 per 1,000 children; the second highest among 36 Oregon counties.</p> <p>Some of the reasons why children are removed from their homes and placed in foster care include:</p> <ol style="list-style-type: none"><li>1. Neglect</li><li>2. Caregiver absent or incapacitated</li><li>3. Physical abuse</li><li>4. Sexual abuse</li><li>5. Legal offense</li></ol> <p>By far the majority of substitute care placements are made to foster family homes, selected and supported by CSD. Other living arrangements include group homes, shelters, and nonfinalized adoptive homes.</p> <p>Family crisis intervention (including needs assessment, family mediation, family and individual counseling, case management, and respite care) are some of the services that might help some families before "the breaking point."</p>	<ol style="list-style-type: none"><li>1. Expand family crisis intervention services to provide support and options for families near the "breaking point"</li><li>2. Expand parent education and support services</li><li>3. Increase respite care for families with children with special needs, teen parents, families needing or involved in treatment for alcohol/other drug abuse, and families at risk for abuse</li><li>4. Decrease domestic violence (see strategies for that benchmark)</li><li>5. Decrease child abuse (see strategies for that benchmark)</li><li>6. Decrease alcohol/other drug abuse (see strategies for that benchmark)</li></ol>	<ol style="list-style-type: none"><li>1. Contract with local agencies to provide direct services</li><li>2. Coordinate all activities with those under the other related benchmarks</li><li>3. Support the development of a diverse foster care/substitute care study group to study the current foster care system, and to seek opportunities to increase kinship placement</li></ol>	<ol style="list-style-type: none"><li>1. Oregon Commission on Children and Families and its related task groups</li><li>2. Other county commissions on children and families</li><li>3. Oregon Children Services Division (CSD)</li><li>4. Janus Youth Programs' Harry's Mother Program</li><li>5. Tri-county Youth Services Consortium</li></ol>	<p>12 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"><li>1. Multnomah County</li></ol>	<p>Major restructuring by the legislature of Oregon's children's services delivery system changes the way that substitute care placements will be developed and delivered in every county in the state, and presents local commissions with one of the most complex and immediate issues in recent time.</p> <p>Foster care services has been the responsibility of Children's Services Division (CSD) for over 20 years and now an entirely new system may need to be created.</p> <p>But in addition to looking at ways to reduce the number of foster care placements (by increasing the number of families who are able to care for their own children) other families need consideration as well. Among them are families with children with special needs such as those with developmental disabilities.</p> <p>For these families, reliable respite care may give them the support they need to continue to care for their child or children at home, avoiding institutional placement.</p>

**ISSUE:** Safe, stable housing for families

**LEAD OBJECTIVE:** To increase the number of families with children living in safe, stable housing

**BENCHMARK:** By (date), x % or fewer of all young people in Multnomah County will be without safe, stable housing

**INDICATOR:**

## HOUSING BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>In 1991 the participating jurisdictions of the Cities of Portland and Gresham, and Multnomah County, with the help of over 100 citizens, developed the first county-wide Comprehensive Housing Affordability Strategy or CHAS. Developing a CHAS document was then a federal requirement for any community seeking federal funds for housing purposes.</p> <p>An outcome of this efforts was the creation of the Housing and Community Development Commission (HCDC), an appointed, volunteer housing policy body for Multnomah County. The Multnomah Commission on Children and Families will want to develop a regular, meaningful connection with the HCDC as it pursues this benchmark.</p> <p>The CHAS document developed in 1991 was further refined in 1993, before the planning process was "retired" when the new Clinton administration streamlined federal mandates and no longer made the CHAS a required document.</p> <p>Still it provides some strong directions for supporting the existence of safe, stable housing.</p> <p>The 1991 CHAS established 3 primary principles regarding housing policy:</p> <ol style="list-style-type: none"> <li>1. Priorities should focus on providing housing for those with the greatest needs.</li> <li>2. Both public and private funds are required to meet community needs.</li> <li>3. There should be a direct relationship between the amount of public subsidy and the length of time that a housing resource remains affordable.</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase the involvement of the Multnomah Commission on Children and Families in the activities of other organizations that are charged with developing policy and supports for housing</li> <li>2. Increase the inclusion of developmental growth supports in all services for homeless youth so that as they move into independent living they can become stable adults</li> <li>3. Support parent education and training</li> <li>4. Support the development of family networks as a way to support families experiencing difficulty before they actually have a crisis</li> <li>5. Support activities related to domestic violence</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop a relationship and a coordination agreement with the Multnomah County Housing and Community Development Commission</li> <li>2. Develop a relationship and a coordination agreement with the Multnomah Community Action Commission</li> <li>3. Advocate for homeless youth services that are developmentally appropriate and growth oriented</li> <li>4. Coordinate activities under this benchmark with those related to foster care services, since foster homes can lead to longer term stable housing</li> </ol>	<ol style="list-style-type: none"> <li>1. Multnomah County Housing and Community Development Commission</li> <li>2. Multnomah Community Action Commission</li> <li>3. Community Action Program Office</li> <li>4. City of Portland Bureau of Community Development</li> <li>5. City Council member Gretchen Kafoury</li> <li>6. Tri-county Youth Services Consortium</li> </ol>	<p>0 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> <li>1. Multnomah County</li> <li>2. Housing Authority of Portland</li> <li>3. City of Portland</li> <li>4. Housing and Community Developm't Commission (HCDC)</li> </ol>	<p>The activities involved in approaching this benchmark are huge in scale and scope, and an enormous amount of private and public money is involved.</p> <p>When focusing on the housing needs of children and families, it's important to recall that within each county in Oregon there is an appointed citizens body called the Community Action Commission (CAC), which has the primary charge in that county to counteract the root causes of poverty and to provide services to individuals and families affected by it.</p> <p>The Multnomah CAC has an entire system of service centers and other programs to meet its goals, and providing housing supports is one of its primary concerns.</p> <p>The Multnomah Commission on Children and Families will want to develop a regular, meaningful connection with the Multnomah CAC as it pursues this benchmark.</p>

**ISSUES:** Social justice for minority youth

**LEAD OBJECTIVE:** To reduce the over-representation of minority youth within the juvenile justice and child welfare systems

**BENCHMARK:** By (date), x % or fewer of all young people in Multnomah County who are involved with the juvenile justice and child welfare systems will be minority youth

**INDICATOR:**

# MINORITY YOUTH OVER-REPRESENTATION BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>This objective is in reference to 2 large and different systems: the juvenile justice system and child welfare system. Most planning to date has involved juvenile justice, and so most of this page deals with that. The Multnomah Commission on Children and Families is committed to a similar effort in coming months related to child welfare.</p> <p>The over-representation of minority youth and their differential treatment within the juvenile justice system have become a major concern of policy makers and child advocates in recent years.</p> <p>As part of Oregon's phase 1 efforts under a pilot program, the Oregon Community Children &amp; Youth Services Commission conducted research to make an overall determination of the current status of minority youth in the juvenile justice systems in 3 pilot counties, including Multnomah. This local project is outlined in House Bill 3438, and is the basis for the recommendations on this page.</p> <p>It was structured around 3 main goals:</p> <ol style="list-style-type: none"> <li>1. To protect the community by providing better service delivery to students in the first 3 months they are in the community</li> <li>2. To increase the use of Multnomah County Youth and Group Care beds and youth care programs by Multnomah County Parole youth.</li> <li>3. The Multnomah County Juvenile Justice Division will be a leader among youth care systems in the county and will advocate for the best possible solutions for Multnomah County youth</li> </ol>	<p>FOR GOAL 1:</p> <ol style="list-style-type: none"> <li>1. Develop written transition plans well in advance of a student's release from the training school; ensure all applications and paperwork are completed prior to release; and involve Cottage counselors and parents in the plan's development</li> <li>2. Implement the transition plan immediately upon the student's re-entry into the community and ensure a reliable 30-day follow-up in every case.</li> <li>3. Support coordination of all activities and records among all involved agencies, parole officers and the family</li> </ol> <p>FOR GOAL #2:</p> <ol style="list-style-type: none"> <li>1. Develop revised "success standards" as currently set by the Oregon Children Services Division (CSD)</li> <li>2. Increase opportunities for local parole youth by better expanding dialogue between parole staff and other youth care providers</li> <li>3. Develop back-up detention services for parole youth in youth care centers a top priority</li> </ol> <p>FOR GOAL #3:</p> <ol style="list-style-type: none"> <li>1. Increase the efficiency and effectiveness of the Multnomah County Juvenile Justice Division</li> <li>2. Increase coalitions and consortia of youth serving agencies through the resources of the Multnomah County Juvenile Justice Division</li> </ol>	<ol style="list-style-type: none"> <li>1. Coordinate services on a broader scale, involving state, county, school and community-based organizations.</li> <li>2. Advocate for an increased level of mental health services for parole youth</li> <li>3. Advocate for changes with the CSD system as related to the 3 goals</li> </ol>	<ol style="list-style-type: none"> <li>1. Multnomah County: Juvenile Justice Div., Adolescent Mental Health, Community &amp; Family Services Div., Health Dept., Alcohol &amp; Drug Office, others.</li> <li>2. Portland Youth Redirection</li> <li>3. House of Umoja</li> <li>4. MYCAP</li> <li>5. Oregon Outreach</li> <li>6. GIFT Program</li> <li>7. Yuan</li> <li>8. Willamette Bridge, other Janus Youth Programs</li> <li>9. Christian Women Against Crime</li> <li>10. POIC, Open Meadow, and AYOS alternative schools</li> <li>11. McCoy Academy</li> <li>12. Madison High School FOCUS program</li> <li>13. Mainstream Youth Programs</li> <li>14. Depaul Treatment Ctr.</li> <li>15. Garlington Center</li> <li>16. Youth Gang Outreach</li> <li>17. Nan Waller, Mary Li, Muriel Goldman, Lonnie Nettles, others</li> </ol>	<p>5 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> <li>1. Multnomah County</li> <li>2. Oregon Children Services Division (CSD)</li> </ol>	<p>Although it is phrased more generally, this initiative deals nearly entirely with young, African American males.</p> <p>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.</p> <p>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.</p> <p>Qualitative data analysis suggest the need for additional research on the availability of client resources and services.</p>

ISSUE: High school completion

LEAD OBJECTIVE: To increase the number of youth graduating from high school

BENCHMARK: By (date), x % or fewer of all young people in Multnomah County will leave high school before graduation

INDICATOR:

# HIGH SCHOOL COMPLETION BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Increasing the percentage of youth graduating from high school and its inverse - decreasing the percentage of students dropping out - is a popular issue the present time. The Portland School Board adopted it as one of its major goals 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.</p> <p>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%.</p> <p>Implementation of the Katz Plan will require new ways of analyzing graduation/dropout rates as well as an increase in "relevancy" in the curriculum.</p>	<ol style="list-style-type: none"> <li>Promote family residential stability</li> <li>Reduce the teen pregnancy rate</li> <li>Assist disrupted/dysfunctional families</li> <li>Reduce the rate of drug and alcohol abuse among students (and their families)</li> <li>Reduce the number of students requiring suspensions and expulsions</li> <li>Reduce the number of students involved with gangs</li> <li>Promote school programs successful at helping students with poor achievement to do well</li> <li>Promote respect for students and education in general</li> <li>Redirect the Oregon legislature's directive to count GED recipients as dropouts.</li> <li>Increase programs aimed at LEP populations with high dropout rates</li> <li>Provide meaningful work opportunities for low-income students</li> <li>Develop a safer school environment by reducing physical and emotional violence based on cultural and ethnic minority status, gender and any other bias</li> <li>Develop a safer school environment by reducing the number of guns and other weapons in school settings</li> </ol>	<ol style="list-style-type: none"> <li>Continue support of Teen Health Clinics located in high schools</li> <li>Continue support of integrated service centers located in schools</li> <li>Support Dropout Retrieval Programs sponsored by PPS and other districts</li> <li>Support "service learning/community-based teaching" component of the Urban Svcs Grant (The PEN)</li> <li>Support "Counteract," a drug and alcohol program initiated by PPS</li> <li>Carry out a public education campaign aimed at promoting residential stability for families with school-age children</li> <li>Support the county's efforts at violence abatement in the schools and community</li> <li>Support school-to-work transition activities in public and private sectors</li> <li>Support and expand Emanuel Hospital's "Save Our Youth" program</li> <li>Advocate for a program similar to Los Angeles SD's Project Ten to address risk factors affecting drop-out rates among sexual minority youth</li> <li>Coordinate with many of the other benchmark planning teams, since dropping out of school is directly related to most of them</li> </ol>	<ol style="list-style-type: none"> <li>Multnomah Education Svc. District (MESD)</li> <li>Portland Public Schools (PPS)</li> <li>Barlow/Gresham Schools</li> <li>Bonneville School District (SD)</li> <li>Centennial SD</li> <li>Corbet SD</li> <li>David Douglas SD</li> <li>Gresham Grade SD</li> <li>Orient SD</li> <li>Parkrose SD</li> <li>Reynolds SD</li> <li>Riverdale SD</li> <li>Sauvie Island SD</li> <li>Portland Leaders Roundtable Caring Communities</li> <li>Youth Gang Task Force</li> <li>The PEN (Portland Educational Network)</li> <li>Mult. Co. Health Dept.</li> <li>Committed Partners for Youth</li> <li>PSU Project PLUS</li> <li>PPS Teen Parent Program</li> <li>Private Industry Council</li> <li>Pacific Univ &amp; PSU Upward Bound Prog.</li> <li>Portland Impact</li> <li>RWO Council</li> <li>Job Corps</li> <li>Business Youth Exchange (C of C)</li> <li>business and industry (OBC, AOI, org. labor)</li> </ol>	<p>3 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> <li>Multnomah County</li> <li>Business Youth Exchange</li> <li>Public Schools</li> <li>I Have a Dream Foundation</li> <li>Mott Foundation</li> <li>Neil Goldschmidt Foundation</li> </ol>	<ol style="list-style-type: none"> <li>Research points out the following reasons for students' dropping out of school:</li> <li>Lack of self-respect and respect from family and the community</li> <li>Language &amp; cultural issues (acc. to ODE stats, Hispanic students drop out at more than twice the average rate statewide)</li> <li>Mobility (acc. to ODE stats a high proportion of drop-outs were enrolled in the school district 1 yr or less; mobility also cited in PPS "Dropout Monitoring Study")</li> <li>Teen pregnancy, parenting, independent living burdens</li> <li>Disrupted/dysfunctional nuclear families</li> <li>Alcohol/other drug abuse</li> <li>Discipline problems</li> <li>Gang involvement</li> <li>Poor achievement</li> <li>Homelessness</li> <li>Inability to adapt to school setting (acc. to ODE stats students in large schools are more likely to drop out)</li> <li>Inability of the school to provide a program leading to success for that student</li> </ol>

**ISSUE:** Child and youth related violence

**LEAD OBJECTIVE:** To reduce the incidence of violence by and against children and youth

**BENCHMARK:** By (date), x % or fewer of all young people in Multnomah County will be involved in a violent incident

**INDICATOR:** Not yet established; possibly this will be a composite of several indicators

## VIOLENCE PREVENTION BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Many people believe that violence by and against children and youth is caused by several social factors, including:</p> <ol style="list-style-type: none"> <li>1. A steady rise in general environmental violence, such as neighborhood violence and in films, music and TV</li> <li>2. Changes in family environments, including poor family bonding, repeated exposure to domestic violence, and a decrease in inter-generational contact</li> <li>3. Economic and demographic shifts limiting young people's ability to hope for a productive and secure future</li> <li>4. Low sense of self worth (self esteem)</li> <li>5. The limitations imposed by institutional racism and other forms of class devaluation</li> <li>6. The rise in alcohol and other drug use</li> <li>7. The proliferation and use of handguns to commit crimes and to settle disputes</li> </ol> <p>A strong and expanding Child and Family Mediation program of the Tri-County Youth Services Consortium is a substantial community resource.</p> <p>Several community organizations dealing with gang related issues include local experts on street level violence.</p> <p>Outside In sponsors a program seeking to assist young men to find alternative to the violence associated with prostitution.</p> <p>The Coalition of Black Men is a local resource committed to this issue.</p> <p>Peer mediation programs exist at local schools, and could be expanded</p> <p>The Metropolitan Human Rights Commission is conducting a campaign to reduce hate directed violence and bias.</p>	<ol style="list-style-type: none"> <li>1. Expand peer delivered mediation services in every school; also in community organizations representing specific cultural populations.</li> <li>2. Reduce the proliferation and use of handguns</li> <li>3. Expand conflict resolution skills trainings through school curricula and within the activities of religious youth groups.</li> <li>4. Support classroom and community instruction to young people about the history of conflict and various attempts to resolve it.</li> <li>5. Expand early childhood education and parent training on how to avoid violent situations and what to do when involved in one.</li> <li>6. Provide treatment services to youth facing loss, grief, and post traumatic stress, since these are often the precursors to violent acts. (violence is a cycle; we must break the cycle)</li> <li>7. Provide the mentorship of safe, stable and culturally appropriate adults for youth with high risk factors.</li> <li>8. Provide school/public forums for youth to speak in their own voices about concerns and solutions to violence</li> <li>9. Expand structured social settings for young people of different cultures to safely learn each other's cultures (like Camp Odyssey and Project TREC)</li> <li>10. Expand A&amp;D treatment programs</li> <li>11. Provide counseling and other supports for people who have, other than violence, limited coping skills</li> <li>12. Reduce depictions of violence presented for entertainment value on TV, in movies, in music and videos, and video games</li> </ol>	<ol style="list-style-type: none"> <li>1. Contract with local agencies to provide direct services</li> <li>2. Convene an urgent community conversation about guns and other weapons</li> <li>3. Develop policy declaring a need to reduce violence in all its forms: physical violence; emotional violence; sexual and dating violence; self-directed violence; and hate, bias and prejudice.</li> <li>4. Develop policy declaring that within program planning violence is defined broadly to include racism, sexism, heterosexism, ableism and other forms of bias, when a person and/or the community is likely to be harmed by the bias.</li> <li>5. Create a cultural value declaring young people to be a critical and valued community asset, worthy of protecting at any reasonable cost.</li> <li>6. Develop civil rights protections/legal recourse for youth who are victims of hate/bias, particularly in school settings which may not be subject to local statutes/ordinances.</li> <li>7. Coordinate efforts with County Commissioner Sharron Kelley who is taking leadership on the issues of youth, violence and schools, and violence as a Public Health issue</li> <li>8. Train community providers to better recognize and target risk and protective factors</li> <li>9. Advocate for the broad system of youth serving agencies becoming more diverse and respectful of people who are "different"</li> <li>10. Create meaningful public recognition for exemplary efforts in reducing violence</li> <li>11. Create public awareness of ways to get things done without fighting (seems like we always want to be fighting gangs, fighting drugs, fighting AIDS, fighting whatever)</li> </ol>	<ol style="list-style-type: none"> <li>1. Urban League (Public Health &amp; violence)</li> <li>2. Physicians for Social Responsibility (PSR)</li> <li>3. TCYSC Family Mediation Program</li> <li>4. Dr. Gary Oxman, Mult. Co. Health Dept.</li> <li>5. Law enforcement</li> <li>6. Children First</li> <li>7. Oregon Peace Inst.</li> <li>8. County Commissioner Sharron Kelley</li> <li>9. Phoenix Rising</li> <li>10. Youth Service Centers</li> <li>11. Public/private Schools</li> <li>12. OSMYN</li> <li>13. OMEGA/Boy's &amp; Girls Club in N. Portland</li> <li>14. Student Unions</li> <li>15. Youth organizations</li> <li>16. Oregon Coalition Against Sexual &amp; Domestic Violence</li> <li>17. House of Umoja</li> <li>18. Coalition of Black Men</li> <li>19. Legal community</li> <li>20. Governor's Task Force on Gay/les Youth</li> <li>21. A&amp;D service providers</li> <li>22. Ecumenical Ministries of Oregon (EMO)</li> <li>23. Service organizations</li> <li>24. Citizen's Crime Commission</li> <li>25. Public Safety Council</li> <li>26. PFLAG</li> <li>27. People of Faith Against Bigotry</li> <li>28. United Way and their related programs</li> </ol>	<p>9 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> <li>1. Multnomah County, through new initiatives included in the 94/95 budget</li> <li>2. City of Portland</li> <li>3. Physicians for Social Responsibility</li> <li>4. Public Schools</li> </ol>	<p>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.</p> <p>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.</p> <p>The proliferation and use of guns and other weapons among young people are among the most specific and urgent community concerns</p> <p>The objectives dealing with domestic violence, juvenile crime, alcohol and other drugs, and others are directly related to this objective</p> <p>This community has a substantial peace and justice movement which can play a major role in planning and implementing this objective.</p> <p>Many people want a quick, single method fix, but nearly everyone working in the field agrees that we waste time seeking this mythical remedy.</p>

ISSUE: Juvenile crime

LEAD OBJECTIVE: To reduce the incidence of juvenile crime

BENCHMARK: By (date), x % or fewer of all juveniles in Multnomah County will be arrested

INDICATOR:

# JUVENILE CRIME BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>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.</p> <p>Increase in violent crime continues to put great pressure on the number of available close custody beds to Multnomah County.</p> <p>The county has experienced growth in referrals for sexually assaulted behavior by juveniles, and a greater number of adjudicated juvenile sex offenders.</p> <p>Citizens are frightened and are demanding "quick fixes."</p> <p>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.</p> <p>We are seeing an increase in multi-cultural gangs, Hispanic gangs, skinheads, SE Asian youth, involvement of girls in gangs.</p>	<ol style="list-style-type: none"><li>1. Increase treatment services and supports to youth facing loss, grief, and post traumatic stress, since these are often the precursors to violent acts. (violence is a cycle; we must break the cycle)</li><li>2. Provide the mentorship of a safe, stable adult for every youth with high risk factors.</li><li>3. Provide school/public forums for youth to speak in their own voices about concerns and solutions to violence</li><li>4. Provide peer delivered mediation services in every school; also in community organizations representing specific cultural populations.</li><li>5. Expand A&amp;D treatment programs for youth and their families</li><li>6. Provide diversion programs</li><li>7. Provide structured recreation activities for youth at high risk of criminal behavior</li><li>8. Expand social support programs for gang involved youth, requiring specific, measurable outcomes and rigorous evaluation</li><li>9. Provide basic needs and developmental opportunities for street youth/other youth without the support of a family</li><li>10. Provide prostitution diversion programs which offer youth safe, legal options for self-support</li><li>11. Support meaningful pre-employment services and employment support for youth</li><li>12. Increase culturally/gender appropriate services to serve adjudicated youth, incl. A &amp; D, mental health</li><li>13. Provide resources to intervene at the first offense, including diversion</li><li>14. Increase alternatives to detention</li><li>15. Develop enhanced response to sexual offenders.</li></ol>	<ol style="list-style-type: none"><li>1. Contract with local agencies to provide direct services</li><li>2. Train community providers to better recognize and target risk and protective factors</li><li>3. Support Community Policing</li><li>4. Support Neighborhood Watch</li><li>5. Advocate for community involvement in mentorship programs</li><li>6. Advocate for close collaboration among state and community agencies, neighborhoods, families, and the Juvenile Justice Division.</li><li>7. Advocate for a strong community commitment and responsibility to its youth.</li><li>8. Support expansion of mental health services for youth in the juvenile justice system, including screening and diagnosis at intake.</li></ol>	<ol style="list-style-type: none"><li>1. Juvenile Court - Nan Waller</li><li>2. Youth Service Center Diversion Programs</li><li>3. Young Gang Task Force - John Canda</li><li>4. Mall Security businesses</li><li>5. African American Churches</li><li>6. Crime prevention units of neighborhood Associations</li><li>7. Law enforcement: Portland Police, Multnomah County Sheriff, Oregon State Police</li><li>8. "Off the Street" program at Outside In</li><li>9. Judi McGavin - Harry's Mother</li><li>10. A&amp;D prevention programs</li><li>11. Juvenile Justice Div.</li><li>12. YEPP</li><li>13. Morrison Center</li><li>14. Tri County Youth Services Consortium</li><li>15. Asian Acculturation Center</li><li>16. Hispanic Youth Programs</li><li>17. Community &amp; Family Services Division.</li></ol>	<p>7 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"><li>1. Multnomah County</li><li>2. Annie B. Casey Foundation</li><li>3. Federal \$</li></ol>	<p>There is a tremendous push for "quick fix" methods, including ballot measures that would remand all youth who commit felonies to adult court and to be served in the adult system.</p> <p>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.</p>

# ADOLESCENT DRUG USE BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

**ISSUE:** Adolescent drug use

**LEAD OBJECTIVE:** To reduce the incidence of adolescents using tobacco, alcohol and other drugs

**BENCHMARKS:** By (date), x % or fewer of 8th grade students in Multnomah County will have used tobacco, alcohol and other drugs in the past month  
By (date), x % or fewer of 11th grade students in Multnomah County will have used tobacco, alcohol and other drugs in the past month

**INDICATOR:**

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>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."</p> <p>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."</p> <p>In Oregon statistics are kept only for students, although use of alcohol and other drugs (and injection drugs in particular) is believed highest among out-of-school youth, a substantial population.</p> <p>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.</p> <p>Multnomah Co. Alcohol &amp; Drug Program estimates 10% of Multnomah County's 23,000 high school students have "serious problems with alcohol and/or other drugs." Middle school students are also deeply affected but no "serious problems" estimate is available.</p>	<ol style="list-style-type: none"> <li>1. Provide programs specifically targeting known risk and protective factors</li> <li>2. Provide culturally specific direct services, within the framework of cultural traditions, values and celebrations</li> <li>3. Incorporate A&amp;D prevention strategies within other preventive disciplines (AIDS prevention, pregnancy prevention, violence prevention, etc.)</li> <li>4. Provide services at locations where youth gather (parks, malls, concerts, etc.)</li> <li>5. Provide skills-focused self esteem building programs in schools</li> <li>6. Provide sexual minority youth safe, non-sexualized places to socialize before they reach "bar age" (21 years)</li> <li>7. Provide family services including family education, co-dependency treatment counseling, and family treatment at Youth Service Centers</li> <li>8. Develop in-school and in-community, culturally specific traditions serving as rites of passage, whereby young people are assisted into adulthood and learn of available opportunities and responsibilities</li> <li>9. Support peer-to-peer programs where young people support each other in making safe and responsible choices around alcohol and other drugs.</li> <li>10. Support recreation programs for young people: visual and performing arts, sports, community service work, etc.</li> </ol>	<ol style="list-style-type: none"> <li>1. Train community providers to better recognize and target risk and protective factors</li> <li>2. Advocate with news and entertainment media for images that encourage responsible behavior, and down play images that portray alcohol as central to having fun.</li> <li>3. Advocate for more youth oriented recreation activities at times and locations that will support non-use, while capturing young people's interest</li> <li>4. Convene a youth caucus to deliberate on ways to include youth views in prevention programming</li> <li>5. Advocate for the Oregonian to reconsider their current (and substantial) donated anti-drug message from Partnership for a Drug Free America to include messages developed by local youth</li> <li>6. Give meaningful recognition to young people who are contributing time and talent to effective drug prevention activities.</li> <li>7. Develop collaborative activities with the County Health Department's anti-smoking program.</li> </ol>	<ol style="list-style-type: none"> <li>1. MADD</li> <li>2. Youth and adult A&amp;D providers</li> <li>3. HIV prevention services providers</li> <li>4. law enforcement</li> <li>5. DARE (some disagreed)</li> <li>6. State and federal A&amp;D organizations</li> <li>7. Outside In</li> <li>8. Teens &amp; Company (Planned Parenthood)</li> <li>9. Kaiser</li> <li>10. School-based health clinics</li> <li>11. Public schools, esp. prevention specialists</li> <li>12. School counselors</li> <li>13. The American Cancer Society</li> <li>14. RDI</li> </ol>	<p>0 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> <li>1. Multnomah County</li> <li>2. Public Schools</li> <li>3. Federal \$</li> <li>4. RDI</li> </ol>	<p>A focus group of teens created these suggestions for creating effective in-school alcohol/other drug prevention strategies:</p> <ol style="list-style-type: none"> <li>1. Create an open environment by assuring confidentiality. Teachers must be trusted to be effective</li> <li>2. Avoid a fixed agenda; allow students to establish some of the discussion topics</li> <li>3. Avoid lecture format; create small facilitated discussion groups</li> <li>4. Use games and interactive exercises, cross word puzzles, or video games</li> <li>5. Give more information on the effects that drugs have on one's mind and body</li> <li>6. Create peer education models using educators the same age as the students. (Peer pressure can be an asset as well as a risk)</li> <li>7. Begin drug education at a much earlier age</li> <li>8. Present all available choices and the consequences for each, rather than promoting "just say no" approaches</li> <li>9. Teach skills for real life, like how to turn down a close friend who offers you drugs; saying "no" to a stranger is what's taught, but it's not a very common occurrence</li> <li>10. Teach students how to help friends and family members that use or abuse</li> </ol>

## WELLNESS

### *A narrative description of wellness through the stages of development*

"Your children are not your children.  
They are the sons and daughters of Life's longing for itself.  
They come through you but not from you,  
And though they are with you yet they belong not to you.  
  
You may give them your love but not your thoughts,  
For they have their own thoughts.  
You may house their bodies but not their souls,  
For their souls dwell in the house of tomorrow, which you cannot visit, even in  
your dreams."

Kahlil Gibran  
The Prophet

Gibran's familiar words remind us of the role of parents as shepherds for the next generation. They evoke a gentle picture of both parental and societal roles and the enormous and delicate responsibility we have to the next generation. As a prelude to a description of wellness, they compel us to remember that what we have to offer our children is love, support and stability as they make their own way.

As the Multnomah Commission on Children and Families describes its picture of what our community might look like, it relies on the basic definition crafted by the state Children's Care Team:

Wellness is defined as the preservation of each child's potential for physical, social, emotional and cognitive and cultural development. Therefore, a wellness delivery system must have a strong prevention component as its base as well as provision for comprehensive treatment services. This model is based upon an understanding of the stages of child development. There will be an emphasis on promoting early childhood development and developmental competencies across the entire age spectrum of childhood. The result will be children who become responsible adults and productive citizens contributing to their community.

This commission has chosen to develop that definition of wellness and to begin the process of describing what wellness looks like at each stage of development for the child, the family, the neighborhood and the community. A chart, a graph and a narrative support our picture of a healthy community.

To build and maintain wellness, several things must be present for the child, the family, the neighborhood and the community at every developmental stage.

A child can flourish when he or she has a loving, competent adult in his or her life, when he or she has food, clothing and a stable home, when he or she has optimal physical, dental and mental health, and when he or she has appropriate opportunities to develop at each stage.

The family can be at its best in every stage when it has access to basic effective systems of health care, mental health services, housing, child care, public safety, transportation, education, employment, recreation and social development. The support of a multi-generational, extended family, however they may define that, can enrich the family. In a healthy community, each family will understand how healthy boundaries, particularly between parent and child, support wellness. They will have and value parenting education at each stage of their child's life. Parents can best do their parenting when they have both the capacity and means to provide love, support and stability.

The neighborhood can be a supportive environment for everyone when neighbors know each other, when they play together, have a sense of pride and ownership in their neighborhood. They respect and are enriched by each other's lifestyles and cultural traditions and share a sense of safety and security. Together they place a high value on children and share responsibility for their well being. A safe, communal meeting place such as a basketball hoop, a porch, a park or a neighborhood center is important in creating the sense of common ownership.

The community has responsibility at every level for valuing wellness and establishing systems which support it. Norms which decry violence at every level, support a healthy environment and the development of a nutritious food chain and clean water, support and recognize the responsibility of parents AND the community for our children, embrace diversity, and value children will support wellness at the very deepest levels. The community honors children as children, not small adults; they need protection, guidance and understanding as they move through a series of developmental stages; they do not have the same rights as adults, but they do have rights and the community can articulate and protect those rights. A healthy community will support an environment that is culturally sensitive and will provide strong supports for major transitions such as the death or illness of a child or parent; immigration; separation from one or more parents; or divorce. Family friendly workplaces will be the norm.

In the following pages, the Commission narrates its view of what a healthy community might look like for each stage of a child's growth. The picture is not meant to be all-inclusive but to point to some strong strategies for developing a vigorous community.

## **PARENTING**

Healthful adults who have set and accomplished some of their goals for education and financial security, who have a stable place to live, who have made the choice not to smoke or abuse alcohol or other drugs, who are well nourished and understand how important it is to feed children nutritiously and who have considered the responsibilities of shepherding children, decide to become parents. They may become parents through birth, foster care or adoption.

They recognize the long term commitment they are making and seek information about a child's development and needs at each stage. They know that having children will require a change in priorities in their lives over many years and they are ready to commit to that change. The parents have prepared for this change by learning about stress management, emotional responses, the effects of sleeplessness and other stressors they will face as parents. If they are ambivalent about that commitment, there are mental health professionals available to help them make the decision. They have grown from being dependent individuals themselves to independent adults who are capable, responsible, loving, and skilled. They have planned for this child and they are ready to provide for basic needs, financial security, safety, health, education, recreation, and opportunities to grow and develop. They understand the services that are available and how to find and use them.

The parents have sought and have access to good medical care through the pregnancy. The medical care is close to home and offers physical care as well as information and emotional support. The parents understand good nutrition and a quality environment and their importance throughout the pregnancy and the child's life. They begin to learn about early child development so that they have a clear understanding of what to expect from their young child.

The parents broaden their circle of friends to those who have children of similar ages so that they can share their concerns and their interests. A neighborhood family center offers opportunities to meet other parents as well as play groups for the children and parenting classes. Parents have a mentor to talk with about parenting and role models to share experiences. These could be grandparents, volunteers at the family center, neighbors, parent educators or other parents. They also have friends who are single or not parenting who are an integral part of their lives and model alternative lifestyles.

At least one parent may choose to stay home after the birth, possibly for many years. There is community support for the choices that parents make. When both parents choose to work they have access through a local child care resource and referral to high quality, affordable child care near their home or offices. There are community activities which support parents including events which focus on families and are fun. The community may have means of recognizing milestones in families' lives, and provides recreational activities, holiday celebrations and opportunities to grow and develop like exercise classes, book clubs or cultural groups. Culturally appropriate parenting education is easily available--and highly valued--for each stage of a child's development.

## PRENATAL

The fetus develops from healthy genes in an environment that is free of carcinogens and other pollutants. The mother eats high quality food to nourish her developing fetus. The developing child hears music, gentle voices and other soothing sounds in the womb. It feels the touch of loving adults through the mother's skin. No alcohol, nicotine or other drugs pollute the womb.

This child is wanted by committed, loving, healthy, capable adults who are preparing for her arrival. Pregnancy testing has been done early. Accessible, affordable prenatal care has begun very early and continued with regularly scheduled visits. Transportation to prenatal care and child care for older siblings is provided. Parents have a healthy lifestyle with the social and emotional support they need. Several generations and extended family and friends are involved in and supporting the family and anticipating the birth. The family attends prenatal classes which support birthing options and provide parenting education on the earliest years of life.

The neighborhood offers prenatal facilities that are culturally sensitive and supportive. If extended family cannot help, a neighbor or friend is available to mentor and support the parents. There are people close who are interested in the well being of each child and consider themselves part of each child's life; they recognize that parenting can be stressful and offer to help by taking care of the older children.

The community offers clean air, water and soil free of toxins. Jobs that pay enough to support a family are available and easily accessible. Clean, safe housing is available at reasonable cost. The community is free from violence and the neighborhoods are safe. There are affordable, family focused, safe prenatal and birthing facilities. Workplaces support the special needs of a pregnant mother as well as extended parental leaves.

## **BIRTH, INFANCY, TODDLERHOOD**

The child enters the world wanted and respected. There is great joy at the birth and celebration of the value of this individual. The birth is medically sound and the baby is healthy and vigorous. The mother breastfeeds the baby when possible and both parents lovingly touch and hold the baby. The parents know the importance of early bonding and feel confident that they are doing the best they can for their infant. The baby feels safe, swaddled and close. Extended family and/or friends celebrate the birth and offer support, nurturing and respite.

A nurse or trained family worker visits the parents at the place of birth and follows up with a visit at home within two weeks. The nurse provides reassuring information about the baby and his or her physical progress and checks in with the parents to be sure that they are coping well with this change in their lives and that the baby is thriving. She or he helps parents understand the importance of the early months and explains how critical bonding is for the baby. The nurse refers the family to a neighborhood family center where parents can meet other parents, get support, and build their skills as parents. A family worker from the Family Center visits at home throughout the preschool years to support the family, providing mentoring and keeping them connected.

Health clinics are easily accessible and provide well baby check ups as well as immunizations. Children are developmentally screened at regular intervals and parents are involved in the screening and the follow up.

The child has the opportunity to develop traditional language skills or sign language because parents and others around him talk and read and sing to him. Reading is particularly valued because the child begins to touch and hold books, hear and feel the rhythm of the language, connect language and the written word and become comfortable with language. He has the opportunity to experiment with art materials and begins to understand the concepts of numbers

The child's home is safe and provides space to move his body and to explore and touch. He has the opportunity to play with small safe objects, water, mud, and sand and to climb and run and scoot. He sees other children, at least occasionally, and has contact with older friends and neighbors.

The family has readily available, culturally appropriate parent education focusing on the special needs of this age group and offering them positive choices in guidance and discipline as well as understanding of the developmental stages. Extended family, friends and neighbors continue to support this family as the child makes his early--and often noisy--attempts at understanding that he is a separate being from his mother.

The parents continue to have places and people to go to for advice and help. The family center in the neighborhood becomes an even more important resource as parents seek other parents of toddlers and role models for this new stage of parenting. They begin to learn about healthy boundaries for themselves and their children and how to set those boundaries positively.

The neighborhood has, in addition to its family center, safe indoor and outdoor play areas for this age child. There are facilities for playgroups close to home. Often while children play, parents share expectations and experiences and learn from one another.

The community supports quality, affordable child care (both full time and part time) and values the caretakers who work intensively with young children at their most vulnerable age. Respite care is readily available. Workplaces support high quality child care both financially and by allowing flexibility in parents' schedules. The community exhibits values and practices which support young children and their families. These may be demonstrated by having changing tables in all public facilities, by allowing parents with young children to go to the front of a long bank or grocery line, by welcoming children in public spaces. Family friendly workplace policies support high quality child care, allow flexibility in parents' schedules, and encourage parents to be with a sick child and attend to family needs.

## **PRESCHOOL**

The preschooler has boundless opportunities to grow and explore. As she is learning about herself in relationship to the world around her, she plays in small groups. She has the chance to try a variety of roles from superhero to car washer to intellectual. She likes to play and playing is valued and supported by the adults around her. She has access to books, paging through them herself as well as having a favorite adult read one with her. Music, drawing, blocks, letters, play dough, water, mud, climbing and moving are all important parts of her life and she has opportunities to play with them at a preschool, Head Start or child care center. Other children are important to her and she begins to understand how to play with one other person and several other people.

She is fully immunized by age five and continues to be seen regularly at the local health clinic for both well child visits and screenings. Her parents recognize the stress her physical growth and new social needs place on her and are patient with her as she goes through a major transition phase.

Parents have easily available parent education which offers them choices when their preschooler seeks increasing independence. Respite care continues to be available. Parents are welcomed and choose to participate in their child's preschool. Parents monitor their children's television viewing, seeking wholesome, non-violent programming and provide other, more active, recreation

In each neighborhood, there is a safe home for children and the children know the person who lives there. Neighbors rely on each other for help, including help with children. There are facilities that encourage play and make children feel welcome.

She has a safe and secure place to be all day if her parents cannot be with her. She knows what to expect in her routine and she can count on it. Her child care is focused on her and her family's needs, rather than on systemic needs. The child care and preschool systems are coordinated; transportation is not a problem; in fact, she may stay in one place for both preschool and child care. There are a variety of options for child care, so that each family can choose what is best for them. Business is taking a lead in providing quality affordable child care because it knows that educating the youngest children is a good investment in the future workforce, that subsidizing child care maximizes parents concentration on their work life and that participating in child care is good for the community.

The community has decided that television should minimize, rather than glamorize, violence; programming for preschoolers is carefully planned and developmentally appropriate. When parents make the choice that the children will watch television, they watch the programs with their children and discuss it afterwards.

A strong system of parks, museums, zoos, theater, arts and recreation includes activities for preschoolers and those activities are accessible.

## ELEMENTARY SCHOOL AGE

The elementary school age child has great stability in his life; he attends the same school all through these years, if possible. He has parents who understand and respect his rapid intellectual, social and emotional growth during these years as well as his increasing awareness of his own sexuality. As he begins to step out of the home, he has a mentor, often a teacher, who expands his world with new ideas.

Small classes taught by capable teachers support his ability to learn and develop. Sexuality education begins at this age, from parents, churches and schools. The child becomes aware of good hygiene and dental care and health and dental systems support his natural curiosity in these arenas. Curriculum in all areas is developmentally appropriate and includes the groundwork for social responsibility. Healthy, positive sexuality education is accessible. There are opportunities to participate in community projects, so he begins to feel a part of his community.

Home, school and school age care are safe, healthy, culturally sensitive places for this child. There are a variety of social and recreational opportunities including religious institutions, youth groups, sports, exercise, cultural groups and arts and they are close and accessible to him. He has the opportunity to succeed at something and to develop skills and a sense of pride in his abilities. He is curious and his curiosity is supported by parents, neighbors, teachers and friends who help him get facts and information, put together projects, catch frogs, make a favorite recipe and explore the geology of Mt. Hood. His enthusiasm and his unbounded belief in himself is encouraged.

He begins to learn how to work in small groups, to make decisions and to take some leadership. Friends are important and he seeks the mirror image friend who will help him know much about himself. He is eager to help friends.

Parents have pride in their child's newly acquired skills and let him know about their feelings. They are his best champions, but there are many others: teachers, extended family, clergy, friends, neighbors, Camp Fire leaders, youth group directors all contribute to his new experiences.

Parents have a real chance to choose to participate in his educational process. They are part of local school decisions and know their child's teacher well. There is good communication between home and school, giving him the very best opportunity to feel supported and appreciated and cared for in this important new arena.

Parents are strongly encouraged to continue attending parenting classes as their child moves into different stages throughout elementary school. They articulate their values to their child and begin to teach him how to handle money, household chores and pets. Mentors and role models are available and other parents serve as a supportive network. Parents and children feel connected to their community. Dinners

and activities at school and church support the family by providing activities which include and value children; in fact, there are many opportunities for families to socialize, have fun, work on a community project and get to know one another.

The neighborhood has a communal gathering area which might be a basketball hoop, a front porch, a play ground or a park. It offers a safe place to play. There is always a responsible adult at home in the neighborhood and each child knows who that is and how to get help. High quality school age care is available in the neighborhood or at the local school both before and after school. This care includes enriching activities, running and playing, choices for quiet time or activity, and teachers who understand

The community supports quality education by providing adequate funding and by valuing schools. Family friendly workplace policies encourage parents--as well as other workers--to take time out to be involved in the schools. Flexible hours, job sharing, and sick leave to take care of sick children are among the ways that business actively supports families and builds a healthy, productive future workforce. The community has a strong school age care system and values children being in the care of a responsible adult at this age.

## MIDDLE SCHOOL AGE

The middle school age child, beginning a major life transition from child to young adult, has support and understanding from parents, extended family, friends, and other adults. As she tries on new self images connected to setting goals, physical changes, burgeoning sexuality and new responsibilities, she understands and can articulate her family's values, even though she may choose to depart from them at times. From her family, she has a balance of appreciation and appropriate boundary setting which provides her with safety in her new terrain. Peers are increasingly important; experimentation in new arenas becomes a challenge; and as she tries on new personas and new relationships, she begins to develop her own limits and values. Her family encourages her and is never very far away, but she also has at least one other responsible adult to talk with. She is encouraged to build new friendships, to seek new mentors, to explore new interests, to develop new skills and her family frequently articulates their values and their limits. She builds important relationships with her peers, learns how to cooperate with them and generally receives their approval for her new sense of who she is.

Parents have worked hard to understand and develop parenting skills for this transitioning stage. They understand the importance of both flexibility and strong values on their part; they are comfortable verbalizing their beliefs and values--including sexuality--so that their child will have the framework from which to grow. They know that while their child may try on adult roles, she is still a child and needs their guidance and strong support and approval. They encourage her to develop her talents and skills and seek out art and drama classes, music and sporting activities, clubs, dance or tai chi classes to help her become what she believes she can become. Parents know that educational growth takes a secondary place to physical, emotional and social changes during this leap in development. They help her to find mentors and other responsible adults who will provide sound voices during these years.

Parents have culturally appropriate support groups and parent education classes to develop their parenting skills during this stage when children are bouncing between child and young adult. They share experiences and rely on mentors, family and respected teachers to build their own skills. Problem solving groups and skilled mental health professionals are available when the child, parents or family want help. Family friendly workplaces continue to support flexibility in parents' schedules and encourage involvement in children's schools and activities.

As the preadolescent explores a larger world, her neighborhood becomes a valuable resource. There she may find a wise neighbor to share a problem with or a front porch to meet with friends. In the neighborhood, there are formal and informal recreational activities which address her needs to move and to be with groups of her peers. The neighborhood reinforces values which support healthful habits, including freedom from alcohol and other drugs and postponing sexual involvement.

The school environment is sensitive to and knowledgeable about this child's developing sexuality and interest in reproduction. They capitalize on her thirst for new knowledge in all fields by introducing new areas of study and exciting, fast paced, real world learning opportunities. There are chances to explore careers and vocations and to consider educational options. Key teachers become essential in providing role models and mentoring. Alcohol and other drugs as well as weapons are not tolerated in school.

There are many recreational and social activities available for the middle school child. Community and religious events which allow families to share activities and at the same time give her some independent space are important. Sports, arts, opportunities to "hang out" with friends in a safe environment, mentors, and cultural groups are available at a nearby family center. Community involvement increases and she begins to build a sense of social responsibility through neighborhood clean up days, working at a shelter or baking bread for the elderly woman next door. The community provides opportunities for community participation and is accepting of this young teen as she seeks her own identity by coloring her hair green and wearing heavy metal with lace blouses.

## HIGH SCHOOL

The high school age adolescent has a strong, diverse and positive group of friends of both genders with whom he has fun, explores values, plans his future, works, makes decisions and learns from his mistakes. He is consciously exploring who he is apart from his family and he likes what he sees. He is exploring a healthy relationship with a young woman, or if he is self identifying as a gay man, with a young man. Feeling confident about his abilities, his skills and his knowledge, he is thinking about his future and makes some choices that support him such as a decision to go to college or trade school, to enter VISTA or the Army or to take a job. He is preparing to take those next steps by investigating higher education or getting experience as a production assistant before he enters the field of filmmaking. As he builds his social group, he is making healthy choices for himself around sexual involvement and the use of nicotine, alcohol and other drugs.

He is hungry for knowledge and facts and is pleased with his expanded ability to reason and plan and anticipate. His teachers provide him with challenging assignments as he begins to see himself in relationship to a larger world and time. He begins to focus on his particular interest in publishing by spending time working on the community newsletter or school paper. He takes part in the school play, leads his debate team to success, hits an occasional home run and spearheads a petition to allow students to go off campus at lunch. He is learning about his ability to be

effective; and he is building his sense of social responsibility as he makes changes that benefit someone other than himself and his immediate circle of friends.

His ability to drive has expanded his world and he has taken a part time job to save for a car. Meanwhile, he is skilled at using mass transit and can get where he wants to go, occasionally borrowing the family car.

His family continues to have good family, neighborhood and community support for parenting a teenager; they are meeting regularly at the family center with groups of other parents of teens and together they discuss community norms and their own expectations. They, too, are looking ahead to their son's future, concerned about financing higher education, about job opportunities and housing for him. Schools have counselors who can help allay their concerns by accessing resources. There are community seminars on jobs for young people and the whole family participates. The family is learning to allow their son to assume more responsibility for himself and his future while still providing guidance and basic needs.

The neighborhood has recreational activities specifically targeted to him and his friends. Late night basketball, rock concerts and places to gather are available. A neighbor hears about a job opportunity and tells him about it. Local merchants employ the local teenagers, building a sense of ownership for both. Neighbors offer younger teens gardening and child care jobs, building relationships and responsibilities. They acknowledge and help him celebrate his growing independence and his rites of passage in positive ways. On prom night, neighbors snap pictures of him and his date in their best clothes and at high school graduation, a block party cheers his milestone accomplishment.

The community provides a strong high school education and recreational system for him as well as plentiful job opportunities. While he is still at home, it is an excellent time to practice the skills it will take to be an adult and to learn from role models, supervisors, teachers and mentors. A variety of healthy adults outside the family are very important and are available to him; they offer him the chance to see different values, lifestyles, employment and priorities and help him differentiate for himself. The community provides many opportunities to see a variety of careers and vocations through personal contact. Most of all, the community values teens.

## POST HIGH SCHOOL

The young adult who has finished high school is employed or in school or both. She may be living on her own, perhaps with friends, in a safe, clean apartment, dormitory or other facility. If she is still at home, she and her family have negotiated new house rules to accommodate her growing independence, her interest in developing other close relationships and their need for some sense of order and accountability. She is focusing on building skills that will lead her to gainful employment and satisfying, valuable life work. If she chooses higher education, funding is available to make that viable, perhaps in exchange for a national or local service obligation. She has the opportunity for local community involvement and joins the sheriff's Search and Rescue Team and becomes a CASA (Court Appointed Special Advocate) for an abused child. She is building new friends, and has the opportunity to meet other young men and women in recreational and social activities. Her family is understanding of her emerging role as a young adult and is there for support when she asks for it. She takes increasing responsibility for setting her own limits and for being accountable for her own behavior. She assumes her share of the work at home and does it on her own volition.

Her family has moved effectively through her developmental stages and is ready and willing for her to move to a new level of independence. The parent education they have had through the years has prepared them to promote her growing self-reliance and to let her know they are delighted with her next step. They have parent groups to help them with the changing family profile and with the "empty nest syndrome" if that is appropriate.

The neighborhood celebrates her successful launching and welcomes her when she returns home for a visit or a stay. Neighbors, local business people, religious leaders, teachers and community providers all take pride in her successes. They encourage her to live and work in the neighborhood and provide opportunities to make that attractive, such as jobs, gathering places reserved for young adults, decision-making opportunities in the local neighborhood association and role models.

As she takes on new adult roles, the community assures her access to safe, affordable housing and transportation, jobs that provide fair compensation and challenging work, recreation, higher education, libraries, internships, job corps and opportunities to socialize. She is involved in a campaign to elect a local member of Congress and is volunteering in a child care center.

# Community Strengths

## A Preliminary Inventory of Community Resources

Multnomah County Commission on Family and Youth  
and  
Portland Educational Network  
Portland State University  
July, 1994

Resource Name	District	#	Top Ten
---------------	----------	---	---------

## General Characteristics

*Participants described general characteristics of their communities as resources.*

Access to transportation such as I84, I5 MAX, the Airport	mid county		Y
Affordable Housing	North		
Changes in Columbia Villa-- Catalyst	North		Y
Continuity/stability of existing programs/services. coordination among agencies/groups/ and residents	North	3	
Cultural identity	North		
Good neighbors	North		
Housing	North	2	
Multi -generational qualities	North		
Opportunity for economic development	North		Y
Russian Community	North		
Self contained and sustaining community	North	2	
Sense of history	North		
Space for economic development	North		
Affordable housing and attractive	Northeast		Y
Book Stores	Northeast		
Cultural - ethnic diversity	Northeast		
Diversity - ethnic, racial, economic	Northeast	4	
Economic Development Plan	Northeast		
Front Porches	Northeast		Y
Good family neighborhood	Northeast		
Government agencies provide:	Northeast		
Home ownership	Northeast		
Neighborhood sense; diversity	Northeast		
Older area with lots of history	Northeast		
Outdoor community	Northeast		
Passion with committment	Northeast	2	Y
People know their neighbors	Northeast		
Proximity to downtown	Northeast		
Sense of communities	Northeast		
Strong neighborhood	Northeast		
Transformation in status and empowerment	Northeast		
Accepting attitude about services in neighborhood	Southeast		Y
Accessible government	Southeast		Y
Bus service on Hawthorne	Southeast		
Can walk to any service, lots of people walking	Southeast		
Churches--Diversity, non-english speaking	Southeast	2	
Community Cohesiveness	Southeast		
Continuity of residency grandparents to grandchildren	Southeast		
Diversity	Southeast		
Diversity of Community	Southeast		
Diversity of school options, elementary	Southeast		
Eclectic shops and people	Southeast		
Foot traffic and shopping	Southeast		
Grade school options and choices	Southeast		Y
High volunteer involvement	Southeast		
Jobs here: work and shop in the area, big and small , mixed use	Southeast		

Resource Name	District	#	Top Ten
Lack of cul de sacs	Southeast		
Many tennis courts	Southeast		
Mix of Government services	Southeast		
Pedestrian Friendly	Southeast		Y
Readily Accessible Jobs	Southeast		Y
Socially responsible grocers, treat customers like family	Southeast		
Southeast network	Southeast		
Values of the service programs	Southeast		
Wealth of restaurants	Southeast		
Wealth of specialized programs	Southeast		
Whole area is walkable - and people are walking	Southeast		
Architecture new and old	West		
Arts in general	West		
Book Stores	West	3	
Bridges	West	2	
Business community	West		
Citizen involvement and willingness to work out solutions	West		Y
City of Parks	West		
Close proximity to needs	West		
Concentration of Government agencies	West		
Diversity in age groups	West		
Downtown Architecture	West		Y
Fairly well off people, financially	West		
General Spirit of Downtown	West	2	
Healthy Small business community	West		
Low crime rate in Southwest	West		
Mulnomah Village Neighborhood Orientation	West	3	
Neighborhood closeness, feeling of neighborhood with lots of family groups, pride and loyalty	West	2	
Outdoor bistros	West		
Pedestrian scale	West		
Places of Worship, religious organizations	West		
Public Art	West		
Shopping facilities	West		
Street food vendors	West		
Street musicians	West		
Theaters	West		
Transportation	West		
trees	West		
Village atmosphere of Multnomah	West		
Volunteerism	West		Y
Wonderful restaurants	West		

Resource Name	District	#	Top Ten
<b><u>Youth and Family</u></b>			
<b>Public, K-12</b>			
Abernethy School	Southeast		
Atkinson School	Southeast		
Ball School	North		
Beach/Oakley Green School	North		
Centennial School District	Gresham	2	
David Douglas	Gresham		
George Middle School	North		
Gresham High School	Gresham	2	
Harold Oliver School	mid county		
Helens View High School	Gresham	3	
Hosford Abernathy School	Southeast		
Jackson Middle School	West		
Lane Middle School	Southeast	2	
Metropolitan Learning Center	West	6	
Parkrose School District	mid county	2	Y
Portland Public Schools--in general	North & NE	7	
Reynolds School District	mid county & Gresham	2	Y
Rosemont School	North		
Sitton School	North		
Troutdale School District	Gresham		
Vocational Village	mid county & NE	2	
West Gresham Grade School	Gresham		
Yaun School	Northeast		
<b>Private and Special, K-12</b>			
Albina Youth Opportunity School	Northeast	3	Y
Alpha Alternative High School	Gresham	3	
Catlin Gabel School	West		
Emmaculate Heart School	North		
Holy Redeemer School	North & Northeast	5	
Janus Youth Program	North		
Lutheran Grade School	mid county		
Montessori Earth School	Gresham & mid-county	2	
Open Meadows Learning Center	North	4	
Oregon Episcopal School	West	3	
Piaget Kindergarten	Southeast		
Portland Christian Elementary and High Schools	mid county		
Private Schools--in general	West & NE & SE	5	
Saturday Academy	Northeast		
Serendipity School	Gresham & Mid County	4	
St. Mary's High School	West	3	
Trinity Lutheran School	Northeast		
Tucker Maxon Childs Work Learning Center	Southeast	2	
Whitney Young Learning Center	North & Northeast		
Woodlawn Methodist and School	Northeast	2	
<b>Specific School Programs</b>			
Artist in Residence Program	North		
Buckman Arts Magnet Program	Southeast		
Caring Community Team	North & NE	4	Y

Resource Name	District	#	Top Ten
Caring Community Teams, East County	Gresham	8	
Centennial Learning Center	mid county & gresham	5	Y
Central Catholic High School - activities for kids	Southeast		
Cleveland and Marshall High			
Columbia Villa--school program	North		
Committed Partners for Youth (Mentor Program)	North		
David Douglas Alternative School	mid county	2	Y
David Douglas, Safety Action Teams	mid county		Y
David Douglas, Teen Mom Program	Gresham		
Family Mediation Center (through schools)	Southeast		
Family Resource Center , Roosevelt High School	North	2	
Family Resource Centers, Gresham School District	Gresham		
Family Resource Centers, Hall and Alder Elementary Schools	Gresham		
Franklin High School - preschool Program teaches			
Grant High School - night education program	Northeast		
Gresham Alternative School Program	Gresham		
Gresham High School, Day care	Gresham		
Harold Oliver Tutoring Program, , Mt. Hood Community College	Gresham		
HOST program - literacy and mentoring	Gresham & NE	2	
HS Students about child Development	Southeast		
Jackson Community School	West		
Jefferson High School--Program for Teenage mothers	Northeast		
Lincoln Magnet Program	West		
Marshall High School--Integrated Services	Southeast		
Monroe and Jefferson High School--Program for Teenage mothers	Northeast	3	
Parent / Teacher Associations and Parent / Teacher Club	Gresham	4	
Parent Teacher Association	Northeast		
Parkrose Alternative School Options Program	mid county		Y
Parkrose High School Teenage Clinic	mid county		
Portsmouth Community School	North		
Powell Valley/West Gresham after school, child care Program	Gresham		
Reynolds Alternative High School	Gresham	3	
Reynolds High School - Alternative to Prostitution	Gresham		
Reynolds Wellness Center at Reynolds High School	Gresham		
Richmond School--Japanese Program	Southeast	2	
Roosevelt High School and Resource Center	North	11	
Roosevelt High School--Pathways Program	North	2	
Roosevelt High School--Rennissance 2000	North	2	
Saturday School - Woodlawn School Kids	North		
School-Based health clinic	Southeast		
Site Councils at School	Gresham		
Sylvan School - Golden Ball	West		
TLC / TNT	North		
Troutdale Parent Teacher Association	Gresham		
Visioning process in the Parkrose Schools	mid county	2	
Wilson High School--Marching Band	West		
<b>Head Start Programs</b>			
Albina Head Start	Northeast	2	
Albina Headstart--Columbia Villa	North		
David Douglas High School	Mid county		
Mt. Hood Community College	Gresham & mid county	4	
Portland Community College	NE	5	

Resource Name	District	#	Top Ten
Coalition Head Start and Program	Gresham		
<b>Child Care</b>			
Child Care centers and family child care	Northeast	2	
Child Care Facilities - Fruit and Flower	West		
Child care providers	Southeast		
Childcare centers	Northeast		
Childcare facilities (150)	West		
Churches with Child Care centers	West		Y
Gresham High School Day care	Gresham		
Helen Gordon Child Care Facility	West		
Metro Child Care and Resource Referral	mid county & NE	4	
Oregon Pre-school and Kindergarten programs	West		
Pennisula Child Care Center	North	4	
Powell Valley/West Gresham after school program for child care	Gresham		
<b>Youth Recreation and Education Programs</b>			
4-H	Gresham& Mid & N.	5	
82nd youth community center	Southeast		
After school activities	Gresham	3	
American Youth Hostel	Southeast	2	
Beads Forever (business) - Children Welcome	Southeast		
Belmont/Holgate/Woodstock/ Sellwood	Southeast		
Big Brother / Big Sister	Gresham		
Boy Scout Troop--Troutdale Elementary	Gresham		
Boy Scouts	mid & NE & SE & W	4	
Boys and Girls Aid Bridge Program	Northeast		
Boys and Girls Aid Society of Oregon	West		
Boys and Girls club	G. & Mid, N, NE, SE	12	
Branch Library - educational for children			
Camp Fire Girls and Boys day camp			
Camp Fire Girls	Gresham	2	
Catholic Youth Organization	Northeast		
Center Art Program - youth A & D	Northeast		
certificate to student of the month	Gresham	2	
Chamber of Commerce - Youth at Risk program	Gresham	4	
Childrens Museum	West	5	
Childrens Theater Group	West		
Childrens Week	Gresham		
Childs Path	Northeast	2	
Columbia Boys and Girls Club	North	2	
Cub Scouts and Girls Scouts--Columbia Villa	North		
Friends Church - youth outreach	Southeast		
Gang Resistance Education and Training GREAT	mid county		
Garlington Kids Program	North		
Girl Scouts - Boy Scouts	North	3	
Good Shepherd Church, Youth Program (Boring)	Gresham		
Green City Data Project	North		
Heaven Bound Choir for Youth	Northeast		
Job Corp in Springdale	Gresham	3	
JOBS program at Lynch Park	Gresham		
Little League Park is safe	Mid county		
Little league	Gresham & NE	5	Y

Resource Name	District	#	Top Ten
Miss Collins Day Care/Rec Center	Northeast		
Mormon Church and Youth Group	North	2	
Mt. Hood Cafe - provides jobs for kids	Gresham		
Naim Muhammed Youth Empowerment Project	Northeast		
Native American Youth Association - Impact	Southeast	2	
Omega Boys and Girls Club	North		
Oregon Museum of Science and Industry	Southeast	7	
P.A.L Youth Center	Gresham	6	
Patersons Tax Service jobs for kids	Gresham		
Payless--at Division donates \$25 gift	Gresham		
Pioneer Trail Adolescent Treatment Center	Gresham		
Police Activities League - PAL	Gresham	2	
Rockwood Sports Leagues for kids	Gresham		
Self Enhancement Incorporated	Northeast	8	
Soroptimist - Teddy Bear Parade childrens week	Gresham	3	Y
St. Anne Church and Youth Group	Gresham	2	
Strickland Foundation	Northeast		
Teen Insight	Gresham		
with handicap access and outdoor school	Gresham		
YMCA summer program for kids	Gresham		
Youth Employment Programs	Northeast		
Youth Family Center	North	2	
Youth Sports and pools	Gresham		Y
Youth Transistor Program	Gresham		
Youth with a Mission (YWAM )	Northeast	3	
YWCA School	North		
<b>Family and Children/Youth Services</b>			
Adult and Family Services	North&SE&West	4	
Bethany House for pregnant girls	Gresham	2	
Casey Family Project	Northeast		
Catholic Family Services	Southeast & Gresham	3	
Child Service Center	Southeast		
Childhood Development Center	Southeast		
Children First	Mid & W. & G. &NE	6	
Chinese Parents Club	Southeast		
Committed Partners for Youth (Mentor Program)	North		
Corbett Group Home for Girls	Gresham		
Crisis Bed Group Home for Kids	mid county		
Darlington Center - child center/community health center	Southeast		
DICT - Youth Employment Agency	Northeast		
Dougy Center Counseling for children	Southeast		
East Hill Foursquare Church Youth Center	Gresham	5	
East Wind Center /diversion programs for anger			
Eastmoreland Hospital - Kids Safe	Southeast		
Edgefield Children's Center	Gresham		
Edgefield Residential and Day Treatment Youth Center	Gresham		
Elks--food drive for kids	Gresham	2	
Errol Heights Health Center - Parent child center	Southeast		
Exchange Club - child abuse prevention	North		
Family Care Providers	Northeast	2	
Family Day and Night Care support services and childcare	Northeast		
Family Enhancement	North		

Resource Name	District	#	Top Ten
Family Services Division	West		
for kids 12-20 years old	Gresham	4	
Foster Grandparents in school	Southeast		
Gang Taskforce	Gresham		
Great Start Together for Children	North		
Harrys Mother- Helps keep Families together /youth shelter	Southeast	5	Y
House of Umani	Northeast	8	
Hoy Yin Family Association	Southeast		
Insight Teen Parent Program	mid & G. & NE	5	
Insights Teen Parenthood	Southeast	2	
Jewish Family Services	West		
Kelly Center parent child support	Southeast		
Kerr Youth and Family center	Gresham	4	
Lutheran Family Services	mid county & SE	6	
Mainstream Drug and Alcohol Treatment			
management family/parent development center	Gresham	9	
Metro Family Services	West	2	
Mid County Child and Youth Center	mid county		
Mind Empowerment Seeds and Training	Southeast	2	
MOMS - support group	Southeast		
Naturopathic Clinic - natural childbirth	Southeast		
Nazerene Church and Youth Group	North	2	
North Portland Youth and Family Resource Center	North	5	
One Church One child	Northeast		
Oregon Lawyers for children	Northeast		Y
Parent Child Development	North		
Parent Child Service Center	Northeast	2	
Parry Center for Children	Southeast	6	
PIDC Industrial Opportunities school	Northeast		
Pivot Program	North		
Save our Youth	North		
Teen Health Center	North		
Teen Health Clinic Network	Southeast		
Teen Mom	North		
Teen Parent Programs	North		
Teenage Girls Shelter	Southeast		
Tri-County Youth Services	Northeast		
Waverly Children	Southeast		
White Shield Home	West		
Women and Infant Care	North	2	

Resource Name	District	#	Top Ten
<b><u>Social Services--General</u></b>			
12 Step Haven House	Southeast	3	Y
Accessible Juvenile and Adult Probation	Southeast		
Adult Corrections	North		
Adult Day Care Center	Southeast		
Adult Foster Care Home	Southeast		
Adult Probation	Northeast	2	
Aging Service	SE & Mid & W & NE	4	
AIM	Gresham & Mid	2	
Al Anon House	West		
Alano Club	West	2	
Albertina Kerr	mid county & N	2	
Albina Ministerial Alliance	Northeast	8	
Alcohol and Drug Services	Northeast		
Alcohol treatment center in Neighborhood	Southeast		
Alcoholics Anonymous and Alanon meetings	North		
Alcoholics Anonymous intergroup	West		
Alcoholics Anonymous/Narcotics Anonymous	Gresham & NE	3	
Alpha House for transitional living for drug rehab.	Gresham		
Alpine Associates	Gresham	3	
American Cancer	West		
American Friends Service	Gresham & West	2	
American Indian Health	West		
and Native American Program	Southeast		
Barbara Sue Seal, 20/20, Associations, food drive	Gresham		
Black United Fund of Oregon	Northeast	3	
Bradley Angle House	North		
Burnside Projects	West		
Catholic Charities	Gresham		
Center - Respite Care	Gresham		
Center for Community Mental Health	North & NE	4	
Chiers	West		
Children's Services Division	mid & SE & N & Gresham	9	
Chinese Consolidated Benevolent Association	West		
Chinese Presbyterian Social Service Center	Southeast		
Chinese Social Services Center	Southeast		
Clinica de Buena Salud	Gresham		
Commission for the Blind - job training and shelter	Southeast		
Community Corrections	NE & Mid & SE	3	
Community Energy Project	Northeast		
Community Health Center,			
Community Health Nurse	Gresham & N.	3	
Community Nuns Outreach	North		
Council for Alternatives for Prostitution	Southeast		
County Development Disabilities Program	Northeast		
County Health Department	Gresham		
County Information Services	Southeast		
Crisis Pregnancy Center	mid county		
D/T Shelter	West		
DARE program /with police departments	Gresham	2	
Daugy Center	Southeast		
Deaf Program - Columbia Regional - sunnyside/Harford	Southeast		

Resource Name	District	#	Top Ten
DeLaunay Clinic	North	9	
Depaul Treatment Center	Northeast		
Devlopmentally Disabled Case Management	West		
Disabilities Services	Northeast		
Dislocated Workers	mid county		
Diversion programs for Hispanics	mid county		
Dombecker	West		
Drug Team/ HAP	Gresham		
East Clty County Health Clinic	Gresham		
East County Alano Club	Gresham	2	
East County Health Center	Gresham	2	
East Hill Emergency Meal assistance	Gresham		
East Metro Mediation (VORP)	Gresham	2	
Eastco Diversified Services	Gresham		
Easter Seals	West		
Edgefield, Kerr, Morrison Centers	Gresham		
El Programa Hispano	Gresham	3	
Elder Safety Coalition	Gresham	2	
Emanuel Hospital	North	6	
Emergency Food	Northeast		
Employment Offices	mid county	4	
Fish Emergency Service	Southeast	2	
Focus on Wellness	West		
Francis Center	Southeast		
Friendly House	West	7	
Genesis	Northeast	2	
Gleaners Club	Gresham	2	
Good Samaritan Hospital	West		
Goodwill Industries	Northeast		
Goodwill	Southeast	2	
Grandparent and Kinship Coalition	Northeast		Y
Greenhouse	West		
Gresham Hearing and Speech	Gresham		
Gresham Senior Cneter	Gresham		
Gresham, Centennial County Mental Health Consultants	Gresham		
Grocery Outlet - support programs for needy	Gresham	2	
Health Center / Clinic	Northeast	2	
Health Clinic	North		
Health Department	Northeast	4	
Heritage House Adoption Center - post adoption support	Gresham		
Hispanic Access	West		
Hispanic Outreach	Northeast		
Hispanic Program	Gresham		
Hollywood senior center	Northeast		
Homeless services	West	2	Y
Hooper Detox	Southeast		
Hopewell House	West		
Hospitals	Northeast	2	
Hospitals Providence, Portland Advent.	Southeast		
Human Solutions - homeless and case management	Gresham	5	
Immigration Counseling	Southeast		
Indochinese Refugee Center	Southeast		
International Health Clinic, Refugee services and translators	mid county		
IRCO - Asian Outreach, interpreters	Northeast		

Resource Name	District	#	Top Ten
Janis Youth Program	Southeast	3	
Juvenile Justice Center in Neighborhood	Southeast		
Kaiser Hospital	North	4	
Kaiser Inc.	Northeast		
Kerr Center/Albertina	Gresham		
La Lache League	North		
Legacy Health System - parent support system	Southeast		
Legacy/Mt Hood Medical Center	Gresham		
Legal Aid	Northeast	2	
Letty Owens Home, alcoholic help for mother and their babies	Southeast		
Life Center	Northeast	3	
LIHNAPO Low Income	North		
Linkage	Northeast		
Loaves and Fishes	All	9	
LSAC's			
Luthera--Inner City ministries	Northeast		
Lutheran Church--Blood Donations	Gresham		
M.C. Community Health	Gresham		
Mainstream	N & NE & Mid & SE	6	
March of Dimes	West		
Mediation Program VORP?	Southeast		
Mental Health Services	NE & West	3	
Metro Crisis Clinic	West		
Metro YMCA	West		
Mid County International Health Clinic	mid county		
Mid County Senior Center	mid county		
Mid-County Clinic	mid county		
Migrant and Indian Coalition	Gresham		
Mormon Church--Counseling	mid county		
Mormon Churches--services for members	Gresham		
Morrison Center/Parry Center	Southeast	4	
Morrison Centers	Gresham	4	
Mountain View Christian - support groups	Gresham		
Mt. Hood Community Hospital	Gresham	3	
Mt. Hood Mental Health	Gresham		
Mt. Scott Parks wrestling and boxing and swimming programs	Southeast		
Multnomah County Aging Services	West		
Multnomah County Clinic and Mental Health	Gresham		
Multnomah County Health	West		
Multnomah County Juvenile Justice Division	North		
Multnomah County Probation and Parole	West		
Multnomah Developmental Disabilities	mid county		
NARA - Native American Rehabilitation Association	Gresham & SE	7	
Narcotics Anonymous--Arbor lodge	North		
Native American Fellowship	Southeast		
Native American Indian Center	Northeast		
Neighborhood Care Clinic	Southeast		
Neighborhood Health Clinics	Northeast	5	
Neighborhood House	West	12	
Network Mental Health	Southeast	2	
New Day treatment center	Southeast		
New Directions Drug Rehab.	mid county		
Nickerson Center	North	3	
North and North East Community Mental Health Center	Northeast	2	

Resource Name	District	#	Top Ten
North East YWCA	Northeast		
North Field Health Clinic	North		
North Portland Alano Association	North	2	
North Portland Health Clinic	North		
Northwest Narcotics Anonymous	West		
Northwest Pilot Project	West		
Oasis Center in Tigard	West	2	
Oregon Colored Womens Association	Northeast		
Oregon Food Bank	Northeast	2	
Oregon Outreach	Northeast		
Oregon Partnerships Alcohol and Drug Rehabilitation Center	Southeast		
Our House - Hospice	Southeast	2	
Outreach Ministries	West		
Outside In	West	5	
Parents Reaching Out	Northeast		
Penn Senior Center	North		
Phoenix Rising	West	2	
Planned Parenthood	North & NE	3	
Portland Advent Center	mid county	2	
Portland Adventist	Southeast		
Portland Commission on Aging	Northeast		
Portland Housing Center	Southeast		
Portland Impact/Senior Center	Southeast	5	
Portland OIC Vocational Training	Northeast	6	
Post Office and Service	Northeast & West	4	
Pregnancy Center	Gresham		
Private Industrial Council	Northeast	7	
Private Industry Council - projects	North		
Process Work Center - mediation center	Northeast		
Programa Espana	Gresham		
Programa Hispanico	Gresham		
Project for Community Recovery	North & NE	7	
Project Network	North & NE	2	
Project Respond	West		
Project Yes	mid county		Y
Providence Medical Center	North	3	
Rainbow Start Residential (RSC)	Southeast		
Raphael House	West	2	
Recovery Inn	Northeast		
Red Cross	West & NE	7	
Rescue Mission	West	2	
Retired Senior Volunteer Program (RSVP)	Northeast	2	
Ronald McDonald House	West		
Russell St. Dental Clinic	Northeast		
Russellville Service Center	mid county		
Ryles Center	Southeast		
Salvation Army	All	14	
Senior Center and Services	Northeast	3	
Senior Center	Gresham	5	
Senior Service Center	North	2	
Services for Hispanics and Migrant Indians	Gresham	4	
Sisterhood Luncheon	Northeast		
Sisters of Providence	North, NE, SE	3	
Sisters of the Road Cafe	West	3	

Resource Name	District	#	Top Ten
Snow Cap			
Soar	Southeast		
Snow Cap	Gresham & Mid	6	
South West Narcotics Anonymous	West		
Southeast Asian Community Center	North	2	
Southeast Health Center and Care Facility Clinic	Southeast	4	
Southeast Impact	Southeast		
St Paul Methodist Church - shelter program	Southeast		
St. Aiden's Episcopal - Alzheimers program	Gresham		
St. Francis Dining Hall - Meals for homeless			
St. Henry's Catholic--			
St. Idanes - 12 step programs	Gresham		
St. John's Community Center	North	4	
St. John's Senior Center	North		
St. Vincent de Paul	Gresham & W & NE, SE	8	
State of Oregon Mediation Program	mid county		
Stay Clean	North	2	
Steps to Success	mid & N & NE	7	
Sunday Homeless Feed	West		
Sunnyside Mennonite Church - Help Program	Southeast		
Together a Great Start for families - pre-school	North	2	
Toy and Joy	Gresham		
Transisiton Projects	West	3	
Trauma Teams - First Response	Gresham		
Unemployment office	Northeast		
Unions	West & NE	2	
United Way	West	5	
University of Portland Nursing Program	North		
Urban League	North & NE	17	
Urban League of Young Professionals	Northeast		
Vancouver Baptist--Hope and Hard Work Program	Northeast		
Veterans of Foriegn Wars	Southeast		
Victim Offender Retribution Program	mid county	3	
Visiting Nurses	Northeast	2	
Visitors Association and Center	West		
Vocational Rehabilitation	Southeast		
Volunteer Center	Northeast		
Volunteers of America	Southeast	2	
Volunteers of America Women's Facility and Day Care	Northeast	8	
Walla Walla School of Nursing at Portland Advent	mid county		
Welches Group Home for Boys	Gresham		
West Womens Shelter	West	2	
Westside Health Clinic	West		
William Temple House	West	3	
Women in Community Service	Northeast		
Women Transition Services and Adapt	Southeast		
Woodlawn Park Hospital	mid county		Y
YMCA	NE & SE	5	
YMCA Transitional Housing	North		
YWCA	N & W & NE & N & W	16	

Resource Name	District	#	Top Ten
<b><u>Safety and Security</u></b>			
122nd Foot Patrol	mid county		
Block Homes	G. & N & SE & W	5	
Christian Women against Crime	Northeast	3	
Community Police--Contact Offices	NE & N	10	
Corbett Volunteer Fire Dept - Assist the elderly	Gresham	2	
Corrections	Gresham		
Crime Prevention Program	Northeast		
District Court office	Southeast		
Fire Station	N. & Mid & SE & W	11	
Great police visibility - frequent police patrols	Southeast		
Hayden Island Security Patrol	Northeast		
Holmes, Jacki --Mother Against Violence	Northeast		
Justice Center	West		
Juvenile Court, Diversion Program	North	6	
Juvenile Court--North Portland /Office	North		
Juvenile Justice and Probation	Northeast		
Little League Park is safe	mid county		
Low crime rate in Southwest	West		
Neighborhood Block Watch	G.&NE &SE&N	5	
Neighborhood Mediation center	Northeast		
New Police Precinct	Northeast		
North Precinct Police Station	North		
Oregon Lawyers for children	Northeast		Y
Parole and Probation - County	Southeast		
Police Activities League - PAL	Gresham	2	
Police Department	Northeast	3	
Portland Bureau of Fire--Training Center	mid county		
Portland Police	West		
Probation Department	Northeast		
Probation Office			
Safety Action Team - Brentwood -Darlington	Southeast	2	
Safety Action Teams	North	3	Y
Safety Action Teams- Community Policing	Gresham		
Volunteer Fire Department	Gresham		
Warden Lobbies for community	Gresham		
Young Gang Task Force	Northeast		

Resource Name	District	#	Top Ten
---------------	----------	---	---------

## Religious Organizations/Churches

### Churches in General

Churches	West		
Churches	Northeast	3	
Churches	Gresham		Y
Churches in general	North		
Churches in general--social consciousness	Southeast		
Churches- language diversity	Southeast		Y
Churches with Child Care centers	West		Y
Churches--Diversity, non-english speaking	Southeast	2	
Churches--in general	mid county		
Churches--many downtown	West		
Churches-ethnic diversity	mid county		Y

Albina Church of God	Northeast		
Albina Ministerial Alliance	Northeast	8	
Allen Temple CME	Northeast		
AME Church	Northeast		
Ascension Church--Housing Services	Southeast		
Assumptions Catholic Church/Convent	North		
Augustaus Lutheran Church	Northeast	2	
Baptist Church	North		
Baptist church on Dosch Road	West		
Berean Baptist Church	Northeast		
Bethany Lutheran	Northeast		
Bethel AME	Northeast	2	
Bible Temple	mid county		
Buddhist Church	Southeast		
Buddist Temple	mid county		
Camp Odessey--Ecumenical Ministries	Gresham		
Catholic CAMP ministries	Gresham		
Catholic Charities	Gresham		
Catholic Church	North		
Catholic Church - Vietnamese Kids get tutored	Southeast		
Catholic Youth Organization	Northeast		
Christian Science	West		
Church Bible Schools	Gresham		
Cornerstone Community Church	Northeast		
Daniel Memorial Church of God in Christ	Northeast		
East Hill Church	Gresham	6	
East Hill Foursquare Church Youth Center	Gresham	5	
Eastern Unitarian Fellowship	Gresham		
Ecumenical Ministries	West & NE	2	
Emmanuel Temple	Northeast	2	
Epworth Methodist	Southeast		
Fellowship Church of God	Northeast		
Fellowship Missionary Baptist	Northeast		
Finnish Church	North	2	
First Baptist	Gresham		
First Congregational Church	West		
Freedom Church	North		
Friends Church - youth outreach	Southeast		

Resource Name	District	#	Top Ten
Gethsemane Church	mid county		
Good Shepherd Church, Youth Program (Boring)	Gresham		
Greek Orthodox	Northeast & SE	2	
Grotto	mid county		
Heaven Bound Choir for Youth	Northeast		
Hindson Baptist Church	Southeast		
Holy Cross Church	North	4	
Immaculate Heart School	Northeast	2	
Islamic Temple	Northeast		
Jewish Academy	West		
King E. Church	Northeast		
Later Day Saints (LDS) church, 242nd and 162nd	Gresham		
Lebanese Catholic Church	Southeast		
Little Chapel of the Chimes	North		
Loyola Retreat Center	Southeast		
Luthera--Inner City ministries	Northeast		
Lutheran Church	West		
Lutheran Church--Blood Donations	Gresham		
Lutheran Community Center	Northeast		
Lynchview Church	Gresham		
Mallory Avenue Christian Church	Northeast	5	
Maranatha Church	Northeast	3	
Mennonite Church	Southeast		
Metro Community Church	Northeast		
Metropolitan Community Church--gay/lesbian	Northeast		
Mittleman Jewish Community Center	West	11	
Mormon Church and Youth Group	North	2	
Mormon Church--Counseling	mid county		
Mormon Churches--services for members	Gresham		
Morning Star Baptist Church	Northeast		
Mountain View Christian - support groups	Gresham		
Mt. Olivette Baptist Church	North		
Mt. Sanai Community Baptist Church	Northeast		
Mt. Sinai Community Baptist Church	Northeast		
Mt. Sinai Temple Church of God in Christ	Northeast		
Mt. Tabor Presbyterian	Southeast		
Multnomah School of the Bible	mid county		
Nazerene Church and Youth Group	North	2	
Neighborhood Church of God	Northeast		
Nevah Shalom Jewish Synagogue	West	2	
New Azusa Christian Training Center	Northeast		
New Hope Baptist Church	Northeast	2	
New Song Church	Northeast		
Northwest Minister Presbyterian Church	North		
Old Church - recreation /social programs	Southeast		
One Church One child	Northeast		
Orthodox Church	Southeast		
Pentacostal Church	North		
People Bible Church	Northeast		
Pioneer Methodist	North		
Pioneer United Methodist	North		
Places of Worship, religious organizations	West		
Polish Community Church and Community Center	North	3	
Portland Lutheran School	Gresham		
Presbyterian Church	North		
Presbyterian Church	Southeast		

Resource Name	District	#	Top Ten
Presbyterian Covenant Church	Gresham		
Reedwood Friends	Southeast		
Reedwood Friends Church	Southeast		
Religious Organizations--in general	Southeast		Y
Rockwood Church of God	Gresham	2	
Rockwood Methodist	Gresham		
Roman Catholic Church	Southeast		
Romanian Church--Refuge Services	Gresham		
Romanian Pentacostal	Southeast		
Rose City Presbyterian	Northeast		
Russian Orthodox Church	North	2	
Russian Orthodox Church	Southeast		
Russian Pentacostal	Southeast		
Sacred Heart Church	mid county		
Savage Memorial Presbyterian Church	mid county		
Seventh Day Adventist Church	North	2	
Seventh Day Adventist Church	Southeast		
Shalom Ministries / Lincoln Street United Methodist	Southeast		
St. Aiden's Episcopal - Alzheimers program	Gresham		
St. Andrews Chruch	NE & N & W	7	
St. Anne Church and Youth Group	Gresham	2	
St. Francis Church	Southeast	3	
St. Francis Dining Hall - Meals for homeless and Native American Program	Southeast		
St. Henry's Catholic--Services for Hispanics and Migrant Indians	Gresham	4	
St. Ignatius	Southeast		
St. James	West		
St. Marks Episcopal	Southeast		
St. Paul Lutheran	Southeast		
St Paul Methodist Church - shelter program	Southeast		
St. Phillips	Northeast		
Suffi - Vedanti	Southeast		
Summer Vacation Bible School	Gresham		
Sunnyside Mennonite Church - Help Program	Southeast		
Sunnyside Methodist	Southeast		
Sunnyside Methodist Church	Southeast	4	
Temple Beth Isreal	West	5	
Trinity Lutheran	Gresham	2	
Trinity Lutheran	West		
Trinity Lutheran School	Northeast		
Unitarian Church	West	3	
Unitarian Church (on 181st)	Gresham		
United Methodist Church--Lincoln Street	Southeast		
United Methodist--Hughes Memorial Center	Northeast	3	
Unity Church	Southeast		
Vancouver Baptist	Northeast		
Vancouver Baptist--Hope and Hard Work Program	Northeast		
Vernon Presbyterian Church	Northeast		
Western Baptist Seminary	Southeast	2	
Westminister Presbyterian Church	North	3	
Woodlawn Methodist and School	Northeast	2	
Zarephath Kitchen	Gresham		
Zion AME	Northeast		
Zion United Church	Gresham	2	

Resource Name	District	#	Top Ten
---------------	----------	---	---------

## **Education--Other**

### **Education Centers and Special Schools**

Black Education Center	North & Northeast	4	
Chinese Language School	West		
French American School	Southeast	2	
Genius Alternative School	North		
Gladys McCoy Academy	Northeast	2	
International School	West		
Jewish Academy	West		
New Azusa Christian Training Center	Northeast		
Oregon School of Arts and Crafts	West		
School of Oriental Medicine	Southeast		
Western Culinary Institute	West	2	

### **Colleges and Universities**

Chiropractic College	mid county		
Concordia College	Northeast	4	
Lewis and Clark College and Law School	West	6	
Mt. Hood Community College	Gresham	7	
Portland Community College - Cascade	North	9	
Multnomah School of the Bible	mid county		
Naturopathic College	Southeast		
Pacific Northwest College of Arts	West	2	
Portland Community College - Sylvania	West	6	
Portland Community College- East	Southeast	4	
Portland State University	West	10	
Reed College	Southeast	4	
School of Naturopathic Medicine	mid county		
University of Oregon--Architecture Dept.	West		
University of Portland	North	15	
University of Portland--clubs for kids	North	2	
Warner Pacific College	Southeast	4	

Resource Name	District	#	Top Ten
<b><u>Civic Organizations</u></b>			
American Friends Service Committee	Northeast	3	
American Lung Association	West		
Black United Front	Northeast	3	
Black Womens Gathering	Northeast		
Blue Heron Society	North		
Booster Club	mid county		
Buckman Neighborhood Association	Southeast		
Children First for Oregon	Northeast		
Christian Women against Crime	Northeast	3	Y
Citizen Advisory Board to Youth and Family Services	North		
Citizens Ad. Council	Northeast		
Citizens for a Drug-Free Oregon	mid county		
City Club	West	2	
Coalition of Black Men	North & NE	5	
Community Development Corporations	Northeast	3	
Community Networking -			
Oregon Association of American Mothers	Northeast		
Democratic Party	West		
District Coordinating Team	Northeast		
Drum Bookstore - Native American stories	Southeast		
East Portland District Coalition	mid county		
Eliot Neighborhood Association	Northeast		
Elks--food drive for kids	Gresham	2	
Franciscian Enterprises	Northeast	3	
Fraternal Order of Eagles	North		
Habitat for Humanity	Northeast	4	
Housing Our Families	North		
Housing Our Families	Northeast	3	
Hoy Yin Family Association	Southeast		
Kiwanas	Gresham & Mid & N & NE	6	
Lions Club	Gresham & Mid & NE	4	
Lions foundation	Gresham		
Lions/Rotary/Elks	mid county		Y
Masonic Temple	Gresham & W	2	
Narcotics Anonymous	Northeast		
Neighborhood Assoc. - Asert, Sweetbriar, N. Gresham	Gresham	2	
Neighborhood Associations	N & NE & SE	16	
Neighborhood organizers for Empowerment	West		Y
North East Rescue Plan Action Committee (NERPAC)	Northeast		
North Portland Enhancement Committee	North	3	Y
Oregon Association of Minority Entrepreneurs	Northeast		
Parkrose Neighborhood Association	mid county		Y
Police Activities League - PAL	Gresham	2	
Portland Organizing Project	Northeast		
Portland Peace Works	Northeast		
Portland Rainbow Coalition	Northeast		
Portsmouth Neighborhood Association	North	2	
River City North and Neighborhood Associations	North		
Rotary Club	Gresham & SE & NE & West	5	
Save our Youth	North		

Resource Name	District	#	Top Ten
Service Clubs	Gresham & West	2	
Social Clubs	Northeast		
Soroptimist Club	North	3	
Soroptimist - Teddy Bear Parade childrens week	Gresham	3	Y
Sororities - Deltas, AKA, Links, La Femmes	Northeast		
Southeast Uplift	Southeast	4	
Southwest Information Network, Multnomah Community Center	West		
Sunnyside Neighborhood Association	Southeast		
Toastmasters for speech program	Gresham		

Resource Name	District	#	Top Ten
---------------	----------	---	---------

## Parks and Open Spaces

### General Comments on Parks and Open Spaces

Many participants listed parks, open spaces and parks programs in general

City of Parks	West	3	
Lots of parks	Southeast		
Parks	Northeast	3	
Parks and recreation--general	Gresham	3	
Parks--general	North	3	
Portland Park and Recreation	N.&W&NE&SE & Mid	9	
Public Parks	mid county		
State Parks	Gresham		
Greenways, in general	West		

### Specific Parks and Open Spaces

Bishops Close	West		
Blue Lake Park	Gresham	5	
Cathedral Park	North	4	
Chapman Park	West		
Columbia Park	North		
Columbia River Gorge	Gresham	2	
Couch Street Park	West		
Council Crest Park	West	3	
Dabney Park	Gresham		
Ditlers Beach	mid county		
Dunaway Park	West		
Fir Cemetery	Southeast		
Forest Park	West	6	
Fulton Park	West		
Gabriel Park	West	2	
Glendover Golf Course	mid county	2	
Grotto	mid county		
Hayden Island Park	North		
Heron Point	West		
Holladay Park	North		
Hoyt Arboretum	West	2	
I-205 bike trail	mid county	2	
Japanese Gardens	West	2	
Johnson Creek - Fishing	Southeast		Y
King Park	Northeast		
Kink Park	Gresham		
Laurelhurst Park	Southeast		
Leach Bottanical Garden	mid county		
Lewis and Clark Park	Gresham		
Main Park	Gresham		
Maywood Park and City Hall	mid county	2	
Mt. Tabor Park - Volcano	Southeast	3	
Multnomah Falls	Gresham	3	
Oaks Amusement Park	Southeast & West	6	
Oaks Bottom	Southeast	2	
Oxbow Park	Gresham		
Pat Pfeiffer Park	Gresham	2	

Resource Name	District	#	Top Ten
Pier Park	North	2	
Pittock Mansion	West	3	
Powell Butte Park	Gresham	2	
Rhododendron Gardens	Southeast		
Rocky Butte	mid county		
Rhododendron garden	Southeast		
Rose Gardens	West	3	
Ross Island	West		
Sandy River	Gresham	3	
Sauvie Island	North & West	3	
Smith Bybee Lakes	North	5	
Springwater Corridor Trail	Gresham & SE	2	Y
Terwilliger Parkway	West		
Tom McCall Riverfront Park	West	3	
Tyron Creek State Park	West	2	
University Park and Recreation Center	North	6	
Vista House	Gresham		
Wallace Park	West	2	
Washington Park and Zoo	West	12	
Waterfront Park	West	5	
Westmoreland Park	Southeast		
<b>Retreat Centers/Camps</b>			
Camp Collins	Gresham	5	
Camp Nadaka	Gresham		
Collier Retreat Center	Gresham		
Menucha Retreat Center	Gresham	5	
Camp Odessey--Ecumenical Ministries	Gresham		
Catholic CAMP ministries	Gresham		
Loyola Retreat Center	Southeast		
<b>Community Gardens</b>			
Community Garden (8) in SE	Southeast		Y
Community Gardens	North		
Everett Community Garden	Northeast	2	
<b>Recreation Centers and Programs</b>			
82nd youth community center	Southeast		
190th and Halsy, Remote Control Planes	Gresham		
Basketball--the 4	Gresham		
Blue Lake Region	Gresham		
Coliseum/Convention Center	Northeast	2	
Columbia Pool	North		
Columbia Villa Recreation Center	North		
Columbia Villa Recreation Center	North		Y
Community Music Center	Southeast		
Creston, Buckman, Sellwood Pools	Southeast	3	
Delta Park Soccer Fields	North		
Dishman Community Center	Northeast		
Dog Track	Gresham		
Fire Stations--CPR classes	West	2	
Golf Courses	Gresham		
Gresham Little League - Main City Park	Gresham		
Indoor Park	Southeast		

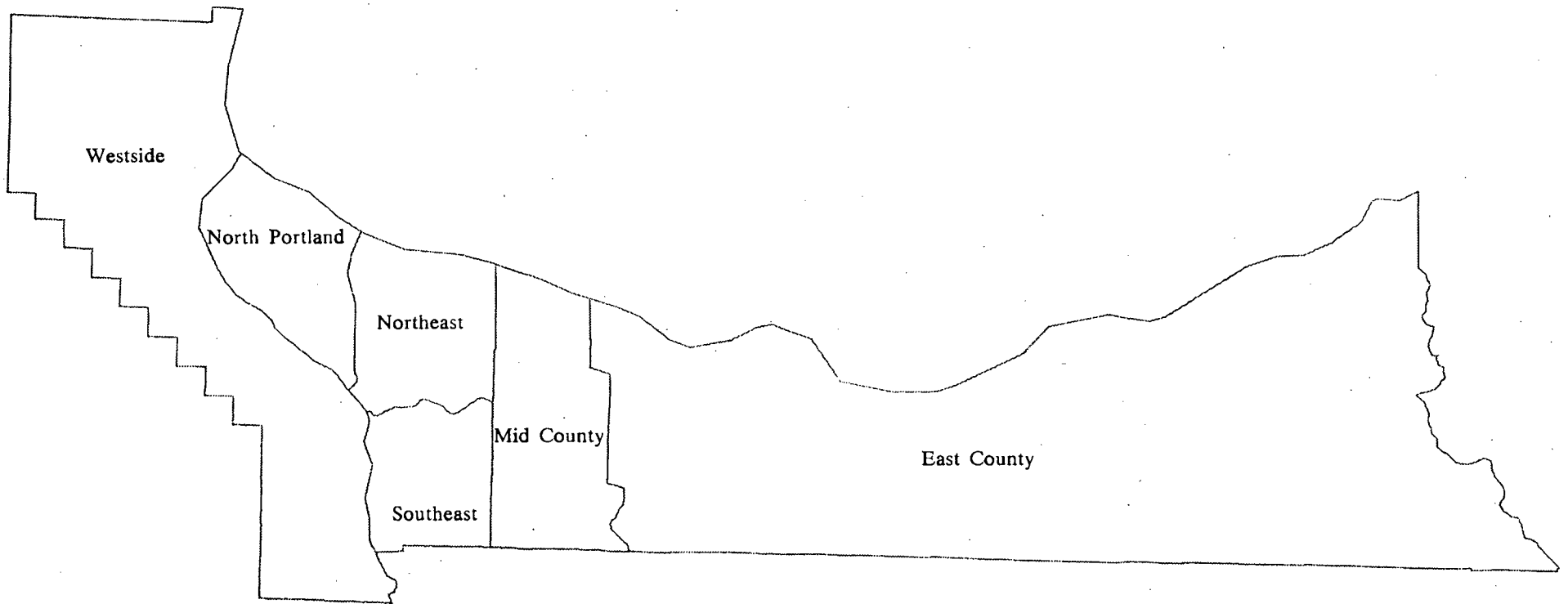
Resource Name	District	#	Top Ten
Indoor Soccer Center	Southeast		
Linnton Community Center	West		
Little League Park is safe	mid county		
Little league	Gresham & Mid county & N.	4	
Matt Dishman Community Center	North & Northeast	2	
Midnight Basketball	mid county & NE	2	
Multnomah Atheletic Club	West		
Multnomah Community Arts Center	West	5	
Multnomah Kennel Club	Gresham & Mid county	2	
Old Church - recreation /social programs	Southeast		
Parkrose public poolsPublic Pools	mid county		
Pools	Gresham		
Poppcorner Football	Northeast		
Portland International Raceway	North		
Recreation Center at Penisula Park	Northeast		
Reynolds Sports camps	Gresham		
Ring Center	Northeast		
Rockwood Sports Leaques for kids	Gresham		
Skateboard Park/ Indoor Skateboarding	Southeast		
Soccer /Softball/Baseball leagues and Fields	Gresham	2	
Softball/Baseball Leagues	Southeast		
Sports Programs	Southeast		
Swimming Pools, Buckman Montavilla Sellwood	Southeast		
Willamette River - recreation	Southeast		
Wrestling	North		
YMCA summer program for kids	Gresham		
Youth Sports and pools	Gresham		Y
<b>Public Events</b>			
First Thursday	West	2	
Art Quake	West	3	
Bite of Portland	West		
Blue Heron Jazz Festival	North	2	
Cathedral Park Jazz Festival	North		
Cathedral Park Jazz Festival	North	2	
Community Celebrations/Gatherings	West		Y
Community Cultural Events - parade, Jazz Festival	North	2	Y
Community Fairs and Activities	Gresham		
Community Painting Day	Gresham		
Dragon Boat Races	West		
Gay Pride Parade	West		
Hawthorne Street Fair	Southeast		
Highland Games	Gresham		
Mt. Hood Festival of Jazz	Gresham	5	Y
Neighborhood festivals	West		
Oxbow Park - Salmon Festival	Gresham	7	
Sabin Multi-Cultural Festival	Northeast		
Sandy Mountain Festival	Gresham		
Senior Law Day	North		
Sponsors of Free concerts	West		
Sporting events	Gresham		
St. John's Jazz Festival / Parade	North	6	
Summer Celebrations	West		
Sundae in the Park, Sellwood Park - Neighborhood	Southeast		

Resource Name	District	#	Top Ten
Windjam Community Event	Gresham		
<b>Urban Places</b>			
<i>In addition to parks and open spaces, people nominated a variety of urban places</i>			
23rd Avenue	West	2	Y
Arcades	Gresham		
Book Stores	West & Northwest	4	
Bowling Alleys	mid county		
Bridges	West	2	
China Town	West		
Downtown Gresham	Gresham		Y
Eclectic shops and people	Southeast		
Fountains	West	2	
Hillsdale Shopping Area	West	2	
Holliday Center	Southeast		
Interstate Bridge	North		
Jantzen Beach	North		
Lombard Strip	North	2	
Main Street/downtown core	Gresham	2	
Mall 205	mid county		
Many tennis courts	Southeast		
Mosques on Capitol Hwy	West		
Movie theaters	Northeast		
Mulnomah Village, Village atmosphere	West	4	
New Shops on MLK, small business owners	North		
Northwest Neighborhood	West		
Oaks Pioneer Church	Southeast		
Old Town	West	2	
Outdoor bistros	West		
Overlook House - historical point	North		
Palmer House	North		
Park Blocks	West	2	
Pioneer Courthouse Square	West	6	Y
Pioneer Place	West		
Portland Airport	Gresham		
Portland Building	West		
Portlandia	West		
River Place	West		
Salmon Street Fountain	West		
Saturday Market	West	5	Y
Sellwood Antique Row	Southeast		y
Shipyards	North		
Sidewalk in Front of Library	West		
St. John's Bridge	North		
St. John's Movie Theater	North	2	
Transit Mall	West	2	Y
Union Station	West		
World Trade Center	West	2	

Resource Name	District	#	Top Ten
<b><u>People Resources</u></b>			
Al Paul	Northeast		
Anderson, Hannah	West		
Anderson, Joe	Gresham		Y
Anderson, Pauline, Ex-County Commissioner	Southeast		
Arden, Pam	North	3	
Bacon, Kevin	North		
Bernard Ings	Northeast		
Bronski, Ron	North		
Calcagno, Augie	North		
Carver, King	Northeast		
Casso, Jose	West		
Collier, Tanya, Multnomah County Commissioner	Southeast	2	
Cornetta Smith, Albina Ministry Alliance	Northeast		
Dave Bark - neighborhood network	West		
DePasquale, John	North		
Evans, Hubert	Northeast		
Fitzgerald, Grace	mid county		Y
Gettle, Bob	West		
Harrison, Ron	North		
Haughton, Ruby --SIS	Northeast		
Hauvner, Ruth--Housing Authority	West		
Herndon, Ron	Northeast	3	
Holmes, Jacki --Mother Against Violence	Northeast		
Holmes, Willa and Tom - eager volunteers	Gresham		Y
Kelly, Sharon --County Commissioner	Gresham		
Lee, Dr. Faye - dentist, active with Chinese church	Southeast		
LeGuin, Ursula	West	3	Y
Lindberg, Mike Commissioner	Southeast		
McCoys, Senator Bill and family	North	2	Y
McRoberts, Gussie, Gresham Mayor	Gresham		Y
Middlebush, Mrs. - helps kids after school	Gresham		Y
Miller, Mark--contributions to a cookbook	West		
Minister across from Peace House	Northeast		
Montrond, Frank	West		
Moose, Chief of Police	West		
Naito Family	West		
Piano/Music Teachers	Southeast		
Pittman, Roy	Northeast	2	
Poe, Lee and John	North		
Principals in school	Northeast		
Renz, Peggy	West		
Richardson, Mr.	North		
Rosevear, JoAnn	North		
Salvo, Wayne	North		Y
Shields, Rev. Frank	Southeast		
Shurd, Issac Shon	North		
Stein, Bev	SE, Mid, Gresham	3	Y
Taylor, Gregg	North		
Taylor, Leslie	North		
Taylor, Mariah	Northeast	5	Y
Thompson, Betty	Northeast		
Whike, Linda	North		
Wiselogal, Andy	Gresham		
Wyden, Ron	Gresham		

# Multnomah County

## Service districts



	East County	Mid County	North Portland	Northeast	Southeast	Westside
Persons	96131	110626	45911	99145	135535	96644
Families	25897	29413	11347	24173	32061	21612
Households	35436	43533	17849	39852	58812	46838
Race						
White	90531	101711	37222	68927	120602	90072
Black	1157	1641	4395	23441	2656	1631
Am.Ind.	1025	1040	1023	1663	1747	697
Asian	2343	5154	2504	4044	9204	3651
Other	1075	1080	767	1070	1326	593
Age						
Under 5	7552	8046	3814	7941	9429	4881
5-9	7663	7498	3619	7707	8478	4113
10-14	7515	7165	3020	6800	7106	3669
15-17	4160	3826	1454	3570	4071	2163
Total under 5	22730	22709	10453	22448	25013	12663
Household type and presence of children						
Family households						
Married-couple family						
With own children	10884	9675	3549	7642	10583	6864
No own children	10256	13345	4257	8740	13379	11616
Other family						
Male householder, no wife						
With own children	698	956	429	717	1004	431
No own children	623	789	418	758	1100	532
Female householder, no husband						
With own children	2149	2766	1698	3861	3129	1241
No own children	1287	1882	996	2455	2866	928
Nonfamily households	9539	14120	6502	15679	26751	25226
Educational attainment						
Less than 9th grade	2892	4503	2413	3723	6117	1816
9th to 12th grade, no diploma	6827	10369	5330	8077	11127	3899

	East County	Mid County	North Portland	Northeast	Southeast	Westside
High school graduate	17748	24106	9440	16291	24502	10479
Some college, no degree	18139	19012	6927	17822	23635	17389
Associate degree	5363	5154	1759	4091	6097	3816
Bachelor's degree	6489	7385	1983	9947	14582	20306
Graduate or professional degree	2859	3028	963	5256	6917	12886
Household income						
Less than \$5,000	1148	1956	1355	2818	3533	3694
\$5,000-\$19,999	8171	12874	6549	13202	19975	12313
\$20,000-\$29,999	6379	9283	3605	7106	12277	7155
\$30,000-\$39,999	6636	7816	2582	6092	9396	5622
\$40,000-\$49,999	5314	4870	1888	4105	5551	4367
\$50,000-\$59,000	3442	2977	853	2561	3160	3329
Over \$60,000	4346	3757	1017	3968	4920	10358
Poverty status by age						
Income above poverty level						
Under 5	6477	6328	2368	5541	7602	4467
5-17	17316	15424	5909	13292	15815	9076
18 and over	63463	74003	27326	61629	91415	68736
Income below poverty level						
Under 5	910	1483	1339	2211	1554	342
5-17	1607	2583	2003	4332	3056	658
18 and over	4819	8116	5628	11020	13041	10265
Poverty status by family type						
Income above poverty level						
Married-couple family						
With related children	10745	9453	3425	7184	10092	6785
No related children	9748	12544	3879	8164	12593	11179
Male householder, no wife						
With related children	721	843	405	675	942	348
No related children	517	681	277	563	923	476
Female householder, no husband						
With related children	1698	2080	737	2560	2383	1108
No related children	1024	1425	692	1767	2285	744

	East County	Mid County	North Portland	Northeast	Southeast	Westside
Income below poverty level						
Married couple family						
With related children	432	660	329	806	875	212
No related children	215	363	173	228	402	304
Male householder, no wife						
With related children	59	151	107	193	193	103
No related children	24	70	58	44	46	36
Female householder, no husband						
With related children	659	1065	1167	1821	1122	230
No related children	55	78	98	168	205	87
Tenure						
Owner occupied	22281	26391	10269	23435	29610	21995
Renter occupied	12970	17022	7557	16716	29135	24759
Units in structure						
1, detached	22542	31290	13821	30582	38266	23206
1, attached	1452	1106	453	948	957	902
2	1621	1326	780	2179	4141	1265
3 or 4	1737	1833	1000	1866	3871	1824
5 to 9	1661	1931	862	1565	3704	2411
10 to 19	2069	2583	986	2686	5201	4813
20 to 49	2142	2600	324	1203	3379	6503
50 or more	1091	1160	156	1360	1387	7947
Mobile home or trailer	2292	1189	473	623	204	102
Other	264	303	187	552	331	539
Average median year structure build	1971	1958	1946	1943	1944	1953
Kitchen facilities						
Complete facilities	36628	45078	18950	43264	61105	48712
Lacking complete facilities	243	243	92	300	336	800
Average median gross rent	488	439	404	446	413	466

	East County	Mid County	North Portland	Northeast	Southeast	Westside
Average median gross rent as a percentage of household income	25.2	24.7	26.2	26.9	24.9	24.6
Plumbing facilities						
Complete facilities	36819	45176	18973	43378	61085	48883
Lacking complete facilities	52	145	69	186	356	629



**DAN SALTZMAN, Multnomah County Commissioner, District One**

1120 S.W. Fifth Avenue, Suite 1500 • Portland, Oregon 97204 • (503) 248-5220 • FAX (503) 248-5440

July 16, 1994

TO: Helen Richardson

FROM: Dan Saltzman

*Dan*

**RE: QUESTIONS AND AMENDMENTS TO DRAFT STAGE ONE PLAN**

I have reviewed the draft Stage One plan and, on balance, find it to be a constructive plan. Some of the suggestions are a little vague, others a little ambitious. As it is a draft, I assume more precision and clear statements of intent will be forthcoming.

Below are my comments and possible amendments for the Stage One Plan.

**DIVERSITY (p. 8)**

Does acceptance of Stage One report imply support for 19 diversity objectives on page 8?

Text states that these 19 objectives were supplied by a telephone poll of MCCF members of color only. If that is the case, then what is their meaning and context for the county and for MCCF?

I have particular problems with Goal 15 which calls for the county to establish a "United Nations-type facility where issues that deal with families and children could be discussed...and get simultaneous translations of various languages". Is this a serious proposal?

**TEEN PREGNANCY BENCHMARK (p.2)**

Add to Activity 9 new language so it reads as follows:

"Advocate for men to be responsible fathers and to emotionally connect with their children." Conduct community discussion on the role of men as parents.

### CHILD ABUSE/NEGLECT BENCHMARK (p.3)

Under Potential Partners, change "multi-disciplinary teams" to "child abuse teams", per recent county resolution making name change. Also, add "Dan Saltzman".

Under Activities, delete 10, 12, 14. I just don't see what connection those have to child abuse.

### CHILD CARE BENCHMARK (p.7)

Under Objectives 2 and 3, what are the Resource Fund and the Loan Fund?