BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 00-189

Approving the November 16, 2000 Coordinated Comprehensive Plan of the Commission on Children, Families and Community

The Multnomah County Board of Commissioners Finds:

a. The 1999 Session of the Oregon Legislature passed, and Governor Kitzhaber signed SB 555, creating a requirement that local Commissions on the Children and Families create a Coordinated Comprehensive Plan for families & children living with their jurisdictions.

b. The Board of County Commissioners for Multnomah County passed Ordinance No. 921 in November 1998 creating Commission on Children, Families and Community (CCFC) with the principle mission of conducting an inclusive, community-based local planning process for the children and families of Multnomah County.

c. The CCFC was also created to be the Multnomah County's Community Action Board, charged with primary responsibility for planning initiatives impacting low-income individuals and families.

d. The CCFC created and on November 28, 2000 approved the first phase document for Coordinated Comprehensive Plan required under SB 555.

The Multnomah County Board of Commissioners Resolves:

The Board of County Commissioners of Multnomah County approves the CCFC Coordinated Comprehensive Plan dated November 16, 2000 and authorizes its official submission to the State Commission on Children and Families by the County Chair.

Adopted this 30th day of November, 2000.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Beverly Stein, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By _____
Katie Gaetjens, Assistant County Attorney

FINAL DRAFT

Coordinated Comprehensive Plan for the

Commission on Children, Families and Community

Revisions Dated November 16, 2000

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m e m o r a n d u m

TO: Donna Middleton, Director
Oregon Commission on Children & Families

FROM: Jim Clay, Executive Director
Commission on Children, Families and Community

DATE: September 15, 2000

SUBJECT: CCFC Coordinated Comprehensive Plan

Attached is an original submission of the Coordinated Comprehensive Plan for children and families in Multnomah County. As requested, we are also submitting an electronic copy of the plan on disc.

Our understanding, reflected in the content and structure of the document, is that this initial submission is intended to be a phase one of a longer planning process. We characterize our approach as writing a document that we primarily view as a summarized compilation of data, aligned around state identified goal and outcome areas for children, youth and families in Multnomah County. We envision our submission to be a first step in a multi-year process. In future work, we intend to map our current system; conduct needs assessment; and engage our community in all aspects of the planning process.

We are submitting the Coordinated Comprehensive Plan in draft form. Neither the Commission on Children, Families and Community nor the Board of County Commissioners have reviewed nor approved the document. Nor do we understand this is required by the state. However, in creating this draft we have conducted a limited stakeholder review which included an analysis by CCFC's Early Childhood Care and Education Council as well as review by individual Commission members.

As we move through this planning process in the upcoming year, we anticipate a more thorough, and we believe meaningful, opportunity for community advocates to participate in planning for children and families in the coming months. We are currently engaging Committee and community involvement for that effort. We believe that early childhood advocates will play a key role in all aspects of the plan development.

We anticipate further direction from your office on SB 555 planning requirements and we look forward to working with you, and your staff, on these efforts. Please feel free to call me at (503) 988-3897.

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Multnomah County Executive Summary

A. County Overview

Multnomah County has Oregon's largest population (646,850) and smallest geographic size. The county has six incorporated cities – Portland, Gresham, Lake Oswego (a small portion), Maywood Park, Troutdale and Wood Village. Portland and Gresham are Oregon's first and sixth largest cities, respectively. Multnomah County also has a substantial amount of rural land – ranging from farms on Sauvie's Island to recreational areas on the western slopes of Mt. Hood. The varied geography of the county accounts for its variety of major industries. County residents are engaged in high tech and e-commerce, manufacturing, transportation, wholesale and retail trade, and tourism.

Multnomah County is Oregon's most diverse county in its numbers of racial and ethnic populations. African-Americans comprise 7.1% of the county's residents, American Indians 1.3%, Asians/Pacific Islanders 6.2%, and Hispanics 5.1%. Many other cultures are represented as well.

B. Overview of Goals and Core Outcome Areas.

Goal 1: Strong, Nurturing Families

- **Core Outcome Area 1(A) Family Self-sufficiency and Social Supports:**

Multnomah County annually spends $240 million (28% of its budget) to assist people living in poverty. According to the 1997 American Community Survey, 86,000 of the county's residents live in poverty. One-third of those people are children and youth under the age of 18 years. Single women with children comprise 50% of the families in poverty. Local governments and non-profit agencies provide social services to help families work toward economic self-sufficiency.

- **Core Outcome Area 1(B) Healthy Family Climate and Positive Parenting:**

Domestic Violence toward women occurs at startling rate. A recent report found that one in every seven women in the county was physically abused by a domestic partner in 1999. An estimated 21,000 children were exposed to domestic violence during the same year. Data suggests the need for additional shelter space and support services for women and children fleeing domestic violence situations. A current study of teen parents between the ages of 13 – 18 is finding that an alarming 32.5% of those in the study experienced domestic violence within six months of being surveyed. (CHOICES evaluation report, October 2000, Youth Services Consortium. CHOICES is a project of Insights Teen Parent Program). Most domestic violence programs do not currently provide comprehensive services to minor teens.

The estimated number of adults in Multnomah County who abuse drugs or alcohol is 92,584. Arrest rates for drug and alcohol offenses reflect a continuing community problem with substance abuse.

Changes in child abuse reporting protocols enacted by the last session of the Oregon Legislature coincide with increased numbers of reports of child abuse in Multnomah County. These changes required more stringent reporting of suspected abuse. Consequently, the number of children in foster care in Multnomah County grew 60% between 1995 and 1998.

Multnomah County's divorce rate is lower than that of the state on average. Forty-two percent of the couples divorcing were parents of children under the age of 18 years. Multnomah County does not track information on the number of unmarried couples with children who separate.

Goal 2: Healthy, Thriving Children

- **Core Outcome Area 2(A) Healthy Growth and Development & Health Care:**

In 1998, 7% of mothers who gave birth in Multnomah County reported having "inadequate prenatal care," meaning they had fewer than five prenatal visits or did not begin care until their third trimester. Although tobacco use in pregnancy is dropping, 16.7% of mothers reported its use during their pregnancy. The infant death rate continues to run far higher for communities of color than for whites.

Ninety-five percent (95%) of children under 5 years have health care coverage. The Oregon Health Plan brings health care coverage to far more low-income families than does any other state-sponsored public health plan. Immunization rates for children in Multnomah County are close to the state's average rate of 73%.

Youth suicide attempts have been declining since 1992.

- **Core Outcome Area 2(B) Childhood Care and Education:**

In 1997, only 60% of children entering school in Multnomah County were determined to be "ready to learn." Several new public and private initiatives are being developed to address school readiness. Multnomah County is slightly below Oregon Department of Education standards for math and reading performance in 3rd grade. Sixteen percent (16%) of children under age 5 live in families where English is not the primary language. Students using ESL services in the county's eight school districts have doubled in ten years.

- **Core Outcome Area 2(C) Childhood System of Services and Supports:**

Multnomah County's rate of available child care slots was 22 per 100 children under the age of 13. Advocates argue that child care availability statistics do not convey any information on quality or safety of the child care options available in the community. Greater training opportunities are needed for center-based and family child care providers. Multnomah County's Early Childhood Mental Health Workgroup is working to develop greater mental health supportive services for families with young children.

Goal 3: Healthy, Thriving Youth

- **Core Outcome Area 3(A) Juvenile Crime Prevention:**

6.1% of youth in Multnomah County are juvenile offenders. The county's juvenile arrest rates for behavioral crimes and crimes against property are lower than the state's average, while the arrest rate for juvenile crimes against persons was higher. Well organized advocacy by several of the county's largest employers identifies early childhood support as their priority strategy for preventing future juvenile crime. Strong collaborative intervention and prevention programs, like the Youth Investment System, target adolescent youth at risk of delinquency and provide appropriate services to these populations.

- **Core Outcome Area 3(B) Avoidance of Alcohol, Tobacco and Other Drugs:**

Multnomah County's juvenile arrest rate for drug law violations is much higher than the state's average. The reported use of tobacco, alcohol and illicit drugs increased dramatically for students surveyed in 8th and 11th grades. Young people with the lowest number of assets show the highest levels of abuse.

- **Core Outcome Area 3(C) Sexual Behavior and Responsibility:**

There were 2,133 pregnancies in Multnomah County for women under age 19 years in 1996-98. Seventy-five percent of the school districts in the county offer the STARS curriculum. In FY 99, the Health Department assessed 86% of pregnant and/or postpartum teens for services. The pregnancy rate in Multnomah County has fallen every year since 1994, and has dropped from 28.4% in 1990 to 20.3% in 1999.

- **Core Outcome Area 3(D) Educational Progress and Success:**

The changes in average enrollment in all the county's schools has shown a steady increase over the past nine years reflecting the overall growth in population. Percentages of students in 8th and 10th grades who met or exceeded math and reading standards were similar to state averages.

- **Core Outcome Area 3(E) Non-Traditional Living Environments:**

Homeless Youth in downtown Portland are served by a collaborative, comprehensive system of services provided by four non-profit agencies. In the first six months of operation, 658 youth had been served. Runaway youth throughout Multnomah County are served by a collaborative system of wraparound services provided through fifteen agencies participating in the Youth Investment System. Two hundred twenty-five runaways sought assistance at social service agencies last year. Multnomah County's rate of children (0-17 years) living away from parents was higher than the state's average. The Youth Investment System provides short-term and long-term shelter, host homes, and respite care as housing options for runaway youth. The Youth Investment system also has a flexible housing pool for emergency housing for minority youth under 18 who need culturally specific services. Homeless teen parents are not routinely served by the downtown homeless youth system although this system has begun to provide some services to this population. An estimated 300 – 400 teen parents under 20 become homeless each year. Approximately 35 - 40 beds are available for homeless teen parents through a network of teen parent services providers in Multnomah County.

C. Overview of Multnomah County's Early Childhood System.

- **Mission and beliefs**

Multnomah County's early childhood care & education system exists to promote the emotional wellness of children and families during the first eight years of a child's life, and foster secure, warm relationships with parents and other caregivers, the keys to healthy early development and later school success.[1]

With increased knowledge of early childhood brain development has come an increased societal awareness of the "quiet crisis" facing American children and families.[2] On the heels of awareness, advocacy efforts have gained momentum. "Emotional wellness" – the foundation for children's competence, learning, and motivation to be caring and responsible citizens – is no longer a given for the children of this community. Poverty and homelessness (children under 5 years account for 20% of the homeless population in Multnomah County), drug and alcohol abuse by adult caregivers, domestic violence, and other major family life stressors deeply compromise healthy development for young children. Advocacy efforts must vividly and accurately represent the social, physical, and societal requirements for healthy outcomes for all children, and to ensure that those needs are met.

- **Early Childhood Care and Education System Goal and Activities**

A primary goal for systems development in the early childhood care and education arena is multi-system integration. This integration of services will require a cross-system and cross-discipline effort.[3] Numerous private and public health, development, and education programs provide early childhood services in Multnomah County. Nearly 50 Multnomah County programs utilize home visiting as a service strategy. Specific program characteristics including duration and intensity of services vary, but

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[1] Cited in Knitzer, Jane. *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*, Carnegie Corp. of N.Y. & the National Center for Children in Poverty, 2000.

[2] *Starting Points Initiative: Meeting the Needs of Our Youngest Children*, The Carnegie Corporation of N.Y., 1994.

[3] ECMH Workgroup, Multnomah County Mental Health Design Team, 2000.

all share a single objective: to support, educate and empower families in order to promote all aspects of healthy development of young children. Within the early childhood care and education community there are many diverse programs, agencies, organizations and funding partners. "This heterogeneity means that a range of strategies sufficiently flexible and robust [is required] in order to help families, program staff and communities address prevention and early intervention, as well as more intensive needs" of children.[4]

- **Strengths/ Gaps & Barriers**

Early Childhood as a field is relatively new, presenting both opportunities and challenges. On one hand, diversity among the disciplines involved with children and families throughout early childhood "ensures a rich and comprehensive approach to the needs of children and families."[5] On the other hand, the many "adjoining" fields and disciplines (for example, medicine, public health, education, child welfare, child protection, and others) are not yet familiar with one another's practical work, professional perspectives, and intra-disciplinary philosophy and focus. Yet, "the multiplicity of service systems that address the health and development of young children share a common set of goals, face a similar set of challenges, often serve the same children and families, and are guided by a convergent body of knowledge."[6]

- **What's Needed in the Future**

1. Continue efforts to bring together multi-disciplinary, multi-system stakeholders to gather the best thinking about ways to align services, and to effectively reach all families with needed supports.
2. Implement promising strategies, across a broad continuum of services from early prevention to intensive intervention, relying on a diverse set of programs. One size will not fit all.
3. Expand the review and evaluation of programs, in order to "tell the story" of program efficacy. Include resources for assessment and documentation in every program plan and budget.
4. Engage public and private partners – including workforce development, housing, community development, health and others - to deepen and integrate the base of funding, along the entire spectrum from prevention to intensive interventions.

D. Involving the Community in Planning for Multnomah County's Children.

The Commission on Children, Families and Community's strategic plan, *Creating a Chosen Future*, has four goals. Goal 4 is a "Direct Link Between Planning & Implementation." All the program work of CCFC reflects adherence to the values of building on existing work already in the community and engaging communities that are traditionally underrepresented in planning efforts.

E. Key Opportunities for Children.

The Commission on Children, Families and Community believes that several fundamental shifts in our thinking and our approach to children and families will provide us with key opportunities. First, we believe we need to move our focus away from people's problems or deficits, and on to their strengths and assets. Second, we need to stop thinking of people as the objects of our interventions, and begin thinking of them, and their families and communities, as participants in creating wellness. Third, we call for a shift away from the belief that social concerns are the responsibility of government, and instead see the power and need for public/private partnerships in human investment. Finally, we believe that we must stop planning for artificial categorical "silos," and begin naming our desired outcomes, make plans for achieving them, committing to the needed investment, and holding ourselves accountable for results.

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[4] Knitzer, 2000; see above.
[5] Shonkoff, J., et.al. *Early Childhood Intervention: Views from the Field*, National Academy Press, 1999.
[6] Ibid.

COUNTY & COMMUNITY INPUTS TO COORDINATED COMPREHENSIVE PLAN

Inclusion as a core value

Among the values of the Commission on Children, Families and Community of Multnomah County, is our commitment to inclusion. Our values statement reads: "We value an open and accessible community planning process bringing diverse viewpoints, including those of young people." This value has consistently been upheld in ways that exceed conventional expectations. A narrower understanding of this value might call for the participation of "providers and consumers," meaning professionals in the field of human services, and those people helped by those professionals. Our approach is far broader than this, consistent with our belief that it will take far more than professionally delivered services to bring about lasting change and consistently positive outcomes among children and families.

We have involved not only the likely cast of characters, but also communities of faith, the Multnomah County Youth Advisory Board, small and large businesses, front line and superintendent-level educators, neighborhood associations, student groups, foundations, advocacy groups, cultural communities, elected leaders, law enforcement and public safety, and many other constituencies.

Creating a Chosen Future

The Commission on Children, Families and Community's established strategic plan, *Creating a Chosen Future*, is the foundation for this Coordinated Comprehensive Plan (CCP). Many other local planning processes, addressing a wide range of issues and populations have also served to inform this work. In January 1997, the Board of County Commissioners adopted *Creating a Chosen Future*, the Commission's strategic plan. The Commission on Children and Families had worked on the strategic plan for over a year before its formal adoption by the Board of Commissioners. Literally, thousands of organizations and individuals engaged in the plan process and provided input to its development.

Creating a Chosen Future's "Goal #4: Direct Link Between Planning & Implementation" has guided all work on the Coordinated Comprehensive Plan. Program and planning at CCFC reflect adherence to our value of building on existing work already in the community and engaging individuals, constituencies and communities that are traditionally underrepresented in planning efforts. *Creating a Chosen Future* has enabled CCFC to define its work as "supporting and building upon the successful work of local, neighborhood and cultural community-based planning efforts seeking positive outcomes for children and families." Decision-making around new opportunities is guided by goals, values and a determination of whether opportunities are aligned with existing community-based initiatives or plans. All current and future program funding decisions are made after all these factors have been evaluated.

Community involvement in CCFC planning initiatives

Much of the community information gathered for the Coordinated Comprehensive Plan was gleaned from existing planning documents already produced by CCFC and our partners.

- *Children's readiness to Learn: Strategies for Improvement* was published in October 1998 by the Portland-Multnomah Progress Board in collaboration with the CCFC and the Oregon Progress Board. This document involved a wide array of early childhood advocates, including the Early Childhood Care and Education Council, the Multnomah County Department of Community and Family Services, and the City of Portland; and was informed by data provided by the Oregon Department of Education. The report gives a better understanding of the forces that affect readiness to learn, best practices, a mapping of current efforts, and strategies for improving progress.

- *Educational Success for Youth: Aligning School, Family and Community* was recently published by the CCFC in collaboration with the Portland-Multnomah Progress Board. *Educational Success* engaged 149 key community stakeholders concerned with educational success for youth. Focus groups were held with 71 youth representatives from the Portland Public Schools, Youth Advisory Board, American Friends Service Committee, Oregon Council for Hispanic Advancement, and New Avenues for Youth, a homeless youth-serving agency. Seventy-eight (78) adult stakeholders were interviewed for the project. Information from *Educational Success* formed the central core of the Education Progress and Success outcome section of this Coordinated Comprehensive Plan.

- CCFC sponsored the "1st Annual Multnomah County Early Childhood Forum" in January 2000. Two-hundred people attended the event which was conducted to seek community input on the County's *Coming Together for Children* report. *Coming Together* , a comprehensive guide to County-sponsored services, was developed in response to the Portland-Multnomah Progress Board's *Children's Readiness to Learn* report. An additional goal of the forum was to seek community input on problems, needs, and resources available to families with children in Multnomah County. *Coming Together* was revised to include input received during the forum and adopted by the Board of County Commissioners. Information gathered from *the Children's Readiness, Coming Together* and the forum is reflected under "Goal 1: Strong, Nurturing Families" and "Goal 2: Healthy, Thriving Children" sections of this plan.

- The "Be Part of Solution" which was held in May 2000 was attended by over 100 community stakeholders who were concerned with the issue of families living in poverty. The event was framed around new research information from Search Institute and included a substantial amount of discussion and input from the audience. The challenges facing low-income families in our community were discussed extensively. Community needs as well as gaps and barriers in service were indented and discussed. This information informs much of the "Family Self-Sufficiency and Social Supports" section of this plan.

County Agency Input to the Coordinated Comprehensive Plan

Numerous County staff were contacted to provide data, documents and information relevant to the development of the Coordinated Comprehensive Plan. The Departments/Divisions represented in the this input process included:

Department of Community Justice
- Juvenile Community Justice Program

Department of Community & Family Services
- Behavioral Health Division
- Community Programs & Partnerships Division

- Domestic Violence Prevention Office

Department of Health
- Neighborhood Health Division

Department of Libraries
- Early Childhood Education Division

General Community Input to the Coordinated Comprehensive Plan

Public comment on the Draft Coordinated Plan document was received from a number of community stakeholders via email, phone, fax and mail throughout August, September and October. CCFC staff met with the Early Childhood Care and Education Council in a series of meetings in late August through early September to frame the early childhood components of the plan. The Youth Services Consortium has offered assistance in the continuing development of information under Goal #3: Healthy Thriving Youth. Formal public hearings on the plan will be conducted at the November 27th CCFC meeting and the November 30th Board of County Commissioner's meeting.

Goal 1: Strong, Nurturing Families

Core Outcome Area 1(A) Family Self-Sufficiency and Social Supports

Poverty in Multnomah County

The Federal Poverty Income Guidelines (FPIG) define economic poverty status. As an example, under the FPIG, a family of three earns $14,150 or less per year. This equates to having a full-time job with pay of $6.80 per hour. However, poverty is more than an economic definition; it describes a *qualitatively* different life experience. Professor john powell, Executive Director of the Institute on Race & Poverty, captured this qualitative difference when he defined poverty as *"the lack of access to the cultural, social and economic resources of the society."*

Who are the poor in Multnomah County? We can answer that question by examining the data provided by the American Community Survey (ACS) which was conducted by the U.S. Census Bureau in 1998. [A copy of this report is included as Attachment #15 to this document.] According to the ACS, nearly 14% of all residents of Multnomah County live in poverty. Over the past decade, poverty has become increasingly younger and more female. Thirty-two percent of people in poverty were children under the age of 18 and single women with children headed 50% of these households.

Poverty effects a higher proportion of people of color as well. Higher rates of Hispanic and African-American families live in poverty than any other groups. Forty-one percent of Hispanics and 33% of African-American families live at or below 125% of the FPIG. Unemployment also impacts these populations. Unemployment for African-Americans (8.1%) and American Indians (8.7%) is nearly twice that of whites (4.6%).

Multnomah County mirrors Oregon's 20-year economic transformation from a natural resource industry and manufacturing economy to one of high-tech and service industry employment. Living wage employment, which can lift the families out of poverty, is typically only available to those with technical skills or post-high school education. The Oregon Food Bank found that in 1999, 70% of emergency food recipients surveyed in Multnomah County had one wage earner in the family. The working poor comprise many of the people living in poverty in the county.

Homeless people also account for a portion of the poor in Multnomah County. According to the recent County's Homeless Families Plan, the social service system for this population serves approximately 450 families a year. [A copy of this report is included as Attachment #12 to this document.] However, the true number of homeless families is likely higher because many have not accessed services through the existing system and are instead living in a car or with relatives or friends. Seventy-seven percent of the 450 families receiving services are headed by a single female. Sixty-eight percent of these families have family members under the age of 18. Ethnic or racial minorities comprise 20-25% of the families. Fifty percent of the primary parents do not have a high school diploma or GED certificate.

Multnomah County has a large number of government and private non-profit services and supports directed to families in poverty. These programs are divided between *amelioration* programs, i.e., improving the family's quality of life by providing food, housing, health care, etc., and *self-sufficiency* programs which build family assets through job training, income assistance, education, etc. These services are described under "Related Services/Supports."

Analysis of Information – 1(A) Family Self-Sufficiency and Social Supports

Recent planning efforts, including the Homeless Families Plan for Multnomah County, the Consolidated Plan 2000-2005, and the Early Childhood Advocates Forum, have highlighted gaps, barriers and overlaps in services for low-income families.

GAPS

Basic Needs

- Livable wage employment is lacking. Families need adequate income to meet basic needs.
- There is a great need for child care as a tool to find work and keep work.
- There is a lack of available consumer counseling and awareness of family economics.
- Very few services for dental care.
- Need for greater developmental screenings.
- Hunger is a tremendous issue for low-income families. Food insecurity leads to inadequate diets and health problems.
- Access to affordable health and dental care is lacking.
- Not enough low-income parents are taking advantage of well-baby checks.
- Oregon Health Plan is not sufficient to meet the community need – we need coverage for parent and children.
- There is a crisis in affordable housing.
- Low-income people are not able to access safe, sanitary housing.
- There is a lack of special needs housing for people with disabilities.
- Greater emergency housing assistance is needed.
- Families lack cash assistance for moving.
- Homeless children lack the focused programs to meet their many needs, i.e., continuity in education, better nutrition.
- Low-income families need more accessibility to public transportation.
- Special needs populations need greater access to public transportation.
- Moderate income families need universal healthy start programs.

Employment and Training

- Lack of jobs that pay livable family wages.
- Need greater financial support for working poor to afford child care.
- Lack employment training for parents.
- Families need greater flexibility in work lives to parent: family leave/ job security.
- We need far greater supports for newly employed parents (child care/transportation/meals/social activities fund).
- We lack economic incentives for working mothers to breast feed infants, which is far more economical than formula feeding.

BARRIERS

Basic Needs

- Deal with "working poor gap" – ineligible for existing programs.
- Create systems changes to guarantee pay inequity and family wages.
- Develop better public policy around the need for employers to pay living wages.
- Greater attention should be devoted to funding sustainability and growth, through adult education, and children's education.
- Tax initiatives for employers take money from the community's infrastructure for social services.

Core Outcome Area 1(B) Healthy Family Climate and Positive Parenting

Domestic Violence

Multnomah County's Health Department and Domestic Violence Coordinator's Office teamed with Portland-Multnomah Progress Board and the Portland Police Bureau to issue a report titled *Domestic Violence in Multnomah County*. [A copy of this report is included as Attachment # 6 to this document.] The report's findings were startling – one of every seven women in the county (aged 18-64) was physically abused by an intimate partner during 1999. Much of this abuse occurred in a family setting. An estimated 21,000 children were exposed to domestic violence during the year. Half of these children were under the age of 5 years. Domestic violence is one of the leading causes reported for family homelessness. Fifty-three percent of homeless households reported that domestic violence, sexual abuse and/or physical abuse had occurred in their families.

Adults in Alcohol & Drug Treatment

The State of Oregon's Office of Alcohol & Drug Abuse Programs just completed the *2000 Multnomah County Databook*. The estimated number of adults who abuse alcohol and/or illicit drugs is 92,584. The county's arrest rate for alcohol-related offenses was 1,136 per 100,000 adults in 1997. This was lower than the state's average rate. However, the county's rate of drug-related arrests was much higher than the state's with 1,276 arrests per 100,000 adults. Adults in AOD Treatment Programs in 1998 were reported as 25 per 1,000 adults. This figure was higher than that of Oregon as a whole, which had a reported rate of 20 per 1,000 adults. In 1997-98, 13% of adult clients with alcohol/drug episodes of care or treatment in Multnomah County had children under age 6 years.

Child Abuse Rate

The rate of children (age 0-17) reported to Services to Children and Families for maltreatment was 16 per 1,000 children in 1998. This is an increase over previous years. The rate of children living away from parents was 97 per 1000 children, a figure that is higher than the statewide average of 81 per 1,000. Children in foster care grew 60% between 1995 and 1998, with the duplicated average daily rate of children in state-supervised, family-based foster care reported as 16 per 1,000 children. The great increase in children in foster care is related to changes in the child protective services laws enacted by 1998 Oregon Legislature.

Divorce Rate

The Oregon Health Division Center for Health Statistics reported a total of 2,275 divorces in Multnomah County in 1998. The divorce rate was 3.5, which is lower than the statewide average of 4.7. The Health Division also keeps records on minor children affected by divorce. Forty-two percent of the couples divorced were parents of children under age 18 years. Of these 953 families, 85% had one to two children. Fifteen percent had three or more children. Multnomah County has a large number of couples who are unmarried with children. The divorce rate statistics do not track information on these families.

Analysis of Information – 1(B) Healthy Family Climate and Positive Parenting

Families with drug/alcohol challenges, child abuse issues, suffering from domestic violence and families going through divorce face gaps and barriers in program services.

GAPS

Parenting Support

- Parent preparation is lacking in the community.
- Parents need sex education - contraceptive access, safe sex practices, sex/sexuality education.
- There is inadequate pregnancy/prenatal care, information, birthing options, and post-partum care.
- Lack of comprehensive parenting preparation, especially for teen parents (feeding, child development/care, setting up a safe/healthy home environment, parental responsibility).
- Lack of information on early childhood development for parents (e.g., brain development in the first years of life, knowledge of ages and stages, etc.).
- Lack of prenatal, holistic maternal health, including baby care and family supports.
- Need prenatal home visits for education services to be available for all.

Parent Information and Training

- Parent training needs to be designed with wellness concepts, parenting and child development curriculums in elementary, mid and high schools tailored to learning styles and age.
- There is a lack of peer training for parents – parents training parents and parent mentoring.
- Great need for parent support systems throughout the community that all parents can access.
- We need more parent help-line services (a comprehensive clearinghouse of information).
- We lack information that is easily understood by cultural groups and non-readers about community resources for parents and school functions.
- Community lacks adequate child safety education (the whole gamut: car seats, home hazards, etc.).
- We lack parenting skill classes for grandparents or other relative care providers.
- Free or low-cost parent education programs are needed.
- Effective, appropriate and non-punitive discipline needs to be taught and the information made available to all parents.
- We need to increase parent awareness of regular preventative health maintenance and screening services, i.e., SKIP screenings, eye exams etc.

Community Services

- Lack of spaces for safe housing for domestic violence survivors and their children.
- Lack services for Latino women suffering from domestic violence.
- Lack of child care at no cost for parents in extreme situations, such as domestic violence.
- Need greater access to low and/or no-cost cultural opportunities, i.e., music, dance, theatre, arts offered to families and children.
- Lack of intentional connections to community, i.e., neighborhood level, parent to parent connections, relationships which support parenting practices that foster health and learning for children.
- Tremendous need for adult literacy, family literacy, adult education, in coordination with parent mentoring programs.
- Need community conveners – resources to bring communities together for networking & resource sharing
- Big Sister mentoring program for parents – "Mentor Moms."

- We need programs that utilize older children as a resource, i.e., older children read to younger children.
- Need more services for young children exposed to domestic violence and drug use by parents to assist them in reaching developmental goals.

Supports for Families Facing Challenges

- Lack supports for families with newborns.
- Lack of community support systems for grandparents acting as parents
- Need Support systems for parents with special needs (disabilities, economically disadvantaged, drug/alcohol problems, homeless).
- Supports developed that appeal to parents who are challenged by parenting.
- Need more help for parents and child care providers dealing with kids with challenging behavior
- Need greater support for reducing sibling conflict and blended family issues.
- Lack assistance for families whose children have disruptive behaviors beginning in the toddler years.
- Need more efforts to attract potentially higher risk group of parents to voluntary programs.
- Newcomer and immigrant cultures - help for those newly arrived with parenting expectations between cultures.
- There is a tremendous lack of free or low-cost legal resources for family issues and custody issues.

BARRIERS

- **Parenting Support**

- Paradigm shift from single focus of parenting, to community focus on relational development.
- Public education and awareness to broad community: parents are the first and best teachers.
- Community doesn't expect parents to know everything about raising healthy children.
- Not enough resources for teen parents, including fathers.

Community Services

- In-community resources for families – reduce scale: neighborhood scope, access for families.
- Domestic Violence shelters typically do not allow adolescent boys over the age of 10-12 years to live on-site with their mother and siblings. Need alternative settings for these families.

Supports for Families Facing Challenges

- Need more home visiting programs to bring support services and resources to parents at home.
- Better system for mentoring "healthy" development.
- Greater home-based services for help in dealing with behavior problems.
- More services for at-risk families who don't have severe enough needs to qualify for intervention services, and for families who exhibit a resistance to services.
- Provide greater access to free or low-cost baby equipment.
- Parent Child Development Centers are not meeting community need – need more slots for families.

Goal 2: Healthy Thriving Children

Core Outcome Area 2(A) Healthy Growth and Development & Health Care

Pregnancy & Births

The State of Oregon's Center for Health Statistics most recent data for Multnomah County is for 1998. In that year, Multnomah County had 9,303 total births. Of these births, 7,443 mothers reported that they had received care during their first trimester of pregnancy (80.3%). Five hundred thirty mothers reported "inadequate prenatal care," meaning that the mother had less than 5 prenatal visits or their care began in the third trimester. In this same report, 1,498 (16.7%) mothers reported using tobacco during their pregnancy; 139 (1.6%) reported alcohol use; and 81 (.9%) reported the use of illicit drugs while pregnant.

In 1998, 551 babies were reported as having low birth weight. The rate was reported as 59.2 per 1,000 births which is significantly higher that the state average of 53.7. Total infant deaths in the same year were 42, calculated as a 4.5 infant death rate per 1,000 live births. This figure is lower than the state rate. Multnomah County's infant death rate has dropped dramatically in recent years, but figures for minority children (African-American 10.2%, Hispanic 7.2%, Asian 7.7%) continue to run higher than that of white children (4.5%).

Health Insurance

In 1999, the Portland Multnomah Progress Board issued the *Children's Readiness to Learn: Strategies for Improvement* report. [A copy of this report is included as Attachment #3 to this document.] According to *Children's Readiness*, 95% of children under five in Multnomah County had health insurance. This rate was far higher than the national rate for children at the time, which was about 86%. The medical coverage provided by the Oregon Health Plan accounted for this dramatic improvement in health care for low-income children. In addition, the federal Children's Health Insurance Program (CHIP) and state Family Health Insurance Assistance Plan (FIAP) were projected to provide insurance to an additional 1,000 children in Multnomah County. Despite the improvements, estimates of the percentage of minority children under 5 without insurance (Hispanic 26%, African-American 11%, Asian 9%) are much higher than for white children (4%).

Immunization Rates

According to the *Children's Readiness* report, immunization rates for the state have risen in the past few years. The State Health Division estimated that 1997 immunization rates for Multnomah County were very close to the state's rate of 73%. The report estimated that there are approximately 2,600 under-immunized two-year-olds in the county.

Suicide Attempt Rates

In 1997, the State of Oregon's Center for Health Statistics reported a suicide attempt rate of 167 per 100,000 in Multnomah County. This was far below the state's average of 202.4 per 100,000. Youth suicide attempts have been declining since 1992.

Analysis of Information – 2(A) Healthy Growth and Development & Health Care

In January 2000, the Commission on Children, Families and Community, Commissioner Lisa Naito, and the Early Childhood Care and Education Council co-sponsored the "1st Annual Multnomah County Early Childhood Advocates Forum." Two hundred people attended the event to offer community input and insight into the question of *children entering school ready to succeed.* Those attending the day-long event represented a diversity of interests, but were united around a concern for healthy growth and development for young children and their families. A number of community problems and needs were identified. Health care issues for families were discussed extensively.

GAPS

Health/Wellness Programs

- Expanding the Oregon Health Plan – we need universal coverage for health.
- Lack of home visits for birth to children age five, not limited to newborns.
- Greater emphasis on county public health model for child care information, and to deliver prevention materials, screening, immunizations and health services.
- We lack pediatrician services in nearly every early childhood-serving agency – child care, parent-child centers.
- Need more emphasis on whole family health – based on relational development.
- Lack of free-standing birthing centers where new moms can stay for several days for nurturing and education.
- Lack of medical/dental clinics in schools – large number of kids with health needs.
- Need more technological infrastructure to support good public access to information.
- Lack a single phone number with access to parenting information and resources.
- Need to hold multi-disciplinary networking summits that share program information/resources.
- Lack of neighborhood resource centers for families which serve as a contact point for the neighborhood.
- Need non-government universal home visits to new births - welcome wagon model to provide support, notify of local resources, mentor, etc.
- Need public policies, which support parents on welfare so that they can stay home after having or adopting a baby.
- Lack supports for grandparent caregivers.

BARRIERS

Systems Changes

- Health access and assessment services are not currently funded to the level of community need.
- Need coordinated health and social service access that includes: directory of all services; information and referral; confidentiality agreements; easy access points for I&R/services/programs.
- Increase access – revise federal income guidelines to increase higher income people (140% of poverty).
- Develop universal screening/referral/assessment system to be used by all.
- Keep screening flexible: children fall through the cracks when they don't meet criteria.
- Identify possible disabilities, health needs, risk, and vulnerability.
- Develop better statewide referral systems and support hotlines.
- Difficult to help families access services when services are different county to county.

Core Outcome Area 2(B) Childhood Care and Education

SCHOOL READINESS

Research indicates that a child who reaches certain developmental milestones by the age of 3 is more likely to succeed throughout their lives. Achievement of these Milestones for Early Growth and Development indicate that a child is "learning how to learn."[7]

Seven conditions which support school readiness, as cited by Ernest Boyer[8], include:

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

Data

- A survey of Kindergarten teachers[9] which assessed children's readiness for school entry on seven dimensions, showed that 60% were "ready to learn" in the school setting. 16% were not ready on 1 of the dimensions, while 9% were assessed as not ready on two of the seven dimensions. The survey results are based on assessment of 25% of children entering Kindergarten that year.
- 16% of children under age 5 live in families whose primary language is other than English. Approximately 9% of all public school children in Multnomah County are enrolled in English as a Second Language (ESL) services. Enrollment in ESL programs across the county's eight school districts has doubled during the last ten years. More than 60 languages and dialects are recorded for children attending local school districts.
- A 1999 study[10] of Math & Reading Scores for third grade students in Multnomah County showed that 77% of third graders met or exceeded the Oregon Department of Education's *reading* standards. 66% met or exceeded the *math* standards. Both percentages were lower than state averages in the same year.
- In a national study, approximately 20% of young children showed signs of needing some type of early intervention mental health services. Of that number, 9% were in need of intensive intervention services. This prevalence of distress among young children can heavily impact the attainment of developmental milestones which prepare them to succeed.
- Multnomah County's supply of child care falls short: 22 child care enrollment slots are available for every 100 children under the age of 13.
- Child care services in Multnomah County are not of uniform quality. Quality assessments are difficult to conduct.
- Child care is not accessible to all families, due to costs, location, and availability of enrollment slots.

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[7] Starting Points: Meeting the Needs of Our Youngest Children, The Carnegie Corporation of N.Y., 1994, p10-11.
[8] Boyer, E. Ready to Learn: A Mandate for the Nation, Carnegie Foundation for the Advancement of Teaching, 1991.
[9] Portland Multnomah Progress Board's *Children's Readiness to Learn: Strategies for Improvement* report, 1997.
[10] *Educational Success for Youth: Aligning School, Family and Community*, Portland Multnomah Progress Board and the Commission on Children, Families and Community, July 2000.

- Affordability of child care for low-income families is under continuous study. Art Emlen, at PSU, has done considerable research about family income and child care costs. He estimates that it is most appropriate for a family to spend 10% of income on child care costs. To afford a quality child care situation, a family would need to earn $60,000 in order for this percent/ratio to hold. Families earning at minimum wage levels must pay upwards of 25% of income for often substandard care.

Additional Factors Impacting School Readiness

- In Multnomah County, 21,000 children were exposed to domestic violence in the last year. Of this number, half were under the age of five when they first witnessed violence. Research has shown a link between exposure to violence and significant negative impact on children. Children exposed to violence are "at risk" for readiness for school entry.
- In a recent study in Multnomah County, family poverty was identified as the single greatest risk factor impacting readiness for school success.[11] "It is possible to project with better than 80% accuracy" that a 3rd grader will later drop out of school based on low socio-economic status, attending school with many other poor children, repeating a grade, and reading below grade level.
- The majority of children in Multnomah County, as in Oregon and across the nation, receive care for some portion of their day with caregivers other than their parents. 80% of child care in Oregon is provided in a home other than the family's. This type of child care is the least regulated, least monitored and most variable in terms of quality.
- Oregon early childhood education professional membership organizations[12] report a 60% staff turnover rate, based on membership data. Frequent rotation among caregivers often leads to inconsistent care for children. This in turn impacts their developmental progress and, therefore, their readiness for school entry and success.
- A national study estimated that only about 10% of child care settings offered high quality care, while 80% of child care was considered "inadequate" to meet the developmental needs of children.

Quality of Care

"A growing body of research shows that promoting the emotional wellness of young children and fostering secure, warm relationships with parents and other caregivers are keys to healthy early development and later school success."[13]

Reading and Math scores in third grade have their origins in the kinds of experiences available to a child during the early years of development. A child who is read to every day is predictably a child who is able to read at grade level by the third grade. Similarly, a child who has experienced an appropriately challenging learning environment since infancy will have the skills and motivation necessary to successfully master math concepts during formal schooling years.

Because so many young children spend a large percentage of their days in child care, it is essential to consider ways to improve quality of care in those settings in order to positively impact readiness assessments.

High quality child care services improve outcomes for children in terms of long-lasting benefits that are reflected in school success, when the interventions are begun at an early age.[14] Children at risk developmentally who are enrolled in high quality early learning environments from one year of age until school entry show significant gains in IQ which remain stable over many years of tracking.

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[11] Ibid.
[12] Executive Director of Oregon Association for the Education of Young Children, personal communication.
[13] Knitzer, J. *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*, Carnegie Corporation of New York and the National Center for Children in Poverty, 2000.
[14] Ramey, C. & Ramey, S.L., *At Risk Does Not Mean Doomed*, National Health/Education Consortium. 1992.

Three interacting factors influence child care:

1. Accessibility/availability
2. Affordability
3. Quality

Child care is an economic development issue as well as a family support issue.

Child care quality is determined by the following factors:

- Standards which define quality and ensure consistently high implementation of quality indicators;
- Provider training and ongoing technical assistance, including individualized consultation on the wide range of topics encountered in child care settings;
- Implementation of developmentally appropriate practices;
- Provider compensation, which in turn influences retention of caregivers; and
- A strong regulatory system for monitoring compliance for quality assurance.

Each of these quality enhancing factors represents both opportunities and challenges in terms of systems development, stabilization of service systems (primarily retention of trained and highly skilled caregivers), and coordination of family-serving programs. All aspects must be considered in efforts to improve quality of care for children.

While there are significant gaps in quality care services in Multnomah County, and many barriers exist, there are also several community-wide efforts in process to address both gaps and barriers in this area.

Current Services & Activities:

A multitude of initiatives in Multnomah County are currently underway to provide services and service coordination which bridge gaps and address some of the volume of need among families in the county. The following is a sample and is not intended to be comprehensive. Any omissions are unintentional.

- A multi-disciplinary workgroup convened by the Multnomah County CCFC in 1999 to address readiness issues recommended investment in early learning environments (serving infants and toddlers) as a strategy for supporting achievement of developmental milestones essential for school success.

- Following the work of this group, a community based organization, the Center for Career Development developed a training program targeted to child care providers on topics closely related to language development and early literacy experiences. ***Early Words*** is a multi-faceted project which included a combination of training, incentives, and mentoring in order to positively impact quality of child care for infants and toddlers in the county.

- The Education Committee of the **Early Childhood Care and Education Council**, now a sub-committee of the Multnomah County Commission for Children, Families and Community reports a need for transition services to help children and families move from early care settings (including preschool, child care, and Head Start) into formal school settings (Kindergarten and First Grade).

- The Education Committee members have undertaken an effort to meet with School Boards within Multnomah County to present early brain development research, and advocate for early care and education programs which would promote achievement of developmental milestones pivotal for later school success.

- The United Way of the Columbia-Willamette recently began an initiative called **Success by Six ®**. Success by Six provides parent education services to families who have identified barriers to their children's educational achievement. These barriers include delays in developmental milestones, lack of parent information on child development and lack of immunizations.

- Program services to address barriers include parent & child classes, support groups and home visits. A report on first year activities is expected soon.

- A **Community Forum** held in January, 2000 discussed comprehensively the needs of children, families and neighborhoods in Multnomah County which must be met in order to achieve the County Benchmark of Healthy, Thriving Children. Details of the feedback and ideas from the Forum are provided in Outcome Area 2(C) Childhood System of Services and Supports.

- Efforts from both public and private sector organizations are directed towards providing mental health consultation to child care providers in the child care settings. This consultation model promotes caregiver skill development, inclusion of children exhibiting challenging behavior, and continuity in care for families.

- **Healthy Child Care America**, a nationwide program linking health care services with child care services, has begun implementation of a multi-pronged effort to bolster child care quality through alignment of educational and health-related services and organizations. Statewide in Oregon, efforts to positively impact child care settings through these initiatives are underway.

- **The Child Care Division** rules governing in-home child care services have undergone recent revision, and additional training requirements for the providers have been instituted. Staff of the Child Care Division are now in the field visiting family child care providers in their homes, to conduct health and safety checks, to offer technical assistance for quality improvements, and to help link traditionally isolated providers to training opportunities as well as other appropriate resources.

  Regulatory monitoring helps ensure that minimal standards are in place for the health and safety of children in child care. Oregon, as a state, does not rank high among the 50 states in terms of establishing and enforcing rules of operation for child care facilities which closely match national standards for quality. There is currently a gap between regulatory compliance and quality standards.

Analysis of Information –
2(B) Childhood Care and Education Gaps & Barriers in Service Supports

Childhood care and education was discussed extensively at the January 2000 Community Forum. A number of issues related to family well-being, and programs as well as community support systems, were identified.

Prominent themes included the recommendation that a child and family perspective be adopted, to enhance a strengths-based approach to helping families with the challenges of parenting. Another theme was that families often need holistic supports, rather than a short-term fix for a specific need.

A primary need of families, as seen by Forum participants, is to have a community that values and effectively supports all its members, through all phases of their lives. Some groups, such as teen parents, ethnic and cultural minorities, or families with criminal justice involvement, among others, may have unique and multi-faceted needs. A range of ways to better support families and their children, within their community, need to be developed.

Complex, inter-related problems can best be addressed by a systems approach, integrating services across the spectrum of family-serving programs. What families need may look more like communities supporting families, and less like traditional client services. Community Schools, Caring Communities, asset building teams, expanded volunteerism, neighborhood coalitions, student led initiatives, business leadership and more, must be part of the mix along with professional client services.

Community Forum participants identified the following overarching issues related to Childhood Care and Education in Multnomah County:

Parenting Support – Need for improved public attitudes about parenting, increased parenting preparation, enhanced information and training programs, other community and peer supports for ongoing parenting skills building, and more support for problem solving.

One current example is a new pilot program which the Early Childhood Program at Multnomah Education Service District is coordinating, with funding through the Oregon Community Foundation. This pilot pairs parents of children with newly identified special needs with parents whose children have received services from Early Intervention. Peer mentors are answering a profound need for support, information, and encouragement, enacted parent-to-parent, with professional guidance in the background.

Other examples of the kinds of information, perspective, support and resource linkage which families need in order to successfully promote their children's overall well-being are detailed in the Matrix, and included in *On The Home Front: A Descriptive Inventory of Home Visiting Programs.*

GAPS

Forum participants identified the following as areas where gaps in information, services, links between services or service delivery need to be addressed:

- Access to services
- Information and referral to services
- Family education
- Bilingual/bicultural services, all areas
- Social services adapted to new family needs; whole family focus

- Volunteer programs
- Financial subsidies for purchase of quality child care

Access to services

- According to survey results presented in the report, *On The Home Front: A Descriptive Inventory of Home Visiting Programs 2000*, providers of family serving programs see a "not enough" picture throughout Multnomah county. There are "not enough" mental health services, "not enough" quality care providers, "not enough" diapers to meet the needs – large, small, immediate and long-range – of families.

Services currently provided in the county typically maintain large waiting lists. Some programs have just a few enrollment slots, which does not match the number of people needing the service.

For example, the Portland Early Intervention Program, serving families whose children have Individual Family Service Plans (IFSP), announced recently that its enrollment for Fall 2000 is already at the levels typically seen in February of the program year, which has been the peak time. The huge increase in referrals for screening and assessment for disabilities continues to challenge program resources. Of children referred, more than half are identified as eligible for Early Intervention services, according the Multnomah Education Service District staff.

Information about appropriate services

Effectively assisting families with information, support and resource linkage requires that service providers have knowledge of county and community programs.

Forum participants recommended the following:

- A multi-agency effort to compile and manage a comprehensive resource directory.
- This directory would serve as a clearinghouse of resources and agencies, listing eligibility criteria for programs.

Currently, there are service directories for some county and community services, such as transitional housing and women's services, but none exists which encompass the full range of services, which often intersect for a single family with intensive needs. [15] Updating such a directory or resource database would require a dedicated effort, as programs change and new programs come into existence.

Creating such a directory, and continually updating the information is just the first task. Disseminating information so that family-serving programs, agencies, and organizations could make reliable use of it is another large undertaking.

- Expand support hotline and helpline services.

  A warmline for parents, child care providers and others closely connected to families would help bring support and services for children at an earlier point in the continuum. These services could promote more preventative approaches, rather than be crisis-oriented.

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[15] A possible model for such a directory might spin-off from the Training Neighborhoods Map developed by Louise Stoney through Wheelock College.

Family Education

A broad-based community education effort focused on parenting would include the following elements:

- Parent education in high school
- Community college and other programs for family literacy
- Increase funding for school based health centers.
- Connect early childhood education programs with public schools focusing on parent involvement mandate in federal law (Title 1); link to existing programs as in the Coos County model.
- Create programs for students to stay at school before and after hours, up to high school/community college.
- More effectively use TV to teach.
- Include ESL programs in every neighborhood school.
- Create parent guide for what children are learning (in regards to social skills, problem solving, mediation skills).
- Increase availability of programs for parent and child co-learning so they can use social skills and practice together.
- Develop ways for parents and children to share their wisdom with each other.
- Develop and implement training for refugee programs.

Bicultural/Bilingual Services

Comments from the Community Forum, the Home Visiting Inventory, and other inputs point up the challenge of delivering culturally sensitive services when staff are not representative of minority and ethnic communities.

Hiring staff who are bicultural and bilingual, across all service areas, is a difficult challenge which some programs are undertaking. Some solutions include "growing" professional staff through paraprofessional positions, and utilizing staff who join programs at an entry level as cultural "mentors" for other staff. This process of mutual education also requires cultural competency to be successful.

Use "Momentous Moments" (child's birth, 1st doctor appointment, 1st day of school) as points at which families get information.

Healthy Child Care America programs are promoting linkages between pediatricians, providers and families. The intent is to enhance children's overall healthy development. Each group of people who intersect in children's lives has an opportunity to assist the family with appropriate information, support, encouragement and linkage to resources. Timing interactions based on developmental milestones links opportunities with family motivation to know more about their individual child. To this end, the Community Forum participants made the following recommendations:

- Develop "Block Home" expansion.
- Create more opportunities for low income families to have access to computer systems-look at recycled computers and ways to access places that have computers available.
- Lack of parent/child groups for fathers.
- Need more home visits to immigrant/non-English speaking families.
- Need greater supports for foster parents.
- Greater opportunities for respite care are needed.

Social Service Programs

- Expand existing services to entire family vs. remaining focused on a specific child or parent.
- Need extended hours for social services from agencies.
- Need to build in case management in all family support programs – be aware of what all the agencies do, develop personal connections, help families to access other programs.
- Expand Family Nursery of VOA – respite care, hands-on parenting, parent support group, parent mentoring, emergency respite.
- Greater emphasis on foster care - better screening and monitoring of homes.
- Need solution-focused conversation/therapy as an intervention strategy.
- Better transportation opportunities for families with children to access services.

Volunteer Programs

- Need for a program of service volunteers to pick up donated goods (like food and clothing) and deliver them to a central point (schools, cafeteria, etc.).
- Develop a program to link elder volunteers to family needs.
- Need for more big-brother/big sister programs- especially for young men.

Financial Subsidies for Families

Child care is a work-family issue, a workforce development issue, and a welfare reform issue. Many families cannot afford to pay the cost of quality child care services, and accept inadequate care for their children as a result. The following subsidy issues address this problem.

- Lack of adequate child care subsidies for low and moderate income parents.
- Need to create child care subsidies with a mechanism for employer contributions.
- Need to expand participation in food stamp program for low-income families.
- Need increased access to subsidized care for special needs children.

BARRIERS & OPPORTUNITIES

Public Will: Engaging the Community

Participants at the Community Forum discussed the need to promote a family-friendly attitude and public awareness about the "quiet crisis"[16] impacting families nationwide. This crisis reflects the pressures families experience as they juggle the demands of work, family life, and cope with economic pressures. Head Start programs, child care providers in centers and family homes, preschools, and Kindergarten teachers have seen a trend in recent years of more children exhibiting increasingly complex needs, including issues related to physical health, mental health, behavioral and emotional well-being, nutrition and other concerns.

As mentioned above, effectively responding to family needs, to promote children's safety, health and readiness to succeed, will require community based efforts, aside from/in addition to professional services. With respect to this growing sense of crisis, the Community Forum participants mentioned the following areas as needing to be addressed:

- Raise community awareness of (broadly defined) roles in supporting children and families.
- Develop and extend community education efforts, i.e., Take the Time Campaign, to get people to "buy into" the concept that 0-8 is important.

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[16] Starting Points: Meeting the Needs of our Youngest Children, Carnegie Corporation of N.Y., 1994.

- Enhance community/neighborhood well-being and connectedness in practical ways - schools as a service hub, faith groups, child care purchasing co-ops, all connected.
- Build more cohesive neighborhoods.
- Promote greater involvement in caring community model.
- Improve efforts to integrate services to children and families into all development projects (accessible, affordable child care, housing, etc.).
- Support program efforts to utilize non-native English speaking families/communities as consultants to build mainstream culture about natural supports.
- Build supports for immigrant families (many of whom are non-English speaking) to access resources, school support, etc.
- Work to obtain more information and leadership from parents – get input and feedback to design more effective/useful programs.

Collaboration Among Existing Agencies

Tracking complex and multi-faceted services is difficult, but a necessary part of effectively coordinating program efforts on behalf of families. The Community Forum participants called on agencies, organizations, programs and leaders to do the following:

- **Coordinate current services into a system of care**

  - Develop greater collaborations between Behavioral Health Division & other county/city programs.
  - Organize additional information sharing opportunities among programs & more publicity of these programs to parents and community through public schools (i.e., Wings, SPIRIT).
  - Better support of foster care management across counties (state money doesn't follow child).
  - Review confidentiality policies that create barriers to coordination.

- **Enhance or Expand Programs**

Additional services such as those listed below are needed in the community. Current programs need more resources to adequately meet family needs.[17]

  - Money management and debt management support.
  - Legal resources.
  - Oregon Food Bank – "Harvest" Share.
  - Hotel/hospital laundries serve laundry needs of homeless, low income, shelters.
  - Child Care/ Respite Care Programs.
  - Increase child care slots for infants; provide funding to support this.
  - Relief/respite/desperate drop-in center.
  - Open child care facilities from 6 am to 10 pm, 7 days a week, with free/cheap food.
  - More on-site child care in businesses.
  - Employer-driven child care, including care for ill children.
  - Child care at SCF/AFS office sites.
  - Encourage development of business enterprise around child care cooperatives.
  - Fund and promote training for child care providers, and others caring for children with special needs.
  - Strengthen child care oversight: regulatory enforcement of minimal standards for care

[17] See the Oregon Hunger Relief Task Force Report/Executive Summary for an analysis of needs among Oregon families.

- Structure universal access to child development programs and services for children ages 0-8 regardless of the family's economic status.
- Promote an "even start" model – focus on early childhood education, parent education and support, and parent/child time.
- When abusive/ neglectful situations are identified, take steps to protect, nurture, and stimulate the child.
- Screen children up to the age of 8 years for health, mental health, cognitive delays and emotional/behavioral disorders (psycho-neurological).
- Provide more groups for men who abuse others; focus on true remediation of underlying issues for domestic violence, rather than just anger management.
- Address domestic violence at time of occurrence – coordinate with police, expand Teddy Bear program, develop awareness of issues, partnerships with domestic violence shelters.
- Emphasize with judges, clerks and other court staff opportunities to refer families working on/resolving drug and alcohol or domestic violence issues before referral to parenting classes.
- Reach out to families/parents involved with justice system to break cycle; give them priority access to services.
- Increase availability of mental health consultations to providers and parents about children in child care settings.

Advocacy/Lobbying Efforts

- Need greater efforts to lobby/vote/advocate with politicians and policymakers about fiscal soundness of early childhood education investment.
- Need to generate more child care subsidy support for families – through bond measure, legislative action, business action, coordination of these activities, statement of common good, reason for funding, family sponsorships.
- Need to create new fees, taxes, and other sources of public revenue to support program development.
- Need incentive/payback programs for educational debt repayment –e.g., for early childhood education training, work 1-2 years to repay debt.
- Need reforms in Medicare/OHP - billable expenses don't cover the true costs of care.
- Increase funding for programs serving children; include funding for evaluation and staff development

Research-based Improvements

- Research information on "best practices" needs to be used locally.[18]
- Need additional research on young children in foster care.
- Utilize regional resources to support research and training so that the programs are strengthened.
- Need to develop and implement "relational" - based child care centers and measure kindergarten-readiness.
- Utilize existing information about early brain development to create and enhance programs for children.
- Expand dissemination of research to real world/grassroots use.

[18] Since the January 2000 Community Forum, there are new projects in progress. One example is a project funded by Safe Schools. Part of the project activities will be a review of "best practices" literature and development of strategies for dissemination.

BARRIERS

Families often experience the following barriers in their efforts to locate appropriate services:

1. Lack of accessible child care.
2. Inability to pay for child care services.
3. Lack of transportation (or multiple transportation connections required to attend appointments for service eligibility conferences).
4. Lack of language proficiency.
5. Lack of service system knowledge; not sure who to talk to or where to start.
6. Lack of stable housing.
7. Lack of "fit" to program eligibility criteria.
8. Lack of space in programs to enroll or receive services in a timely way.

Staff often experience the following barriers in their efforts to serve families in their programs:

1. The transitory life of homeless families makes service delivery extremely difficult.
2. Child care providers continue to be among the lowest paid workers in the labor force, subsidizing the actual cost of care by accepting low wages for their services.
3. Difficulty coordinating services among a variety of programs, spanning many different aspects of family life: housing, special needs, drug and alcohol treatment, mental health, etc.
4. Limitations in communicating across cultures.
5. Professional background and training of staff may fall short of what is needed to competently address complex family issues.
6. Lack of alignment of health, medicine, child care, early intervention and other early childhood services makes referrals and coordination more difficult.

SUMMARY

The list of recommendations is long. While there are many programs in Multnomah County which serve families and children, the needs outstrip the capacity of current programs.

True coordination of service plans for individual families is hampered by many systemic issues. Effective coordination requires one-to-one communication among program staff, alignment of family goals from one program to another, and designation of a "lead" agency to ensure effective coordination. Interagency agreements designed to accomplish this multi-level coordination of services exist among some agencies, but not all.

Progress in both developing systems of care and coordination of service delivery sectors continues to be a challenge.

Core Outcome Area 2(C) Childhood System of Services and Supports

Systems Development

Multnomah County's early childhood care and education system exists to promote the emotional wellness of children and families during the first eight years of a child's life. The goal is to foster secure, warm relationships with parents and other caregivers, which are key to healthy development and later school success.[19]

A primary goal for systems development in the early childhood care and education arena is multi-system integration. This integration of services will require a cross-system and cross-discipline effort.[20]

Numerous private and public programs provide services to children and families in Multnomah County. While many share common goals – promoting healthy development for children and families – programs diverge significantly in terms of implementation strategies.[21] Documentation of families receiving services, follow-up on efficacy of service, and interagency coordination of services for children and families continue to challenge efforts towards development of coordinated and comprehensive service systems.

Data

- Currently, the mental health and substance abuse system is fragmented, under-funded and lacking capacity.[22] Families involved in the child welfare system may need an array of services provided in a "saturated fashion", including: parenting, drug treatment, mental health treatment and other services.
- Consider one sector of service: programs using home visiting. As of September 2000, nearly 50 programs in Multnomah County utilize home visiting as a service delivery strategy. These programs represent a broad range of needed services, including early intervention, mental health, education, and health. They share in common a goal of supporting, educating, empowering and linking families to resources in the community. They diverge in the ways their programs are implemented.[23]
- A very high percentage of children entering foster care have parents with substance abuse, mental health and/or domestic violence problems.
- Substance abuse, mental health problems and domestic violence are closely associated with child maltreatment.
- Multiple environmental risks lead to a drop in school outcomes.
- State child care subsidy policy and practices tend to undermine the efforts of families towards self-sufficiency. Subsidy guidelines also impact provider compensation, resulting in child care providers further subsidizing the cost of care to families through their labor.
- At both County and Statewide levels, initiatives in early childhood care and education are not always linked; due to the surge of interest and activity in this area, it has become increasingly

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[19] Knitzer, J. *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*, Carnegie Corp. of N.Y. and the National Center for Children in Poverty, 2000.
[20] Early Childhood Mental Health Design Team report, 2000.
[21] See the October, 2000 report, *On The Home Front: A descriptive inventory*, for a discussion of home visiting programs in Multnomah County which illustrates many of these challenges.
[22] Ibid.
[23] *On the Home Front: A Descriptive Inventory*, a report produced by M.H. C.C. Head Start and the MC Department of Community and Family Services.

difficult to keep track of all that is happening, which further complicates system development efforts.

Child Care

Child care providers are often a child's first teacher outside of the home. They play a vital role in promoting children's healthy early development: social, emotional, physical, and cognitive. Improving the capacity of caregivers to provide learning environments and responsive interactions which support healthy development is critical to ensuring that children are safe, healthy and ready to succeed.[24]

Currently, child care providers face many challenges in caring for children.

Data

- Data is not available to accurately describe or assess quality across all the types of child care settings. Anecdotal information indicates huge variability in quality in child care settings.
- Data on need for child care in Multnomah County indicates that approximately 38% of families currently purchase child care services.[25]
- In 1998, 68% of women with children under the age of 6 years were employed in Multnomah County.
- Welfare Reform continues to play a significant role in influencing demand for child care, while not appreciably improving either supply or quality of those services.
- The Hunger Relief Task Force Report[26] highlights that ¾ of employed parents had incomes below the poverty level. Affording child care is a challenge for low-income families.
- The 1999 Hunger Relief Task Force Executive Summary reported that the majority of new jobs in Oregon paid workers wages that were insufficient to support a single person, much less a small family. The Task Force identified wages for work at full time of *at least* $12/hour as essential for a "break-even" family economy. Most child care workers are paid less than $9.00 per hour for their labor.
- In 1999, 1 in 8 Oregonians received an emergency food box. This is a 15% increase from the previous year. Children who go to school hungry have lower test scores, poor attendance, and engage in disruptive behavior.[27]
- Children whose nutritional needs are poorly met may also show signs of impaired brain development.[28]
- It is estimated that at least 13% of young children in Oregon do not have regular health care.[29] The resultant challenges in monitoring growth and development, maintaining immunizations, and preventing long-term consequences of treatable conditions (such as ear infections) are all public health concerns.
- State of Oregon rules for child care facilities which are certified and monitored prescribe minimally acceptable conditions for care. State regulatory systems therefore fall short of ensuring quality care standards are in place. Child Care Division staff acknowledge the need to promote nationally established standards for quality in child care settings, and to provide the level of resources

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[24] Safe, Healthy & Ready to Succeed is Hawaii's Healthy Start goal.
[25] Data for Community Planning, Oregon Progress Board, 1998.
[26] Hunger Headlines, 2000, the Oregon Hunger Relief Task Force, April, 2000.
[27] Ibid.
[28] OSU Extension Nutritional Services Training on Food and Early Brain Development.
[29] Dr. Sudge Budden, speaking abut the OHP coverage for children, personal communication. This figure indicates children outside the eligibility criteria for the Plan, and is considered a low figure compared to national figures.

necessary to ensure that all caregivers have the training, support, and technical assistance needed to fulfill their crucial role in promoting children's well-being.

- While child care enrollment slots increased in number between 1990 and 1995 (from 14 per hundred to 22 per hundred children), the number is still far below actual community need. Many families (estimates range from 30 – 64%) rely on family members and friends for child care coverage, in highly informal arrangements which are unregulated, unmonitored and may be unsafe.

- It is estimated that 38% of families in Multnomah County currently purchase some type of child care. This statistic involves a number of very young children, and families who must make child care choices from a limited array of options.

The Oregon Child Care Research Partnership published the *Data for Community Planning: 1998 Oregon Population Estimates & Survey Findings* to assist local governments with planning for child care needs. The report analyzed information available on age groupings of young children, type of care arrangements and the capacity of child care providers. Multnomah County's estimated age groupings for children under the age of 13 are:

- Under age 5 - 40%
- Ages 5 – 9 - 38%
- Ages 10 –12 - 22%

Demand for Type of Care Arrangement

Center	36%
In home	43%
Relative's home	15%
Family child care	6%
Group activity	0%

Capacity of Child care Providers Enrolled with Resource & Referral Agencies

Center	65%
Group & family child care providers	35%
Other child care activities	0%
Total child care sites	100%

Gathering data about child care supply and demand is very complex. Supply does not equate with quality. Demand varies depending on many factors: age of the child, stability of the family, resource capacity of the family, geographical considerations, etc.

It is generally acknowledged that the most difficult times to find appropriate care is when children are very young (under the age of three) and older school age (between 10 and 13 years of age). Quality care for youngest children often requires low child to staff ratios, which is economically difficult for providers to manage. Quality care for older children requires resources to staff and equip recreational activities, a requirement that many programs struggle to meet due to insufficient funding and unskilled staff.

Demand for care for the older age group (22% of families) probably means that more young people are in unsupervised settings, and may be at risk for engaging in delinquent behavior. Police Departments report the after-school crime rate to skyrocket due to the lack of positive alternatives for young people during their after-school free time.

Provider Education & Assistance

National figures indicate that between 30% and 64% of families elect to use family members or friends for child care needs. Known as kith and kin care, this is a highly informal and unregulated form of child care. The child care providers often do not take advantage of available training, or are not aware of opportunities.

It is clear from a variety of studies that child care providers need not only training on early childhood topics, but also the support of access to specific, individualized technical assistance from a knowledgeable consultant.[30]

Training opportunities, to be effective, need to be designed to provide a continuum of education that broadens knowledge, skills and supports implementation of best practices for quality child care. At present, integrated training for child care providers and other early childhood care and education professionals, following best practices guidance (e.g., Essential Elements for Quality in Programs Serving Children), is underdeveloped.

Training opportunities for child care providers need to be scheduled and formatted to accommodate alternative schedules for providers. Many families require care during evenings and weekends; providers who offer child care services for these non-traditional hours of work need to have alternative ways to access training.

Early Childhood Mental Health

Currently, many child care providers struggle with a variety of "challenging" behaviors they encounter among the children they enroll in care.

National data indicates that 21% of preschool aged children met the criteria for a psychiatric disorder. An estimated 9.1% have a severe psychiatric disorder. Currently, many child care providers lack the capacity or resources to screen for mental health issues. Multnomah County's Early Childhood Mental Health Workgroup is creating a plan for multi-system integration. The Workgroup has developed "Action Item Recommendations" for changes within the county's current mental health system and a "Report to the Coordination Team." [These documents are included as Attachments #7, #8, #9, & #14.]

A recent survey of Multnomah County providers was conducted as part of a Safe Schools grant awarded to Metro Child Care Resource & Referral. The survey focused on the kinds of child behavior which child care providers and parents find most "challenging."

The survey was distributed to a random sampling of parents, family and center child care providers in Multnomah County by Metro Child Care Resource and Referral. Two hundred forty (240) responses were submitted and the following information was collected:

- The training topic that was ranked first choice was ***"working with children with challenging behaviors",*** followed by curriculum, learning environments and human growth and development.

[30] A model for this is the Multnomah County Resource Team, located at Metro Child Care Resource & Referral. An Early Childhood Specialist and a Business Specialist are available to child care providers for both training and technical assistance.

	Family Child Care Providers	Child Care Center Staff	Parent
Challenging Behaviors	77%	52%	59%
Curriculum	45%	25%	
Learning Environments	40%	14%	48%
Human Growth & Development	17%%	22%	37%

- The follow-up support after a training session that was ranked first choice was ***"a 'helpline', coordinated by a mental health consultant",*** followed closely by a support group network facilitated by an ECE specialist or a mental health consultant, and a monthly visit to the child care site by an ECE specialist.

	Family Child Care Provider	Child Care Center Staff	Parent
Helpline	75%	59%	70%
Support group	63%	42%	69%
Monthly visit of ECE Specialist	22%	37%	48%

- *Common challenging behaviors that were encountered were not listening, aggressiveness, temper tantrums and conflicts between children.*

- *The most common responses to these behaviors were using time out, redirection and positive and negative reinforcement.*

Survey results confirm that behavioral challenges are a newly emerging area of concern for child care providers, mental health consultants, health providers and others. This data reinforces anecdotal information about the increasing numbers of young children excluded from child care due to unresolved behavioral issues.

A primary goal for systems development in the early childhood care and education arena is multi-system integration. This integration, to develop and strengthen services related to promotion of wellness for children and families, spans child care, mental health, medicine, public health, early intervention and child welfare, among other fields.

Integration will require a cross-system and cross-discipline effort.[31] There are many diverse programs, agencies, organizations and funding partners linked to early childhood care and education systems. "This heterogeneity means that...a range of strategies sufficiently flexible and robust [is required] in order to help families, program staff and communities address prevention and early intervention, as well as more intensive needs" of children.[32]

[31] ECMH Workgroup, Multnomah County Mental Health Design Team, 2000.
[32] Knitzer, J. *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*, Carnegie Corp. of N.Y. and the National Center for Children in Poverty, 2000.

Current Services and Activities

A multitude of initiatives in Multnomah County are currently underway to provide services and service coordination which bridge gaps and address some of the volume of need among families in the county. The following is a sample and is not intended to be comprehensive. Any omissions are unintentional.

Recent amendments to the Oregon Child Care Division's rules governing child care settings have resulted in increased training requirements for child care providers, especially when they are beginning their businesses as family child care providers.

Private foundation funding has been secured for Mental Health Consultants to provide services in child care settings as a demonstration project. Child care providers will have access to mental health consultation services to help them plan effectively for distressed children in care.

The Multnomah County Division of Behavioral Health has out-stationed several MH Consultants to provide similar services in public settings such as head start, resource and referral, and other locations.

The ECMH subcommittee of the ECCEC has a project underway to study best practices to support service system integration in the area of early childhood mental health.

County Commissioner Lisa Naito's workgroup has assembled information about services in the county which address many of the needs of families with young children. Services were groups according to growth promotion, primary prevention, early intervention and intervention/treatment.[33]

The 1998 Report, *Readiness to Learn: Strategies for Improvement* included a compendium of many programs in the county which serve families. Information in this report will be updated in the coming months. The need for updating reveals the changing landscape of services in Multnomah County.

Healthy Child Care America[34], a national effort to improve the quality of out-of-home child care by supporting state and local health departments, child care regulatory agencies, child care providers, child care resource and referral, and parents in efforts to identify and promote healthy and safe child care, has plans in Oregon to strengthen linkages between medicine, health, and child care.

Child & Adolescent Crisis Care System

Nationally, there is an acknowledged "quiet crisis" for children and adolescents. This crisis impacts overall healthy development, and poses stiff challenges to all communities to respond with effective strategies to promote healthy development – in all aspects – for all children and young people.

Approximately 20% of children, on a national basis, require some degree of mental health support and services. Of that 20%, it is estimated that 9% require intensive mental health interventions.

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[33] *Coming Together for Children, an inventory of services to children and families*, Early Childhood Planning Group of Multnomah County, January, 2000.

[34] For more information, contact the National Resource Center for Health and Safety in Child Care, 1-800-598-KIDS; natl.child.res.ctr@UCHSC.edu

In many areas of childhood care and education – child care settings, preschools, elementary schools and recreational programs, to name a few venues – providers are witnessing a high number of children excluded from programs due to unresolved and highly disruptive behavior patterns. Human service agencies, organizations and staff, along with parents and community members are grappling with both understanding this new trend and responding effectively to it.

The response to mental health needs must be structured to include:

- Prevention efforts
- Early intervention
- Mental health consultation for parents, professionals and paraprofessionals working with children and youth
- Intensive intervention
- Urgent mental health care

"A mental health crisis system is inseparable from other parts of the mental health system. Crisis services will not function effectively if any other level of service is not functioning effectively."[35]

Mental health service systems include the following areas of focus:

- Prevention
- Early Identification
- Assessment
- Intervention
- Multi-system Integration

Policy formulation, management practices and service delivery considerations should align with best practices across all focus areas.

The mental health system in Multnomah County for children, adolescents and their families has a much greater focus than the adult system. It includes:

- A developmental model of intervention.
- Age-appropriate and developmentally appropriate outcomes for children and adolescents within the context of their individual family situations.
- Provision of prevention and early intervention services for those at risk of greater involvement in the mental health system.

A growing national movement which addresses the mental health needs of *all* children, adolescents and their families (not only those who are severely emotionally disturbed) is based on the vision of creating an integrated system of care among multiple service systems that currently serve children and adolescents: child welfare, education, health, juvenile justice, mental health, schools, child care and recreation programs, substance abuse treatment, and others.

"The public mental health system in Multnomah County for children, adolescents and their families should be driven by the core values and guiding principles currently identified nationally for an integrated System of Care." [36]

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[35] Final Report of the Child & Adolescent Crisis System Subgroup, September, 2000, a committee of the Mental Health Task Force and Mental Health Design Team for Multnomah County.

[36] Attachment from the Multnomah County Mental Health Design Team, Child and Adolescent Work Group.

The report goes on to make the following distinctions and clarifications. Children's crises are different from adult crises. Along with the presenting symptoms of the child, crisis triage and response must take into account the following:

- Functioning of the parent and family system.
- Stability of the placement if the child is not at home.
- Indirect symptoms of mental illness, such as acting out or somatic concerns.
- Observations of people in the child's life who are close enough to help determine level and type of intervention needed.

Recommendations to Support Quality Child & Adolescent Mental Health Services

- Professionals who treat children in urgent or emergent levels of care need a minimum level of training and supervision in child and adolescent mental health assessment and treatment.
- Children and youth with co-occurring alcohol and drug problems should be funded for crisis interventions.
- Services must be culturally appropriate, developmentally appropriate, and family and/or caseworker friendly.
- The system of care principles from the child and adolescent workgroup should apply in crisis care systems.
- Community education to engage families, community agencies, and professionals about the kinds of mental health issues children and adolescents experience, and available community services to respond to these would likely reduce the use of higher levels of care.
- Crisis care for children and adolescents is essential, and needs to be planfully included at all levels of mental health treatment services.
- There need to be many access points for service systems. Referral sources need to be wide-ranging, and include: schools, AFS, SCF, DD, parents, relatives, police, child care providers, shelters, medical practitioners, including ER staff, A&D programs, respite and residential programs, health clinics, self referrals and so on.
- Current information about available services must become part of integrated systems development for child and adolescent mental health.
- All children and adolescents should be served for both "emergent" and "urgent" mental health issues, regardless of funding.

Current Activities

Among many initiatives underway in Multnomah County, the work of the Early Childhood Mental Health Work Group, under the Mental Health Design Team, continues to work on both short-term and long-range agenda items for systemic alignment.

Under the auspices of a Safe Schools Grant, the Division of Behavioral Health is managing a 3-year investigation of Best Practices in ECMH.

Preliminary inventory and descriptive mapping of programs utilizing home visiting as a service delivery strategy to implement services among many diverse programs – Head Start, Early Intervention, Developmental Disabilities, Mental Health, Health, and others – has been completed as of October 2000.[37]

Other groups are bringing nationally-recognized speakers for learning events and conferences, including Dr. Sharon Lynn Kagan, Dr. Bruce Perry, and others.

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[37] This report, *On the Home Front*, will be available from MC DCFS in mid-November.

Many initiatives both within county departments and subcontracted services are responding to mental health service needs in the community.

A policy group, the Early Childhood Mental Health Partnership, is meeting to discuss ways in which to effectively advocate for funding alignment, service alignment, and integration of service systems.

Recommendations for Design Team Action have been drafted as of September 2000, and are included as Attachments #18 & #19 to this Coordinated Comprehensive Plan.

Analysis of Information –
2(C) Childhood System of Services and Supports

The January 2000 Forum was conducted around the theme of *children's readiness to learn.*

Participants addressed a number of gaps and barriers in services for families with young children. Barriers were identified across programs, policies and population groups. Many gaps in services were identified through the assessment and analysis described in the *Coming Together for Children* document.

Gaps and barriers discussed were the following:

- **Underdeveloped System of Care and Education for Children**

  More specific areas requiring attention included:

  - Well-defined and commonly held principles for early childhood care and education.
  - Expanded evaluation of child outcomes.
  - Improved and coordinated child and family assessments.
  - Adequate and stable funding for family-serving programs.
  - Improved access to needed services through mass transportation and other supports.

- **Underdeveloped or Nonexistent Priority Services**

  - Specifically, an improved and expanded network of child care services encompassing respite care, evening, weekend, and holiday care.
  - Care for children with special needs.
  - Pre-school programs.
  - Programs for school-aged young people.
  - Improved multi-cultural supports.

- **Family Poverty and Basic Needs** – Families need a comprehensive array of housing, employment and social services to bring about economic self-sufficiency. Ensure that equal services are consistently provided throughout all service agencies.

- **Emergencies and Specialized Problems** – Families need immediate help when emergencies or serious, specialized problems arise, e.g., foster care, domestic violence, mental health, or other crises. Programs serving families need to know where to send families so that they can be consistently and appropriately served.

Early Childhood Care and Education Programs

The Community Forum participants pointed out a number of social norm and cultural value priorities for education, which included:

- Promoting tolerance, inclusion, anti-bias education.
- Teaching life skills and social skills for kids: communication skills/conflict resolution/how to identify own feelings.
- Expanding culturally competent and appropriate education approaches.
- Early "natural" immersion in bilingual environment.

- Hiring staff in early childhood programs who are reflective of the cultural, ethnic and racial make-up of the clients.
- Funding comprehensive career development for practitioners, beyond the basic skills.

- **Child Care**

Child care is a broad unmet need. For example, in North Portland, there are 3 to 4 kids to every available spot. Families' access to affordable, quality child care services underlies their financial as well as emotional success.

Gaps related to child care needs include quality, affordability, availability, and access. Each of these has many dynamic aspects.

In addition to child care to cover parent's work hours, there is a strong need for specialized child care services.

- **Respite Care/Special Needs Care**

    - Need short-term respite for parents who are struggling with parenting their children.
    - Expand relief nursery model to all neighborhoods– respite/desperate care drop-in center.
    - There are too few resources for sick child care, respite care, care for children with special needs.

Pre-School

- Greater access to quality early childhood education for all children: a goal was for 100% of eligible children to be enrolled in Head Start. Current figures estimate approximately 34% of eligible families are served in Head Start.
- Need more Head Start-like services available to families who aren't income eligible.

School Programs

- We lack transition services for families as children enter kindergarten/school system.
- Public school programs are often not linked with early childhood education programs.
- Need to provide more after school programs. Recreational programs, and other supervised programs for school-age youth help to reduce "afternoon" criminal activities.
- Boys & Girls Clubs tally more than 3,000 young people in a year. This number demonstrates both the need, and taxes the resources of individual programs to encompass the needs.

Community Supports

- There is a need for greater mental health support services and education for child care providers and parents.
- There is a need for community based violence prevention programs.
- As a community, we need better integration of early childhood education/preschool work with other community wellness programs.
- We lack recreational opportunities for families in all neighborhoods (playgrounds, pools).
- We lack early literacy opportunities across cultural groups (promote culture-specific opportunities).

Mental Health

Mental Health services for children, infants through adolescents, are increasingly needed but in short supply. A continuum of services, from prevention and early intervention to intensive clinical therapies, are required to address current mental health needs for children. This is a prime example where "the earlier the better" in terms of effective remediation of mental health issues is the operative maxim.

Services are not easily accessible to families. The professional staff of family-serving programs do not always have the information necessary to make appropriate resource referrals.

Among the specific recommendations of the Community Forum participants, the following areas were highlighted as needs in the area of childhood mental health:

- Address the whole family unit when assessing mental health issues.
- Develop intensive mental health services for children.
- Increase availability of free or low-cost treatments for drug and alcohol abuse.
- Meet the mental health needs of parents in order to effectively promote health for children.
- Mental health services need to be integrated into schools, foster care, child care and other child-serving venues.
- Funds for mental health treatment of children must be flexibly structured to provide optimal intervention as well as prevention of problems.

Service Coordination

Occasionally, resources cannot be effectively utilized due to the complexity involved in service coordination. For individual families, service integration requires all programs and agencies who deliver services to the family to share information, documentation and to align programs in terms of timing, frequency and intensity of services.

This level of coordination, among many diverse programs, requires continuous effort.

- We need to resolve privacy issues so agencies can share information across organizational boundaries.
- There is a need for case management to coordinate communication between providers.
- Systems which make it easier for different agencies to coordinate with and among each other about a given child's situation.
- As a community, we need more contact between programs – more time for networking.

Agency Services

- There is a need to develop comprehensive plans for support of the whole family – using a continuum of services and coordinated case management.
- Programs funded by Multnomah County do not meet all of the needs and are limited in scope.
- There is a need for accountability for funding and spending by agencies – a system of checks and balances is needed.
- Review barrier related to funding and access created by managed care structures.

Multi-Cultural Services

- We have too few culturally/spiritually competent services available to ethnic/cultural minorities.
- There is a need to build bilingual capacity in the health care services by hiring more public health nurses that are bilingual.
- Many clients need greater access to interpretive services.

UTILIZING CURRENT RESOURCES/CREATING OPPORTUNITIES

Planning Processes

- We need to collect and use information already in existence (e.g., from state, national, local sources).
- We lack coordination in planning between funding organizations.
- We lack planning processes that are inclusive of the entire community.
- Too few consumer voices are heard in terms of services/unmet needs.
- We lack a common language around early childhood issues - like the asset model.
- We lack longer-term strategies to support program implementation and development, e.g. change Multnomah County funding cycle from annual to every 2 years.

Support Approaches that Work

- Governments need to fund proven programs, not just popular programs.
- As a community, we need consistent program evaluation. This will require dedicated funds.
- We lack a continuum of care for kids from early childhood through adolescence.
- There is a lack of capacity to meet current needs before adding new levels or services; a quality vs. quantity issue.

Building Greater Community Awareness of Child Care Issues

- Community attitudes and values do not support public services for families and children.
- Low-income families are often negatively stereotyped, so there is little community support for programs to support free or low-cost child care for working families.

Building Family Supports

- We lack public policies that treat the family as a whole unit – not just the parents, not just the child.
- We lack information on what barriers real families face in accessing services and what keeps families from using services.

OVERLAPS

- We need to resolve privacy and confidentiality issues so agencies can share information across organizational boundaries.
- There is a need for case management to coordinate communication between providers.
- We lack coordinated services to make it easier for different agencies to coordinate with and among each other about a specific child.
- As a community, we need more contact between programs – more time for networking.

Summary

Services and Supports for Childhood Care and Education reflect the increasingly complex nature of this interdisciplinary field. While there are gaps and barriers impacting effective service delivery, community understanding of many of the dynamics, which need to be improved, seems strong. Improvements in systems development and coordination can lead the way towards planning for the changes which will maximize supports for children and families across a continuum from prevention to intensive intervention.

Goal 3: Healthy Thriving Youth

Core Outcome Area 3(A) Juvenile Crime Prevention

Arrest Rates & Types of Crime

Multnomah County's juvenile population in 1998 was 64,293 persons. The number of unduplicated juvenile offenders was 3,943. The overall percent of juvenile offenders was calculated at 6.1%. The percent of juvenile offenders has been decreasing in recent years while the number of youth residing in the county has shown a steady increase since 1993.

The Oregon Progress Board's 1999 report lists Multnomah County's 1998 juvenile arrest rate as 41.6 per 1,000 juveniles. This figure was lower than the state's average rate of 53.9. Juvenile arrest rates for behavioral crimes during the same year were 23.1 per 1,000 juveniles, far lower than the statewide average of 31.8. Juvenile arrest rates for crimes against persons were 5.5 per 1,000, slightly higher than the statewide average. Arrest rates for crimes against property were 13.1 per 1,000, slightly lower than the statewide average.

Service figures for Multnomah County's Juvenile Justice Division in 1999-2000 were:

- 1,000 youth supervised on probation at any one time with home visits, linkage to treatment services, and monitoring school attendance.
- 1,800 youth diverted from adjudication to complete community service and fulfil conditions of accountability.
- 4,650 referrals to the School Attendance Initiative which provides an array of multi-disciplinary services to truant youth and their families.
- 36,000 nights of detention for youth awaiting adjudication, receiving mental health intervention, or being held as a sanction for parole violations.

Analysis of Information - 3(A) Juvenile Crime Prevention

Multnomah County finalized its "Strategic Plan for Juvenile Justice and Delinquency Prevention in Multnomah County" in October 1998. The plan was developed as a collaboration between the County's Department of Community Justice, the Local Public Safety Coordinating Council and the Commission on Children and Families. The plan was designed to provide a strategic focus for the full array of groups across Multnomah County who are working to prevent juvenile delinquency and reduce repeated delinquency. The "Strategic Plan for Juvenile Justice and Delinquency Prevention in Multnomah County" and the "Annual Report on the Strategic Plan for Juvenile Justice & Delinquency Prevention in Multnomah County" (November 30, 1999) provide valuable information for understanding the causes and consequences of juvenile delinquency. These documents also provide direction for creating effective prevention programs.

Children 0-8/Children 8-12

GAPS

- Early childhood advocates argue that Multnomah County needs to promote greater involvement with young children and younger siblings of juvenile offenders already in the system as a preventative measure. New research is now making the connection between early childhood behaviors and later juvenile criminal behavior. Young children are not being consistently identified and referred to services.

Youth 12-18

GAPS

- Lack of mental health services for youth.
- Not enough contact with positive adult role models.
- Lack of available after-school activities.
- Schools lack the capacity to deal with troubled kids.
- Lack of private sector involvement in resolving the issue of juvenile crime.

The "Juvenile Crime Prevention Plan – February 2000" identified a number of gaps associated with lack of funding or less than adequate funding. The following is a more comprehensive listing of the underfunded strategies and activities from the larger Strategic Plan which would appropriately serve the needs of youth in the JCP plan target population. This listing is presented here in the JCP plan target population categories. Some of the strategies and activities are repeated under each different population.

GAPS

I. Underfunded Strategies to Meet the Needs of Juvenile Non-Offenders with Multiple Risk Factors

- Expand alternative school placements for at-risk/acting-out youth at the high school, middle school and elementary school levels.
- Provide tutoring, conflict management and other services for alternative classrooms serving youth involved in the juvenile justice system.
- Increase special classrooms or alternative schools for kids not succeeding in mainstream classes or schools.
- Expand the ability of existing, successful programs to provide programs for at-risk youth after school between 3:00 - 6:00 p.m., on weekends and in the summer.
- Pilot before and after school programs serving youth most at risk of juvenile delinquency.
- Draw upon established community groups, including churches and other religious centers to operate drop-in centers to build community and connect young people with culturally competent, caring adults. (Pair Juvenile Justice, Parks personnel, and church volunteers at church sites.)
- Replicate the "Student Success Groups" model from Grant/Madison for culturally and gender-specific interest groups.
- Develop "Art Wall" available for youth taggers.
- Increase the number of high-risk youth who have weekly contact with an adult role model.
- Create a comprehensive climate change in a school or neighborhood to increase adult involvement in the lives of youth, build the sense of community and reduce conflict and delinquency.
- Build capacity to intervene promptly with juveniles committing status offenses.
- Support system improvements in services for homeless or runaway youth in accordance with recommendations of the Citizens Crime Commission study group.
- Establish a receiving center in downtown Portland.

II. Underfunded Strategies to Meet the Needs of First Time Offenders with High Risk to Reoffend and Chronic Offenders with Multiple Risk Factors

- Expand alternative school placements for at-risk/acting-out youth at the high school, middle school and elementary school levels.
- Provide tutoring, conflict management and other services for alternative classrooms serving youth involved in the juvenile justice system.
- Increase special classrooms or alternative schools for kids not succeeding in mainstream classes or schools.
- Expand the ability of existing, successful programs to provide programs for at-risk youth after school between 3:00 - 6:00 p.m., on weekends and in the summer.
- Increase before and after school programs serving youth most at risk of juvenile delinquency.
- Draw upon established community groups, including churches and other religious centers to operate drop-in centers to build community and connect young people with culturally-competent, caring adults. (Pair Juvenile Justice, Parks personnel, and church volunteers at church sites.)
- Replicate the "Student Success Groups" model from Grant/Madison for culturally and gender-specific interest groups.
- Develop "Art Wall" available for youth taggers.

- Increase the number of high-risk youth who have weekly contact with an adult role model.
- Develop and implement services and system changes to reduce the over-representation of youth of color in the juvenile justice system.
- Review policies and procedures to determine how they drive overrepresentation of youth of color.
- Implement a systematic analysis to determine at which points overrepresentation is being driven. Develop alternatives to incarceration at these points.
- Develop capacity of new and existing alternative community placement programs to successfully serve youth of color.
- Develop innovative gender and culturally appropriate strategies and programs to use as consequences for delinquent behavior.
- Provide gender and cultural training to staff and service providers.
- Increase the ability of acting-out, at-risk and delinquent youth to access alcohol and drug, mental health and other services provided by community-based organizations, with particular emphasis on home-based models of intensive service.
- Reevaluate systemic gaps in mental health services available to juveniles and develop strategies to increase services.
- Identify and help children under 12 (>10) who appear at risk of committing violent crime or serious, repetitive crimes.
- Assess the system services available for this under 12 (>10) population and recommend any systemic or programmatic improvements needed.
- Target probation services provided directly by Juvenile Justice staff to youth at risk of committing violent crime or serious repetitive crimes.
- Research and develop plans to specifically focus on the Hispanic gang-involved youth.
- Realign AITP into a longer-term program designed for dual diagnosed offenders.
- Improve the accessibility of intensive, developmentally and culturally appropriate outpatient and residential programs for medium- and high-risk youth at risk of placement in the OYA Youth Correctional Facilities.
- Use the newly established Alternative Placement Committee to collect data to analyze practices and trends in the use of residential services (MST models, proctor care, secure residential treatment, train providers).
- Specifically address the needs of girls for safe placement services prior to serious criminal activity or pregnancy.
- Support youth returning to the community after residential placements or time in Oregon's Youth Correctional Facilities by preventing abrupt interruptions in services and supervision.
- Explore reallocation of State and local resources to increase capacity for intensive, developmentally appropriate outpatient and residential programs based in the community.
- Develop strategies and programs to provide continuing support for youths and their families after residential placements.
- Review and improve practices to support the successful transition of youth back to a local school after leaving State training schools.

III. Underfunded Strategies to Improve Basic Services for Youth in the Juvenile System

- Increase parental involvement in all stages of the juvenile justice process with particular attention to involving parents of youth of color and girls.

- Explore the possibility of adjusting Counseling and Juvenile Court operating hours to facilitate parental involvement.
- Facilitate access to the juvenile justice process, i.e., provide transportation.
- Build in the expectation that parents will participate.
- Develop and implement services and system changes to reduce the over-representation of youth of color in the juvenile justice system.
- Review policies and procedures to determine how they drive overrepresentation of youth of color.
- Implement a systematic analysis to determine at which points overrepresentation is being driven. Develop alternatives to incarceration at these points.
- Develop capacity of new and existing alternative community placement programs to successfully serve youth of color.
- Develop innovative gender and culturally appropriate strategies and programs to use as consequences for delinquent behavior.
- Provide cultural and gender training to staff and service providers.
- Reduce the wait time for youth to start sanction programs and increase the percentage of youth completing sanctions.
- Implement strategies to increase the percentage of youth making full payment of Court-ordered restitution.
- Reduce the time between a youth's referral to the Juvenile Justice system and the adjudication date and start of the probation supervision.
- Implement a process improvement team to complete a time analysis to determine systemic improvement needs to lessen the time between the offending behavior and the intervention.
- Allocate supervision and services resources to juveniles based upon risk of recidivism.
- Review the staffing patterns in Juvenile Justice to determine the optimal balance of Juvenile Court Counselors to Juvenile Counseling Assistants.
- Determine gender appropriateness of the Juvenile Justice risk assessment.

BARRIERS

- There is limited data to use in evaluating systems and services.
- Agencies are still inexperienced in truly collaborative planning and implementation across agencies.
- Families and communities are taking less responsibility for raising children, particularly difficult children, which is leading to unrealistic, unfeasible expectations that government can/should "fix" all problems.

OVERLAPS

- Local and state agencies have overlapping roles which hinder coordinated services and create some disincentives for prevention/early intervention.

<u>Cultural-Ethnic Groups</u>

GAPS

- Lack of specific programming for youth of color.

- Youth of color are disproportionately referred to the juvenile justice system and are more likely to be committed to the OYA Youth Correction Facilities.

BARRIERS

- Many teenagers, particularly youth of color, are profoundly pessimistic about their futures as individuals and as a group.

Gender Specific

GAPS

- In access to Diversion Programs, girls (54%) were more likely than boys (45%) to be admitted. Youth on probation were 21% female and 70% male.

- Males commonly face stronger sanctions because they are more likely to have committed violent crimes. 92% of youth committed to Hillcrest/MacLaren and community confinement were male.

Special Populations

GAPS

- Youth with drug and/or alcohol abuse issues are identified as the most serious juvenile offenders supervised in Multnomah County.
- Lack of alcohol and drug services for youth who are in need of treatment.

Core Outcome Area 3(B) Avoidance of Alcohol, Tobacco and Other Drugs

The state's Office of Alcohol & Drug Abuse Programs *2000 Databook for Multnomah County* included the following statistics for the county's youth.

30 – Day Use of Alcohol and Other Drugs
(Proportion Reporting Some Use)

Drug	6th Graders	8th Graders	11th Graders
Tobacco	8.2%	18.8%	32.8%
Alcohol	7.7%	18.0%	40.2%
Illicit Drugs	8.5%	18.4%	28.3%

Juvenile arrests for drug law violations per 100,000 juveniles (age 10-17) were reported at 655 for Multnomah County. This is much higher than the state average of 556.

The 1998 Oregon Student Use Survey measured the Anti-Social Scale for youth in Oregon schools. It was conducted with 8th and 11th graders to determine how many times over the past year they had carried a handgun, been suspended from school, sold drugs, been arrested, or attacked someone with the intent to hurt them. It is reported as the average of a three-point scale. Multnomah County was determined to have a .44 rating on the scale.

The Regional Drug Initiative "Drug Impact Index" reported a number of significant statistical measures of alcohol/drug usage among youth in Multnomah County. Alcohol and drugs play an increasing role in juvenile arrests.

- Tobacco sales to minors have been reduced over 50% - the best county statistic in the state.
- Juvenile arrest rates for drug offenses tripled from 123 in 1988 to an estimated 421 in 1997.
- Juvenile arrestees testing positive for drugs rose from 12% in 1992 to 41% in 1997.
- Drug-related deaths rose from 36 in 1988 to 121 in 1997, reflecting the dramatic rise in heroin use. Youth heroin use has increased dramatically.

Parental substance abuse and approval of drug use increase risk factors for youth abusing alcohol and/or drugs.

Analysis of Information - 3(B) Avoidance of Alcohol, Tobacco and Other Drugs

Multnomah County's Adult and Youth Behavioral Advisory Councils share the designation as the County's Local Alcohol and Drug Planning Committee (LADPC). In November 1998 the two councils established a joint "A & D Planning Group" to oversee the development of the treatment portions of the plan. At the same time, the Youth Behavioral Health Advisory Council delegated responsibility for developing the prevention portion of the Implementation Plan to the "State Incentive Cooperative Agreement Steering Committee." This group had been earlier commissioned to develop a plan for the coordination of prevention planning within the County under a federal grant program coordinated by OADAP. The A & D Planning Group quickly recognized the need to form a Youth Treatment Work Group to develop specific service priorities. This group spent many months gathering information on gaps and barriers in the current system of services and made recommendations for system improvements. The information described under this outcome area is drawn from the "Implementation Plan: Youth Treatment Services", developed by the group for FY 1999-2001.

Prevention Services

GAPS

Children 0-8

- There are prenatal substance abuse issues for pregnant teens. Substance use (particularly cigarette smoking) during pregnancy poses substantial risks for both the teen and the child - increased risk of low birth weight, developmental delay, SIDS, and complications of drug withdrawal. While most pregnant teenagers are not substance users, a substantial number of teen parents experiment with and become addicted to drugs, with the most prevalent use involving cigarettes, alcohol, and marijuana. Between 28% and 62% of women smoke during pregnancy. A 1998 report from CDC (Matthews, 1998) shows that pregnant women aged 15-19 have the highest rates of smoking during pregnancy of all age groups. The rates for women 15-19 years of age increased from 1994 to 1996 (16.7% to 17.2%).

- Nationally, pregnant and parenting teens' self-reported use of alcohol range from 2% to 35% and marijuana from 9% to 50%. In a study of 248 pregnant adolescents, Teagle and Brindis (1998) found that 50% of teens used marijuana weekly, and 11.3% used it during the first trimester of pregnancy. Baseline findings from Portland's current CSAP study of 286 pregnant (34.5% of sample) and parenting teens showed an alarming rate of current use: cigarettes (44.7%), marijuana (14%), and alcohol (24.9%).

Children 8-12/Youth 12-18

- Lack of services for alternative school students.
- Lack of services for non-school populations - drop-outs and homeless youth.
- Lack of services for youth in foster care.
- Lack of services for youth who are children of adults in the correctional system.
- There are not enough positive adult role models for youth who are at-risk of using drugs and alcohol.
- There is a lack of age-appropriate, affordable after-school activities, which deter youth from risk-taking behaviors.

- There is a shortage of trained staff in schools to deal with alcohol and drug issues.

BARRIERS

Children 8-12/Youth 12-18

- Poor family communication impacts youth access to prevention services.
- Lack of parent involvement in their child's school impacts prevention services.
- Issues of poor family management do not support youth participation in prevention services.
- Lack of parent education on treatment services available for youth.
- Need for greater community coalition development which includes local planning entities, providers, youth and cultural groups.
- Need for prevention planning efforts to use scientifically based prevention strategies.

Treatment Services

GAPS

Children 0-8/Children 8-12

- Single, female parents who have had children removed from the home based on drug and/or alcohol abuse have few opportunities for having their children with them in treatment settings.
- For parents in treatment, there are few programs which offer complete "wrap around" services, including child care, housing assistance, employment training, parenting skills, transportation, domestic violence recovery assistance, and health care.

Youth 12-18

- Multnomah County has recognized the need to put greater emphasis into the expansion of family services across the continuum of prevention and treatment services. This reflects supporting the individual in the context of their family in recovery services.
- There are few programs that provide therapy to the family as a whole (versus a focus on the youth as the only family member in need of treatment).
- There needs to be greater emphasis and funding for services to strengthen family relationships in conjunction with individual treatment. Treatment outcomes for young people who are dependent on the family are enhanced when there is improved family functioning.
- There is no publicly funded program for residential detox services in the county. The only significant detox option for youth is the Oregon Youth Authority, which is limited to youth who are currently involved in the criminal justice system.
- The current system of social services in the county are not adequately focused on youth.
- Treatment programs for juvenile offenders are very limited.
- There are few programs which effectively use intensive interaction (counseling, mentoring) to strengthen protective factors among high-risk youth.

Cultural-Ethnic Groups

- Minority youth are inadequately served in the current system, particularly in the areas of assessment and family involvement.
- Lack of bilingual treatment staff is one problem. This issue is vital in instances where neither the youth nor his/her parents are fluent in English, as well as in situations where the youth is conversant in English while his/her parents are not.
- There is a lack of capacity to provide culturally competent services to youth and families. Specific populations identified as having gaps in services include Asian-Americans, African-Americans, Hispanics and Russian immigrant youth.

Special Populations

- There is a lack of treatment opportunities for homeless youth.
- There are few treatment options available for youth who are dually diagnosed with mental health problems and substance abuse issues.
- Developmentally appropriate services are needed. Generally, alcohol and drug affected youth are lagging in emotional and mental development.
- Coordinated treatment services between domestic violence providers and substance abuse and prevention services is lacking.

Gender Specific

- There are inadequate services for adolescent women.

BARRIERS

- Community-based prevention efforts quickly erode without stable, dedicated funding.
- Meaningful data on youth treatment outcomes is very scant. There is a need for improved data collection and analysis.
- There is no single entity in Multnomah County that can provide leadership and direction to improving youth-related prevention and treatment services.

Core Outcome Area 3(C) Sexual Behavior and Responsibility

The Oregon Health Division reports the following information on teen pregnancy rates in Multnomah County in 1998.

Oregon Pregnancies (All Ages)	Age				Pregnancy Rate per 1000 Females			
	<15	15-17	18-19	15-19	10-17	15-17	18-19	15-19
Total = 57,955	**191**	**2,985**	**5,283**	**8,248**	**17.2**	**42.1**	**118.5**	**71.5**
Multnomah County (All Ages)								
Total = 13,604	**49**	**633**	**1,137**	**1,770**	**21.5**	**52.0**	**126.8**	**83.7**

The number of Second Births in Multnomah County for 1998 was reported as 176. The state's number for Second Births was 926.

The Health Division also reports teen pregnancy information by race and ethnicity. These statistics include information on teens that either gave birth or had an abortion. In 1996-98, there were 2,133 teen pregnancies in Multnomah County. Of this number, 57% of the pregnant teens were white; 19% were African-American; 14% were Hispanic; 3% were American Indian; 7% were other non-white; and less than 1% were unknown.

Multnomah County's Health Department reports that in 1988, women age 19 and younger, accounted for 9% of all births in the county, 21% of all first births and 45% of all first births to unmarried mothers. Forty percent (610) of those having a first birth had no high school diploma or GED at the time of delivery. Fifty-one percent of births to mothers under age 19 were paid for with public assistance.

Prevention Efforts

Multnomah County's Health Department utilizes a comprehensive approach to successfully address the issue of teen pregnancy in our community. The Department's Teen Pregnancy Prevention Coordinator works on internal program coordination as well as in the community to identify gaps in service and link with potential partners and resources. The Health Department provides a comprehensive array of services to support reproductive health care, including: prevention, diagnosis and treatment of sexually transmitted diseases, contraceptive counseling and services, and pregnancy health services. The Health Department delivers these services to teens through community-based health clinics, school-based health clinics, field programs, and the Women, Infants & Children (WIC) Program. In addition, the Department has implemented three initiatives to prevent second pregnancies for teen mothers. These programs include:

- The Olds Model – currently being offered in east Multnomah County, provides home visiting services to new parents. Eighty-four percent (84%) of those visited are teens.

- Connections Program – provides assessment and referral to community-based agencies for all young women less than 20 giving birth in Multnomah County.

- Life Skills for Young Parents – the program's goal is to reduce the number of repeat pregnancies by engaging young mothers in activities to build self-esteem, develop personal goals and work toward improvements in their quality of life.

Multnomah County's Health Department sponsors the Students Today Aren't Ready for Sex (STARS) program which aims to educate middle and high school students about the positive benefits of delaying sexual activity to a later age. Six school districts in the county are incorporating the curriculum into their educational programs. The program is offered in 31 middle schools. STARS incorporates student leadership and peer support in its program. There were 231 "High School Teen Leaders" involved with the program last year. STARS was presented to 6,341 middle school students during last program year.

The County's Health Department has also partnered with the Boy and Girls Aid Society of Oregon, Portland State University, and the City of Portland's Bureau of Parks and Recreation to sponsor "Are You Ready?". The program provides ongoing services to high-risk youth, which include sex education, employment training, mental health counseling, art and self-expression activities, and comprehensive health and contraception services.

The Multnomah Network on Teen Pregnancy and Young Parenting brings providers and interested community members together to share resources, plan for needed services, and provide training and knowledge building. The Multnomah Teen Pregnancy Prevention Coalition, a committee of this network, has recently been awarded a grant from the state Adult and Family Services Division to conduct a community assessment and best practices review. This project will be implemented during 2000-2001.

Teen Pregnancy and Young Parenting

In June 1999, the Multnomah Network on Teen Pregnancy and Young Parenting identified housing as a critical need for teen parents in Multnomah County. A task force of interested providers, teen parents, and other interested people was developed in order to determine the extent of need and to make recommendations about services. The task force met from October 1999 through July 2000 and identified a number of housing issues facing pregnant and parenting teens. The information gathered, especially the assessment of current housing and supportive services, provides an accurate picture of the serious limitations of housing and other resources for teen parents in Multnomah County.

An estimated 3,100 teen parents live in Multnomah County. This number is based on live births to teens over a six-year period, adjusted for age and repeat pregnancies.

- Roughly 40% or 1,240 teen parents in Multnomah County are under 18.

- About 520 were living in Portland's Enterprise Community at the time of birth.

- Adult and Family Services had 682 teens 19 and under on its caseloads in July 1999. Of these, 17%, or 115 cases, were teens under 18. Currently, about 400 teen parents receive TANF through Multnomah County's teen parent branch.

- Anecdotally, teen parent providers estimate that over 1/3 of their clients experience a housing crisis annually. A North Portland Teen Parent case manager states that of a caseload of 24, only four do not have a current housing need.

The Multnomah Network on Teen Pregnancy and Young Parenting task force on housing discussed possible age ranges and why these ages were important to include in the report. The age range identified was from 11 years up to 25 years of age. After discussion, the group tentatively agreed to break the age ranges into three distinct groups, as follows:

11-15: This group is relatively small, but the issues are significantly different for many youth in this age range. This age range may receive more services from SCF or Youth Investment than older youth. Some 15 year-olds may cross over into the next age category. In the area of housing, few, if any, of this population would be ready for independent living.

16-17: This group includes some youth who may be able to live more independently, can apply for emancipation, can earn more regular wages, can obtain a GED, and can sign a lease if the landlord is willing. They may still receive assistance from Youth Investment but are not likely to be involved with SCF. If applying for TANF assistance, they must meet the minor parent rules for housing in order to receive assistance. They have few housing options available in the "adult" system.

18-20+: This group is legally able to enter into contractual agreements, and no longer must meet the minor parent housing rules for TANF. They are more likely to be able to access domestic violence shelter services, but are still considered "youth" until they are 20 or 21 by many agencies serving adults. Some of these young parents had their first child while they were under 18 and may have second children. They are struggling to be independent but lack many work and education skills. Young parents over 21 are normally able to access "adult" housing systems but still need a variety of supports from teen parent programs.

Multnomah Network on Teen Pregnancy and Young Parenting task force identified a number of service priority areas where enhanced services would benefit the community, including, emergency and shelter housing, transitional housing, and permanent housing with service supports.

Prevention

GAPS

The STARS program has identified gaps in a number of program areas, which diminish the ability of students, parents and teachers to gain a greater understanding of strategies to postpone sexual behavior.

Children 8-12/Youth 12-18

- There is a need for more comprehensive sexuality education in schools. Recent survey data from the Kaiser Family Foundation indicated that parents, students, and teachers, want more information about sexuality made available to students.
- There is a need for booster or reinforcing messages about postponement of sexual involvement aimed at 8th through 10th grades. STARS is highly effective for 6th and 7th grade students, but there is a great demand for similar programming for older teens.
- Effective programs are lacking for working with adolescent boys in the area of pregnancy prevention and gender-specific sexuality education.

BARRIERS

Multnomah County Health Department's Teen Pregnancy Prevention Initiative for the FY 2000-01 includes strategic efforts to overcome existing barriers in the current services system.

Youth 12-18

- Innovative research based methods need to be used to integrate teen pregnancy prevention into other county programs.
- More work needs to be done to develop male specific skill development and health promotion activities related to teen pregnancy.
- Continuing work needs to be done to develop a comprehensive plan based on public health practices and good research to reduce unintended adolescent pregnancy. This plan would be based on an analysis of local data, defining a local definition of comprehensive approaches and by examining best practices.
- Greater efforts need to be made in working with local media (TV, radio, newspapers) to create and promote developmentally appropriate public health messages for teens.

Special Populations

- Resources need to be devoted to examining strategies to reach racial/ethnic minorities, gay, lesbian and bisexual youth, young males, and people with disabilities, with sexual health information.

Teen Pregnancy and Parenting

The Multnomah Network on Teen Pregnancy and Young Parenting identified a number of housing and social service gaps and barriers during its year-long planning process.

Youth 12-18 – Housing

Note: *Some teen parent housing/social service programs are described under Core Outcome Area (1A) Family Self-Sufficiency and Social Supports in the Community Partners Matrix.*

Short term emergency/transitional: For teen parents under 18, short-term housing is only available through SafePlace unless she is in foster care or is pregnant but not yet parenting. SafePlace serves up to six teen parents up to age 21. Motel vouchers are sometimes available through AFS or the Clearinghouse.

Transitional (up to two years): Approximately 35 slots are available in programs open to teen parents who are not in care of SCF or OYA. Another 10 – 20 are available for teen parents who have a funding source such as SCF or OYA (i.e., Sister house). A few teen parents 18-21 also can access transitional housing through programs set up for adult homeless households. However, these slots are very limited.

HomeSafe, the primary long-term transitional housing program for teen parents in Multnomah County, has at least 125 requests for long term housing assistance annually.

Permanent: Resources such as RASP, Community Development Corporations, and the Willamette Bridge CHANGES program, serve a few teen parents annually. Currently, a total of 78 teen parent heads of household ages 16-20 are on Section 8 and Public Housing. No information is available about teen parents who are part of a family in public housing.

- Need to have a well-informed, connected system to locate openings or potential openings for emergency housing. Develop a clearinghouse system of available emergency and transitional slots.
- For under 18 year-olds, there is a need to develop a proctor home system that is emergency based (24-hour access). Procter parents are part of the system and part of "triage team". Procter parents receive training and attend meetings.
- Current system lacks "bridge" between supervised shelter or host home and independent living (i.e., HomeSafe). Younger teen parents are often not ready for the level of independence needed in scattered site, apartment-based programs, but need opportunities to practice these skills.

Youth 12-18 – Social Services

- The STARS program reports the need for a program to reduce the rapid repeat of pregnancy in teens who already have one child.
- Mental Health issues and needs that affect teen's ability to obtain and keep stable housing and to do basic life tasks are frequently unaddressed. These Mental Health issues include: grief and loss issues; violence/abuse trauma; developmental delays or learning disabilities, many of which may be undiagnosed; and substance abuse by teen parents or family members/friends.

Youth 12-18 – School

- For teen parents who are attending school, they are often performing below grade level. Lack of safe housing and frequent moving disrupts school performance. Independent living too early can disrupt school and other goal activities.
- There is a need for additional services to help out-of-school teen parents complete high school or GED certificate.

Youth 12-18 – Income & Employment

- Teen parents who have completed HS/GED, often lack skill training for work. Additional services are needed.
- TANF provides too few financial resources for the family to thrive.

Cultural-Ethnic Groups

- Hispanic teen parents tend to be younger and their birth rate higher than other ethnic or racial groups.
- There is a need for culturally specific services for a number of populations, including:
  - Asian
  - Native American
  - Russian immigrants
  - Hispanic, especially undocumented immigrants
  - African-American
  - Native African youth, e.g., immigrants from African countries

Gender Specific

- Single parenting males are also identified as needing support.
- There is no current information on how many single, male parents are in this category.

BARRIERS

- Funding streams sometimes hinder smooth transitions and consistent case management
- Housing funding generally limits services to "homeless" rather than "at risk of becoming homeless."
- For older teen parents, the current system's referral linkages need to be strengthened to link them with other systems that provide emergency housing.
- Need to increase flexibility of current transitional models. Current system has limited flexibility in terms of age, couples, offering supportive services only, ability to serve teens who are "almost" homeless, etc.

- Resources needed to develop long range plan to fund a facility-based, transitional housing program that offers independent living with on-site services. Goal would be to serve teen parents who need more assistance, supervision, skill building, and safety.
- Current system for teen parents relies heavily on subsidized housing options, i.e., Section 8, HAP, and other public housing. There is a need to develop more private market options for teen parents. Home ownership as long term goal for older teen parents.

Cultural-Ethnic Groups

- Hispanic teen parents are sometimes undocumented, meaning their children are eligible for services but they are not.
- Language is a barrier for teen parents who speak English as a second language.

Core Outcome Area 3(D) Educational Progress and Success

There are eight school districts located within Multnomah County: Centennial, Corbett, David Douglas, Gresham-Barlow, Parkrose, Portland, Reynolds, and Riverdale. The changes in average enrollment in all the county's schools has shown a steady increase over the past nine years reflecting Multnomah County's growth in population. Multnomah County's Dropout Rate, as calculated by the State's Department of Education, is 9.4 versus the state's rate of 6.9. The rate describes the number of 9-12th graders who dropped out over the year as a percentage of the students enrolled in the fall. The Oregon Department of Education only tracks dropout rates for race/ethnicity on a statewide basis, not per each school district. Dropout rates are consistently higher for Hispanic, African-American and American Indian students than for Whites and Asians.

The *Educational Success for Youth: Aligning School, Family and Community* report defined educational success as capturing the "...range of skills and competencies that youth need to succeed as adults. It begins with cognitive and creative competencies, the traditional gauges of academic success. But it also includes health and physical well-being, interpersonal skills, vocational competency, and citizenship." [A copy of this report is included as Attachment # 10 to this document.] The *Educational Success* report is designed to complement the Commission's strategic plan, *Creating a Chosen Future*, which identified "Children and Youth Succeeding in their Education" as a major wellness goal for Multnomah County.

The *Educational Success for Youth: Aligning School, Family and Community* report also challenged the notion that drop-out rate is the only measure defining school success. The report found that an increasing number of youth are opting to obtain a high school degree or GED through enrollment in a community college. The number of high school-aged students at Mt. Hood Community College in Gresham has risen steadily through the 90's.

Children 0-8

GAPS

- Lack of controls to insure quality child care, especially in family child care settings.
- Need for more services to children under four years; Early Head Start only reaches 3% of eligible children.
- Need for additional full day, year round services to young children; Head Start reaches only 38% of eligible children.
- Less than 1% of publicly supported programs focus directly on language and literacy despite the fact that kindergarten teachers reported that approximately 15% of students had problems with basic verbal communication.
- Summer school not currently available for K-3 for 23% of students who do not meet reading and math benchmarks by grade 3.

BARRIERS

- Poverty prevents access to affordable, quality child care.
- Lack of training for child care providers.
- Services not available in equal distribution throughout the County.
- Lack of annual measurement of kindergartners' readiness to learn to assess impact of current programming.
- Number of students in County who speak English as a second language had more than doubled in past ten years.

Children 8-12

GAPS

- Parental involvement in school is low.
- Per pupil funding has decreased in all but one school district in the County.
- Current class and school sizes do not adequately nurture relationships.
- Mentoring initiatives lack coordination.
- Lack of engaging activities for after school and summer.

BARRIERS

- High rates of student mobility between and within districts negatively affect student achievement.
- Adults feel they have lost control of their local schools.
- School calendar diminishes continuity and engagement; need for more flexible paths available to a variety of students, including those involved in juvenile justice system, and with highly mobile families.
- Youth feel that adults do not value them or their input into decisions that affect their lives.
- Chaotic funding streams fragment services available for youth.
- No universal student identifier for tracking students across services and systems.

Youth 12-18

GAPS

- Parental involvement in school is low.
- Per pupil funding has decreased in all but one school district in the County.
- Current class and school sizes do not adequately nurture relationships.
- Mentoring initiatives lack coordination.
- Lack of engaging activities for after school and summer.
- In 1999, only 34% of 10th graders met math standards, and only 47% met reading standards.
- School districts lack training and resources to assess whether student submissions meet CIM standards.
- There is a lack of integration of CIM standards into graduation requirements.
- Lack of career related learning opportunities, school-to-work programs and no implementation of CIM.

BARRIERS

- High rates of student mobility between and within districts negatively affect student achievement.
- Adults feel they have lost control of their local schools.
- School calendar diminishes continuity and engagement; need for more flexible paths available to a variety of students, including those involved in juvenile justice system, and with highly mobile families.
- Youth feel that adults do not value them or their input into decisions that affect their lives.
- Chaotic funding streams fragment services available for youth.
- No universal student identifier for tracking students across services and systems.
- Youth lack opportunities to meaningfully contribute in school and in the community.

Cultural-Ethnic Groups

GAPS

- Hispanic dropout rate is three times that of white youth.
- Achievement gap between minority students and white students is substantial especially in high school.
- Lack of a coordinated strategy to meet the language needs of ESL students.

BARRIERS

- Lack of high expectations for minority youth.
- Lack of minority teachers may inhibit relationships between teachers and students.
- Number of students in County who speak English as a second language had more than doubled.

Core Outcome Area 3(E) Non-Traditional Living Environments

Homeless Youth

In April 1998, Multnomah County's Board of County Commissioners approved a resolution addressing support and services to homeless youth living in downtown Portland. The Department of Community and Family Services was assigned the planning role for implementation and coordination of services. An Ad Hoc Committee was formed to gather information and produce a report on services for homeless youth. The Committee profited from research conducted by Dr. John Noell, with the Oregon Research Institute located in Eugene. Dr. Noell's research described the characteristics of homeless youth, including rate of depression, experience with sexual abuse and so forth. In response to the Ad Hoc Committee's findings, the service system for homeless youth was reconfigured, additional funding was secured, and an Oversight Committee was convened to monitor and provide input to its operations.

Service agencies report that there are an estimated 2,000 homeless youth annually, ranging in age from 12 to 21 years old, who come from all parts of Multnomah County and other communities in Oregon. Data collection has been consolidated in the new system and by April 2000, 658 homeless youth had been screened for services. The majority of homeless youth are male (56%) versus female (44%). Of the 975 homeless youth served in Multnomah County last year, 705 were white (72%), 115 were Hispanic (12%), 55 were African-American (6%), 29 were Native American (3%), 9 were Asian (1%), and 62 (6%) were counted as "unknown."

Runaway Youth

In 1994 the Youth Investment System was designed as an integrated and coordinated system of developmentally and culturally appropriate wraparound services supporting the needs of youth ages 13 to 17. In 1999-2000, approximately 850 youth were provided a wide array of services through this system, including crisis intervention, emergency and transitional shelter, intensive case management, population specific case management, counseling, conflict resolution, and support groups. Fifteen participating agencies and additional community participants maintain a common strengths-based focus in helping struggling teens stay – and be successful – in school and stabilize their living situation, while helping them stay outside of the child welfare and juvenile justice systems. Two hundred twenty-five (225) clients sought shelter assistance last year at Harry's Mother, a Youth Investment System participant, providing shelter for runaway youth.

The Youth Investment System is currently working on a system assessment and evaluation to accurately indicate the community demand for services and assess the services currently provided. The report is the result of an assessment/evaluation task force, youth participants, parent/guardian participants, and system managers and direct service providers. The information gathered to date reflects the community demand for a flexible system targeted to the varied needs of adolescents. For example, a youth profile suggests that needs most directly met through the system include family discord, school issues, goal setting, problem solving, and the need for a caring adult. Additionally, a parent/guardian profile suggests that highest demands on the system include working with youth on developing job skills, school attendance and performance, improved family relationships and a support system. Participants and providers agree that the range of services provided through a flexible and well-coordinated interagency system helps to appropriately meet the distinct needs of the teen-age population.

Data compiled in the new Homeless Youth System indicates that 75 of the youth screened through April 2000 in the Downtown Portland Homeless Youth system were defined as runaways, not homeless youth. These youth could benefit from the services provided through Youth Investment System.

Children Living Away From Parents

Multnomah County's rate of children (0-17 years) living away from parents is 97 per thousand which is higher than the State's rate of 81 per thousand.

Foster Care

The duplicated average daily rate of children in state-supervised, family-based foster care was 16 per thousand in 1998. This was nearly double the state's average rate.

Analysis of Information – 3(E) Non-Traditional Living Environments

Homeless Youth/Runaway Youth

GAPS

- There is a continuing need to build a better array of social services.
- There are no programs which address primary prevention of teen homelessness.
- There are few opportunities for homeless youth to access alcohol-free/drug-free housing.
- There is a serious lack of drug/alcohol and mental health treatment.
- Homeless youth need more opportunities for education, training and the development of job skills.
- There is a great need for access to free health care.
- There is a lack of HIV prevention and treatment services.
- The community lacks sufficient shelter space to meet the need.
- There is a lack of transitional housing for homeless youth.
- There is a need for programs that build positive peer and adult relationships.
- Greater emphasis needs to placed on developmentally as well as culturally appropriate services.

BARRIERS

In the fall of 1997, the Citizen's Crime Commission and the Association for Portland Progress issued a joint report entitled "Services to Homeless Youth in Portland." The report outlined what they believed were the need of and service gaps for this population. The findings were critical of service providers as well as County and City government, concluding services to homeless youth were:

- Inadequate
- Under-funded
- Poorly coordinated

These issues have been largely addressed through the newly implemented service system. However, under-funding remains a continuing problem.

Foster Care

GAPS

- Children in foster care need mental health service opportunities.
- Need greater financial and emotional support for relative foster care parent.
- Create mentoring/foster homes for families.
- Need for greater respite child care for foster parents.
- Increased emergency foster care.
- Greater adoption support services.
- Foster kids – more guidelines to ensure that young children and youth get their needs met.
- Foster family supports lacking - need support system, mentoring.
- Need greater biological-bridging, i.e., include parents in placement decisions.
- Decision-making in foster parent families needs to value/include the foster parents' input.
- Cultural and ethnic minorities need specific assistance around foster care issues.

Community Engagement and Collaborations

History of Community Engagement and Current Philosophy

In November 1998, the Multnomah County Board of Commissioners approved the merger of two existing citizen advisory groups, the Commission on Children and Families and the Community Action Commission, into the Commission on Children, Families and Community (CCFC). As the County's Commission on Children and Families, CCFC has four purposes:

- Foster overall community conditions enabling children and families to thrive.
- Mobilize the community and its resources in support of children and families.
- Develop policy for children and families.
- Develop, prepare, and oversee the implementation of a single, comprehensive local plan for children ages 0 to 18 and their families, for all public and private efforts; including direct oversight of approximately $9 million of state funds each biennium.

As the County's Community Action Board, the CCFC has four purposes:

- Review and approve the policy of the Community Action Program (which is the County Department of Community and Family Services).
- Help in hiring the Community Action Director.
- Monitor and evaluate Community Action Program effectiveness.
- Ensure the effectiveness of community involvement in the Community Action planning process.

The new Commission has a mission which incorporates its work on the issues of children and youth with a focus on the impact of poverty on the community. This has led the CCFC into new areas of planning for children, youth and low-income families in Multnomah County.

Current Community Engagement in Planning Efforts

The Board of County Commissioners in January 1997 adopted ***Creating a Chosen Future***, the Commission's strategic plan. CCFC defines its work as "supporting and building upon the successful work of local, neighborhood and cultural community-based planning efforts seeking positive outcomes for children and families." Decision-making around new opportunities is guided by goals, values and a determination of whether opportunities are aligned with existing community-based initiatives or plans. All current and future program funding decisions are made after all these factors have been evaluated.

***Take the Time* Campaign:**

Take the Time is a community-wide effort to develop the assets of young people in Multnomah County. ***Take the Time*** was developed through close collaboration between the Commission, the school districts, and a variety of community agencies. ***Take the Time*** was created in response to the districts' request that we develop a community response to asset building. ***Take the Time*** engages the community in a variety of collaborative approaches. First, the ***Take the Time*** Steering Committee, which is responsible for the initiative's long-term planning, is comprised of young people and a variety of community partners. Youth have played an active and vital role in ***Take the Time*** since its inception. The Multnomah County Youth Advisory Board are frequently consulted on campaign issues, participate in ***Take the Time*** trainings and events, and make presentations about the initiative. Additionally, ***Take the Time*** has sponsored the Collaboration Grants, which awarded three-year planning and implementation grants to community teams that are working collaboratively to build assets in local communities. Finally, ***Take the Time*** has partnered closely with Portland Public Schools. The district has awarded ***Take the Time*** $100,000 of Safe Schools Grant funds to administer the Middle School Parents Project, a ***Take the Time*** demonstration project that the Commission piloted during the 1999-2000 school year. This project engages parents at 15 middle schools to organize other parents in their schools around the asset model. The district worked closely with ***Take the Time*** staff to modify the project to align more closely with district goals while maintaining its link with ***Take the Time.***

Take the Time was developed in response to the findings from the Youth Asset Survey (also known as the "Search Survey"), which the Commission administered to 10,000 students in 1997. The survey found that Multnomah County youth had an average of 19 of 40 assets, and that only 8% of young people had more than 30 assets (the level recommended by Search Institute). Our survey showed that external assets were particularly lacking: only 26% of young people had adult role models, 41% had other adult relationships; 35% had parent involvement in schooling; 29% felt youth were viewed as resources, and a mere 23% felt that the community valued youth. ***Take the Time*** is explicitly addressing these findings through its three long-term goals: 1) Children and youth have a relationship with a caring adult; 2) Children and youth have a meaningful role in their community, and 3) Children and youth are valued and supported by their community. The initiative is utilizing a blend of social marketing, direct community outreach and organizing, and organizational consulting to achieve these goals. [A copy of the Search Institute Youth Asset Survey is included as Attachment # 22 to this document.]

***Be Part of the Solution* Event – May 13, 2000**

CCFC's Poverty Advisory Committee teamed with the *Take the Time* Steering Committee to plan and conduct the *Be Part of the Solution* event which was held on Saturday, May 13th, at Buckman Elementary School in Southeast Portland. The event was designed to highlight new research which the Search Institute had conducted with low-income families living in communities of concentrated poverty. Search Institute had many new findings related to building developmental assets in low-income families. The half-day event was designed to be as inclusive as possible with assistance provided to support the attendance of low-income families with children, including on-site child care, transportation assistance, as well as food and refreshments for parents and children. Over 100 people were in attendance.

Early Childhood Forum – January 21, 2000:

Two hundred people attended the January 21, 2000 Multnomah County Early Childhood Advocates Forum, co-sponsored by CCFC, Multnomah County Commissioner Lisa Naito, and the Early Childhood Care and Education Council.

Those attending represented diverse interests, but were united around the Commission's goal of "Children entering school ready to succeed." In addition to the Commission, speakers from Multnomah County, the State Commission on Children and Families, and local agencies and advocacy organizations set the collaborative tone for the day.

Commissioner Naito and the Early Childhood Workgroup presented the draft report "Coming Together for Children," an inventory of resources and needs of young children and their families, listing services funded by Multnomah County departments. One goal of the forum was to gather feedback on the format and structure of the inventory; this feedback was compiled and formed the basis for revisions. The Board of County Commissioners later approved the revised report.

Another goal of the forum was to prepare for the Commission's upcoming planning efforts by identifying available resources and opportunities to strengthen support for families of young children, and obtaining input from diverse perspectives on current problems and needs of young children and their families. The group focused on the youngest members of our community – from prenatal to age eight.

Participant input was summarized, based on group notes, flip chart notes, and observations of the small group facilitators, as well as additional comments received after the forum concluded. There were a number of comments directed to special needs populations, as well as cultural and ethnic communities. [A copy of this draft report is included as Attachment # 11 to this document.]

Incorporating Asset Building Into School Communities – April 2000

CCFC and the Middle School Outreach Project co-sponsored two educational events which featured Clay Roberts of the Search Institute. One session was hosted at Portland State University. The workshops were designed to help educators, administrators and college education majors to learn more about engaging the community in asset building efforts for youth.

CCFC Strategies for Community Engagement

During the past three years, CCFC has been successful in community mobilization to leverage additional funding and in-kind services through the involvement of businesses, non-profit organizations, community networks, communities of faith, interested citizens, and youth. Youth have been actively involved in advising in these efforts through the County's Youth Advisory Board (YAB), which is comprised of 32 young people. Youth Advisory Board members have participated in panel presentations in nearly all the described CCFC-sponsored events. Two YAB members serve on the Commission itself. Finally, CCFC was actively involved in developing and approving the Multnomah County Juvenile Justice strategic plan by offering Commission member input to the plan's development as well as funding for a planning coordination position.

Cultural Competency in the Planning Efforts of The Commission on Children, Families and Community

The Commission's focus on cultural minorities and gender-appropriate services dates back to the prior Commission on Children and Youth. Two top priorities were reducing the overrepresentation of minority youth in the juvenile justice and child welfare system. A third priority was improving and expanding services for girls. The priorities for the former Community Action Commission included addressing the issues of low-income families and economically distressed communities.

Definitions:[1]

Culture: An entire set of values, behaviors, attitudes, beliefs, social interactions and communication patterns that distinguishes a group of people (e.g., ethnic populations; immigrant populations; sexual minorities; physically challenged including mobility, gender status; hearing and sight impairment; developmentally disabled persons; youth; and elderly people).

Cultural Competence: The ability of an individual or agency to work effectively with members of various cultural groups. The cultural competence of an individual or an agency can be measured by observation and documentation of specific behaviors, attitudes, abilities, policies, and procedures that are acknowledged and accepted as necessary to facilitate successful consumer interactions.

Cultural Competency Plan: A description of actions that an organization has chosen for the purpose of developing and maintaining organizational cultural competence with present and future customers. Plan includes timelines and persons responsible for each item.

Cultural Competency Standards: Measurable criteria that establish for individuals and organizations a functional ability to work with the cultural groups identified as potential or immediate consumers.

[1] Acknowledgements go to the Department of Community and Family Services for the use of their *Cultural Competency Plan Standards for FY 2000/2001,* which are administered by the Department.

What cultural minorities were involved in our recent planning processes?

One of the most significant changes to occur in the creation of the CCFC in November 1998 was the addition of low-income people and advocates to constitute one-third of its 33-person membership. This change brought not only added diversity in terms of income, but added additional membership from communities of color as well as persons with disabilities. More than in any time in its history, CCFC reflects the wide variety of cultural and ethnic communities living in Multnomah County. Cultural competency has been an integral part of our planning efforts in recent years.

What cultural minorities were involved in our recent planning processes?

***Creating a Chosen Future* – Strategic Planning Process**

[See under *"Current Community Engagement in Planning Efforts."*]

***Take the Time* Campaign:**

[See under *"Examples of Successful, Culturally Competent Work."*]

Community Education & Outreach Efforts:

For the past five years, CCFC has partnered with Lewis & Clark College's Center for Professional Development to co-sponsor the annual "Rebuilding Our Families and Communities Forum." CCFC has made financial contributions to past events and offered volunteer support through the involvement of its Commission members. The event draws youth, parents, educators, health professionals, social service organizations, and advocates for youth from throughout the state. The curriculum presented at the conference often addresses gender specific issues, sexual minority, culture, racial and ethnic issues facing youth.

Early Childhood Forum – January 21, 2000:

The attendees of the Forum represented an array of child advocates, interest groups, and communities. Recommendations were made for multi-cultural service improvements as well as services for children with special needs. A list of these recommendations is included in the attached report.

Gender Policy/Girls Empowerment:

In 1996, CCFC was awarded a JJDP, Title V, 3-year grant to address the needs of adolescent girls. A Gender Policy Advisory Committee was established to provide oversight to the County's Juvenile Justice Division. Initial outcomes of the grant were a series of trainings for professional staff on gender issues and creation of a specific team to implement enhanced services for girls in juvenile detention. These actions laid the groundwork for creation of the Girls Initiative Network, a coalition of citizens and service providers who are committed to enriched services for girls. The group is now planning the "On and For Girls" event to be held in November 2000.

OCCF Symposium – January 2000:

The symposium was a joint collaboration between OCCF and CCFC. Two members of the Youth Advisory Board facilitated one of the workshops.

Examples of Successful, Culturally Competent Work:

Take the Time Campaign (1997-2000):

Take the Time is an innovative campaign to build developmental assets in the lives of our young people. It has introduced exciting new strength-based techniques such as mini-grants, which fund creative asset building projects, and collaboration grants, which encourage individuals and organizations to work to build assets in the community. Cultural competency strategies have been employed since the initiation of the campaign, beginning with the survey of youth conducted in Multnomah County schools.

In 1997, CCFC surveyed 9,058 students in 6th , 8th, and 10th grades in a number of different school districts. Twenty-four percent of the students surveyed identified themselves as American Indian, Asian/Pacific Islander, Hispanic or African-American. An additional 11% self-identified as "Multi-racial." Reports of the survey results were made for each of the four separate racial/cultural groups. Materials were also translated into Spanish, Russian and Vietnamese. Built on the foundation of cultural inclusion, the campaign has engaged many ethnic and cultural communities in mini-grants projects through outreach to schools, neighborhood and civic groups and religious organizations.

Take the Time held focus groups with specific cultural groups (African-American, Native American, Latino, Asian/Pacific Islander) to identify strategies for disseminating survey results in specific communities. As the Mini-Grant Program was developed, the availability of mini-grants and other *Take the Time* activities were promoted through various cultural communities and the organizations and media serving those communities.

Numerous *Take the Time* mini-grants have focused on young people of specific cultural communities in Multnomah County. These mini-grants include work with the following groups: low-income children, English as Second Language (ESL) students, children with mental or physical disabilities, and gay, lesbian and bi-sexual youth. Cultural communities, which have been awarded mini-grants, include Iranian, Russian and Samoan.

In 1999, the Commission created the Collaboration Grant Program, which is designed to build assets in the community. The program awarded three collaboration grants to increase assets among young people in a defined community. All three of these collaborations focus on a diverse group of young people.

The program structure of *Take the Time* relies on the volunteers from various cultural communities. The program has trained a number of racial, ethnic and cultural minorities to be members of its speaker's bureau. In addition, intentional efforts have been made to have mini-grant review committees include reviewers from a wide range of cultures and communities. Almost one-third of individuals who have served as mini-grant reviewers have been people of color, persons with disabilities or members of a sexual minority group.

Future Priorities and Opportunities for the Commission on Children, Families and Community

Statement of Values:

Creating a Chosen Future defines four goals for the Commission's Workplan:

- Young children entering school ready to succeed.
- Safe families living in safe neighborhoods.
- Children and youth succeeding in their education.
- A direct link between planning and implementation.

Creating a Chosen Future describes the Commission's values:

- **Children and Youth:** We value every child and youth, and each one's right to achieve her or his full potential.
- **Families:** We value the family unit, however defined, and wish it to be every child's first source of love and support.
- **Communities:** We value community as every family's primary source for support and encouragement.
- **System of Supports:** We value an integrated and coordinated support system which makes the best use of available resources, identifies and develops new resources, and values its workers.
- **Results and Accountability:** We value results. We value an outcome-driven approach providing efficiency and accountability.
- **Self-Reliance:** We value community supports which encourage self-reliance and discourage dependency.
- **Diversity of Cultures:** We value the diversity of the children, youth and families among us, and we value community supports which are culture, gender, age appropriate, as determined by those communities.
- **Equal Opportunity:** We value equal opportunity, equal access and social justice for all cultural communities.
- **Inclusion:** We value an open and accessible community planning process bringing diverse viewpoints, including those of young people.
- **People of all Levels of Need:** We value all people and recognize that among individuals there exist varying capabilities at different times and at different developmental stages.
- **Safety and Security:** We value the safety and security of every child, youth and family and recognize this as an essential support for healthy growth and development.

Statement of Values, contd.:

- **Parenting:** We value loving, skillful, parenting whether given by the biological parents, grandparents or other extended family members; or by other trustworthy, capable adults.
- **Strengths:** We value inherent strengths, skills and capacities of every child, youth and family, and recognize these strengths as vital community resources.

These values, along with the four goals, drive the work of the Commission on Children, Families and Community of Multnomah County. Decisions about new initiatives or opportunities are guided by the goals, values and a determination of whether opportunities are aligned with the community. The Commission bases its funding decisions on this analysis.

Technical Assistance Needs:

We are putting forward two requests for Technical Assistance from the Oregon Commission on Children and Families. First, we are looking for information on the state's approach to encouraging innovation as described under Senate Bill 555 under Section 6 (3) (d). Discussion and deliberation will need to take place around the question of supporting best practices while encouraging the development of innovative projects. Second, Senate Bill 555 under Section 6 (5) (c) describes "other resources" devoted to provide technical assistance. We propose that financial resources be set aside to support local commission efforts to seek technical assistance different from that provided by the state's office. These set aside funds should be earmarked for local commission proposals to use consultants with local, regional or national expertise on approved projects. Requests for use of set aside funds could be made through a proposal process.

Attachments

Attachment	Title
1	Community Partners Matrix
2	Annual Report on the Strategic Plan for Juvenile Justice & Delinquency Prevention in Multnomah County – November 30, 1999
3	Children's Readiness to Learn: Strategies for Improvement
4	Coming Together for Children – March 16, 2000
5	Cradle to Community: A System of Supports for Families
6	Domestic Violence in Multnomah County – Spring 2000
7	Early Childhood Mental Health Committee – Early Childhood Mental Health – Best Practices Project – Community Work Session Report – June 1, 2000
8	Early Childhood Mental Health Work Group: Action Item Recommendations – August 2000
9	Early Childhood Mental Health Work Group: Report to the Coordination Team – August 21, 2000
10	Educational Success for Youth: Aligning School, Family and Community
11	First Annual Multnomah County Early Childhood Advocates Forum – Revised Second Draft Report – June 30, 2000
12	Homeless Families Plan for Multnomah County: Five Year Roadmap for Service Development – June 9, 2000
13	Kids Intervention Investment Delinquency Solutions – Citizens Crime Commission
14	Multnomah County Mental Health Design Team – Child and Adolescent Work Group – Recommendations for Design Team Action – August 22, 2000
15	Strategic Plan for Juvenile Justice & Delinquency Prevention in Multnomah County – October 5, 1998
16	Strategic Plan for Juvenile Justice & Delinquency Prevention in Multnomah County – Appendix – October 5, 1998
17	US Census Bureau – American Community Survey Profile for Multnomah County - 1998
Additional Attachments – Submitted October 30, 2000	
18	"Child and Adolescent Charge" - September 26, 2000
19	"Child and Adolescent Charge Crisis System Subgroup - Final Report" – September 25, 2000
20	Multnomah County Behavioral Health Division – Program Structure
21	Early Childhood Workgroup – August 21, 2000
22	Developmental Assets: A Profile of Your Youth – Multnomah County Schools – Search Institute – 9/18/97

Community Partners Checklist

See Attached:

"Community Partners Checklist"
Draft #3

Community Partners Matrix

Final Draft

TABLE I

Core Outcome Area: Family Self Sufficiency/Social Support						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
HOUSING & SOCIAL SERVICES						
Housing Authority of Portland	Housing Assistance	Administers direct housing services to low-income families, including Section 8 voucher and certificates, project-based housing, etc.				X
Community Development Corporations (multiple)	Housing Development	Create and renovate housing stock for low income families.				X
Community & Family Service Center System – Multnomah County – 6 Geographically-based Centers	Emergency/Homeless Services	Case management, emergency food, housing, counseling, referral, and other emergency services.				X
Asian Family Center	Culturally Specific Center	Case management, emergency food, housing, counseling, referral, and other emergency services.				X
Adult and Family Services	TANF, Food Stamps, OHP, JOBS, etc	Support services to families whose income is at the federal poverty guidelines.				X
Shelter/Domestic Violence Resource Center	Emergency Shelter for Victims of Domestic Violence	Case management, emergency shelter and transition assistance, education, and support services for victims and their children.				X

Core Outcome Area: Family Self Sufficiency/Social Support						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	Focused on Families
HOUSING & SOCIAL SERVICES						
Goose Hollow/First United Methodist Church	Family Shelter - SW 18th and Jefferson (near West Burnside)	Winter Shelter; Nov-Mar; night only.				X
Sunnyside Centenary United Methodist Church	Family Shelter - Inner SE Portland	Winter Shelter; Nov- Mar; night only.				X
Reedwood Shelter	Family Shelter - SE Portland	Winter Shelter; Nov-Mar; night only.				X
Salvation Army - Door of Hope	Family Shelter - Inner Downtown Portland	365 days a year.				X
Day Shelter	Family Shelter - Inner Downtown Portland	Winter Shelter; Nov-Mar; day only.				X
SafeHaven Family Shelter/YWCA	Family Shelter - North Portland	365 days a year.				X
Metro East Portland/ Interfaith Hospitality Network	Family Shelter - East County	365 days a year.				X
Human Solutions, Inc.	Transitional Housing - East County (82nd East)	35 housing units at Willow Tree Inn - group site transitional housing (owned by HAP).				X
Portland Impact, Inc.	Transitional Housing - SE Portland	25 housing units at Richmond Place – mixed use residential and commercial facility; alcohol and drug free (owned by HAP).				X
Albina Ministerial Alliance	Transitional Housing - NE Portland	14 Community Based housing units.				X
YWCA - St. John's Emergency Services	Transitional Housing - N Portland	18 Community based housing units.				X
Friendly House, Inc.	Transitional Housing - NW Portland	11 Community Based housing units.				X
Neighborhood House, Inc.	Transitional Housing - SW Portland	34 housing units at Turning Point - complex of small apartments (Owned by HAP).				X

Core Outcome Area: Family Self Sufficiency/Social Support						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
FOOD/NUTRITION SERVICES						
Oregon Food Bank	Food Distribution	Collect/distribute food to community agencies for food baskets, etc.				X
Multnomah County Health Department	WIC	Supplemental food/nutrition for low income young children and pregnant women.	X			X
OSU – Extension Service	Nutrition Education	Training for child care providers.	X			
USDA	School Lunch/Childcare Food	Reimbursement to schools/child care providers for food served to low income children. Technical assistance with nutrition services and menu planning for child care providers.	X	X	X	
MEDICAL SERVICES						
Oregon Health Plan	Access to Medical Care	Medical care for low income families through managed care providers.				X
Neighborhood Health Clinics, Inc.	Medical Care/Dental Care	Medical care/dental care for low-income families.				X
Multnomah County Health Department	Family medical services.	Medical care/dental care for low-income families.				X
Planned Parenthood	Family Planning	Exams and family planning services			X	X

Core Outcome Area: Family Self Sufficiency/Social Support						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
EMPLOYMENT						
Employment Division	Employment/ Unemployment	Unemployment assistance payments, job search counseling and job referrals.			X	X
Worksystems, Inc.	Employment/Training	Federal workforce investment act programs for employment/training services for adults/youth.			X	X
Steps to Success	Employment/Training	Employment/training services for welfare recipients and displaced homemakers.				X
Oregon Human Development Corporation	Employment/Training	Job training/counseling for farmworkers - employment/training basic education for out-of-school youth.			X	X
See additional Youth Training Programs under Table IX						
TRANSPORTATION						
Tri-Met	Transportation	Affordable bus/lightrail/specialized transportation.				X

TABLE II

Core Outcome Area: Healthy Family Climate/Positive Parenting						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
DRUG & ALCOHOL TREATMENT/MENTAL HEALTH						
Providence Health Systems	Oregon Health Plan – Mental Health/Alcohol/ Drug Treatment	Provides/contracts for mental health/alcohol/drug treatment for people on OHP – includes outpatient intensive, outpatient, sub acute, acute care, etc.				X
CODA	Alcohol/Drug Treatment	Outpatient detox for low income.				X
Ceres	Oregon Health Plan – Mental Health/Alcohol/ Drug Treatment	Provides/contracts for mental health/alcohol/ drug treatment for people on OHP – includes outpatient, etc.				X
Lutheran Family Services	Mental Health	Outpatient mental health OHP and private.				X
Network Behavioral Health	Mental Health	Outpatient mental health OHP and private.				X
Multnomah County Behavioral Health Division	Mental Health	Service coordination contracting of specialized services for chronically mentally ill (i.e. housing, employment).				X
Relief Nursery	Volunteers of America N. Portland/St. John's Relief Nursery	Respite care and therapeutic nursery services for children and parent education for families at risk of abuse and neglect.	X	X		X
Family and Community Alliance	Outreach to families at risk	Provides assessment, outreach and linkage to community resources for families reported for abuse and neglect but not investigated.				X

Core Outcome Area: Healthy Family Climate/Positive Parenting						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
PARENT EDUCATION & TRAINING						
State office of Services to Children and Families	Child Welfare	Contracts for parenting education for high risk parents.	X	X	X	X
OSU Extension Service	Parenting	Volunteers provide parenting classes in community.	X	X	X	X
Boys and Girls Aid Society	24 Hour Family Crisis Intervention	Support program family crisis counseling and mediation – phone and face to face.	X	X	X	X
Metro Child Care Resource and Referral	Child Care Referrals	Parent education regarding how to select quality care and referral to providers.	X	X		X
Multnomah County Department of Community and Family Services	Community and Family Service Center System/Parent Child Development Services	Network of geographic and culturally specific centers operated by community-based agencies which provide a range of services including mentoring, skill building, case management, and drug and alcohol prevention.	X	X	X	X
Multnomah County Department of Community and Family Services	Family Resource Centers	Goal is to integrate and coordinate services for families through regular meetings of service providers.				X
Metropolitan Family Services	FAST (Family and Schools Together)	Model program which builds small net-works of parents of at-risk middle school students.				X
Metropolitan Family Services	GEARS	Multilingual neighborhood residents and social workers provide outreach and family coaching around accessing needed resources.				X

TABLE III

Core Outcome Area: Children's Healthy Growth/Development						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
HEALTH/NUTRITION SERVICES						
Oregon Health Plan	Access to medical care, including prenatal, well baby and vaccination	Medical care for low income families through managed care providers.	X	X	X	X
Multnomah County Health Department	WIC	Nutritional supplements and education for young children/ pregnant women.	X			X
Multnomah County Health Department	Visiting Nurse Program	Nursing home visits for infants/toddlers with medical risks.	X			X
Multnomah County Health Department	Immunization	Clinic with community based immunization education/clinics.	X	X		
Multnomah County Health Department	Maternity Care	Contracts with VGMHC, St. Vincents and others for prenatal services and delivery.	X			X
Multnomah County Health Department	SKIP Health and Development Screening	Comprehensive health and developmental screenings twice monthly at community sites.	X			
City of Portland	Lead Reduction	Works to increase the number of "lead safer" housing units for children under age 6 trough home repairs.	X			
USDA	Child Care and Adult Care Nutrition Programs	Program provides meals to licensed child care centers and family childcare homes for preschool and school aged children.	X	X		

Core Outcome Area: Healthy Family Climate/Positive Parenting						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
PARENT EDUCATION & TRAINING						
Lutheran Family Services	Kelly Community House	Provide resources and referrals to support services. Parent groups meet 3 days a week.				X
Portland Organizing Project	Portland Schools Alliance	Parent-organizing project modeled on efforts in Texas and Spokane.				X
Multnomah County Department of Community and Family Services (DCFS)	Touchstone	School-based family support program for high risk students.	X	X		X
Multnomah County DCFS	Early Childhood Mental Health Consultant Team	Mental Health Consultants provide consultation and training to parents.	X			X
Multnomah County DCFS	Bienestar de la Familia	Mental Health Consultants provide consultation and training to Hispanic parent.	X	X	X	X
Multnomah County Health Department	Family Enhancement Program	Mental Health Consultants provide services to parents with mental health needs.				X
Multnomah County Health Department	Connections	Case management services provided to pregnant and parenting teens based on needs assessment.			X	
Portland Public Schools	Teen Parent Program	Students enrolled in PPS receive case management, child care and educational support at 14 sites.	X	X	X	X
Portland Public Schools	HIPPY	Parent education is provided through home visits to parents of 3-5 year-old children.	X			X
Oregon Public Broadcasting	Ready to Learn Initiative	Monthly newsletter and workshops for parents, child care providers, and teachers	X			X
Helensview	Alternative High School	Provides pregnant and parenting teens case management, child care and educational support.	X		X	X
Mt. Hood Community College	Steps to Success	Provides parents child care and educational support.	X	X		X
See additional Parent Education & Training programs under Table VIII.						

Core Outcome Area: Children's Healthy Growth/Development						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
MENTAL HEALTH						
Multnomah County Developmental Disabilities Division	Developmental Disabilities	Service coordination and support for children with disabilities and their families.	X	X		X
Multnomah County Behavioral Health Division	DARTS, Day & Residential Treatment services at CCMH, Unity, OHSU, and the Morrison Center	Mental health services for children 3-7 years.	X			X
Multnomah County DCFS	Contracted outpatient treatment services	Contracts for outpatient mental health services for children & families.	X	X	X	X
Providence Health Systems/CERES	Mental Health	Provides/contracts for outpatient sub acute, acute care and some specialized services for children.	X	X	X	X
Network Behavioral Health	Mental Health	Outpatient treatment for low income, uninsured children/families also contract for same with OHP.	X	X	X	X
Lutheran Family Services	Mental Health	Outpatient treatment for low income, uninsured children/families also contract for same with OHP.	X	X	X	X
Arc of Multnomah County	Family/Advocacy Support	Education/support advocacy for children/family members with disabilities.	X	X	X	X

Core Outcome Area: Children's Healthy Growth/Development						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
MENTAL HEALTH						
Head Start Programs, Early Intervention Program, Metro Child Care Resource/Referral, Portland Public Schools ECE Centers	Early Childhood Mental Health	Contracts with Multnomah County DCFS for mental health consultation, training and clinical services for children and families.	X			X
Services to Children and Families	Child Welfare	Access to health, mental health, specialized residential treatment for abused/neglected children.	X	X	X	X
Morrison Center	Hand in Hand Early Childhood Services	Comprehensive continuum of services for families, including specialized services for severely abused children.	X			X
OHSU	Health/Mental Health	Health, mental health, outpatient day treatment for low income children.	X	X	X	
Child Development Rehabilitation Center	Health/Mental Health	Specialized evaluation and treatment services for children with disabilities.	X	X	X	

TABLE IV

Core Outcome Area: Childhood Care and Education						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Early Intervention/Special Education						
Portland Public Schools/MESD	Early Intervention	Evaluates children 0-3 with suspected developmental delays to determine eligibility for services. Provides school and home-based services to eligible children.	X			X
ARC of Multnomah County	Early Childhood Special Education – East County	Evaluates children 4-5 for services and provides school and home-based services to eligible children.	X			X
Portland Public Schools/MESD	Early Childhood Special Education	Evaluates children 4-5 for services and provides school and home-based services to eligible children.	X			X
Portland Public Schools/MESD	Resource Teams	Case management services to families with children enrolled in EI or ECSE programs.	X			X
Multnomah County Developmental Disabilities Division	Family Consultants	Family Consultants, in coordination with school districts, assist children with developmental delays to access resources.	X			X
Early Education Services						
Head Start	Albina Head Start, Portland Public Schools, and Mt. Hood Community College	Comprehensive family support services, including child development, education and social services to low-income children ages 3 and 4.	X			X
Early Head Start	Volunteers of America	Comprehensive family support services, including child development, education and social services to low-income children under age 3.	X			X
Early Head Start	Albina Head Start, Early Head Start Center of Portland	Comprehensive family support services, including child development, education and social services to low-income children under age 3.	X			X
Migrant Head Start	Gresham Migrant Head Start	Provides services for children 0-5 from migrant families.	X			X
State Pre-K	Head Start agencies and Neighborhood House	State pre-K dollars are used to expand the federally funded Head Start slots.	X			X
ECE Centers	Portland Public Schools	Developed in the 1970's as a desegregation program, 7 of 64 elementary schools in Portland offer free pre-K programs for 4 year olds.	X			

Core Outcome Area: Childhood Care and Education						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
CHILD CARE SERVICES						
Adult and Family Services	Employment Related Day Care	Subsidy/voucher program to assist low/moderate income working families pay child care costs.	X	X		X
Metro Child Care Resource/Referral	Parent Services	Child care referrals, consumer education, parent training, child care subsidy program, child care issues and placement, and mental health consultation through Multnomah County. AFS child care information and training support on DPU system.	X	X		X
	Provider Services	Child care provider recruitment and maintenance of a Tri-County provider database which includes a variety of information on provider services. Training and technical assistance with State Center Certification or Family Child Care Registration. Training on early childhood education, mental health and business topics. AFS child care information and training support Mental health consultation through Multnomah County.	X	X		X
City of Portland – Bureau of Housing & Community Development	Housing Assistance for Family Child Care Providers	Several programs provide housing loans, grants, assistance to family child care provider.				X
Peninsula Children's Center and Volunteers of America	Provider network	Provides $1,000 annual stipend, training and support to child care providers in N/NE and SE parts of County.				X

Core Outcome Area: Childhood Care and Education						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
EARLY LITERACY AND LANGUAGE SERVICES						
Multnomah County Library	Storytime	Free storytime presentations in libraries.	X			X
Multnomah County Library	Early Childhood Services	Outreach programs provides books, training, and curriculum materials to parents, child care centers, and family child care providers.	X			X
Success by Six	United Way	Parent/child education services for children who have been identified as having delays in developmental development.	X			X
Early Words	CCFC	Support for child care providers on healthy growth and development, training for childcare professionals on language and literacy skills.	X			X
Early Childhood ESL	Portland Public Schools	Program provides home visits, and some center-based literacy programs to families, whose primary language is not English, with the transition to school.	X			X

Table V

Core Outcome Area: Childhood System of Services and Supports						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
MENTAL HEALTH						
Administered by Multnomah County DCFS	CAAP Care	Mental Health Organization administered by Multnomah County's Department of Community and Family Services, Children and adolescents on the Oregon Health Plan with physical health coverage through Kaiser, providence Good Health Plan, Care Oregon, and ODS.	X	X	X	X
Administered by Multnomah County DCFS	CAAP Care Plus	This program provides mental health services for those who do not qualify for the Oregon Health plan, have exhausted their benefits, or are too unstable to comply with OHP requirements.	X	X	X	X
CERES	CERES Behavioral Health Care	Managed care entity handling mental health services under the Oregon Health Plan.	X	X	X	X
Multnomah County DCFS	Children's Mental Health Partnership	This program provides services not covered by other sources—intensive case management and outpatient services for high needs children served by multiple agencies.	X	X	X	X
Providence Hospital	Crisis Triage Center	Emergency psychiatric services provided 24 hours per day, seven days per week.			X	X
Multiple agencies	DARTS	Psychiatric day and residential treatment provided through community based agencies which contract with the State.		X	X	X

Core Outcome Area: Childhood System of Services and Supports						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
MENTAL HEALTH						
Multnomah County DCFS and Unity	Bienestar de la Familia	County mental health professionals co-located with other social service workers at La Clara Vista and La Clinica – contracted services available for youth served by OCHA and El Programa Hispana.	X	X	X	X
Multnomah County DCFS	Kaleidoscope	Mental health professionals provide consultation for youth service staff in settings throughout the county, including school clinics and SCF offices.		X	X	
Multnomah County DCFS	School Mental Health Program	Under an arrangement established in the 1960s, the County employs several mental health consultants and school districts cover 40% of the costs.		X	X	
Multnomah County DCFS	School Mental Health Program –Safe Schools Grant	Collaborative, grant-funded program with PPS, the County employs 12 mental health consultants in middle and high schools which do not have a school-based health clinic; Staff also provide assessments of elementary school children.	X	X	X	
Multnomah County DCFS	School-based Health Centers	Provides mental health services through the school-based health clinics operated by the Multnomah County Health Department.			X	
Morrison Center	Counterpoint	Treatment services for troubled children and youth who display inappropriate sexual behavior.	X	X	X	

TABLE VI

Core Outcome Area: Juvenile Crime Prevention						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Multnomah County Juvenile Justice Division	Counseling & Court Services – Sex Offender Treatment Team	Assessment, adjudication, placement and treatment for juvenile sex offenders who are on probation.			X	
	Counseling & Court Services –Adjudication Services Unit	Information, evaluation, and recommendations to the court, includes case management services.		X	X	
	Counseling & Court Services – Early Intervention Services Unit – Intake Services	Early intervention counseling for youth under 12 years of age.		X		
	Counseling & Court Services – Early Intervention Services Unit – Dependency Services	Primary work activity focuses on assisting cases through legal proceedings with a goal of re-uniting children with their parents.		X		X
	Counseling & Court Services – Early Intervention Services Unit – Truancy Response Program	Research-oriented program delivered in three school clusters – Marshall, Jefferson, and Roosevelt; offers a range of informal interventions.		X		
	Counseling & Court Services – Early Intervention Services Unit – ADHD project	Offers training for professionals to recognize ADHD and related medical disorders.		X	X	

Core Outcome Area: Juvenile Crime Prevention						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Multnomah County Juvenile Justice Division	Counseling & Court Services – Gang Resource Intervention Team	A specialized probation unit that focuses on violence prevention and anger management with high-risk clients.			X	
	Central Office Probation Services Unit	Provides general probation services to non-gang involved youth in NE Portland.			X	
	Skill Development Services Unit – Save Our Youth	Offers classes in violence reduction education for youth & their families.			X	
	Skill Development Services Unit – NE Day Reporting Center	Day center services provided through a collaboration of local youth-serving agencies.			X	
	Skill Development Services Unit – Skill Development Team	Group counseling services for youth and families.			X	
	North District Office Unit	General probation services to non-gang involved youth.			X	
	Diversion Services Program	Program serves low-risk and first-time offenders who are diverted from the formal adjudication process.			X	

Core Outcome Area: Juvenile Crime Prevention						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Multnomah County Juvenile Justice Division	SE Probation Services Program	General probation services to non-gang involved youth living in outer SE Portland and East Multnomah County.			X	
	Child Abuse Unit	This unit works closely with Services to Children and Families, courts and District Attorney's Office to remove children from homes where child abuse is suspected.	X	X	X	X
	Accountability Services Program – Community Services	Mandated service obligation in the community through work crew involvement.			X	
	Accountability Services Program – Project Payback	Mandated service obligation in the community that enables the youth to earn funds to pay restitution to victims.			X	
	Accountability Services Program – Forest Service Weekend Program	A program of immediate sanctions for youth who violate probation – community service in forest camp.			X	

Core Outcome Area: Juvenile Crime Prevention						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Multnomah County Juvenile Justice Division	Secure Residential Treatment Program	Provides intensive residential treatment to juvenile offenders on probation and parole.			X	
	Assessment, Intervention and Transition Programs (AITP)	A secure treatment program involving a multi-disciplinary approach.			X	
	Parole Program Unit	16-bed secure program for juvenile parolees.			X	
	Detention Facility Services	Detention and residential treatment for probation youth, youth awaiting adjudication and parolees.			X	
	Detention Reform Initiative/Placement Coordinator	Project seeks to reduce number of youth housed in custody services.			X	
	Annie E. Casey Detention Reform Initiative	Grant-funded project to unnecessary use of secure detention.			X	
	Contracted Services Program – Volunteers of America	Program to provide monitoring of pre-adjudicated, at-risk youth			X	
	Contracted Services Program – Resolutions Northwest	Program focuses on victim/offender reconciliation.			X	

TABLE VII

Core Outcome Area: Avoidance of Alcohol, Tobacco & Other Drugs						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Multiple HMOs	Oregon Health Plan	Substance abuse treatment is managed as part of physical health care.			X	
Multnomah County Department of Community and Family Services	Contracted Services: Center for Community MH; DePaul Treatment Services; Network Behavioral Health; Trillium Valley Services; Tualatin Valley Centers; Morrison Center	County contracts with a number of providers for 140 outpatient and residential slots for youth.			X	
Oregon Partnership	Helpline Youthline	24-hour statewide hot line staffed by volunteers. The Youthline, open from 4-10 pm, is staffed by youth.			X	
Portland Public Schools	Insights Classes	Six hour class for students and parents following a drug or violence related disciplinary action.			X	X
Portland Public Schools	Alcohol and Drug Assessments	Schools refer students and their families to community-based treatment agencies for assessment of substance abuse problems.			X	X
Portland Public Schools	After-School Discovery Program	Six-week program for students at risk of expulsion for violating drug and alcohol policies.			X	
Portland Public Schools	Lodestar	Twelve-hour, strengths-based program to assist families involved in substance abuse and other issues.			X	X

TABLE VIII

Core Outcome Area: Sexual Behavior & Responsibility						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
PREVENTION & HEALTH SERVICES						
Multnomah County Health Department	Teen Connections	Assesses all teen pregnancies at birth. Case management and home visits based on needs assessment.			X	
Planned Parenthood	Teen Talk & Get The Facts	Health/Sex education, decision making- other skills development.			X	
Boys and Girls Aid Society	GLAD Program	Girls leadership, decision-making, and skill development.				
STARS	Education	Student Support, Skills Development – program is used in every school district in Multnomah County.			X	X
Multnomah County Health Department – community-based clinics and school-based clinics	Prevention services	Contraceptive counseling and services.			X	
EDUCATION SERVICES FOR PARENTING TEENS						
MESD	Helensview High School	Alternative High School for pregnant and parenting teens not succeeding in regular schools. Health and other services including developmental childcare and comprehensive support services, also provided on-site.			X	
Portland Public Schools	Teen Parent Services Monroe Program PIVOT Pathfinders	Goal is for all pregnant and parenting students to continue with their education.			X	
Portland Public Schools	PPS Teen Parent Summer Program	Pregnant teens attend class in the morning and work at job sites in the afternoon.			X	X
Other School Districts	Misc.	Services for pregnant and parenting teens generally offered though alternative school programs.			X	

Core Outcome Area: SEXUAL BEHAVIOR AND RESPONSIBILITY						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
HOUSING AND SOCIAL SERVICES FOR PARENTING TEENS						
Adult and Family Services	Services to Families and their children	Teen Pregnancy Prevention coordination.			X	X
Insights	Insights Teen Parent Program	Provides case management and referrals to social service agencies.			X	
BGAS, OI, AMA, Resource Centers, AFS	Motel vouchers: Emergency Housing (immediate access, 14-30 day stay is norm.	Case Coordination Families in crisis - BGAS serves under 18.			X	X
Streetlight Shelter (Janus)	Emergency Housing	Must be working w/ case mgr. Linkages to other programs - pregnant teens only.			X	
Harry's Mother	Emergency Housing	Runaway Youth - pregnant teens OK, no parenting teens.			X	
Bethany House	Long Term Transitional: Facilities	Pregnant Teens, up to 3 months after birth; group home with house parents.			X	X
Safe Place: apartment based model, Outside In	Short Term Transitional Housing	Preg/Parenting teens up to 19 - case management, linkages to other housing programs.			X	
Safe Place: host home model, Boys and Girls Aid	Short Term Transitional Housing	Preg/Parenting teens up to 19 - case management, linkages to other housing programs.			X	

Core Outcome Area: SEXUAL BEHAVIOR AND RESPONSIBILITY						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Bridge House: Willamette Bridge programs	Long Term Transitional: Facilities	Case management, group, life skills, transitional services. Can take up to 3 infants at a time.			X	X
Bottomline Academy	Long Term Transitional: Facilities	Women w/children - life skills, transition services.			X	X
Elizabeth House/Catholic Charities	Long Term Transitional: Facilities	Pregnant teens, up to 6 months after birth - case management, life skills, groups, parenting education, linkages, transition services.			X	X
New Avenues for Youth	Long Term Transitional: Facilities	Case Management, life skills, d & a support groups, general groups - homeless street youth; 1 - 2 slots teen parents.			X	
White Shield	Long Term Transitional: Facilities	Residential Treatment - High Risk - SCF involved.			X	
SCF Foster Care	Long Term Transitional: Facilities	Very limited for mom with child - comprehensive services available - SCF involved.			X	X
HOMESAFE Project	Long Term Transitional: Apartments	Homeless pregnant/parenting teens - case management, child care, funding, transition services, living skills, links to other services.			X	
Residential Assistance Program; Boys and Girls Aid Society; Housing Authority of Portland	Long Term Transitional: Apartments	Teen parents ready for independent living - case management through linkage with another program.			X	X
Outside In Transitional Living	Long Term Transitional Apartments	Homeless teens/teen parents.			X	

Core Outcome Area: SEXUAL BEHAVIOR AND RESPONSIBILITY						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Homeless Families Programs - Multnomah County CFSD	Long Term Transitional: Apartments	Homeless Families, age 17 and older - case management, transitional services, employment linkages, access to other services.			X	X
Bradley Angle House	Domestic Violence Shelter	The Domestic Violence System provides housing services primarily to people 18 and older; however, a few shelters will take a teen parent under 18 - DV programs offer a variety of other supportive services to teen parents.			X	

TABLE IX

Core Outcome Area: Educational Progress and Success						
Partners)	Activity/ Program	Planned Focus Area	Focused on Ages 0-8	Focused on Ages 8-12	Focused on Ages 13-18	Focused on Families
ALTERNATIVE EDUCATION						
MESD	Alpha High School	Alternative school-to-work high school allows students not succeeding in mainstream classrooms to earn diploma, obtain work experience, and transition to employment upon graduation.			X	
MESD	Donald E. Long School	Educational services for youth in custody, awaiting adjudication.			X	
MESD PPS Multnomah County	Turnaround School	Highly structured 60-day behavioral program for students in grades 6-12 who have been expelled from public schools because of violence or substance abuse.			X	
MESD	Helensview High School	Comprehensive education, job training, and support services for at-risk students who are pregnant and parenting, primarily girls.			X	
MESD	RISE (Re-entry into Successful Education)	Two transitional classrooms at Helensview for middle and high school students who have dropped out of school.			X	
Centennial School District	Centennial Learning Center (CLC)	CLC offers three programs. The Academy program is full day. *Options* serves students who need an individualized program and flexible scheduling. *Mainstreet* serves students eligible for special ed. All have a strong school-to-work orientation.			X	
David Douglas School District	Aim High School	Full day program with small classes. Recently added a new school-to-work program.			X	

Core Outcome Area: Core Outcome Area: Educational Progress and Success						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Gresham-Barlow School District	Farris School	Full day program with small, mixed age classes. Half of the enrolled students are eligible for special education and on IEPs.			X	
Parkrose School District	Parkrose Alternative Center for Education (PACE)	Half-day and evening program for students not succeeding in mainstream.			X	
Reynolds School District	Reynolds Learning Center	Full day program with school-to-work orientation, and individualized programming for Students in grades 6-12.			X	
Portland Public Schools	High School within a School	Alternative high school programs are available at all of the District's High Schools for 9th-12th grade students not succeeding in mainstream classrooms.			X	
Portland Public Schools	Middle School within a School	Alternative school programs are available at 8 of the District's 17 Middle Schools for 6th-8th grade students not succeeding in mainstream classrooms.			X	
Portland Public Schools	Transition Classrooms	Classrooms at each of the Portland High Schools transition students who have been away; transitioning from other alternative programs, custody, or dropping out.			X	
Albina Youth Opportunity School	AYOS	25-year old alternative school committed to promoting individual responsibility for academic achievement for students 14-18 at risk of dropping out.			X	
Albina Youth Opportunity School	GENESIS	Alternative school within AYOS offers 7 courses designed to meet educational, behavior, and recreational needs for Court mandated Youth.			X	

Core Outcome Area: Core Outcome Area: Educational Progress and Success						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Christian Women Against Crime	CWAC	Full 7th – 12th grade curriculum designed to Improve self-esteem, enhance achievement and transition student back to home school; also serves students expelled from PPS.			X	
DePaul Treatment Ctrs.	DePaul Alternative School	Educational program for Chemically dependent youth ages 12-18 in DePaul's intensive residential treatment program.			X	
Eastside Education Ctr.	Eastside Education Center	Educational program for at-risk middle and high school students.			X	
Ecumenical Ministries of Oregon	International Learning Program	Program focuses primarily on literacy in both English and native language, and attendance, credit accumulation, and return to public schools - for immigrant and refugee high school students.			X	
Mt. Scott Center for Learning	Mt. Scott Center for Learning	Alternative middle school program for students 10-14 with chronic attendance problems.			X	

Core Outcome Area: Core Outcome Area: Educational Progress and Success						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
OCHA	LISTOS Learning Center	Provides a bilingual/bicultural educational program with life skills workshops, and Latino history and culture for limited English Proficient students who have dropped out of PPS.			X	
Open Meadow Learning Center	High School Middle School CRUE	Accredited by the NW Association of Schools and Colleges, offers alternative high and middle school programs and an environmental community service program - for youth ages 10-19 with a history of academic, behavioral, and emotional problems.		X	X	
Oregon Outreach	McCoy Academy	Academic program emphasizes a flexible, individualized curriculum for Students ages 12-21 not succeeding in traditional school settings.			X	
Out Front House	Alternative School Program	Educational programming as part of a residential treatment program for court-committed youth ages 10-14.		X	X	
Portland Community College	Bilingual Ed Program	Program offers classes at 5 locations geared toward attainment of the GED for students with non-English backgrounds.			X	

Core Outcome Area: Core Outcome Area: Educational Progress and Success						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Portland Community College	GED Dropout Retrieval Program	Instruction focused on attainment of the GED certificate for students ages 16-20 who have formally withdrawn from high school.			X	
Portland Community College	High School Completion Program	Instruction focuses on a PCC high school diploma, and also provides college level credits for coursework.			X	
Portland Community College	Middle College High Schools	Program creates a transition between high school and college for at-risk older students.			X	
Portland Opportunities Industrialization Center, Inc.	Rosemary Anderson High School	Program offers high school completion or GED preparation, and also provides employment training and counseling for High School aged youth.			X	
Portland Youthbuilders	Vocational Training	Based on a NY City model, this 12 month program promotes youth development with education, leadership, and vocational training in the construction trades; for at-risk youth ages 16-20.			X	
Quest Schools	Adapted education	Offers flexible scheduling, computer-assisted instruction and tutoring for students with alternative learning styles - performance-based learning contracts; for severely emotionally disturbed youth and those with learning disabilities.			X	

Core Outcome Area: Core Outcome Area: Educational Progress and Success						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Salvation Army	Green-House Judge Jean Lewis Memorial Alternative High School	Program focuses on the 5 subject areas covered in the GED tests. Each student develops an Individual Education Plan; for 13-20 year old students, homeless, pregnant, and suspended from school.			X	
Springdale Job Corps	Employment Training	Offers six vocational programs, basic education and social skills development for at-risk 16-20 year olds.			X	
Urban League of Portland	Portland Street Academy	Students earn credits based on grades, test scores and a portfolio of assignments; for youth aged 13-20 who cannot be served in traditional classrooms.			X	
Youth Employment Institute	Youth Employment Institute	Program provides year-round basic skills training, GED completion, and employment training for 16-20 year old youth who have dropped out of the public school system.			X	
	Teen Parent Program	Year-round employment program, which focuses specifically on teen parents; 16-20 year old pregnant and parenting teens.			X	
Youth Progress Association	Alternative Learning Center	Program strives to promote success in academic, employment, and social domains for youth 15-19 years of age who need skills tailored to independent living.			X	

Core Outcome Area: Core Outcome Area: Educational Progress and Success						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
COLLABORATIVE INITIATIIVES						
Caring Community Initiative	Caring Communities	Coordinators work in each of 9 High School clusters to integrate services and strengthen community supports for students; goal is to increase school completion.			X	
Commission on Children, Families, and Community	Take the Time	Public education campaign to educate the community about the importance of developmental assets for youth.	X	X	X	X
Multnomah County, School Districts, and MESD	School Attendance Initiative (SAI)	Attendance officers, school clerks, and case managers in community-based agencies work with truant youth to improve school attendance.	X	X	X	
Multnomah County Health Department and School Districts	School-based Health Clinics	Clinics provide comprehensive and confidential primary health care to under-served children in a school setting - services include physical exams, immunizations, mental health, and reproductive health.	X	X	X	
Collaboration of state and local governments, schools, and service providers	Schools Uniting Neighborhoods (SUN) Initiative	New community school initiative that provides after-school academic and recreational programs, expanded social and health services on-site, and strengthened parental and community involvement in local schools.	X	X	X	X

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COMPENSATORY AND ENHANCED EDUCATION						
School Districts	Targeted Assistance School-wide	The goal of the program is to help disadvantaged students meet the same high standards expected of all students through enriched educational assistance.	X	X	X	
Portland Public Schools	CIM Academy Summer School	6 week summer program designed to increase the number of students meeting academic standards.		X	X	
Multnomah County	Library - Youth Services	County libraries are open 4 evenings, weekends, and school vacations as resources for students; youth librarians and volunteer "Homework Helpers" assist with homework.		X	X	
Oregon Graduate Institute of Science and Technology	Saturday Academy	Program provides classes in math, science and technology; classes are small and project oriented.		X	X	
CULTURALLY SPECIFIC SERVICES FOR MINORITY YOUTH						
Catholic Charities	El Programa Hispano	Case management services for Hispanic middle school students at 2 middle schools in the Reynolds district; limited services at one high school.			X	
Coalition of Community Groups	Crisis Teams	Teams of volunteers visit 14 Portland schools on a quarterly basis to monitor efforts to increase achievement.		X	X	
IRCO	Asian Family Center, Girls Enhancement, SE Asian Gang Influenced Teen (GIFT), and School Attendance Initiative	Program goals vary, but all generally seek to assist children of refugees and immigrants.				
Native American Youth Association	Native American Youth Association	Case management services countywide for Native American youth at risk of dropping out of middle school.			X	

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OCHA	Oregon Leadership Institute, LISTOS, Proyecto Adelante, Proyecto Conexion, Proyecto Ofelia School Attendance Initiative	OCHA operates a number of educational programs for at-risk Latino youth.			X	
Portland House of Umoja	Residential Outreach	Program provides supportive residential services for gang-involved youth and conducts outreach.			X	
School Districts	English as a Second Language (ESL)/ Bilingual Program	Language services provided by school district for students not proficient in English.			X	
Saturday Academy	Outreach Program	Conducts a variety of outreach activities with minority students in middle and high schools.			X	
SEI, Inc.	In-School Mentoring, After-school education, arts, and recreational programs, SAI	In-school mentoring program strives to build long term relationships; academic, recreational and arts programming is provided for African American youth from Northeast Portland at the SEI facility.			X	
Sisters in Action for Power	Sisters in Action for Power	Membership organization which strives to empower young minority girls in N/NE Portland through participation in community activism.			X	
Urban League of Portland	Portland Street Academy Tutoring Program	The League's mission is to assist African Americans in the achievement of social and economic equality; it has been the largest social service provider in NE Portland.			X	

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EMPLOYMENT/SCHOOL-TO-WORK						
Business Education Compact	School-to-Work information System (SWIS)	Provides internships and work-site visits for educators and students. Supports an information system to place students with local employers.			X	
Junior Achievement	Junior Achievement	Business volunteers work in schools to teach students about business & economics.		X	X	
MESD	Alpha High School	Alternative school-to-work high school allows students to earn diploma, obtain work experience, and transition to employment upon graduation.			X	
MESD PPS PCC	Alternative Pathways	Provides school-to-work services so that students can transition to post-secondary education and career track employment.			X	
Multnomah County	School-to-Career Coordinator	Works to expand opportunities for local students to learn about the County as an employer, through internships and job shadowing.			X	
Saturday Academy	Apprenticeships in Science and Engineering	Provides high school students interested in science with 8 week full time internship with local firms.			X	
Saturday Academy	FutureMakers	Links middle school classes with businesses to work on inventions.		X	X	
School Districts	School-to-Work Coordinators	Each of the East County school districts has a school-to-work coordinator sited at high schools; Districts pool funds to support an East County School-to-work liaison who helps link 9 coordinators at East County High Schools with employers and school-to-work resources.			X	

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Worksite 21	Worksite 21	Helps Oregon employers develop school-to-work plans, through a resource library, workshops, and consultation.			X	
Worksystems Inc.	School-to-Work	Regional job training program. Contracts with many of the agencies below, Primarily for at-risk youth in alternative schools programs.			X	
Boys and Girls Aid Society	DESTINY	Summer program combines career planning with visits to work sites and colleges for low income girls in Outer SE Portland.			X	
Emmanuel Community Services	Renaissance Youth Employment Training and Portland Youth Redirections	Provide pre-employment skill-building, and employment assistance for at-risk African American teens, with particular focus on adjudicated youth.			X	
MESD	Helensview High School Careers in the Trades	Summer program which provides participation on work crews in the trades; for Pregnant and parenting girls enrolled at Helensview.			X	
IRCO	READY Project	Summer program for new Russian speaking refugees entering high school in the fall - ESL with field visits to work sites and schools.			X	
Janus	Youth Employment Institute	Program offers a variety of school-to-work activities on a year round basis - summer program integrates science curriculum.			X	

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Janus	Youth Employment Partnership	Year round employment services to at-risk youth offered at geographic based sites.			X	
Metropolitan Family Services	Project Linkage Summer Yard	Youth provide yard maintenance and home safety assistance for seniors in N/NE.			X	
Mt Hood CC	Project YESS	Year round school-to-work program for at-risk youth in East County.			X	
OCHA	LISTOS and Proyecto Connexion	Employment component of Listos Alternative School program. Proyecto Conexion is 8 week summer program focusing on high technology - for Hispanic youth.			X	
Open Meadow	Corp Restoring Urban Environment	At-risk youth work on environmental work crews in year round and summer programs.			X	
Outside In	Employment Resource Center	Goal is to provide street youth with the skills to obtain and maintain employment.			X	
Portland Impact	Summer Youth Employment Program	Teen-aged youth work with SE seniors who need assistance with yard work.			X	
Portland Public Schools	PPS Teen Parent Summer Program	Pregnant teens attend class in the morning and work at job sites in the afternoon.			X	

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Portland Youth Builders	Portland Youth Builders	Focuses on education and construction trades; students earn college credits and stipend through Americorps.			X	
SE Works	Youth Employment Program	Provides employment training and support.			X	
SEI	Self Enhancement, Inc.	Year-round academic monitoring, tutoring, and counseling.			X	
Youth Empl. & Empowerment Coalition	Youth Employment and Empowerment Program	Provides pre-employment training, certification, job placement and retention assistance to high-risk youth. Serves gang affected youth at 6 participating agencies.			X	
FAITH-BASED PROGRAMS						
Catholic Charities	El Programa Hispana	School retention program for Hispanic students at risk of dropping out.			X	
Ecumenical Ministries	Portland International Community School	Alternative School for Foreign born, refugee, and immigrant youth aged 14-21.			X	
Grant Madison Caring Community	Faith in Youth	Collaboration of a number of congregations that host back-to-school fairs for students in the Grant Madison cluster.			X	
We're Here We Care	We're Here We Care	Ministers from 21 churches in N/NE Portland who came together to reduce youth violence; plans to provide mentoring and after-school activities.				

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RECREATION						
Portland Parks Bureau	Community Schools	After-school programming at school sites including recreation, home-work clubs foreign language, science and the arts.		X		
Portland Police Bureau	Police Activities League of Greater Portland (PAL)	Offers a number of recreational programs after school and during school breaks; programs run by volunteer law enforcement officers (for at-risk students).		X	X	
Portland Parks Bureau through contracts with community agencies	Time for Kids	After-school programming including sports, homework clubs, science and the arts.		X		
VOLUNTEER & MENTORING						
Bridge Builders	Bridge Builders	Adult males work with African-American males as they move from youth to adulthood through participation in activities that build character, civic responsibility, good decision making, and pride in identity.			X	
Committed Partners for Youth	Committed Partners for Youth	Mentoring program - works with Inner SE middle schools to support 8th graders at risk.			X	
Insights Teen Parent Program	Community Partnership Team	Provides support and skill building for teen parents.			X	X

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Multnomah County Dept. of Community and Family Centers	Family Centers: Eastwind Center Family Works North Portland Youth and Family Center — START Program	Limited mentoring is currently provided for at-risk youth through the Family Centers, which until recently participated in the Big Brother/Big Sister program sponsored by the Urban League.			X	
Friends of the Children	Friends of the Children	Full-time paid mentors provide intensive, long term support and guidance.	X	X	X	
Full Esteem Ahead	Full Esteem Ahead	Founded by a local pediatrician with focus on building positive self-esteem in young women and young men.			X	
Caring Community Initiative	Grant Madison CC Mentor Program, Mid-County CC Volunteers in Partnership Mentor Program	a. Provides extended support for youth in Bridge program. Close school connections. b. Works cluster schools to identify children in need of individual attention.	X (b.)	X (b.)	X (a.)	
I Have A Dream Foundation of Oregon	I Have A Dream	Provides long term guidance, tutoring, and support with scholarship incentive - establishes expectation that children will go on to higher education.	X	X	X	
Independent Living Resources	Take Charge	Provides disabled youth with role models who have successfully overcome barriers associated with high risk living conditions and/or disabilities.			X	

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Multnomah County Health Department	Office of Planning and Development Mentors	Supports children referred by a school or youth program.		X		
Operation E.A.S.Y.	Operation E.A.S.Y	Began in 1986, provides support for life situations and academic skills for teen parents and their children; special focus on multicultural / multiethnic program and development of long term relationships.	X	X	X	X
Oregon Dept. of Human Services (DHS)	Oregon Community Partnership Team Friends for Youth (formerly known as DHR Volunteer Program) Lunch Buddies	Program offers support, including recruitment, screening, and background checks, for mentoring programs serving DHS clients; no direct service. Adult Volunteers eat lunch weekly with at-risk elementary school students.	X X	X X	X	
Multnomah County Family Resource Centers	Roosevelt START Marshall Family Resource Center	Limited program. Boys and Girls Aid Society runs girls' development and empowerment through guidance, tutoring, service projects, and recreation.			X	
Oregon Children's Foundation	SMART (Start Making a Reader Today)	Program supports reading development of Kindergarten graders who need extra help and/or attention.	X			
Rotary Club of Portland	Youth Incentive Program	Began in 1990, provides intergenerational support and scholarship incentives for youth.			X	

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YOUTH RECREATIONAL CLUBS						
Saturday Academy	Advocates for Women in Science, Engineering and Mathematics	After school clubs help support girls with interests in math and science.		X	X	
Oregon State University Extension Service	4-H Club	The 4-H program has expanded its traditional focus on animal science and offers programs in leadership, science, and the arts.	X	X	X	
Boys and Girls Club	Blazers Club Lents Boys & Girls Club Fred Meyer Boys & Girls Club	Goal is to promote self-esteem through health, education, job training, arts, and leadership development in a building centered setting; targets at-risk youth.	X	X	X	
Camp Fire	Campfire The Youth Volunteer Corps Youth Involvement Network	Through a variety of programs Camp Fire strives to help youth in grades K-12 discover their potential, and develop social and environmental responsibility.	X	X	X	
Cascade Pacific Council Boy Scouts of America	Boy Scouts	Goal is to instill values in young people and prepare them to make ethical choices to help them achieve their full potential.	X	X	X	
Columbia River Council of Girl Scouts	Girl Scouts	Informal, educational program that strives to build skills through activities in science, math, technology, out-of-doors, and the arts.	x	x	x	

TABLE X

Core Outcome Area: NON-TRADITIONAL LIVING ENVIRONMENT						
Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Boys and Girls Aid Society	24-Hour Family Crisis Intervention	Telephone crisis response, information and referral, mediation, individual and family counseling services for youth & families.			X	X
Services to Children and Families	State of Oregon Child Welfare Child Protective Services	Child protection, child placement and case management services.	X	X	X	X
New Avenues for Youth	Day Services Transitional Housing Service Coordination	Service Center in Downtown Portland strives to meet the immediate needs of homeless and runaway youth; provides drop-in day services, transitional housing with 24-hour supervision, and case management.			X	
Outside-In	Day Program Specialized Program	Provides drop-in and ongoing case management so that youth can develop skills for safe and healthy independent living.			X	
Salvation Army	Greenhouse	24-hour Drop-in service and assessment - also operates an alternative school program.			X	
YWCA	Community Transition School	Provides K-8 education for homeless children.	X	X		

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Partners	**Activity/ Program**	**Planned Focus Area**	**Focused on Ages 0-8**	**Focused on Ages 8-12**	**Focused on Ages 13-18**	**Focused on Families**
Janus Youth Programs	Residential Services	Shelter, evaluation and case management services for youth awaiting resource assessment and placement.			X	
Janus Youth Programs	Residential Services	Residential treatment, housing, counseling and skill building for youth sex offenders in Oregon Youth Authority custody.			X	
Janus Youth Programs	Street Light Youth Shelter and Annex	Provides crisis shelter and short-term shelter with the goal of moving youth off the streets.			X	
	Yellow Brick Road	Outreach services to homeless youth Downtown.			X	
	Bridge House/ Changes	Transitional housing program with follow-up support.			X	
	Harry's Mother	Provides 24-hour crisis counseling, short-term shelter, and case management.			X	