MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308
PAULINE ANDERSON • District 1 • 248-5220
GRETCHEN KAFOURY • District 2 • 248-5219
CAROLINE MILLER • District 3 • 248-5217
POLLY CASTERLINE • District 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

AGENDA OF

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

March 21 - 25, 1988

Tuesday, March 22, 1988 - 9:30 AM

Multnomah County Courthouse, Room 602

1. Discussion of the work of the Youth Planning Network subcommittee on Prevention Services to Children, Ages 0 - 7 - Ron Potrue and Diane Tutch

Tuesday, March 22, 1988 - 1:30 PM

Multnomah County Courthouse, Room 602

INFORMAL

1. Informal Review of Bids and Requests for Proposals:
   a) Fiberglass Insulation on a requirements basis
   b) Traffic Signal Installation

2. Presentation of draft forest land management plan for the Mt. Hood National Forest - TIME CERTAIN 1:30 PM (45 minutes)

3. Informal Review of Formal Agenda of March 24

Thursday, March 24, 1988, 9:30 AM

Multnomah County Courthouse, Room 602

Formal Agenda

REGULAR AGENDA

BOARD OF COUNTY COMMISSIONERS

R-1 In the matter of appointment of Michael Hill to the Department of Environmental Services Citizen Budget Advisory Committee

R-2 In the matter of appointment of Laurence H. Baker to the Multnomah County Council on Chemical Dependency

R-3 In the matter of appointment of Kenny Carr, Virginia Quiroz and Clyde Pack to the City/County Bicentennial Commission

R-4 In the matter of appointment of Dennis E. Maxwell to the Columbia Gorge Interpretive Center

R-5 In the matter of appointment of Gavin Vilander and Charlea Couckyut to the Multnomah County DUII Advisory Board

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-6 In the matter of receiving and endorsing the Multnomah County's Advisory Committee report on the Columbia River Gorge Interpretive / Orientation Center, which recommends a gateway / orientation / interpretive center be developed at the primary west entrance to the Scenic Area (adjacent to Lewis & Clark State Park)

DEPARTMENT OF HUMAN SERVICES

R-7 Order in the matter of Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

R-8 In the matter of ratification of an intergovernmental revenue agreement between State Community Services / Low Income Energy Assistance - Weatherization Program and MCCAA whereby County will receive $132,492 to conduct weatherization services to approximately 90 homes in mid and east Multnomah County during the period January 1 to December 31, 1988

SHERIFF'S OFFICE

R-9 Order in the matter of accepting deed for Inverness Property from the City of Portland for jail purposes - public testimony invited - (TIME CERTAIN: 9:30 AM)

ORDINANCES - NONDEPARTMENTAL

R-10 Second Reading - An Ordinance amending MCC 2.30.640 (G), relating to the membership of the Citizen Budget Advisory Committees

R-11 Second Reading - An Ordinance amending MCC Chapter 6.31 by making the EMS Policy Board advisory to the Board of County Commissioners, and ratifying rules adopted by the EMS Policy Board, and declaring an emergency

NONDEPARTMENTAL

R-12 Budget Modification Nondepartmental #11 making appropriations transfers within Emergency Management in the amount of $22,000, from Personal Services ($17,200) and Professional Services ($4,800) to Repairs & Maintenance ($1,000), Operating Supplies ($1,500), External Data Processing ($2,000) and Capital Equipment ($17,500) to replace equipment and supplies to continue operating the County's Hazardous Materials Response Unit

R-13 In the matter of approving a draft Private Industry Council plan giving description of services and management systems that PIC will submit to the State for approval

Thursday Meetings of the Multnomah County Board of Commissioners are recorded and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers

Friday, 6:00 P.M., Channel 27 for Rogers Multnomah East subscribers

Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

0279C.68-72

DATE SUBMITTED March 7, 1988

(For Clerk's Use) A.M
Meeting Date 3/22/88
Agenda No. #1

Informal ✓

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: PREVENTION SERVICES TO CHILDREN, AGES 0-7

Informal Only* March 22, 1988 9:30 AM (Date)

Formal Only _____ (Date)

DEPARTMENT DHS DIVISION Youth

CONTACT Bill Farver TELEPHONE 3740

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Ron Potrue and Diane Tutch

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Discussion of the work of the Youth Planning Network subcommittee on Prevention Services to Children, Ages 0-7.

REPORT ATTACHED

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

[X] INFORMATION ONLY [ ] PRELIMINARY APPROVAL [ ] POLICY DIRECTION [ ] APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 45 minutes

IMPACT:

[ ] PERSONNEL

[ ] FISCAL/BUDGETARY

[ ] General Fund

[ ] Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Pauline Anderson

BUDGET / PERSONNEL _____ /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

(8/84)

MULTNOMAH COUNTY
YOUTH PLANNING NETWORK

SUBCOMMITTEE ON PREVENTION SERVICES TO CHILDREN 0 TO 7 YEARS OLD REPORT MARCH, 1988

(0033y)

YOUTH PLANNING NETWORK

SUBCOMMITTEE ON PREVENTION SERVICES
FOR CHILDREN 0 to 7 YEARS OLD REPORT

EXECUTIVE SUMMARY

The newly formed coalition of major youth-serving jurisdictions in Multnomah County called the Youth Planning Network has been analyzing how we provide services to youth.

The Youth Planning Network Executive Committee appointed a subcommittee of local early childhood experts to study the existing prevention services and to recommend improvements. The subcommittee's report emphasizes the value of prevention, recommends new policies and a comprehensive prevention model ("Parents Are Important"), and identifies how to begin to provide a continuum of services for small children.

This report urges business leaders, educators, and policy makers to look beyond our traditional delivery of services and provide substantial early intervention in the lives of our children. It calls for a partnership among families, schools, business and community organizations that will improve our childrens' health, education, and mental health beginning with the formative years.

REPORT RECOMMENDATIONS

After analyzing community needs and local and national models, the subcommittee developed two recommendations:
- a pilot project to serve young children 0 to 3 and their parents
- begin to build a continuum of prevention services

Recommendation #1: "Parents Are Important" Program
Develop two pilot projects to serve young children 0 to 3 and their parents, which could be replicated statewide. The pilots should incorporate existing prevention services and be directed at all new parents living within the targeted areas. The pilots would offer these services:

Pre Natal Outreach	$ 32,800
Community Health Nurse Home Visit	80,000
Family Alcohol & Drug Assessment & Referral	15,000
Parent Resource Center	148,600
3 & 4 Year Old Screening.	15,000
Support Services Fund	40,000
Administration and Evaluation	66,000
Total Cost for Pilot at Two Target Areas	$397,400

Recommendation #2: Begin to build a continuum of prevention services.

Day Care for Teen Parents (Including potential in-kind)	$513,900
Day Treatment for Severely Abused/Neglected Preschoolers and Toddlers	440,000
Family Support with Special Needs Children	132,000
Increased Headstart Slots	800,000
Parent Child Centers	560,000
Prenatal Care for Low Income Women	167,500
School-based Teen Clinics	280,360
Structured Family Living for Chronically Mentally Ill and Developmentally Disabled Parents	42,840
Training for Early Childhood Preschool & Day care Providers	24,500
Maintaining Special Needs Children in Community Programs	101,250
Onsite Developmental Day care and Parent Training for Parents in Residential Treatment	107,140
Fetal Alcohol/Fetal Drug Syndrome Intervention/Treatment	260,000
Before and After School Day Care	N/A
Parent Education for High School Students ($1,500 per class)	45,000
TOTAL	$3,474,490

YOUTH PLANNING NETWORK

SUBCOMMITTEE ON PREVENTION SERVICES
FOR CHILDREN 0 TO 7 YEARS OLD

Diane Tutch, United Way of Columbia Willamette, Co-chair
Ron Potrue, Multnomah County Department of Human Services, Co-chair

SUBCOMMITTEE MEMBERSHIP

Mary Bromel	Portland Public Schools Teen Parenting Program
Sue Carey	AMA Headstart
Bob Calhoun	Metropolitan Youth Commission
Davene Cohen	Multnomah County Social Services Division
Linda Crum	PSU Headstart Training Office
Marcia Douglas	City of Portland Bureau of Human Resources
Art Emlen	Regional Research Institute
Bill Farver	Staff Assistant, Commissioner Pauline Anderson
Marilyn Redick	Oregon Children Services Division
Eric Johnson	Morrison Center For Youth & Family Services
Brian Kelly	Multnomah County Health Services Division
Cherie Lingelbach	Multnomah County Youth Program Office
Maureen Moreland	Parent Children Services
Kim Keiser	Multnomah County Social Services Division
Carolyn Sheldon	Portland Public Schools
Heather Tischbein	N.W. Foundation for Children
Diane Turner	NCJW Teen Parent Program
Jan Wallinder	Multnomah County Health Services Division

For more information about this report contact:
Ron Potrue
Multnomah County Department of Human Services
Youth Program Office
426 SW Stark Street, 6th floor
Portland OR 97204
248-3691

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3. INTRODUCTION

Mankind owes to the child the best it has to give

United Nations Declaration

A Child is a person who is going to carry on what you have started. He is going to sit where you are sitting and when you are gone, attend to those things which you think are important. You may adopt all the policies you please, but how they are carried out depends on him. She will assume control of your cities, your states, and your nation. She is going to move in and take over your churches, your schools, your universities and your corporations. All your books are going to be judged, praised or condemned by him. The fate of humanity is in her hands.

Abraham Lincoln
(reprinted from Oregon's Agenda for 1990's)

3-A. BACKGROUND AND JUSTIFICATION FOR EARLY CHILDHOOD PROGRAMS

In the face of steadily eroding money from the federal government and increasing pressure on the property and income taxes at the state level, local government and foundation officials are faced with even harder choices about how to spend the limited resources available. Overwhelmed by highly publicized events in our community, those choices understandably often are driven by response to crises - jail overcrowding, homeless and mentally ill on the streets, minimally adequate health care for our poor.

Our report focuses on a less publicized group - young children. They do not make the 5 o'clock news. Their stories are often of opportunities missed, neglect, or abuse. The potential they represent, however, is unlimited.

Our group was formed by the Youth Planning Network in response to a desire by County Commissioner Pauline Anderson and other members of the Board of County Commissioners to expand programs and services for young children. The following report was developed on the belief that offering preventive programs and services to these children is the approach that is the most humane and effective in meeting a variety of human services needs. The problems of these children are much less costly to remedy now than when they are adults. This approach gives us hope for the future.

Effective programs and support services at this level can strengthen the bonding of children with families, schools, peers, and communities which will help prevent subsequent school failure, criminal behavior, child abuse, and the perpetuation of the cycle of poverty.

3-B. STUDIES AND REPORTS

Targeting this population is consistent with the recommendations of several recent studies and available data on the needs and effectiveness of programs serving them.

CHILDREN IN NEED: Investment Strategies for the Educationally Disadvantaged

The Committee for Economic Development (CED) is an independent research and educational organization of over two hundred business executives and educators. Their Research and Policy Committee recently issued a report, "Children in Need", urging an "investment in the future" which would target the needs of children. They concluded that:

> An early and sustained intervention in the lives of disadvantaged children, both in school and out, is our only hope for breaking the cycle of disaffection and despair.

Representing the business community, the Council on Economic Development is especially interested in young children because of the "scarcity of well educated and well qualified people in the work force". They anticipate a shortage of over 23 million Americans willing and able to work by 1990. (CED, 4) They also point to cost effectiveness of spending money for prevention programs.

In advocating Prevention through Early Intervention, the Council stressed the need for prenatal and postnatal care, parenting education, family health care, quality care child and quality preschool programs.

The report received very favorable editorial coverage. The New York Times on September 6, 1987, praised the report and concluded by asking us to:

> Imagine a baby girl born into inner-city poverty today, to a teen-age mother. With an early childhood program, she'd be more likely to be born healthier; her mother would give her better care; and early schooling would enlarge her self-confidence. In 16 years, she'd probably be starting her last year in high school and have ambitions for the future. Without such a program, she's all too likely to have something else: a baby. And the heavy cycle will start again.

Public attention on the needs of young children appears to be building support for increasing funding. A majority of the American people now support more public investment in child care. In an ABC News poll conducted for the Washington Post, the number of respondents who felt funding for child care programs should be increased rose from 44% in 1986 to 57% in 1987. A recent Harris poll found that 73% of the respondents would be willing to increase their taxes to pay for child care.

GOVERNOR'S PRIORITIES AND PROGRAMS IN OTHER STATES

This year, the National Conference of Governors passed a resolution which made early childhood education their highest priority. Over thirty states have begun some type of project focusing on young children.

MISSOURI - PARENTS AS TEACHERS (PAT)

The Parents as Teachers Project was initiated in 1981 to demonstrate the validity of early, high quality parenting education. The project provides training and support services which enable parents to enhance their children's intellectual, language, physical, and social development from birth to three.

Funding from the Missouri state legislature provides services for 30% of all new parents. The state has increased the funding by 10% each year.

Beginning in the third trimester of pregnancy and continuing until children reached age three, PAT participants received the following services:

1. Timely, practical information and guidance in fostering the child's language, cognitive, social, and motor development.

2. Periodic screening of the child's educational, hearing, and visual development.

3. Monthly private visits in the home by parent educators.

4. Monthly group meetings for parents with similarly aged children. Group meetings were held at "Parent Resource Centers" located in school buildings.

PAT children scored significantly higher on all measures of intelligence, achievement, auditory comprehension, verbal ability, and language ability. They demonstrated more positive social development.

PAT parents were more knowledgeable about child rearing practices and child development. PAT parents and children performed well, regardless of socioeconomic disadvantages and other traditional risk factors. PAT staff were successful in identifying and intervening in "at-risk" situations. (All information from PAT brochure.)

MASSACHUSETTS

On January 22, 1985, Governor Michael Dukakis announced the Governor's Day Care Partnership Initiative - a two-year program to strengthen and expand high quality, affordable day care for Massachusetts families. In two years the state budget for day care rose from $67 million to $101 million. Eighty-five percent of the budget goes to purchase day care services for children of low-income working families or families in crisis or with special needs.

OREGON'S AGENDA FOR THE 1990's

Oregon's Agenda for the 1990's is a compilation of priority issues, findings and recommendations, growing out of testimony provided in a series of statewide public hearings, culminating in a conference in May 1986. The agenda was developed because of the state's lack of a "unifying philosophy regarding its responsibility toward children, youth and families." While its focus was on legislative action and funding, many of its recommendations are consistent with our work.

For example, the agenda recommended:

- Sex education programs for teens and school based health clinics in high schools.

- Preparenting classes in high school curriculums, adequate treatment services for victims of child abuse, and additional training for child abuse workers.

- Expanded parent education and day care services to support parents of high risks infants and enhanced prenatal care.

More generally, the Agenda recommends that prevention become the number one priority within Oregon. A state philosophy and policy should commit resources to prevention programs.

PORTLAND LEADERS ROUNDTABLE AND THE PORTLAND INVESTMENT PLAN

In October, 1984, a group of concerned leaders in the Portland community convened the Portland Leaders Roundtable to examine the causes of high unemployment for Portland area youth, particularly for minority youth. The Mayor, School Superintendent, Chair of the Private Industry Council, Chair of the Business Youth Exchange of the Chamber of Commerce, and the City Commissioner serving as liaison to the Private Industry Council asked other government, business, education, and civic leaders to join them in defining a long-term plan for reducing school dropouts, increasing employability of youth, and increasing access to jobs, especially for low-income and minority youth.

The Roundtable turned to teachers, counselors, parents, health and social workers, juvenile court workers, personnel officers, and youth to shape a plan for a comprehensive system of services for children and youth, prenatal through age 21, which emphasizes prevention and early intervention. More than 100 community members met in workgroups in 1986 to develop recommendations that became The Portland Investment -- a blueprint for a comprehensive system of education, employment training, and personal support services for low-income and minority children and families. The Leaders Roundtable now provides leadership for annual workplans to implement The Portland Investment through many different programs, across all sectors of service delivery.

One of the workgroups focuses on the needs of children, prenatal through grade 5. Their blueprint for needed services and policies was introduced to the Youth Planning Network 0 to 7 Prevention Subcommittee as a framework for the committee's discussions and recommendations.

Elements of prevention emphasized by the Roundtable workgroup include:

-- Early and ongoing assessment and identification of children's developmental needs, with a network of agencies for appropriate follow-up and referral.

-- Adequate health care for low-income families, with an emphasis on prenatal, infant and toddler.

-- Parent training in child development.

-- A variety of programs and services for parents, with an emphasis on outreach to low-income families to help them be economically self-sufficient and active participants in their children's learning.

-- A variety of actions (such as standards for programs, standards for service environments, and training for service providers) to create culturally sensitive and effective programs that build parents' and childrens' self-esteem, self-confidence and independence.

3-C DOCUMENTED NEEDS

The needs of young children are well documented:

NATIONAL

Poverty

- 25% of all children under 6 live in poverty.

- 43% of black and 40% of Hispanic children live in poverty.

- 55% of all children are being raised by single working mothers.

Infant Mortality

- 1 in 100 infants die before their first birthday. Our infant mortality rate places us 14th among industrialized nations. Many of these deaths are linked to low birth weight, which is largely preventable through proper prenatal care.

Teen Parents

- Over 50% of the welfare expenditures in this country go to families in which the mother began her parenting as a teenager.

- Up to 70% of all teen moms will have a second child within two years of the first.

- The US has the highest rate of teen pregnancy among all developed countries.

Child Abuse

- Since 1980, reports of child abuse and neglect have increased by 51%, but total resources at the federal, state, and local level have been augmented in real dollars, by only 2%

- In 1986, between 1,200 and 5,000 children were victims of fatal mistreatment

- 1 in 4 girls and 1 in 10 boys will be sexually molested before he/she turns 18 years.

Inadequate Federal Services

- Because of a lack of federal funding, only 1/3 of those eligible receive Women, Infants, and Children Supplemental Food Funding (WIC).

- Because of a lack of federal funding, fewer than 20% of children eligible for Head start are able to participate in a program.

OREGON

Teen Parents

- In 1986, 10.6% of all births were to teenagers

- In 1986, there were 2536 births to school aged women. 67% of those women have not finished high school

Child Abuse

- in 1986, there were 13,350 confirmed cases of child abuse

- more children under age five die from injuries inflicted by their parents than from tuberculosis, whooping cough, polio, measles, diabetes, rheumatic fever, and appendicitis combined. The deaths from abuse could reach 22 for 1987. Nearly half were under 5 years.

- 80% of the young women at Hillcrest were abused as children

Inadequate Services

- Of the 194,000 children of working parents, 20% receive regulated child care, 51% nonregulated care, and 29% no care at all.

- Approximately 15% of children eligible for Head start are able to participate in a program.

Special Needs Children

- 12% of children are emotionally disturbed. 7% of children are eligible for treatment under Oregon guidelines, but only half are served by present resources.

MULTNOMAH COUNTY

Poverty

- The number of children in poverty rose from 9.5% in 1970 to 12.3% in 1980. The number of black children in poverty rose from 26.3% to 32.5% in the comparable period.

- The number of female headed households increased from 11.6% to 15.7% from 1970 to 1980. Among black families, the number rose from 27.6% to 37.3%

- In 1987, there were an estimated 3,071 AFDC recipients

Teen Parents

- In 1986, there were 840 births to women in their teens. 611 of these women were not married.

- Inadequate prenatal care was reported by women who gave birth to 742 of the 8,624 children in the county in 1986. Inadequate prenatal care was defined to include care that began at the third trimester or which included less than five prenatal visits.

Child Abuse

- The number of confirmed cases of child abuse rose from 2,084 in 1983 to 2,370 in 1985.

Special Needs Children

- There are at least 200 additional children who could benefit from the day treatment programs for seriously abused children.

- Multnomah County receives funds for early intervention services for 246 developmentally disabled children aged 0 to 6. By April, 1988, the county projects that 356 children will be eligible for services.

- Since May, 1986, at least 168 drug addicted babies were born in the County. The babies were addicted to cocaine, amphetamines, or heroin or a combination of these drugs.

RESULTS OF NOT PROVIDING APPROPRIATE SERVICES

- The suicide rate among boys and girls quadrupled in the last twenty years.

- Oregon is among the top ten states in the number of delinquent youth committed to secure institutions.

- The number of delinquency referrals rose from 6,111 in 1980 to 7,761 in 1984. The number of referrals for sex offenses rose from 137 to 318.

- More than 95% of incarcerated sex offenders in Oregon receiving treatment were abused as children

- In a study of 53 child molestors and rapists receiving treatment, those 53 men reported committing 25,000 sex offenses, including 500 rapes and 7,000 child molestations.

3-D. DOCUMENTED SUCCESS IN PROGRAMS

NATIONAL

- Headstart: $1 invested in quality preschool education returns $4.75 because of lower costs of special education, public assistance, and crime (CED Report, 6).

- The Perry Preschool Project in Ypsilanti, Michigan and the Harlem Head Start Program in New York City have helped to reduce by half later dropout behavior, criminal involvement, welfare dependency, and the need for remedial education (CED, 22). In particular, the Perry Project increased the percentage of participants who were:
  - functionally literate from 38% to 61%
  - enrolled in postsecondary education from 21% to 38%
  - employed, from 32% to 50%

  Also, the program apparently reduced the percentage of participants who were:
  - classified as mentally retarded from 35% to 15%
  - school dropouts from 51% to 33%
  - pregnant teens from 67% to 48%
  - on welfare from 32% to 18%
  - arrested from 51% to 31%

- Research by James Garbarino indicates that the home health visitor concept has received clear and powerful support as a preventive strategy. One of his studies showed a 4% maltreatment rate in a treatment group as opposed to 19% in the control group. (Can We Measure Success in Preventing Child Abuse? Child Abuse and Neglect, The International Journal)

- WIC: $1 invested in prenatal WIC programs saves as much as $3 in short-term hospital costs alone (CED, 7)

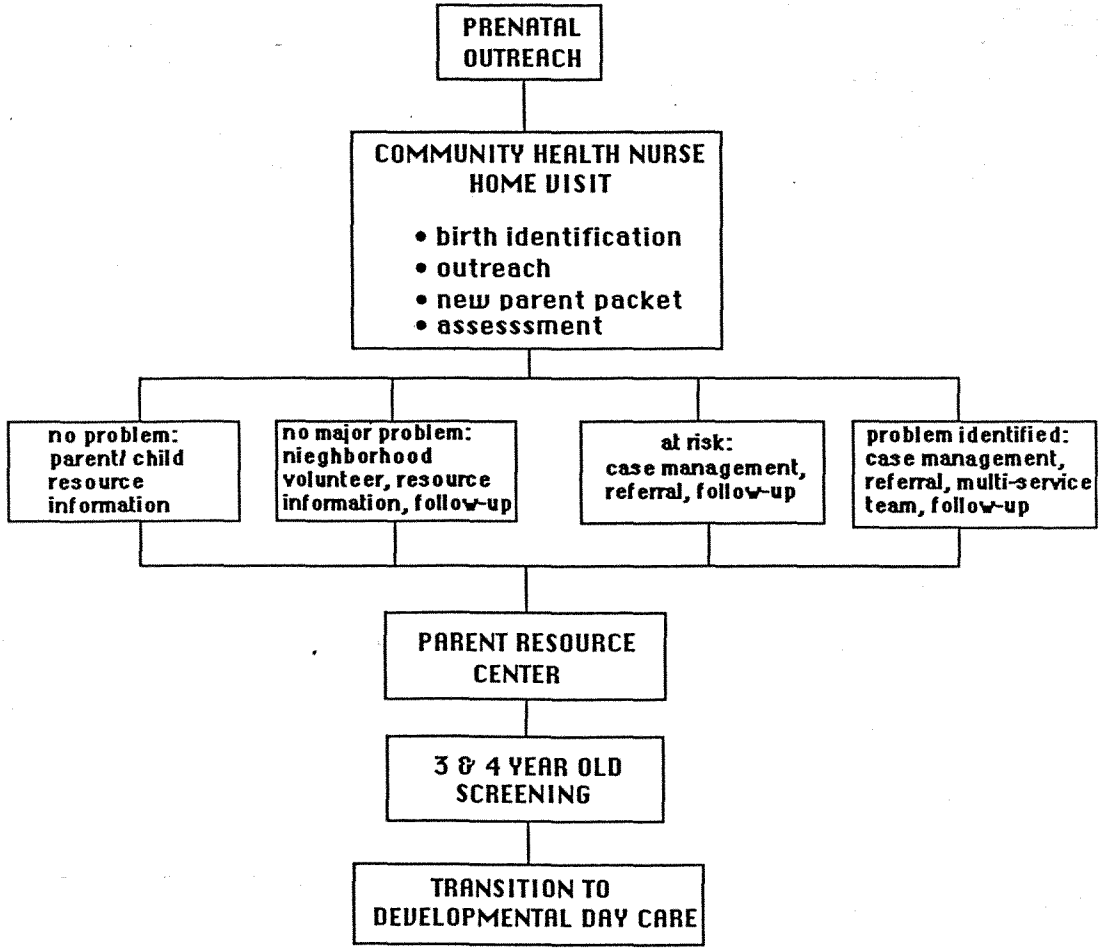
- $1 invested in prenatal care can save $3.38 in costs of care for low birth weight infants alone (Institute of Medicine's study Preventing Low Birth weight (CED, 7).

- Complete prenatal and delivery services cost about $1,500. The estimated cost of delivering comprehensive prenatal care to all poor pregnant women in the U.S. is about half the $2.3 billion we presently pay for hospital care for sick infants in their first years (Family Focus, Chicago, Ill, November, 1986)

MULTNOMAH COUNTY

- Teen Clinics now in four high schools have provided comprehensive health services including pregnancy prevention services to high school students onsite.

- Morrison Center has provided day treatment services for severely abused children for 5 years. Almost 80% (27 of the 35) of the children that have completed the program are now involved in regular public school classrooms. The other 8 are in special education. Over 60% of the children have been adopted and another 30% have been maintained or returned to their family homes. The remainder are in foster care. Prior to admission in the program, the children were progressing at a rate of 82% of normal development (as measured by the Brigant scale). While in the program they grew at 150% of normal (Morrison Center data).


PRENATAL OUTREACH
COMMUNITY HEALTH NURSE HOME VISIT
• birth identification
• outreach
• new parent packet
• assesssment
no problem: parent/ child resource information
no major problem: nieghborhood volunteer, resource information, follow-up
at risk: case management, referral, follow-up
problem identified: case management, referral, multi-service team, follow-up
PARENT RESOURCE CENTER
3 & 4 YEAR OLD SCREENING
TRANSITION TO DEVELOPMENTAL DAY CARE

parents presently unserved.

A Community Health Nurse will visit all new parents and provide a new parent information packet which includes timely, practical information and guidance in fostering the child's language, cognitive social and health development. The packet will also include information about resources available to new parents. The Nurse will review the information contained in the packet with the new parent(s). The Nurse will also assess the health, emotional and social needs of the parent and child. The visit will take one to two hours.

Nurses will use a detailed curriculum to guide their educational activities while tailoring their visit to the families individual needs. The nurse will also attempt to enhance natural support systems such as families and friends to provide assistance with new born care, self esteem, and other family needs. The nurse will also link new parents with the Parent Resource Center located within the targeted community.

The majority of assessments should identify few parent/child problems. Where Problems are identified, the Community Nurse will refer to these resources:

Community Volunteers:
- trained neighborhood volunteers will provide in home assistance with day to day family activities including support, newborn care, role modeling, and home management.

Case Management
- case management for identified problems involving Children Services Division, Adult and Family Services, alcohol and drug services, health, social services, job training and placement, and other agency representatives at a neighborhood level. The team shall designate a local agency to be responsible for facilitating team activities. Ongoing

4. RECOMMENDATION FOR PREVENTION SERVICES IN MULTNOMAH COUNTY

"PARENTS ARE IMPORTANT" PROGRAM

Develop two pilot projects as a model for developing a statewide system of services to young children. The pilots will provide initial contacts with all new parents, and follow up on identified needs with direct services and appropriate community referrals. The pilots will provide:

* Prenatal Information and Counseling
* Home visits to all new parents
* Pre/post birth parenting education classes (at the parent resource centers)
* Ongoing assessment for the child and parent
* Family alcohol/drug assessment
* Case Management for the child and parents
* Developmental day care for targeted populations
* Enhanced parent training and cultural sensitivity training for nurses, parent educators, and volunteers
* Comprehensive community education campaign
* Outreach for targeted populations
* Evaluation

The Parents Are Important Project will provide parent and child services directed at preventing subsequent child abuse, teen pregnancy, drug abuse, mental and developmental disabilities, and criminality. The project will focus on families and is designed to maximize children's overall development by laying the foundation for school success and minimizing developmental problems. Services will focus on education, development of support systems, referrals to community services, and outreach.

The project assumes that parents deserve and can benefit from practical information and support, particularly during the crucial early years of life. Parents want good information and welcome support.

The Parents Are Important Project will provide in-home support and education to expectant parents. Childbirth classes, as well as nutritional, maternal health, and other prenatal information will be provided to expectant parents in targeted areas.

Referrals to the project will be identified by a regular review of birth certificates as well as with ongoing contact with health clinics, hospitals, pediatricians and outreach programs. A community education campaign will be used to alert potential referral sources. By making this service available for all parents in the target area, the project will be more likely to contact parents presently unserved.

A Community Health Nurse will visit all new parents and provide a new parent information packet which includes timely, practical information and guidance in fostering the child's language, cognitive social and health development. The packet will also include information about resources available to new parents. The Nurse will review the information contained in the packet with the new parent(s). The Nurse will also assess the health, emotional and social needs of the parent and child. The visit will take one to two hours.

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Case Management
- case management for identified problems involving Children Services Division, Adult and Family Services, alcohol and drug services, health, social services, job training and placement, and other agency representatives at a neighborhood level. The team shall designate a local agency to be responsible for facilitating team activities. Ongoing follow-up will be provided where appropriate.

Parent Resource Centers

Neighborhood Parent Resource Centers will provide:

* Group classes with parents of like-aged children where timely information about stages of child development and suggested practical ways for parents to encourage their child's development are provided. The group meetings are also where parents can share their experiences, common concerns, frustrations and successes.

* Personalized home visits to discuss how to apply concepts presented at the parenting classes. Parent educators also offer general guidance and tips home safety, effective discipline, constructive play activities, and other topics.

* Ongoing monitoring and formal screening so no youngsters reach the age of three with an undetected health problem, handicap or developmental delay.

* A referral network that helps parents who need special assistance (medical or financial help for example) that is beyond the scope of the Parent Resource Center Program.

Pilot Project Evaluation

The program's effectiveness will be determined by using pre/post test of the child's abilities and an assessment of the parents' knowledge and perceptions. The evaluation should include a cross section of participating families. Data regarding social indicators should be collected and analyzed to determine project impact. The programs will be evaluated by an independent evaluator.

Administration

A central administration will provide:

* project coordination
* Volunteer recruitment and training
* Community information
* evaluation oversight
* fund raising

3 & 4-Year Old Screening

As a compliment to the proposed model project, the existing 3 & 4 year-old screening project should be extended. The project is a collaborative project conducted by volunteers from many community agencies within Multnomah County. The project conducts developmental assessments on 3 & 4 year-old children. The first screening was done at the Learning Fair, October 1987 and the next one is scheduled for April, 1988 at a community center in SE Portland.

Each screening assesses 150 children and provides information and referrals to those families with children with identified needs. For $15,000, the project can conducts twice yearly screenings. This provides for some coordination costs, materials, supplies, and advertising. All professional services for the screening are volunteered.

PROGRAM DEVELOPMENT

- Grassroots, local involvement in the development is essential.
- The natural network in the area should be used to inform people of the program, encourage participation.
- Existing agencies in the area should be informed, and involved.
- Schools, churches, local groups, day care centers, agencies, businesses, and government agencies should be informed asked to assist.

4-A. PROGRAM OUTREACH TO FAMILIES

This model has been designed to provide services to all new parents living within the specific geographic area. This approach is intended to help avoid stigmatizing families served by the program and to develop community support for the services.

Some people will quickly take advantage of such a program. Others will be suspicious of "government" services, lack information about the program, or be unable to use the service because of lack of transportation or other barriers to participation. Still others will experience difficulty with the materials used. If the materials are geared to the general population, they may not be appropriate for some segments of the population, i.e., ethnic minorities, younger age groups, the disabled.

Outreach efforts must be designed to assure that all segments of the community have the opportunity to benefit from the program.

SERVICE FUND

On an as needed basis, certain services will need to be purchased for participants in the program. These may include:

- Transportation to and from the service site, to and from other services
- Counseling
- Educational toys and materials
- Meals during sessions
- Child care during sessions
- Alcohol and drug intervention
- Limited day care subsidies

4-B. PARENTS ARE IMPORTANT PROGRAM

Sample Annual Budget (Per target Area)

PRE NATAL	COST	TOTAL
.5 fte outreach worker	$15,000	
transportation	200	
printing	200	
training	1,000	$ 16,400
CHN HOME VISIT		
1 fte community health nurse	35,000	
training	800	
travel	1200	
phone	2000	
supplies/printing/education materials	1,300	40,000
PARENT RESOURCE CENTER		
1 fte parent educator	28,000	
.5 fte volunteer coordinator	12,000	
.5 clerical	.12,000	
training	2,000	
travel	500	
printing	1,000	
rent	12,000	
utilities	1,800	
phone	3,000	
insurance	2,000	74,300
Support services fund		20,000
Cost per targeted area		150,700
Total cost for two pilots		301,400
3 & 4 year old screening		15,000
Family Alcohol/Drug Assessment and Referral		15,000
Evaluation		30,000
Administration (1 FTE and public relations)		36,000
TOTAL COST OF RECOMMENDED MODEL		$397,400

11. BUILDING A PREVENTION SERVICE CONTINUUM

This report recommends two major community service approaches. The first is described in Chapter 5, Parents Are Important Program and the second is Building a Prevention Service Continuum.

The following needs were identified by the subcommittee during this planning process. The recommended funding levels do not fully meet the needs of the children in Multnomah County, but represent manageable, critically need expansions of existing services.

A detailed summary is included in this section for each of the following gaps:

	PROJECT	COST
A.	Day care for Teen Parents (Ideal Budget Including school in-kind. actual costs should be lower)	$513,900
B.	Day Treatment for Severely Abused/Neglected . . . . . Preschoolers and Toddlers	440,000
C.	Family Support with Special Needs Children	132,000
D.	Headstart	800,000
E.	Parent Child Centers	560,000
F.	Prenatal Care for Low Income Women	167,500
G.	School-based Teen Clinics	280,360
H.	Structured Family Living for Chronically Mentally Ill . . . and Developmentally Disabled Parents	42,840
I.	Training for Early Childhood Preschool & Day care Providers	24,500
J.	Maintaining Special Needs Children in Community Programs . . .	101,250
K.	Onsite Developmental Day care and Parent Training . . . . . for Parents in Residential Treatment	107,140
L.	Fetal Alcohol/Fetal Drug Syndrome Intervention/Treatment . through Family Enhancement Project	260,000
M.	Before and After School Day care	N/A
N.	Parent Education for High School Students ($1,500 per class) . .	$45,000

Total $3,474,490

A. DEVELOPMENTAL DAY CARE AND OUTREACH FOR TEEN PARENTS

Issue:
On-site developmental day care and the availability of family home-based day care should be available to any teen moms or dads attending school.

Recommendations:
1) Fund on-site or near school day care at four high schools.

2) Subcontract services to developmental day care providers with CSD certification to operate such a facility.

3) Provide parenting classes and parenting/child development education in the schools where the developmental day care is located.

4) Provide sufficient off-site family-based day care for teen parents attending school.

5) Provide access to Headstart for the preschool children of teen parents

Background:
Currently, there is the capacity for 20 babies for on-site day care at the Continuing Education for Girls Program.(CEG). 20 off-site slots are funded by Portland Public Schools and 10 off-site slots are available through Albina Ministerial Alliance. There are 25 on-site slots at the Educational Service District's Transition Program.

Portland Public Schools has a day care waiting list of 53. This represents 53 teen parents who have filled out day care applications and are: 1) awaiting day care to be able to return to school; 2) have temporary day care which places them at risk to drop out; and 3) pregnant and will not be able to continue if day care is not available once her child is born. 100-150 teen parents within Portland Public Schools will need day care during the 1988-89 school year. (There were 840 births to women 19 and younger in 1986.)

Cost:	Current	Ideal
Center-based	$738/day or $28/child/per day	$1,000/day or $50/child
Home-based	$12/day/child	$20/day/child

CONTINUUM OF NEEDED DAY CARE SERVICES

	Family	Private	School-Based	CEG	Coop
Infant	23	3	12	12	4
6 wk- 18 mo					
total 54					
Toddler	8	2	12	8	6
8 mo-3 yr					
total 36					
Preschool	5	5			
3 - 5 yr					
total 10					

total of 100 potential students

COST	# OF CHILDREN	CURRENT	IDEAL
Onsite:			
Site 1	20	*$674 per day or	$1,000 per day or
(currently operating)		$28 per day/child $122,750 per school yr	$50 per day/child $180,000 per school yr
Site 2 (proposed)	12	*$340 per day or $28 per day/child $61,200 per school yr	$500 per day or $50 per day/child $90,000 per school yr
Site 3 (proposed)	12	*$340 per day or $28 per day/child $61,200 per school yr	$500 per day or $50 per day/child $90,000 per school yr
Off-site:			
Family-based	36	$12 per day $77,760 per school yr	$20 per day/child $129,600 per school yr
Private center	10	$17 per day/child $30,600 per school yr	$30,600 (these figures are based on center rates)
Albina Ministerial	10	$7,500 (with one supervisor + teen mothers providing care)	$7,500 (program too new to price for ideal rate)
Day Care Total		$361,010	$498,900
Outreach Services		$150 per student $ 15,000 per school yr	$ 15,000 per school yr
Day Care Total + Outreach		$376,010	$513,900

*All daily rates are based on 180 day school year

Approximately 40% of these costs are potential in-kind expenses (space, equipment, utilities, and custodial services. If these were assumed by the provider of the space, actual costs could be reduced by 40%. This would make the daily rate approximately $16/day/child.
These costs do not include transportation.

B. DAY TREATMENT FOR SEVERELY ABUSED AND NEGLECTED PRESCHOOLERS AND TODDLERS

Issue:
Additional Day Treatment services should be available for severely abused and neglected preschoolers and toddlers who are at high risk for possible developmental delays, future criminality, mental illness, and school failure.

Recommendation:
Replicate the current Day Treatment Program for Young Children to serve an additional 20 children

Background:
At least 200 toddler and preschool-age children in Multnomah County have suffered severe maltreatment. In attempting to cope with that maltreatment, these children are demonstrating maladaptive behavior and significant developmental delays. The inadequate coping leads to expulsions from preschools, unsuccessful foster home placements, and severely reduced chances for adoption. In addition, these children usually have parents who have severe marital problems, significant psychopathology and criminal backgrounds, alcohol and drug addictions, and live in poverty. This situation leaves these children at very high risk of future mental illness and criminality.

Intensive Day Treatment service is currently available to 20 children. Of the children who have completed treatment, 63% are thriving in their adoptive placements and 28% are maintained in the home of their biological parents. 77% are in normal public school classrooms. Thus, intervention has been shown to be very effective in breaking the cycle of abuse, mental illness, and criminality.

Day treatment for young children requires an intensive intervention effort that is expensive in the short run, but very cost effective in the long run. Costs are based upon the model rate established by the state for Day Treatment Programs. These costs cover expenses for two child development specialists, a family therapist, an aide, a part-time speech pathologist, psychiatric and pediatric consultation, and administrative support. While children attend the program half days, treatment staff are active full days providing treatment and consultation to families, to other human service agencies, public schools, and the courts.

Cost:
$440,000/year - 2 additional programs serving 20 children per year.

C. FAMILY SUPPORT FOR FAMILIES WITH SPECIAL NEEDS CHILDREN

Issue:
Families with children with exceptional care needs should receive assistance in acquiring services to care for the child and maintain the integrity of the family.

Recommendation:
Establish a model family support program that would provide the funding resource to families with children who have severe medical, developmental, or behavioral needs that require services. This support would enable the families to maintain the children within the family home. These needs may include adaptive equipment and supplies, respite services, transportation, day care, and therapy.

Background:
Families who have young children with severe medical, behavioral, or developmental needs often require services beyond the scope of their resources or those available from social services agencies in the community. The ongoing demands that their children place on the families can deplete both financial and emotional resources often leading to out-of-home placement for the child, increased potential for child abuse, and/or severe destruction to the family unit. In order to maintain the integrity of the family, and to enhance the quality of family life, families need the resources to access the individualized services they require.

Cost:
$120,000 for 60 families at 2,000 per family per year.
12,000 administrative costs
$132,000

D. HEADSTART

Issue:
Access to Headstart programs should be expanded to additional eligible children.

Recommendation:
Designate funds to establish and/or expand Headstart services to 200 additional eligible county children.

Background:
We are currently serving approximately 12-14% of county need based on federal guidelines of eligibility of 100% of poverty level. Children who could use the services extend far beyond the population that is actually eligible. Headstart programs have had a demonstrated impact on minimizing subsequent school problems and criminality. $1 invested in quality preschool education returns $4.75 in lower costs of special education, public assistance and crime prevented.

Current Programming:

AMA Head Start	- full day care	200
Mt. Hood Community College	- part day preschool	144
Parent/Child Services	- 0-3	135
Portland Public Schools	- part day preschool	306
Total		785

Services Provided
Mixture of classes and home visits. Plus health and dental screenings, nutritional assessment, mental health services, family services, parent education and involvement, staff training, and services to handicapped.

Cost:
$4,000/slot x 200 children = $800,000)

E. PARENT CHILD CENTERS

Issue:
Services for low income and/or agency referred parents with children aged birth through three should be established in specified geographic sectors of the city.

Recommendations:
Sites for parent child centers should be established in each sector of the city. These parent child centers would include the following components; health, mental health, social services, parent involvement, education, services to handicapped children, and home visits.

Background:
Comprehensive neighborhood-based parent child training centers which combine a supervised hands-on "learning laboratory" approach with intensive home visits, have documented success in reducing child abuse and neglect. There is presently one parent child center serving all of Multnomah County. Enrollment is 135 children. Over 60% of the parents currently served are teen parents. There is a waiting list of 200.

For many parents, formal schooling has not been a positive experience. The centers provide parents and children an opportunity to learn together in a practice to theory/theory to practice context. Parents and children are enrolled in family-like clusters or classrooms, staffed by well-trained professionals, and engage in a variety of developmentally appropriate and planned activities, including shared nutritious meals.

Depending on the age of the child, parents and children attend the center either one or two mornings per week and receive either two or three home visits per month by professional or specially trained paraprofessional staff. Support services are provided to parents with special needs and families who are involved with Children's Protective Services. Special services to pregnant women are also offered.

Each center is ethnically and racially balanced and staffed by people who are sensitive to community needs. Parents are involved in the policy making decisions in the center and in the hiring and firing of center staff.

Cost:
$4,000 per family x 42 weeks per year. Total cost for 135 families = $540,000.

Families needing year round services would require an additional $20,000 (20 families for an additional 8 weeks).

F. PRENATAL CARE FOR LOW-INCOME WOMEN

Issue:
All low income women should have access to comprehensive prenatal care.

Recommendation:
Expand Multnomah County Health Division prenatal clinic services to serve all women at or below 185% of poverty level who are not receiving prenatal coverage through Adult and Family Services. (estimated to be 900 women). Current clinic space available would limit expansion capability to 450.

Background:
The best start a child can have is to be born healthy and at full-term weight. Comprehensive prenatal care is critical to ensuring a healthy newborn. Prenatal care has been proven cost effective in numerous studies. The Institute of Medicine finding that $1 invested in prenatal care can save $3.38 in costs of care for low birth weight infants.

Recent changes in Medicaid assistance have increased the number of women eligible for prenatal care coverage, but a gap still exists for low income women up to 185% of poverty level. Multnomah County Health Division currently provides prenatal care to 2,000 women through its primary care clinics. Comprehensive prenatal care, including childbirth classes and other support services are provided to clients.

Potentially available space at the East County and Southeast clinics would provide additional capacity in geographical areas of greatest demand. Presently a waiting list of 3 to 4 weeks exists for these services.

Cost:

One nurse practitioner @ $40,000	$ 40,000
One halftime community health nurse	17,500
One health services technicians @ $22,000	22,000
One halftime office assistant	11,000
Materials/Services (including lab)	9,500
	$100,000
Hospital delivery deposit @ $300 x 225 clients	67,500
Total	$167,500

G. SCHOOL-BASED TEEN HEALTH CENTERS

Issue:
Access to comprehensive health care for adolescents should be extended to two additional high schools.

Recommendation:
Establish two more school-based teen health centers in areas of documented need.

Background:
Adolescents in Multnomah County are medically underserved. Substance abuse in adolescents is increasing and is related to accidents, school absenteeism, academic failure and social dysfunction. Mortality rates are rising for the 15-24 year old age group, with the leading causes of death being accidents and suicides. Ten percent of all births in Multnomah County are to teens. A recent survey of high school students revealed that while only 12% said they had no source of health care, 41% reported emotional, personal, or alcohol/drug related unmet needs, and 32% said they had unmet needs related to reproductive health.

Comprehensive health centers based in schools have been shown to successfully reduce barriers to access, and increase the health status of adolescents.

The first high school-based teen health center in Multnomah County opened at Roosevelt High School in February, 1986. Three more, at Jefferson, Marshall and Cleveland High Schools, opened in January, 1987. These health centers are collectively serving approximately 1,000 students per month. While the centers are too new to accurately measure outcomes such as decreased rates of pregnancy or increased rates of school attendance, the overwhelming support from school administrators, faculty, parents, students and the community indicates both the need for and the value of these health centers.

Cost:
Cost estimates to implement two comprehensive care teen health centers:

Two CHNs @ $27,248 =	$54,496	
Two HSTs @ $18,192 =	36,384	
Two Nurse Practitioners @ $33,516 =	67,032	
Two 0.5 Social Worker @ $13,770 =	27,540	
Benefits for the above =	64,908	
Total Staff Cost		$250,360
Printing @ $2000 ea =	$ 4,000	
Phone @ $2400 ea =	4,800	
Postage @ $400 ea =	800	
Supplies @ $1,500 ea =	3,000	
Education/Training @ $700 ea =	1,400	
Travel @ $700 ea =	1,400	
Total Materials & Service		18,000
Equipment (Capital) @ $6,000 ea = Total (One Time Only)		12,000
		$280,360

Total 12 months $280,360

H. STRUCTURED FAMILY LIVING PROGRAM FOR DEVELOPMENTALLY DISABLED AND CHRONICALLY MENTALLY ILL PARENTS

Issue:
Services should be available that enable developmentally disabled and chronically mentally ill parents to provide developmental guidance and learning experiences for their children within the family unit.

Recommendations:
Establish a model program in which DD and CMI parents reside in four-plex type facility that provides for twenty-four hour support, parent education and guidance, and assistance in the parenting process.

Background:
Because of the disabilities of DD and CMI parents, they will not likely be able to parent properly. The lack of consistent intervention has placed their children at higher risk for removal from home, abuse and neglect, and developmental disability. Standard community based services do not provide either the consistency nor the constancy of support these families require if their children are to be adequately parented within the family home.
A trained professional living within a facility housing these families could provide the needed consistent intervention and modeling.

Cost:
$42,840 per four-plex unit for services per one year

(It is anticipated housing, utilities, food will be covered by SSI, Title XIX, or AFDC.)

I. TRAINING FOR EARLY CHILDHOOD PRESCHOOL AND DAY CARE PROVIDERS

Issue:
Existing early childhood programs should have the capacity to integrate and maintain children with special needs into their program.

Recommendations:
Expand existing in-service training services currently available to Head Start programs to enable existing community based early intervention program (e.g. day care, preschool, early intervention programs) develop the capacity and skills to integrate children with various special needs. The training would be available to any preschool or day care provider in Multnomah County interested in participating. At a minimum, there should be available a two-day training sequence, focused on mainstreaming and management of special needs, with a one-day follow-up session six months later, plus on-going technical assistance and on-site observation and feedback.

Background:
Typical early childhood programs lack the expertise and skills required to successfully integrate and maintain children with special needs into their settings. The major philosophical thrust of "experts in the field" seeks to maintain children in the most normalized setting reasonable and possible for maximum developmental gain.

To facilitate both capability and confidence in addressing children with special needs, subsidized training opportunities need to be provided to assist staff in gaining skills and knowledge. Early childhood providers are largely low paid and would not have the financial resource to secure training on their own.

Cost:

$4,350 - 2 day mainstreaming workshop, 50 participants
$2,175 - one day follow-up workshop, 50 participants
$3,375 - 25 on-site visits
$9,000 - technical assistance to 25 centers for one year
$6,000 - payment of 150 days of substitute time ($40@)

$24,900 one year of services

J. MAINTAINING SPECIAL NEEDS CHILDREN IN COMMUNITY PROGRAMS

Issue:
Services should be supplied to community programs to enable them to maintain special needs children in their programs.

Recommendation:
Establish a resource fund to provide the necessary assistance (e.g., speech and language pathologists, motor specialists, behavior consultants, health consultants, mental health consultants, and others as indicated) that would enable community-based early childhood programs to integrate and maintain special needs children into their programs.

Background:
Children with special needs require individualized programs that can address their specific requirements in order to continue to grow and develop. No single community based program has the fiscal capacity to hire or contract for the variety of support services necessary to address this spectrum of needs. Without these services, special needs children remain largely unserved except for a few who may eventually receive more costly services.

Cost:
$101,250 - 12 months

Serves 45 children. Services are based on 45 hours per child per year at $50 per hour.

K. ONSITE DEVELOPMENTAL CHILD CARE AND PARENT TRAINING FOR PARENTS IN RESIDENTIAL TREATMENT

Issue:
Onsite developmental child care should be provided for the children and parent training for parents involved in residential treatment programs.

Recommendation:
Establish a model program in which a residential program for alcohol and drug treatment offers parent training for the residents and onsite developmental child care for their children. The program would provide a structured living environment for up to 30 children and 45 residents each year.

Background:
The problem of chemical dependency is often a generational issue within families. Children of drug and alcohol dependent parents are at significantly higher risk for becoming chemically dependent themselves than those from non-chemically dependent families.

The needs of these children are largely ignored in present treatment models. There is a substantial risk of neglect and abuse in these families. Parents need to simultaneously learn and practice pro-social, nonviolent parenting skills. Children need the opportunities to learn and practice positive interpersonal skills, to break down the sense of isolation and secrecy, and to build self esteem.

The program would target children whose parents have come to the attention of public agencies as a result of inadequate or inappropriate parenting behaviors and who need residential alcohol and/or drug treatment. These parents have been unable to access residential treatment programs because of inadequate child care resources, or have failed previous treatment because of distractions related to inadequate child care or financial hardship. Pregnant addicts whose children will be born during treatment could also be served.

Cost:
$107,140/year will serve 30 children and 45 parents (8-10 children at a time)

Adult treatment programs will continue to receive traditional funding. Children's program could be funded as a group home.

(Based on a model developed by Nancy Simpson, Treatment Coordinator, CODA, Alpha House.)

L. FETAL ALCOHOL/FETAL DRUG SYNDROME INTERVENTION AND TREATMENT

Issue:
Alcoholic or other drug addicted mothers whose infants are born addicted should receive intervention, referral to treatment, and follow-up services necessary for them to succeed in the nurturing and parenting of their children.

Recommendation:
Establish a model program of intervention, referral to treatment, follow-up services, case management, and service coordination for mothers of addicted infants. Provide needed professional training for Community Health Nurses and other agency professionals in effective intervention and referral of these clients. The program would use a team approach including a alcohol and drug counselor, community health nurse, and mental health professional.

Background:
Children's Services Division reports five to eight infants born each week in Multnomah County who are addicted to drugs. These infants are at increased risk for physical and developmental problems and for inadequate nurturing and parenting. If the addicted mother is involved at delivery with alcohol and drug treatment services, these services often are interrupted because of lack of child care.

However, a larger problem results when the mother is not in addiction treatment. For these mothers, intervention (the process of gaining acceptance of the need for treatment and referral into treatment) is strongly needed to assure that the needs of the infant are met and that adequate nurturing and parenting can take place. Following treatment, follow-up services and case management are needed to stabilize gains made in treatment. Because these mothers generally have a multitude of problems, strong coordination efforts are needed to assure that services provided to them are not fragmented and counterproductive. The current Family Enhancement Program provides a model for this type of coordination.

Agencies who are likely to be involved in services to these mothers and infants needs to be knowledgeable about alcohol and drug addiction, intervention techniques, referral methods, and available resources. Training in these areas should be provided for personnel who work with these families and offered to staff of all of the early childhood programs.

Cost:

2.0 FTE A/D Counselors to provide intervention, case management and service coordination/treatment follow-up services to 200 mothers	$ 52,000
2.0 FTE Community Health Nurses to provide in home follow up services to mothers and infants	70,000
2.0 Mental Health Professionals with a family therapy background to provide mental health support services	65,000
.5 FTE Child Care Specialist 20 hours a week @ $5.70/hr (including benefits)	6,000
Related materials, travel, and supplies	9,000
Training for Human Services agency personnel	5,000
Increased Alcohol/Drug outpatient treatment slots (25 slots @ $2,120 per slot)	53,000
Total	$260,000

M. BEFORE AND AFTER SCHOOL DAY CARE

Issue:
Before and after school care should be available to elementary school age children whose parents employment or training does not allow them to be home after school to care for their child.

Recommendations:
1. Before and after school programs should be available for all school age children.

2. Programs should be certified through CSD and designed and developed cooperatively with school districts and parent advisory committees.

3. Programs should be operated by private certified providers in or near school buildings.

4. Rates for services should be affordable for working parents with provision for sliding fee scales for low income families and scholarship programs for families who are unable to pay.

5. Program operating space should be made available when possible by school districts for in-building programs and community agencies for out-of-school programs.

6. Programs should provide enrichment activities for children and meet all criteria for quality school age child care programs as determined by the Oregon Department of Education.

Cost:	Real:	Ideal:
2.4 hrs/day/254 days per yr	*$1.75-$2/hr	**$2.25-$2.50/hr

* This rate varies from provider to provider, but rarely provides for any employee benefits and promotes high turnover.

** This would allow employees to receive benefits.

N. PARENTING EDUCATION FOR HIGH SCHOOL STUDENTS

Issue:
A comprehensive parenting education program should be established as part of graduation requirements for high school students.

Recommendation:
Establish parenting education programs for high school students to better inform young adults regarding the responsibilities of parenting. Program content should address such topics as health and nutrition, parenting skills, and childhood development. Input from teen parents on the realities of teen parenthood should be included. .

The Oregon Agenda for the 1990's recommends parenting classes in high school curricula as well as an expansion of health clinics and parent support services. Establishing parenting education as a graduation requirement would speed progress and assure programs throughout high schools

Background:
Parenting programs inform and educate young people regarding the responsibilities of parenting before conception, therefore giving infants a better chance of a healthy birth and childhood.

Some of these issues are currently being dealt with by the Portland Public School District, although most parenting-related programs are designed primarily for teen parents. Mary Karter, Home Economics Specialist for Portland Public Schools, is developing a curriculum dealing directly with these issues.

Ideally, parenting education must begin before high school. However, establishing this type of graduation requirement would drastically improve the number and quality of programs being offered.

Cost:
$1,500 per class/school/year (not including teacher costs and depending upon volunteer involvement, interagency agreements, community college support.

Establish 30 classes in high schools throughout the county.
Total $45,000

12. POLICY RECOMMENDATIONS

Children are defenseless--defenseless by nature of size and lack of physical power; by nature of psychological and emotional immaturity; and by nature of being dependent upon others for food, clothing, shelter, and sense of self. We come into the world wholly unprotected, at the mercy of those adults with whom we are in relationship by circumstance of birth. Ironically, the adults responsible for the care and nurture of children, and presumed able to care for themselves, have rights to life, liberty, and the pursuit of happiness established and protected by law. Children, human beings in their most vulnerable state, have no such protection. As a consequence, the most basic public policy issue pertaining to children is the lack of the same rights accorded to adults.

Historically, however, the relationship between an adult and child has been an area of individual privacy for adults, barely touchable by law and public policy. The debate over the rights of parents versus the rights of the state has been one of the most controversial of all public policy debates, with no signs of resolution.

Regardless of the sensitivity of these issues, the subcommittee felt it necessary to address the importance of public policy as a vehicle for improving the quality of life for all children. The subcommittee believes that the public sector has a responsibility to enhance the capacity of parents, families, schools, and businesses to create environments which nurture children and provide the opportunity for bonding and development of self-esteem sufficient for maturing into fully-functioning citizens.

A first step would be the creation of a bill of rights for children. An enlightened public policy would be one that recognizes and protects the humanity of each child establishing their right to a nurturing environment characterized by a stable, consistent, and long term relationship with a caring adult, one who will facilitate the flowering of their potential for positive contribution to society.

POLICY DEVELOPMENT

Prevention policy should be developed and promoted as a cost effective investment strategy to other governmental jurisdictions, school districts, business and the community. Prevention must become a community priority that provides parents with skills, knowledge, and hands on experience and guides the development of policies that affect youth and families.

- Bill of rights for children specifying the State of Oregon's goals and committments to children.
- Develop positive statewide public relations campaigns directed at establishing the importance of early childhood policies.
- Provide incentives for employers to adopt children/family centered policies such as flex time, parental leaves, and on-site developmental child care.
- Assure health care access for all children.
- Establish consistency between early childhood developmental models and elementary education.

- o Coordinate early childhood policies and programs at the state level including specifying jurisdictional roles for planning and service delivery.

STANDARDS

State and community standards for early childhood programs should be developed, implemented, and monitored to assure service quality and to maintain a developmental focus. Standards need to be developed in the areas of:

- o Certification for programs and staff
- o Adequate and appropriate staff salaries
- o Staff training
- o Degree of expected parental involvement

FUNDING

Funding for the implementation of widespread prevention policy will ultimately be offset by the savings that will be realized from a decreasing need for more costly and more intrusive intervention and treatment services. In the interim, existing prevention funds need to be increased at all levels of society.

- o Public/private partnerships are essential elements
- o Funding must be increased, long term, and stable

APPENDIX A

EXAMPLES OF COSTS INCURRED BY SOCIETY FOR A CHILD NOT RECEIVING TIMELY PREVENTION AND EARLY INTERVENTION SERVICES

Hospital care for premature baby (more than $1,000 a day) (Children's Trust Fund)	$20,000- $40,000
Emergency room visits*	183
Cost for 3-day hospitalization	1,390
For child with a developmental delay:	
-identified by age 3 1/2*	2,500
-identified at age 4	4,105
-identified in kindergarten	5,000
CSD and court costs - neglect case	2,425
Parenting education classes/counseling sessions to reduce behavior management problems	601
Day treatment for severely abused child Morrison Center	20,000
Average current cost of Head Start program	2,893
Foster care average cost 14-18 year old	3,753
Alternative Education - Open Meadows	$3,025
Youth Service Centers - Job Net Employment Program	2,137
Juvenile Court - intervention for offenders	1,188
Cost to society of crimes committed	incalculable
Alcohol/drug treatment - inpatient/DePaul	2,286
Private Industry Council	2,200
DD child at Fairview	45,000
Housing a juvenile at MacLaren	31,755
Incarcerating felon Oregon correctional institution	14,600
Cost of poorly trained worker and parent	incalculable

*The starred data is from the December 1983 Young Parents Outreach Project: Cost Implications of Early Intervention With Teen Mothers. The figures are very minimal estimates.