

1
2 BEFORE THE BOARD OF COMMISSIONERS

3
4 FOR THE COUNTY OF MULTNOMAH

5
6 ORDINANCE NO. 658

7
8 An ordinance establishing a Task Force on Child Abuse
9 Prevention, Intervention, Prosecution, and Treatment and
10 directing the preparation of a report to the Board.

11
12 Multnomah County ordains as follows:

13 Section 1. Findings and Purpose

14 A. The prevention and treatment of child abuse has been a
15 priority of the Multnomah County Board since 1986, when half of
16 the revenue from the passage of an increase in the business
17 income tax was directed to child abuse and teen pregnancy
18 prevention and teen parenting programs. Through that effort,
19 the County helped fund a medical diagnosis/evaluation unit,
20 respite care, day treatment for abused children, parental
21 training, support, and follow up through mental health services
22 and community health nurses and community volunteer visits to
23 private homes, and education on child abuse prevention for
24 children in the schools.

1 B. The 1989 Child Abuse Report from Children's Services
2 Division includes the following information about trends in
3 child abuse:

4 - There were 25,018 child abuse and neglect reports statewide
5 assessed by CSD in 1989, an increase of nearly 15% over 1988.

6 - The rate of victims in Multnomah County in 1989 rose from
7 13.9/1000 to 14.3/1000, a total of 1854. This compares to a
8 state wide average of 12.3/1000.

9 - The number of drug affected infants statewide rose from 356
10 in 1988 to 532 in 1989, a 49% increase.

11 - The number of deaths statewide due to abuse or neglect rose
12 from 15 in 1988 to 19 in 1989.

13 C. The 1989 state legislature mandated the Counties'
14 District Attorneys to take the lead in establishing
15 multi-disciplinary teams to coordinate the community's response
16 to child abuse problems. Multnomah County's team has been
17 meeting since March, 1990.

18 D. The Multnomah County Child Abuse Coalition is dedicated
19 to community and legislative advocacy for the prevention of
20 child abuse, treatment for its victims and offenders, and
21 promoting training for personnel working on abuse cases. One
22 of its committees, the Multnomah County Child Abuse Neglect
23 Team is composed of protective services workers, district
24 attorneys, health nurses, and mental health professionals. The
25 team meets monthly to do consultations on difficult cases and
26 raise issues and community concerns.

1 E. The Oregon Task Force on Sex Offenses Against Children
2 has recently issued a draft report on issues concerning laws
3 relating to the registration and prosecution of sex offenders,
4 statutory definitions of sex crimes, and programs and treatment
5 for juvenile sex offenders and victims. It will make
6 recommendations to the Legislature on these issues.

7 F. The Washington state legislature passed a major
8 legislative initiative focusing on prosecution, prevention, and
9 treatment of child abuse cases.

10 G. The County is entering its second year of the Strategic
11 Planning Process. A systematic overview of the County's role
12 and potential financial commitment to child abuse would be
13 useful in determining priorities.

14 H. The Board of County Commissioners will be deciding this
15 summer how to target its initial Great Start allocation.
16 Continued and expanded funding for these programs will need to
17 be addressed.

18 I. The County will develop its legislative agenda this
19 fall. The results of the State Task Force and a comprehensive
20 assessment of local needs and priorities would be helpful in
21 that process.

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1 J. The Board of County Commissioners will make decisions
2 soon about potential alternative revenue sources which should
3 offer property tax offsets and the potential for new
4 initiatives. Knowing the cost of establishing a comprehensive
5 program to respond to the child abuse issue would be helpful in
6 making this revenue determination.

7 Section 2. Establishment of Task Force on Child Abuse

8 A. In accordance with the County Charter, the Board of
9 County Commissioners establishes a Task Force on Child Abuse.
10 The Task Force shall consist of 15 members. It shall have
11 representatives from the following areas:

12 Children's and Youth Services Commission

13 Law Enforcement

14 Children's Services Division

15 District Attorney

16 Medical Diagnosis/Assessment (CARES Unit at Emanuel Hospital)

17 Treatment/Supervision Programs for Offenders

18 Treatment Programs for Victims of Child Abuse

19 Courts

20 Probation Services

21 Mental Health

22 Alcohol and Drug

23 Health

24 Treatment Programs for Addicted Women

25 Citizen Advocates (2)

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1 B. Members of the Task Force shall not receive
2 compensation. The Task Force shall be co-chaired by the
3 representatives from Multnomah County and the Children's
4 Services Division. The Task Force shall be staffed by the
5 offices of the Chair and Commissioners.

6 Section 3 Workplan for Task Force

7 A. The Task Force shall develop specific proposals (with
8 budgets) for each of the areas listed in subsection E of this
9 section, except for Prevention. The existing Children's and
10 Youth Services Commission (CYSC) shall develop proposals for
11 the Prevention area. The Task Force shall incorporate their
12 recommendations into the final report. The Task Force shall
13 use the efforts of other existing planning groups where
14 applicable and form subcommittees with additional members if
15 necessary.

16 The proposals shall indicate the level at which services
17 are currently provided (by county, state and private sources).
18 The proposals shall be designed to provide adequate additional
19 services to address the current level of abuse in Multnomah
20 County. Representatives of the Task Force and CYSC shall meet
21 during the development of the proposals to coordinate their
22 approaches.

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1 B. After reviewing the work of the State Task Force, the County
2 Task Force shall provide criteria for determining the most
3 appropriate funding source(s) for each area of proposals.
4 Areas appropriate for Multnomah County advocacy with the State
5 Legislature shall also be indicated.

6 C. The Task Force shall identify priorities for funding
7 within each area (assuming full funding may not be possible).

8 D. The Task Force shall identify low or no-cost procedures
9 to make the existing (and expanded) systems work more
10 cooperatively and efficiently.

11 E. The Board of County Commissioners will review the
12 recommendations of the Task Force in their strategic planning
13 process and in light of potential alternative revenue sources.

14 F. Proposals by the Task Force shall cover the following
15 areas:

- 16 1. Prevention (from CYSC)
- 17 2. Law Enforcement
- 18 3. Children's Services
- 19 4. Prosecution
- 20 5. Medical Evaluation and Diagnosis
- 21 6. Treatment/Supervision of Offenders
- 22 7. Treatment of Victims
- 23 8. Family Support

24 G. In developing proposals, the Task Force shall consider
25 the approaches/issues listed on Attachment A to this ordinance.

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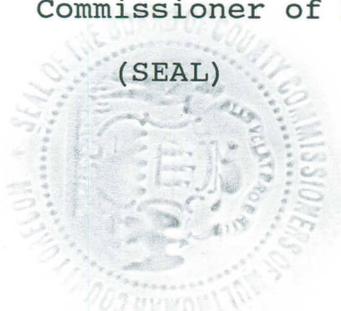
1 Section 4. Due Date for Report

2 1. The Task Force shall report the results of their work to
3 the Board of Commissioners by October 9, 1990. If the report
4 is not finished by that date, the Task Force shall provide an
5 interim report to the Board. The Task Force shall terminate
6 following the issuance of its final report, unless the Board
7 gives an additional charge to the group.

8 Section 5. Adoption

9 1. This ordinance, being necessary for the health, safety,
10 and general welfare of the people of Multnomah County, shall
11 take effect on the thirtieth (30th) day after its adoption,
12 pursuant to Section 5.50 of the Charter of Multnomah County.

13 ADOPTED this 19th day of July, 1990, being the
14 date of its second reading before the Board of County
15 Commissioner of Multnomah County.



16 (SEAL)

17 By Gladys McCoy
18 Gladys McCoy, Chair
19 Multnomah County, Oregon

20 REVIEWED

21 Lawrence Kressel
22
23 Lawrence Kressel, County Counsel
24 of Multnomah County, Oregon

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ATTACHMENT A

I. PREVENTION

Possible approaches

- Prevention Education in the Schools
- Teen Health Clinics in alternative schools
- Health Care (including family planning) at the Juvenile Home
- Prenatal care to all women with follow up
- Parent Child Centers
Family Support - Follow up visits to homes of potentially abusing families by Community Health Nurses and community volunteers and/or visits to all new parents with follow up as appropriate
- Relief nurseries for "at risk" families
- Treatment and Housing for Addicted Women (offenders and non offenders)
- Teen Parenting Support programs - e.g. on site day care, parenting groups, employment training
- Intervention Services for Teen Prostitutes
- Respite Care

2. LAW ENFORCEMENT

- County wide teams of non-uniformed investigators to respond jointly with Children's Services Division to investigate the most serious allegations of abuse within 24 - 48 hours
- County wide teams of non-uniformed trained personnel to respond to domestic violence cases.
- Training (including working with children and parents with disabilities)

3. CHILDREN'S SERVICES

- Caseworkers working with investigators to provide joint response to most serious allegations of abuse.
- After hours transport for preadolescents to temporary shelter homes (in lieu of using police)
- Emergency out of home placements (esp. children under 5)

4. PROSECUTION

- District Attorney staff to prosecute abuse cases, as appropriate

5. MEDICAL EVALUATION, DIAGNOSIS, AND MEDICAL TREATMENT

- Medical Evaluation, diagnosis, and medical treatment for all suspected abuse cases

6. TREATMENT/SUPERVISION OF OFFENDERS

- Juvenile - under 12
- Juvenile 12 to 18 -
- Intensive Juvenile Probation Unit
- Special Intensive Probation Unit with outpatient treatment for adult offenders sentenced to county jail (linked with appropriate family support)
- Special Intensive Probation Unit for state probationers

7. MENTAL HEALTH TREATMENT FOR VICTIMS

- Evaluation of mental health treatment needs immediately following medical diagnosis and assessment
- Outpatient 3 to 18
- Day Treatment 3 to 5
- Day Treatment 6 to 10
- Treatment for teens
- Foster Home Placements during and after treatment
- After care

8. FAMILY SUPPORT

- Counseling
- Non offending spousal support
- Intervention in domestic violence cases