



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 14 - 18, 1988

Tuesday, March 15, 1988 - 9:30 AM - Informal Briefing . Page 1
Tuesday, March 15, 1988 - 1:30 PM - Informal Meeting . . Page 2
Thursday, March 17, 1988 - 9:30 AM - Formal. Page 3

Tuesday, March 15, 1988 - 9:30 AM
Multnomah County Courthouse, Room 602

INFORMAL BRIEFING

1.) Presentation of Transportation Division's Analysis of City of Gresham's Request to assume responsibility for county roads within the city

Tuesday, March 15, 1988 - 1:30 PM

Multnomah County Courthouse, Room 602

INFORMAL

1. Informal Review of Bids and Requests for Proposals:
 - a) Institutional Capacity Laundry Equipment
2. Informal Review of Formal Agenda of March 17
3. Update on the Impact of Downsizing on Multnomah County - Hal Ogburn and Michael Morrissey
4. Briefing on Prevention/Early Intervention Services for Children (BIT) - Gary Smith, Michael Morrissey

Thursday, March 17, 1988, 9:30 AM

Multnomah County Courthouse, Room 602

Formal Agenda

REGULAR AGENDA

DEPARTMENT OF ENVIRONMENTAL SERVICES

- 10
- R-1 Order Accepting Deed for County Road Purposes from William J. Cooley and Roy G. Ashbahr on SE Division Street
 - R-2 Order in the Matter of the Waiver of Restriction on Property Deeded by County to City (of Portland) for Park Purposes (Forest Park)
 - R-3 Notice of Intent to file DES/DHS (Community Development Division) joint application to the U.S. Dept. of Housing and Urban Development (\$100,000) and State Dept. of Mental Health (\$57,000) and Housing Authority of Portland (\$50,000 local share) to develop permanent housing for the handicapped
 - R-4 Notice of Intent to file application for 1987 HUD Secretary Discretionary Funds in the amount of \$200,000 (\$27,311 local match) for projects in Gresham, Wood Village and Fairview
 - R-5 In the matter of review and approval of amended final statements for 1984, 1985, and 1986 CDBG program
 - R-6 Budget Modification DES #10 making an appropriation transfer in the amount of \$5,410 from DES Community Development Pass Through funds to DHS MCCA, Personal Services, to augment case management for the homeless services, adding temporary case manager, and making service reimbursement to Insurance Fund of \$123
 - R-7 Budget Modification DES #11 making net appropriation reductions in the amount of \$888,000 in Community Development, various line items
 - R-8 Budget Modification DES #13 making an appropriation transfer in the amount of \$5,000 from Human Services to Environmental Services, Community Development, Professional Services to County's contribution toward a study equally funded by the City of Portland, the Housing Authority, United Way, and the County to develop a coordinated plan for low-income housing development and management, including housing for the homeless and special needs populations
- Developer
Access?

9
NO - R-9
2

Budget Modification DES #12 making appropriation transfers in the amount of \$711,120 within Willamette River Bridge Fund from Capital Outlay to Professional Services, to pay costs of consultants on Bridge Engineering Projects

DEPARTMENT OF GENERAL SERVICES

Murray

R-10 Budget Modification DGS #19 deleting a vacant Computer Operator I position and adding a Data Processing II position in Information Services, no additional funds requested

NO 8

R-11 In the matter of the ratification of the 1987 - 1990 collective bargaining agreement with Multnomah County Prosecuting Attorney's Association (MCPAA)

DEPARTMENT OF HUMAN SERVICES

Zumy

R-12 In the matter of ratification of an intergovernmental revenue agreement between State Community Services/HUD Emergency Shelter Program and MCCA where County will receive \$4,904 to provide approximately 780 units of case management services to homeless individuals in mid and east Multnomah County for term January 1 to September 30, 1988

R-13 Budget Modification DHS #37 reflecting additional revenues in the amount of \$4,904 from State Community Services/HUD Emergency Homeless Shelter Funds to Social Services, MCCA, Personal Services, adding temporary Client Advocate, for case management, assessment, referral and linkage services to eligible residents in mid and east County

R-14 Budget Modification DHS #38 correcting carry over amount of Portland Private Industry Council revenue to Juvenile Justice Division High Risk Youth Employment Program, increasing various line items for total of \$26,269, increases time for employees, and increases service reimbursement from Federal State fund to Insurance Fund by \$5,467

R-15 Notice of Intent for Multnomah County NOT to submit a plan for Diversion Services to the State Children's Services Division

R-16 In the matter of ratification of an Intergovernmental Agreement with Oregon Health Sciences University, whereby University will continue to provide physical advice to emergency medical technicians, trauma hospital availability, ambulance personnel updates, in-service training for paramedics and coordination of in-service training with other hospitals for Fiscal Year 1987-88

ORDINANCES - NONDEPARTMENTAL

- LK
MR
- R-17 First Reading - An Ordinance amending MCC 2.30.640 (G), relating to the membership of the Citizen Budget Advisory Committees
- R-18 First 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

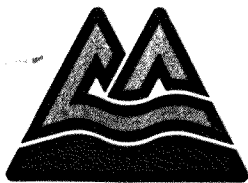
Thursday Meetings of the Multnomah County Board of Commissioners are recorded and can be seen at the following times:

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

Bids



MULTNOMAH COUNTY OREGON

1 3/15/88 pm

DEPARTMENT OF GENERAL SERVICES
PURCHASING SECTION
2505 S.E. 11TH AVENUE
PORTLAND, OREGON 97202
(503) 248-5111

GLADYS McCOY
COUNTY CHAIR

MEMORANDUM

TO: Jane McGarvin, Clerk of the Board

FROM: Lillie Walker, Director, Purchasing Section

DATE: March 9, 1988

SUBJECT: FORMAL BIDS AND REQUESTS FOR PROPOSALS SCHEDULED FOR INFORMAL BOARD

The following Formal Bids and/or Professional Services Request for Proposals (RFPs) are being presented for Board review at the Informal Board on Tuesday, March 15, 1988.

Bid/RFP No.	Description/Buyer	Initiating Department
B16-100-1963	INSTITUTIONAL CAPACITY LAUNDRY EQUIPMENT	SHERIFF's Office
		Contact: Sgt. Jacobs Phone: 255-3600
		Contact:
		Buyer: Jan Goddard Ex. 5111 Phone:
		Contact:
		Buyer: Ex. 5111 Phone:

cc: Gladys McCoy, County Chair
Board of County Commissioners
Linda Alexander, Director, DGS

Copies of the bids and RFPs are available from the Clerk of the Board.

Page 1 of _____

TO: DAILY JOURNAL OF COMMERCE

Please run the following Classified Advertisement as indicated below, under your
"CALL FOR BID" section

MULTNOMAH COUNTY

Proposals Due: March 31, 1988 at 2:00 P.M.

Proposal No. B16-100-1963

Sealed proposals will be received by the Director of Purchasing, 2505 S.E. 11th
Ave., Portland, OR 97202 for:

Institutional Capacity Laundry Equipment

Specifications may be obtained at: Multnomah County Purchasing Section

2505 S.E. 11th Avenue

Portland, OR 97202

(503) 248-5111

Lillie Walker, Director
Purchasing Section

PUBLISH: March 17, 18 & 21, 1988

AD1:PURCH2

DATE SUBMITTED 3-3-88

(For Clerk's Use)

Meeting Date 3/15/88 pm

Agenda No. # 3

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Update on the Impact of Downsizing on
Multnomah County

Informal Only* March 15, 1988
(Date)

Formal Only _____
(Date)

DEPARTMENT DHS DIVISION Juvenile

CONTACT Hal Ogburn TELEPHONE 248-2470

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Hal Ogburn & Michael Morrissey

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

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

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

30 minutes

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

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.



MULTNOMAH COUNTY OREGON


DEPARTMENT OF HUMAN SERVICES
JUVENILE JUSTICE DIVISION
1401 N.E. 68th
PORTLAND, OREGON 97213
(503) 248-3460

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
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CAROLINE MILLER • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Commissioner Pauline Anderson

THRU: Duane Zussy, Director Department of Human Services

FROM:  Harold Ogburn, Director Juvenile Justice Division
(Chairperson, Multnomah County Juvenile Corrections Steering Committee)

DATE: March 14, 1988

SUBJECT: REQUEST FOR BRIEFING

The Multnomah County Juvenile Corrections Steering Committee, at your request, is prepared to brief the Board Of County Commissioners relative to the "Downsizing" Plan on March 15, 1988.

Please find attached a report prepared by the subcommittee on Community Services. The report describes several problems and advances recommendations. We will be prepared to summarize the data and recommendations for the Board Of County Commissioners.

There are at least two general conclusions to be reached at this juncture. The funding for the community based plan continues to be inadequate. Although it was recognized by the previous administration of the Children's Services Division and by many legislators that the community based programs would cost as much or more than institutional care, the fact remains that the funding does not match the level and sophistication of the problems youth present in Multnomah County.

A second conclusion focuses upon the continuing over representation of Black males in the corrections population and the apparent disparity in the use of resources.

A second subcommittee of the Multnomah County Juvenile Corrections Steering Committee is addressing services to minority youth. A preliminary report has been submitted to the Chairperson and will be discussed at the next meeting of the Steering Committee which is scheduled for April 20th, 1988. The Steering Committee intends to develop recommendations and action plan to address the issues.

The Chairperson would like to thank Dwayne McNannay and Michael Morrissey, Co-Chairpersons of the Community Services Subcommittee and especially Bob Donough from the Tri-County Youth Services Consortium for the excellent report and the hard work.

We appreciate your continued interest in our work and are glad for the opportunity to appear before the Board of County Commissioners.

9275S/HO/tlj



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MEMORANDUM

TO: Hal Ogburn

FROM: Michael Morrissey
Dwayne McNannay

DATE: March 14, 1988

SUBJECT: REPORT FROM SERVICES SUBCOMMITTEE

Background - The Services Committee has held eight meetings over a four month period for the purpose of reviewing services available to Multnomah County youth under the current Downsizing Plan. The Committee has attempted to determine the relative success of the plan as compared to the pre-downsizing (pre-1986) period and as compared to a plan recommended by the Multnomah County 2045 Steering Committee. Active participants on the committee included representatives from Children's Services Division, Multnomah County Juvenile Justice Division, Multnomah County Juvenile Services Commission, and Youth Program Office and Tri-County Youth Services Consortium.

A set of findings and recommendations follow.

I. Findings:

- a) The current downsizing plan administered by Children's Services Division focuses on post-committed youth, a significant difference from the plan put forward from the local group, and should be judged accordingly.

- discussion - Although the pool of youth at risk of commitment to close custody beds includes youth never (yet) committed and those on parole, the state has chosen to focus on youth subsequent to the judicial commitment in hopes of diverting them from close custody. CSD's implementation of their plan can be compared to the County plan to the extent that they diverted more initial training school commitments to community placements. It can not be determined that these youth got services subsequent to community placement which the County plan recommended and State dollars were not put into new resources of this type.

REPORT FROM SERVICES SUBCOMMITTEE

Page 2 of 4

Figure #1 shows budget and revenue figures for the programs instituted by CSD's downsizing plan: Assessment and Observation Center, and Frontier One School. CSD does have available a range of community placements for committed youth including residential care, drug and alcohol treatment, and alternative school services. It was felt that having CSD operate the plan in Multnomah County increases the access of target youth to other CSD services.

- b) Annual commitments to the State Training School have remained fairly constant regardless of downsizing, although commitments of C felons or less has risen slightly through 1986.
 - discussion - see figure 2
- c) Technically, the downsizing plan in the county has reduced the use of close custody by 21-25% and kept the County close to its eligible cap. However, this is somewhat overstating the case when it is seen that all new commitments have been diverted from MacLaren to the Assessment and Observation Center at JDH, which is also a close custody facility.
 - discussion - see Multnomah County Downsizing Analysis 2/23/88
- d) Children's Services Division had originally planned to reduce Multnomah County's close custody ADP by lowering the portion of the ADP attributable to youth returned to the training schools following revocation of their parole. Instead, the portion of the close custody ADP attributable to parole revocation has remained unchanged, while the number of youth placed in close custody immediately following their commitment has decreased significantly.
 - discussion - see Multnomah County Downsizing Analysis 2/23/88
- e) Approximately one-fifth of all youth committed to the training schools from Multnomah County are Black males. These youth often have the most serious criminal histories, have less access to social services prior to commitment than other youth committed from the County.
 - discussion - This is corroborated by work done by another subcommittee
- f) There is a general sense that some services are lacking which would be assistance to these youth and those trying to serve them, e.g. secure treatment programs (mental health and alcohol and drug), certain kinds of out-of-home placement, and trackers. The pre/post report serves to show, however, that placement recommendations made by a parole assessment team were almost always followed. Since AOC is one of two new programs funded through this plan see attached reports for a summary of its progress to date.

RECOMMENDATIONS

1. Multnomah County should continue to defer to the Children's Services Division to manage downsizing of the State Training Schools.

On two previous occasions, the Board of County Commissioners has resolved not to participate in the downsizing efforts through planning and operation of programs thereby guaranteeing that no more than 82 Multnomah County youths will be in close custody status at any given time. The subcommittee has not found any evidence to suggest that circumstances have changed for the better.

A basic issue is the level of funding, or as perceived by the subcommittee, the level of underfunding. In fiscal year 1987-88, \$589,303 is available. The cost of the Assessment and Observation Center by itself is \$629,327. In addition, the State contributes \$173,937 to the operation of Frontier One. By themselves, these two programs cost \$803,264. Even with an adjustment for the rent paid by the State to the County, the entire allocation available to Multnomah County would be consumed by these two programs.

Support services identified in the Steering Committee's report of March, 1986, including alcohol and drug treatment, specialized out-of-home placement, mental health services, recreation, case management services, and the administrative cost to administer the plan would necessarily have to come from County general funds and other currently obligated local resources.

2. The number of close custody beds assigned to Multnomah County should be increased. Since the inception of downsizing in July of 1986, the number of Multnomah County youth in close custody has exceeded the assigned cap at each of the incremental decreases mandated by State law to accomplish a state-wide goal of no more than 513 in close custody.

Only those youth placed at MacLaren, Hillcrest, and in the camps are counted against the cap. This ignores the fact that from 25 to 34 youth are in the Assessment and Observation Center at all times. This group, composed of new commits and parole violators, are in fact in close custody but for the method of counting are not charged against the cap.

If this group is added to the population of the training schools and the camps, it demonstrates the County's original findings that Multnomah requires approximately 125 secure beds at any one time in order to maintain public safety and to meet the needs of committed youth.

3. Multnomah County should seek increased funding from the State to provide services to downsized youth.

Secure custody, Assessment and Observation Center, and alternative education, Frontier One, are without question services required by this most difficult population. However, additional support services are also needed to maintain these youth safely in the community.

As identified in our original analysis, services such as inpatient drug and alcohol treatment and mental health services, recreation, and close supervision are also required. The State is currently having to maintain this population without these services.

Close supervision of the population is another requirement currently lacking. In order to fund Assessment and Observation Center, trackers present during fiscal year 1986-87 have been eliminated. The interest of public safety requires their reinstatement.

4. Youth committed to the Training School for specified crimes should not be counted against the local jurisdiction's cap.

The philosophy of downsizing is predicated upon treating a youth in their own community whenever possible. However, some youth pose such a threat to their community that they must be removed and placed under constant supervision. For these, the primary concern should be public safety and the successful completion of a treatment program, rather than the making of decisions to hold or release based upon the cap.

It is suggested that youth committed to the State for Murder, Manslaughter, Rape, Assault I, Robbery I, Sodomy, Sex Abuse, and Arson be exempt from the cap. If this were in place today, Multnomah County would be able to increase its use of close custody placement by 39 beds without affecting its current cap of 82 beds.

A STUDY OF MULTNOMAH COUNTY YOUTH
COMMITTED TO THE STATE TRAINING SCHOOLS

PRE-DOWNSIZING

Study Period: January 1, 1984 through May 30, 1985 (17 mo.)

Total Population: 183 Multnomah County youth committed to the State training schools (139 males; 44 females)

Sample: 161 youth (123 males; 38 females), 88.0% of the total population

Data Sources: Children's Services Division
Multnomah County Juvenile Court
Portland Public Schools
Multnomah County ESD
Multnomah County Juvenile Services Commission

POST-DOWNSIZING

Study Period: August 1, 1986 through October 30, 1987 (15 mo.)

Total Population: 163 Multnomah County youth committed to the State training schools (133 males; 30 females)

Sample: 161 youth (131 males; 30 females), 98.8% of the total population

Data Sources: Children's Services Division:
AOC Admissions Summaries
JCS Movement Histories

Data Analysis: Tri-county Youth Services Consortium

Discussion and Summary of Results

The purpose of this study was to collect and analyze data on Multnomah County youth committed to the state close custody system for juveniles (the training schools) since the implementation of the "downsizing" legislation adoption by the 1985 state legislature. This information was compared to data collected prior to the implementation of Children's Services Division's downsizing plan in Multnomah County. The major conclusions of this study are:

- 1) The downsizing plan developed and implemented by CSD for Multnomah County has succeeded in reducing the county's use of state close custody by 20-25%. Multnomah County's close custody average daily population (ADP) varies, but seems to have stabilized just above the county's per-capita share of the statewide statutory limit on close custody placements. Meanwhile, Multnomah County Juvenile Court judges have continued to sentence youth to the training schools at the pre-downsizing average rate of 11 youth per month. Consequently, the number of youth "diverted" to

placement in community resources in lieu of placement in state close custody has doubled from 23/year to 46/year. (see following chart A)

- 2) Children's Services Division had originally planned to reduce Multnomah County's close custody ADP by lowering the portion of the ADP attributable to youth returned to the training schools following revocation of their parole. Instead, the portion of the closed custody ADP attributable to parole revocation has remained unchanged, while the number of youth placed in close custody immediately following their commitment has decreased significantly. (The average length of stay in state close custody for these "new commits" has remained the same at just over 7 months; 8.5 months if their initial stay in AOC is included.) These changes occurred because CSD has been able to divert more first time "commits" to community placement than was originally expected. This data may change as more experience with the CSD plan is acquired.
- 3) The number of youth in secure placements (training schools, associated camps, and AOC) declined 4% since downsizing was implemented. Prior to downsizing the average daily population (ADP) in state close custody was 124. Following downsizing, the combined ADP of state close custody and AOC has been approximately 119 youth. (see following chart B)
- 4) CSD is making decisions regarding the diversion of committed youth to the community consistent with community safety concerns, i.e. youth with more serious criminal histories, sex offenses and drug abuse problems are twice as likely to be sent to close custody placement as those youth who have committed less serious offenses.
- 5) There are no statistically significant ($p < .05$) differences in the demographics, social histories and criminal backgrounds between youth committed before "downsizing" and those committed after "downsizing" with the following exceptions:
 - The percentage of youth whose most serious offense at the time of commitment was a minor offense more than doubled from 10% to 22%; the percentage of youth whose most serious offense at the time of commitment was a person-to-person felony decreased from 21% to 11%.
 - The average number of prior offenses at the time of commitment decreased from 15 to 11.

These exceptions seem to imply that judges are choosing to commit youth earlier in their involvement with the court.

- 6) Approximately one-fifth of all youth committed to the training schools from Multnomah County are black males. These youth often have the most serious criminal histories, have had less access to social services prior to commitment and succeed less often in services following commitment than other youth committed from the county.
- 7) A superficial examination of the CSD juvenile corrections system suggests that programs (both community and close custody) are successful less than half the time. Not surprisingly, programs are more successful with youth who have committed less serious offenses and have less severe social, family and school problems.

PLACEMENT OF YOUTH NEWLY COMMITTED TO CSD CLOSE CUSTODY

Since "downsizing" began in July, 1986, Multnomah County judges have not altered their pre-downsizing commitment rate (11 youth per month). However, the actual placement of these youth has changed. The chart below illustrates how.

Pre-downsizing	Post-downsizing
<div><div>*17.5% stayed in "Reception" 3 months or less. ALOS = 1.26 mo.</div><div>82.5% stayed in state close custody 4 months or longer ALOS = 7 - 8 mo.</div></div>	<div><div>*34.2% stayed in AOC and were not placed in close custody. ALOS = 0.62 mo.</div><div>65.8% stayed in state close custody 4 months or longer ALOS = 8 - 9 mo. (including an ave. 3 week stay in AOC)</div></div>

*These two groups were then "diverted" to community placement in lieu of a longer stay in state close custody. Prior to "downsizing", the "reception" cottage at the training school performed most of the functions that AOC does now.

AVERAGE DAILY POPULATION OF CLOSE CUSTODY PLACEMENT RESOURCES
FOR MULTNOMAH COUNTY COMMITTED YOUTH

The charts below illustrate the use of close custody space by youth committed to the training schools by Multnomah County judges. These charts are an average one day picture of the number of Multnomah County committed youth in CSD close custody and AOC.

Pre-downsizing 124 youth	Post-downsizing 119 youth
CSD close custody (new commits, re-commits, re-sentences) 85.6 youth	*Committed youth on the run and parole violators placed at AOC 11.27 youth
	CSD close custody (new commits, re-commits, re-sentences) 69.4 youth (incl. 5.4 youth at AOC awaiting placement)
**Reception cottage (new commits, re-commits) 2.4 youth	**AOC (new commits, re-commits) 2.33 youth
Parole violators in CSD close custody 36 youth	Parole violators in CSD close custody 36 youth

*Prior to downsizing these youth were housed briefly in D.E. Long detention (1-2 days) and then sent to MacLaren or Hillcrest.

**These youth will be "diverted" to community placement in lieu of a longer stay in state close custody.

Results

PRE-DOWNSIZING

Race:	White - 100 (62.1%)	Minority - 61 (37.9%)
		Black - 53
		N. Amer. - 3
		Hispanic - 3
		Asian - 1
		Other - 1
	White Males - 74	Minority Males - 49
	White Females - 26	Minority Females - 12

POST-DOWNSIZING

Race:	White - 109 (67.7%)	Minority - 52 (32.3%)
		Black - 37
		N. Amer. - 3
		Hispanic - 7
		Asian - 4
		Other - 1
	White Males - 85	Minority Males - 46
	White Females - 24	Minority Females - 16

PRE-DOWNSIZING

Age: 12 years - 2 16 years - 44
 13 years - 12 17 years - 37
 14 years - 29 18 years - 1
 15 years - 36

Ages above are the age at the time of commitment.

The average age was 15.4 years; the average age for males was 15.5 years; the average age for females was 14.9 years; the average age for minority youth was 15.4 years.

POST-DOWNSIZING

Age: 12 years - 2 16 years - 46
 13 years - 7 17 years - 43
 14 years - 19 18 years - 7
 15 years - 37

Ages above are the age at the time of commitment.

The average age was 15.7 years; the average age for males was 15.7 years; the average age for females was 15.6 years; the average age for minority youth was 15.5 years.

PRE-DOWNSIZING

Residence:	Area	White Youth	Minority Youth	All Youth
	Northeast	17	37	54
	Southeast	30	4	34
	N. Port.	11	7	18
	E. County	9	4	13
	Southwest	4	1	5
	Northwest	1	0	1
	Unknown	28	8	36

POST-DOWNSIZING

Residence:	Area	White Youth	Minority Youth	All Youth
	Northeast	16	26	42
	Southeast	30	5	35
	N. Port.	6	11	17
	E. County	34	4	38
	Southwest	5	2	7
	Northwest	2	0	2
	Unknown	16	4	20

PRE-DOWNSIZING

Number of Prior Court Referrals:	1 to 5 referrals - 11
	6 to 10 referrals - 31
	11 to 15 referrals - 58
	16 to 20 referrals - 32
	21 to 25 referrals - 18
	Over 25 referrals - 11

Average number of court referrals:

	White Youth	Minority Youth	All Youth
Males	14	17	15
Females	14	14	14
All Youth	14	16	15

POST-DOWNSIZING

Number of Prior Court Referrals:

1 to 5 referrals - 31
6 to 10 referrals - 58
11 to 15 referrals - 37
16 to 20 referrals - 18
21 to 25 referrals - 12
Over 25 referrals - .5

Average number of court referrals:

	White Youth	Minority Youth	All Youth
Males	12	12	12
Females	10	10	10
All Youth	11	12	11

PRE-DOWNSIZING

Most Serious Offenses:

Minor (Theft II, UUMV, Assault IV) - 16
Prostitution - 17
Property (Burglary I, Robbery II, Theft I) - 74
Person (Robbery I, Assault I or II, Murder) - 33
Sex Offenses (Rape, Sexual Abuse, Sodomy) - 21

	All Males	All Females	Minority Youth	White Youth
Minor	9	7	5	11
Prostitution	0	17	6	11
Property	65	9	20	54
Person	29	4	20	13
Sex Offenses	20	1	10	11

POST-DOWNSIZING

Most Serious Offenses:

Minor (Theft II, UUMV, Assault IV) - 35
Prostitution - 11
Property (Burglary I, Robbery II, Theft I) - 66
Person (Robbery I, Assault I or II, Murder) - 18
Sex Offenses (Rape, Sexual Abuse, Sodomy) - 31

	All Males	All Females	Minority Youth	White Youth
Minor	23	12	10	25
Prostitution	1	10	2	9
Property	61	5	15	51
Person	16	2	13	5
Sex Offenses	31	0	12	19

PRE-DOWNSIZING

Prior Status

Offenses: 0 offenses - 24 5 offenses - 18 10 to 15
 1 offense - 13 6 offenses - 14 offenses - 16
 2 offenses - 11 7 offenses - 13 Over 15
 3 offenses - 18 8 offenses - 7 offenses - 6
 4 offenses - 14 9 offenses - 10

Average number of status offenses for all males
- 5; for all females - 7; for all minority youth
- 6; for all white youth - 5; for all youth - 5

POST-DOWNSIZING

Prior Status

Offenses: 0 offenses - 57 5 offenses - 6 10 to 15
 1 offense - 25 6 offenses - 9 offenses - 9
 2 offenses - 20 7 offenses - 1 Over 15
 3 offenses - 15 8 offenses - 6 offenses - 2
 4 offenses - 10 9 offenses - 1

Average number of status offenses for all males
- 2.5; for all females - 4.5; for all minority
youth - 2.5; for all white youth - 3; for all
youth - 3

PRE-DOWNSIZING

Parental

Substance Abuse: noted in 20 cases (12.4%)
(other cases may have a history of parental
substance abuse: only those cases where
incidence could be confirmed were counted)

Physical or

Sexual Abuse: noted in 37 cases (23%)
(other cases may have a history of physical or
sexual abuse: only those cases where incidence
could be confirmed were counted)

Abuse history rates for females were double that
for males.

POST-DOWNSIZING

Parental

Substance Abuse: noted in 38 cases (23.6%)
(other cases may have a history of parental
substance abuse: only those cases where
incidence could be confirmed were counted)

Physical or

Sexual Abuse: noted in 45 cases (28%)
(other cases may have a history of physical or
sexual abuse: only those cases where incidence
could be confirmed were counted)

Abuse history rates for females were over five
times that for males.

PRE-DOWNSIZING

Referral
to CSD: 123 cases (85.1%) had been referred to CSD prior
to commitment.

CSD Temporary
Custody: 118 cases (73.2%) had been TC'd to CSD prior to
commitment. Females were TC'd slightly more
often than males (86.8% vs 73.3%).

Intensive
Family Services: 32 cases (19.9%) had received Intensive Family
Services from CSD prior to commitment.

POST-DOWNSIZING

Referral
to CSD: 118 cases (73.3%) had been referred to CSD prior
to commitment.

CSD Temporary
Custody: 106 cases (65.8%) had been TC'd to CSD prior to
commitment. Females were TC'd slightly less
often than males (60.0% vs 65.6%).

Intensive
Family Services: 25 cases (15.5%) had received Intensive Family
Services from CSD prior to commitment.

PRE-DOWNSIZING

Substitute Care: 97 cases (60.2%) had been placed in some type of
out-of-home care prior to commitment. Many of
these youth had been placed several different
times.

	Foster Care	Residential Treatment	Multiple*
Males	12	33	26
Females	8	9	9
White Youth	9	31	21
Minority Youth	11	11	14
All Youth	20	42	35

*at least two different types of placement:
foster, group, or residential treatment

POST-DOWNSIZING

Substitute Care: 106 cases (65.8%) had been placed in some type of out-of-home care prior to commitment. Many of these youth had been placed several different times.

	Foster Care	Residential Treatment	Multiple*
Males	8	45	32
Females	2	10	7
White Youth	5	46	30
Minority Youth	5	9	11
All Youth	10	55	41

*at least two different types of placement:
foster, group, or residential treatment

PRE-DOWNSIZING

Special Education: 64 cases had been classified as needing special education services. These cases represented 52.5% of the cases on which school records could be located.

School Problems: 80 of the 122 cases (65.6%) for whom school records could be located had histories of school problems (poor attendance, drop-out, poor grades and/or basic skill deficiencies).

104 of 122 cases (85.2%) had special education needs and/or documented school problems.

POST-DOWNSIZING

Special Education: Admissions summaries noted that 30 cases had received special education services.

School Problems: 135 cases (83.9%) had histories of school problems (poor attendance, drop-out, poor grades and/or basic skill deficiencies).

136 cases (84.5%) had special education needs and/or documented school problems.

PRE-DOWNSIZING

JSC Program Involvement:

63 cases (39.1%) had been involved in a Juvenile Services Commission funded program prior to commitment. 37 of these cases were minority youth.

POST-DOWNSIZING

Prior Community Prog. Involvement:

137 cases (85.1%) had been involved in a community based program prior to commitment. 39 of these cases were minority youth.

PRE-DOWNSIZING

Drug and Alcohol Abuse:

80 cases (49.7%) had documented histories of drug and alcohol abuse.
(other cases may have a history of drug and alcohol abuse: only those cases where incidence could be confirmed were counted)

The rate of documented drug and alcohol abuse among white males was significantly higher (66.2%) than that of females (34.2%) or black males (45.9%).

Only 20 of these 80 cases were placed in a specialized intensive drug and alcohol program following their stay in training school reception.

POST-DOWNSIZING

Drug and Alcohol Abuse:

105 cases (65.2%) had documented histories of drug and alcohol abuse.
(other cases may have a history of drug and alcohol abuse: only those cases where incidence could be confirmed were counted)

The rate of documented drug and alcohol abuse among white males was significantly higher (75.3%) than that of black males (45.9%).

Only 25 of these 105 cases were placed in a specialized intensive drug and alcohol program following their stay in AOC.

PRE-DOWNSIZING

Additional Analysis:

100 cases (62.1%) had a history of physical or sexual abuse and/or problems with drugs or alcohol.

129 cases (80.1%) had a history of physical or sexual abuse and/or problems with drugs or alcohol and/or problems in school.

150 cases (93.2%) had a history of physical or sexual abuse and/or problems with drugs or alcohol and/or problems in school and/or had been placed out-of-home.

POST-DOWNSIZING

Additional Analysis:

122 cases (75.8%) had a history of physical or sexual abuse and/or problems with drugs or alcohol.

155 cases (96.3%) had a history of physical or sexual abuse and/or problems with drugs or alcohol and/or problems in school.

160 cases (99.4%) had a history of physical or sexual abuse and/or problems with drugs or alcohol and/or problems in school and/or had been placed out-of-home.

POST-DOWNSIZING

Types of Youth:

Based on a subjective review of the AOC admissions summary, committed youth were categorized as follows:

- Babies - Immature youth with low self-esteem and consistent "acting-out" behaviors.
- Baddies - Incurable delinquents.
- Druggies - Youth with serious drug or alcohol abuse problems. Many of these youth are in denial or have not completed substance abuse treatment programs.
- Crazies - Youth with serious psychological problems including violent behavior with little sense of personal responsibility.
- Street Kids - Homeless youth; throwaways; juvenile prostitutes.
- Sex Abusers - Sex offenders needing treatment.

	White Youth	Minority Youth	Males	Females	All Youth
Babies	22	14	30	6	36
Baddies	19	20	35	4	39
Crazies	2	2	3	1	4
Druggies	46	9	45	10	55
Street Kids	10	2	2	10	12
Sex Abusers	14	7	21	0	21

"Results"

A single cursory "outcome" measure was also developed that noted those youth who had repeated runaways from placements following their initial AOC stay, repeated use of close custody secure detention or AOC (if placed in the community), or early termination from a planned placement. This measure represents only a single, limited indicator of the results of the service plans devised for committed youth. Nevertheless:

"Babies" were placed in the community most often of the six groupings, 55.5% of the time, and had the highest positive "results" (58%).

"Baddies" were placed in the community 23.1% of the time and had the lowest positive "results" (31%).

"Crazies" were all placed in close custody where only one of four experienced problems resulting in the use of secure detention.

"Druggies" were placed in the community 38.2% of the time and 48% overall had positive "results". Only 24 of 55 youth in this category were served by an intensive substance abuse treatment program following their stay in AOC.

"Street Youth" were placed in the community one-third of the time and 40% experienced positive "results".

"Sex Abusers" were placed in the community with approximately the same frequency as the "Baddies" (23.8%) and had 53% positive "results" overall. Only five of the 21 youth in this category received sex offender treatment services following their stay in AOC.

Forty-six percent of youth placed in close custody following their initial stay in AOC had positive "results". Sixty-three percent of those committed youth diverted to the community following their initial stay in AOC had positive "results".

The overall positive "results" rate for all youth was 47%.

Black Males: There were no statistically significant differences ($p < .05$) between black males and the remainder of the sample except in the following areas:

- 1) The most serious offense committed by two-thirds of black males prior to commitment was a person-to-person felony or a sex offense. Person-to-person felonies or sex offenses were the most serious crime for one-quarter of all other youth prior to their commitment. However, black males are not necessarily responsible for the majority of person-to-person felonies or sex offenses committed by juveniles.
- 2) Sexual or physical abuse was noted in only 8% of the case histories of black males as compared to 28% of the total population. (post-downsizing only)
- 3) Forty-seven percent of black males were referred to CSD as compared to 80% of other committed youth. Forty-four percent of black males were placed in CSD temporary custody as compared to 73% of other committed youth. Black males also had been placed in substitute care less often than other committed youth (45% vs 75%) (post downsizing only).
- 4) Black males had been referred to community based programs prior to commitment less often than other youth (67% vs 88%) (post downsizing only).
- 5) Half of black males committed to the training schools had a history of physical or sexual abuse and/or problems with drugs or alcohol as compared to 82% of all other youth. (post downsizing only) This may represent differences in the two populations or differences in the way assessments are made.
- 6) Black males were more likely to be described in terms that suggested they were incorrigible delinquents than other committed youth (38% vs 20%) and less likely to be described in terms that suggested they had serious drug and alcohol abuse problems (12% vs 40%). (post downsizing only)
- 7) Overall, black males had positive "results" 35% of the time as compared to 56% positive "results" for other committed youth (post downsizing only).
- 8) While black males were placed in close custody following their stay in AOC slightly more often than other youth (71% vs 63%), this difference was not statistically significant.

ANALYSIS OF CLOSED CUSTODY PLACEMENT HISTORY DATA FOR MULTNOMAH COUNTY YOUTH COMMITTED TO THE TRAINING SCHOOLS

Introduction

The information for this study was derived from JES Movement History data provided by Children's Services Division. The JSC Movement History printouts provided a detailed break down of various placement decisions for 160 Multnomah County youth newly committed to the training schools between January 1, 1984 and May 31, 1985. Available information included placement locations (MacLaren, Hillcrest, specific camps, foster care, home, etc.) as well as specific placements at each location (cottages, programs, detention, etc.). Length of stay data was computed from beginning and ending dates provided for each placement or location stay.

The study focused on developing a reliable annual estimate for the average closed custody daily population and average length of stay for two groups: new commits and youth whose parole had been revoked.

Assumptions and Methodology

- 1) Data was provided for 160 of the 183 youth (87%) committed to the training schools from Multnomah County between January 1, 1984 and May 31, 1985.
- 2) The analysis of average length of stay (ALOS) and average daily population (ADP) was conducted for the one year period June 1, 1984 through May 31, 1985. The actual number of new commits during this study period was 131. Closed custody movement history data was available for 120 of these youth (92%). It was assumed that throughout the study period the commitment rate from Multnomah County remained constant. This assumption seems valid as new commits from the county have remained reasonably stable over the last 3 years and the 131 new commits for the study period is within 2% of the previous 3 year average for new commits from the county. Assuming this, the average length of stay for the 120 youth who began their commitments during the study period (whether or not they completed their stay during the period) will closely approximate the average length of stay for new commits during the study period.
- 3) A small number of commits stay in closed custody for long periods of time. It was assumed that there were 4 of these "lifers" at the training schools from Multnomah County prior to January 1, 1984 and that they continued in to occupy those closed custody beds during the study period.
- 4) The total ADP for Multnomah County during the study period was assumed to be 124 - the same as that computed by CSD for FY 84-85 (from the Downsizing RFP).

- 5) The ALOS estimate for youth whose parole had been revoked was computed from those youth who had completed their second (and in a few cases, third) stay in closed custody and had been again placed on parole or terminated. However, most of the 160 cases on which data was available were still open on February 20, 1986, the date through which information was provided. Hence, some youth could still have their parole revoked and thus alter the ALOS estimate.
- 6) The Initial Parole Placement information was computed from available data for all youth who had completed their first commitment to the training schools. Average length of stay data for males, females, white and minority youth were computed for youth who were committed between June 1, 1984 and May 31, 1985. All other data was computed from available data for all youth committed between January 1, 1984 and May 31, 1985.

Results

Average Length of Stay and Average Daily Population:

	<u>ADP</u>	<u>ALOS</u>	<u>Number of Youth</u>
Lifers	4	12.00 mo.	4
New Commits	84	7.75 mo.	131
Parole Revocations	36	4.65 mo.	93

Initial Parole Placement:	Home	46%
	Group Care	37%
	Foster Care	10%
	Terminated	7%*

*not placed on parole following release from closed custody

Average Length of Stay:	Males	8.11 months
	Females	6.40 months
	White Youth	8.00 months
	Minority Youth	7.32 months

Length of Stay:	Less than 1 month	13.1%
	2 months	1.9%
	3 months	2.5%
	4 to 6 months	29.4%
	7 to 9 months	28.8%
	10 to 12 months	13.1%
	Over 12 months	11.2%

- 5) Data available for the post-downsizing study suggests that each year Multnomah County places in close custody several youth who have been re-sentenced to the training schools. Estimates for the ALOS and ADP for these youth are included below.
- 6) The revocation close custody ALOS estimate from current movement history data is 3.5 months for youth who were originally committed between August 1, 1986 and January 31, 1987. This is likely to be lower than the actual close custody revocation ALOS due to the use of AOC as backup for parole violators. AOC backup delays revocation to close custody for some youth. Consequently the current close custody revocation ALOS estimate is based on too few youth and insufficient movement history data. The results below use the revocation ALOS from the pre-downsizing study, a slightly higher figure.

Results

Average Length of Stay and Average Daily Population:

	<u>ADP</u>	<u>ALOS</u>	<u>Number of Youth</u>
Resentences	8	8.00 mo.	12
Lifers	4	12.00 mo.	4
New Commits & Re-Commits	52	7.36	84
Parole Revocations	36	4.65 mo.	93

Initial Parole Placement:	Home	56%
	Group Care	19%
	Foster Care	13%
	Terminated	12%*

*not placed on parole following release from closed custody

Average Length of Stay:	Males	7.63 months
	Females	5.00 months
	White Youth	6.90 months
	Minority Youth	8.70 months

POST-DOWNSIZING

Introduction

The information for this study was derived from Juvenile Corrections System (JCS) Movement History data provided by Children's Services Division. The JCS Movement History printouts provided a detailed break down of various placement decisions for 167 Multnomah County youth newly committed and re-committed to the training schools between July 1, 1986 and October 30, 1987. Available information included placement locations (MacLaren, Hillcrest, specific camps, foster care, home, etc.) as well as specific placements at each location (cottages, programs, detention, etc.). Length of stay data was computed from beginning and ending dates provided for each placement or location stay.

The study focused on developing an annual estimate for the average closed custody daily population and average length of stay for two groups: new commits and youth whose parole had been revoked.

Assumptions and Methodology

Sufficient data does not exist to permit developing an accurate post-downsizing analysis of Multnomah County's use of close custody placement. The major problem is the need for an additional six months of JCS movement history information on youth committed from the county since July, 1986. An adequate study could probably be completed with data through June, 1988. (The difficulty is the lack of data for a complete year of training school commits that includes movement history information for at least 9 months following the end of that year. Without the additional 9 months of movement history data it is difficult to arrive at an accurate close custody ALOS for all youth committed during the study period.) Nevertheless, if the following assumptions are made, a rough projection can be made from currently available data:

- 1) Analyze the close custody average length of stay (ALOS) and average daily population (ADP) from JSC movement history available for youth committed between August 1, 1986 and January 30, 1987 (65 youth). In addition, assume that the ALOS for youth committed during this period closely approximates the ALOS for youth committed toward the end of the implementation of the "cap".
- 2) Assume that the total close custody ADP for Multnomah County is 100 youth. This seems reasonable given the "snapshot" analysis of Multnomah County minority youth use of close custody released in September, 1987.
- 3) Assume that the rate at which new commits and re-commits are actually placed in close custody will remain constant throughout 1987-88. Based on the current rate, approximately 84 new commits and re-commits will be placed in close custody from Multnomah County.
- 4) Assume that the 4 "lifers" from the pre-downsizing study are still in close custody.

Closed Custody
Length of Stay:

Less than 1 month	0.0%
2 months	5.1%
3 months	0.0%
4 to 6 months	35.9%
7 to 9 months	35.9%
10 to 12 months	23.1%
Over 12 months	0.0%

Initial Placement
Following AOC:

Close Custody	109	(65.8%)
Residential or Group Care	45	(26.4%)
Foster Care	4	(2.4%)
Home	9	(5.4%)

Close Custody
Placements:

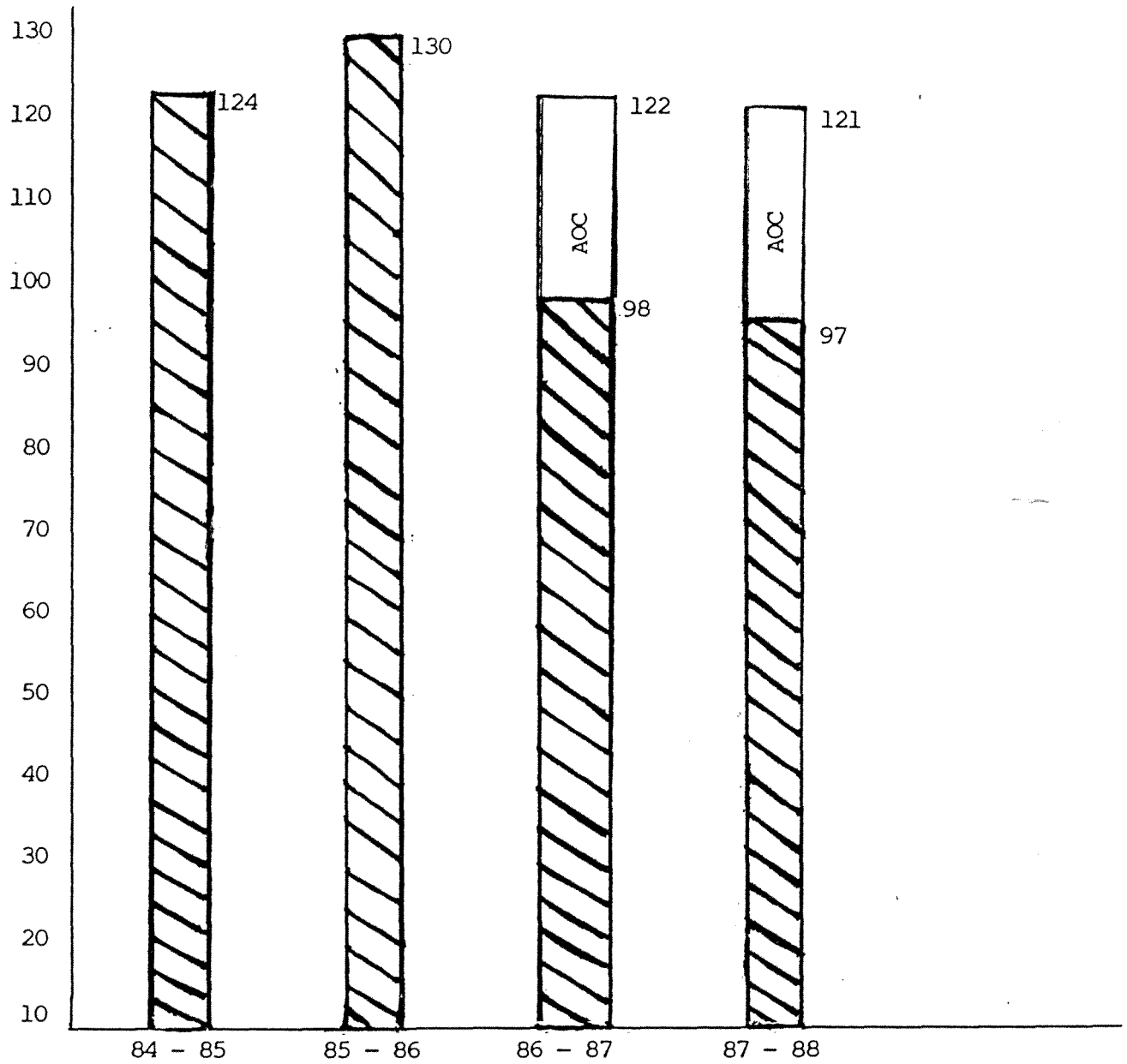
MacLaren Cottage	18
Hillcrest Cottage	38
Drug and Alcohol Treatment Program	14
Sex Offender Treatment Program	3
Secure Detention	11
Camp	24

Community Placements:

Frontier I	4
Albina Youth Opportunity School	6
Morrison Center Drug & Alcohol Tx.	10
DePaul Center	3
Youth Progress	3
Janis Youth Programs	18
St. Mary's Home for Boys	1
White Shield	2
Outward Bound	1
Children's Farm Home	1
Yaun Home	2
Star Gulch Ranch	1
Morrison Center Sex Offender Day Tx.	2

downtask.2 (a6) 2/23/88

ADP/CLOSE CUSTODY



MSB, HSG & CAMPS



AOC

Multnomah County
 Commitments to the State Training Schools
 1980-1987

	A	B	C	MIS	SUB-TOTAL	TOTAL	%C OR LESS
					C OR LESS		OF TOTAL
1980	40	10	62	35	97	147	66%
1981	73	6	66	53	119	198	60%
1982	48	18	47	24	71	137	52%
1983	70	12	34	27	61	143	43%
1984	39	14	38	34	72	125	58%
1985	47	16	44	22	66	129	51%
1986	48	12	50	26	76	136	56%

1987

123

Budget SheetAssessment and Observation Center

Personal Services

Salaries	\$320,420
OPE	119,618
Shift Differential	3,300
Overtime	<u>14,400</u>
	\$457,738

Supply and Services

Capital Outlay	\$ <u>1,000</u>
TOTAL COSTS	\$629,327

Revenues

Multnomah/Columbia County	\$464,210
Marion County	136,875
Tillamook County	2,250
Jackson County	1,500
Clatsop County	6,750
Other Counties *	<u>17,742</u>
	\$629,327

Frontier I

Revenues

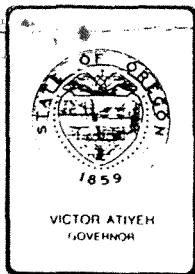
Through a fiscal agreement with the Portland Public School, in conjunction with the Children's Services Division, the combined revenues for this program are:

Portland Public Schools	\$400,000
Children's Services Division	<u>173,937</u>
TOTAL	\$573,937

Summary

Multnomah and Columbia Counties' downsizing allocation	\$638,147
Assessment and Observation Center	\$464,210
Frontier I	<u>\$173,937</u>
TOTAL	\$638,147

*Not guaranteed



Department of Human Resources
CHILDREN'S SERVICES DIVISION

ASSESSMENT & OBSERVATION CENTER

1401 NORTHEAST 68th AVENUE, PORTLAND, OREGON 97213

AOC Report for 7-28-86 - 12-31-87

The Assessment and Observation Center has served a total of 1,055 youth through December 1987, 909 males and 146 females.

Listing of students by intake categories:

New Commitments	22% of total population
Parole Violators	38% of total population
Unauthorized Absence from Closed Custody	10% of total population
Unauthorized Absence from Community	25% of total population
Out of County	4% of total population
Closed Custody Courtesy Holds	1% of total population

The student placements are as follows:

Community - Parole, Foster Care and Child Care Centers

Closed Custody - MacLaren School, Hillcrest School and Camps

	<u>COMMUNITY</u>	<u>CLOSED CUSTODY</u>	<u>AOC</u>
New	46%	52%	2%
Parole Violators	73%	25%	2%
Unauthorized Absence Close Custody	14%	80%	6%
Unauthorized Absence Community	63%	31%	6%
Out of County	36%	24%	Mult JDH 40%
Closed Custody Courtesy Holds	6%	88%	6%

The Child Care Center Utilization of AOC as a secure back-up is as follows:

Morrison Center	39
Youth Progress	12
AYOS	2
Yaun	1
Janis	32
White Shield	4
Frontier School	4
St. Mary's	3
Mid Valley	1

THE STUDENT ETHNIC POPULATION BREAKDOWN IS AS FOLLOWS:

Caucasian	65%
Black	27.95%
Asian	.05%
Indian	2%
Hispanic	5%

RC.vk
1-20-88

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 3/15/88 pm
Agenda No. #4

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Update on Prevention/Early Intervention Services
for Children (BIT)

Informal Only* March 15, 1988
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services DIVISION Social Services

CONTACT Gary Smith TELEPHONE 248-3691

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Gary Smith/Michael Morrissey

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

In 1987, the Department of Human Services implemented 23 new programs to provide prevention and early intervention services to children. Funding for these new services became available from Business Income Tax. An evaluation and overview of these services has been prepared by the Youth Services Management Team and is presented for Board review and discussion.

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

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ RATIFICATION

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 15-30 minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ -General Fund

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Zussy (DC)

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.



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS

GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
CAROLINE MILLER • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

PRELIMINARY REPORT

BUSINESS INCOME TAX PROGRAMS:

TEEN PREGNANCY AND CHILD ABUSE
PREVENTION AND EARLY INTERVENTION PROGRAMS

REPORT DEVELOPED BY THE YOUTH SERVICE MANAGEMENT TEAM

MULTNOMAH COUNTY
DEPARTMENT OF HUMAN SERVICES

426 SW Stark
Portland, Oregon 97204
(503) 248-3691

March 4, 1988

NOTE: The contents of this report were generated by the Department of Human Service's Youth Service Management Team(YSMT) which is comprised of staff from the major youth service components located within the Department's administrative structure (see appendix page A-1 for membership list). The YSMT began operating last October and this report is the Team's first formal product. The YSMT is intended to increase planning and coordination among youth service programs located within the County's administrative structure. It is the focal point for interprogram planning where program design, operation, and implementation decisions are developed.

EXECUTIVE SUMMARY

Multnomah County has developed a set of new programs which target the prevention of teen pregnancy and child abuse. Within the past year, twenty three different programs were funded in response to the County's new emphasis on prevention initiated by the Board of County Commissioners. The programs are based on similar models developed nationally. This report is a preliminary assessment of this new effort.

This report concludes that while all of the new prevention/intervention programs have demonstrated considerable merit, it is too early to conclusively determine their worth. The report recommends that the programs continue operation for at least another year to continue their development and to establish more complete information about their impact.

The report goes further to address a more serious issue related to these new services. More planning time and resources are needed to develop a comprehensive approach and to building a coordinated system. The YSMT felt strongly that too few resources were designated to administer these services. An analysis is needed of the existing system including service capacity, support mechanisms, evaluation methodology, and linkage issues to assure maximum results from this relative small amount of funds set aside for prevention. The County has invested much time and energy toward this promising set of services and additional time and resources should be given for their development. To that end a comprehensive approach to prevention and early intervention should be developed utilizing the YSMT for coordinated planning and development.

ELEMENTS OF A COMPREHENSIVE SERVICE DELIVERY SYSTEM

1. A system for identifying needs of the target population with participation from clients, providers, the community and decision makers.
2. An agreed-upon service delivery strategy that includes the twenty-three prevention/intervention programs and other prevention programs in Multnomah County.
3. A uniform client tracking system.
4. An evaluation methodology including training for those who will implement it.
5. An analysis of the systems capacity including a identification of clients to be given priority when programs are serving over their capacity.
6. Identification of critical support mechanisms and resources that insure client access.
7. Service linkage among elements within the prevention system.
8. A community advocacy strategy.
9. A problem solving process.

YSMT RECOMMENDATIONS

System Recommendations

1. Continue all these prevention/early intervention programs with funding maintained at present levels. Given the short time period these programs have been operating, additional time is needed to determine program effectiveness conclusively.

2. Develop a mechanism for tracking services and referrals. The tracking system should establish uniform data collection and communication among programs. A uniform method for evaluating program impact should be established.. Increase administrative staff in order to implement this recommendation.

3. Consider an overall service delivery model rather than funding individual service elements in future funding decisions. Program impact, coordination, and management has been difficult at best, given the variety of services and agencies, and levels of decision making involved in the BIT prevention programs.

4. Establish the Youth Service Management Team as the Department's focal point for planning and problem solving between divisions and programs targeting prevention/early intervention populations. The YSMT should:

- A. Reconfirm it's role with the Youth Program Office, Department Managers Group, and youth program managers within the County's administrative structure.
- B. Identify prevention early intervention elements operating within the County
- C. Resolve coordination and service delivery problems.
- D. Identify a common evaluation process.
- E. Maintain current information about the County's prevention programs.

Program Recommendations

1. Increase the School Mental Health Program by one mental health consultant for the Teen Clinics. Our experience last year has demonstrated the need for a minimum of two days per week service in each clinic. At present two Teen Clinics are without mental health services.

2. Establish a model program of intervention, referral to treatment, follow up services, case management, and service coordination for mothers of addicted infants. The new program should work closely with the Family Enhancement Program and the Drug and Alcohol Program Office which has identified a large number of clients in need of this service.

3 Provide ongoing funding for administrative support and on-site mental health staff to meet post assessment treatment needs in cooperation with the CARES Program.

POLICY ISSUES

1. POLICY ISSUE: Should BIT be ongoing or "seed" money?

RECOMMENDATION: BIT should continue as ongoing services when funded services are within the identified role of County Services. All BIT services which are not within County role should be transferred to the responsible government agency. When the County funds programs outside its designated role in Human Services, a funding plan should be developed in cooperation with the authorized funding source for future support. The County should also begin work toward more clearly identifying its role in Human Services and communicate it to other jurisdictions within the local Human Service Continuum.

The YSMT recommends that a portion of the existing prevention fund be designated as seed money and the following set of criteria be used:

- o 3 year funding minimum
- o indepth evaluation component
- o meets community need
- o forecast funding alternatives
- o should not exceed ability of the community to support

2. POLICY ISSUE: Should BIT be strictly prevention/early intervention services or should treatment services also be funded from this source?

RECOMMENDATION: BIT should fund prevention/early intervention services only.

3. POLICY ISSUE: Should BIT continue as a discreet fund or as normal County General Fund?

RECOMMENDATION: BIT should be integrated into the County General Fund. By doing so the Department can focus its planning more directly on broader service classifications such as prevention or treatment. Presently the County provides several prevention programs that are not funded by BIT funds. And those services were not reviewed as part of this report although they are an important part of the County's prevention system. There is however, a need to track the BIT funded programs to assure the integrity and intent of the funds are maintained.

4. POLICY ISSUE: Should funds for the administration and management for new programs be provided as a part of the total program?

RECOMMENDATION: Yes. In order for the community to get its best return for its tax dollar, it is entitled to programs that are well planned and evaluated. While minimum size administration services may save tax dollars in the short run, over the long term adequate planning is a necessary element to an efficient, cost effective service delivery system.

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HISTORY

In the fall of 1986, the Department of Human Services implemented recommendations from a report developed by the Advisory Group on Early Intervention and Prevention Programs in Multnomah County. The advisory group recommended that the County develop prevention programs directed at two target populations:

- o youth who are at risk of early pregnancy or teenage parents and their infants;
- o youth at risk of child abuse or who are victims of child abuse.

Using funds made available by an increase in the Business Income Tax, the Board of County Commissioners approved funding for twenty-three different programs directed to the two recommended target populations.

It is important to note at the outset of this report that the evaluation of prevention programs is a complicated undertaking and requires a long term study to determine program outcome. Most accepted evaluation models are longitudinal studies using carefully designed research methods conducted by an independent research group. Because such a model has not been implemented, many questions about these programs cannot be answered. With this in mind, the Youth Service Management Team developed this report and attempted to answer the following questions about each program:

What is the program's purpose?

What has its level of utilization been?

Is the program model and target population still viable? Should we emphasize or de-emphasize anything? What adjustments, if any, are necessary?

In addition to answering these questions, this report summarizes the County's Business Income Tax Prevention/Early Intervention programs and lists recommendations generated by the Youth Service Management Team about the overall operation of the programs.

The Youth Service Management Team began its review by examining the County's original intent when establishing the prevention/early intervention programs. The Advisory Group On Early Intervention and Prevention recommendation specified criteria for the development of the new programs. The criteria included programs:

- o "targeted for children and families that deliver services that ameliorate factors known to put children at risk of developing mental illness, chronic criminal behavior, or economic dependence--these are the three over-arching, primary ills that should be avoided.

o which deal with any of the broad range of identified strategies that are employed to reduce or eliminate risk factors that are evident in the early stages of dysfunction.

o that demonstrate cooperation among providers.

o which cooperate with but do not supplant or duplicate services which are the responsibility of other government units.

o on an annual basis: commitments for expenditure will not be automatic, the fund will continue as a prevention fund available for decision competitively in each county funding cycle."

Please refer to the following illustration for a comparison of the Team's findings with the Prevention Advisory Groups original set of criteria.

Early Intervention & Prevention Report	YSMT Findings	We Can't Say Yet
Valuable service target populations	Most programs are meeting contracted service levels.	long term outcomes
Prevention/early intervention focus	All programs are intended to reduce future costs to society; further evaluation is needed	Prevention impact cannot currently be proven.
Cooperative providers	Coordination requires cooperation. Tracking procedures for cross referrals needed for provider cooperation coordination has been initiated by the Department.	
Don't subsidize other youth systems	Identify long term funding strategy prior to funding services outside the scope of the County's Human Service role.	
Annual competition No automatic continuation 18 month limit	<u>Prevention is long term</u> Competition defeats cooperation Service coordination is in conflict with short term funding recommendation.	
Dedicate an ongoing prevention fund	<u>Criteria for "seed" money</u> <ul style="list-style-type: none"> • stay with for 3 years • provide evaluation • meets identified need • forecast funding alternatives • should not exceed ability to support by community 	

When the Management Team was asked to give priority to these services if funds became unavailable they assigned the following criteria for their analysis:

1. Is the program meeting it's targeted objectives?
2. To what extent can the program be classified as prevention/early intervention?
3. Was the program funded originally as one time only?

With these criteria and the identified target populations in mind, the Youth Service Management Team applied some critical thinking to the prevention/early intervention programs. Their analysis showed that only four of the twenty three funded programs could be defined as primary prevention programs, with the bulk of the programs classified as early intervention. One program was classified as treatment and one other did not directly target the identified target populations (please refer to the following matrix).

[illegible]

**NOTE: THE YOUTH SHELTER
DOES NOT SPECIFICALLY
TARGET TEEN PARENTING OR
CHILD ABUSE PREVENTION.**

■ TEEN CLINICS

YSMT RECOMMENDATIONS

System Recommendations

1. Continue all these prevention/early intervention programs with funding maintained at present levels. Given the short time period these programs have been operating, additional time is needed to determine program effectiveness conclusively.
2. Develop a mechanism for tracking services and referrals. The tracking system should establish uniform data collection and communication among programs. A uniform method for evaluating program impact should be established.. Increase administrative staff in order to implement this recommendation.
3. Consider an overall service delivery model rather than funding individual service elements in future funding decisions. Program impact, coordination, and management has been difficult at best, given the variety of services and agencies, and levels of decision making involved in the BIT prevention programs.
4. Establish the Youth Service Management Team as the Department's focal point for planning and problem solving between divisions and programs targeting prevention/early intervention populations. The YSMT should:
 - A. Reconfirm it's role with the Youth Program Office, Department Managers Group, and youth program managers within the County's administrative structure.
 - B. Identify prevention early intervention elements operating within the County
 - C. Resolve coordination and service delivery problems.
 - D. Identify a common evaluation process.
 - E. Maintain current information about the County's prevention programs.

Program Recommendations

1. Increase the School Mental Health Program by one mental health consultant for the Teen Clinics. Our experience last year has demonstrated the need for a minimum of two days per week service in each clinic. At present two Teen Clinics are without mental health services.
2. Establish a model program of intervention, referral to treatment, follow up services, case management, and service coordination for mothers of addicted infants. The new program should work closely with the Family Enhancement Program and the Drug and Alcohol Program Office which has identified a large number of clients in need of this service.
- 3 Provide ongoing funding for administrative support and on-site mental health staff to meet post assessment treatment needs in cooperation with the CARES Program.

BUSINESS INCOME TAX
PREVENTION SERVICES

Service	Monitored By	Service Type	Contract Agency	87-88 \$	Projected to Serve (75% of total)	(January-September) Served
Family Enhancement	HSD	Direct		101,232	100 families	105 families
Failure to Thrive	HSD	Direct		35,988	170 clients 780 visits	84 clients 211 visits
Post Partum	HSD	Direct		33,744	138 clients 403 visits	94 clients 280 visits
Teen Clinics	HSD	Direct		214,118	Not Specified	1,987 clients
I&R	HSD	Contract	NCJW	34,000	345 clients	351 clients
Phone Consultation	HSD	Contract	Janis	11,000	750 clients	974 clients
Parent Ed & Support	HSD	*Contract	NCJW	48,000	60 clients	79 clients
	HSD	*Contract	BGAS	69,000	87 clients	76 clients
	HSD	*Contract	YWCA	36,000	45 clients	55 clients
Comprehensive Intervention	HSD	*Contract	MHSW	38,876	17 clients	7 clients
Parent Ed & Support	HSD	*Contract	MHSW	12,000	15 clients	14 clients
	HSD	& Contract	ARC	28,800	36 clients	23 clients
Volunteer Services	HSD	*Contract	Exchange Club	24,000	45 volunteers	33 volunteers
Respite	SSD/DD	Contract	Tri-County Respite	50,000	50 clients	28 clients
Day Treatment	SSD/MED	Contract	Morrison Center	160,000	10 clients	10 clients

BUSINESS INCOME TAX
PREVENTION SERVICES

Service	Monitored By	Service Type	Contract Agency	87-88 \$	Projected to Serve	(January-September) Served
Detox:						
Inpatient	SSD/A&D	*Contract	Woodland Park	19,920	50 days	5 days (began 10/87)
Outpatient	SSD/A&D	*Contract	CODA	10,080	20 clients	1 client
Assessment Center	SSD/MED	*Contract	Emanuel	75,000	100	77 (5/87 thru 10/87)
Homeless Youth Shelter	SSD/YPO/MED	Contract	Burnside Projects	66,666	25 per day	23 per day
Teen Services	HSD	Contract	Albina Ministerial Alliance	25,000	26 clients	21 clients
	HSD	Contract	IRCO	25,000	N/A (study being done)	
Child Development Parent Training	SSD/MED	Contract	Warner Pacific/ LIT	25,000	4 groups	4 groups
Child Abuse Prevention	SSD/MED	Contract	Community for Safety and Self- Reliance	<u>25,000</u>	2,000 youth 100 educators	Scheduled all year
TOTAL				\$1,230,968		

* Late Start-up

APPENDIX A. YOUTH SERVICE MANAGEMENT TEAM MEMBERSHIP*

Aging Services Division - Elaine Castlio

Social Services Division (Developmental Disabilities Program Office)-Kim Keiser

Justice Services Division - Dwayne McNanny

Social Services Division (Youth Program Office) - Michael Morrissey

Social Services Division (Youth Program Office) - Ron Potrue

Social Services Division (Mentally & Emotionally Disturbed) - Dave Pump

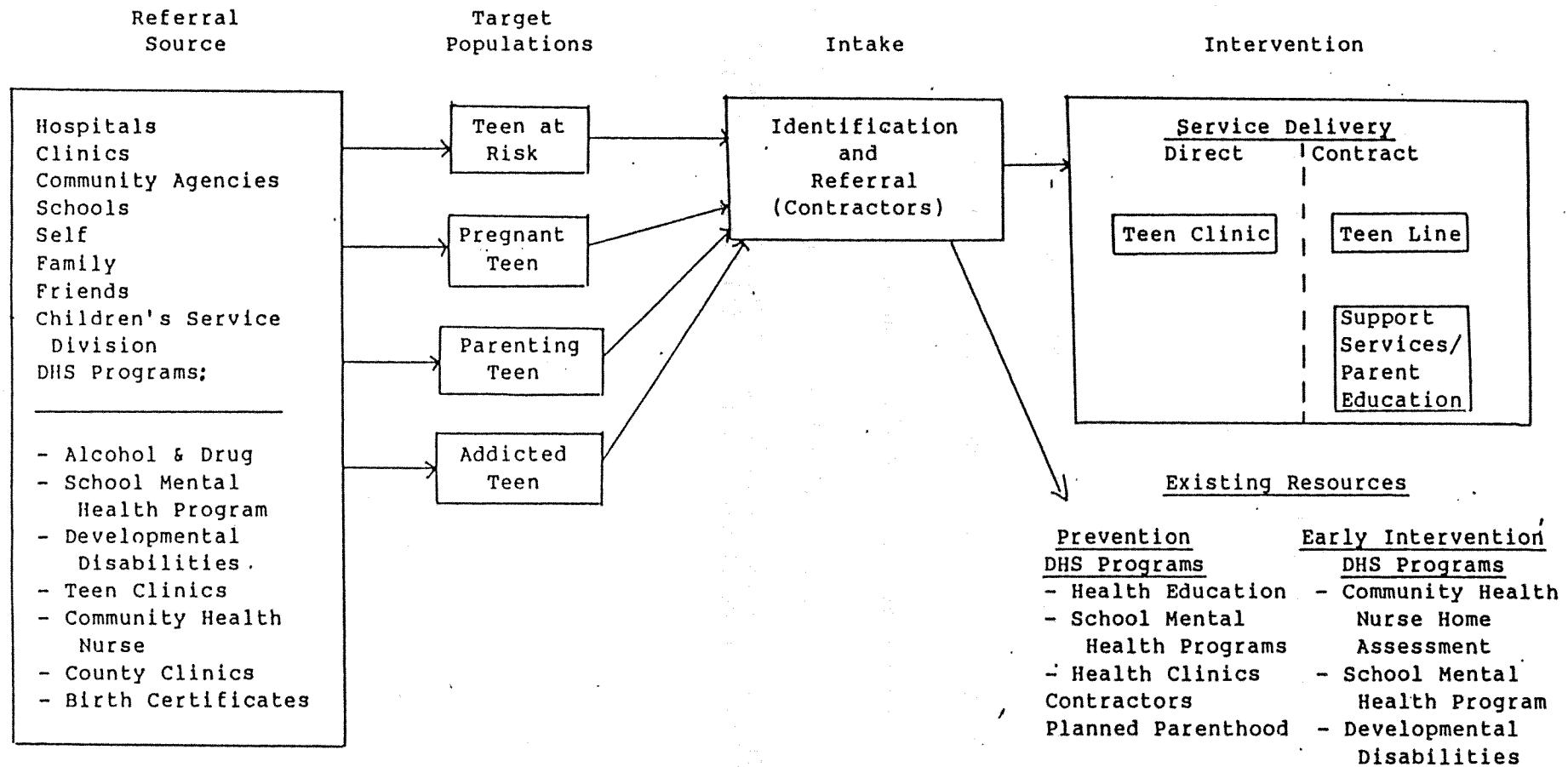
Social Services Division (MCCAA) - Steve Rapp

Health Services Division - Jan Wallinder

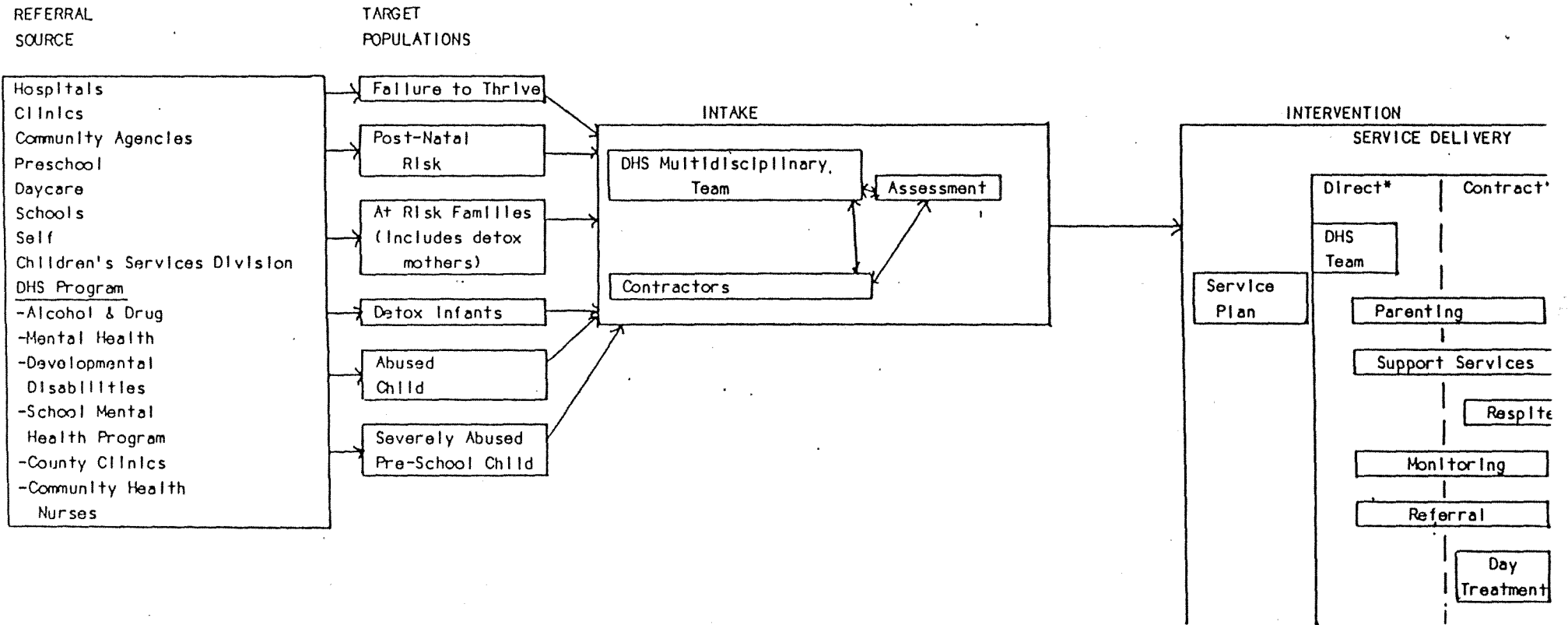
Social Services Division (Alcohol & Drug Program Office) - Dennis Wong

* NOTE: This report was generated with the assistance of Davene Cohen who was the designated BIT program developer from the Social Services Division.

Teen Parenting Service Package



CHILD ABUSE SERVICE PACKAGE



* Direct Services are generally provided in the home on an individual basis to those clients who need a broader team approach to stabilize.

**Contract Services are generally provided in a group classroom or facility setting. Contract services also include volunteer recruitment, training, and supervision.

BIT PROGRAM EVALUATION SHEET

Division: Health and Social Services

Date: 1/8/88

Program: Family Enhancement Program

BIT Funded Program: Child Abuse Prevention/Early
Intervention

Starting Date: 1/87

Type of Service: Program uses a multidisciplinary approach to guide parents in the development of healthy parenting techniques and resources.

X Direct Service

____ Contracted Service

Target Population: Families at risk for abuse and neglect.

Program Objectives and Year-to-Date Outcomes:

To provide multidisciplinary team visits to 100 families assessed at risk of child abuse and neglect. As of 9/30/87, 105 families had been served.

Program Strengths:

Provides home-based, multidisciplinary services to families at risk of child abuse. These services include community health nurse, mental health consultant, respite services, child development specialist, and Exchange Club volunteer. Preliminary evaluation of the program has shown low percentages of subsequent teenage pregnancy, foster care placement, and abuse/neglect referral reports.

Program Weaknesses:

A greater pool of volunteers immediately available to assign to enrolled families is needed.

Recommendations:

Continue service.

Encourage development of anger management groups.

YPO/1/88

[MW-6794S-m/2]

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Failure to Thrive

BIT Funded Program: Child Abuse Prevention/Early
Intervention

Starting Date: 1/87

Type of Service: Home visits to infants identified as failure to thrive.

X Direct Service

____ Contracted Service

Target Population: Failure to Thrive Infants

Program Objectives and Year-to-Date Outcomes:

To provide community health nursing home visits to 170 infants identified as failure to thrive. As of 9/30/87, 84 infants had been served.

Program Strengths:

Early identification and intervention with parents by one-to-one teaching and role modeling can reduce the health and developmental impacts on infants.

Program Weaknesses:

Number of clients and visits has been less than expected. Primary reason seem to be how client visits are coded.

Recommendations:

Continue service.
Consider changes in system to gather data.

YPO/1/88

[MW-6794S-m/1]

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Post Partum

BIT Funded Program: Child Abuse Prevention/Early
Intervention

Starting Date: 1/87

Type of Service: Home visits to new parents with high risk infants.

X Direct Service

 Contracted Service

Target Population: New mothers with high risk infants.

Program Objectives and Year-to-Date Outcomes:

To provide community health nursing home visits to 138 new parents for assessment of health needs, teaching, and referral. As of 9/30/87, 94 clients have been served.

Program Strengths:

The birth of an infant is a time of family role changes and stress. Parents are receptive to information and teaching to help them care for their infants. Timely services can help assure basic health care and infant care needs are met and assist the development of parenting and nurturing skills.

Program Weaknesses:

Need better tracking of types of services provided to family after the immediate post partum period and outcomes of intervention.

Recommendations:

Additional staff and training needed for program for follow-up of infants exposed to drugs in utero.

YPO/1/88

[MW-6794S-m/4]

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Teen Health Clinics

BIT Funded Program: Comprehensive Primary Care Services Starting Date: 1/87

Type of Service: Primary care services in high schools.

X Direct Service

 Contracted Service

Target Population: Adolescents enrolled in high school.

Program Objectives and Year-to-Date Outcomes:

To provide access to health and mental health services to an underserved population (number unspecified). Served 1987 clients until June 1987 (652 of these clients were from Roosevelt's year of operation).

Program Strengths:

Provides health and mental health services for adolescents who have no other source of care or who have trouble accessing health care. Emphasizes health promotion, education, and prevention, as well as treatment for minor health problems or injury. Teen health centers are well utilized and accepted by schools and parents. Mental health assessments, crisis, and short-term treatments are provided to students who would not otherwise receive them.

Program Weaknesses:

Mental health services are available in only two of the four clinics and then at less than need.

Recommendations:

Add additional teen clinics and expand mental health service to all teen clinics.

YPO/1/88

[MW-6794S-m/3]

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Identification and Referral: NCJW Teen Parent Program

BIT Funded Program: Teen Parenting/Pregnancy Prevention Starting Date: 1/87

Type of Service: Hospital visits to teen parents, assessing their needs and making referrals to appropriate services.

☐ Direct Service

☒ Contracted Service

Target Population: Teenage Parents

Program Objectives and Year-to-Date Outcomes:

To provide 460 hospital visits to teenage parents of Multnomah County. As of 9/30/87, 351 hospital visits have been made.

Program Strengths:

Program is reaching approximately sixty percent of teenage mothers in the hospital soon after giving birth. After assessment, the client is referred to community resources and receives much needed support soon after giving birth.

Program Weaknesses:

Program misses some teenage mothers because of early release (quick turnaround). They continue to work with hospitals to not do "quick turnaround"/early release with these high risk teenage mothers.

Recommendations:

Program staff to continue developing relationships with hospital staffs where already doing visits and will continue development of other sites to visit teenage mothers.

YPO/1/88
[MW-6794S-m/7]

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Phone Consultation: Harry's Mother/Janis Youth Programs

BIT Funded Program: Teen Parenting/Pregnancy Prevention Starting Date: 2/88

Type of Service: A twenty-four-hour, seven-day-a-week crisis telephone line to teens.

☐ Direct Service

☒ Contracted Service

Target Population: Teenagers

Program Objectives and Year-to-Date Outcomes:

To respond to 1,000 phone calls for teenagers. As of 9/30/87, 974 phone calls have been received.

Program Strengths:

Trained counselors respond to calls from teenagers having questions/problems with sexual abuse, drug abuse, conflict with parents, physical abuse, suicide, and more. A number of adults have also used the line to help them deal with "out of control kids." The average length of the calls has been 19 minutes.

Program Weaknesses:

Data collection on phone calls continues to improve.

Recommendations:

Continue service.

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Teen Parent Education and Support: NCJW Teen Parent Program

BIT Funded Program: Teen Parenting/Pregnancy Prevention Starting Date: 3/87

Type of Service: Team case management home visits

☐ Direct Service

☒ Contracted Service

Target Population: Teenage parents at risk of child abuse/neglect

Program Objectives and Year-to-Date Outcomes:

To enroll 80 teen parents for parent education and support services. As of 9/30/87, 79 families have been enrolled in the program.

Program Strengths:

Program has extensive experience in working with teen parents by in-home visit which is an effective way of teaching parenting education and giving support.

Program Weaknesses:

Clients' files not in order, although information there.

Recommendations:

We've offered technical assistance to Program to develop charts for individual clients, where all information about the client will be stored.

Develop a system of evaluation outcomes which will be used to determine the effectiveness of the program.

Continue program.

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Teen Parent Education and Support: Boys and Girls Aid Society

BIT Funded Program: Teen Parenting/Pregnancy Prevention Starting Date: 3/87

Type of Service: Parent Education and Support Groups

 Direct Service

 X Contracted Service

Target Population: Teenage parents at risk of abuse/neglect

Program Objectives and Year-to-Date Outcomes:

To enroll 116 teen parents for parent education and support services. As of 9/30/87, 76 families have been enrolled in the program.

Program Strengths:

Good interaction between teen parents at group, and a good place for teen parents to feel supported. Good volunteer support, providing transportation and watching children while parents are in groups. Also, volunteers/staff monitor health of children.

Program Weaknesses:

Clients' files not in order, although information there.

Recommendations:

We've offered technical assistance to Program to develop charts for individual clients, where all information about the client will be stored.

Develop a system of evaluation outcomes which will be used to determine the effectiveness of the program.

Continue program.

YPO/1/88

[MW-6794S-m/13]

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Teen Parent Education and Support YWCA

BIT Funded Program: Teen Parenting/Pregnancy
Prevention

Starting Date: 3/8/87

Type of Service: Parenting education and support groups

 Direct Service

 X Contracted Service

Target Population: Teenage parents at risk of abuse/neglect

Program Objectives and Year-to-Date Outcomes:

To enroll 60 teen parents for parent education and support services. As of 9/30/87, 55 families have been enrolled in the program.

Program Strengths:

Program offers weekly support groups where teen parents feel supported in working out relationship and other moves in their lives. Parenting education is also done during these meetings. Teen parents are also tested pre- and post-program on the AAPI.

Program Weaknesses:

Charting issues; individual client charts with all records available in one chart.

Recommendations:

We've offered technical assistance to Program to develop charts for individual clients, where all information about the client will be stored.

Develop a system of evaluation outcomes which will be used to determine the effectiveness of the program.

Continue program.

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Comprehensive Intervention: Mental Health Services West

BIT Funded Program: Child Abuse Prevention/Early
Intervention

Starting Date: 4/23/87

Type of Service: Home-based, multidisciplinary approach to teaching
parenting techniques and providing support.

☐ Direct Service

☒ Contracted Service

Target Population: Families with a history of homelessness At Risk of Child
Abuse

Program Objectives and Year-to-Date Outcomes:

To provide a comprehensive service to 22 families with a history of
homelessness at risk of child abuse. As of 9/30/87, 7 families have been
served.

Program Strengths:

Program provides a comprehensive/intensive program which studies have
shown to be the most effective in preventing child abuse/neglect. This
program provides services to a very needy, yet hard to reach population by
using a strong outreach component to enroll clients. Nearly all the known
risk factors associated with child abuse and neglect are part of the daily
lives of homeless families.

Program Weaknesses:

It generally takes six months to develop enough trust with the clients ;f
this population. In six months, there is a good chance (due to the nature
of this transitory population) that a family will move and become
unreachable. Even though the program has done a lot of initial work with
the client, the client cannot be charged to the County because of terms of
the contract.

Recommendations:

Give the program more time. The staff has the program up and running and
anticipate to meet future projected numbers of clients served.

YPO/1/88

[MW-6794S-m/6]

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Parent Education and Support: Mental Health Services West

BIT Funded Program: Child Abuse Prevention/Early
Intervention

Starting Date: 3/87

Type of Service: Parenting education and support groups

☐ Direct Service

☒ Contracted Service

Target Population: Homeless/transient families at risk of child abuse.

Program Objectives and Year-to-Date Outcomes:

Provide education and support services to 20 parents. As of 9/30/87, 14 parents have been enrolled.

Program Strengths:

Offers alternative parent training and support services to parents of homeless/transient families, for whom traditional parent training is inappropriate. Program offers a strong outreach component, and individual and group parent education and support groups.

Program Weaknesses:

Population is difficult to reach and takes a lot of time/resources to enroll. Program may work with client for period of time and then client will move. Enrollment low, but staff says will be at capacity during present quarter.

Recommendations:

Develop a system of evaluation outcomes which will be used to determine the effectiveness of the program.

Continue program.

YPO/1/88

[MW-6794S-m/12]

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Parent Education and Support: Association For Retarded Citizens

BIT Funded Program: Child Abuse Prevention/Early
Intervention

Starting Date: 3/87

Type of Service: Parenting education and support groups

 Direct Service

 X Contracted Service

Target Population: Adults with developmental disabilities at risk of child
abuse or neglect

Program Objectives and Year-to-Date Outcomes:

Provides parent education and support services to 48 families. As of
9/30/87, 23 families have been enrolled in the program.

Program Strengths:

Offers alternative parent training and support services to parents with
developmental disabilities, for whom traditional parent training is
inappropriate.

Program Weaknesses:

The number of clients enrolled is low due to low turnover rate. We
anticipated more clients to drop out of the program, but this has not
occurred and not allowed space for new enrollees in the groups.

Recommendations:

Have encouraged the use of volunteers/students to create another group and
will also recommend decreasing the number of contacts per client over
time, allowing more clients to enroll and not increase the size of the
groups.

Develop a system of evaluation outcomes which will be used to determine
the effectiveness of the program.

Continue program.

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: Volunteers: Exchange Club

BIT Funded Program: Child Abuse Prevention/Early
Intervention

Starting Date: 1/87

Type of Service: Provision of recruited, trained, supervised volunteers to
be part of a multidisciplinary team dealing with families
at risk of child abuse and neglect.

 Direct Service

 X Contracted Service

Target Population: Families at risk of child abuse/neglect who are
identified by Multnomah County's Family
Enhancement Program.

Program Objectives and Year-to-Date Outcomes:

To provide 60 volunteers annually. As of 9/30/87, 33 volunteers had been
placed with volunteers in the Family Enhancement Program.

Program Strengths:

Volunteers provide a cost effective component of the Multnomah County
Family Enhancement Program's multidisciplinary team, supported by the case
plans developed by the multidisciplinary team and the client. Volunteers
are well trained, quality volunteers.

Program Weaknesses:

There has been difficulty in recruiting and keeping volunteers, which at
times has lead to long delays from referral for volunteer service to
placement of volunteer.

Recommendations:

Continue service.

BIT PROGRAM EVALUATION SHEET

Division: Social Services

Date: 1/18/88

Program: Developmental Disabilities

BIT Funded Program: Tri County Respite

Starting Date: 3/87

Type of Service: Augment the services families are receiving from the primary BIT Child Abuse Prevention Program with consistent, **competent** respite services.

 Direct Service

 X Contracted Service

Target population: 50 families per year that have been targeted as high risk for child abuse, and are referred from one of the BIT providers.

Program Objectives and Year-to-Date Outcome:

Objectives:

1. Provide quality respite services to 50 families per year to be used in crisis situations and on an ongoing basis as part of the total treatment plan. Respite authorizations for 6 months duration.
2. Initiate, recruit and train a group of respite providers to adequately address the needs of the children and families.
3. Provide semi-annual training to providers.
4. Develop a system of working with community agencies serving families at high risk for child abuse utilizing a service that previously has been restricted to serving families with developmentally disabled children only.

Outcomes:

1. 27 families per month receiving respite services on regular basis
2. Provide some funds for transportation
3. Plans for semi annual training complete
5. Format for developing the individualized treatment plan completed.

[MW-6794S-w]

Page 2

Recommendations:

1. Broaden agencies that have access to respite services.
2. Provide some funds for transportation.
3. Formalize the communication mechanisms between Tri County Respite and referring agencies.

Program Strengths:

1. Couples respite services with primary intervention. Prior to this contract respite services from trained providers was not available to the families served by this program.
2. Provides individual treatment plans that document families progress.

Program Weaknesses:

1. Due to unfamiliarity of contractor with referring agencies and vice versa there have been delays in start up and utilization.
2. All agencies that have access to the service have not been referring families. There has been uncertainty as to what the criteria is for usage.

KK/wb1/20/88
POBJECT

BIT PROGRAM EVALUATION SHEET

Division: Social Services Date: January 8, 1988

Program: MED/Children's Clinical Services

BIT Funded Program: Day Treatment for Young Children Starting Date: 3/87

Type of Service: Intensive intervention at an early age for victims of abuse

 Direct Service x Contracted Service

Target Population: Severely damaged victims of child abuse age five and under
from caseload of Permanent Planning Unit at CSD

Program Objectives and Year-to-Date Outcomes:

Objectives: Program is designed to provide treatment services to 10 children under the age of six referred by Children's Services Division Permanent Planning Unit.

Outcomes: They have maintained full capacity since July of 1987. To date one child has transitioned on to other services.

Program Strengths:

Provides a day care environment for treatment of young children with attention to all facets of development: cognitive, physical, social/emotional, speech/language. Based on prior experience it can be anticipated that children completing the program will be "adoptable" and able to be maintained in the community. Provides a necessary service not available by any other resources.

Program Weaknesses:

This is a treatment program operating within the context of prevention/early intervention services. Cost of service is \$22,000 per year for each child.

Recommendations:

Day treatment services are the responsibility of Children's Services Division, therefore, this program represents a County subsidy of State Children's Services Division. Continuation funding by the County needs to include planning to ultimately place funding for service with Children Services Division.

BIT PROGRAM EVALUATION SHEET

Division: Social Services Date: January 11, 1988

Program: Alcohol and Drug Starting Date: October 7, 1987

BIT Funded Program: Drug Inpatient Detoxification Services

Type of Service: Provides for inpatient drug detoxification/medical stabilization for women who meet the admission criteria as described under "Target Population". The program is funded at \$19,920 on a fee-for-service basis under contract with Woodland Park Hospital.

Target Population:

- 1) Women who are Multnomah County residents and who are currently addicted to opiates and who are currently pregnant. These women will be medically stabilized and placed on an appropriate dosage regimen of methadone and will be referred for continued treatment in an outpatient methadone clinic.
- 2) Women who are Multnomah County residents and who are currently addicted to drugs other than opiates (excluding alcohol) and who are currently pregnant and/or are the custodial mothers of children aged birth through five years. These women will be detoxified and medically stabilized and will be referred for continued treatment in an outpatient community drug abuse program.

Program Objectives and Year-To-Date Outcomes:

Provide fifty (50) days of hospitalization to women who meet the admission criteria. To date, one pregnant woman has been treated utilizing five days of hospitalization.

Program Strengths:

While this is a very specialized and limited service, it fulfills a very necessary component in the treatment continuum - to provide medically supervised stabilization for pregnant women and detoxification for women with children. Fee-for-service contractual structure disburses funds only for services delivered, as opposed to a monthly reimbursement system.

Program Weaknesses:

The criteria for eligibility for this service is limited and the service need is for strong coordination of multidisciplinary services, yet the client population is often only minimally motivated and is resistive to coordinated services. This resistance is compounded by client fears of losing custody of their children when identified as an addict.

Recommendations:

Recent medical information indicates that the risks to the fetus from detoxing a pregnant woman from alcohol may require this service to be expanded to pregnant alcohol abusers/alcoholics. A meeting is scheduled for January 20, 1988 with pertinent community health staff, the provider, and County Alcohol and Drug staff in order to enhance referrals. The program meets the requirements for both prevention and intervention and should continue to be funded as a part of the service continuum.

BIT PROGRAM EVALUATION SHEET

Division: Social Services Date: January 11, 1988

Program: Alcohol and Drug Starting Date: July 1, 1987

BIT Funded Program: Outpatient Methadone Detoxification Services

Type of Service: Provides for outpatient detoxification services for women who meet the admission criteria as described under the "Target Population" section. The program is funded at \$10,080 on a fee-for-service basis under contract with Comprehensive Options for Drug Abusers (CODA).

Target Population: Women who are residents of Multnomah County, currently addicted to opiates, and who are the custodial mothers of children birth through five years of age.

Program Objectives and Year-To-Date Outcomes:

Provide outpatient methadone detoxification services to twenty (20) women who meet the admission criteria. To date, one client has received outpatient detoxification services.

Program Strengths:

This is the only available service of this type for indigent women that are addicted to opiates and are the custodial mothers of children birth through five years of age. CODA's extensive experience in this treatment modality and the ancillary medical services provided are advantages not normally afforded this indigent population. Fee-for-service contractual structure disburses funds only for services delivered, as opposed to a monthly reimbursement system.

Program Weaknesses:

The criteria for eligibility for this service is limited and the service need is for strong coordination of multidisciplinary services, yet the client population is often only minimally motivated and is resistive to coordinated services. This resistance is compounded by client fears of losing custody of their children when identified as an addict.

Recommendations:

Raise program visibility and awareness within the community health staff. A meeting has been scheduled for January 20, 1988 with pertinent staff from health clinics, CODA, and County Alcohol and Drug Program. The program meets the requirements for both prevention and intervention and should continue to be funded as part of the service continuum.

[1902Z-1]

BIT PROGRAM EVALUATION SHEET

Division: Social Services

Date: January 8, 1988

Program: MED/Children's Clinical Services

BIT Funded Program:

Starting Date: 5/87

Child Abuse Response and Evaluation System (CARES)

Type of Service: Centralized assessment and case plan coordination

 Direct Service x Contracted Service

Target Population: Severe physical abuse and sex abuse cases

Program Objectives and Year-to-Date Outcomes:

Goal: To reduce the trauma to a child through the provision of a single assessment point to gather medical, social, legal information required for disposition/prosecution of abuse cases.

Objectives: Serve 100 clients in first five months (10/87) of operation and 500 per year thereafter

Outcomes: Physical plant and staffing start-up began in May and completed in September. Full operation began September 15, 1987, although some clients were served before this date. Official operation began in October, however some children were served prior to full scale operation. 77 clients were served by the end of October. By the end of November, 126 children had been examined. (Average number of cases per month is 30).

Program Strengths:

Law enforcement, prosecutors and social service agencies are confident in the demonstrated expertise of staff: 1) this will ultimately result in reduced court time, and 2) the goal of reduced trauma by centralizing various agency involvements is supported by agency response to service;

Program is operating at full capacity;

Promotes high level of coordination between various agencies involved in abuse cases;

The state-of-the-art expertise of staff in interview and examination protocols for working with abuse victims has already resulted in requests for training.

Program Weaknesses:

Insufficient resources for treatment on site and at other agencies. On going funding is problematic because of budget constraints in CSD, Victims Assistance, and law enforcement, although there is general agreement that state-wide funding is necessary.

Recommendations:

Continue at the current rate of funding for one more year to allow time to solidify other funding pools. County needs to determine its responsibility toward some percentage of core funding on a continuing basis.

The program would be substantially enhanced if mental health services were also part of the program offering. Since additional funds are not currently available from the State for out-patient services, the County should consider providing on-site mental health staff to meet treatment needs post-assessment..

BIT PROGRAM EVALUATION SHEET

Division: Social Services

Date: 1/12/88

Program: Youth Program Office

BIT Funded Program: Youth Shelter

Starting Date: 1/26/87

Type of Service: Emergency shelter to homeless youth.

☐ Direct Service

☒ Contracted Service

Target Population: Homeless youth 21 years old & younger.

Program Objectives and Year-to-Date Outcomes:

Program Strengths:

Shelter has successfully house targeted population. It has also resulted in improved planning among the homeless youth serving programs. It has received strong support from other non-county funding sources.

<u>Objective</u>	<u>Outcome</u>
shelter 25 yth daily-	23 yth daily
link all youth to	40% linked to
case management-	case management

Program Weaknesses: Program has had some difficulty linking clients to existing support services. Further development is needed with education, job, long term housing, and other resources.

Recommendations: Continue funding with other funding sources in FY88. Fund project from other sources rather than prevention category. Further refine client tracking system.

YPO/1/88

[MW-6794S-w]

BIT PROGRAM EVALUATION SHEET

Division: Health

Date:

Program: Albina Ministerial Alliance Family Day and Night Care Program

BIT Funded Program: Developmental Grant

Starting Date: 6/87

Type of Service: Parent education and support groups.

☐ Direct Service

☒ Contracted Service

Target Population: Minority teen parents and teens at risk of pregnancy.

Program Objectives and Year-to-Date Outcomes:

Program to establish an advisory board, recruit and enroll 25 teen parents in parent education and support group, provide intervention and prevention support services for 25 teen parent families, and assist 10 pre-teens on youth at risk of early pregnancy. All objectives have been met, with 22 teen parents and 18 teens at risk enrolled.

Program Strengths:

Program is culturally relevant and keeps the interest of the enrollees as demonstrated by good attendance at groups. There is strong support for the program from the community as demonstrated by the speakers who come to the group (e.g., Margaret Canter, Mariah Taylor).

Program Weaknesses:

Record keeping organization. Individual case records are being developed.

Recommendations:

Continue program.

YPO/1/88
[MW-6794S-m/9]

BIT PROGRAM EVALUATION SHEET

Division: Social Services

Date: January 8, 1988

Program: MED/Children's Clinical Services

BIT Funded Program:

Starting Date: 7/87

Learning with Infants and Toddlers (LIT)

Type of Service: Early Intervention/Development Grant
Parenting and child development education and support for
teen parents

 Direct Service x Contracted Service

Target Population: Adolescent and/or potential child abuser parents

Program Objectives and Year-to-Date Outcomes:

Objectives: To provide parenting and child development services at Warner Pacific College and at two high school sites to 36 parents and their children.

Outcomes: Groups are in progress at the following sites: one at Roosevelt High School; two at Vocational Village; one adolescent group at Warner Pacific with teens involved in two other Warner groups to coincide with individual need. Service is being provided to 40 parents, 47 children, and 4 expectant parents.

Program Strengths:

The program offers a hands on approach to developing parenting skills while concurrently providing developmental experiences for the child.

Participants are gaining personal skills, connecting to resources, and more appropriately providing for their children.

Program Weaknesses:

Currently, no satisfactory method or instrument to measure growth.

Recommendations:

Continuation. Program is consistent with intent both at prevention and early intervention stages.

1/88
4722Y]

BIT PROGRAM EVALUATION SHEET

Division: Health

Date: 1/8/88

Program: IRCO Research Project

BIT Funded Program: Development Grant

Starting Date: 6/87

Type of Service: Research Project

☐ Direct Service

☒ Contracted Service

Target Population: Sub 16 year olds of the three ethnic groups of Laotian people (Hmong, Mien, Laotian)

Program Objectives and Year-to-Date Outcomes:

Conduct study to identify specific cultural expectations and behaviors that are keys to the future development of an effective intervention strategy for the reduction of the incidence of sub 16 year old pregnancies within the local refugee population from Laos. Study is completed and intervention strategy being developed.

Program Strengths:

Many teen parent groups are looking for training/assistance in working with this hard to reach population. Research done was well conceived and developed.

Program Weaknesses:

No guarantee of funding to do interventions.

Recommendations:

Continue funding to implement designed interventions.

YPO/1/88
[MW-6794S-m/10]

BIT PROGRAM EVALUATION SHEET

Division: Social Services

Date: January 8, 1988

Program: MED/Children's Clinical Services

BIT Funded Program: Community Advocates

Starting Date: 7/87

Type of Service: Prevention of abuse
Education activities to classrooms, teachers, and parents
about child abuse

 Direct Service x Contracted Service

Target Population: School children and children in other congregate settings,
teachers, parents

Program Objectives and Year-to-Date Outcomes:

Objectives: To provide the KIDS CAN curriculum (a child abuse prevention program) to 2,000 children and 100 staff members. The present schedule for January - June includes 18 elementary schools and 3 preschools.

Outcomes: To date 3,392 children, 171 staff, and 77 parents have participated at 8 different school sites and 3 special need sites.

Secondary outcome in identifying new cases demonstrates the early intervention nature of the program and success in attaining short-term benefits. Forty-two reportable disclosures have been acted on; an additional 173 abuse reportings were referred to counselors for follow-up and possible future reporting if warranted.

Program Strengths:

This is the only primary prevention program to be funded under the child abuse target.

The number of recipients of this service exceeds expectations.

A December follow-up at 4 of the sites indicated that 90% of the children retained the information gained during their participation.

Previously unidentified cases have been identified.

Program Weaknesses:

As with any primary prevention program, the long term impacts are difficult to measure.

Recommendations:

Continuation.