

ANNOTATED MINUTES

Monday, September 9, 1996 - 3:00 PM
United Way Boardroom, Third Floor
619 SW 11th Avenue, Portland

MCCF/BCC JOINT MEETING

Multnomah Commission on Children and Families Vice-Chair Mark Rosenbaum convened the meeting at 3:25 p.m., with Barbara Friesen, Gary Hansen, Janet Kreitzmeier, Sharron Kelley, Muriel Goldman, Leslie Haines, Dianne Iverson, Dan Saltzman, Luther Sturtevant, Lee Coleman, Sharon McCluskey, Pauline Anderson, Susan Small, Jim Clay, Carol Wire, Chris Tebben, Norm Maves, Mary Li, Sonya Fischer, Gloria Musquiz, Rey España, Robert Trachtenberg, Pamela Wev, Susan Brady, Mindy Poetsch, Bonnie Hobson, Chiquita Rollins, Cornetta Smith, Vernon Baker, Wendy Byers, Carol Ford, Jean Wagner, Miltie Vega-Lloyd, John Hutzler, Carol Turner, Wanda Silverman, Jan Wallinda and Tom Darby present.

JM-1 The Multnomah Commission on Children and Families and the Multnomah County Board of Commissioners Will Conduct a Joint Meeting Focusing on Multnomah County Priorities for Children and Families to Discuss Benchmarks. Presented by Carol Wire and Invited Others.

**CAROL WIRE, JIM CLAY AND CHRIS TEBBEN
PRESENTATION AND RESPONSE TO QUESTIONS
AND DISCUSSION WITH PARTICIPANTS BARBARA
FRIESEN, GARY HANSEN, JANET KREITZMEIER,
SHARRON KELLEY, MURIEL GOLDMAN, LESLIE
HAINES, DIANNE IVERSON, DAN SALTZMAN,
LUTHER STURTEVANT, LEE COLEMAN, SHARON
MCCLUSKEY, PAULINE ANDERSON, SUSAN
SMALLNEED, NORM MAVES, MARY LI, SONYA
FISCHER, GLORIA MUZGUIZ, REY ESPAÑA,
ROBERT TRACHTENBERG, PAMELA WEV, SUSAN
BRADY, MINDY POETSCH, BONNIE HOBSON,
CHIQUITA ROLLINS, CORNETTA SMITH, VERNON
BAKER, WENDY BYERS, CAROL FORD, JEAN
WAGNER, MILTIE VEGA-LLOYD, JOHN HUTZLER,
CAROL TURNER, WANDA SILVERMAN, JAN
WALLINDA AND TOM DARBY.**

The meeting recessed at 4:35 p.m. and reconvened at 4:55 p.m.

UPON CONSENSUS, VICE-CHAIR ROSENBAUM DIRECTED STAFF TO RETURN WEDNESDAY WITH FOLLOW UP INFORMATION, INCLUDING MINIMUM STANDARDS FOR WEIGHING, PROPOSED CRITERIA 2 AND 3; TO SOME DEGREE, PROPOSED CRITERIA 1, 4 AND 5; AND PROVIDING DEFINITIONS FOR "WE" AND "COMPELLING" FROM PROPOSED CRITERIA.

There being no further business, the meeting was adjourned at 6:00 p.m.

Tuesday, September 10, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

LAND USE PLANNING MEETING

Vice-Chair Dan Saltzman convened the meeting at 9:35 a.m., with Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present, and Chair Beverly Stein excused.

P-1 **CU 1-96, HV 1-96, SEC 1-96 DECISION FROM AUGUST 13, 1996 DE NOVO HEARING** in the Matter of an Appeal of the Hearings Officer Decision Regarding a Conditional Use Permit to Allow a Dwelling Not Related to Forest Management on Property Located at 3130 NW FOREST LANE, PORTLAND.

COUNTY COUNSEL SANDRA DUFFY EXPLAINED PROCESS, ADVISING THAT FOLLOWING THE CLOSE OF THE DE NOVO HEARING, TWO POST-HEARING BRIEFS WERE SUBMITTED, AS WELL AS A MEMO FROM COUNTY COUNSEL PLANNER BOB HALL EXPLANATION IN RESPONSE TO A QUESTION OF COMMISSIONER COLLIER. COMMISSIONER HANSEN MOVED, SECONDED BY COMMISSIONER COLLIER, TO UPHOLD THE HEARINGS OFFICER DECISION. COMMISSIONER HANSEN ASKED THAT THE ORDER BE PREPARED TO INCLUDE A LEGAL RESPONSE TO THE BOARD INTERPRETATION

REGARDING OWNERSHIP. FOLLOWING DISCUSSION AND AT THE SUGGESTION OF MS. DUFFY, BOARD CONSENSUS TO INCLUDE WORDING IN THE ORDER THAT IT IS NOT WITHIN THE BOARD'S SCOPE OF REVIEW TO DETERMINE STATE OR FEDERAL CONSTITUTIONALITY ISSUES. AT THE SUGGESTION OF MR. HALL, BOARD CONSENSUS TO INCLUDE CORRECTION TO HEARINGS OFFICER DECISION, IN THE LAST PARAGRAPH ON PAGE THREE, CITING ORDINANCE 643 INSTEAD OF ORDINANCE 786, AND CHANGING THE WORD "REQUEST" TO "REQUIREMENT". MOTION AFFIRMING THE JUNE 14, 1996 HEARINGS OFFICER DECISION SUBJECT TO CERTAIN MODIFICATIONS AND ADDITIONAL FINDINGS WAS UNANIMOUSLY APPROVED. STAFF TO PREPARE FINAL ORDER FOR BOARD APPROVAL ON THE NEXT AVAILABLE CONSENT CALENDAR. (ORDER 96-163 ADOPTED SEPTEMBER 19, 1996.)

There being no further business, the meeting was adjourned at 9:45 a.m.

Wednesday, September 11, 1996 - 3:00 PM
United Way Boardroom, Third Floor
619 SW 11th Avenue, Portland

MCCF/BCC JOINT MEETING

Multnomah Commission on Children and Families Vice-Chair Mark Rosenbaum convened the meeting at 3:20 p.m., with Carol Wire, Jim Clay, Chris Tebben, Barbara Friesen, Lee Coleman, Jim Sanger, Luther Sturtevant, Dan Saltzman, Dianne Iverson, Steve Fulmer, Samuel Henry, Sharron Kelley, Cornetta Smith, Tom Darby, Mary Li, Linda Doyle, Gloria Musquiz, Karen Belsey, Susan Smallreed, Sonya Fischer, Judy McGuire, Robert Trachtenberg, John Hutzler, Bonnie Hobson, Judy McGavin, Mike Delman, Carol Ford, Wendy Byers, Bonnie Rosatti, Linda Jaramillo, Pamela Wev, Rey España, Meganne Steele, Leslie Haines, Connie Carley, Miltie Vega-Lloyd, Sharon McCluskey, Beverly Stein, Gary Hansen, Muriel Goldman and Chiquita Rollins.

JM-2 The Multnomah Commission on Children and Families and the Multnomah County Board of Commissioners Will Conduct a Joint Meeting Focusing on Multnomah County Priorities for Children and Families to Discuss Benchmarks. Presented by Carol Wire and Invited Others.

CAROL WIRE, CAROL FORD AND CHRIS TEBBEN PRESENTATION AND RESPONSE TO QUESTIONS AND DISCUSSION. FOLLOWING DISCUSSION AND UPON MOTION OF SAMUEL HENRY, SECONDED BY DAN SALTZMAN, THE PROPOSED CRITERIA WAS UNANIMOUSLY APPROVED.

The meeting was recessed at 5:15 p.m. and reconvened at 5:40 p.m.

CONTINUED COMMENTS AND DISCUSSION WITH PARTICIPANTS MARK ROSENBAUM, STEVE FULMER, MURIEL GOLDMAN, CORNETTA SMITH, BEVERLY STEIN, LEE COLEMAN, SHARRON KELLEY, CHIQUITA ROLLINS, SHARON MCCLUSKEY, LESLIE HAINES, JIM CLAY, CAROL WIRE, KAREN BELSEY, LINDA JARAMILLO, MARY LI, SAMUEL HENRY, PAMELA WEV, MILTIE VEGALLOYD, GLORIA MUZGUIZ, GARY HANSEN AND REY ESPAÑA.

There being no further business, the meeting was adjourned at 6:25 p.m.

Thursday, September 12, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:33 a.m., with Vice-Chair Dan Saltzman, Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present.

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, THE

**CONSENT CALENDAR (ITEMS C-1 THROUGH C-3)
WAS UNANIMOUSLY APPROVED.**

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-1 TP 3-96 Reporting the Hearings Officer's Decision Regarding an Appeal of the Administrative Decision to Deny a Temporary Permit that would Increase the Number of Dwellings Allowed in a Rural Residential District
- C-2 NSA 8-96 Reporting the Hearings Officer's Decision Regarding a Request for Columbia River Gorge National Scenic Area Approval to Construct Additional Sleeping and Meeting Facilities at the Menucha Retreat and Conference Center

DISTRICT ATTORNEY'S OFFICE

- C-3 Intergovernmental Agreement 500167 with Tri-Met Providing Funding for 1 FTE Deputy DA in the Tri-Met Neighborhood Based Prosecution Office

REGULAR AGENDA

PUBLIC COMMENT

- R-1 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

NO ONE WISHED TO COMMENT.

NON-DEPARTMENTAL

- R-2 Employee Recognition of MERRIE ZIADY, Multnomah County Health Benefits Manager

***BILL FARVER, CHRIS JOHNSON, BILL HOOPER,
NANCY MCCOY, WENDY HAUSOTTER AND BECKY
STEWART PRESENTATION IN HONOR OF MERRIE
ZIADY. MERRIE ZIADY COMMENTS IN
RESPONSE.***

- R-3 PROCLAMATION Proclaiming September 18, 1996 to be WHITE ROSE DAY in Multnomah County, Oregon

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-3. JACK BOAS EXPLANATION. PROCLAMATION READ. BOARD COMMENTS IN SUPPORT. PROCLAMATION 96-160 UNANIMOUSLY APPROVED.

R-4 PROCLAMATION Proclaiming the Month of September, 1996 as TREATMENT WORKS! Month

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-4. COMMISSIONER KELLEY AND JEAN BUCCIARELLI EXPLANATION. PROCLAMATION READ. BOARD COMMENTS IN SUPPORT. PROCLAMATION 96-161 UNANIMOUSLY APPROVED.

R-5 RESOLUTION Adopting an Insert for the 1996 Property Tax Statements Explaining the Senior Tax Deferral Program and Real Market Value Determinations

UPON MOTION OF COMMISSIONER SALTZMAN, SECONDED BY COMMISSIONER KELLEY, R-5 WAS UNANIMOUSLY POSTPONED INDEFINITELY.

DEPARTMENT OF SUPPORT SERVICES

R-6 RESOLUTION Recognizing September 16-20, 1996 as NATIONAL PAYROLL WEEK in Multnomah County, Oregon

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-6. MINDY HARRIS EXPLANATION. RESOLUTION READ. PAYROLL STAFF AND OTHER PROGRAMMING STAFF ACKNOWLEDGED AND RECOGNIZED. MS. HARRIS RESPONSE TO BOARD QUESTIONS. RESOLUTION 96-162 UNANIMOUSLY APPROVED.

There being no further business, the meeting was adjourned at 10:04 a.m.

Thursday, September 12, 1996 - 3:00 PM
United Way Boardroom, Third Floor
619 SW 11th Avenue, Portland

MCCF/BCC JOINT MEETING

JM-3 The Multnomah Commission on Children and Families and the Multnomah County Board of Commissioners Will Conduct a Joint Meeting Focusing on Multnomah County Priorities for Children and Families to Discuss Benchmarks. Presented by Carol Wire and Invited Others.

MEETING CANCELLED.

BOARD CLERK FOR MULTNOMAH COUNTY, OREGON

Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 SW FIFTH AVENUE
PORTLAND, OREGON 97204
CLERK'S OFFICE • 248-3277 • 248-5222
FAX • (503) 248-5262

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN ▪ CHAIR ▪ 248-3308
DAN SALTZMAN ▪ DISTRICT 1 ▪ 248-5220
GARY HANSEN ▪ DISTRICT 2 ▪ 248-5219
TANYA COLLIER ▪ DISTRICT 3 ▪ 248-5217
SHARRON KELLEY ▪ DISTRICT 4 ▪ 248-5213

AGENDA
MEETINGS OF THE MULTNOMAH COUNTY BOARD
OF COMMISSIONERS

FOR THE WEEK OF

SEPTEMBER 9, 1996 - SEPTEMBER 13, 1996

- Monday, September 9, 1996 - 3:00 PM - Joint Meeting.....Page 2*
- Tuesday, September 10, 1996 - 9:30 AM - Land Use Planning..... Page 2*
- Wednesday, September 11, 1996 - 3:00 PM - Joint Meeting.....Page 2*
- Thursday, September 12, 1996 - 9:30 AM - Regular Meeting..... Page 3*
- Thursday, September 12, 1996 - 3:00 PM - Joint Meeting..... Page 4*

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

Thursday, 9:30 AM, (LIVE) Channel 30

Friday, 10:00 PM, Channel 30

Sunday, 1:00 PM, Channel 30

Produced through Multnomah Community Television

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

AN EQUAL OPPORTUNITY EMPLOYER

Monday, September 9, 1996 - 3:00 PM
United Way Boardroom, Third Floor
619 SW 11th Avenue, Portland

MCCF/BCC JOINT MEETING

JM-1 *The Multnomah Commission on Children and Families and the Multnomah County Board of Commissioners Will Conduct a Joint Meeting Focusing on Multnomah County Priorities for Children and Families to Discuss Benchmarks. Presented by Carol Wire and Invited Others. 3 HOURS REQUESTED.*

Tuesday, September 10, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

LAND USE PLANNING MEETING

P-1 **CU 1-96, HV 1-96, SEC 1-96 DECISION FROM AUGUST 13, 1996 DE NOVO HEARING** in the Matter of an Appeal of the Hearings Officer Decision Regarding a Conditional Use Permit to Allow a Dwelling Not Related to Forest Management on Property Located at 3130 NW FOREST LANE, PORTLAND.

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Thursday, September 12, 1996 - 9:30 AM
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REGULAR MEETING

CONSENT CALENDAR

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-1 TP 3-96 *Reporting the Hearings Officer's Decision Regarding an Appeal of the Administrative Decision to Deny a Temporary Permit that would Increase the Number of Dwellings Allowed in a Rural Residential District*
- C-2 NSA 8-96 *Reporting the Hearings Officer's Decision Regarding a Request for Columbia River Gorge National Scenic Area Approval to Construct Additional Sleeping and Meeting Facilities at the Menucha Retreat and Conference Center*

DISTRICT ATTORNEY'S OFFICE

- C-3 *Intergovernmental Agreement 500167 with Tri-Met Providing Funding for 1 FTE Deputy DA in the Tri-Met Neighborhood Based Prosecution Office*

REGULAR AGENDA

PUBLIC COMMENT

- R-1 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

NON-DEPARTMENTAL

- R-2 *Employee Recognition of MERRIE ZIADY, Multnomah County Health Benefits Manager*
- R-3 *PROCLAMATION Proclaiming September 18, 1996 to be WHITE ROSE DAY in Multnomah County, Oregon*
- R-4 *PROCLAMATION Proclaiming the Month of September, 1996 as TREATMENT WORKS! Month*

R-5 *RESOLUTION Adopting an Insert for the 1996 Property Tax Statements
Explaining the Senior Tax Deferral Program and Real Market Value
Determinations*

DEPARTMENT OF SUPPORT SERVICES

R-6 *RESOLUTION Recognizing September 16-20, 1996 as NATIONAL
PAYROLL WEEK in Multnomah County, Oregon*

*Thursday, September 12, 1996 - 3:00 PM
United Way Boardroom, Third Floor
619 SW 11th Avenue, Portland*

MCCF/BCC JOINT MEETING

JM-3 *The Multnomah Commission on Children and Families and the
Multnomah County Board of Commissioners Will Conduct a Joint
Meeting Focusing on Multnomah County Priorities for Children and
Families to Discuss Benchmarks. Presented by Carol Wire and Invited
Others. 3 HOURS REQUESTED.*

MEETING DATE: September 12, 1996

AGENDA #: JM-3

ESTIMATED START TIME: 3:00 pm

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Children and Families Benchmarks Prioritization

BOARD BRIEFING: DATE REQUESTED: REQUESTED BY: AMOUNT OF TIME NEEDED:

REGULAR MEETING: DATE REQUESTED: Thursday, September 12, 1996 AMOUNT OF TIME NEEDED: 3 hours requested

DEPARTMENT: Non-Departmental DIVISION: MCCF

CONTACT: Chris Tebben TELEPHONE #: 248-3982 BLDG/ROOM #: 166/500

PERSON(S) MAKING PRESENTATION: Carol Wire and Invited Others

ACTION REQUESTED:

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

SUGGESTED AGENDA TITLE:

The Multnomah Commission on Children & Families and the Multnomah County Board of Commissioners Will Conduct a Joint Meeting Focusing on Multnomah County Priorities for Children and Families

SIGNATURES REQUIRED:

ELECTED OFFICIAL: (OR) DEPARTMENT MANAGER:

[Handwritten signature]

CANCELLED

BOARD OF COUNTY COMMISSIONERS 96 SEP - 5 PM 2:05 MULTNOMAH COUNTY OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

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

Joint Meeting

Multnomah County Board of Commissioners (BCC)
and
Multnomah Commission on Children and Families (MCCF)

Monday, September 9
3:00 to 6:00 p.m.

United Way, 3rd Floor Board Conference Room, 619 SW 11th Ave., Portland

OUR OBJECTIVES FOR THESE MEETINGS

1. We will build an understanding of current research and data on the status of children and families.
2. We will discuss core social and political issues and the underlying interrelationships between the benchmarks.
3. We will establish a baseline of knowledge sufficient for a well informed, criteria-based benchmark prioritization process.
4. We will select the benchmarks that will focus our future efforts in developing and implementing strategies for achieving positive change for children and families in our community.

Agenda for this afternoon:

<i>min.</i>	<i>topic</i>	<i>who</i>
5	Call to order; welcome.	Mark Rosenbaum, Vice-Chair, MCCF
10	Our task: a long term view. The process and objectives for this series of meetings.	Carol Wire, Director, MCCF Jim Clay, MCCF staff
10	Presentation of draft criteria for benchmark prioritization.	Chris Tebben, MCCF staff
60	Multnomah County's children: where we are, and the implications of research data. Discussion.	Carol Wire all; Jim Clay, facilitator
20	BREAK; informal discussion of key issues.	all
45	Discussion of how each benchmark meets the draft criteria.	all; Jim Clay, facilitator
20	Assessment of draft prioritization criteria; selection of criteria.	Dianne Iverson, MCCF staff; all
10	Wrap-up; next steps. Meeting evaluation. Adjourn.	Carol Wire Jim Clay Mark Rosenbaum

Joint Meeting

Multnomah County Board of Commissioners (BCC)

and

Multnomah Commission on Children and Families (MCCF)

Wednesday, September 11, 3:00 to 6:00 p.m.

United Way, 3rd Floor Board Conference Room, 619 SW 11th Ave., Portland

OUR OBJECTIVES FOR THESE MEETINGS

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Agenda for this afternoon:

<i>min.</i>	<i>topic</i>	<i>who</i>
10	Call to order; welcome.	Mark Rosenbaum, Vice-Chair, MCCF
5	Our objectives: How well are we doing? Staff report: An overview and follow-up to Monday's session.	Carol Wire, Director, MCCF
30	Staff report: Presentation of revised draft criteria for benchmark selection, based on input received. Discussion. Decision to adopt criteria to guide benchmark selection.	Chris Tebben, MCCF staff Mark Rosenbaum.
5	Benchmarks rating tool; distribution and instructions for use.	Carol Wire
45	Discussion and exchange of views on each benchmark's fit with the established criteria.	Mark Rosenbaum
15	Policy makers silently complete the benchmarks rating tool, and give to staff for compilation.	MCCF BCC
15	BREAK (staff compiles the results.)	all
45	Staff report: Presentation of the results. Discussion. Decision to select a few benchmarks.	Jim Clay Mark Rosenbaum
10	Wrap-up; next steps. Meeting evaluation; adjourn.	Carol Wire Mark Rosenbaum

Criteria for Prioritizing Among Benchmarks

1. Making progress toward the benchmark would directly influence progress toward other benchmarks.
2. We have the capacity to impact the benchmark.
3. We can measure the benchmark reliably without substantial new effort or investment, or we commit to making the investment needed to do so.
4. There is a compelling need for immediate action.
5. The benchmark encourages investments that provide a positive return by preventing the need for future expenditures.

Sometimes conventional wisdom doesn't match up with the data. For example, in Multnomah County, suicide among youth causes one and a half times as many deaths as homicide, contrary to what many people believe to be true.

Q: *How can we assure that as we make difficult choices, we depend on reliable data, and not simply on our emotions?*

Using benchmarks to monitor our progress in achieving certain outcomes, is a matter of numbers — increasing the number of youth graduating from high school, or reducing the number of children who are abused, for example. But this could encourage us to focus on the majority population, where the greatest numbers are, and not on minority populations, where disproportionate rates may be.

Q: *How can we achieve the outcomes we seek and still allow for a focus on population segments experiencing disproportionate rates?*

All benchmarks measure some important part of achieving community wellness, but with so many issues to keep track of it makes sense to focus on a few key issues. The problem is, selecting a few benchmarks for our focus could be misunderstood as meaning that we have no concern for other issues.

Q: *How can we become clear that selecting a few priority benchmarks does not mean that we are abandoning our concern for other issues?*

BENCHMARK TREND REPORTS

Benchmarks for Multnomah County's Children and Families

September 9, 1996

<i>Benchmark</i>	<i>Page</i>
Increase Adequate Prenatal Care	1
Reduce the Number of Babies Born Drug-Affected	5
Increase Quality Child Care	9
Meeting Developmental Standards by Kindergarten	13
Reducing the Number of Children Living in Poverty	16
Increase Safe Stable Housing	22
Reduce Domestic Violence	25
Reduce Violence By and Against Children and Youth	28
Reduce Child Abuse and Neglect	31
Increase Families Caring for Their Children	35
Reduce Adolescents' Use of Tobacco, Alcohol and Other Drugs	38
Reduce the Rate of Teen Pregnancy	40
Increase the Number of Youth Graduating from High School	44
Reduce Juvenile Crime	47
Reduce Minority Over-representation in the Juvenile Justice and Child Welfare Systems	50

INCREASE ADEQUATE PRENATAL CARE

MULTNOMAH COUNTY (Not an Urgent Benchmark):

Prenatal Care - Percentage of babies whose mothers received adequate prenatal care beginning in the first trimester.

COMMISSION ON CHILDREN AND FAMILIES:

Increase Prenatal Care.

PORTLAND-MULTNOMAH PROGRESS BOARD:

Increase the percentage of healthy birthweight babies.

I. Why It Is Important

Timely prenatal care significantly increases the likelihood of a healthy infant of normal birthweight. Delaying prenatal care increases the health risk for both mother and baby. Healthy babies are dependent on a variety of factors - adequate prenatal care, born drug-free, a healthy birthweight, and mothers' lifestyles. Healthy babies have fewer birth defects, disabilities and other long-term complications. These may result in significant healthcare costs and may also affect the baby's developmental future, including readiness for school.

II. Benchmark Data

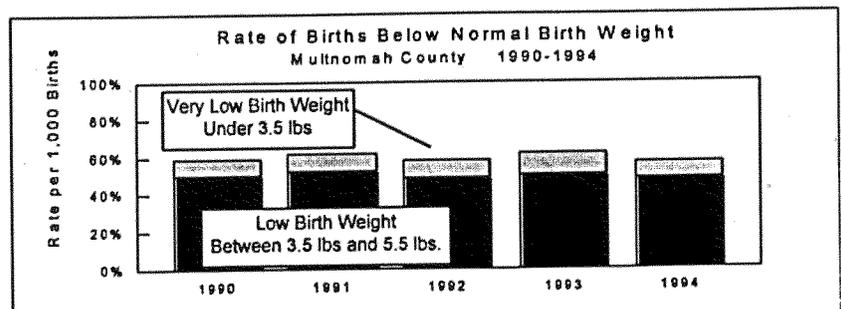
- Current benchmarks look at healthy birth outcomes through adequate prenatal care and percent of low birthweight babies. Adequate prenatal care is defined as care starting in the first trimester of pregnancy. Low birthweight is defined as less than 5.5 lb. at birth.
- Oregon Vital Statistics Annual Report for 1994 shows:

For 1994	Oregon	Multnomah Co.
Total Population	3,082,000	620,000 (20% of the state's total)
Total Live Births	41,832	8,903 (21% of state's total)
# of low birthweight babies	2,217 (5% of all live births)	524 (6% of county births)
# of infants that received 1st trimester prenatal care	33,016 (79% of all live births)	6,933 (78% of county births)
# of infants that received inadequate prenatal care. ¹	2,376 (6% of all live births)	536 (6% of all county births)

¹ Less than five prenatal care visits or care started in the third trimester.

- Rate of Births Below Normal Birth Weights (Under 5.5 lbs.)

From the Portland Multnomah Progress Board 1996 Annual Report



INCREASE ADEQUATE PRENATAL CARE

- The Portland Multnomah Progress 1996 report also shows birthweight trends and difference by race/ethnicity and by geographical area for Multnomah County:

African Americans have the highest rate per 1,000 of low birthweight babies, twice the rate for whites (52.4, the lowest rate for the County). Also the African American infant mortality rate is 3 times the rate for white.

Looking by geographic area, east Portland has the highest rate of low birth weight babies. Gresham and the remainder of Multnomah County have the lowest rates.

III. Key Trends and Issues

Low Birth Weight Trends

- The Casey Foundation's Children's Count Data Book shows that from 1985 through 1993, the rate of low birthweight babies (as a percentage of all babies born) has gotten worse. The national percentage increased from 6.8 to 7.2 (6% worse) while Oregon increased from 5.1 to 5.2 (2% worse). Multnomah County's rate has not varied much over the last five years from the current 6% level.

Prenatal Care Trends

- Since 1989, Multnomah County has shown improvement in the percent of women who received adequate prenatal care, from 74.7% in 1989 to 77.6% in 1994. However, the rate of improvement varies by race/ethnicity and women with different risk factors. The state's 1994 rate was 79%.
- Age and education are also closely related to patterns of prenatal care. Women under 15 and women without a high school education are least likely to get adequate prenatal care.

Ability to Improve Trends

- In 1995, Oregon achieved 95% of all births at healthy birth weights. A U. of O. study concluded that it may be prohibitive to reach the state's benchmark target of 97% due to the difficulty of "squeezing out the last 5% of anything." The study could not identify any policy path that would achieve 97%. Since Multnomah County is currently at 94%, is it in the same status as the state? Once the last 1-2% is achieved, how realistic will it be to focus on reaching an higher level?

Interrelationships

- The U. of O. study also concluded that at the state level only weak relationships existed between teen pregnancies, smoking, drinking, and inadequate prenatal care. It estimated that if there had been no teenage pregnancies, if none of the adult mothers

INCREASE ADEQUATE PRENATAL CARE

had smoked or drank, and if all had received adequate prenatal care, Oregon's rate of healthy birthweight babies would have only reached 96%.

- Locally, differences in "healthy babies" outcomes indicate that race/ethnic groups and geography may require targeted strategies. "Healthy babies" strategies could be designed for specific communities.

For example, there could be focus on the disparity shown between African American low birth weight babies and infant mortality to the rates of communities. Data on Hispanic mothers shows that they tend to have low rates of adequate prenatal care but have a fairly high rate of healthy birthweight babies. This may be due to a healthy lifestyle; they tend to smoke and take drugs less and practice better nutrition habits than other groups. A focus on healthy lifestyle issues such as nutrition, smoking, alcohol and drug treatment, etc. may help increase the number of healthy babies with other communities.

- According to the US Office of Technology Assessment, the healthcare system saves \$14,000-\$30,000 in hospitalization and long-term healthcare costs for every low birth weight avoided through early or comprehensive prenatal care.

Data Limitations

- Prenatal care data is collected through self-reported birth certificate information provided by the mother. Only the starting date and number of prenatal care visits are collected; it does not address type of care visits. There is no assurance that "adequate" care is being received (for example simple office welfare visits may be counted.) The validity and accuracy of the data is questionable, probably overstated.

IV. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

Major system elements

- Preconception Care
- Family Planning
- Early Identification or Pregnancy
- Access to Comprehensive Prenatal Care

Potential strategies

- Early identification of pregnancy, access to services.
- Teen pregnancy prevention programs
- Universal health care, including alcohol & drug treatment
- Targeted programs design for specific communities and populations at risk
- Community & social support networks and outreach.

INCREASE ADEQUATE PRENATAL CARE

- Transportation and childcare support
- Education and risk assessment. Psychosocial intervention
- Cultural and attitude changes (elimination of sexism)
- Health and nutrition education
- Home visits
- Care coordination with Human Services

V. Sources Used:

- Wellness Team
- MCCF 1994 Comprehensive Plan
- Portland Multnomah Progress Board, 1996 Annual Report
- The Annie E. Casey Foundation - 1996 Kids Count Data Book;
- 1996 Status of Children - County Data, Children First for Oregon
- Profiles of Oregon Counties, 1996 Edition, Oregon Dept of Education
- Oregon Vital Statistics Report 1994

REDUCING THE NUMBER OF BABIES BORN DRUG AFFECTED

MULTNOMAH COUNTY (An Urgent Benchmark):

Drug-Free Babies - Percentage of infants whose mothers did not use illicit drugs, alcohol, or tobacco during pregnancy.

COMMISSION ON CHILDREN AND FAMILIES:

To reduce the number of babies born drug affected.

PORTLAND-MULTNOMAH PROGRESS BOARD:

Increase the percentage of infants whose mothers did not use the following: illicit drugs, alcohol, and/or tobacco during pregnancy.

I. Why It Is Important

Children born to mothers who use tobacco, alcohol or drugs during pregnancy show marked differences in health, often with long term implications:

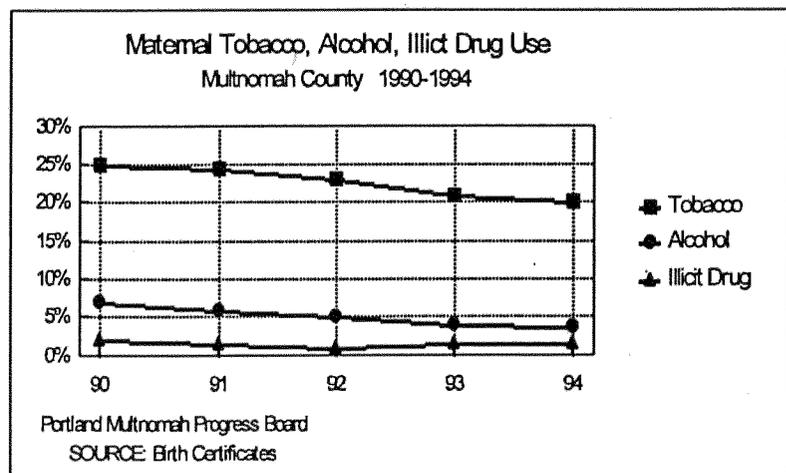
Drugs: Drug exposure puts babies at a greater risk of complications during pregnancy and correlates with low birthweights. Babies in drug abusing families face greater risks of health problems, inadequate nutrition, and abuse and neglect.

Alcohol: Used during pregnancy, alcohol can cause deformity and developmental problems. In the extreme, babies can suffer from fetal alcohol syndrome. Even as few as two drinks per day during pregnancy has been associated with health problems in a significant share of exposed infants.

Tobacco: Women who smoke when pregnant have a far higher incidence of low birthweight babies than non-smokers. As with alcohol, there is no know low threshold of safe tobacco use during pregnancy.

II. Benchmark Data

- The data above shows that tobacco is used more frequently than alcohol and drugs, although the percentage who smoke has declined over the past five years.



REDUCING THE NUMBER OF BABIES BORN DRUG AFFECTED

- In 1994, over one-third of Oregon resident births were paid for by Medicaid (e.g. the Oregon Health Plan) as compared to just over one-fourth of total births in 1989.

III. Key Trends and Issues

Trends

Significant differences in maternal tobacco, alcohol and drug use are seen by age group and by race/ethnicity. This may indicate strategies that target communities to address problem.

- Younger mothers are more likely to smoke than older mothers. In Multnomah County, over 30% of mothers under 19 years smoke during pregnancy; smoking then drops off as age increases (10% of mothers over 40 smoked during pregnancy).
- The percentage of mothers who smoke during pregnancy is markedly different by race/ethnicity. Native Americans, African-Americans and whites are much more likely to smoke than Hispanic or Asian mothers. Also geographic areas show differences; mothers in North Portland and East Portland are more likely to smoke .
- In 1994, Multnomah County's tobacco and alcohol use was higher than state levels. 20.7% of mothers reported they smoked during pregnancy, as compared to 18.1% for the state. 3.3% reported alcohol use during pregnancy, compared to the state's 2.7%.

However, Multnomah County's tobacco and alcohol use has been declining over the several years, while the state's tobacco and alcohol rate has remained fairly stable over the last three years.

- For Multnomah County, 1.2 % reported using illicit drugs during pregnancy, as compared to 1.1% for the state.

Reducing Exposure During and After Pregnancy

- While the benchmark focuses only on tobacco, alcohol and drug use during pregnancy, a wider definition to "substance exposure" may be more descriptive of the issue. Substance exposure includes alcohol, nicotine, and the inappropriate use of prescribed/unprescribed and legal/illegal drugs. The goal could be to reduce exposure, both in-utero exposure (during pregnancy) and exposure through living with drug-affected families (environmental exposure).

Interrelationships

- Increased prenatal care significantly impacts the reduction of babies born drug affected through early pregnancy detection and access to drug and alcohol treatment.

REDUCING THE NUMBER OF BABIES BORN DRUG AFFECTED

Data Limitations

- The data on tobacco, alcohol, and drug use is based on birth certificate information which is self reported by the mother. Because of the social/cultural stigma and the fear of legal issues attached to this information, the validity and accuracy of the data is questionable. Generally birth certificate data is considered to under report alcohol and drug use, but be fairly accurate for tobacco use.

Multnomah County is currently participating in a statewide study of random sampling technique of newborn merconium which should assist in defining the problem of drug use by pregnant women. In 1994, preliminary results, based on half of the samples, showed a Multnomah County rate of drug use slightly double the rate from birth certificate data.

IV. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

Elements of a System

- Prenatal outreach and support
- Prenatal care
- Prenatal substance use programs

Potential Strategies

- Early identification of pregnancy and access to services, including alcohol and drug treatment. Tailored approaches to specific communities.
- Prenatal outreach for specific populations.
- Cultural and age appropriate promotion for not using substances and prevention/education.
- Home visit capacity for all pregnant women and for those in need
- Health care access for all pregnant women.
- Case management for pregnant women in treatment. Child care during treatment. Transportation to treatment. Transition between treatment levels.
- Longer Residential programs. Provide more beds/longer stays for mothers with their children at residential treatment facilities.

REDUCING THE NUMBER OF BABIES BORN DRUG AFFECTED

- Recovery Support: Community/family support. Affordable decent housing. Services for teaching life skills; job training. Living wage.
- For women who continue to use drugs & alcohol in subsequent pregnancies, and have lost custody of previous children, a different model of services is needed that includes intensive, multidisciplinary, long term support, including working with state agencies.

V. Sources Used:

- Wellness Team
- Multnomah Commission on Children and Families 1994 Comprehensive Plan
- Portland Multnomah Progress Board, 1996 Annual Report
- 1996 Status of Children - County Data, Children First for Oregon
- Oregon Vital Statistics Report 1994

Other Documents/Areas to Research

- Fetal Alcohol Study by Ann Streissguth, University of Washington
- Long term effect and costs to county, state & education systems
- Oregon Health Division Prenatal Substance Prevalence and Health Service Needs Study

INCREASE QUALITY CHILD CARE

MULTNOMAH COUNTY (Not Urgent Benchmarks):

Child Care Quality - Percentage of child care facilities which meet established basic standards.

Child Care Availability - Number of identified child care slots available for every 100 children under age 13.

COMMISSION ON CHILDREN AND FAMILIES:

Increase Quality Day Care.

PORTLAND-MULTNOMAH PROGRESS BOARD:

Increase the percentage of child care facilities which meet established basic standards.

I. Why It Is Important

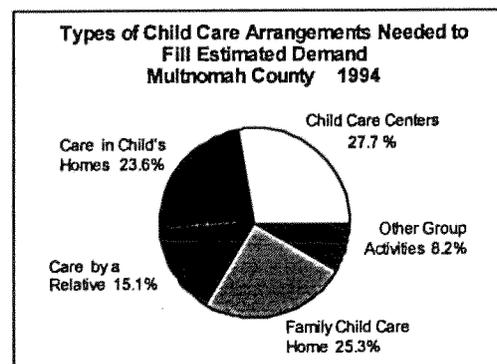
Parents want quality care for their children, but many are limited by what they can afford to spend. From the perspective of the child care providers and teachers, affordable fees seldom can buy the quality demanded. Setting minimum standards for child care providers is important because it provides some assurance that our children are receiving a basic level of quality day care. Quality child care can play an important part in "readiness for school" and developmental milestones.

II. Benchmark Data

- 33% of females who had children under the age of six were working in 1975. By 1993, the percentage working had risen to 53%. (Oregon Labor Trends, January 1996.)
- In Multnomah County, there are a total of 3,784 child care providers. 39% meet basic standards. For the state, 47% of all providers meet basic standards of care.

In Oregon, group homes and child care centers are required to be certified yearly. Certification includes on-site visits, achieving minimum standards for staff, children's programs, nutrition and meals, discipline and health policies. Other types of child care (family child care, school-age programs and pre-schools) must register, requiring only agreement with state child care guidelines, an adult over 18 and a criminal records check.

- The Oregon Child Care and Education Data Project estimated that 38.7% of all Multnomah children needed child care in 1994. The largest demand was for Child Care Centers (27.7%) followed by Family Child Care Homes (25.3%). These percentages follow the statewide demand by type.



Portland Multnomah Progress Board 1996 Report

INCREASE QUALITY CHILD CARE

III. KEY TRENDS

Child care is impacted by three concerns: Accessibility, quality and affordability.

Accessibility

- Children First for Oregon indicates that Multnomah County's child care supply (slots per 100 kids under 13) has improved since 1990 at a faster rate than the state. Multnomah got better by 29%; over the same period, the state's rate improved by only 14%.
- Metro Child Care Referral and Resources Team report that there are 12,000 available child care slots in Multnomah County. A 1993 Association of Portland Progress estimated a 40% growth (15,600 slots) needed by the year 2010 for child care services for downtown workers. When the 2040 Plan population and job growth projections for downtown are added, that need is even greater.
- The quantity of available slots varies, creating estimated shortfalls and gaps of between 30-40% of meeting the school age need and 70-80% of the preschool need. The true "gap" needs to be studied and quantified in numbers and type of care.

Quality

- "Quality child care" is defined as accredited child care facilities and certified child care providers (an Early Childhood Education Associate Degree and Child Development Associate National Credentialing Program).
- Child care programs (centers, group homes, and family settings) are often a child's first teacher and have significant impact on a child's success in school, social and emotional competence and cognitive development. There is clearly an educational, developmental process that occurs in these facilities. Yet there are no requirements or incentives for formal accreditation or certification. The quality of the available slots varies from excellent (accredited programs) to extremely poor (well below minimal standards). In Multnomah County, there is currently no way to track and monitor quality child care.

Affordability

- As family incomes drop and more families become the "working poor", the percentage of income needed for child care doubles or triples over the average 5% - 7% spent on childcare.
- There is a significant turnover rate among family child care providers due to low compensation and lack of benefits. The average full-time child care worker's salary in 1994 was about 30% above minimum wage and below the poverty line for a family of three. The majority are without health care or other benefits.

INCREASE QUALITY CHILD CARE

III. Key Trends and Issues

- Increasing the number of child care providers meeting quality standards is impacted by:
 - Setting high and consistent standards
 - Provider training and technical assistance
 - Developmentally appropriate practices
 - Provider compensation
 - Monitoring compliance with established standards

- 80% of children in out-of-home care have employed parents, and employers have a stake in meeting their employees' child care needs. There is a need to expand the public/private partnership to increase business financial support for recruiting and improving child care quality and supply.

- Increasing the quality and quantity of child care and retention of existing slots/recruitment of new providers is related to equitable "family living wage" for child care workers and technical and financial support/incentives for centers.

III. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

Elements of a Quality Child Care System

- Training for child care providers (child care basics, healthy and safety, business practices, special needs)
- Education for individual child care providers (associate, bachelor and masters degrees)
- Accreditation for centers, center staff and family providers
- Quality standards (state and professional standards, child care center certification, etc.)
- Access (recruitment and support, provider data base, sliding fee scales, scholarships/loans, etc.)

Potential Strategies

- **Training**
 - Training requirements for family providers regarding basic health and safety
 - Provide resources and support
 - Consistent with state career plan. Integrate training into career lattice.
 - Develop advanced training

- **Education**
 - Economic support for advanced degrees
 - Increase requirements for child care center directors and staff

- **Accreditation**
 - Advisory system to increase access to Child Development Associate (CDA)
 - National Credentialing Program.

INCREASE QUALITY CHILD CARE

- **Quality Standards**
 - Health and safety inspections of family providers
 - Increased requirements for all providers
 - Raise minimum standards. Compliance and inspections
 - Retention and compensation programs
 - Program support and resources
- **Access**
 - Expand database to assist in recruitment and track gaps
 - Recruitment of providers for special needs children, infants/toddlers and school age children
 - Develop employer consortiums

V. Sources Used

- Wellness Team
- MCCF 1994 Comprehensive Plan
- Portland Multnomah Progress Board, 1996 Annual Report
- 1996 Status of Children - County Data, Children First
- Oregon Labor Trends, January 1996.
- Multnomah Child Care Resource/Referral.
- Oregon State Department of Education, "Forging the Link"

Other Documents to Consult

Perry School Study

MEETING DEVELOPMENTAL STANDARDS BY KINDERGARTEN

MULTNOMAH COUNTY (Not an Urgent Benchmark):

Early Childhood Development - Increase percentage of children entering kindergarten meeting specific developmental standards for their age.

COMMISSION ON CHILDREN AND FAMILIES:

Meet developmental standards by kindergarten.

PORTLAND-MULTNOMAH PROGRESS BOARD:

Increase the percentage of children entering kindergarten meeting specific development standards for their age.

I. Why It Is Important

Children must be physically, emotional and intellectually ready to learn when they enter kindergarten. Children's experiences in the first five years are important indicators of their later success in school and in jobs. Dimensions of development standards or milestones for kindergartners include physical well-being, social confidence, emotional maturity, language richness and general knowledge commensurate to a five-year-old's development. Parents are the key to seeing that a child is ready for school. A child who is not ready to learn, cannot learn, and must be identified and given remedial attention.

II. Benchmark Data

- The science of assessing the readiness of children entering kindergarten is in its infancy. There is no reliable state or local trend data for school readiness at this time.
- School readiness is defined as the developmental milestones that a child needs to reach to be ready to enter school. They are: **physical well being, cognitive, social, emotional, language, literacy, and fine and gross motor development.**
- There are accepted levels for each of these development areas tied to school readiness for kindergarten. However, only some interim indicators such as vision, hearing, and immunizations are being collected through well child examinations and developmental screenings. Due to funding constraints, kindergarten assessments data is not being collected or reported by local school districts.
- The term developmental "standards" implies success vs. failure. The term "milestones" is suggested because it implies a point along an ongoing developmental process. Developmental milestones should be determined by nationally validated, reliable screening instruments administered by school districts.
- While there has been a decline in the percent of eligible 3-4 year olds served by Head Start, there has been a sharp increase in the poverty rate for children ages 0-5 years.

MEETING DEVELOPMENTAL STANDARDS BY KINDERGARTEN

III. Key Trends And Issues

- Even though there is little research-based data on percentage of children developmentally ready for kindergarten, there is significant research tying school readiness to a set of necessary community conditions. The Carnegie Foundation report "Ready to Learn - a Mandate for the Nation" cites seven conditions necessary for children to be ready to enter school:
 - a healthy start
 - a language rich environment with caring, empowered parents
 - quality early child care and education, including preschools and child care
 - a responsive, family-friendly workplace for parents
 - responsible, nonviolent and education TV programming on all major networks
 - safe, supportive neighborhoods where learning can take place
 - a web of supports for families and greater inter-generational connections.
- These conditions are directly impacted by the benchmarks of poverty, prenatal care, childcare, violence and abuse, teenage pregnancy, teenage graduation, health care access and housing.
- Because of the complexity and interrelationships between these family and community conditions, a comprehensive system is needed to coordinate a collaborative network to help develop and support families' ability to nurture their children and address the changing needs of young children and families.
- Child Care and Education: Forging the Link. Oregon is one of two states that received a Danforth Foundation grant for a project called "Forging the Link". The project's goal is to develop a coordinated and collaborative early childhood care and education system that ensures continuity and quality across programs for children ages 0-8 and school age children (5-12) who are in child care and recreation programs.

A draft of "Essential elements of programs for children" is being reviewed at this time. It focuses on the elements of positive relationships, family involvement, program for child development and learning, professional staff, safe, healthy learning environments, health promotion, inclusion practices, effective administration and business practices, continuity for children and families. This project should provide assistance in designing and developing a comprehensive system.

IV. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

- **System Elements**
 - Access to Health and Nutrition
 - Screening

MEETING DEVELOPMENTAL STANDARDS BY KINDERGARTEN

Mental Health
Age Appropriate Education
Family Support
Parent Education

- **Potential Strategies**

Periodic screening at critical development stages

Increased coordination and collaboration of Multnomah county divisions and community agencies that serve children and families, creating a continuum of services and support for child and families.

Expansion of the neighborhood-based Family Services Centers, including Parent Child Development services, to increase access and enhance service to all families.

Outreach to families from conception or entrance into the system.

Public awareness campaign of child development, parent education and other child and family issues.

V. Sources Used

- Wellness Team
- MCCF 1994 Comprehensive Plan
- Portland Multnomah Progress Board, 1996 Annual Report
- "Forging the Link", Danforth foundation grant project, Child Care Division and Department of Education, lead agencies.
- "Ready to Learn: A Mandate for the Nation", Ernest Boyer of the Carnegie Institute for the Advancement of Teaching.

REDUCING THE NUMBER OF CHILDREN LIVING IN POVERTY

MULTNOMAH COUNTY (Not Urgent Benchmarks):

Children in Poverty: Percentage of children living above poverty [by ethnicity].

Poverty: Percentage of citizens with incomes above 100% of Federal poverty level.

Income: Percentages of citizens with incomes above 125% of the Federal Poverty Level.

Homelessness: Number of citizens who were homeless at some time in the last year
[by children and adults]

COMMISSION ON CHILDREN AND FAMILIES:

Reduce number of families living in poverty.

PORTLAND-MULTNOMAH PROGRESS BOARD:

Reduce number of families living in poverty.

Increase the % of citizens with incomes above 100% of the federal poverty level.

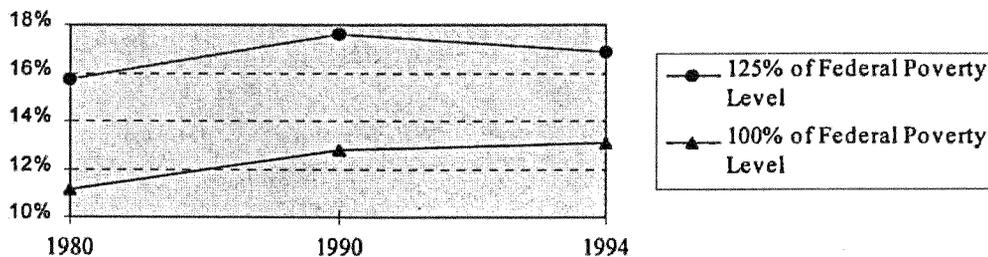
Increase average annual payroll per non-farm worker.

I. Why it is Important

Poverty limits a person's ability to reach his or her potential in every aspect of life, including the ability to provide for self and family, and to contribute to the health of the community. Poverty affects the abilities of families to provide for their basic needs, contributes to health and mental health problems, and can lead to homelessness. Although many factors put children at risk, nothing predicts bad outcomes for a child more powerfully than growing up poor. Children living in poverty are more likely to die in infancy, become pregnant teens, drop out of school, suffer health, mental health and behavior problems, and chronic illness, abuse and neglect, and are more likely to have developmentally delayed growth and cognitive development.

II. Benchmark Data

Percentage of Multnomah County Population Living in Poverty

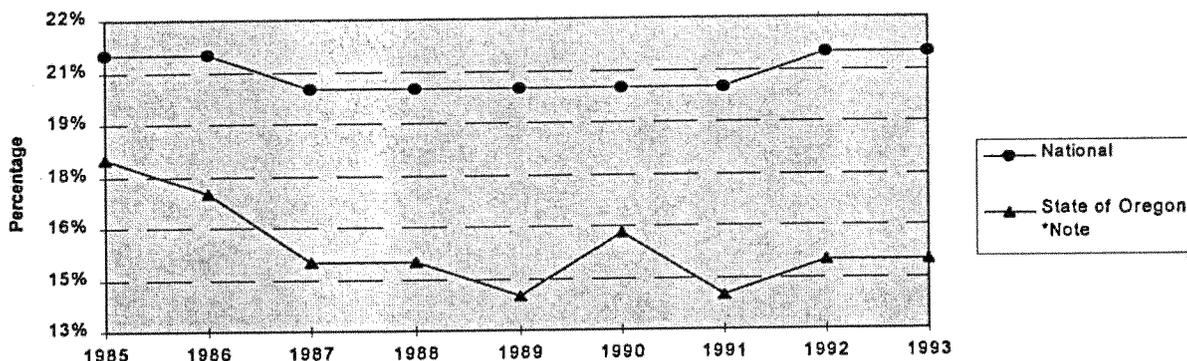


- The number and percentage of people living in poverty in Multnomah County grew from 11.1% in 1980 to 13.1% in 1994.

REDUCING THE NUMBER OF CHILDREN LIVING IN POVERTY

- In 1990, 74,639 people in the county were living in poverty; more than 21,000 were children.

Percentage of Children in Poverty



* Note: In Multnomah County, 14% of children aged 17 and under were in poverty in 1990. This is higher than the statewide average for the same year, but less than the federal rate.

- People of color, including children, are more likely to be poor, compared to other racial/ethnic populations. All racial and ethnic minority populations in the county are disproportionately poor compared to whites.

**Percentage of Children of Color 0-17 Living Below Poverty Level,
Multnomah County, 1980 & 1990**

Ethnic Group	1980	1990
African-American	37%	38%
American Indian	23%	34%
Asians	31%	26%
Hispanic	23%	33%
Whites	10%	13%

III. Key Trends and Issues

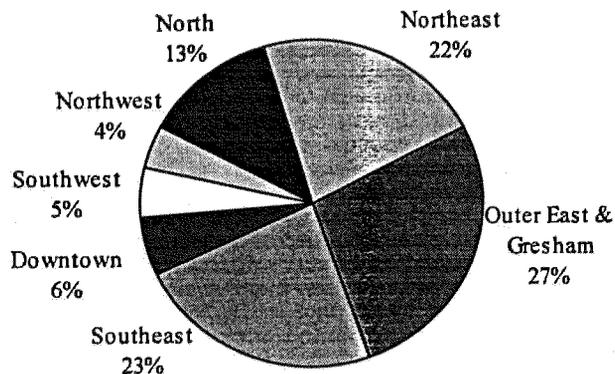
- Locally, persons in female-headed households are more likely to be poor or homeless, compared to other types of families. Nationally, single female-headed families are the demographic group most likely to be chronically poor.
- Children under the age of 18 are disproportionately poor. Nationally, the percentage of children in poverty grew from 15.4 percent in 1974 to 22 percent in 1994. This is well over 15 million poor children. Of these children, one third were from working poor families where one or both parents worked all year. In the years since 1989, a period of

REDUCING THE NUMBER OF CHILDREN LIVING IN POVERTY

overall strength in the national economy, the number of children in working-poor families has jumped 30 percent.

- Real wages in the county, adjusted for inflation, have stagnated, and minimum wage jobs alone do not place families above poverty level.
- The Outer East contains the highest number of people in poverty, followed by Southeast. Downtown, North, and Northeast contained the highest percentages of people in poverty when compared to total population in those districts. Poverty has moved North and East between 1980 and 1990. Outer East and Southeast contain half of all people in poverty in the county.

Distribution of Poverty in Multnomah County by Service District (1990 census)



Housing and Homelessness

- Housing costs in the county have far outpaced the rate of inflation, and low-income people are faced with rapidly increasing rents and low vacancy rates, which create a landlord's market. Nearly half of all poor and homeless in the county are people in families.
- The US Census tends to undercount the homeless because of their mobility and the instability of their living conditions. Therefore, data from One Night Shelter Count (ONSC) is used locally to estimate the homeless population. However, the ONSC underestimates the number of homeless in the county, because it includes only those people who seek shelter on the night of the count. It does not include "campers" or others who did not seek shelter.

Federal Poverty Level

- The federal government defines poverty according to standards for costs of food and shelter, which many believe are too conservative. For example, in 1996 the Federal Poverty Level for a family of four is \$15,600 annually. The number of poor families, those unable to provide three nutritious meals a day, stable housing, and access to health care and other needs is higher than the federal poverty guidelines would indicate.

REDUCING THE NUMBER OF CHILDREN LIVING IN POVERTY

The Panel on Poverty and Family Assistance (a panel of the National Research Council with representation from universities nationwide) has recommended that the poverty level should incorporate a range that goes up to about 125% of the current guidelines, or \$19,500 for a family of four.

Interrelationships

- The strains and lack of options associated with poverty make poor families vulnerable to a variety of problems at higher rates than the general population; including meeting basic needs for housing and sustenance, utilities assistance, ability to gain and hold employment and child care and transportation issues, mental health concerns, physical health concerns, and for children, developmental delays and teen pregnancy.
- As a result of domestic violence, many women become single heads of household, placing them at greater risk for poverty and homelessness. Over three-fourths of the women in the local Community Action Program's Homeless Families Program have experienced three or more types of violent acts in domestic relationships. Addressing issues of domestic violence will allow many families living in poverty to take the steps necessary to move to self-sufficiency.
- Adequate supplies of permanent affordable housing, accessible and affordable child care, and living wage jobs are needed to facilitate families moving from poverty to self-sufficiency.
- Changing federal, state, and local policies will impact low-income families, including: the devolution of federal programs to state block grants, which will affect low-income programs locally; the restructuring of public housing programs, which is likely to reduce affordable housing both through the Housing Authority of Portland and through nonprofit development efforts; and welfare reform, which will limit welfare recipients to two years of assistance.

IV. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

Basic Needs

- Includes emergency shelter, food, clothing, transportation, health access, energy assistance, information, and personal advocacy.
- Strategy for those who are not able to be self-supporting: Provide for their basic needs through linking to appropriate resources and income supports.

REDUCING THE NUMBER OF CHILDREN LIVING IN POVERTY

Social Services

- Community Action's Homeless Families Program has demonstrated effectiveness in stabilizing long-term homeless families in housing by building a social service structure that links services to housing.
- Head Start programs for preschool children and families have demonstrated effectiveness in providing low-income children with the skills needed to succeed in school

Employment

- Social services provide the bridge between basic needs and employment for those who can be self-supporting.
- Strategy for those who are able to be self-supporting: Link these families, who are part of the transitional labor force, to social services and resources (e.g., ESL-ABE, vocational education, transportation, child care, etc.), coupled with employment and training services to enable them to obtain and keep living wage employment.
- Steps to Success, which operates the local JOBS and JOBS-Plus programs for AFDC recipients, is a model of the integration of basic needs and social service supports to reduce welfare rolls through employment and assisted child care.
- Women in Transition is a local model program that does one-on-one mentoring with low-income women to assist them to obtain employment and training to achieve living wage employment and needed services through the provision of intensive support services.

Education and Training [for those who can become self-sufficient]

- Rural Development Initiatives (RDI) in Redmond is a model that helps communities suffering major economic dislocations to develop new strategies for economic health. It should be adaptable to an urban County.

Health Care [including mental health and substance abuse]

- The Women, Infants, and Children (WIC) program is a cost-effective, public health program that improves the health of mothers and children, increases the chance of healthy birth outcomes, decreases the chance of low-birthweight babies, increases a child's cognitive development and increases access to other health and social services.

Personal Safety

Housing

Child Care

Income Supports [for those unable to achieve self-sufficiency, e.g., aged or disabled]

V. Sources Used

- Wellness Team
- Multnomah Commission on Children and Families 1994 Comprehensive Plan
- Portland Multnomah Progress Board, 1996 and 1995 Annual Reports

REDUCING THE NUMBER OF CHILDREN LIVING IN POVERTY

- Poverty in Multnomah County: A Descriptive Report - Multnomah County Department of Community and Family Services Office for Community Action and Development
- 1996 Kids Count Data Book - Annie E. Casey Foundation

INCREASE SAFE STABLE HOUSING

MULTNOMAH COUNTY (Not an Urgent Benchmark):

Percentage of home owners and renters below median income spending less than 30 percent of their household income on housing and utilities.

COMMISSION ON CHILDREN AND FAMILIES:

Increase safe stable housing.

PORTLAND-MULTNOMAH PROGRESS BOARD:

Percentage of home owners and renters below median income spending less than 30 percent of their household income on housing and utilities.

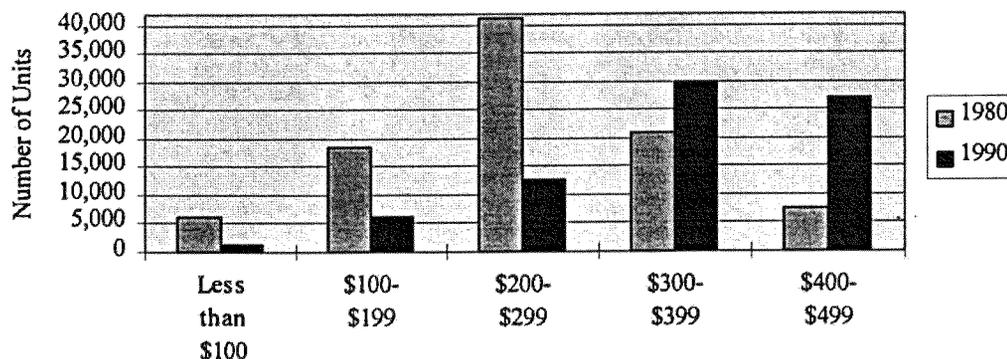
I. Why it is Important

While housing and poverty are separate benchmarks, they are closely related issues. Poverty limits a family's ability to afford the basic necessities, including safe stable housing. More children and families in Multnomah County are living in poverty and there is more family homelessness than in the past. However, low income people are faced with a decreasing supply of affordable rental housing as rental costs outpace inflation combine with low vacancy rates. In addition to the high rents and large deposits required for move-in, prospective renters are often required to show earnings that are three times the amount of monthly rent. Such barriers make finding and keeping housing difficult for low-income people, especially those with fixed incomes.

II. Benchmark Data

- The number of low-income renters in the Portland Metro area in 1990 was 56,900 while the number low-cost rental units was 31,000. This means that the affordable housing gap was 25,900 units.
- In keeping with the large increases in housing costs in the county over the last 15 years, rental units in the lower rent ranges decreased dramatically between 1980 and 1990.

Number of Units by Monthly Rent Range For Multnomah County



INCREASE SAFE STABLE HOUSING

- Nationally, the number of poor renters in the U.S. has increased due to recession-related declines and ongoing depletion of low-cost housing stock.
- Low income renters are more likely than others to live in housing with problems. In 1990, 1,437 households in the county lacked complete plumbing facilities and 2,014 households lacked complete kitchen facilities.

III. Key Trends and Issues

Affordability

- The Housing Authority of Portland has nearly 10,000 households on its Public Housing and Section 8 waiting lists. Some waiting lists are closed. In 1990, only 40 percent of poor renters were in subsidized housing.
- Thirty percent of income is considered the maximum share of income that should be devoted to housing expenses. In the Portland-Metro area for 1990, 22,500 or 70 percent of poor renters were paying 30 percent or more of their income for housing; 15,500 or 48% were paying 50 percent or more. Most low income renters are carrying a high rent burden compared to their income.
- For the past 10 years, the rental vacancy rate has been extremely low, indicating a tight housing market, particularly in close-in neighborhoods.
- A 1996 study by Northwest Pilot Project shows that downtown housing stock has declined by 5 percent over the past two years. Two new low-income projects were complete in 1994, but rent hikes in other once-affordable apartments resulted in 248 fewer low income units in downtown.

Homelessness and Safety

- Home is unsafe for many women and children. Between July 1993 and June 1994, domestic violence shelters turned away 27,000 women and children seeking shelter. Many unaccompanied youth report becoming homeless because of abuse or alcohol or drug use of parents.
- Over 1,437 adults and 600 children were homeless in Multnomah County on the night of the November 17, 1995 one night shelter count.
- Over three-fourths of the women in the local Community Action Program's Homeless Families Program have experienced three or more types of violent acts in domestic relationships. This does not include the 11% of women in domestic violence shelters who are homeless.

INCREASE SAFE STABLE HOUSING

- There is a strong correlation between frequent moves and household stability and the school dropout rate. One third of youth who dropped out of high school in 1994-95 had been enrolled in that school for one year or less.

IV. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

- Increase affordable housing stock
- Housing stability
- Safety
- Advocate for increasing availability of living wage employment
- Advocate for affordable housing through Metro process.
- Expand housing options that keep families together, i.e. group living, 3+ bedroom units
- Expand teen parent programs to include independent living skills
- Family center access to the Landlord-Tenant Medication program
- Rent Assistance and support services
- Community policing efforts
- Expand safe housing for women and children escaping domestic violence

V. Sources Used

- Wellness Team
- Multnomah Commission on Children and Families 1994 Comprehensive Plan
- Portland Multnomah Progress Board, 1996 Annual Report
- Poverty in Multnomah County: A Descriptive Report - Multnomah County Department of Community and Family Services Office for Community Action and Development
- Comprehensive Plan for Children and Families - Multnomah Commission on Children and Families

REDUCE DOMESTIC VIOLENCE

MULTNOMAH COUNTY (An Urgent Benchmark):

Child Abuse: Children abused or neglected per 1,000 persons under 18
 Spousal Abuse: Spouses or partners abused per 1,000 persons
 Elderly Abuse: Elderly abused per 1,000 persons

COMMISSION ON CHILDREN AND FAMILIES:

Reduce domestic violence within families

PORTLAND-MULTNOMAH PROGRESS BOARD:

Monitor the reported incidents of spouses or domestic associates abused per 1,000 people.

I. Why It Is Important

Domestic Violence is probably the most common form of violence occurring in the United States. Partner violence episodes represent nearly one third of all violent crimes reported to local police agencies. Three quarters of reported episodes involved physical violence that would be classified as either simple or aggravated assault. Nationally there are close to 4,000 domestic violence homicides annually. In Multnomah County one third of all homicides involved family or domestic violence. Domestic violence creates family instability and has long-term negative effects on children. Witnessing parental violence is a greater predictor of perpetrating or being the victim of domestic violence than is being abused as a child. Youth reporting violence between their parents have a higher rate of violence in their dating relationships. These youth and children have high rates of alcohol and drug abuse, are more frequently involved in the juvenile justice system, and have academic or social adjustment problems.

II. Benchmark Data

- In the first six months of 1995 the following was reported in Multnomah County:

Calls Made to Crisis Line	Number of Victims Seeking Shelter	Number of Victims Sheltered	Victims Turned Away from Shelters
11,448	14,406	660	13,746
911 calls to Police	Reports Made by Police	Number of People Arrested	Number of Cases Charged
8,032	3,542	1,870	750

III. Key Trends and Issues

- Domestic Violence is probably the most common form of violence occurring in the United States. In Multnomah County between July 1993 and June 1994, there were

REDUCE DOMESTIC VIOLENCE

17,500 police dispatches by 9-1-1 for domestic and household disturbances, restraining order violations, and custodial interference.

- Domestic violence episodes represent nearly one third of all violent crimes reported to local police agencies. 48 percent of all assaults involve the use of a dangerous weapon including guns, knives, and other weapons.
- Women are more likely to be victims of domestic violence than men. In Multnomah County 90 percent of victims are women.
- Women who leave their batterers are at a 75 percent greater risk of being killed by the batterer than those who stay.
- Domestic violence is the single greatest reason women leave the workforce. Violence is often used as a way to prevent the victim from obtaining economic independence.

Interrelationships

- Domestic violence is closely related to child abuse, poor birth outcomes, alcohol and drug abuse, homelessness, and suicide.
- More babies are born with birth defects as a result of the mother being battered during pregnancy, than from the combination of all diseases for which we immunize pregnant women.
- At least 8 percent of pregnant women are battered during pregnancy. These women are 2 times more likely to miscarry, and 4 times as likely to have low birth weight infants. These infants are 40 percent more likely to die in the first year.
- In Oregon, among 70 percent of child abuse cases, domestic violence is also occurring. 100 percent of all child abuse fatalities occurred in homes where domestic violence also took place.
- Nationally, 50 percent of all homeless women and children are on the streets because of violence in the home.
- All data on this benchmark focuses on reported incidents of domestic violence. Not all battered women seek help either through police intervention or through the crisis lines. Success towards achieving this benchmark should not be measured by a decrease in the reported rate of domestic violence. Reporting domestic violence is often the first step towards receiving the help and services needed to stop the abuse.

REDUCE DOMESTIC VIOLENCE

IV. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

- **Crisis Intervention**
 - Emergency Shelter
 - Transportation
 - Medical Care
 - Police intervention
 - Community support
- **Law Enforcement**
 - Police
 - Jail/Corrections
 - Prosecutors
 - Courts
 - Probation/Parole
- **Victim Alternatives**
 - Housing
 - Restraining order
 - Divorce
 - Custody/support
 - Job training
 - Education
 - Living wage employment
 - Child care
- **Prevention Education**
 - Batterers' education
 - Teachers and students
 - Community education
 - Health professionals
 - Public agencies - AFS, Employment offices, CSD, etc.
 - Employers, EAP programs
 - Religious leaders

V. Sources Used

- Wellness Team
- Multnomah Commission on Children and Families 1994 Comprehensive Plan
- Portland Multnomah Progress Board, 1996 Annual Report
- Faces and Voices of Violence - Multnomah County Health Department
- Benchmark Forum 1995 - Chiquita Rollins Multnomah County Domestic Violence Coordinator.

REDUCE VIOLENCE BY AND AGAINST CHILDREN AND YOUTH

MULTNOMAH COUNTY (An Urgent Benchmark):

Reduce Violent Crime: Crimes against people [by juveniles and adults.]

COMMISSION ON CHILDREN AND FAMILIES:

Reduce violence by and against children and youth.

PORTLAND-MULTNOMAH PROGRESS BOARD:

Number of reported crimes against people per 1,000.

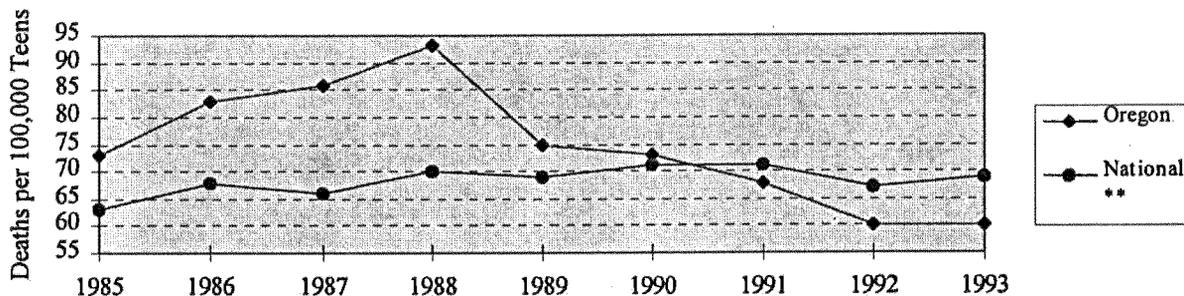
Reduce the number of crime victims per 1,000 population

I. Why It Is Important

The problem of violence is a pervasive one the United States. One of its most disturbing expressions is in violence committed by and against youth. This benchmark is closely related to the child abuse and juvenile crime benchmarks, but it also addresses other violence in the lives of children. This violence takes many forms: physical violence, emotional violence, sexual and dating violence, self-directed violence, and hate, bias and prejudice.

II. Benchmark Data

Teen Violent Death Rate - Ages 15-19



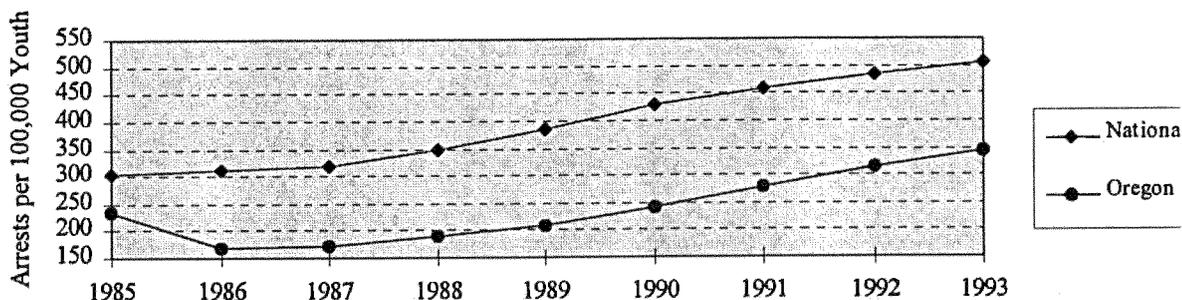
**Raw Data for 1993: Rate equals total of 11,897 deaths nationally and 123 deaths for State of Oregon.

- The Teen Violent Death Rate reflects deaths from homicide, suicide, and accidents. National declines in teen deaths due to accidents were offset by a doubling in the number of homicides. Suicides stayed about the same.

REDUCE VIOLENCE BY AND AGAINST CHILDREN AND YOUTH

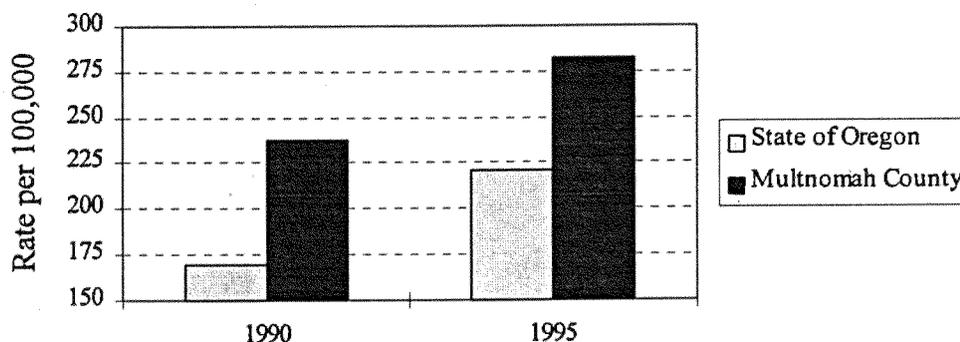
- The Juvenile Violent Crime Arrest Rate reflects the number of arrests per 100,000 youths between the ages of 10 and 17 for homicide, forcible rape, robbery, or aggravated assault. During 1994, about one-fifth of everyone arrested for a violent crime was under age 18.

Juvenile Violent Crime Arrest Rate - Ages 10-17



- In Multnomah County, suicide causes one and a half times as many deaths as homicide, and is a leading cause of death among young men.

Reported Suicide Attempts by Youth - Age 10-17



III. Key Trends and Issues

- Nationally in 1994, males 14 to 24 years old were only 8 percent of the population, but they made up more than a quarter of all homicide victims and nearly half of all murderers.
- In 1980, juveniles were murdered at a national rate of five per day. By 1994, the rate was seven per day, and most of the juveniles were 15 to 17 years old. The availability and use of handguns has contributed to this increase in homicides. In Multnomah County handguns are the most common weapons associated with violence.

REDUCE VIOLENCE BY AND AGAINST CHILDREN AND YOUTH

- In Multnomah County, arrests of juveniles for violent crimes increased 53 percent between 1990 and 1993.
- Suicide and homicide respectively have been the second and third leading causes of death among young men 15 to 24 years old in Multnomah County in recent years, trailing only injuries.
- To complete the picture of violence by and against youth additional local and national data should be collected on injury reports from violence, as diagnosed and reported by hospital emergency rooms; number of youth suspended or expelled from school for violent activity; reports of weapons discovered in the school setting; rate of successful rehabilitation of violent young offenders.

IV. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

- Family development/support
- Intervention - schools, family service centers, health clinics
- Diversion
- Job/Economic development
- Prenatal Care
- Family support services to promote early childhood development
- HeadStart
- Reading and literacy programs
- Rehabilitation services
- Youth employment services
- School Based Health Centers
- Conflict resolution services
- Alcohol and Drug treatment and prevention
- Access to quality child care
- Domestic/dating violence prevention & education

V. Sources Used

- Wellness Team
- Multnomah Commission on Children and Families 1994 Comprehensive Plan
- Portland Multnomah Progress Board, 1996 Annual Report
- 1996 Kids Count Data Book - Annie E. Casey Foundation
- Faces and Voices of Violence - Multnomah County Health Department

REDUCE CHILD ABUSE AND NEGLECT

MULTNOMAH COUNTY (An Urgent Benchmark):

Reduce Child Abuse: No. of children abused or neglected per 1,000 persons under 18. (included in Domestic Violence benchmark).

COMMISSION ON CHILDREN AND FAMILIES:

Reduce child abuse and neglect.

PORTLAND-MULTNOMAH PROGRESS BOARD:

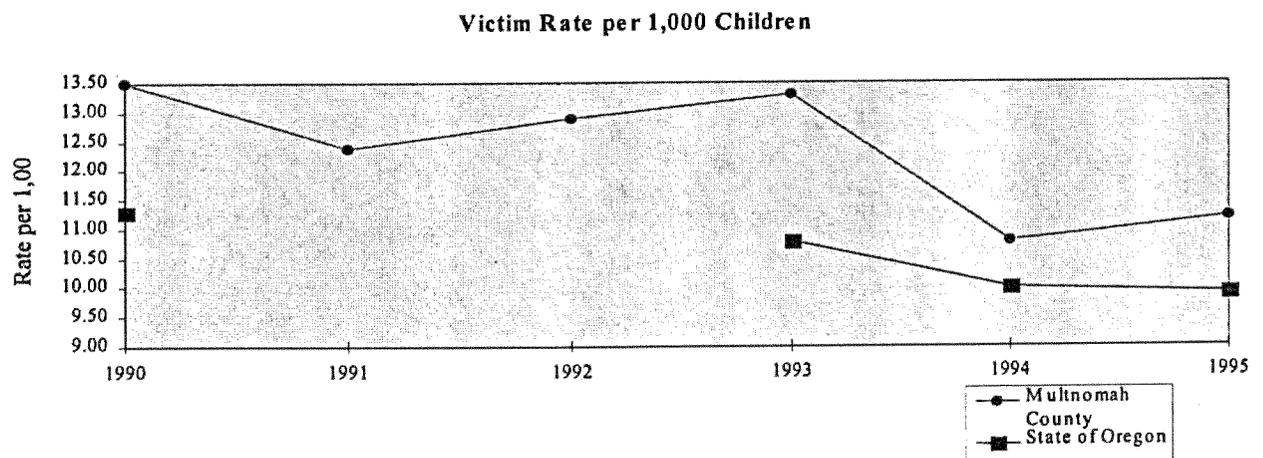
Monitor the reported number of children abused and neglected per 1,000 children under the age of 18.

I. Why It Is Important

The reduction and prevention of child abuse is important for two reasons. First, it can and does cause substantial physical and emotional injury to children. Second, victims abused as children often grow up to become abusers themselves. Without treatment, child abuse can be perpetuated across generations. Child abuse reporting continues to increase. In part, this reflects a growing public sensitivity to child maltreatment but experts believe that increasing economic stress on families and crisis caused by substance abuse and violence are the main causes of this troubling trend. Evidence suggests that although child abuse is reported through all social strata, it is disproportionately represented among low income families where there are higher incidence of unemployment, early childbearing, and substance abuse. Neglect and physical abuse, in particular, have been correlated with poverty, while sexual abuse and emotional maltreatment appear to be more evenly distributed among all social classes.

II. Benchmark Data

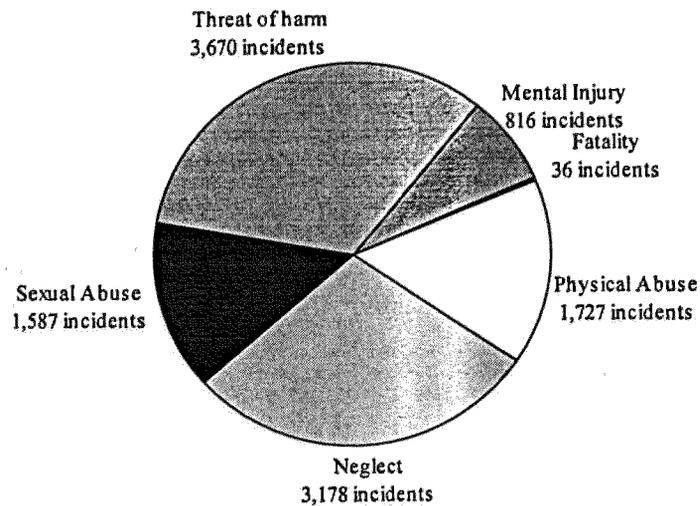
- In 1994, Services to Children and Families (SCF), formerly CSD, implemented mandated changes to the way services are provided to the families of abused and neglected children. Consequently, the data for 1994 must be considered transitional.



REDUCE CHILD ABUSE AND NEGLECT

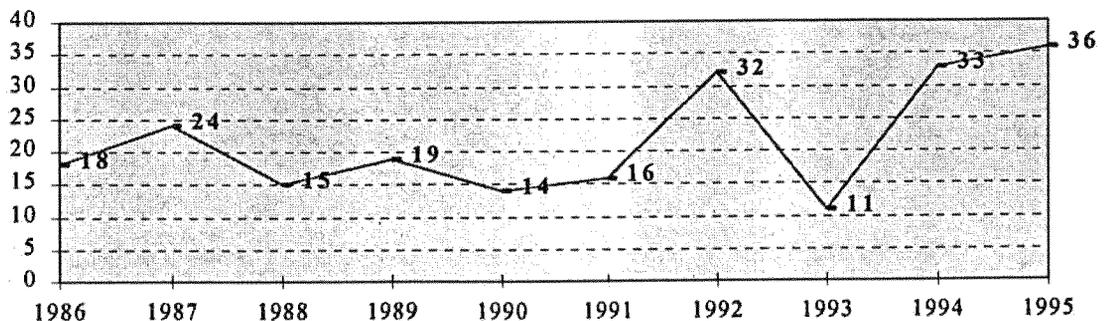
- In 1994, 4,599 suspected cases of abuse of children living in Multnomah County were reported to SCF. Suspected cases are defined as meeting the statutory definition of abuse or neglect. After review by SCF under defined protocols, 1,586 were determined to be “founded cases.” That is, there was adequate evidence to confirm that these 1,586 children were victims of abuse and/or neglect.
- The number of “founded cases” increased to 1,747 in 1995. Multnomah County’s victim rate of 11.2 per 1,000 in 1995 remains higher than the statewide rate of 9.9 per 1,000.

Types of Child Abuse for Oregon 1995



- Neglect is potentially as lethal as abuse, and often requires more services over a long period of time. A record 36 Oregon children died in 1995 from causes related to abuse and neglect. Of those deaths 28 resulted from neglect, continuing a trend in which neglect-related deaths outnumber abuse-related deaths. Most of the victims (72 percent) were less than 5 years old.

Deaths in Oregon from Child Abuse & Neglect 1985-1995



REDUCE CHILD ABUSE AND NEGLECT

III. Key Trends and Issues

- Infants make up the largest single age group of victims. This reflects several factors: the number of children who were found to be drug-affected at birth, the extreme vulnerability of this population, and the stresses that occur in families when children are born.
- In 1995, 58 percent of neglect incidents involved children aged 0-5. However, this may reflect that younger children are perceived to be more vulnerable. Therefore, cases involving young children may be reported more frequently.
- The young age of children needing services also impacts foster care. Ten years ago, 16 percent of children in foster care were less than 6 years old. Today, that age group represents 42 percent of foster care.
- Mothers and fathers are the two most prevalent perpetrators of child abuse, 68 percent of all cases, with familial perpetrators constituting 90 percent of total. The increasing trend toward familial perpetrators are consistent with younger victims of child abuse and neglect, and with the difficulties associated with single parenting.
- Families whose children are abused and neglected often have significant problems which may affect their ability to keep their children safe. In addition to the stress factors reported below by SCF, Portland Police data also suggests a connection between a high prevalence of poverty, and a high prevalence of child abuse.

Stress Indicator	Percentage of Founded Abuse Reports for 1995
Single Parent	45.1%
Suspected Drug/Alcohol Abuse	44.0%
Head of Family Unemployed	28.1%
Parental Involvement with Law Enforcement Agency	27.3%
Physical Abuse of Spouse/Fighting	22.1%
Heavy Child Care Responsibility	18.4%
Parental History of Abuse as a Child	13.9%

REDUCE CHILD ABUSE AND NEGLECT

- An SCF study of 1,950 cases where children had been removed from their homes because of abuse found that alcohol and drug problems are pervasive in families of abused and neglected children and that substance abuse is a substantial barrier to these children returning home. Additionally, in more than half of the child abuse deaths the children were from families in which parents had drug and alcohol problems.
- In Oregon, domestic violence is also occurring in 70 percent of child abuse cases. 100 percent of all child abuse fatalities occurred in homes where domestic violence also took place.
- Data on this benchmark is all founded incidents of reported child abuse from SCF. It does not reflect unreported abuse, and victim rates do not reflect suspected abuse if there was not sufficient evidence to confirm abuse. While it is important to reduce the rate of abuse, it is also important to increase the proportion of abuse cases that are reported.
- Additional data is needed to determine how many children are abused by first time child abuse offenders vs. victims from families with repeat offenses. This is important information to evaluate and determine its effect on strategies and programs.

IV. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

- Growth promotion and primary prevention
- Specialized prevention
- Crisis intervention
- Universal visits to all newborns
- Parent education
- Affordable quality childcare
- Targeted abuse prevention work with children
- Respite care
- Community training and protocol for health, mental health, and law enforcement
- Culturally appropriate and accessible intervention and prevention services

V. Sources Used

- Wellness Team
- Multnomah Commission on Children and Families 1994 Comprehensive Plan
- Portland Multnomah Progress Board, 1996 Annual Report
- Faces and Voices of Violence - Multnomah County Health Department
- 1996 Status of Oregon's Children County Data For Community Action - Children First for Oregon
- 1995 Child Abuse and Neglect Report - State Office for Services to Children and Families Oregon Department of Human Resources

INCREASE FAMILIES CARING FOR THEIR CHILDREN

COMMISSION ON CHILDREN AND FAMILIES:

Increase the number of families caring for their own children.

I. Why It Is Important

It is almost always in the best interests of children and youth to live with and be cared for by their birth families. The stability of living with one's own family and the sense of identity that comes from family membership is very important to children's well-being and personal adjustments. While it is occasionally necessary for children to be removed from their family home, it is important that every effort be made to keep substitute care to a minimum. Infants and toddlers consigned to foster care after forming specific attachments to their parent often show emotional disturbances. Children of this age are sufficiently mature to feel attached to the parent but cannot understand why that relationship should be broken.

II. Benchmark Data

- In 1993, Services to Children and Families (SCF) placed over 2,400 children from 2,342 Multnomah County Families in some type of substitute care. This represents a placement rate of 16.29 per 1,000 children; the second highest rate among Oregon's 36 counties.
- The rate of increase in the number of children in substitute care in Oregon is substantially lower than the national rate in general, and of other west coast states in particular. Between 1987 and 1994 the national rate of children in foster care increased 70 percent as compared to 50 percent in Oregon.
- The placement of minority children in substitute care is substantially higher than for non-minority children. Thirty-five percent of the children in substitute care are of African American descent.
- The demand for foster care has increased substantially in recent years. Between 1993 and 1994, the average daily population of children in paid foster care in Oregon has increased 12.5 percent, with the most dramatic increase among children under 6 years old. Ten years ago, 16 percent of children in foster care were less than 6 years old. In 1995, that age group represents 42 percent of foster care.

III. Key Trends and Issues

INCREASE FAMILIES CARING FOR THEIR CHILDREN

- There are multiple factors that put children, youth, and families at risk for separation. They include: teen pregnancy, substance abuse, domestic violence, and involvement in criminal activity.
- The percentage of families in Oregon with substance abuse problems has increased 7.5 percent over the past two years. Drug/alcohol problems were found in 79 percent of the "parental absence" cases and 73 percent of the neglect cases investigated by SCF in 1995.
- An SCF study of 1,950 cases where children had been removed from their homes because of abuse found that alcohol and drug problems are pervasive in families of abused and neglected children and that substance abuse is a substantial barrier to these children returning home. Half of the children who are in foster care for at least one year do not return home because of their parents' severe drug/alcohol problems.
- The percentage of families in Oregon that have experienced domestic violence has grown 13 percent over the last two years. Currently, 40 percent of all SCF families have experienced domestic violence.
- In 1995, 27 percent of all parents involved with SCF are also involved in the criminal justice system. An average of 12 percent of SCF parents are incarcerated. Of the children in foster care, 22 percent cannot be returned home because the primary care-taker is incarcerated.
- This benchmark is closely related to the child abuse and neglect benchmark, in that abuse, neglect, and abandonment are the primary reasons for placing children in substitute care. Achieving this benchmark would result in less demand for substitute care along with a decline in child abuse and neglect.
- Data is not currently available which indicates the number of children in substitute care with teenage parents or how many of the parents with children in substitute care gave birth to their first child while they were teenagers. Both are important pieces of information to obtain.

IV. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

- Early childhood development programs
- School-based programs
- Youth programs
- Special populations
- Employment Services

INCREASE FAMILIES CARING FOR THEIR CHILDREN

These programs would need to focus on multiple social and economic conditions that impact capable families, including:

- Economic conditions
- Parenting capacity
- Substance abuse
- Health and mental health
- Delinquent behavior
- Family violence
- Housing and environmental conditions
- Out-of-control/non-delinquent behavior

V. Sources Used

- Wellness Team
- Multnomah Commission on Children and Families 1994 Comprehensive Plan

REDUCE ADOLESCENTS' USE OF TOBACCO, ALCOHOL AND OTHER DRUGS

MULTNOMAH COUNTY (An Urgent Benchmark):

Reduce Student Alcohol and Drug Use.

- a. % of students free of involvement with alcohol in the previous month.
 - b. % of students free of involvement with illicit drugs in the previous month.
- [both of the above measured at 8th and 11th grades]

COMMISSION ON CHILDREN AND FAMILIES:

Reduce adolescents' use of tobacco, alcohol and other drugs.

PORTLAND-MULTNOMAH PROGRESS BOARD:

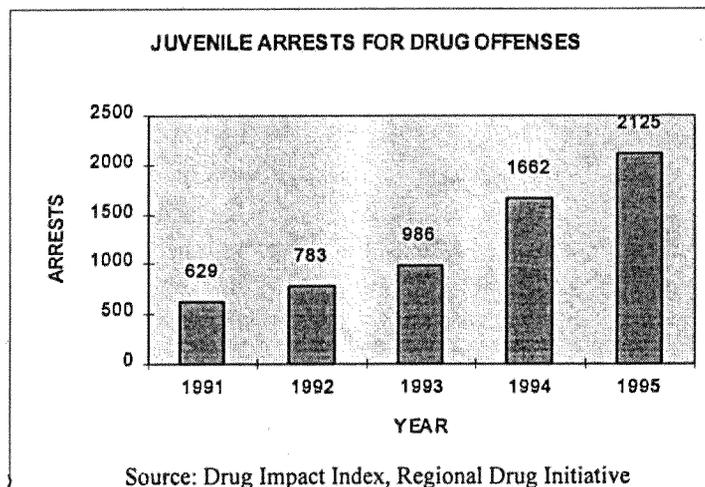
Increase the % of students not involved with alcohol, illicit drugs, and/or tobacco.

I. Why it is Important

The abuse of alcohol and other drugs among young people is once again increasing in Oregon, following a national trend. Adolescent substance abuse harms individual growth and development, and imposes staggering financial and social costs to society. Although substance abuse is not the direct cause of delinquency, nor is delinquency the direct cause of substance abuse, they have similar root causes, including nonfunctional family structure, negative peer associations and influences, lack of commitment to school, psychosocial attributes, unemployment, and social class and racism. Injection drug use is a key predictor of HIV transmission.

II. Benchmark Data

- More than half of seventh grade students in Portland Public Schools reported having used alcohol, and most of them cited "home" as their source.
- The Oregon Medical Examiner's office has reported that drug related deaths in Multnomah County nearly doubled between 1993-1995.
- A survey of Multnomah County residents conducted by the Regional Drug Institute concludes that 40% of all families have experienced an alcohol problem, and 25% have experienced a drug problem.



REDUCE ADOLESCENTS' USE OF TOBACCO, ALCOHOL AND OTHER DRUGS

III. Key Trends and Issues

- The Regional Drug Initiative, in operation since 1987, serving as the lead convener on issues related to alcohol and other drugs, has recently lost the majority of its funding, but may continue at a lesser level.
- Some of the most severe and habitual drug abusing behavior, involving needles for injecting drugs, is widespread among Multnomah County young people who are homeless and not attending school. Their concerns are never included in surveys of students who serve as the majority of data gathering subjects. This population, estimated in 1991 to be as high as 2,000 and increasing, faces extraordinarily high risks of HIV infection. Consideration is needed about additional HIV risks, knowing that many of these youth work in prostitution, employed by middle- and upper-class adult males.
- Heavy drinking among youth has been conclusively linked to fights, property destruction, academic and employment problems, and trouble with the law.

IV. Desired continuum of services and support for achieving benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

- Support drug-free lives
 - Promote drug-free neighborhoods
 - Increase the number of drug-free workplaces
 - Encourage responsibility
 - Promote positive social attitudes
- (Source: Regional Drug Initiative objectives, July, 1996)

V. Sources Used

- Wellness Team
- Drug Impact Index, 7th Edition, July, 1996, Regional Drug Initiative
- The Case for Support, Regional Drug Initiative
- Service Plan for Displaced Youth, 1991, Tri-county Youth Services Consortium and Multnomah County Department of Social Services, Youth Program Office
- 1996 Annual Report, Portland Multnomah Progress Board
- 1995 Youth Risk Behavior Survey, Summary Report, ODE, ODHR, CDC&P
- Oregon's 1996 Drug & Violent Crime Strategy, John Kitzhaber, MD, Governor

REDUCE THE RATE OF TEEN PREGNANCY

MULTNOMAH COUNTY (An Urgent Benchmark):

Reduce Teen Pregnancy: pregnancy rate per 1,000 females ages 10 - 17

COMMISSION ON CHILDREN AND FAMILIES:

Reduce the rate of teen pregnancy.

PORTLAND-MULTNOMAH PROGRESS BOARD:

Reduce the pregnancy rate per 1,000 females ages 10-17.

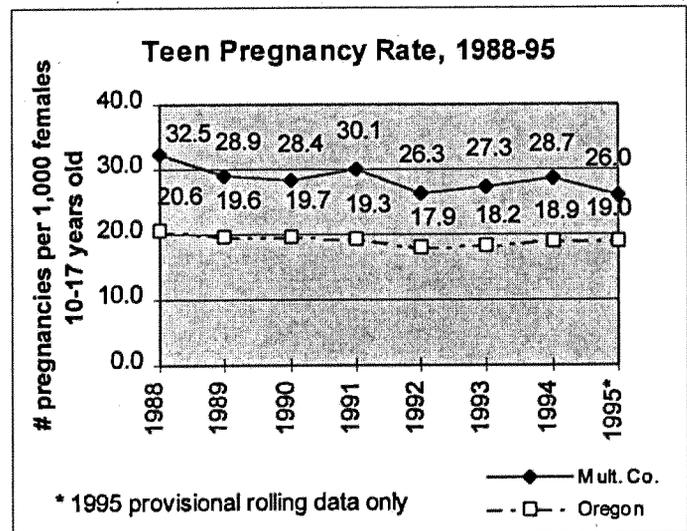
I. Why it is Important

A community with high rates of pregnant teens carries many direct risks to the mother and the child, and many other indirect risks to the father and the community. A teen mother is far more likely to never graduate from high school, to give birth to a low birthweight baby, not to experience adequate prenatal care, and to become pregnant again soon. Teen mothers are less likely to have the direct emotional and financial support of a father, and more likely to become dependent on public assistance for most basic needs, like food, shelter and health care. The fathers of babies born to teen mothers are less likely to be connected to the mother or the child, and less connected and committed to the community, giving them little incentive for developing caring and nurturing qualities. Sons of teen mothers are more likely to go to prison than sons of mothers who delay childbearing.

II. Benchmark Data

Dimensions of teen pregnancy

- 833 pregnancies among teens aged 10-17 in 1994.
- In 1994, 6.3% of all pregnancies were among teens aged 10-17.
- In 1994, 5.4% of all births were to teens aged 10-17.
- The majority of teen pregnancies are among older teens: 60% of teen pregnancies were to mothers 18-19 years old in Multnomah County in 1992.



Source: Oregon Health Division

Teen Pregnancy Rates by Race/Ethnicity

1990 rates in Multnomah County for teens age 10-17 vary by race/ethnicity:

- African Americans 57.9 per thousand
- American Indians 33.1 per thousand
- Hispanics 32.5 per thousand
- Asians 18.7 per thousand
- Whites 24.0 per thousand

REDUCE THE RATE OF TEEN PREGNANCY

First birth versus repeat birth

- 25% of births to teen mothers in 1992 were to teens with at least one prior delivery; 75% were to first time mothers. Of the repeat births, 80% of the mothers were 18-19 years old.
- There is a 20% chance a first-time teen mother will have a repeat pregnancy within 1 year.

Earlier Sexual Involvement

- According the Alan Guttmacher Institute's *Sex and America's Teenagers*, 1994, a larger percent of teens are having sex than in previous decades:

Percent Sexually Active By Age

12: 9%	13: 16%	14: 23%	15: 30%	16: 42%	17: 59%
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Fathers

- Nationally, 70 percent of the births to teen mothers (10-18) are fathered by adult men.
- Statewide, for teen mothers under 15, the father was at least 4 years older roughly 75% of the time. The age differential is lower for older girls. For 17-year-old teen mothers, the father was 4 or more years older approximately 45% of the time.

Adolescent Births by Age of Father: Multnomah County, 1989-94

<i>Age of Father</i>	<i>Age of Mother</i>			<i>Total</i>
	<15	15-17	18-19	
<18	6	118	51	175
18-19	11	267	349	627
20-24	11	330	1148	1489
25-29	0	67	312	379
30+	2	26	122	150
<i>Total</i>	30	808	1982	2820

Note: 56.9% of teen births did not have the father's age recorded on the birth certificate. 81.6% of <15 year old teen births did not record father's age. 66.3% of 15-17 year old teen births did not record father's age. 50.2% of 18-19 year old teens did not record father's age.

III. Key Trends and Issues

Cycle of teen pregnancy

- Daughters of adolescent mothers are 83% more likely to become mothers before age 18 than daughters of older mothers.
- Daughters of adolescent mothers are 50% more likely to have children out of wedlock than daughters of older mothers.

REDUCE THE RATE OF TEEN PREGNANCY

Relationship to Child Sexual Abuse

- Several studies have examined the link between teen pregnancy and child sexual abuse. A Washington State study of girls enrolled in teen parent programs found that 62% of girls had been sexually abused prior to their first pregnancy. The study found that girls who had been sexually abused were more likely to have repeat pregnancies, less likely to use contraception, began voluntary intercourse a year earlier than non-abused girls, and had partners who were older than those of non-abused girls. This study was limited to girls participating in teen parent programs, so may not be representative of girls who chose to abort, or who were pregnant but did not participate in a teen parent program.

School Success

- Adolescents in the bottom 20% of class for basic reading and math skills are five times more likely to become teen mothers than those in the top 20% of the class.

Relationship to Future Poverty

- The Oregon Progress Board reports "roughly 50% of teenage mothers end up on welfare and food stamp caseloads, at a cost of approximately \$80,000" over the mother's lifetime.
- New data will be soon available in the Robin Hood Foundation report.

Consequences of Adolescent Pregnancy

- Teen mothers are more likely to:
 - Drop out of school more often than mothers who delay first birth.
 - Give birth to low birthweight babies more often than mothers who delay first birth.
 - Receive inadequate prenatal care more often than mothers who delay first birth.
- Teen mothers are less likely to receive child support from fathers.
- Nearly one-half of all families on welfare are families that were started by teens.

IV. Desired Continuum Of Services And Support For Achieving Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

- Focus efforts in three main directions:
 - Capacity: Efforts to expand the capabilities of young people.
 - Opportunity: Efforts to create a reason for young people to believe in the future.
 - Motivation: Efforts to create needed internal and external social supports.
- Family Life and Sex education; family planning and contraceptive access.
- Delay sexual initiation.
- Build behavioral, decision making and assertiveness skills.
- Address dating violence.
- Support school based health centers.
- Provide pregnancy resolution support.
- Provide mental health and drug and alcohol treatment services.

REDUCE THE RATE OF TEEN PREGNANCY

- Provide numerous life-skills trainings, including literacy, general academic support.
- Expand recreational opportunities.
- Expand vocational training and opportunities.
- Provide remediation and treatment for victims of child sexual abuse.

V. Sources Used

- Wellness Team
- Adolescent Pregnancy Prevention Initiative: Progress Toward a Healthy Community, Linda Doyle, 1996
- Analysis of Oregon Health Division data by Linda Doyle
- MCCF 1994 Comprehensive Plan
- Boyer & Fine
- Portland Multnomah Progress Board, 1996 Annual Report
- Rational Enquirer, April 1996
- "Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment", Debra Boyer and David Fine, *Family Planning Perspectives*, (24:4, 1992).

Other Documents to Consult

- Robin Hood Foundation 1996 report on teen pregnancy. The report examines the societal cost of teenage pregnancy by considering the higher utilization of welfare and other services. It also appears to have some useful statistics about teenage mothers which Linda Doyle cited in her teen pregnancy summary.
- STARS/PSI Outcome Evaluation, August 1995

INCREASE THE NUMBER OF YOUTH GRADUATING FROM HIGH SCHOOL

MULTNOMAH COUNTY (Not an Urgent Benchmark)

High School Completion - % of students completing high school or an equivalent program.

COMMISSION ON CHILDREN AND FAMILIES:

Increase the number of youth graduating from high school.

PORTLAND-MULTNOMAH PROGRESS BOARD:

Increase the high school completion rate.

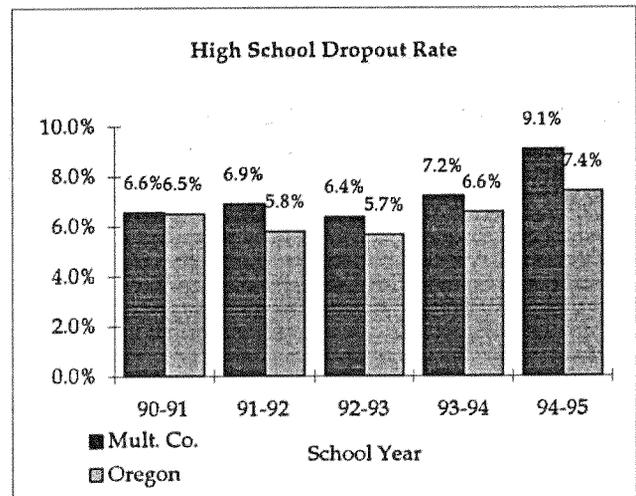
I. Why it is Important

Youths dropping out of school creates a personal and societal hardship. Over a lifetime, a high school dropout will earn on average \$200,000 less than a high school graduate. One-half of the heads of households on welfare did not complete high school. Eighty-two percent of the persons incarcerated in 1990 were high school dropouts. Workers who haven't completed High School are 170 percent more likely to be unemployed. Keeping kids in school is a sound investment.

II. Benchmark Data

Note on Data Limitations:

Prior to the 1994-95 school year, students who left school but completed their GED were counted as dropouts. In 1994-95, the basis for reporting dropout rates was revised in Multnomah County to include alternative schools. Most of the change in the rate for that year is attributable to this reporting change.



Source: Oregon Department of Education; chart developed by Portland-Multnomah Progress Board

- MCCF Target: By 2000, 2% or fewer of all young people in Multnomah County will leave high school before graduation.
- Nationally, 87% of the population of young adults (ages 19-20) had a high school credential (either diploma or alternative credential) in 1992. This rate varied by race/ethnicity:
 - African American 81%
 - Hispanic 65%
 - White 91%

INCREASE THE NUMBER OF YOUTH GRADUATING FROM HIGH SCHOOL

- In Oregon, the dropout rate for Hispanic students is more than twice as high as the overall dropout rate.
- In Multnomah County, the percent of individuals 18-24 in 1990 who had completed high school or higher was:
 - African American 70%
 - Asian 80%
 - Hispanic 57%
 - Native American 63%
 - White 79%

III. Key Trends and Issues

- Mobility of students increases the likelihood of dropout and academic success. One study of middle school students showed that each time a student changes schools, the odds of dropping out increase by 30%. Another study showed students who have changed schools four or more times are about a year behind by sixth grade.
- Unsupervised wandering around increases the likelihood of juvenile crime for boys, and teen pregnancy for girls.
- Hispanic students who were born outside of the United States have a higher dropout rate (43%) than first generation (17%) or second generation (24%)
- Poor attendance rate in the middle schools is an indicator of future juvenile crime activity for boys.

IV. Desired Continuum Of Services And Support For Achieving Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

- Encourage collaboration and coordination between schools and social services.
- Create a community atmosphere by using the school as a center of activity beyond the school day.
- Encourage community decision making.
- Involve youth in decision making at the community level.
- Address issues related to mobility such as lack of bonding, credit makeup, and optional attendance at previous school until end of year.
- After school activities on a regular basis for all students.
- Engage Hispanic parents in a culturally sensitive manner in their child's educational plan.
- Monitor attendance data for students and offer supports to children and families in order to achieve better attendance.

INCREASE THE NUMBER OF YOUTH GRADUATING FROM HIGH SCHOOL

V. Sources Used

- Portland Public Schools High School Monitoring Study Year 4 Report
- School Board News, "School Completion Rates: A Public School Success Story"
- MCCF 1994 Comprehensive Plan
- Leaders Roundtable materials
- 1990 US Census
- Dropout rates by school for Multnomah County high schools
- Portland Multnomah Progress Board 1996 Annual Report

REDUCE JUVENILE CRIME

MULTNOMAH COUNTY (An Urgent Benchmark):

Reduce Violent Crime: Crimes against people [by juveniles and adults].

COMMISSION ON CHILDREN AND FAMILIES:

Reduce juvenile crime.

PORTLAND-MULTNOMAH PROGRESS BOARD:

Number of reported crimes against people per 1,000 population.

Decrease firearm injuries and fatalities rate per 1,000 population.

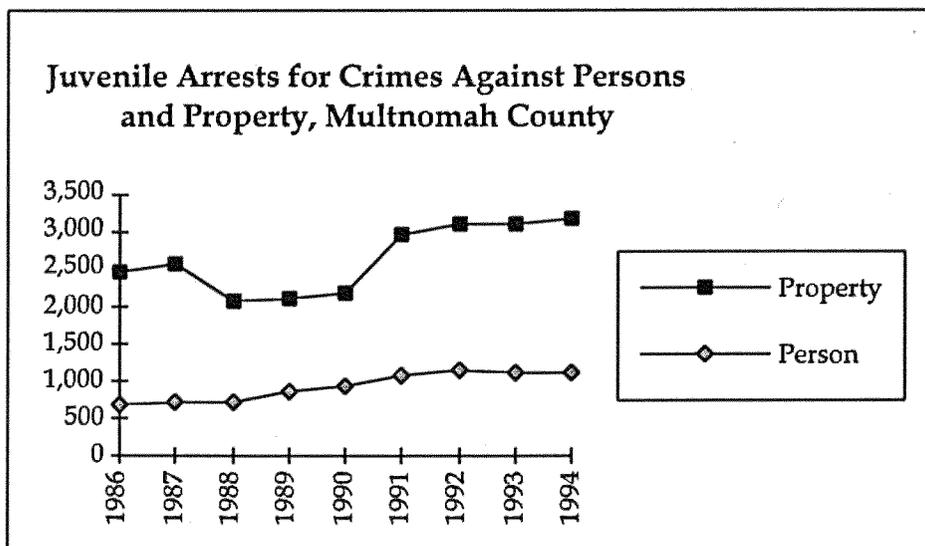
Reduce the number of crime victims per 1,000 population.

I. Why It Is Important

A low crime rate is one of a community's leading indicator of its livability. Crimes committed by juveniles are often associated with young people's lack of hope for the future. Many other social issues are related to juvenile crime, like poverty, alcohol and other drugs, and racism. Responding to juvenile crime has recently been a core public concern.

II. Benchmark Data

- Juvenile arrests for personal and property crimes rose rapidly until 1992, then leveled off
- Average annual growth rate for property crimes from 1986-94: 3.2%
- Average annual growth rate for crimes against persons from 1986-94: 5.9%

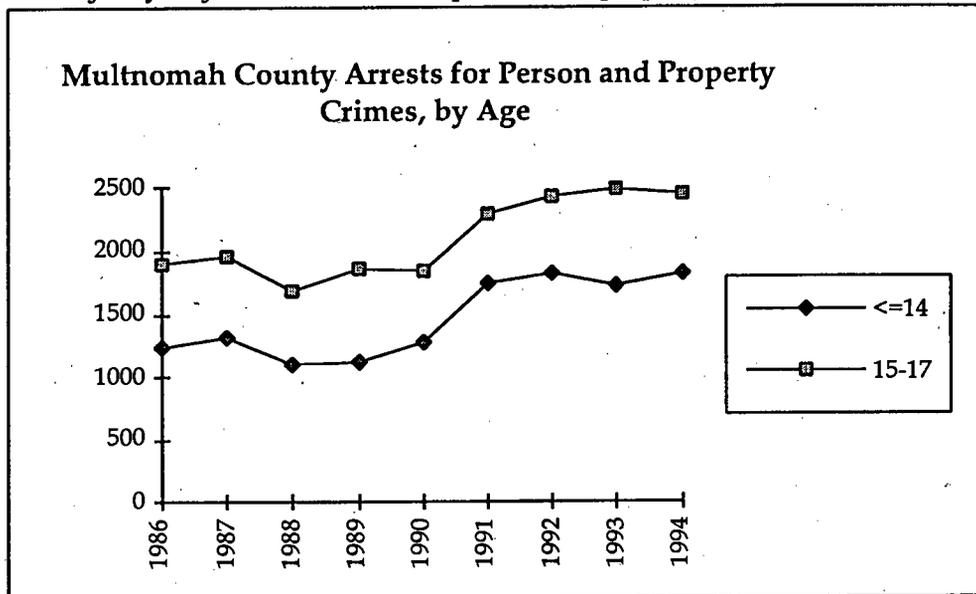


Source: Oregon Criminal Justice Council

- Arrests for youths under 15 grew more rapidly than arrests for youths 15-17
- 1986-94 average annual growth rate for youths 14 and under: 4.9%

REDUCE JUVENILE CRIME

- 1986-94 average annual growth rate for youths 15-17: 3.1%
- The majority of juvenile arrests for personal & property crimes are youths 15-17.



Source: Oregon Criminal Justice Council

III. Key Trends and Issues

Chronic Offenders

- Youths who have been arrested 5 or more times are considered chronic offenders. Chronic offenders comprise 6% of all boys, but account for over 50% of all arrests.
- Youths who have been arrested 5-6 times have a 90%+ chance of being arrested again.

Factors contributing to juvenile crime

- Inadequate parenting is considered one of the strongest predictors of later delinquency
- Family factors: early childbearing, teenage pregnancy, and substance abuse during pregnancy, poor parental supervision, erratic child-rearing behavior, parental disharmony, and parental rejection of the child
- Being abused or neglected as a child increases the likelihood of arrest for a violent crime by 38%.
- Individual factors: childhood conduct problems
- Poverty

Relationship between juvenile crime and future adult crime

- Most chronic adult offenders have had multiple contacts with the juvenile justice system.
- The age of initial criminal behavior and severity of juvenile record are two of the best predictors of adult criminality.

Interrelationship with other benchmarks

REDUCE JUVENILE CRIME

- Delinquent youths are more likely to use alcohol & other drugs, drop out of school, and become pregnant as a teen. Causality is believed to run in both directions.

IV. Desired Continuum Of Services And Support For Achieving The Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

- Diversion program services
- Gang supervision programs
- Classification of delinquents leading to targeted services to high risk youth
- Flex fund program allowing wraparound services
- Truancy prevention/intervention services
- Focused services for the entire family
- Development of a range of intermediate sanctions between probation supervision and commitment to the state training schools.

V. Sources Used

- Wellness Team
- Multnomah County Public Safety Coordinating Council, Direction to the Working Group
- Public Safety Benchmark Information summary, Joanne Fuller, Deputy Director, Multnomah County Department of Juvenile Justice
- Rand Study: Diverting Children from a Life of Crime
- Diversion Outcome Project: Implementation Follow-up Report
- MCCF 1994 Comprehensive Plan
- Department of Juvenile Justice Services presentation to LPSCC
- Juvenile Crime in Multnomah County 1986 through 1993, Oregon Criminal Justice Council Statistical Analysis Center, 1994.

Other Documents to Consult

- Research establishing that property offenders tend to have long criminal histories, whereas violent offenders tend to commit relatively few, isolated crimes.
- Measure 11 - Sarah Lutes at Juvenile Justice has done a lot of analysis regarding Measure 11 offenders.

REDUCE MINORITY OVER-REPRESENTATION IN THE JUVENILE JUSTICE AND CHILD WELFARE SYSTEMS

COMMISSION ON CHILDREN AND FAMILIES:

Reduce minority over-representation in the juvenile justice and child welfare systems

I. Why It Is Important

Social justice for minority youth is an issue for both the juvenile justice and the child welfare systems. Most planning has involved the juvenile justice system. The Juvenile Justice Department has concentrated on reducing the over-representation of African-American youth in the juvenile justice system through a variety of programs funded with state, federal and county money. The MCCF is committed to these efforts and to similar future efforts related to the child welfare system. The MCCF's predecessor funded programs targeting minority youth in the state training schools and funded a SE Asian youth needs assessment. There has been a decrease in minority over-representation in the juvenile justice system in the past few years, especially for African American youth, but the reasons for this have not been fully examined.

II. Benchmark Data

- For many years, the juvenile justice system has been the focus of research on the perception of bias toward minority youth. Studies of Multnomah County include the ongoing Office of Juvenile Justice & Delinquency Prevention study, begun in 1992 by the State Commission on Children and Families, and the more recent research of the Oregon Supreme Court Task Force on Racial/Ethnic Issues in the Judicial System.

While the nature of reasons for over-representation are not fully addressed, the research to date indicates a need for further and more refined analysis of the system data, controlling for the influence of the number of prior referrals, crime severity, and selection factors. All of these can affect the accumulation of cases at certain decision points in juvenile justice processing.

- Qualitative data analysis suggest the need for additional research on the availability of client resources and services.
- No comparable research of similar issues within the child welfare system has been undertaken since 1982.

III. Key Trends and Issues

- The Supreme Court Task Force's report called for:
 - A comprehensive statewide plan to reduce minority over-representation and disproportionate confinement in the juvenile justice system
 - More skilled interpreters to assist non-English speaking parents/care-givers.

REDUCE MINORITY OVER-REPRESENTATION IN THE JUVENILE JUSTICE AND CHILD WELFARE SYSTEMS

- More trained and culturally-sensitive experts available to juvenile court staff and practitioners

Although it is phrased more generally, this initiative deals nearly entirely with young, African American males.

- Over-representation for young African American males becomes more acute as system penetration increases from early warnings, to diversion, to early detention, to commitment to state training schools, to remand to the adult system.

IV. Desired Continuum Of Services And Support For Achieving Benchmark

Here are some of the potential approaches which could help achieve this benchmark. This list includes several strategies from the sources listed below to illustrate a variety of approaches. It is not meant to be a comprehensive list.

System development activities

- Study the need and effectiveness of current programming.
- Develop processes to ensure that all services and supports are relevant, gender specific, and appropriate for diverse populations including ethnic, cultural, sexual and linguistic minorities. Also ensure an equitable distribution of resources and services.
- Cooperate and collaborate with local, state and federal efforts to identify and address the problems of over-representation and develop community-based alternatives
- Develop a resource listing of interpreters
- Advocate for a system of cross-cultural training for juvenile justice personnel and other care-givers
- Continue work with the state Commission on Children and Families, DJJS, and CSD on the pilot study of over-representation of minority youth in the juvenile justice system
- Coordinate services on a broader scale, involving state, county, school and community-based organizations
- Support cross-cultural diversity training and education for juvenile justice personnel, practitioners, elected officials, the general public and the at-risk populations

Direct service activities

- Advocate with Oregon Children Services Division (CSD) for residential placements that are accessible and available to minority youth
- Advocate for continued funding of community-based alternatives to secure confinement
- Continue to advocate for and fund post-commitment transitional and community-based placement for minority youth
- Increase the availability and improve the quality of diversion programs
- Provide after-care programs to facilitate the reintegration of minority youth from state/county facilities back into their home communities
- Advocate for an increased level of mental health services

REDUCE MINORITY OVER-REPRESENTATION IN THE JUVENILE JUSTICE AND CHILD WELFARE SYSTEMS

- Provide interpreters as needed for non-English-speaking children, parents and caregivers in all juvenile proceedings, including informal proceedings

Other activities

- Develop alternatives to secure confinement for minority youth
- Encourage study of minority youth over-representation of in child welfare system
- Develop a systematic ongoing monitoring procedure to determine at regular intervals the percent of minority youth being processed through each stage of the juvenile justice system, in order to target more specifically the decision points at which major disparities occur

V. Sources Used

- Wellness Team
- Report of the Oregon Supreme Court Task Force on Racial/Ethnic Issues in the Judicial System, 1994.
- Office of Juvenile Justice & Delinquency Prevention study, begun in 1992, Oregon Commission on Children and Families
- Multnomah Commission on Children & Families Comprehensive Plan, 1994

BENCHMARKS AT A GLANCE

A One-Year Snapshot of the Number of People Directly Impacted by Each Benchmark

September 11, 1996

Increase the Incidence of Adequate Prenatal Care

- 536 infants received inadequate prenatal care in 1994 (6% of all births in Mult. Co.)

Reduce the Incidence of Drug-Affected Babies

- Of 8,903 live births in Multnomah County in 1994, percentage of mothers who report that they used tobacco, alcohol or illicit drugs during pregnancy:
 - Tobacco - 20.7%
 - Alcohol - 3.3%
 - Illicit Drugs - 1.2% (preliminary results from a recent study sampling newborn merconium showed that actual drug use was roughly double this rate)

Increase the Number of Child Care Providers Meeting Quality Standards

- Only 1,480 of the 3,784 child care providers in Multnomah County meet basic standards of care
- There is an estimated shortage of 13,000 child care slots in Multnomah County

Increase the Number of Children Reaching Developmental Milestones by Kindergarten

- There are approximately 2,000 students entering kindergarten in 1995-96.
- Statewide, it is estimated that 31% of students entering kindergarten fall below physical, health and well-being milestones. Only 12% fall below language and literacy milestones.

Increase the Number of Families Living Above the Poverty Line

- There were 24,679 children living in poverty in Multnomah County in 1994

Increase the Number of Families Living in Safe, Stable Housing

- 22,500 poor renters in Portland were paying 30 percent or more of their income for housing; 10,000 households are on waiting lists for Section 8 and public housing

Reduce the Incidence of Domestic Violence

- 11,448 calls were made to the crisis line in the first 6 months of 1995
- 3,542 police reports of domestic violence were filed during this period

Reduce the Incidence of Violence By and Against Children and Youth

- There were 172 suicide attempts persons under age 20 in Multnomah County in 1993. Four of these attempts resulted in death.
- Statewide, there were 45 deaths due to firearms among people under 20 in 1993.

Reduce the Incidence of Child Abuse and Neglect

- 4,599 suspected cases of abuse were reported in Multnomah County in 1994; abuse was confirmed in 1,587 cases

Increase the Number of Families Who Are Able to Care for Their Own Children

- Services to Children and Families placed over 2,400 children from Multnomah County into substitute care in 1993

Reduce the Prevalence of Adolescents Using Tobacco, Alcohol and Other Drugs

- There were 2,125 juvenile arrests for drug offenses in 1995
- Percentage of 8th/11th grade students reporting use of alcohol or other drugs in the past month (1994 survey):
 - Cigarettes- 18% / 20%
 - Alcohol - 28% / 33%
 - Marijuana -8% / 15%

Reduce the Incidence of Teen Pregnancy

- 833 pregnancies among teens aged 10-17 in Multnomah County in 1994.
- 480 births to teens 10-17 in Multnomah County in 1994.

Increase the Number of Youth Graduating from High School

- There were 2,391 dropouts in Multnomah County in the 1994-95 school year. However, this number is overstated because of the inclusion of youth receiving GEDs.

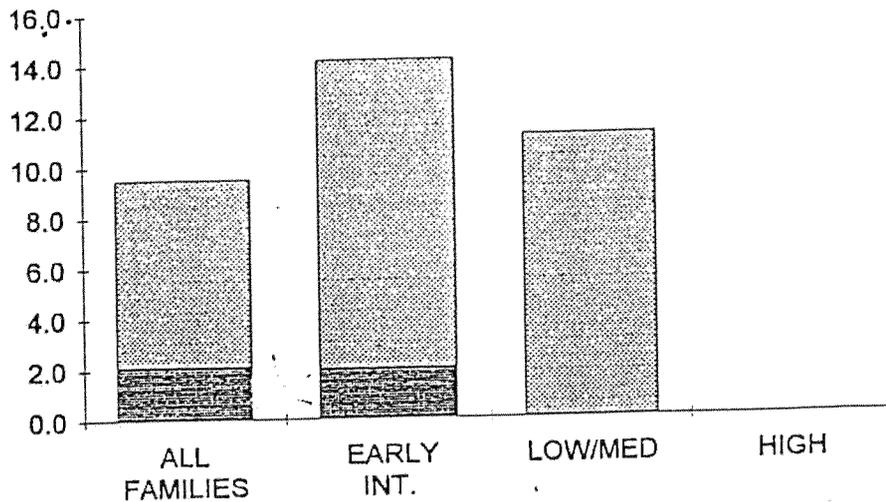
Reduce the Incidence of Juvenile Crime

- In 1994, there were 3,169 arrests of juveniles for property crimes in Multnomah County. There were 1,098 juvenile arrests for crimes against persons.

Reduce Over-representation of Minority Youth in the Juvenile Justice and Child Welfare Systems

- African American Youth comprised 32% of the commitments to close custody at MacLaren in 1993. This statistic requires more in-depth analysis to determine the extent and causes of overrepresentation.

HUMAN SERVICES SPENDING -- Local Dollars Only



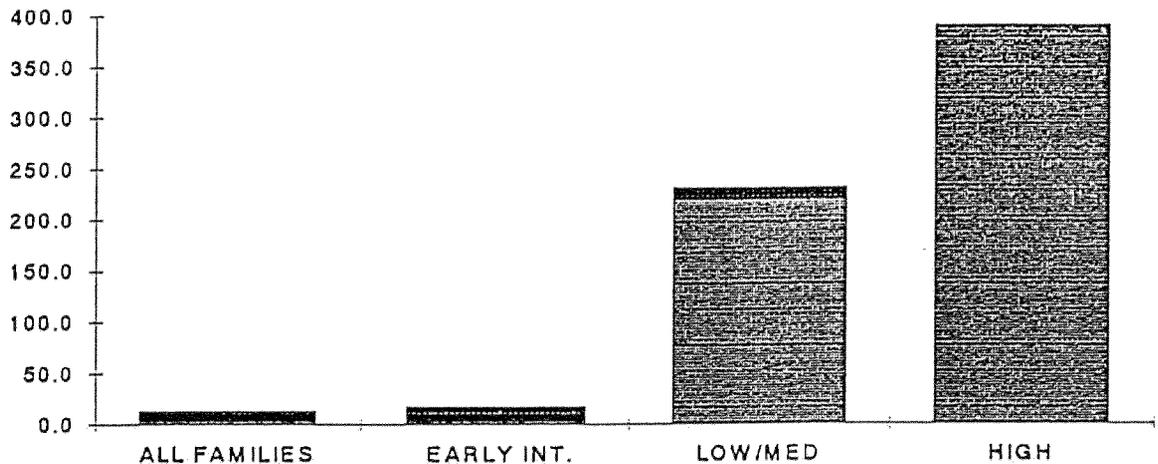
County General Fund spending on human services totals only about \$ 30 million annually and appears quite balanced in services accessible to all families, early intervention services and low/medium intensity remediation services. Programs from the Health, Library and Community and Family Services departments are included.

The Educational Services District spends about \$ 4.1 million annually for school nurses. The estimated over \$10 million annually from private giving is not reflected on the bar graph above.

FUNDING AGENCY	AT RISK /				TOTALS
	ALL FAMILIES	EARLY INT.	LOW/MED	HIGH	
SCHOOLS - Educ. Serv. District					
ESD - Health Services	2.1	2.0	0.0	0.0	4.1
MULTNOMAH COUNTY - GF ONLY					
Health	1.0	6.0	6.0		13.0
Library	5.3				5.3
Community and Family Serv.	1.1	6.2	5.2		12.5
Total County GF - Human Services	7.4	12.2	11.2	0.0	30.8
PRIVATE GIVING					
United Way					8.0
Oregon Communitis Fdtn.					0.3
Meyer Trust					2.6
Private Giving Total					10.9
Total Local Human Services	9.5	14.2	11.2	0.0	45.8

HUMAN SERVICES SPENDING -- State and Local

When the State's Department of Human Resources expenditures in Multnomah County are included, local investments are dwarfed and the overall balance shifts notably towards remediation services.



State spending on human resources totals over \$ 618 million annually in Multnomah County, and is mostly focused on remediation services.

FUNDING AGENCY	AT RISK/				TOTALS
	ALL FAMILIES	EARLY INT.	LOW/MED	HIGH	
STATE - Dept. of Human Resources					
Adult & Fam. Serv.			58.1	58.1	116.2
Ser. to Children & Families				54.2	54.2
Health	3.8	3.8	3.8	3.8	15.1
Mental Health/ Dev. Dis.				63.0	63.0
Mental Health Institutions				28.8	28.8
Seniors & Disabled Serv.			40.7	40.7	81.4
Vocational Rehab.				4.1	4.1
Alcohol & Drug Abuse			6.6	6.6	13.2
Oregon Medical Asst. Prog.			111.4	111.4	222.7
Total DHR Services- Mult. Co.	3.8	3.8	220.5	390.6	618.7