ANNOTATED MINUTES

Tuesday, April 6, 2004 - **7:30 AM to 9:00 AM**
Multnomah Building, Sixth Floor Commissioners Conference Room 635
501 SE Hawthorne Boulevard, Portland

LOCAL PUBLIC SAFETY COORDINATING COUNCIL EXECUTIVE COMMITTEE MEETING

A quorum of the Multnomah County Board of Commissioners may be attending the Local Public Safety Coordinating Council Executive Committee meeting. This meeting is open to the public. For further information, contact Judith Bauman at (503) 988-5894.

Thursday, April 8, 2004 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

Chair Diane Linn convened the meeting at 9:32 a.m., with Vice-Chair Serena Cruz and Commissioners Lisa Naito, Lonnie Roberts and Maria Rojo de Steffey present.

REGULAR AGENDA
PUBLIC COMMENT

Opportunity for Public Comment on non-agenda matters. Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

NO ONE WISHED TO COMMENT.

NON-DEPARTMENTAL

R-5 Briefing by Central City Concern on the Impact of the Community Engagement Program, its Funding and the use of Multnomah County Personal Income Tax Dollars. Presented by Ed Blackburn.

RICHARD HARRIS; ED BLACKBURN, SUSAN STEINER; DAVID EISEN; RUTH WILLIAMS; JAMES GARDNER; SARAH GOFORTH; VICTORIA WALLACE; CONNIE BASSARABA; ELINOR MARKRAFF; AND LIO ALAALATOA PRESENTATIONS AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION ON ISSUES INCLUDING CENTRAL CITY CONCERN; HOOPER DETOX; PORTLAND ALTERNATIVE HEALTH CENTER; COMMUNITY ENGAGEMENT PROGRAM; CHIERS AND JOIN.

Chair Linn was excused at 10:02 a.m., with Vice-Chair Cruz now presiding.

DISTRICT ATTORNEY'S OFFICE

R-1 PROCLAMATION Proclaiming the week of April 18 through April 24, 2004 as OREGON CRIME VICTIMS' RIGHTS WEEK in Multnomah County, Oregon

COMMISSIONER NAITO MOVED AND COMMISSIONER ROJO SECONDED, APPROVAL OF R-1. MICHAEL SCHRUNK EXPLANATION; READ PROCLAMATION AND RESPONSE TO COMMISSIONER NAITO COMMENTS IN APPRECIATION AND SUPPORT. PROCLAMATION 04-040 APPROVED, WITH COMMISSIONERS NAITO, ROBERTS, ROJO AND CRUZ VOTING AYE.

Commissioner Naito was excused at 10:30 a.m.

COMMISSION ON CHILDREN, FAMILIES AND COMMUNITY

R-2 PROCLAMATION Proclaiming April 2004 Child Abuse Prevention Month in Multnomah County, Oregon

COMMISSIONER ROJO MOVED AND COMMISSIONER ROBERTS SECONDED, APPROVAL OF R-2. GRESHAM CHIEF OF POLICE CARLA PILUSO, MIRIAM GREEN AND ANGELA GARCIA EXPLANATION AND RESPONSE TO BOARD COMMENTS IN SUPPORT. PROCLAMATION 04-041 APPROVED, WITH

COMMISSIONERS ROBERTS, ROJO AND CRUZ VOTING AYE.

DEPARTMENT OF HEALTH

R-3 NOTICE OF INTENT to Submit a Proposal to the Region X Environmental Protection Agency (EPA) Indoor Air Quality Grant Program

COMMISSIONER ROBERTS MOVED AND COMMISSIONER ROJO SECONDED, APPROVAL OF R-3. LILA WICKHAM EXPLANATION. NOTICE OF INTENT APPROVED, WITH COMMISSIONERS ROBERTS, ROJO AND CRUZ VOTING AYE.

R-4 First Reading of a Proposed Special ORDINANCE Approving Intergovernmental Agreement with Clackamas and Washington Counties Creating Tri-County Health Care Safety Net Enterprise, and Declaring an Emergency

ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER ROBERTS MOVED AND COMMISSIONER ROJO SECONDED, APPROVAL OF FIRST READING. LILLIAN SHIRLEY EXPLANATION. NO ONE WISHED TO TESTIFY. FIRST READING APPROVED, WITH COMMISSIONERS ROBERTS, ROJO AND CRUZ VOTING AYE. SECOND READING THURSDAY, APRIL 15, 2004.

R-6 Community Celebration of Public Health Heroes, a Celebration of Public Health Awareness Week (April 5 through 11, 2004) in Multnomah County, Oregon. Presented by Lillian Shirley. and Tricia Tillman-Reardon. Reception to Follow.

LILLIAN SHIRLEY PRESENTATION AND INTRODUCTION OF THE 2004 PUBLIC HEALTH HERO AWARDEES AS FOLLOWS: THE JOSIAH HILL AWARD FOR COMMUNITY MEMBERS TO DR. RICHARD GINGRICH, A VISIONARY WITH A COMMITMENT TO PROVIDING MEDICAL CARE FOR THE WORKING POOR, INSTRUMENTAL IN THE GROWTH OF PORTLAND ADVENTIST

COMMUNITY SERVICES FAMILY HEALTH CARE CLINIC AND MIKI HUNNICUT, A PREVENTION INSTRUCTOR AT SELF ENHANCEMENT, INC. WHO WORKS WITH MIDDLE AND HIGH SCHOOL YOUTH ON ISSUES RELATED TO LIFE SKILLS, SEXUAL HEALTH, VIOLENCE PREVENTION, AND LEADERSHIP. THE GOVERNOR JOHN KITZHABER PUBLIC HEALTH LEADERSHIP AWARD TO CARLOS MEDINA, DIRECTOR OF OREGON DEVELOPMENT, YAKIMA VALLEY FARM WORKERS CLINIC, A TIRELESS ADVOCATE FOR ACCESS TO HEALTH CARE FOR VULNERABLE POPULATIONS AND MIGRANT HEALTH ISSUES. MULTNOMAH COUNTY EMPLOYEE AWARDS TO MENTAL HEALTH AND ADDICTION SERVICES DIVISION STAFF KARIFA KOROMA AND MEDICAID ENROLLMENT UNIT STAFF MARCY SUGARMAN. MULTNOMAH COUNTY BUSINESS AWARD TO JAY GRAVES, OWNER OF THE BIKE GALLERY, A BIKE SHOP PROMOTING BICYCLING IN PARTNERSHIP WITH CYCLE OREGON, THE BICYCLE TRANSPORTATION ALLIANCE AND THE COMMUNITY CYCLING PROGRAM. THE MULTNOMAH COUNTY COMMUNITY BASED ORGANIZATION AWARD TO ELDERS IN ACTION, MOBILIZING COMMUNITY VOLUNTEERS TO PROVIDE ADVOCACY, PROBLEM SOLVING, SUPPORT AND HEALTH EDUCATION FOR SENIORS. MULTNOMAH COUNTY YOUTH AWARDS TO LAS HERMANAS, A HEALTH PROMOTION AND YOUTH LEADERSHIP PROGRAM OF THE SMG FOUNDATION; AND CLEVELAND HIGH SCHOOL PEER HELPERS, WHO PROVIDE POSITIVE ROLE MODELING AND MAKE SURE THEIR NEIGHBORHOODS ARE BETTER AND SAFER PLACES TO LIVE.

There being no further business, the meeting was adjourned at 11:10 a.m.

BOARD CLERK FOR MULTNOMAH COUNTY, OREGON

Deborah L. Bogstad

Multnomah County Oregon

Board of Commissioners & Agenda

connecting citizens with information and services

BOARD OF COMMISSIONERS

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APRIL 8, 2004 - revised

BOARD MEETING

FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:30 a.m. Central City Concern Briefing on Impact of Community Engagement Program Thursday Proclaiming Oregon Crime Victims' Rights Week in Multnomah County, Or
Pg 2	10:15 a.m. Proclaiming Oregon Crime Victims' Rights Week in Multnomah County
Pg 3	10:20 a.m. Proclaiming Child Abuse Prevention Month in Multnomah County
Pg 3	10:25 a.m. Notice of Intent to Apply to the EPA for Indoor Air Quality Grant Funds
Pg 3	10:30 a.m. First Reading of a Proposed Special Ordinance Approving Agreement with Clackamas and Washington Counties Creating Tri-County Health Care Safety Net Enterprise
Pg 3	10:45 a.m. Community Celebration of Public Health Heroes

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Thursday, April 8, 2004 - 9:30 AM
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REGULAR MEETING

PUBLIC COMMENT - 9:30 AM

Opportunity for Public Comment on non-agenda matters. Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

NON-DEPARTMENTAL - 9:30 AM

R-5 Briefing by Central City Concern on the Impact of the Community Engagement Program, its Funding and the use of Multnomah County Personal Income Tax Dollars. Presented by Ed Blackburn. 45 MINUTES REQUESTED.

DISTRICT ATTORNEY'S OFFICE - 10:15 AM

R-1 PROCLAMATION Proclaiming the week of April 18 through April 24, 2004 as OREGON CRIME VICTIMS' RIGHTS WEEK in Multnomah County, Oregon

COMMISSION ON CHILDREN, FAMILIES AND COMMUNITY - 10:20 AM

R-2 PROCLAMATION Proclaiming April 2004 Child Abuse Prevention Month in Multnomah County, Oregon

DEPARTMENT OF HEALTH - 10:25 AM

R-3 NOTICE OF INTENT to Submit a Proposal to the Region X Environmental Protection Agency (EPA) Indoor Air Quality Grant Program

R-4 First Reading of a Proposed Special ORDINANCE Approving Intergovernmental Agreement with Clackamas and Washington Counties Creating Tri-County Health Care Safety Net Enterprise, and Declaring an Emergency

R-6 Community Celebration of Public Health Heroes, a Celebration of Public Health Awareness Week (April 5 through 11, 2004) in Multnomah County, Oregon. Presented by Lillian Shirley and Tricia Tillman-Reardon. Reception to Follow. 30 MINUTES REQUESTED.

Revised 04/05/04

Multnomah County Oregon

Board of Commissioners & Agenda

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BOARD OF COMMISSIONERS

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APRIL 8, 2004
BOARD MEETING

FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:30 a.m. Thursday Opportunity for Public Comment on Non-Agenda Matters
Pg 2	9:30 a.m. Thursday Proclaiming Oregon Crime Victims' Rights Week in Multnomah County, Or
Pg 2	9:35 a.m. Thursday Proclaiming Child Abuse Prevention Month in Multnomah County, Or
Pg 3	9:55 a.m. First Reading of a Proposed Special Ordinance Approving Agreement with Clackamas and Washington Counties Creating Tri-County Health Care Safety Net Enterprise
Pg 3	10:00 a.m. Thursday Central City Concern Briefing on Impact of Community Engagement Program
Pg 3	10:45 a.m. Thursday Community Celebration of Public Health Heroes

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Thursday, April 8, 2004 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
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REGULAR MEETING

REGULAR AGENDA - 9:30 AM
PUBLIC COMMENT - 9:30 AM

Opportunity for Public Comment on non-agenda matters. Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

DISTRICT ATTORNEY'S OFFICE - 9:30 AM

R-1 PROCLAMATION Proclaiming the week of April 18 through April 24, 2004 as OREGON CRIME VICTIMS' RIGHTS WEEK in Multnomah County, Oregon

COMMISSION ON CHILDREN, FAMILIES AND COMMUNITY - 9:35 AM

R-2 PROCLAMATION Proclaiming April 2004 Child Abuse Prevention Month in Multnomah County, Oregon

DEPARTMENT OF HEALTH - 9:50 AM

R-3 NOTICE OF INTENT to Submit a Proposal to the Region X Environmental Protection Agency (EPA) Indoor Air Quality Grant Program

NON-DEPARTMENTAL - 9:55 AM

R-4 First Reading of a Proposed Special ORDINANCE Approving Intergovernmental Agreement with Clackamas and Washington Counties Creating Tri-County Health Care Safety Net Enterprise, and Declaring an Emergency

R-5 Briefing by Central City Concern on the Impact of the Community Engagement Program, its Funding and the use of Multnomah County Personal Income Tax Dollars. Presented by Ed Blackburn. 45 MINUTES REQUESTED.

DEPARTMENT OF HEALTH - 10:45 AM

R-6 Community Celebration of Public Health Heroes, a Celebration of Public Health Awareness Week (April 5 through 11, 2004) in Multnomah County, Oregon, Presented by Lillian Shirley and Tricia Tillman-Reardon, Reception to Follow. 30 MINUTES REQUESTED.

Diane Linn, Multnomah County Chair

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501 SE Hawthorne Boulevard
Portland, Oregon 97214-3587
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Phone: (503) 988-8308
FAX: (503) 988-3093

MEMORANDUM

TO: Commissioner Maria Rojo de Steffey
Commissioner Serena Cruz
Commissioner Lisa Naito
Commissioner Lonnie Roberts
Board Clerk Deb Bogstad

FROM: Delma Farrell
Administrative Director

DATE: April 5, 2004

RE: Board Briefing/Meeting Excused Absences

Because of a prior commitment, Chair Linn will be leaving the Thursday April 8, 2004 Board meeting at 10am.

MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
501 S.E. HAWTHORNE BLVD., Room 600
PORTLAND, OREGON 97204
(503) 988-5217

LISA NAITO ● DISTRICT 3 COMMISSIONER

MEMORANDUM

TO: Chair Diane Linn
Commissioner Maria Rojo de Steffey
Commissioner Serena Cruz
Commissioner Lonnie Roberts
Board Clerk Deb Bogstad

FROM: Carol Wessinger
Staff to Commissioner Lisa Naito

DATE: April 6, 2004

RE: Meeting Excuse

Commissioner Naito will need to leave the Thursday April 8, 2004 Board meeting at 10:30 am for a scheduled appointment.

Thank you,
Carol Wessinger

Executive Committee Agenda

PUBLIC SAFETY COORDINATING COUNCIL OF MULTNOMAH COUNTY

April 6, 2004
7:30am to 9:00am
Multnomah Building
Horsetail Falls Room, Third Floor

I.	**Welcome and Announcements** *Commissioner Lisa Naito*	
II.	**Approval of the February 3, 2004 meeting minutes**	
III.	**LPSCC Alcohol & Drug Work Group presentation** *Commissioner Serena Cruz*	*15 minutes*
IV.	**Domestic Violence Fatality Case Review Update**	*5 minutes*
V.	**Budget Highlights**	
	Metropolitan Public Defender's Office – *Jim Hennings*	*5 minutes*
	District Attorney's Office – *Mike Schrunk*	*5 minutes*
	Court System – *Judge Dale Koch*	*5 minutes*
	Sheriff's Office – *Sheriff Bernie Giusto*	*5 minutes*
	Portland Police Bureau – *Chief Derrick Foxworth*	*5 minutes*
	Gresham Police Department – *Chief Carla Piluso*	*5 minutes*
	Department of Community Justice – *Joanne Fuller*	*5 minutes*
VI.	**Discussion**	*15 minutes*

Next Meeting
Tuesday, May 4, 2004
7:30am to 9:00am
Multnomah Building
Room 635

Serving Public Safety Agencies in Multnomah County

501 SE Hawthorne Blvd., Suite 600 • Portland, Oregon • 97214

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: **April 8, 2004**
Agenda Item #: **R-1**
Est. Start Time: **9:30 AM**
Date Submitted: **03/15/04**

Requested Date: April 8, 2004 **Time Requested:** 5 minutes

Department: Non-Departmental **Division:** District Attorney's Office

Contact/s: Helen O'Brien

Phone: 503-988-5451 **Ext.:** 85451 **I/O Address:** 101/600

Presenters: Helen T. Smith Chief Deputy, Family Justice

Agenda Title: Proclaiming the week of April 18 through April 24, 2004 as OREGON CRIME VICTIMS' RIGHTS WEEK in Multnomah County, Oregon

NOTE: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide clearly written title.

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1. **What action are you requesting from the Board? What is the department/agency recommendation?** Proclamation announcing the week of April 18 through April 24, 2004 to be OREGON CRIME VICTIMS' RIGHTS WEEK in Multnomah County, Oregon.

2. **Please provide sufficient background information for the Board and the public to understand this issue.**

3. **Explain the fiscal impact (current year and ongoing).**

   NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

   If a budget modification, explain:

- What revenue is being changed and why?
- What budgets are increased/decreased?
- What do the changes accomplish?
- Do any personnel actions result from this budget modification? Explain.
- Is the revenue one-time-only in nature?
- If a grant, what period does the grant cover?
- When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- Why was the expenditure not included in the annual budget process?
- What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- Why are no other department/agency fund sources available?
- Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain:

- Who is the granting agency?
- Specify grant requirements and goals.
- Explain grant funding detail – is this a one time only or long term commitment?
- What are the estimated filing timelines?
- If a grant, what period does the grant cover?
- When the grant expires, what are funding plans?
- How will the county indirect and departmental overhead costs be covered?

4. Explain any legal and/or policy issues.

5. Explain any citizen and/or other government participation that has or will take place.

Required Signatures:

Department/Agency Director: Michel Schwend Date: 03/15/04

Budget Analyst

By: Date:

Dept/Countywide HR

By: Date:

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

PROCLAMATION NO. _____

Proclaiming the week of April 18 through April 24, 2004 as OREGON CRIME VICTIMS' RIGHTS WEEK in Multnomah County, Oregon

The Multnomah County Board of County Commissioners Finds:

a. Thousands of citizens of Multnomah County experience the trauma, pain, humiliation and personal and financial losses of being a victim of crime.

b. Crime victims and witnesses are too often overlooked by our system of justice in its efforts to apprehend, prosecute, and fairly sanction criminal offenders.

c. The needs and rights of crime victims deserve more public attention, understanding and compassion.

d. Citizens can play a major role in helping victims by reporting crimes and by showing greater willingness to testify in the prosecution of criminals.

The Multnomah County Board of County Commissioners Proclaims:

The week of April 18 through April 24, 2004, to be OREGON CRIME VICTIMS' RIGHTS WEEK in Multnomah County, Oregon.

ADOPTED this 8th day of April, 2004.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

_____
Diane M. Linn, Chair

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

PROCLAMATION NO. 04-041

Proclaiming April 2004 Child Abuse Prevention Month in Multnomah County, Oregon

The Multnomah County Board of Commissioners Finds:

a. Child abuse is a national tragedy. Nationally, approximately 903,000 children were found to be victims of child maltreatment in 2001. On average, more than three children - of all races, genders and socioeconomic backgrounds - die from maltreatment every day.

b. In Oregon, there were 8,424 victims of child abuse in 2002, a 2.3% increase from the prior year. In Multnomah County, there were 1,383 founded child abuse reports. Statewide, one-half were less than six years old. Children of all ages experience abuse, but the youngest children are most vulnerable. The increasing number of young victims, as well as the intensity of family problems, results in more difficult cases that take longer to resolve.

c. Abuse and neglect are associated with many short and long term consequences, including brain damage, developmental delays, learning disorders, problems forming relationships, aggressive behavior, and depression.

d. Survivors of child abuse and neglect are at greater risk for problems later in life - including low academic achievement, drug use, teen pregnancy, and criminal behavior. These issues affect not just the child and family but society as a whole.

e. Every child deserves love, protection, and nurturing. Safe and healthy childhoods help produce confident and successful adults.

f. Every April, communities across the country join to raise public awareness about child abuse, to provide information about how to prevent it, and to assist families in need of support, recovery, and encouragement. During Child Abuse Prevention Month, and throughout the year, we pronounce our ongoing commitment to find ways to cherish our children, and strengthen our families.

g. We call upon our community to observe this month by supporting the hard work of those who ensure our children's safety, and by playing an active role in creating a safer, healthier environment for our children's growth.

The Multnomah County Board of Commissioners Proclaims:

The Month of April 2004 as **Child Abuse Prevention Month** in Multnomah County, Oregon. We urge all County residents to join us in this observance.

ADOPTED this 8th day of April, 2004.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: **April 8, 2004**
Agenda Item #: **R-2**
Est. Start Time: **9:35 AM**
Date Submitted: **03/15/04**

Requested Date: April 8, 2004 **Time Requested:** 15 minutes

Department: Non-Departmental **Division:** Commission on Children, Families & Community

Contact/s: Angela Garcia/Wendy Lebow

Phone: 503 988-4008 or 988-6981 **Ext.:** 84008 **I/O Address:** 166/600

Presenters: Carla Piluso, Wendy Lebow, Angela Garcia, Invited Others

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Agenda Title: PROCLAMATION Proclaiming April 2004 as Child Abuse Prevention Month

NOTE: If Ordinance, Resolution, Order or Proclamation, provide exact title.
For all other submissions, provide clearly written title.

---

1. **What action are you requesting from the Board? What is the department/agency recommendation**? Approval of PROCLAMATION Proclaiming April 2004 as Child Abuse Prevention Month

2. **Please provide sufficient background information for the Board and the public to understand this issue.**

3. **Explain the fiscal impact (current year and ongoing).**

   NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

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   - **What revenue is being changed and why**?
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- What do the changes accomplish?
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- How will the county indirect and departmental overhead costs be covered?

4. Explain any legal and/or policy issues.

5. Explain any citizen and/or other government participation that has or will take place.

Required Signatures:

Wendy Leb

Department/Agency Director: **Date: 03/15/04**

Budget Analyst

By: **Date:**

Dept/Countywide HR

By: **Date:**

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

PROCLAMATION NO. _____

Proclaiming April 2004 Child Abuse Prevention Month in Multnomah County, Oregon

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b. In Oregon, there were 8,424 victims of child abuse in 2002, a 2.3% increase from the prior year. In Multnomah County, there were 1,383 founded child abuse reports. Statewide, one-half were less than six years old. Children of all ages experience abuse, but the youngest children are most vulnerable. The increasing number of young victims, as well as the intensity of family problems, results in more difficult cases that take longer to resolve.

c. Abuse and neglect are associated with many short and long term consequences, including brain damage, developmental delays, learning disorders, problems forming relationships, aggressive behavior, and depression.

d. Survivors of child abuse and neglect are at greater risk for problems later in life - including low academic achievement, drug use, teen pregnancy, and criminal behavior. These issues affect not just the child and family but society as a whole.

e. Every child deserves love, protection, and nurturing. Safe and healthy childhoods help produce confident and successful adults.

f. Every April, communities across the country join to raise public awareness about child abuse, to provide information about how to prevent it, and to assist families in need of support, recovery, and encouragement. During Child Abuse Prevention Month, and throughout the year, we pronounce our ongoing commitment to find ways to cherish our children, and strengthen our families.

g. We call upon our community to observe this month by supporting the hard work of those who ensure our children's safety, and by playing an active role in creating a safer, healthier environment for our children's growth.

The Multnomah County Board of Commissioners Proclaims:

The Month of April 2004 as **Child Abuse Prevention Month** in Multnomah County, Oregon. We urge all County residents to join us in this observance.

ADOPTED this 8th day of April, 2004.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

_____
Diane M. Linn, Chair

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

PROCLAMATION NO. 04-040

Proclaiming the week of April 18 through April 24, 2004 as OREGON CRIME VICTIMS' RIGHTS WEEK in Multnomah County, Oregon

The Multnomah County Board of County Commissioners Finds:

a. Thousands of citizens of Multnomah County experience the trauma, pain, humiliation and personal and financial losses of being a victim of crime.

b. Crime victims and witnesses are too often overlooked by our system of justice in its efforts to apprehend, prosecute, and fairly sanction criminal offenders.

c. The needs and rights of crime victims deserve more public attention, understanding and compassion.

d. Citizens can play a major role in helping victims by reporting crimes and by showing greater willingness to testify in the prosecution of criminals.

The Multnomah County Board of County Commissioners Proclaims:

The week of April 18 through April 24, 2004, to be OREGON CRIME VICTIMS' RIGHTS WEEK in Multnomah County, Oregon.

ADOPTED this 8th day of April, 2004.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

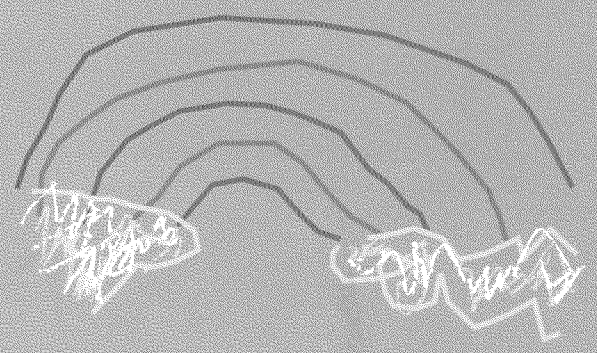
Diane M. Linn, Chair

8 Ways to Love, Support and Protect Your Child!

- Take time to refresh yourself
- Support your child
- Love your child
- Resolve conflict in non-violent ways
- Limit exposure to violence
- Encourage safe adult friendships
- Teach your child about safety
- Supervise your child

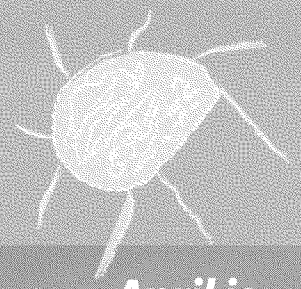
To learn more please contact:

www.preventchildabuse.org
or
Safety Net Coordinator
Multnomah County Commission
on Children, Families & Community
p: 503.988.4502
e: ccfc@co.multnomah.or.us
www.ourcommission.org/csn



Art and descriptive text:
By Chandler, Age 6 1/2

Every Child Deserves to be Loved and Secure



April is

Child Abuse Prevention

month

What EVERYONE should know...

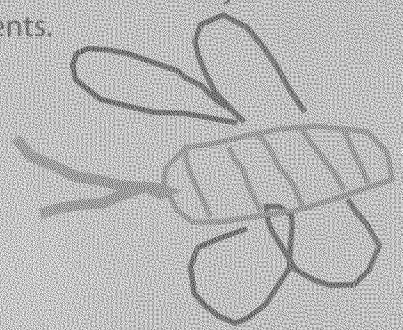
Tips for Being a Nurturing Parent

One of the most important things you can do to prevent child abuse is to build a positive relationship with your own children.

Help your children feel loved and secure.
We can all take steps to improve our relationship with our children:
◎ Make sure your children know you love them, even when they do something wrong.
◎ Encourage your children. Praise their achievements and talents.
◎ Spend time with your children. Do things together that you all enjoy.

Seek help if you need it.
Problems such as unemployment or a child with special needs can add to family tension. And parenting is a challenging job on its own. No one expects you to know how to do it all. If you think stress may be affecting the way you treat your child, or if you just want the extra support that all parents need at some point, try the following:

◎ Talk to someone. Tell a friend, healthcare provider, or a leader in your faith community about your concerns. Or join a self-help group for parents.



Tips *(continued)*

◎ Get counseling. Individual or family counseling can help you learn healthy ways to communicate with each other.

◎ Take a parenting class. Nobody was born knowing how to be a good parent. Parenting classes can give you the skills you need to raise a happy, healthy child.

◎ Accept help. You don't have to do it all. Accept offers of help from friends, family, or neighbors. And don't be afraid to ask for help if you need it.

Provide a positive home environment.
Children do best when they are raised in a stable and healthy home. Research has found successful couples do not have fewer differences or less to fight about, but they are able to effectively handle their differences or disagreements. If you are experiencing tension in your relationship, seek out the supports you need to help you resolve it.

When a Child is Mistreated in Public

Here's what you can do:

Divert the adult's attention.
Start a conversation with the adult. Offer sympathy. For example, you could say, *"Shopping with children can really try your patience, can't it?"*

Talk to the child.
If the child is acting out or misbehaving, start a friendly conversation to distract him or her.

Praise the parent or child.
Find something positive to say about the child or parent. For example, *"That's a pretty dress your daughter is wearing. Where did you get it?"*

Offer to help.
For example, if a child has been left unattended in a grocery cart, stay near him or her until a caretaker returns.

Avoid negative looks or comments.
This may only increase the adult's anger, making things worse for the child.

What you can do about child abuse

"In the year 2001, over 8,000 Oregon children were abused or neglected."

What you can do about child abuse

Oregon Department of Human Services
Child Protective Services

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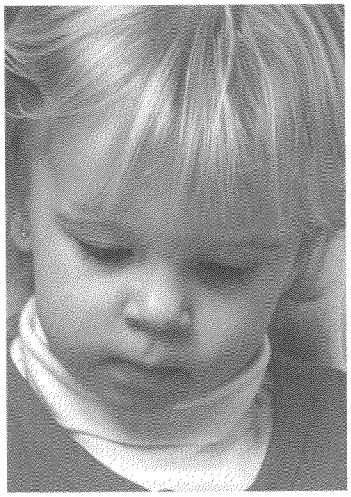
Introduction



Introduction

Why do I need this information?

Mandatory reporters – those people required by law to report child abuse – are a crucial link in the system to protect children. Seventy-four percent (74%) of reports come from mandatory reporters. In many cases those community members are the only people outside the immediate family to see babies or small children.

Mandatory reporters are required by law to report child abuse.

All citizens have responsibility to prevent child abuse and protect children. Individuals can help children in a variety of ways, from simply being their friend to protecting them from abuse. Communities can help provide the resources children and families need, such as safe day care or treatment services for child abuse victims. Mandatory reporters of child abuse, along with the Department of Human Services (DHS) and law enforcement officials, have a legal obligation for child protection.

We hope this book will help you understand what, when and how to report, as well as give you an idea of what happens after you make a report.

Some things you should be aware of as you read this material:

- **DHS (CPS) and law enforcement**
  DHS and law enforcement agencies have a shared legal responsibility for taking child abuse reports and responding to them. Much of the information presented here about the Child Protective Services (CPS) process also applies to law enforcement.

- **Caregivers**
  CPS or law enforcement intervene when a caregiver abuses or neglects a child. Because a caregiver is generally a parent (although it could be a babysitter or guardian), the word parent has been used throughout this manual to mean any caregiver.

- **Accidents**
  It is a fact of life that children have accidents and get injured. CPS and law enforcement always consider that an accident or illness may have caused a child's injury when assessing abuse allegations.

Introduction (CONT.)

You should report any reasonable suspicion of abuse.

- **Categories of abuse**
  You do not need to define an injury as physical abuse, neglect, etc. when you make a report. This manual separates abuse into different categories to help you understand how the law defines abuse. What we need from you when you call us is specific, accurate information about each child's condition.

- **Pronouns**
  The pronouns he and she are used interchangeably throughout this manual to describe children. Both genders are subject to all forms of abuse. The ratio in Oregon is approximately 51% female to 49% male victims.

- **Abuse and neglect**
  Child welfare professionals often talk about both abuse and neglect, because abuse is usually an action taken against a child, and neglect is usually the lack of care. Oregon law includes neglect as a category of abuse. Throughout this manual, "child abuse" includes physical abuse, sexual abuse and negligent treatment of children.

- **Examples**
  On page 44 are several examples of situations you might face. They may help explain situations appropriate for CPS intervention.

What is the most important thing to remember?

You should report any reasonable suspicion of abuse; you do not have to prove it. If you suspect a child has been abused, phone your local DHS office to discuss your concerns with a CPS-trained caseworker.

Making a Report

Making a report

What is reporting?

As a mandatory reporter, if you have reasonable cause to believe a child with whom you have had contact is being abused or a person has abused a child, you must tell either the Department of Human Services or a law enforcement agency (city or state police, sheriff or county juvenile department).

Oregon law defines mandatory reporters.

Who is a mandatory reporter?

Oregon law defines mandatory reporters. They are:

- Physician, including any intern or resident.
- Dentist.
- School employee.
- Licensed practical nurse or registered nurse.
- Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.
- Peace officer.
- Psychologist.
- Clergyman.
- Licensed clinical social worker.
- Optometrist.
- Chiropractor.
- Certified provider of foster care, or an employee thereof.
- Attorney.
- Naturopathic physician.
- Licensed professional counselor.
- Licensed marriage and family therapist.
- Firefighter or emergency medical technician.
- A court appointed special advocate, as defined in ORS 419A.004.
- A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.

Making a report (CONT.)

When does confidentiality override the need to report abuse?

If you are a mandatory reporter, your obligation to make a report applies regardless of whether or not your knowledge of the abuse was gained in your official capacity.

Exemption for privileged communication applies only to:

- **Psychiatrists**
- **Psychologists**
- **Clergy**
- **Attorneys**

Those people who have been granted the right of privileged communication by ORS 40.225 to 40.295 are not required to report information about abuse if the information is gained in a situation where the professional/ client relationship is protected. If you have any questions, contact DHS or your licensing board.

How do I make a report?

Generally, reports are made by phone because the law requires an oral report. Sometimes we may ask for additional written material, such as medical exams, when the information is needed to assess the condition or safety of the child.

Most DHS offices are open from 8 am to 5 pm. Most areas have hotlines or other ways to take calls through the night. If you need to report abuse after hours, contact your local law enforcement agency or child abuse hotline.

When a report is made to DHS, we share it with appropriate law enforcement agencies and vice versa. You only need to report to one of us.

What information should I have?

DHS cannot respond unless there is a specific allegation of abuse.

- "Mary seems withdrawn and quiet," is not an allegation of abuse.
- If Mary comes to school with bruises on her face and tells you, "I don't want to go home because my mom hit me," you should report it.

Always pay close attention when a child tells you about being abused.

If possible, report the names and addresses of the child and parent; the child's age; the type and extent of abuse, as well as any previous evidence of abuse; the explanation given for the abuse; and any other information which will help establish the cause of abuse or identify the abuser.

You do not need to know the name of the abuser before you report. The more information we can get from you, the easier the assessment will be for the child and family.

Also, the more quickly you get the information to us, the more likely we can respond effectively. Bruises and other physical marks can fade, and it is important for us to have as complete a picture as possible.

What information can I get from DHS after I make a report?

When you make a report, the intake worker can tell you whether there is enough information foran assessment to be done.

Because the law requires that we keep information about child abuse reports confidential, you might not be told details of the abuse or the assessment. However, we will try to give you information to the extent allowed by the law, including information that you need to continue helping the child. If you do not hear from DHS, you may call them and ask about the case.

What kinds of abuse am I likely to see?

The easiest abuse to recognize is something that leaves physical marks like bruises or burns. Some forms of neglect are somewhat visible such as malnutrition or young children left alone.

You may have a child tell you she is being abused. Realistically, it is difficult for someone who is not directly involved with a child and his family to see most forms of sexual abuse or mental injury. However, we often get reports on these situations from relatives and friends.

If I see a suspicious mark on a child, should I investigate it?

The amount of questioning you should do depends on what is appropriate for your job. For example:

- As a doctor or nurse, it is good medical practice to ask about your patient's injuries.

Making a report (CONT.)

Provide as much information about the abuse as possible:

- **Names/addresses of child and parent**
- **Child's age**
- **Type and extent of abuse**
- **Any previous evidence of abuse**
- **Explanation for abuse**
- **Information to help establish the cause of abuse or identify the abuser**

You can be told if DHS can do an assessment.

Making a report (CONT.)

- As a teacher, you might routinely comment on children's injuries (for example, showing sympathy for Richard's leg that was broken when he went skateboarding). It would then be appropriate to comment on injuries you think might be from abuse and listen to the child's response.

You should question a child as appropriate to your job.

It is not appropriate for you to conduct an assessment of the situation. If possible, however, it is very helpful if you have been able to talk honestly to the child. If the explanation does not seem to fit the injury, make a report.

Do I have to prove abuse occurred?

No. Your report is a request for an assessment to be made. The law clearly states you must report any reasonable cause to believe a child has been abused, then either a CPS-trained worker or a law enforcement officer will conduct an assessment. Sometimes DHS will get additional information about the situation, showing it was not abuse. It was still appropriate for you to have made that report.

Ask open-ended questions like, "Is there anything wrong?" or "You look upset, is there something you want to talk about?"

What if I'm not sure it's abuse?

If you have questions about whether or not to report, please call your local DHS office to consult with them. They can tell you if it is a situation that should be formally reported.

Sometimes different people have different information about a child. You might be the second or third person to call about a particular child, giving us the critical piece of information we need to be able to help.

If I have a feeling that a child is being abused, but there are no marks on him and he hasn't said anything to me, should I report my suspicion?

Either DHS or a law enforcement officer will need a specific allegation of abuse before we can conduct an investigation. If you have a concern about a child, and you have a relationship with him that allows it, you could ask him about your concern in a non-threatening, non-leading way.

General questions like, "Is there anything wrong?" or "You look upset, is there something you want to talk about?" may help encourage him to talk to you.

What should I say to a child who tells me she is being abused?

Let the child know she is not responsible for the abuse. Don't look shocked, and don't talk about blaming anyone. Tell her you will get in touch with people who can help her, and let her know they will need to talk with her.

Take any story of abuse seriously and report it.

Don't force her to tell more than she is ready to reveal. All you need to do is report a suspicion of abuse, not prove it happened.

This is a very difficult time for children, and they need your understanding, support and patience.

Take any child's story of abuse seriously.

Children rarely lie about being abused.

How will children react after a report is made?

Even if abuse has occurred, it may be hard for the child to admit it, and it will be even harder for the child to keep telling his story to the social workers, police officers, lawyers and others who may be involved in an abuse case.

How his family reacts will greatly affect how he reacts. Sometimes the non-abusing parent will immediately believe his story and support him. Sometimes parents or siblings do not believe him and pressure him to change his story.

Children are not usually removed from their homes when abuse is found. However, if a removal is necessary, DHS will try to maintain ties the child has to family, friends, schools, etc.

All children react to stress differently. Some may act out or become withdrawn, etc. The important thing to realize is the period after an abuse report is made is very difficult for children and they need special attention and care from you.

How often do children lie about being abused?

Very rarely. Studies have shown that only 2-5% of all sexual abuse reports were deliberate lies by children. It is much more common for adults to misunderstand or misconstrue a situation.

Making a report (CONT.)

Mandatory reporters must make a formal report to DHS or law enforcement.

If you don't report, you may face:

- **Criminal penalities**
- **Civil suits**
- **Loss of accreditation**

After I report, will my name be made public?

The only time a reporter's name can be released is by a court order. However, you might have to testify at juvenile court or criminal court proceedings about the child's condition.

Can I be sued by the parent for making a report?

Anyone who makes a good faith report based on reasonable grounds is immune from liability.

What if I don't report?

Failure to report is a violation and carries a maximum penalty of $1,000.

Mandatory reporters have also been successfully sued for damages in civil court for failing to report.

What if the abuse happened a long time ago?

You should still report it. The abuser may have access to other children, and his earlier history could be important. There is no statute of limitations on the reporting of child abuse.

Should I make a report to my supervisor?

As a mandatory reporter, you must report to DHS or a law enforcement agency. Telling your supervisor does not fulfill your legal obligation.

Your employer may have internal policies asking you to inform your supervisor or other staff members. That is fine as long as you also make a formal report to DHS or law enforcement. It is important that we talk to the person closest to the original source of information so we can get all relevant details.

Importance of reporting abuse

How many cases of abuse are reported?

In 2001, there were 36,303 reports of suspected child abuse/neglect made to DHS/SCF in Oregon. Child abuse or neglect was found in 5,863 of these reports.

How important is my report?

Seventy-four percent (74%) of the child abuse reports made last year were made by mandatory reporters. In some cases, especially for small children, you may be the only person outside their family who sees them. The information you have is vital.

Who decides what child abuse is?

Child abuse is defined in Oregon law. Six different categories are listed:

- Physical abuse.
- Mental injury.
- Sexual abuse.
- Neglect.
- Threatened harm.
- Buying or selling a child.

A more complete description of indicators begins on page 30.

Isn't it better to let families work out their own problems?

There are two good reasons to report abuse.

First, it is required by law. Some parents are simply unable or unwilling to protect their own children. The State of Oregon has declared that the health and safety of children is so important that mandatory reports and investigations are necessary.

Second, if a family is abusive, they can be given professional help to learn how to be better parents. Almost every parent wants what is best for his or her children. Some people have not developed the skills necessary to provide the care children need.

In 2001:

- **36,303 reports of suspected child abuse/neglect were received**
- **8,232 children were abused or neglected**

Parents sometimes need help to develop the skills to take care of their children.

Importance of reporting abuse (CONT.)

Anyone can report suspected child abuse.

Can other people report abuse?

Yes. Anyone can make a report of suspected abuse. They will be asked for the same information we need from mandatory reporters.

Voluntary reporters also have legal immunity as long as the reports are made in good faith.

People sometimes want to make an anonymous report because they don't want the family to know they were involved. The only time a reporter's name can be released is by a court order.

Stresses of reporting abuse

Why don't people report suspected abuse?

There are many reasons why people do not report.

- Many reporters have received little or no training about the symptoms of abused children. They are uncomfortable making such a serious accusation without more background in the field of child abuse and neglect.
- Some people are afraid of reprisals or being sued.
- Treatment professionals may see the reporting process as a sign their treatment has failed or as a violation of confidentiality.
- Reporters may be reluctant to go through "bureaucratic red tape," feeling it will do nothing to help the family.
- Overidentification with family may lead to nonreporting, because the mandatory reporter feels sorry for them.
- A previous report may not have been handled as the reporter thought appropriate, and the reporter decides not to make any more referrals.

Although all of these feelings are valid, they focus on something other than the protection of a child in danger. A late report or a report that is not made may place a child's life in jeopardy. In Oregon, preliminary data indicates there were eight children killed by abuse or neglect in 2001. Three of these deaths resulted from neglect. Five were caused by abuse.

A late report or a report that is not made may place a child's life in jeopardy.

Is reporting abuse stressful for the reporter?

Yes, reporting possible child abuse can be very stressful.

- You may be concerned about a child for some time before you have enough information to be reasonably sure abuse has occurred.
- You may worry about adversely affecting your relationship with the child and/or family.
- You may get frustrated by having to spend time talking to the people assessing the report, or you may feel they are not acting quickly enough.
- You may be angry at the person who abused the child.

Stresses of reporting abuse (CONT.)

Reporting possible child abuse can be very stressful.

- You will almost certainly feel sorrow for the child.
- You may not be satisfied with the result of the investigation, thinking not enough was done or too much was done.
- You may feel guilty about intruding on a family.
- You may be generally depressed without knowing why.

How can I help myself during this time?

It is important to recognize this is a very emotional process. You may wish to talk to your colleagues, a trusted friend, or a counselor about your reactions.

There may be people you work with who have reported abuse. It may be particularly helpful to talk to them.

CPS Process

The CPS process

What is child protective services?

Child protective services is the part of DHS that responds to child abuse reports. CPS-trained caseworkers across the state listen to reports of abuse, assess the situations, and prepare service plans to assist children and families.

CPS staff work closely with law enforcement agencies and other members of multidisciplinary teams in each county to assess child abuse reports.

What happens after I make a report?

CPS follows a process which includes six possible decision points for every child abuse report.

For each call CPS receives, the process begins with screening. If the information indicates possible abuse, a caseworker assesses the family situation by getting more in-depth information and determines whether abuse occurred and whether a child is at risk of further harm.

If a child has been abused or neglected, CPS and law enforcement staff decide, with family help if possible, whether the child can be safely left at home. Risk factors, strengths and needs of the child and family are assessed. A safety plan may be developed immediately. Later, the agency and family may develop a plan for service.

A case is closed when protective services are no longer needed to keep the child safe.

What is screening?

Every report is handled by a CPS-trained worker who will make an initial determination of whether a report meets the guidelines that require DHS to conduct an assessment of the family.

Every report will fall into one of four categories:

- Information only.
- Referral to other services.
- Not a situation that is child abuse or neglect.
- Possible child abuse or neglect.

Those reports that are possible abuse are further analyzed to determine whether an immediate response is needed.

Process after a report:

1) Screening

2) Assessment

3) Determine whether abuse occurred

4) Decide if the child is safe at home

5) Agree on a plan for services

6) Close the protective services case

The CPS process (CONT.)

Our first responsibility is to protect the child from immediate harm.

A worker doing an assessment will:

- **Talk to child**
- **Talk to parent**
- **Look at physical evidence**
- **Talk to other people involved with family**
- **Consider the family's culture**
- **May consult with multi-disciplinary team members**

What is an assessment?

In many cases after screening, a CPS-trained worker will conduct an assessment to determine whether a child has been harmed or is at risk of substantial harm.

This includes talking to the child and caregivers and may include family members and other people involved with the child (such as teachers or medical professionals).

After an assessment is completed, the information is reviewed to determine if the referral is:

- Founded.
- Unfounded.
- Unable to determine.

A founded designation means there is reasonable cause to believe that abuse or neglect occurred.

How is a decision made about the child's safety?

If child abuse occurred, our first responsibility is to protect the child from immediate harm. A process for determining the safety of the child takes into account the type of abuse, the age of the child, family history, protective capacity of the family and the potential for reabuse.

When a child's safety can be assured, the child should stay at home with his family. In most cases, the family is willing and able to protect the child from further abuse. Some alternatives to removing a child are asking the abusing person to move out or providing intensive family counseling or other needed services on an emergency basis.

When child safety cannot be assured in the home, an out-of-home safety plan is developed. When this is necessary, DHS will first consider whether a relative can provide safety.

What is a service plan?

A caseworker will discuss concerns and potential solutions with the family and work with them to develop a service plan acceptable to both DHS and the family. This may be done in a family meeting.

The intent of a ervice plan is to increase the capacity of the parents to ensure the future safety and well-being of their child.

Families may be referred to programs provided by DHS or families may be referred to services provided by other organizations in the community.

For example, parent trainers can help parents establish fair, consistent rules for family behavior. Other options might be homemaker services, respite day care, mental health services.

Services may be provided to a family on a voluntary basis or by court order.

When is a child protective services case closed?

A CPS case may be closed for several reasons. A family may:

- Gain the skills they need to provide for their child's safety and well-being.
- Be referred to another agency or to another DHS child welfare program for longer term services.

Does DHS do a face-to-face interview with every child who is reported?

When a report of child abuse or neglect is received, a CPS-trained caseworker may be assigned to contact the child and his family. A child who is the subject of the report will be interviewed or observed, if too young to be interviewed. In many situations, siblings are interviewed or observed as well. Parents are notified as soon as possible when their children have been interviewed.

May I be a part of the assessment interview with the child?

Oregon law gives CPS-trained workers or law enforcement officers the discretion to decide how to structure the assessment. A CPS-trained caseworker or law enforcement officer might ask a person who is trusted by the child, such as a teacher, to join them in the interview.

DHS has the authority to remove a child from home if he is in immediate danger of abuse.

Important factors in risk assessment include:

- **Age of child**
- **Vulnerability of child**
- **Type of abuse**
- **History of abuse**
- **Level of protection by non-abusing parent**
- **Substance abuse**
- **Intellectual, psychological, and emotional condition of parent**

What is risk assessment?

Risk assessment is a process that considers a number of factors to determine the risk of future abuse to a child. Every case is looked at individually.

When planning services for families, it is important to look not only at what has already happened, but at what may happen to the child in the future. Risk assessment does this by looking at the family's strengths and needs, taking into account what resources are available to the family, such as extended family members, church groups, etc., who can help.

If a child is being abused, will you remove her from home?

Less than 10% of total child abuse reports resulted in a child being removed from home and placed in relative or substitute care (28% of family foster care is relative care). Even while in foster care, the goal for the child is to reunite her with her family whenever possible. Family visits and other services are offered to help the family learn the skills they need to ensure the safety and well-being of their children.

Does DHS offer parents any alternative to removing their children?

In most cases, DHS believes the best way to protect a child is by strengthening his parents' ability to take care of him. We offer a number of services to families and help the family to use the resources of relatives, friends, and the local community.

When a child needs to be temporarily removed from home, we try to find a way to reunite the family while assuring the child's safety.

When can DHS decide to remove a child?

DHS has the authority to remove a child from home if he is in immediate danger of abuse. This can be done several ways:

- A court order may authorize DHS or law enforcement to place the child in protective custody.
- A law enforcement officer may take a child into protective custody.
- A CPS-trained caseworker may remove a child from home if the child is in immediate danger.

If a child is taken into protective custody from school, who notifies the parents?

Whoever takes the child into custody, whether it is DHS or law enforcement, must make a reasonable effort to notify the child's parents and the organization from which the child was removed (such as a school or day care).

According to the Attorney General, if a child is removed from school, the school staff may only tell the parents:

> "Personnel from [DHS or a law enforcement agency] removed the child from school. You will be contacted by personnel from that office. I am prohibited by Oregon law from providing any further information." (OP-5957)

After a child is removed, who reviews the decision?

When a child is placed in substitute care, the situation is reviewed by the juvenile court within 24 judicial hours. The court then decides, based on the child's safety, whether he should be returned to his parents or kept in custody.

Later, the court will also review and approve the service plan for the family.

Who else reviews DHS actions?

- Citizen Review Boards (CRBs) are set up in each county to review all cases where children are removed from their homes and remain in DHS custody for six months or more. Board members are appointed by a Circuit Court Judge in their county.

  CRBs make recommendations to the court about the case, including:
  - Whether DHS made a reasonable effort to keep the child safely at home before she was removed.
  - Whether substitute care should be continued.
  - Compliance with the service plan.
  - Whether reasonable efforts have been made to reunite the child with her parents.

- As with all state agencies, the Oregon Legislature reviews the activities of DHS and approves its budget every two years.

When a child needs to be temporarily removed from home, DHS tries to find a way to safely place a child with relatives while trying to reunite the child and parents.

When a child is removed from home, there must be a juvenile court hearing within 24 judicial hours.

- An advisory committee is established by law. Its members are appointed by a DHS director to act in an advisory capacity on key child welfare issues.

Does DHS prosecute abusive parents?

No. Only a district attorney can prosecute a crime. District attorneys receive reports of possible criminal behavior from law enforcement officers.

DHS actions are reviewed by:

- **Citizen Review Boards**
- **Oregon Legislature**
- **Advisory Committees**

Who is allowed access to the case file?

Most of the information in child abuse case files is confidential and is exempt from the public records law. It can be released under some conditions to certain people and organizations that have a need to know. Some parts of the case file (for example, psychological evaluations) cannot be released except by court order or with the agreement of the provider.

Most of the information in child abuse case files is confidential.

Information released must be kept confidential by the person or agency who receives it. It may be released to:

- A law enforcement agency or child abuse registry in another state which is doing an investigation of abuse.
- A physician examining or treating the child.
- Attorneys for the child or child's parent in a juvenile court proceeding.
- Citizen Review Boards that review the status of children in the jurisdiction of the juvenile court.
- A Court Appointed Special Advocate (CASA) who is working with the child in juvenile court.
- A DHS director may release information to other hearings officers, courts, or organizations when it:
  - Is in the best interests of the child.
  - Is necessary to investigate, prevent or treat child abuse.
  - Will help protect children from abuse.
  - Is for research.

Does DHS take cultural child rearing practices into consideration?

Yes. DHS takes several steps to help staff and clients communicate across cultures.

- Cultural awareness is a part of DHS staff training. This includes information on specific cultural practices that may be mistakenly labeled abuse. It also teaches staff to be aware of their own cultural biases and to recognize the strength each of us draws from our cultural heritage.

- Each office has access to interpreters for non-English speaking clients, and some staff speak Spanish, Russian, Vietnamese, etc.

Cultural awareness is part of DHS staff training.

Specific training is required for CPS professionals.

What kind of training do caseworkers get?

CPS caseworkers must complete a comprehensive program that covers all aspects of child abuse, including: symptoms of abuse; how to screen incoming reports of abuse; how to assess the future safety of a child; how to conduct an assessment of the family; how to interview victims, witnesses and alleged abusers; when to ask for law enforcement assistance; how to decide if abuse has actually occurred; how to decide on appropriate services and write a service plan; when to close a case and many other needed skills.

In addition, all CPS supervisors and caseworkers are offered several days of in-service training to continually upgrade their knowledge and skill.

Law enforcement officers must be certified by the Board on Police Standards and Training. The certification program includes training on child abuse issues.

What are multidisciplinary teams?

District attorneys are required to convene multidisciplinary teams to review child abuse cases. There are teams working in every county in Oregon. By legal mandate, they develop protocols to ensure the coordination of child abuse investigations.

Child abuse is not just a DHS issue. The best way to protect children and strengthen families is through coordination of community services, including law enforcement, medical professionals, school officials, the district attorney, etc. That philosophy became part of Oregon's law with the passage of .SB 967 in the 1989 legislative session.

The CPS process (CONT.)

MDTs review child abuse cases and plan intervention.

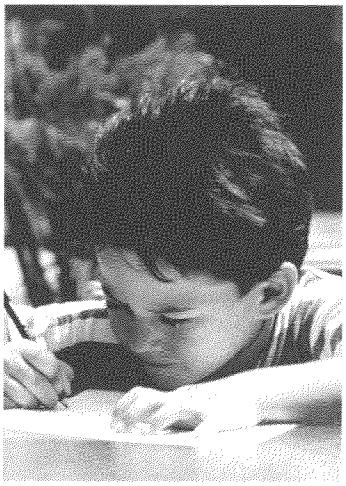
These teams do a number of things.

- Coordinate information between social service agencies and law enforcement agencies working with the same families.
- Review selected cases and look at the services which have been offered, and develop additional services the community needs.
- Establish procedures for reviewing complex cases and joint decision making.
- Develop agreements between the various agencies which provide services in cases of child abuse and neglect.
- Hospital-based teams can review and coordinate medical aspects of cases.

Multidisciplinary teams also conduct child fatality reviews. The purpose of the review is to:

- Identify all preventable child deaths in Oregon.
- Identify specific factors which contributed to the deaths.
- Promote implementation of recommendations both at the systems level and individual level which might prevent future deaths of this nature.

Indicators of child abuse



Frequency of child abuse

How common is child abuse?

In Oregon 8,232 victims of child abuse and neglect were identified by DHS/SCF in 2001, a 19.2% decrease from the previous year. There were 36,303 reports made of suspected child abuse and neglect, up 2.1% from the previous year. The number of reports shows a 41.7% increase since 1992.

Child abuse and neglect reports have increased 41.7% since 1992.

Family members account for 94.7% of all alleged abusers. Over 44% are the child's mother; over 28% are the father.

Children of every age are abused and neglected in Oregon, but the group that is most in danger are from birth to two years old. They constitute 21.1% of all abused and neglected children.

Abusive families often have at least one of the following stresses:

- Substance abuse by parent.
- Unemployment.
- Parental involvement with law enforcement.

What about deaths from abuse?

Child deaths continue to be a tragic result of abuse and neglect. Preliminary data for 2001 indicates eight children were killed by abuse and neglect in Oregon. Three of these deaths resulted from neglect. Five were caused by abuse.

Physical abuse

What is physical abuse?

Oregon law defines physical abuse as any injury to a child which is not accidental.

Physical abuse is:

- **Bruises or cuts**
- **Head injuries**
- **Poisoning, including drug-affected infants**
- **Fractures, sprains**
- **Burns or scalds**
- **Internal injuries**
- **Electric shocks**
- **Death**

Most parents do not intend to hurt their children, but abuse is defined by the effect on the child, not the motivation of the parents.

There were 1,342 children physically abused in Oregon in 2001. The most common injuries are listed in the side box.

What about bruises?

Bruises on bony surfaces such as knees, shins, forehead or elbows are more likely to be accidental than those occurring on the cheeks, buttocks, or stomach.

Most falls produce one bruise on a single surface, while abusive bruises frequently cover many areas of the body.

Any bruising seen on babies who are not yet mobile is suspicious.

What about head and facial injuries?

Injury to the skull and brain is the primary cause of child abuse deaths. Most serious internal head injuries during the first year of life are the result of physical abuse.

Eye problems are often the result of head injuries. These could be from direct blows to the eyes or be the result of other actions, such as shaking a child, which leads to retinal hemorrhage. Injury to both eyes is a possible indicator of abuse, because accidental injuries usually occur on one side of the face.

The mouth is a common target for abuse. Injuries to this area include bruises, burns, split lips, broken teeth, and even fractures of the jaw.

What about broken bones and injured joints?

You should be suspicious of abuse when:

- Unsuspected fractures are "accidentally" discovered in the course of an examination.
- The injury is not explained by the history given.
- Spiral fractures, which indicate twisting, are found.
- Multiple fractures exist, especially when symmetrical.

- Multiple fractures in various stages of healing exist.
- Skeletal injuries are accompanied by injuries (for example burns) to other parts of the body.

What about poisoning?

Some parents may punish children by forcing them to swallow toxic amounts of chemicals or food.

Some problems – any of which may be fatal – are:

- Water: Drinking huge quantities of water causes seizures, convulsions, confusion, lethargy, and coma.
- Hot peppers: Damage the mucous membranes of the mouth and stomach and injure the nervous system. Can also become clogged in the child's throat, leading to breathing problems.
- Ground pepper: Becomes clogged in the throat or lungs, causing breathing problems.
- Laxatives: Cause severe dehydration, fever, and bloody stools.
- Household products: Various substances are abused, including toilet bowl cleaner, lighter fluid, detergents and oil.

Misuse of prescription drugs or use of illegal drugs is also poisoning.

What are drug-affected babies?

Many pregnant women do not know the danger their drug use presents to their children or are not able to stop using drugs during pregnancy.

Any drug in the mother's blood stream will be passed on to the baby. Babies are "drug-affected" if the drugs create a major physical, mental or behavioral problem.

There has been a significant decrease in reported drug-affected babies born since 1989 (down from 532 to 191 in 2001). Unfortunately, due to noted effects as babies mature, there is reason to believe that the actual incidents are not declining.

What effects do drugs have?

Drugs have a variety of effects on babies. Many drugs cause low weight and small body size at birth, withdrawal symptoms, and increased risk of Sudden Infant Death Syndrome (SIDS).

Most drug users use more than one type of drug. Commonly abused drugs include alcohol, cocaine, methamphetamines, marijuana, heroin and other narcotics and prescription drugs.

Parents may punish children by forcing them to swallow toxic amounts of chemicals or food.

Drugs may cause:

- **Low birth weight**
- **Small body size**
- **Withdrawal symptoms**
- **Increased risk of SIDS**

Physical abuse (CONT.)

Unlikely sites for accidental burns are:

- **Back of the head or neck**
- **Chest**
- **Back of the hand**
- **Lower trunk**
- **Genitalia**

Battered Child Syndrome shows:

- **Severe injuries over a length of time**
- **Multiple injuries**
- **Usually child under three years old**
- **Parents become concerned only after a serious or near fatal injury**

What about burns and scalds?

Although accidental burns may happen in any household, too many or improperly handled accidents can be signs of neglect.

It is not uncommon for a child to brush against a cigarette which is being held in someone else's hand. These burns are usually found on the child's face, arms, or trunk, depending on the height of the child and the height of the person holding the cigarette.

"Doughnut" burns on the child's buttocks are an indication that the child's buttocks may have been pressed against the bottom of the tub so that part of the buttocks were not burned.

"Stocking" burns are those which result from a foot or hand dunked into scalding liquid. The skin is usually burned evenly.

"Scattered" burns can be caused by pouring or throwing hot liquid. These burns usually show varying levels of injury.

What about internal injuries?

Only a small percentage of child abuse cases report injuries to internal organs. However, internal injuries are hard to identify in child abuse cases and may be one of the underlying causes of death or may make a child more susceptible to pneumonia or other infection that may cause death.

Although there are no absolute guidelines for symptoms of internal injuries, here are some common indicators:

- Pain in stomach, chest or any internal area;
- Bruises on the chest or stomach;
- Distended, swollen abdomen;
- Tense abdominal muscles;
- Labored breathing;
- Severe chest pain while breathing;
- Nausea or vomiting (especially blood).

What is the Battered Child Syndrome?

The Battered Child Syndrome is a pattern of physical abuse which frequently results in multiple injury, permanent disability or death. Characteristics are:

- The child is usually under three years of age and is often an infant; however, it can occur at any age.
- There is usually evidence of previous injuries from abuse.
- The abuse may be perpetrated by both parents or by only one with the other being a passive witness.
- The abusers do not report the injuries until they become alarmed about a serious injury or fear the death of the child.

- The parents either claim ignorance as to how the injuries occurred or give explanations which do not fit the type or frequency of the injuries. There is a marked discrepancy between clinical findings and historical data supplied by the parents.
- The parents may use more than one hospital to avoid creating suspicion by the hospital staff.

Severe shaking of a child can cause serious injury or death.

What is the Shaken Baby Syndrome?

The Shaken Baby Syndrome describes a head injury caused by holding a child by the arms or trunk and shaking her severely and repeatedly. Many parents do not understand that shaking can cause severe brain injury, blindness and even death.

The most common injuries are:

- Blood clots around the brain.
- Hemorrhages of the retina.
- Fractures in the growing portion of the bone.
- Injury to the brain.
- Bruises on the extremities, or bruising and injury of the chest.

What is Munchausen's Syndrome by Proxy?

With Munchausen's Syndrome by Proxy (MSP), a parent either induces or fakes signs of illness in a child. As a result, the child is subjected to extensive medical tests and hospitalization. ("Munchausen's syndrome" describes adults who produce false medical histories and fabricate physical symptoms and laboratory findings, causing themselves needless medical tests, sometimes even surgery.)

MSP includes:

- An illness in a child which is faked or produced by a parent;
- A parent who brings a child in for medical care persistently, often resulting in multiple medical procedures;
- The parent claims not to understand what could be causing the illness;
- Serious, acute symptoms which subside when the child is separated from the parent;
- Two medical problems which frequently accompany MSP are failure to thrive and iron deficiency anemia;
- A child may develop an actual illness as a result of what the parent does to produce symptoms.

Infants and toddlers are the most victimized, but cases have been reported in older children. Boys and girls are equally likely to be victims of MSP.

Spanking which leaves bruises or marks might be abuse.

What are the major problems in treating MSP?

- Disbelief
  The parents are generally intelligent, friendly, articulate people who seem to be highly involved and motivated to help their child. In almost every documented case of MSP, the abuser has been the mother, who frequently has a background in a medical profession.

  This parent will often convince the medical staff, CPS staff, attorneys and courts of their innocence. Courts tend to rely heavily on psychiatric evaluations, which are not very successful in diagnosing MSP mothers.

- Doctor shopping
  In their constant search for sympathy from the medical profession, parents will often move from hospital to hospital, sometimes even going to other states. These scattered locations make the collection of medical records and histories a difficult, lengthy process.

Is spanking child abuse?

Although not recommended, spanking is not abuse. However, a spanking which leaves marks or bruises on a child might be abuse. Bruises anywhere on a baby are serious; minor bruising on a teenager is a concern, but may be less serious.

Sexual Abuse and Sexual Exploitation

There were 949 children sexually abused in Oregon in 2001. Sixty-five percent of sex abuse occurred within the family.

What is child sexual abuse?

Child sexual abuse occurs when a person uses or attempts to use a child for their own sexual gratification. This includes incest, rape, sodomy, sexual penetration, fondling, voyeurism, etc.

What is fondling?

Fondling includes touching sexual parts of the body, such as breasts, genitals, and buttocks. This may include an adult having a child touch the sexual parts of their body.

What is sexual contact?

Sexual contact includes rape, sodomy, incest, sexual penetration, etc.

What is sexual harassment?

Sexual harrassment includes intimidating or pressuring a child for sexual activities.

What are exposure and voyeurism?

These include someone exposing himself to a child or exposing the genitals of a child for the adult's sexual gratification.

Why do children keep quiet about being sexually abused?

Persons who sexually abuse children rely on many methods to force children to keep quiet. They may be subtle, telling the child they are doing it for her own good or promising them favors or gifts. Or they may be more blatant, such as a father warning his daughter if she tells anyone, the family will be broken up and everyone will blame her.

The abuser may convince the child they are equal partners, that they have special affection for the child and will be blamed if disclosure is made.

Sexual abuse includes:

- **Fondling**
- **Sexual contact**
- **Sexual harrassment**
- **Exposure/voyeurism**

Abusers use threats to keep children quiet.

Many abusers use threats, telling the child his pets will be hurt, that his siblings will be targeted, or even the child himself will be killed if he tells.

Children need adults to provide their basic needs: food, a place to live, clothing, access to family and loved ones. Abusers deliberately emphasize that dependency to make children submit to them.

Five common characteristics among child sex abuse victims are:

- **Secrecy**
- **Helplessness**
- **Entrapment**
- **Disclosure**
- **Retraction**

What is the Child Sexual Abuse Accommodation Syndrome?

Dr. Roland Summit, a pioneer in the field of sexually abused children, has outlined five common characteristics among childhood sexual abuse victims. Not every child will react the same way to being abused, but this is a general idea of the effects of sexual abuse.

- **Secrecy**
  The abuser must establish a secret, intimate relationship with the child. To do this, the abuser often threatens the child, her possessions, or even other family members.

- **Helplessness**
  Many adults do not realize how helpless a child is, particularly if the abuser is a family member who provides food, a home and basic family security. Adults may assume a child who does not complain about abuse is consenting to the relationship. However, a child can never be held responsible because he is in too vulnerable a position to say no.

- **Entrapment and accommodation**
  Sexual abuse often continues until the child either leaves home or the situation is discovered by someone else. The lives of sexually abused children are filled with fear and degradation, but they have no way to change the situation or to express their feelings.

  As a result, the child often blames herself for what is happening to her and feels guilty and depressed. She may create imaginary companions or even develop multiple personalities. Some children become aggressive and angry. Others turn to drugs and alcohol.

- **Delayed or unconvincing disclosure**
  Like other adolescents, an abused child will begin the process of maturing and becoming more independent of her family. She may rebel against her parents by choosing friends they do not like, drinking, abusing drugs or running away.

Many children are not able to admit to being sexually abused until they reach this stage of rebelliousness. Unfortunately, by the time a child is ready to tell about the abuse, she may have built a reputation as "a bad kid." Adults may then refuse to believe her story, seeing it as just one more attempt to get attention.

- **Retraction**
  Once a child reveals she has been abused, the abuser's threats may actually come true; e,g,, her family may be angry and disbelieving; her father may be arrested or have to move out of the house. Under these circumstances, some children retract their story, "admitting" they made it all up.

A child may blame herself for what is happening.

What is sexual abuse of teens?

Oregon law does not make all sexual activity of a teen under the age of 18 illegal. The law includes defenses in some circumstances if the actor is less than three years older than the victim. Law enforcement and district attorneys will need to analyze each situation on a case-by-case basis.

Mandatory reporters are required to report instances in which unmarried teenagers are involved in sexual activity. ORS 163.315 states that (1) "A person is considered incapable of consenting to a sexual act if the person is (a) Under 18 years of age..."

For teens, evidence of sexual activity may be a potential indicator of sexual abuse. Consenting sexual relationships imply that both partners have the ability and capacity to make an informed choice without fear of harm or pressure. However, many teens do not have a clear understanding of the difference between consensual and abusive relationships. Factors to consider in determining whether a relationship may be abusive include:

- Force is used.
- There is impaired mental and/or emotional capacity.
- Drugs or alcohol affect the ability to make a reasonable choice.
- There is manipulation, intimidation, implied threats or other forms of coercion.
- There is a distinct power differential or a significant age difference.

Sexual exploitation includes:

- **Using children in prostitution.**
- **Using children in pornography.**
- **Using children to gain money, drugs, food stamps, status, etc.**

What is Sexual Exploitation?

Sexual exploitation is using children in a sexually explicit way for personal gain; e.g., to make money, to obtain food stamps or drugs, or to gain status. It also includes using children in prostitution and using children to create pornography.

Neglect

What is neglect?

Neglect is failing to provide adequate food, clothing, shelter, supervision or medical care.

Neglect is the most common form of child maltreatment.

Neglect is the most common form of abuse seen and may have long-term effects. In 2001, 2,657 children were victims of neglect.

Neglect is one of the most common contributors to child fatalities.

Neglect is:

- **Lack of supervision and protection**
- **Inadequate food and clothing**
- **Inadequate shelter**
- **Medical neglect**
- **Desertion**
- **Failure to thrive**
- **Exposing a child to illegal activity**

What standards are there for supervision and protection?

Parents must provide adequate supervision, care, guidance and protection to keep children from physical or mental harm. Parents must also provide appropriate treatment for children's problems.

Children will have minor injuries during childhood. When accidental injuries are frequent, they may be the result of neglect.

Neglect includes exposing a child to illegal activities such as:

- Encouraging a child to participate in drug sales, theft, etc.
- Exposing a child to parental drug abuse, theft, etc.
- Encouraging a child to use drugs or alcohol.

What standards are there for child care?

Safe child care includes:

- A designated person who can take care of a child's individual needs.
- A plan to reach the parent in an emergency.

A child should not be left in a position of authority or be left alone in situations beyond his ability to handle.

Each child must be looked at individually to make sure he or she is physically and emotionally able to handle the given responsibility. The law does not specify the age at which a child can be left alone. However, a child under 10 cannot be left unattended for such a period of time as may likely endanger their health or welfare (ORS 163.545).

What standards are there for food and clothing?

Children need food that allows them to grow and develop normally.

Clothing and shoes should be appropriate to the environment.

What standards are there for shelter?

Children need protection from weather and safety hazards. This includes adequate heat, drinking water, sanitary facilities and space for sleeping.

What is medical neglect?

Children need adequate medical, dental or mental health care services.

When a medical situation may result in serious impairment, pain or death of the child, CPS can intervene.

Religious beliefs about spiritual care are generally honored, except when the child's life is in danger. If a parent refuses medical attention in a serious or life-threatening situation, CPS may intervene.

What is failure to thrive?

Failure to thrive is a syndrome characterized by chronic malnutrition of an infant or young child. Growth is delayed.

Mental retardation, learning difficulties and delay in language skills are some of the long-term consequences.

Characteristics include:

- A weak, pale, and listless appearance; loss of body fat.
- Staring vacantly, instead of smiling and maintaining eye contact.
- Sleeping in a curled up, fetal position with fists tightly closed.
- Rocking back and forth in bed as he lies on his back or banging his head repeatedly against his crib.
- Obvious delays in developmental and motor function.

What is abandonment?

Abandonment is parental behavior showing an intent to permanently give up all rights and claims to a child.

• Children must have supervision to protect them from harm.

• Children should not be given responsibilities beyond their abilities.

Abandonment & Mental Injury

Mental injury is the result of cruel treatment by a parent.

Mental injury may result from:

- **Ridiculing**
- **Terrorizing**
- **Ignoring**
- **Isolating**
- **Corrupting**

What is mental injury?

There were 440 children subjected to mental injury in Oregon in 2001. Mental injury includes:

- Rejecting, abandoning or extensive ridiculing of a child.
- Terrorizing a child by threatening extreme punishment against him or his pets or possessions.
- Ignoring a child over time by refusing to talk to or show interest in her daily activities. This must be so extreme there is no traditional parent-child relationship between the two.
- Isolating a child by teaching him to avoid social contact beyond the parent-child relationship.
- Corrupting a child by teaching inappropriate behavior in areas such as aggression, sexuality or substance abuse.
- Exposing a child to violence.

Mental injury/psychological maltreatment is the result of cruel or unconscionable acts and/or statements made, threatened to be made or permitted to be made by the caregiver(s) which have a direct effect on the child; or caregiver's failure to provide nurturance, protection or appropriate guidance. The caregiver's behavior, intentional or unintentional, must be related to the observable and substantial impairment of the child's psychological, cognitive, emotional and/or social well-being and functioning.

What are some examples?

- Holding a child's head in the toilet to punish him.
- Stripping a child and chaining him to a tree for punishment.
- Exposing or forcing a child to repeatedly watch domestic violence against his parent or siblings.
- Shutting a child out of the family by not buying her adequate clothing or personal items. For example, furnishing other children's rooms with nice things and keeping her bedroom as empty as a cell.

What is threat of harm?

Threat of harm is subjecting a child to a substantial risk of harm to the child's health or welfare. Substantial harm is defined as immobilizing impairment, life-threatening damage, or significant or acute injury to a child's physical, sexual, psychological, or mental development and/or functioning.

There were 4,557 incidents of threat of harm in Oregon in 2001.

Threat of Harm

What are some examples?

Reports of this type of abuse do not need to include harm having occurred, but include:

- A child living with or cared for by a person who has been convicted of child abuse or neglect of any child in the past.
- A child born to or coming to live with any person who has a child currently out of their home as a result of child abuse or neglect.
- A newborn whose primary caregiver appears to lack the skills necessary to provide adequate care even though the child has not suffered harm.
- A child living with a person who is involved in child pornography.
- Caregiver behavior which is out of control and threatening to a child's safety; e.g., driving while intoxicated with children in the car or a caregiver who is not taking prescribed medication. May also be due to drug or alcohol abuse; or a mental, emotional, or physical problem.

Threat of harm means subjecting a child to a substantial risk of harm to the child's health or welfare.

The presence of domestic violence is a risk for children.

When should domestic violence be reported as child abuse or neglect?

Domestic violence is a pattern of assaultive and/or coercive behaviors including physical, sexual and emotional abuses, as well as economic coercion that adults use against their intimate partners to gain power and control in that relationship. Domestic violence is present in all cultures, socio-economic classes, communities of faith, etc. Domestic violence almost always increases in intensity, severity and/or frequency.

The presence of domestic violence is a risk for children. However, not all situations of domestic violence require a report to DHS or law enforcement. DHS's authority to intervene with families is based on whether a child is being physically abused, sexually abused, neglected, suffering mental injury, or is being subjected to an activity or condition likely to result in substantial harm."

Threat of Harm (CONT.)

A report to DHS or law enforcement is necessary when there is reasonable cause to believe

1. There is current domestic violence or the alleged abuser has a history of domestic violence.

AND

2. One of the following:
   - There is reason to believe the child will or is intervening in a violent situation, placing him at risk of "substantial harm."
   - The child is likely to be "harmed" during the violence (being held during violence, physically restrained from leaving, etc.).
   - The alleged abuser is not allowing the adult caregiver and child access to basic needs, impacting their health or safety.
   - The alleged abuser has killed, committed "substantial harm," or is making a believable threat to do so to anyone in the family, including extended family members and pets.
   - The child's ability to function on a daily basis is substantially impaired by being in a constant state of fear.

If you know a child is witnessing repeated or serious domestic violence and you are unsure of the impact on the child, call and consult a CPS screener.

Child selling includes buying, selling or trading for legal or physical custody of a child.

Child Selling

A new category of abuse – child selling – was added to statute by the 1997 Oregon Legislature. This includes buying, selling, or trading for legal or physical custody of a child. It does not apply to legitimate adoptions or domestic relations planning.

Examples of incidents on next two pages

Examples of incidents

Can you help me distinguish what should and should not be reported?

Here are some situations you might face. Read each one and decide if you would make a report. On the facing page are comments about which cases are appropriate to report and why.

What should and should not be reported?

A. A 10-year-old girl tells you that her grandfather rubbed her breasts five months ago during a visit.

B. A 12-year-old boy with two younger brothers comes to school with head lice.

C. A child who has recently been placed with a foster family comes to school with his head shaved. He says the foster parents did it to punish him.

D. A 17-year-old boy has intercourse with a 16-year-old girl.

E. A woman who is 6 months pregnant and using cocaine has a 16-month-old child. The child appears well cared for.

F. An 8-year-old has missed 23 of her last 25 days of school.

G. A mother left her child in the care of a temporary caregiver and has not been heard from for 10 days beyond her planned return.

H. A teenager who has previously attempted suicide seems extremely depressed.

Comments on incidents

Comments

Sometimes other agencies or community services are more appropriate resources for children and families.

There may be more appropriate community services.

A. Report it. Any time a child tells you about being abused you should report it immediately.

B. Head lice by itself is not abuse and is not uncommon with young school age children. You might tell the school nurse, especially if there are siblings in school.

C. Report it. There may be another reason (for example, to control head lice), but it should be looked into.

D. The incident should be reported if:
- The older child used force.
- The younger child has disabilities or is at a significantly different stage of development than the older child.
- It is incest.

If you're not sure, call to consult.

E. Drug use by itself is not reportable. DHS will only get involved if there is a specific allegation of neglect or abuse of the child. However, CPS is willing to offer services or refer people to other agencies' services to help drug addicted pregnant women. A referral to the local public health department is suggested.

F. There is no allegation of abuse in this information. Truancy is an issue for school authorities.

G. Report it. Although it is perfectly acceptable to leave a child with a temporary caregiver, the arrangement should have firm limits: how long the child will be there, how to get in touch with the parent when needed, how often the parent will contact the child, etc. The parent is still ultimately responsible for the child.

H. This child may very well need professional help. If parents refuse to get help for the child, then a report should be made.

Appendix

Oregon Child Abuse Reporting Law

Note: The name of the Department of Human Resources has been changed to the Department of Human Services and the title of the Director of Human Resources to the Director of Human Services. The name and title changes become operative on July 1, 2000. See sections 10 and 11, chapter 421, Oregon Laws 1999. References to the department and the director in this chapter use the name and the title that become operative on July 1, 2000.

REPORTING OF CHILD ABUSE

419B.005 Definitions. As used in ORS 418.747, 418.748, 418.749 and 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) "Abuse" means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are defined in ORS chapter 163.

(D) Sexual abuse, as defined in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution, as defined in ORS chapter 167.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) "Child" means an unmarried person who is under 18 years of age.

(3) "Public or private official" means:

(a) Physician, including any intern or resident.

(b) Dentist.

(c) School employee.

(d) Licensed practical nurse or registered nurse.

(e) Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.

(f) Peace officer.

(g) Psychologist.

(h) Clergyman.

(i) Licensed clinical social worker.

(j) Optometrist.

(k) Chiropractor.

(L) Certified provider of foster care, or an employee thereof.

(m) Attorney.

(n) Naturopathic physician.

(o) Licensed professional counselor.

(p) Licensed marriage and family therapist.

(q) Firefighter or emergency medical technician.

(r) A court appointed special advocate, as defined in ORS 419A.004.

(s) A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.

(4) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) Any county sheriff's office.

(c) The Oregon State Police.

(d) A county juvenile department. [1993 c.546 s.12; 1993 c.622 s.1a; 1995 c.278 s.50; 1995 c.766 s.1; 1997 c.127 s.1; 1997 c.561 s.3; 1997 c.703 s.3; 1997 c.873 s.30; 1999 c.743 s.22; 1999 c.954 s.4]

419B.007 Policy. The Legislative Assembly finds that for the purpose of facilitating the use of protective social services to prevent further abuse, safeguard and enhance the welfare of abused children, and preserve family life when consistent with the protection of the child by stabilizing the family and improving parental capacity, it is necessary and in the public interest to require mandatory reports and investigations of abuse of children and to encourage voluntary reports. [1993 c.546 s.13]

419B.010 Duty of officials to report child abuse; exceptions; penalty. (1) Any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered

abuse or that any person with whom the official comes in contact has abused a child shall immediately report or cause a report to be made in the manner required in ORS 419B.015. Nothing contained in ORS 40.225 to 40.295 shall affect the duty to report imposed by this section, except that a psychiatrist, psychologist, clergyman or attorney shall not be required to report such information communicated by a person if the communication is privileged under ORS 40.225 to 40.295.

(2) A person who violates subsection (1) of this section commits a Class A violation. Prosecution under this subsection shall be commenced at any time within 18 months after commission of the offense. [1993 c.546 s.14; 1999 c.1051 s.180]

419B.015 Report form and content; notice to law enforcement agencies and local office of State Office for Services to Children and Families. A person making a report of child abuse, whether voluntarily or pursuant to ORS 419B.010, shall make an oral report by telephone or otherwise to the local office of the State Office for Services to Children and Families, to the designee of the State Office for Services to Children and Families or to a law enforcement agency within the county where the person making the report is located at the time of the contact. Such reports shall contain, if known, the names and addresses of the child and the parents of the child or other persons responsible for care of the child, the child's age, the nature and extent of the abuse, including any evidence of previous abuse, the explanation given for the abuse and any other information which the person making the report believes might be helpful in establishing the cause of the abuse and the identity of the perpetrator. When a report is received by the State Office for Services to Children and Families, the State Office for Services to Children and Families shall immediately notify a law enforcement agency within the county where the report was made. When a report is received by a designee of the State Office for Services to Children and Families, the designee shall notify, according to the contract, either the State Office for Services to Children and Families or a law enforcement agency within the county where the report was made. When a report is received by a law enforcement agency, the agency shall immediately notify the local office of the State Office for Services to Children and Families within the county where the report was made. [1993 c.546 s.15; 1993 c.734 s.1a]

419B.020 Duty of office or law enforcement agency receiving report; investigation; notice to parents; physical examination; child's consent. (1) Upon receipt of an oral report of child abuse, the State Office for Services to Children and Families or the law enforcement agency shall immediately:

(a) Cause an investigation to be made to determine the nature and cause of the abuse of the child; and

(b) Notify the Child Care Division if the alleged child abuse occurred in a child care facility as defined in ORS 657A.250.

(2) If the law enforcement agency conducting the investigation finds reasonable cause to believe that abuse has occurred, the law enforcement agency shall notify by oral report followed by written report the local office of the State Office for Services to Children and Families. The State Office for Services to Children and Families shall provide protective social services of its own or of other available social agencies if necessary to prevent further abuses to the child or to safeguard the child's welfare.

(3) If a child is taken into protective custody by the State Office for Services to Children and Families, the office shall promptly make reasonable efforts to ascertain the name and address of the child's parents or guardian.

(4)(a) If a child is taken into protective custody by the office or a law enforcement official, the office or law enforcement official shall, if possible, make reasonable efforts to advise the parents or guardian immediately, regardless of the time of day, that the child has been taken into custody, the reasons the child has been taken into custody and general information about the child's placement, and the telephone number of the local office of the State Office for Services to Children and Families and any after-hours telephone numbers.

(b) Notice may be given by any means reasonably certain of notifying the parents or guardian, including but not limited to written, telephonic or in-person oral notification. If the initial notification is not in writing, the information required by paragraph (a) of this subsection also shall be provided to the parents or guardian in writing as soon as possible.

(c) The State Office for Services to Children and Families also shall make a reasonable effort to notify the noncustodial parent of the information required by paragraph (a) of this subsection in a timely manner.

(d) If a child is taken into custody while under the care and supervision of a person or organization other than the parent, the State Office for Services to Children and Families, if possible, shall immediately notify the person or organization that the child has been taken into protective custody.

(5) If a law enforcement officer or the State Office for Services to Children and Families, when taking a child into protective custody, has reasonable cause to believe that the child has been affected by sexual abuse and rape of a child as defined in ORS 419B.005 (1)(a)(C) and that physical evidence of the abuse exists and is likely to disappear, the court may authorize a physical examination for the purposes of preserving evidence if the court finds that it is in the best interest of the child to have such an examination. Nothing in this section affects the authority of the State Office for Services to Children and Families to consent to physical examinations of the child at other times.

(6) A minor child of 12 years of age or older may refuse to consent to the examination described in subsection (5) of this section. The examination shall be

conducted by or under the supervision of a physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS chapter 678 and, whenever practicable, trained in conducting such examinations. [1993 c.546 s.16; 1993 c.622 s.7a; 1997 c.130 s.13; 1997 c.703 s.1; 1997 c.873 s.33]

419B.025 Immunity of person making report in good faith. Anyone participating in good faith in the making of a report of child abuse and who has reasonable grounds for the making thereof shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making or content of such report. Any such participant shall have the same immunity with respect to participating in any judicial proceeding resulting from such report. [1993 c.546 s.17]

419B.028 Photographing child during investigation; photographs as records. (1) In carrying out its duties under ORS 419B.020, any law enforcement agency or the State Office for Services to Children and Families may photograph or cause to have photographed any child subject of the investigation for purposes of preserving evidence of the child's condition at the time of the investigation.

(2) For purposes of ORS 419B.035, photographs taken under authority of subsection (1) of this section shall be considered records. [1993 c.546 s.18]

419B.030 Central registry of reports. (1) A central state registry shall be established and maintained by the State Office for Services to Children and Families. The local offices of the State Office for Services to Children and Families shall report to the state registry in writing when an investigation has shown reasonable cause to believe that a child's condition was the result of abuse even if the cause remains unknown. Each registry shall contain current information from reports catalogued both as to the name of the child and the name of the family.

(2) When the State Office for Services to Children and Families provides specific case information from the central state registry, the office shall include a notice that the information does not necessarily reflect any subsequent proceedings that are not within the jurisdiction of the office. [1993 c.546 s.19]

419B.035 Confidentiality of records; when available to others. (1) Notwithstanding the provisions of ORS 192.001 to 192.170, 192.210 to 192.505 and 192.610 to 192.990 relating to confidentiality and accessibility for public inspection of public records and public documents, reports and records compiled under the provisions of ORS 419B.010 to 419B.050 are confidential and are not accessible for public inspection. However, the State Office for Services to Children and Families shall make records available to:

(a) Any law enforcement agency or a child abuse registry in any other state for the purpose of subsequent investigation of child abuse;

(b) Any physician, at the request of the physician, regarding any child brought to the physician or coming before the physician for examination, care or treatment;

(c) Attorneys of record for the child or child's parent or guardian in any juvenile court proceeding;

(d) Citizen review boards established by the Judicial Department for the purpose of periodically reviewing the status of children, youths and youth offenders under the jurisdiction of the juvenile court under ORS 419B.100 and 419C.005. Citizen review boards may make such records available to participants in case reviews;

(e) A court appointed special advocate in any juvenile court proceeding in which it is alleged that a child has been subjected to child abuse or neglect; and

(f) The Child Care Division for certifying, registering or otherwise regulating child care facilities.

(2) The State Office for Services to Children and Families may make reports and records available to any person, administrative hearings officer, court, agency, organization or other entity when the office determines that such disclosure is necessary to administer its child welfare services and is in the best interests of the affected child, or that such disclosure is necessary to investigate, prevent or treat child abuse and neglect, to protect children from abuse and neglect or for research when the assistant director gives prior written approval. The office shall adopt rules setting forth the procedures by which it will make the disclosures authorized under this subsection and subsection (1) of this section. The names, addresses or other identifying information about the person who made the report shall not be disclosed pursuant to this subsection and subsection (1) of this section.

(3) Any record made available to a law enforcement agency in this state or to a physician in this state, as authorized by subsections (1) and (2) of this section, shall be kept confidential by the agency or physician. Any record or report disclosed by the office to other persons or entities pursuant to subsections (1) and (2) of this section shall be kept confidential.

(4) No officer or employee of the State Office for Services to Children and Families or any person or entity to whom disclosure is made pursuant to subsections (1) and (2) of this section shall release any information not authorized by subsections (1) and (2) of this section.

(5) A person who violates subsection (3) or (4) of this section commits a Class A violation. [1993 c.546 ss.20,20a; 1995 c.278 s.51; 1997 c.328 s.8; 1999 c.1051 s.181]

419B.040 Certain privileges not grounds for excluding evidence in court proceedings on child abuse. (1) In the case of abuse of a child,

the privileges created in ORS 40.230 to 40.255, including the psychotherapist-patient privilege, the physician-patient privilege, the privileges extended to nurses, to staff members of schools and to registered clinical social workers and the husband-wife privilege, shall not be a ground for excluding evidence regarding a child's abuse, or the cause thereof, in any judicial proceeding resulting from a report made pursuant to ORS 419B.010 to 419B.050.

(2) In any judicial proceedings resulting from a report made pursuant to ORS 419B.010 to 419B.050, either spouse shall be a competent andcompellable witness against the other. [1993 c.546 s.21]

419B.045 Investigation conducted on public school premises; notification; role of school personnel. If an investigation of a report of child abuse is conducted on public school premises, the school administrator shall first be notified that the investigation is to take place, unless the school administrator is a subject of the investigation. The school administrator or a school staff member designated by the administrator may, at the investigator's discretion, be present to facilitate the investigation. The State Office for Services to Children and Families or the law enforcement agency making the investigation shall be advised of the child's handicapping conditions, if any, prior to any interview with the affected child. A school administrator or staff member is not authorized to reveal anything that transpires during an investigation in which the administrator or staff member participates nor shall the information become part of the child's school records. The school administrator or staff member may testify at any subsequent trial resulting from the investigation and may be interviewed by the respective litigants prior to any such trial. [1993 c.546 s.22]

Branch Office Phone Numbers by Service Delivery Area (SDA)

SDA 1
Clatsop ..... (Toll-free) 800-643-4606
Columbia ... (Toll-free) 800-428-1546
Tillamook... (Toll-free) 877-317-9911

SDA 2
Multnomah 503-731-3100

SDA 3
Marion ..... (Toll-free) 800-854-3508
Woodburn (Toll-free) 800-358-2571
Polk 503-623-8118
Yamhill ..... (Toll-free) 800-822-3903

SDA 4
Benton 541-757-4121
Lincoln ..... (Toll-free) 800-305-2850
Linn ..... (Toll-free) 800-358-2208

SDA 5
Lane ..... (Toll-free) 866-300-2782

SDA 6
Douglas ..... (Toll-free) 800-305-2903

SDA 7
Coos ..... (Toll-free) 800-500-2730
Curry ..... (Toll-free) 800-510-0000

SDA 8
Jackson 541-776-6120
Josephine ... (Toll-free) 800-930-4364

SDA 9
Gilliam-Wheeler 541-384-4252
Hood River 541-386-2962
Wasco-Sherman 541-298-5136

SDA 10
Crook 541-447-6207
Deschutes 541-388-6161
Jefferson 541-475-2292x310

SDA 11
Klamath 541-883-5570
Lake ..... (Toll-free) 888-811-4201

SDA 12
Morrow 541-481-9482
Umatilla
Pendleton. (Toll-free) 800-547-3897
Hermiston (Toll-free) 877-488-4939

SDA 13
Baker ..... (Toll-free) 800-646-5430
Union 541-963-8571x270
Wallowa 541-426-4558

SDA 14
Grant 541-575-0728
Harney 541-573-2086
Malheur ..... (Toll-free) 800-445-4273

SDA 15
Clackamas .. (Toll-free) 800-628-7876

SDA 16
Washington (Toll-free) 800-275-8952

Additional Resources on Child Abuse and Neglect

National Center for Prosecution of Child Abuse
Fairfax, Virginia 703-739-0321

Missing Children Clearinghouse
Salem, Oregon ..... 1-800-282-7155 (Hotline)

Child Welfare League of America
Washington, D.C. 202-638-2952

National Victims Resource Center
..... 1-800-627-6872

We practice non-discrimination and provide reasonable accommodation for persons with disabilities. If you have questions or need a document in a format such as large print, computer disk, braille, audiotape, or oral presentation, talk to your caseworker or branch manager.

Department of Human Services
■ PAMPHLET REQUEST ■
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Salem, OR 97301-6084

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: April 8, 2004
Agenda Item #: R-3
Est. Start Time: 9:50 AM
Date Submitted: 03/15/04

Requested Date: April 8, 2004 **Time Requested:** 10 mins

Department: Health Department **Division:** Community Health Services

Contact/s: Jodi Davich

Phone: 503-988-3663 **Ext.:** 26561 **I/O Address:** 106/14/1410

Presenters: Lila Wickham

Agenda Title: Notice of Intent to Apply for Region X EPA Indoor Air Quality Grant Funds

NOTE: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide clearly written title.

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1. **What action are you requesting from the Board? What is the department/agency recommendation?** The Multnomah County Health Department (MCHD) is requesting approval to submit a proposal to the Region X Environmental Protection Agency (EPA) Indoor Air Quality grant program. The Health Department recommends that this request be approved.

2. **Please provide sufficient background information for the Board and the public to understand this issue.** The goal of Region 10's Indoor Air Program is to decrease health effects caused by poor indoor air quality by improving both knowledge of indoor air quality and actual indoor environmental conditions. Comparative risk studies performed by EPA and its Science Advisory Board have ranked indoor air pollution among the top five environmental risks to public health. Indoor air pollutants can both cause asthma and make existing asthma worse, among other health problems. Children may be especially vulnerable to these health effects. EPA estimates that indoor air levels of many pollutants may be 2-5 times, and occasionally more than 100 times, higher than outdoor levels. These levels are of particular concern because it is estimated that most

people spend as much as 90% of their time indoors. Funds are available for these grants under Section 103 of the Clean Air Act (CAA).

Childhood asthma rates are on the rise. Parents and child care providers may not know that asthma can occur even if asthma is not present in their family medical history. Childcare providers can be an important link to conveying information about asthma to parents. Many child care providers do not know how to identify and mitigate environmental asthma triggers commonly found in and around day care centers; additionally, parents may not know how to identify and mitigate environmental asthma triggers commonly found in and around their home. Many parents and child care providers do not have the tools or training to reduce potentially harmful environmental asthma triggers. The proposed project will help to address these issues.

3. **Explain the fiscal impact (current year and ongoing)**. The project budget is $27, 500 and will cover environmental health inspection services, educational materials and consultation with an asthma expert.

If grant application/notice of intent, explain:

- **Who is the granting agency**? Region X Environmental Protection Agency (EPA)

- **Specify grant requirements and goals.**

The Indoor Air Quality project objectives are to:

- Educate child care providers on indoor asthma triggers and actions to reduce triggers in child care settings;
- Develop an inspection program that will innovatively help identify and reduce children's exposure to environmental asthma triggers;
- Implement a program which educates parents and daycare providers about the importance of integrating environmental management into their day to day operations to prevent asthma;
- Develop screening indicators and educational tools to help identify environments that are potentially hazardous and contain asthma triggers; and
- Purchase asthma trigger source reduction products that can be distributed to daycare centers and parents where asthma triggers are in abundance.

The major project activities will include:

- Developing and implementing an environmental health inspection system to assess the presence of environmental asthma triggers in child care settings. The project will develop standard screening tools, schedule for inspections, data collection system, resource referral process and follow-up services.
- Developing educational tools and training processes to teach day care centers and parents about the importance of recognizing and eliminating asthma triggers in schools and home.
- Purchasing environmental trigger source reduction supplies that can be given to schools and parents to help eliminate and reduce asthma triggers.

- Consulting with experts on the development of screening indicators and screening tools, educational materials and development of an inspection component.

❖ **What are the estimated filing timelines**? Proposals are due April 21, 2004.

❖ **If a grant, what period does the grant cover**? September 1, 2004 through August 31, 2005

❖ **When the grant expires, what are funding plans**? If program evaluation supports the continuation of project activities, additional funding will be sought.

❖ **How will the county indirect and departmental overhead costs be covered**? Indirect costs will be built into the project budget. No matching funds are required.

4. **Explain any legal and/or policy issues**. There are no legal and/or policy issues.

5. **Explain any citizen and/or other government participation that has or will take place**. The project will involve the following groups: Lung Association, Environmental Justice Action Group (EJAG), Urban League, State of Oregon Asthma Program, child care and preschool providers in Multnomah County, Head Start, medical providers, and Metro Child Care Resource and Referral Center.

Required Signatures:

Department/Agency Director: **Date: 03/15/04**

Budget Analyst

By:_____ **Date: 03/15/04**

Dept/Countywide HR

By: **Date: 03/15/04**

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: April 8, 2004
Agenda Item #: R-4
Est. Start Time: 9:55 AM
Date Submitted: 03/31/04

Requested Date:	April 8, 2004		**Time Requested:** 5 min.
Department:	Non-Departmental		**Division:** Commissioner District 2
Contact/s:	Tom Fronk, Health Department		
Phone:	509-988-3674	Ext.: 24274	**I/O Address:** 160/1400
Presenters:	Tom Fronk		

Agenda Title: First Reading of a Proposed Special Ordinance Approving Intergovernmental Agreement with Clackamas and Washington Counties Creating Tri-County Health Care Safety Net Enterprise, and Declaring an Emergency

NOTE: If Ordinance, Resolution, Order or Proclamation, provide exact title.
For all other submissions, provide clearly written title.

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1. **What action are you requesting from the Board? What is the department/agency recommendation?** Special Ordinance Approving Intergovernmental Agreement with Clackamas and Washington Counties Creating Tri-County Health Care Safety Net Enterprise, and Declaring an Emergency

2. **Please provide sufficient background information for the Board and the public to understand this issue.** The Board approved the IGA enabling the creation of the Tri-County Safety Net Enterprise in February. A companion Ordinance approving the IGA is required as part of the process described in ORS 190.

3. **Explain the fiscal impact (current year and ongoing).** None.

   NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

   If a budget modification, explain:

- **What revenue is being changed and why?**
- **What budgets are increased/decreased?**
- **What do the changes accomplish?**
- **Do any personnel actions result from this budget modification? Explain.**
- **Is the revenue one-time-only in nature?**
- **If a grant, what period does the grant cover?**
- **When the grant expires, what are funding plans?**

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- **Why was the expenditure not included in the annual budget process?**
- **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- **Why are no other department/agency fund sources available?**
- **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- **Has this request been made before? When? What was the outcome?**

If grant application/notice of intent, explain:

- **Who is the granting agency?**
- **Specify grant requirements and goals.**
- **Explain grant funding detail – is this a one time only or long term commitment?**
- **What are the estimated filing timelines?**
- **If a grant, what period does the grant cover?**
- **When the grant expires, what are funding plans?**
- **How will the county indirect and departmental overhead costs be covered?**

4. **Explain any legal and/or policy issues involved.** None.

5. **Explain any citizen and/or other government participation that has or will take place.** None beyond the process conducted in support of the enabling IGA.

<u>Required Signatures:</u>

Department/Agency Director: Serena Cruz **Date: 03/31/04**

Budget Analyst

By:_____ **Date:**

Dept/Countywide HR

By:_____ **Date:**

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. _____

Special Ordinance Approving Intergovernmental Agreement with Clackamas and Washington Counties Creating Tri-County Health Care Safety Net Enterprise, and Declaring an Emergency

The Multnomah County Board of Commissioners Finds:

a. In order to afford low income and uninsured people living in the Tri-County area access to appropriate health care when needed, Multnomah, Clackamas and Washington counties (Members) wish to create a new entity to be called the Tri-County Health Care Safety Net Enterprise (Enterprise).

b. Representatives of Members have developed an intergovernmental agreement (IGA) to establish the Enterprise, arrange Member rights and responsibilities and allocate funding. The effective date of the IGA is the date it is approved by the Board of Commissioners of the third county to approve it.

c. The purpose of the Enterprise is to align public and private efforts to assure health care access for low income and uninsured residents into a cohesive regional approach, to assure the highest return on public investments, to achieve long term sustainability, and to facilitate the provision of appropriate, high quality health care to low income and uninsured Tri-County residents.

d. The Enterprise is vested with those powers, rights and duties necessary to accomplish its purposes, subject to the limitations of ORS 190.080.

Multnomah County Ordains as follows:

Section 1. The Intergovernmental Agreement for creation of the Tri-County Health Care Safety Net Enterprise is approved.

Section 2. This ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, an emergency is declared and the ordinance takes effect upon its signature by the County Chair.

FIRST READING: April 8, 2004

SECOND READING AND ADOPTION: April 15, 2004

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

_____
Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By _____
Jacqueline A. Weber, Assistant County Attorney

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: **April 8, 2004**
Agenda Item #: **R-5**
Est. Start Time: **10:00 AM**
Date Submitted: **03/31/04**

Requested Date: April 8, 2004 **Time Requested:** 45 minutes

Department: Non-Departmental **Division:** Chair's Office

Contact/s: Ed Blackburn

Phone: 503.294.1681 **Ext.:** **I/O Address:**

Presenters: Ed Blackburn, Central City Concern

Agenda Title: Briefing by Central City Concern on the Impact of the Community Engagement Program, its Funding and the use of Multnomah County Personal Income Tax Dollars

NOTE: If Ordinance, Resolution, Order or Proclamation, provide exact title.
For all other submissions, provide clearly written title.

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1. **What action are you requesting from the Board? What is the department/agency recommendation?** Informational update to the Board on the Community Engagement Program which is funded by the ITAX dollars.

2. **Please provide sufficient background information for the Board and the public to understand this issue.** Briefing by Central City Concern on the Impact of the Community Engagement Program, its funding,and the use of ITAX dollars.The Community Engagement Program (CEP) is a comprehensive, multidisciplinary recovery model designed to meet the needs of chronically homeless individuals with co-occurring mental health, addictive disorders and/or physical healthcare concerns.

3. **Explain the fiscal impact (current year and ongoing).** N/A

   NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

   If a budget modification, explain:

- What revenue is being changed and why?
- What budgets are increased/decreased?
- What do the changes accomplish?
- Do any personnel actions result from this budget modification? Explain.

- Is the revenue one-time-only in nature?
- If a grant, what period does the grant cover?
- When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- Why was the expenditure not included in the annual budget process?

- What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- Why are no other department/agency fund sources available?
- Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.

- Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain:

- Who is the granting agency?
- Specify grant requirements and goals.
- Explain grant funding detail – is this a one time only or long term commitment?
- What are the estimated filing timelines?
- If a grant, what period does the grant cover?
- When the grant expires, what are funding plans?
- How will the county indirect and departmental overhead costs be covered?

4. Explain any legal and/or policy issues involved.

5. Explain any citizen and/or other government participation that has or will take place.

Required Signatures:

Department/Agency Director: _____ Date: 03/31/04

Budget Analyst
By: _____ Date:

Dept/Countywide HR
By: _____ Date:

Central City Concern

Central City Concern
and the i-Tax funds.

Central City Concern

About Central City Concern

CCC Admin Offices

Providing pathways to self-sufficiency through active intervention in poverty and homelessness.

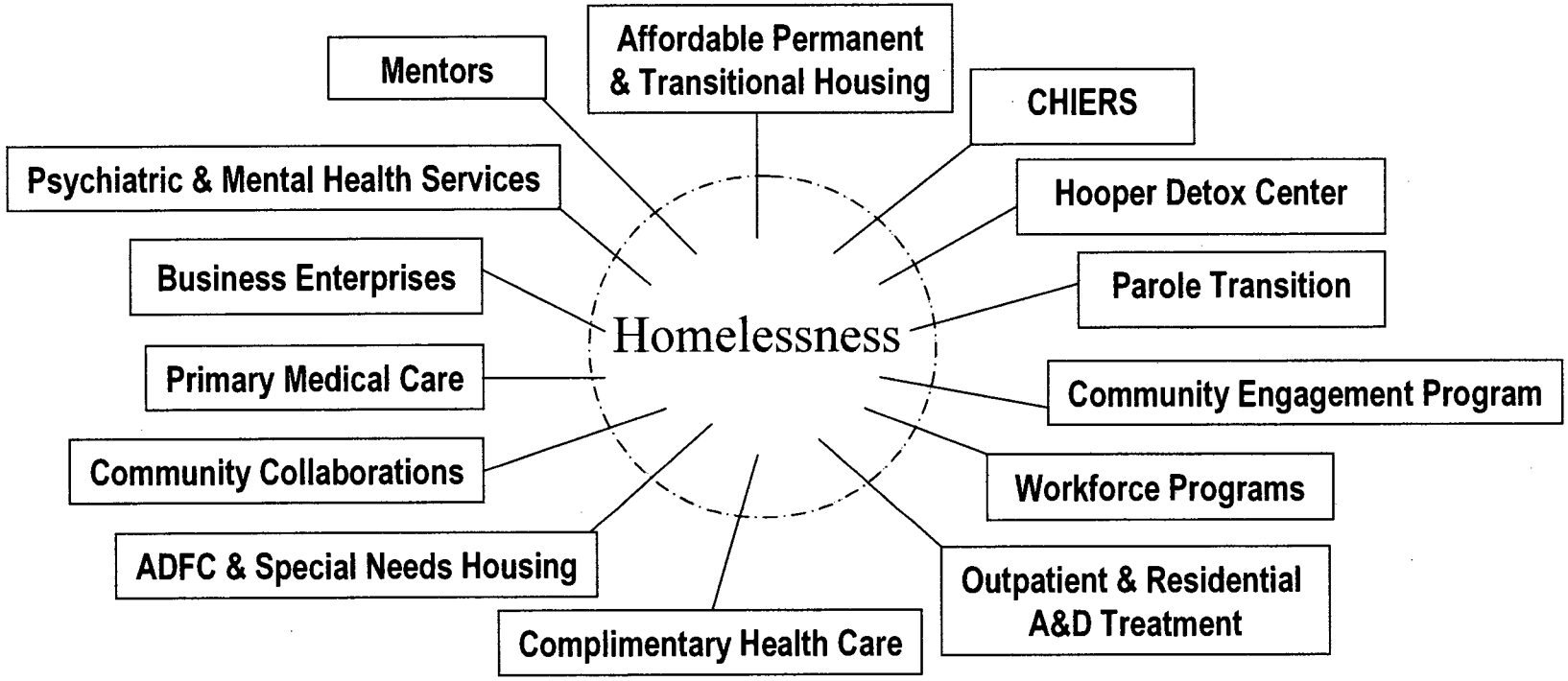
Central City Concern

About Central City Concern

- Formed in 1979 as Burnside Consortium.
- Provides services to homeless and low income individuals.
- Current annual budget: $26 million
- Current staff: 487

Central City Concern

CCC Continuum of Care



Central City Concern

Central City Concern

Utilization of i-Tax Funds

Central City Concern

Utilization of the i-Tax Funds

- Hooper Sobering Station - $595,439
- Portland Alternative Health Center (PAHC)
  - High Risk Intervention Model - $401,782
- Community Engagement Program (CEP)
  - CEPII Team - $510,039
  - Housing - $288,000

Central City Concern

i-Tax & Hooper Sobering

- Purpose: to restore Sobering Station capacity to 24/7.
- Program Implementation: 07/15/03
- Amount of i-Tax funding: $595,439

Central City Concern

i-Tax & Hooper Sobering

- Population served:
  - Daytime users are typically chronic users.
  - Suffer from long term addictions.
  - Often complicated by mental health issues.

Central City Concern

i-Tax & Hooper - Outcomes

- Oregon state law requires that *incapacitated* individuals be taken to appropriate treatment facilities, jail or to hospitals.
  - Diversion to Hooper prevents unnecessary financial drain on more expensive hospital and jail resources.
- i-Tax funds restored the capacity for 3380 admissions to the Hooper Sobering Station.
  - Virtually all these admissions are *incapacitated* due to ingestion of chemicals.

Central City Concern

i-Tax & Hooper - Outcomes

- After a full year of i-Tax funding, it is estimated that 1150 clients will be picked up by CHIERS.
  - Data is for newly restored day shift from 7:15 am to 5:00 pm.

Central City Concern

i-Tax & Hooper - Outcomes

- "…the Hooper Sobering Program remains a desirable alternative to housing publicly intoxicated individuals in local jails."
- The City of Portland should consider increasing its funding of the Hooper Center…"
  - The Officer Use of Hooper by the Citizen Review Committee, 2004.

Central City Concern

i-Tax and PAHC

- Portland Alternative Health Center (PAHC)
  - An integrated, multidisciplinary clinic serving homeless people with drug and alcohol addictions and mental health disorders.
- Named one of six exemplary substance abuse treatment programs for people experiencing homelessness in the nation by the National Healthcare for the Homeless Council, 2003.

Central City Concern

i-Tax and PAHC

- Clients served with i-Tax money ($401,000):
  - Are "high risk" homeless men and women.
  - Have mental health and chemical dependency diagnoses.
  - Have chronic health problems.
- PAHC has treated 226 unduplicated clients with i-Tax funds to date (08/31/03 - 03/15/04).

Central City Concern

i-Tax and PAHC

- Ethnicity of clients:
  - 68% European American
  - 21% African American
  - 7% Hispanic
  - 4% Native American
- Gender of clients:
  - 73% men
  - 27% women

Central City Concern

i-Tax and PAHC

- Client Drugs of Choice:
  - 44% alcohol
  - 27% methamphetamine
  - 18% heroin
  - 11% cocaine

Central City Concern

i-Tax and PAHC - Outcomes

- 72% successful completion rate (RIM)
- Successful completion defined as:
  - Alcohol and drug free at graduation.
  - Placement into transitional and/or permanent housing.
  - Linked with CCC Workforce for job readiness, job training and/or placement.

Central City Concern

i-Tax and PAHC - Outcomes

- Based on randomized audit on i-Tax charts and client base, there have been no psychiatric ER admits of any clients at PAHC since inception of i-Tax funding.

Central City Concern

Follow-up Outcomes

- 3 months past completion date:
  - 100% confirmed sober and in stable housing
  - 33% confirmed in employment
- 6 months past completion date:
  - 87% confirmed sober and in stable housing
  - 60% confirmed employment

(data from 10/01/03 – 12/31/03)

Central City Concern

The Community Engagement Program

- Addresses individuals exhibiting:
  - Severe and persistent mental illness and addictions.
  - Chronic homelessness.
- Primary care and psychiatric care on site.
- Utilizes intensive case management.
- Multi-disciplinary team approach.

Central City Concern

i-Tax and CEP II

- CEPII was created at the urging of county professionals, downtown business leaders and law enforcement.
- Designed to address the needs of the most intractable, *chronically homeless who have lost OHP standard benefits*.
- Targets high utilizers of emergency rooms and the correction systems.

Central City Concern

i-Tax and CEP II

- Features Alcohol and Drug Free Community housing and Housing First residential components.
- Leveraged from CEP I, which was named one of six exemplary national programs serving mentally ill homeless individuals by the Dept. of Health & Human Services, 2003.

Central City Concern

i-Tax and CEP II

- Amount of i-Tax funding: $510,039
- Timeframe: 09/01/03 – 03/01/04
- 50 people enrolled
- Average length of stay: 4 months
- 70% retention rate

Central City Concern

i-Tax and CEP II - Outcomes

- Number of arrests:
  - 194 total arrests prior to enrollment with CEPII
  - 14 total arrests during enrollment with CEPII
- Number of psychiatric admits:
  - 125 total admits prior to enrollment with CEPII
  - 8 total admits during participation with CEPII

Central City Concern

i-Tax and CEP II - Outcomes

- 25% of clients are in the process of applying for SSI
- 7 clients intensively case managed into long term care at:
  - Taft (2)
  - MacDonald Center (1)
  - Bridgeview (1)
  - Adult Foster home (1)
  - Alpha House (1)
  - Jail to Volunteers of America (1)

Central City Concern

i-Tax and CEP Housing

- 60 units of housing on line with CEP II
  - 30 units ADFC housing
  - 25 units Housing First
  - 5 units for corrections at The Medford
    - Must be on active parole or probation.
- Amount of i-Tax funding: $288,000

Central City Concern

Central City Concern; the Future

- Our exciting new project: 8 NW 8th

Central City Concern

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: April 8, 2004
Agenda Item #: R-6
Est. Start Time: 10:45 AM
Date Submitted: 03/03/04

Requested Date: Thursday, April 8, 2004

Time Requested: 25 minutes (at the end of the meeting, if possible)

Department: Health

Division: Director's Office

Contact/s: Tricia Tillman

Phone: 503 988-3674 **Ext.:** 29087 **I/O Address:** 106/1400

Presenters: Lillian Shirley

Agenda Title: Community Celebration of Public Health Heroes, a celebration of Public Health Week (April 5 - April 11, 2004) in Multnomah County, Oregon

NOTE: If Ordinance, Resolution, Order or Proclamation, provide exact title.
For all other submissions, provide clearly written title.

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1. **What action are you requesting from the Board? What is the department/agency recommendation?**

   The Health Department is requesting that the Board honor Multnomah County Public Health Heroes to celebrate the ways that health professionals and community members promote the health and wellbeing of Multnomah County. We are requesting that the Board, along with Lillian Shirley, acknowledge the 2004 Public Health Heroes.

2. **Please provide sufficient background information for the Board and the public to understand this issue.**

   National Public Health Week was established by the American Public Health Association in 1995 as a way to recognize the contributions of public health and prevention services to America's well-being. For the past three years, Multnomah County Health Department, with the support of the Board of County Commissioners, has recognized and celebrated our local public health heroes. Over thirty community members,

organizations, businesses, youth, county employees, and policy makers have been given the distinguished honor of Public Health Hero to honor their efforts to promote the health and wellbeing of Multnomah County. The recognition of numerous community partners has been a public acknowledgement of the many diverse ways that everyday citizens, as well as highly trained professionals contribute to the overall health of Multnomah County.

3. **Explain the fiscal impact (current year and ongoing).**

   There is no fiscal impact – the budget for this recognition is minimal.

4. **Explain any legal and/or policy issues involved.**

   There are no legal or policy issues involved.

5. **Explain any citizen and/or other government participation that has or will take place.**

   Citizens participate as nominators, nominees, and heroes in the Public Health Heroes celebration.

Required Signatures:

Department/Agency Director: Lillian Shirley **Date: March 3, 2004**

Budget Analyst

By:_____ **Date:**

Dept/Countywide HR

By:_____ **Date:**

BOGSTAD Deborah L

From: SHIRLEY Lillian M
Sent: Wednesday, March 24, 2004 8:28 AM
To: #MULTNOMAH COUNTY ALL EMPLOYEES
Subject: 2004 invite with heroes-r.doc

Come and celebrate with this year's Public Health Heroes!

The Multnomah County Health Department is pleased to send you this notification announcing the winners of this year's Public Health Hero awards. Please join us in congratulating all of those individuals and groups who were nominated, and applauding those who have been given the distinct honor of winning these prestigious awards. For all of their tireless hours in pursuit of better health and living standards for all people in our community, we salute our

2004 Public Health Hero Awardees

Josiah Hill Award for Community Member

r. Richard Gingrich, a visionary with a commitment to providing medical car the working poor, has been instrumental in the growth of Portland Adventist Community Services Family Health Care clinic.

Miki Hunnicut, a prevention instructor Self Enhancement, Inc. works with middle and high school youth on iss related to life skills, sexual health, violence prevention, and leadership.

Governor John Kitzhaber Public Health Leadership

Carlos Medina, director of Oregon Development, Yakima Valley Farm Workers Clinic, is a tireless advocate for access to health care for vulnerable populations and migrant health issues.

Multnomah County Employee

Karifa Koroma, promotes community health by serving as a bridge between prison and the community for offenders with mental illness, between African immigrants and the mental health system, and between African immigrants and Africar Americans.

Marcy Sugarman, provides innovative leadership and advocacy for assuring access to health insurance and health care.

Business

Bike Gallery, a locally owned bike shop, promotes bicycling in partnership with Cycle Oregon, the Bicycle Transportation Alliance, and the Community Cycling Program.

Community Based Organization

Elders in Action mobilizes community volunteers to provide invaluable advocacy, problem solving, support and health education for seniors throughout Multnomah County.

Youth

Las Hermanas, is a health promotion and youth leadership program of the SMG Foundation. Thirty one (31) young Latina leaders provide health education to Latina youth and parents using sociodramas, talking circles, and a weekly radio sho on KBOO-FM.

Cleveland High School Peer Helpers provide positive role modeling and make sure their neighborhoods are better and saf places to live. This group assists freshman transition to the high school environment, participates in community servic and raises awareness about the negative impacts of drug and alcohol use.

Join us at the Multnomah Building at 501 SE Hawthorne Thursday April 8h in the Board Room

on the 1st floor. This ceremony will take place during the Board meeting from 9:30am-Noon. The Public Health Heroes Awards will be given at approximately 10:30 and followed by a brief reception.

Please call Jonathan Potkin (503) 988-3674 ext 28731 or E-mail at jonathan.potkin @co.multnomah.or.us and let us know if you will be attending.

Sincerely,

Lillian Shirley

Lillian M. Shirley, RN, MPH, MPA
Director

BOGSTAD Deborah L

From: SHIRLEY Lillian M
Sent: Tuesday, February 10, 2004 4:09 PM
To: #MULTNOMAH COUNTY ALL EMPLOYEES
Subject: 2004 Public Health Heroes - call for nominations

Health Department
Office of the Director
MULTNOMAH COUNTY OREGON

1120 SW 5th Ave, Suite 1400
Portland, Oregon 97204
(503) 988-3674 phone
(503) 988-4117 fax

February 10, 2004

To Multnomah County staff and community partners:

National Public Health Week is April 5-11, 2004. Multnomah County Health Department is celebrating Public Health Week by honoring people who live or work in Multnomah County and who promote public health in their daily lives. One way we remain resilient in the face of budget cuts, international strife, and other threats to community health is by continuing to recognize and encourage the contributions that community members make, through their work or volunteerism, to protect and promote the health of all of us in Multnomah County.

We invite you to nominate people or groups whom you know professionally or personally who are Heroes and Heroines of Public Health.

By Public Health we mean *policies, practices and programs that promote the health and well being of individuals, families, neighborhoods, and communities.* Please consider nominating individuals or groups (including but not limited to community-based organizations, faith communities, educational institutions, civic groups, neighborhood associations, large corporations, and small businesses) who work with individuals, families, neighborhoods, communities or any combination. We are looking for individuals or groups who promote one or more of the many aspects of health and well-being, including mental, physical, spiritual, and social health (see examples of awardees on the following pages). There are many ways that individuals and groups make Multnomah County a healthier place to work and live. You can nominate individuals or groups in the following categories:

- Community Person
- Business/Corporation
- Community Based Program or Non-Profit Organization
- Multnomah County Employee
- Youth (under 19 years of age)
- Public Health Leadership

Awards will be given for each category. The awardees will be recognized in an award ceremony

on Thursday, April 8, 2004 (more details about this event to follow).

The nomination form is attached. Thank you for participating and celebrating with us.

Thank you,

Lillian Shirley RN, MPH, MPA
Health Department Director

2003 Public Health Hero Awardees

Josiah Hill Award for Community Member

Oanh Thao Doan, a tireless and indispensable advocate for Southeast Asian families in the areas of domestic violence, gang prevention, and crisis support

Governor John Kitzhaber Public Health Leadership

Kathy Hammock, executive director of Wallace Medical Concern, and dedicated advocate for medically needy, uninsured and homeless Oregonians.

Charles Jordan, director of Portland Parks and Recreation providing leadership and advocacy to promote land conservation, parks, physical activity and recreation, and diversity.

Multnomah County Employee

Carol Cole, exemplary community health nurse providing public health leadership and community advocacy for children, families, and communities

Marcela Dixon, Marco Reyes, Sergiy Barsukov, community health workers serving Latino and Russian/Ukrainian patients in primary care clinics

Business

Rejuvenation, a locally owned and operated company that promotes health and wellness among its employees and maintains a strong commitment to sustainability.

Community Based Organization

Growing Gardens, a volunteer-based community based organization addressing hunger and access to organic and fresh fruits and vegetables among low income residents by installing gardens and training gardeners

Portland Rose City Ward Tongan Community Hepatitis B Project, a faith-based public health response to two tragic deaths from Hepatitis B

Youth

Raelynn Smith, Benson Health Occupations Student, Providence Health Academy student, and Health Department intern

2002 Public Health Hero Awardees

Josiah Hill Award for Community Member

"Jorge" Ignacio Alvarado, a grassroots leader and activist at la Villa de Clara Vista

Ron Mariani, a volunteer champion for the American Heart Association and EMS Coordinator for Portland Fire and Rescue

Multnomah County Employee

Hilton Levias, a founding member of Health Department's HIV Prevention Team
Michael Sorensen, community organizer and coordinator of Communities in Charge

Business

Providence Youth Academy, a healthcare workforce development program

Community Based Organization

Northwest Medical Teams Dental Program, a volunteer-based mobile dental clinic program
Children's Cancer Association, several programs that serve families and children with cancer

Youth

Katie Jambor, community activist and advocate for sexual minority youth
Thuy Tran, Lan Nguyen, and Diem Nguyen, Benson High School Health Careers Program students and community health educators

Governor John Kitzhaber Public Health Leadership

Senator Avel Gordly, co-chair of the Racial and Ethnic Health Task Force

2001 Public Health Hero Awardees

Josiah Hill Award for Community Member

Sharon Giddings, Tobacco Prevention Youth Advocacy Coordinator
Ann Hinds, HIV Program Manager for Outside In

Multnomah County Employee

Peggy Lou Hillman, Coordinator of Multnomah County Immunization Program
Dr. Jonathan Jui, Medical Director of Multnomah County Emergency Medical Services
Christine Taylor, founder of La Clinica de Buena Salud

Business

CareOregon, for its work in assuring the success of the Oregon Health Plan
Walgreen's, for its support of the Health Department's Saturday Immunization Clinics

Community Based Organization

Family of One, a coalition raising awareness of the need for organ and tissue donation in the African American community
Recovery Association Project, a project giving people in recovery the opportunity to speak out on substance abuse related issues

Youth

Javier Cruz, fifth grader at Rigler Elementary
Camelle Taylor, Health Department Community Health Council Board Member

Multnomah County Health Department
Public Health Heroes Award
Nomination Form

Please send nominations to Multnomah County Health Department via mail, interoffice mail, or fax ***no later than February 27, 2004*** to:

Public Health Heroes Award
Multnomah County Health Department; Director's Office
1120 SW Fifth Avenue; 14th Floor
Portland, OR 97204
Interoffice mail address: 106/1400
Fax: (503) 988-3283
Email: jonathan.potkin@co.multnomah.or.us

Limit your nomination information to the two pages provided. No attachments please.

Your name: _____
Your contact information
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Person or group you are nominating: _____
If nominating a group, please give a contact person: _____
How can we contact this nominee?
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Category for which you are nominating this person or group (one category per nomination, please).

__ Community Person (Josiah Hill Award)
__ Multnomah County Employee
__ Community Based Program or Non-Profit Organization
__ Business/Corporation
__ Youth (under 19 years of age) (Katie Jeans-Gail Award)
__ Public Health Leadership (John Kitzhaber Award)

The following criteria will be used to select Public Health Heroes:

- Public health efforts make a significant difference in the lives of the people served.
- Public health efforts build on individual and community strengths and assets.
- Public health efforts mobilize individuals and community groups to work in collaboration and cooperation.
- Public health efforts are unique, innovative, or fill an identified gap in a specific community.
- Public health efforts are characterized by social justice and a celebration of diversity.

In the space provided, please describe how this person or group promotes health and wellness in our community.
In the space provided, please describe why you feel this person or group should get a Public Health Heroes Award.

Any questions, contact Jonathan Potkin, Multnomah County Health Department
Phone: (503) 988-3674; x28731
Email: jonathan.potkin@co.multnomah.or.us

BOGSTAD Deborah L

From: POTKIN Jonathan X
Sent: Monday, April 05, 2004 4:33 PM
To: TILLMAN Tricia
Cc: BOGSTAD Deborah L
Subject: brief background on MCHD Public Health Heroes winners for Chair Linn's written acknowledgement

Importance: High

Tricia

Deb needs a bit more information on each of the winner's so Chair Linn can write a personalized congratulatory note as she won't be able to be at the awards ceremony directly. Can you please supply an additional sentence or so for each of the winners, culled from the nomination material.

(I am going to need some additional time to track down the various degrees that our nominees have so they are correctly listed on the closing page of the awards program.)

Here are the winners for this year's Public Health Heroes award with a touch more background than described in Lillian's E-mail announcement of 03/24:

2004 Public Health Hero Awardees

Josiah Hill Award for Community Member

Dr. Richard Gingrich, a visionary with a commitment to providing medical care for the working poor, has been instrumental in the growth of Portland Adventist Community Services Family Health Care clinic.

Miki Hunnicut, a prevention instructor at Self Enhancement, Inc. works with middle and high school youth on issues related to life skills, sexual health, violence prevention, and leadership.

Governor John Kitzhaber Public Health Leadership

Carlos Medina, director of Oregon Development, Yakima Valley Farm Workers Clinic, is a tireless advocate for access to health care for vulnerable populations and migrant health issues.

Multnomah County Employee

Karifa Koroma, promotes community health by serving as a bridge between prison and the community for offenders with mental illness, between African immigrants and the mental health system, and between African immigrants and African Americans.

Marcy Sugarman, provides innovative leadership and advocacy for assuring access to health insurance and health care.

Business

Bike Gallery, a locally owned bike shop, promotes bicycling in partnership with Cycle Oregon, the Bicycle Transportation Alliance, and the Community Cycling Program.

Community Based Organization

Elders in Action mobilizes community volunteers to provide invaluable advocacy, problem solving, support and health education for seniors throughout Multnomah County.

Youth

Las Hermanas, is a health promotion and youth leadership program of the SMG Foundation. Thirty one (31) young Latina leaders provide health education to Latina youth and parents using sociodramas, talking circles, and a weekly radio show on KBOO-FM.

Cleveland High School Peer Helpers provide positive role modeling and make sure their neighborhoods are better and safer places to live. This group assists freshman transition to the high school environment, participates in community service, and raises awareness about the negative impacts of drug and alcohol use.

2004 Public Health Hero Awardees

Josiah Hill Award for Community Member

Dr. Richard Gingrich, a visionary with a commitment to providing medical care for the working poor, has been instrumental in the growth of Portland Adventist Community Services Family Health Care clinic. He has engaged countless volunteer physicians, nurses and specialists to share in the care of the uninsured. Because of his vision and leadership, 15,000 people have been provided quality health care services in the past 10 years.

Miki Hunnicut, a prevention instructor at Self Enhancement, Inc. works with middle and high school youth on issues related to life skills, sexual health, violence prevention, and leadership. She reaches out to her community to identify people who can relate to the challenges young African American women face and provide them with constructive advice for setting and achieving their goals. Her courageous and culturally relevant efforts help address HIV and STD at deeply personal levels.

Governor John Kitzhaber Public Health Leadership

Carlos Medina, director of Oregon Development, Yakima Valley Farm Workers Clinic, is a tireless advocate for access to health care for vulnerable populations and migrant health issues. He has spent 47 years advocating for the health of migrant farm workers and organizing and facilitating the development of an expanded health care delivery system. He is also being awarded an achievement award this year from the Oregon Primary Care Association.

Multnomah County Employee

Karifa Koroma, helps individuals with mental illness stay out of jail and access effective community-based treatment. He helps African immigrants overcome some of the cultural barriers to accessing mental health treatment, and helps mental health providers understand how to more effectively work with African immigrants and other cultural groups. He is

also helping to strengthen relationships between African American and African communities so the communities can share and learn from their respective experiences and strengths.

Marcy Sugarman, provides innovative leadership and advocacy for assuring access to health insurance and health care. She has engaged numerous community based organizations to help improve their clients access to health care by learning how to screen them for OHP eligibility. She motivated the Medicaid Enrollment Unit to develop and sell cookbooks to raise money for individuals who couldn't afford their OHP premiums and were at risk for losing health insurance.

Business

Bike Gallery, a locally owned bike shop, promotes bicycling in partnership with Cycle Oregon, the Bicycle Transportation Alliance, and the Community Cycling Program. The owner, Jay Graves, is a tireless supporter of bicycling and uses his business to help a wider group of people across all incomes and ages enjoy the activity.

Community Based Organization

Elders in Action mobilizes community volunteers to provide invaluable advocacy, problem solving, support and health education for seniors throughout Multnomah County. 70 trained ombudsman and community education volunteers provide health education and assistance navigating the health care system, accessing free or low cost prescriptions, and providing emotional and peer support.

Youth

Las Hermanas, is a health promotion and youth leadership program of the SMG Foundation. Thirty one (31) young Latina leaders provide health education to Latina youth and parents using sociodramas, talking circles, and a weekly radio show on KBOO-FM. Las Hermanas currently provides the only community based health prevention and education program in the

metro area for adolescent Latinas – they are role modes to their peers and inspirational to both youth and adults.

Cleveland High School Peer Helpers provide positive role modeling and make sure their neighborhoods are better and safer places to live. This group assists freshman transition to the high school environment, participates in community service, and raises awareness about the negative impacts of drug and alcohol use. The peer helpers work hard to make their neighborhoods and school better and safer places to learn and live. They are an outstanding example of volunteerism and youth leadership.