

ANNOTATED MINUTES

Tuesday, May 21, 1996 - 1:30 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

Chair Beverly Stein convened the hearing at 1:36 p.m., with Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present, and Vice-Chair Dan Saltzman arriving at 1:40 p.m.

PH-1 Department of Juvenile Justice Services Budget Overview, Highlights and Action Plans. DJJS Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

ELYSE CLAWSON INTRODUCTIONS, DEPARTMENT OVERVIEW AND KEY ACTION PLANS PRESENTATION. SHANE ENDICOTT CBAC RECOMMENDATIONS AND PRIORITIES. NO ONE WISHED TO TESTIFY. MS. CLAWSON INTRODUCED CBAC MEMBER MARTHA McMURRAY. BILL MORRIS UPDATE ON SENATE BILL 1, BALLOT MEASURE 11 AND USE OF DETENTION. MR. MORRIS AND MS. CLAWSON RESPONSE TO BOARD QUESTIONS. RICK JENSEN DETENTION REFORM INITIATIVE DISCUSSION. MR. JENSEN AND MS. CLAWSON RESPONSE TO BOARD QUESTIONS. LEE BLOCK DIVERSION PROGRAM SUCCESS DISCUSSION. MR. BLOCK AND MS. CLAWSON RESPONSE TO BOARD QUESTIONS AND COMMENTS. JIMMY BROWN BUILDING EVALUATION CAPACITY DISCUSSION. MR. BROWN AND MS. CLAWSON RESPONSE TO BOARD QUESTIONS AND DISCUSSION. MS. CLAWSON, MR. BLOCK, JOANNE FULLER AND MR. MORRIS RESPONSE TO BOARD QUESTIONS AND DISCUSSION. DISTRICT ATTORNEY STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (38) PROVIDE BOARD WITH A DESCRIPTION OF THE CRITERIA USED TO DECIDE WHICH MEASURE 11 JUVENILE CASES

TO PLEA BARGAIN; JUVENILE JUSTICE SERVICES STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (39) DISCUSS THE POSSIBILITIES THAT JUVENILE DIVERSION PROGRAMS (a) MAY HAVE REDUCED THE INCIDENCE OF JUVENILE CRIME; (b) MAY HAVE INCREASED POLICE WILLINGNESS TO CITE AND ARREST JUVENILES; (40) COMPARE THE OUTCOMES, METHODS, AND SUBJECTS OF PAX WITH SIMILAR PROGRAMS (VIP, SOY, ETC., INCLUDING RELATED PROGRAMS IN OTHER DEPARTMENTS); (41) DISCUSS THE POTENTIAL FOR USING LOWER DETENTION SUPERVISION RATIOS TO OPERATE AREAS OF JUVENILE DETENTION WHERE PROGRAMS ARE PROVIDED AT A HIGH LEVEL AND THE POSSIBLE COST REDUCTIONS THAT COULD RESULT; (42) PROVIDE THE BOARD WITH LONGITUDINAL RESEARCH ON DRUG AFFECTED BABIES, PARTICULARLY AS THE RESEARCH BEARS ON CRIMINAL BEHAVIOR.

The budget hearing was adjourned at 3:21 p.m. and the executive session convened at 3:25 p.m.

Tuesday, May 21, 1996 - 3:30 PM
(OR IMMEDIATELY FOLLOWING BUDGET HEARING)
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

EXECUTIVE SESSION

E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(d) for Labor Negotiator Consultation Concerning Labor Negotiations with the Multnomah County Deputy Sheriff's Association. Presented by Darrell Murray.

EXECUTIVE SESSION HELD.

There being no further business, the session was adjourned at 3:30 p.m.

Wednesday, May 22, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

Chair Beverly Stein convened the hearing at 9:35 a.m., with Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present, and Vice-Chair Dan Saltzman arriving at 9:52 a.m.

PH-2 Department of Community Corrections Budget Overview, Highlights and Action Plans. DCC Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

TAMARA HOLDEN INTRODUCED PATRICK BRUN, PAT BOZANICH, DIANNE SMITH, AKI NOMA, JIM ROOD, HORACE HOWARD, JUDITH DUNCAN, MIKE SANTONE AND MICHAEL HAINES. MS. HOLDEN DEPARTMENT OVERVIEW AND BUDGET HIGHLIGHTS PRESENTATION AND RESPONSE TO BOARD QUESTIONS. PAT BOZANICH CBAC PRESENTATION, RECOMMENDATIONS AND PRIORITIES. MS. BOZANICH AND MS. HOLDEN RESPONSE TO BOARD QUESTIONS AND DISCUSSION. NO ONE WISHED TO TESTIFY. MS. HOLDEN ISSUES AND OPPORTUNITIES PRESENTATION, INCLUDING DISCUSSION OF SB 1145 IMPLEMENTATION, UNIFIED SUBSTANCE ABUSE STRATEGY, STATE FUNDING ALLOCATION, CBAC RECOMMENDATIONS AND RESPONSE TO BOARD QUESTIONS. MIKE SANTONE ALTERNATIVE COMMUNITY SERVICE PROGRAM EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. ALL DEPARTMENTS STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (43) AT THE CONCLUSION OF THE BOARD'S BUDGET PROCESS, PROVIDE THE BOARD AND YOUR DEPARTMENTAL CBAC WITH RESPONSES TO THE CBAC RECOMMENDATIONS THAT WERE ADDRESSED BY BOARD ACTION; DEPARTMENT OF ENVIRONMENTAL SERVICES STAFF TO

PROVIDE FOLLOW UP INFORMATION REGARDING (44) REVIEW THE METRO RECYCLING PROGRAM FOR THE BOARD AND DISCUSS THE PROS AND CONS OF ADOPTING IT; DEPARTMENT OF COMMUNITY CORRECTIONS STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (45) DISCUSS THE CBAC RECOMMENDATION ABOUT SITING ISSUES. INCLUDE IN THIS DISCUSSION A REVIEW OF THE PROCESS UNDER WAY TO DEVELOP A SITING POLICY FOR THE BOARD TO CONSIDER. ALSO INCLUDE IN THIS DISCUSSION, HOW TO SEQUENCE COMMUNITY REVIEW PRIOR TO SITING WITH THE NEED TO SEARCH FOR APPROPRIATE FACILITIES, AND POSSIBLE MITIGATION ACTIVITIES USING WORK CREWS THAT MIGHT MAKE SITING MORE ATTRACTIVE; (46) DISCUSS THE QUESTION OF WHETHER TO USE SB 1145 FUNDING OR GENERAL FUND TO PAY FOR SUBSTANCE ABUSE CONTRACTOR TRAINING; (47) DISCUSS THE IMPLICATIONS OF AMENDMENT DCC 2 TRANSFERRING THE EVALUATION COMPONENT (ADDRESSING PROGRAM EFFECTIVENESS) OF SUBSTANCE ABUSE CONTRACTS FROM COMMUNITY CORRECTIONS TO DCFS/BEHAVIORAL HEALTH; (48) PROPOSE A WAY FOR PO'S TO EVALUATE THE EFFECTIVENESS OF ADDING CORRECTIONS TECHS; (49) DISCUSS THE RELATIVE COST/BENEFIT OF ADDING 5 OR 10 ADDITIONAL WORK CREWS (AMENDMENTS DCC 3a AND DCC 3b). INCLUDE IN THIS DISCUSSION THE USE OF SHERIFF'S OFFICE WORK CREWS. ALSO INCLUDE A PRIORITIZATION OF THE KINDS OF WORK CREW PARTICIPANTS, BOTH IN THE CURRENT SYSTEM AND IF EITHER OF THE AMENDMENTS IS APPROVED; (50) REVIEW THE STATUS OF CHARGING FOR URINALYSIS TESTING; (51) SUMMARIZE AND COMMENT ON THE TIME STUDY COMPLETED BY THE STATE EARLIER THIS YEAR. COMMISSIONER KELLEY PROPOSED AMENDMENTS CFS/DCC 1 \$28,000 FOR SUBSTANCE ABUSE PROVIDERS TRAINING AND DCC 2 TRANSFER EVALUATION COMPONENT OF

**CONTRACTS TO DCFS/BEHAVIORAL HEALTH.
COMMISSIONER SALTZMAN PROPOSED
AMENDMENTS DCC 3a INCREASE WORK CREW
LEADERS TO 5 FTE AND DCC 3b INCREASE WORK
CREW LEADERS TO 10 FTE.**

*There being no further business, the hearing was adjourned at 11:02
a.m.*

Wednesday, May 22, 1996 - 2:00 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

*Chair Beverly Stein convened the hearing at 2:05 p.m., with Vice-Chair
Dan Saltzman, Commissioners Sharron Kelley and Gary Hansen present, and
Commissioner Tanya Collier excused.*

PH-3 Department of Library Services Budget Overview, Highlights and Action
Plans. DLS Citizen Budget Advisory Committee Presentation.
Opportunity for Public Testimony on the Proposed 1996-97 Multnomah
County Budget. Issues and Opportunities. Board Questions and
Answers.

**GINNIE COOPER INTRODUCTIONS, DEPARTMENT
OVERVIEW PRESENTATION AND RESPONSE TO
BOARD QUESTIONS AND DISCUSSION. SUSAN
HATHAWAY-MARXER LIBRARY BOARD CBAC
PRESENTATION AND RECOMMENDATIONS.
MARY LU BAETKEY TESTIMONY IN SUPPORT OF
COOPERATIVE PROJECT WITH PARKROSE
SCHOOL AND LIBRARY BUDGET. NANCY JAMBOR
TESTIMONY IN SUPPORT OF EARLY CHILDHOOD
PROGRAMS AND SERVICES. GINNY SNODGRASS
TESTIMONY IN SUPPORT OF INSIGHTS TEEN
PROGRAM AND BORN TO READ PROGRAM. BOB
HAMEL TESTIMONY IN SUPPORT OF JUVENILE
JUSTICE OUTREACH PROGRAM WITH
MULTNOMAH EDUCATION SERVICE DISTRICT.
DEL HALL AND BOB HALL TESTIMONY IN
SUPPORT OF VOLUNTEER PROGRAM
PROMOTING BOOKS AND LIBRARY SERVICES TO**

THIRD GRADE CLASSES. STEVE FULMER TESTIMONY IN SUPPORT OF PROGRAMS WITH PORTLAND PUBLIC SCHOOLS, INCLUDING LANE MIDDLE SCHOOL AND BRENTWOOD-DARLINGTON PROJECT. MS. COOPER UPDATE ON SERVICES TO SCHOOLS AND CHILDREN. DONNA DENGEL UPDATE ON SERVICES TO FAMILY CHILDCARE PROVIDERS. ELLEN FADER DISCUSSION ON SERVICES TO INCARCERATED YOUTH. MS. FADER, MS. COOPER AND JEANNE GOODRICH RESPONSE TO BOARD QUESTIONS AND SUGGESTIONS. MS. GOODRICH TECHNOLOGY UPDATE AND DEMONSTRATION PRESENTATION AND RESPONSE TO BOARD QUESTIONS. DEPARTMENT OF LIBRARY SERVICES STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (52) DISCUSS THE POSSIBILITY OF ELECTRONICALLY LINKING PRIVATE SCHOOLS, SUCH AS OPEN MEADOWS, McCOY ACADEMY, ETC., TO THE LIBRARY WITH BOND PROCEEDS IN A WAY PARALLELING OUR PLANS FOR THE PUBLIC SCHOOLS; (54) PREPARE AN OVERVIEW OF PRACTICES BEING APPLIED OR CONSIDERED IN OTHER JURISDICTIONS THAT WILL CONTROL ACCESS TO OBJECTIONABLE MATERIALS ON THE INTERNET AND SUGGEST A PROCESS FOR THE BOARD TO DISCUSS THE ISSUE; (55) DISCUSS THE LIBRARY'S ROLE IN PROVIDING UNIVERSAL ACCESS TO ELECTRONIC INFORMATION AND PROCESS MADE AVAILABLE BY OTHER AGENCIES, E.G., THE STATE EMPLOYMENT DIVISION; (56) REPORT ON THE POSSIBILITIES OF HELPING TO STABILIZE THE WORK FORCE OF SCHOOL MEDIA SPECIALISTS THROUGH TEMPORARY HIRING OR SOME OTHER WAY OF UTILIZING THEM IN THE LIBRARY SYSTEM; (57) DESCRIBE THE PROCESS THE LIBRARY EXPECTS TO FOLLOW IN DECIDING WHICH CONSTRUCTION PROJECTS WILL BE DONE AT BRANCHES.

There being no further business, the hearing was adjourned at 3:54 p.m.

Thursday, May 23, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

REGULAR MEETING

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

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, THE CONSENT CALENDAR (ITEMS C-1 THROUGH C-4) WAS UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

- C-1 Appointment of Mary Cohorst to the REGIONAL STRATEGIES BOARD

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- C-2 RESOLUTION Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

RESOLUTION 96-94.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-3 CS 1-96/WRG 2-96 Report Hearings Officer Decision APPROVING, WITH CONDITIONS, Community Service and Willamette River Greenway Approval to Construct a Cellular Communication Facility Consisting of a 130 Foot Monopole Structure and Associated Facilities, on Property Located at 17622 NW ST HELENS HIGHWAY, PORTLAND
- C-4 Amendment 3 to Intergovernmental Agreement 302215 with the City of Fairview, Reflecting Cost Increase for Installation of Underground Utilities and Street Light Conduits Associated with the Seventh Street Extension Project

REGULAR AGENDA

PUBLIC COMMENT

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

NO ONE WISHED TO COMMENT.

NON-DEPARTMENTAL

- R-2 PROCLAMATION Recognizing and Commending the Third and Fourth Grade Students of MARKHAM ELEMENTARY SCHOOL

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-2. FOLLOWING COMMISSIONER SALTZMAN'S PRESENTATION, INTRODUCTION, AND READING OF THE PROCLAMATION, THE BOARD ACKNOWLEDGED AND GREETED VISITING THIRD AND FOURTH GRADE MARKHAM STUDENTS. MARKHAM TEACHER MARY DEL RIO COMMENTS IN SUPPORT OF STUDENT'S SUCCESSFUL EFFORTS FOR REMOVAL OF JOE CAMEL BILLBOARD FROM SCHOOL. PROCLAMATION READ. MS. DEL RIO COMMENTS. ANN BLAKER OF AMERICAN CANCER SOCIETY PRESENTATION OF MULTNOMAH COUNTY TOBACCO CONTROL COALITION ACTION AWARD CERTIFICATE OF APPRECIATION TO THE MARKHAM STUDENTS AND COMMENDATION OF THE EFFORTS OF MS. DEL RIO. PROCLAMATION 96-95 UNANIMOUSLY APPROVED.

AT THE REQUEST OF CHAIR STEIN AND UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER KELLEY, CONSIDERATION OF THE FOLLOWING ITEM WAS UNANIMOUSLY APPROVED.

- UC-1 PROCLAMATION Proclaiming June 1, 1996 as STAND FOR CHILDREN DAY in Multnomah County, Oregon

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF UC-1. DAVID LEVINE OF THE OREGON CHILDREN'S FOUNDATION AND RICK NITTI OF THE MULTNOMAH COMMISSION ON CHILDREN AND FAMILIES AND CHILDREN FIRST PRESENTATION, EXPLANATION OF PLANNED ACTIVITIES AND COMMENTS IN SUPPORT. CHAIR STEIN ADVISED THE PROCLAMATION ALSO CONTAINS ENDORSEMENT OF THE MARCH FOR SCHOOL FUNDING OCCURRING ON JUNE 1 AS WELL. PROCLAMATION READ. PROCLAMATION 96-96 UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-10 Multnomah County Board Comments and Direction to Metro Policy Advisory Committee Representative Concerning the Metro Urban Growth Management Functional Plan (2040 Phase 1)

CHAIR STEIN MOVED R-10 FORWARD TO ACCOMMODATE METRO EXECUTIVE MIKE BURTON'S SCHEDULE. COMMISSIONER SALTZMAN, SCOTT PEMBLE AND MIKE BURTON PRESENTATION. MR. PEMBLE, MR. BURTON AND MARK TURPEL RESPONSE TO BOARD QUESTIONS AND DISCUSSION. BOARD CONSENSUS THAT THE URBAN GROWTH BOUNDARY NOT BE EXTENDED. BOARD CONSENSUS THAT DES STAFF PREPARE FOR BOARD REVIEW, INTERGOVERNMENTAL AGREEMENTS WITH THE CITIES OF PORTLAND, GRESHAM AND TROUTDALE, REZONING THE ADJACENT UNINCORPORATED AREAS TO ACCOMMODATE HOUSING GROWTH, WHICH ADDRESSES ACCOUNTABILITY AND AFFORDABILITY. BOARD CONSENSUS THAT DES STAFF PREPARE AN ANNEXATION ANALYSIS FOR BOARD REVIEW.

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

R-3 Request for Review and Approval of the Consolidated Plan, 1996-1997 Action Plan of the City of Portland, City of Gresham, and Multnomah

County, to be Submitted to the U.S. Department of Housing and Urban Development, Applying for Community Development Block Grant and HOME Investment Partnership Program Funds

JANET HAWKINS EXPLANATION. UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, RESOLUTION 96-97 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF HEALTH

R-4 NOTICE OF INTENT to Respond to a Request for Proposals from the Metropolitan Service District for Illegal Dumpsite Cleanup in Unincorporated Areas Within Multnomah County

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-4. PETER DeCHANT EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION REGARDING POSSIBLE USE OF DCC WORK CREWS FOR DUMPSITE CLEANUP. NOTICE OF INTENT UNANIMOUSLY APPROVED.

R-5 NOTICE OF INTENT to Respond to a Program Announcement from the National Institute on Drug Abuse to Continue and Evaluate the Northeast Health Center Linkage Project that Provides Substance Abuse Services to Primary Care Clients

COMMISSIONER HANSEN MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-5. DAVE HOUGHTON EXPLANATION AND RESPONSE TO COMMISSIONER HANSEN'S COMMENTS IN SUPPORT. NOTICE OF INTENT UNANIMOUSLY APPROVED.

DEPARTMENT OF SUPPORT SERVICES

R-6 First Reading and Possible Adoption of an ORDINANCE Amending Multnomah County Code Chapter 3.11, Relating to Charitable Fundraising on County Premises, by Changing the Membership of the Campaign Management Council, the Certification Criteria, and Declaring an Emergency

ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF FIRST READING AND ADOPTION. KAREN RHEIN AND JIM STEGMILLER EXPLANATION AND RESPONSE TO BOARD QUESTIONS. MICHAEL MAY OF LOCAL INDEPENDENT CHARITIES OF AMERICA TESTIMONY REQUESTING THE CAMPAIGN NOT BE LIMITED TO SIX FUNDS OR FEDERATIONS AND INCLUSION OF INDEPENDENT CHARITIES OF AMERICA, AND RESPONSE TO BOARD QUESTIONS. MR. STEGMILLER AND MS. RHEIN RESPONSE TO BOARD QUESTIONS, ADVISING THE VOLUNTEER COUNCIL CANNOT HANDLE MORE THAN SIX FUNDS; THAT THROUGH UNITED WAY AND BLACK UNITED FUNDS, EMPLOYEES CAN GIVE TO OTHER ORGANIZATIONS NOT LISTED IN COUNTY BROCHURES; AND THAT THE SYSTEM HAS BEEN SET UP SO THAT NEXT YEAR ANYONE CAN APPLY. BOARD COMMENTS. ORDINANCE 854 UNANIMOUSLY APPROVED.

R-7 Budget Modification DSS 3 Requesting Authorization to Reclassify Two Word Processing Operator Positions to Senior Word Processing Operator

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-7. CURTIS SMITH EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-8 Intergovernmental Agreement 301616 with the City of Fairview for Needed Waterline Improvements for the NE Glisan Street Contract

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-8. JOHN DORST EXPLANATION OF ITEMS R-8 AND R-9. AGREEMENT UNANIMOUSLY APPROVED.

R-9 Intergovernmental Agreement 301606 with the City of Wood Village for Needed Waterline Improvements for the NE Glisan Street Contract

UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER KELLEY, R-9 WAS UNANIMOUSLY APPROVED.

The regular meeting was adjourned at 11:05 a.m. and the briefing convened at 11:14 a.m.

Thursday, May 23, 1996 - 11:15 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BOARD BRIEFING

B-1 Multnomah Commission on Children and Families Retreat Update and Future Direction. Presented by Carol Wire, Dianne Iverson and Gloria Muzquiz.

BOARD GREETED LARRY NOVELL FROM UNITED WAY. CAROL WIRE INTRODUCED SAMUEL HENRY, RICK NITTI, DIANNE IVERSON, GLORIA MUZQUIZ AND BONNIE ROSATTI. LARRY NOVELL, CAROL WIRE, SAMUEL HENRY PRESENTATIONS AND RESPONSE TO BOARD QUESTIONS, SUGGESTIONS AND DISCUSSION.

There being no further business, the briefing was adjourned at 12:25 p.m.

Thursday, May 23, 1996 - 1:30 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

Chair Beverly Stein convened the meeting at 1:35 p.m., with Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present, and Vice-Chair Dan Saltzman arriving at 1:36 p.m.

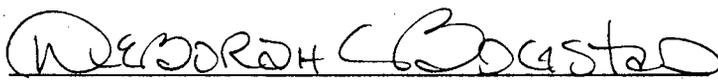
Multnomah County Sheriff's Office Budget Overview, Highlights and Action Plans. MCSO Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

SHERIFF DAN NOELLE DEPARTMENT OVERVIEW, MISSION, VALUE STATEMENTS, RECENT ACCOMPLISHMENTS, 1994-1995 MCSO BIENNIAL REPORT AND ADDITIONAL BUDGET NEEDS PRESENTATION AND RESPONSE TO BOARD QUESTIONS. GEORGE KELLEY CBAC RECOMMENDATIONS PRESENTATION. NO ONE WISHED TO TESTIFY. CHAIR STEIN REFERRED BOARD TO BARRY CROOK MEMO. SHERIFF NOELLE DISCUSSION OF GRESHAM TEMPORARY HOLDING FACILITY AND RESPONSE TO BOARD QUESTIONS. LARRY AAB REORGANIZATION OF LAW ENFORCEMENT DIVISION UPDATE. SHERIFF NOELLE RECRUITMENT OF MINORITY AND BILINGUAL HIRING DISCUSSION. DAVE WARREN AND SHERIFF NOELLE RESPONSE TO BOARD QUESTIONS AND DISCUSSION. SHERIFF NOELLE JAIL ACCREDITATION DISCUSSION AND RESPONSE TO BOARD QUESTIONS. SHERIFF NOELLE PUBLIC SAFETY LEVY AND SB 1145 UPDATE AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. DAN OLDHAM SITING COMMITTEE UPDATE AND RESPONSE TO BOARD QUESTIONS, SUGGESTIONS AND DISCUSSION. SHERIFF'S OFFICE STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (58) EXPLORE THE POTENTIAL FOR "GROWING" LOCAL CANDIDATES FOR HIRING AS CORRECTIONS DEPUTIES RATHER THAN OR IN ADDITION TO RECRUITMENT OUT OF THE AREA; (59) REVIEW THE PROS AND CONS OF THE DECISION TO FOREGO ACCREDITATION OF FACILITIES, INCLUDING THE THOUGHTS OF COUNTY COUNSEL IN THE RESPONSE, AND ADDRESSING THE QUESTION OF THE POSSIBLE IMPACT ON FEDERAL OR STATE FUNDING; (60) DISCUSS THE POSSIBLE OVERTIME COST IMPLICATIONS OF THE REMODELING PROJECTS THAT WILL BE

DONE WITH BOND FUNDING AT THE JUSTICE CENTER; (61) REVIEW THE PROPOSAL TO SUBSTITUTE EDUCATIONAL PROGRAMS FOR TELEVISION IN MODULES OF THE JAIL FACILITIES; (62) DISCUSS THE STATUS OF WIRING FOR CABLE TV IN THE VARIOUS JAIL FACILITIES AND WAYS TO PAY FOR MAKING IT POSSIBLE TO SHOW SELECTED PROGRAMMING IN EACH OF THEM; LABOR RELATIONS STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (63) DISCUSS THE IMPLICATIONS OF DEFINING THE DUTIES OF CORRECTIONS DEPUTIES TO INCLUDE PRESENTATION OF EDUCATIONAL PROGRAMS TO INMATES; BOARD OF COMMISSIONERS TO (64) CONSIDER THE POSSIBILITY OF ROLLING THE SPECIAL LEVIES APPROVED AT THE PRIMARY INTO THE COUNTY TAX BASE IN NOVEMBER, 1996. COMMISSIONER KELLEY PROPOSED AMENDMENTS SO 1 \$108,000 FOR GRESHAM HOLDING FACILITY; SO 2 RESERVE \$50,000 IN CONTINGENCY FOR EVALUATION OF BOOKING; SO 3 RESERVE \$50,000 IN CONTINGENCY FOR PROGRAMS IN LIEU OF TV IN JAIL; SO 4 \$95,000 FOR SCHEDULING UNIT; SO 5 \$61,000 FOR MATRIX UNIT; SO 6 \$208,000 FOR FLEET NEEDS; SO 7 \$69,000 FOR UNFUNDED MANDATES; COMMISSIONER COLLIER PROPOSED AMENDMENT SO 8 \$100,000 (WITHIN LEVY) FOR RECRUITMENT; COMMISSIONER HANSEN PROPOSED AMENDMENT SO 9 \$40,000 FOR SPANISH IMMERSION PROGRAM (WITHOUT HAVING STAFF LEAVE THE COUNTRY).

There being no further business, the hearing was adjourned at 3:15 p.m.

OFFICE OF THE BOARD CLERK
FOR MULTNOMAH COUNTY, OREGON


Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 SW FIFTH AVENUE
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BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN ▪ CHAIR •248-3308
DAN SALTZMAN ▪ DISTRICT 1 • 248-5220
GARY HANSEN ▪ DISTRICT 2 •248-5219
TANYA COLLIER ▪ DISTRICT 3 •248-5217
SHARRON KELLEY ▪ DISTRICT 4 •248-5213

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS FOR THE WEEK OF

MAY 20, 1996 - MAY 24, 1996

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Tuesday, May 21, 1996 - 3:30 PM - Executive Session.....Page 2

Wednesday, May 22, 1996 - 9:30 AM - DCC Budget HearingPage 2

Wednesday, May 22, 1996 - 2:00 PM - DLS Budget HearingPage 3

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

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

Friday, 10:00 PM, Channel 30

Sunday, 1:00 PM, Channel 30

Produced through Multnomah Community Television

AN EQUAL OPPORTUNITY EMPLOYER

Tuesday, May 21, 1996 - 1:30 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

PH-1 Department of Juvenile Justice Services Budget Overview, Highlights and Action Plans. DJJS Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers. 2 HOURS REQUESTED

Tuesday, May 21, 1996 - 3:30 PM
(OR IMMEDIATELY FOLLOWING BUDGET HEARING)
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

EXECUTIVE SESSION

E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(d) for Labor Negotiator Consultation Concerning Labor Negotiations with the Multnomah County Deputy Sheriff's Association. Presented by Darrell Murray. 45 MINUTES REQUESTED.

Wednesday, May 22, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

PH-2 Department of Community Corrections Budget Overview, Highlights and Action Plans. DCC Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers. 2 HOURS REQUESTED

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PH-3 Department of Library Services Budget Overview, Highlights and Action Plans. DLS Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers. 2 HOURS REQUESTED

Thursday, May 23, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

REGULAR MEETING

CONSENT CALENDAR

NON-DEPARTMENTAL

C-1 Appointment of Mary Cohorst to the REGIONAL STRATEGIES BOARD

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

C-2 RESOLUTION Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

DEPARTMENT OF ENVIRONMENTAL SERVICES

C-3 CS 1-96/WRG 2-96 Report Hearings Officer Decision APPROVING, WITH CONDITIONS, Community Service and Willamette River Greenway Approval to Construct a Cellular Communication Facility Consisting of a 130 Foot Monopole Structure and Associated Facilities, on Property Located at 17622 NW ST HELENS HIGHWAY, PORTLAND

C-4 Amendment 3 to Intergovernmental Agreement 302215 with the City of Fairview, Reflecting Cost Increase for Installation of Underground Utilities and Street Light Conduits Associated with the Seventh Street Extension Project

REGULAR AGENDA

PUBLIC COMMENT

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

NON-DEPARTMENTAL

- R-2 *PROCLAMATION Recognizing and Commending the Third and Fourth Grade Students of MARKHAM ELEMENTARY SCHOOL*

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- R-3 *Request for Review and Approval of the Consolidated Plan, 1996-1997 Action Plan of the City of Portland, City of Gresham, and Multnomah County, to be Submitted to the U.S. Department of Housing and Urban Development, Applying for Community Development Block Grant and HOME Investment Partnership Program Funds*

DEPARTMENT OF HEALTH

- R-4 *NOTICE OF INTENT to Respond to a Request for Proposals from the Metropolitan Service District for Illegal Dumpsite Cleanup in Unincorporated Areas Within Multnomah County*
- R-5 *NOTICE OF INTENT to Respond to a Program Announcement from the National Institute on Drug Abuse to Continue and Evaluate the Northeast Health Center Linkage Project that Provides Substance Abuse Services to Primary Care Clients*

DEPARTMENT OF SUPPORT SERVICES

- R-6 *First Reading and Possible Adoption of an ORDINANCE Amending Multnomah County Code Chapter 3.11, Relating to Charitable Fundraising on County Premises, by Changing the Membership of the Campaign Management Council, the Certification Criteria, and Declaring an Emergency*
- R-7 *Budget Modification DSS 3 Requesting Authorization to Reclassify Two Word Processing Operator Positions to Senior Word Processing Operator*

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-8 *Intergovernmental Agreement 301616 with the City of Fairview for Needed Waterline Improvements for the NE Glisan Street Contract*
- R-9 *Intergovernmental Agreement 301606 with the City of Wood Village for Needed Waterline Improvements for the NE Glisan Street Contract*
- R-10 *Multnomah County Board Comments and Direction to Metro Policy Advisory Committee Representative Concerning the Metro Urban Growth Management Functional Plan (2040 Phase 1) - **ONE HOUR REQUESTED***
-

Thursday, May 23, 1996 - 11:15 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BOARD BRIEFING

- B-1 *Multnomah Commission on Children and Families Retreat Update and Future Direction. Presented by Carol Wire, Dianne Iverson and Gloria Muzquiz. 45 MINUTES REQUESTED.*
-

Thursday, May 23, 1996 - 1:30 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

- PH-4 *Multnomah County Sheriff's Office Budget Overview, Highlights and Action Plans. MCSO Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers. 2 HOURS REQUESTED*

Meeting Date: May 23, 1996

Agenda No: B-1

(Above Space for Board Clerk's Use **ONLY**)

AGENDA PLACEMENT FORM

SUBJECT: Multnomah Commission on Children and Families Retreat

BOARD BRIEFING:

DATE REQUESTED: May 23, 1996

REQUESTED BY: Carol Wire

AMOUNT OF TIME NEEDED: 45 min.

REGULAR MEETING:

DATE REQUESTED:

AMOUNT OF TIME NEEDED:

DEPARTMENT: Nondepartmental

DIVISION: Multnomah Commission on Children and Families

CONTACT: Carol Wire, Director

TELEPHONE: 248-3899

BLDG/ROOM: 166/400

PERSON(S) MAKING PRESENTATION: Carol Wire, Director/ Dianne Iverson, Gloria Muzquiz

ACTION REQUESTED:

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

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if available):

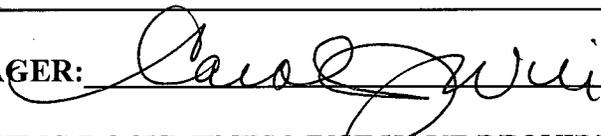
Multnomah Commission on Children and Families update on February 24th Retreat.

Attachment: Work Plan 1996-97

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

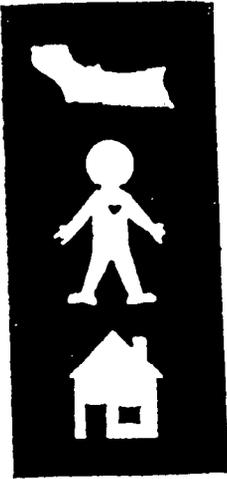
OR

DEPARTMENT MANAGER: 

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

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

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
96 MAY 15 PM 4:54



Multnomah Commission on Children and Families

Workplan 1996-97

The Multnomah Commission on Children and Families worked intensively from June, 1995 through February, 1996, to describe the major system changes required to implement "A Chosen Future for Children and Families in Multnomah County", the County's comprehensive plan.

The Commission previously identified eight system elements to examine for change: changing norms, community involvement, funding, information systems, close proximity centers, early assessment, planning and becoming a learning system. During its six months of internal planning, the Commission convened task groups on three of those system elements: changing norms, funding and planning. The workplan which follows evolved in a February retreat based on the work of those three task groups.

Planning

Build an effective, dynamic comprehensive plan by implementing a system of research- and evaluation-based community-wide planning for children and families. The planning system will blend many perspectives and will include both professional expertise and review through the Wellness Team and community-based planning through caring communities and other naturally existing groups.

The Commission will assume several roles in planning.

- Facilitate and produce the county's comprehensive plan for children and families.
- Design the infrastructure to support children and families: what are the directions, mechanisms and inter-relationships among major systems elements such as funding,

- Review completed plans in conjunction with the Wellness Team; extract policy recommendations from the plans and act on them ; incorporate approved plans into the comprehensive plan.
- Assume the role of providing access to information about planning and funding through an on-line planning service and a newsletter.
- Develop a mechanism to assure that evaluation informs planning and review progress towards benchmark achievement.

Advocacy

Advocacy is a key responsibility of the Commission. The citizens and the professionals who sit on the Commission become the active and tenacious community voice on behalf of children and their families. Their constituencies are many: parents, funders, providers, citizens, school boards, teachers, customers, county departments, elected officials including the legislature, state government, animal clubs, chambers of commerce, local school advisory committees and many more.

The Commission has outlined several tasks supporting its advocacy role.

- Create and deliver a "road show" describing the County's compelling vision for children and families and the values that circumscribe that vision. Include visuals such as a computer-generated presentation, brochures, and charts.
- Develop policy recommendations to the Board of County Commissioners supporting children and families; work with County Commissioners to develop congruence with their policies; advocate for those policies at every level.
- Develop a quick response system to address the media on critical issues.
- Educate the community about the value of funding following planning.
- Advocate for the implementation of the comprehensive plan at every level.
- Meet with neighborhood based groups to share with them the county's priorities and plans for children and families and to hear their interests and concerns.

Public Education

The Commission has a role in developing awareness among the citizenry of Multnomah County of the complexity of issues facing children and families in our community. Commissioners also have a role in articulating effective strategies to build wellness. Some current community norms do not support wellness and the Commission will undertake changing some of those norms.

- Use a public education campaign and other strategies to change one or more identified norms which are barriers to a healthy community.
- Work with businesses to build family-friendly policies. With neighboring counties, sponsor an awards event for businesses which have made significant progress in that direction.

Research and Data Analysis

The Commission wants to build a common understanding of and value for the need for change. In order to do that, Commissioners must be able to describe the current status of children and families.

- The Commission will seek to add value to the community's knowledge of its children and families by continuing to develop increasingly sophisticated research and data analysis.
- The Commission will continually refine a "children's budget" which describes all funding that comes into Multnomah County for children and families along age and risk continuums.
- The Commission will support research on best and emerging practices for planning.
- The Commission will seek evaluation data to inform its work.

Funding

The Commission plays several roles in funding. While having responsibility for allocation of several million dollars in state and federal funds, it also will play a role in building relationships among funders.

- Review Commission funding practices to assure that they are leveraging systems change and are supporting the implementation of the comprehensive plan; focus commission resources on Family Centers.
- Convene a Funders Council and work with funders to build collective ownership for and implementation of the comprehensive plan.
- Ask funders to consider system wide issues such as livable wages for contracted services to improve quality and retention rates for provider agencies.
- Develop opportunities for collaborative and leveraged funding.
- Explore the impact and opportunities of block grants. Advocate for, consider funding and track one or more pilot block grants in the community.
- Assure that MCCF funds impact and provide incentive for systems change.

- Build business investment in children and families.
- Fund facilitation and research to support planning.
- Fund and/or provide technical assistance and training to providers based on county priorities.

Advisory Boards

The County has a number of Advisory Boards with different and sometimes overlapping charges and statutory responsibilities. The Commission's task will be to involve all of those advisory bodies in the compelling vision for children and families.

- The Commission will build effective relationships with key advisory boards including the Local Public Safety Council, Community Action Commission, Leaders' Roundtable, Portland Multnomah Progress Board, Schools Systems and neighboring counties' Commissions on Children and Families.
- The Commission will convene and staff a Youth Advisory Council, which may become advisory to several organizations.

Evaluation

The Commission is committed to evaluating programs and systems that serve children and families in order to direct systems change more effectively.

Convene, in partnership with institutions of higher education, an Evaluation Research Advisory Council with professional evaluators to design and implement common program and system evaluations across the community.

Consumer Consultation

Basic to the Commission's work is the involvement and constant feedback from customers. They are at the center of the county's mission. The Commission will

- develop mechanisms to assure continuous consumer consultation and involvement.

Technical Assistance and Training

The Commission will assume the role of a clearinghouse for technical assistance and training.

- Provide technical assistance to county departments and non-profit service providers who are seeking grant funds consistent with the comprehensive plan.
- Coordinate training opportunities around services to children and families throughout the community; broadcast information about trainings.
- Support technical assistance which propels providers toward systems change and capacity building.

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**Multnomah Commission
on Children and Families**

HISTORY AND OBJECTIVES

What is the Commission on Children and Families?

On August 18, 1993, Governor Barbara Roberts signed House Bill 2004 into law committing the State of Oregon to a new approach to meeting the needs of children, youth and their families. HB 2004 established an eleven member State Commission on Children and Families to bring together under one organization the responsibility for supporting community efforts designed for children from birth to eighteen.

Based on the mandate provided by HB 2004, on December 16, 1993, the Multnomah County Board of Commissioners passed the Multnomah Commission on Children and Families Ordinance establishing the new Multnomah Commission on Children and Families. The Multnomah Commission on Children and Families is comprised of 18 committed volunteers appointed by the Chair of the Multnomah County Board.

What is the Mission of the Multnomah Commission on Children and Families?

The mission of the Multnomah Commission on Children and Families is to create and oversee the implementation of a plan which supports the development of each child and his or her family through each stage of life.

What are the responsibilities of the Multnomah Commission on Children and Families?

The role of the Multnomah Commission on children and Families is best be defined through six key responsibilities:

1. Establish policies in support of wellness, to guide and assist all community initiatives in Multnomah County which supports children, youth and their families.
2. Conduct a comprehensive, inclusive planning process for children , youth and their families in Multnomah County guided by a specific set of core values.
3. Make application for State of Oregon funds, and conduct an opening purchasing process for services purchased with those funds in pursuit of the goals of the comprehensive plan..
4. Oversee the planning and implementation of efforts designed to achieve specific state and county urgent benchmarks.
5. Review and comment on all planning initiatives that affect children, youth and their families in Multnomah County and call for planning in areas of unmet needs.
6. Advocate in the legislature, in local governments, in the media through public education on behalf of children, youth and their families in Multnomah County.

COMPREHENSIVE PLANNING PROCESS

The Multnomah Commission on Children and Families is responsible for creating a dynamic research- and evaluation-based comprehensive plan based on wellness for children throughout the county. The Commission recognizes that the success of this plan is dependent upon diverse and broad-based involvement from throughout the county. The Comprehensive Plan is created by three levels of planning.

- **Infrastructure planning** creates a framework for evaluating and, if necessary, changing community and major systems directions.
- **Systems delivery planning** focuses on a population or issue and examines how the community and its major delivery systems address that issue and identifies the gaps.
- **Program planning** develops program design and specifics, standards of services and implementation and evaluation plans.

The Multnomah Commission on Children and Families Comprehensive plan will include the following elements:

- A **definition of wellness**
- A **Community Mapping Process** which provides a picture of prevailing conditions
- A selection of core **Benchmarks** which provide measures on priority issues
- A selection of **Directions and Tools** which specify short term objectives and actions
- The identification of potential **Community Partners**
- The development of an **Evaluation Process**
- The development of the **Commission Budget**

CORE VALUES

- We value children, and their right to achieve their dreams.
- We value the safety and security of every child and every youth
- We value the family unit and consider it every child's first source for growth and support.
- We value loving, skillful parenting.
- We value the community as every family's primary source for growth and support.
- We value the healthy growth and development of children and youth as they progress through developmental stages in their own way and time.
- We value the inherent skills, strengths and capacities of every child, youth and family, and recognize these strengths as vital community resources.
- We value the perspective and opinions of young people.
- We value and embrace the diversity of the children, youth and families in our community, and the cultural wealth that enriches us all.
- We value equal opportunity, equal access, social justice and support for individual freedom.
- We value a community support system that encourages coordination and collaboration, makes the best use of available resources, identifies and develops new resources, and values its workers.
- We value results. We value efficiency, accountability and the ability to get tasks done.
- We value community opinions and an open and accessible process.
- We value all people and recognize that among individual children, youth and families there exist varying capabilities at different times and at different developmental stages.

BENCHMARKS

The Multnomah Commission on Children and Families has selected the following fifteen benchmarks as a way to measure our progress towards achieving wellness for our children and families.

EARLY CHILDHOOD

Meet developmental standards by kindergarten

Increase quality child care

Reduce drug affected babies

Increase prenatal care

PREVENTING VIOLENCE, ABUSE AND NEGLECT

Reduce child abuse and neglect

Reduce domestic violence

Reduce violence by and against children and youth

Reduce teen pregnancy

CAPABLE ADULTS AND FAMILIES

Reduce number of families living in poverty

Increase safe, stable housing

Increase number of families able to care for their own children

increase high school graduation

JUVENILE JUSTICE/CHILD WELFARE

Reduce Minority over-representation

Reduce juvenile crime

Reduce adolescents alcohol, drug and tobacco use

STRATEGIES

The following strategies have been identified by the Multnomah Commission on Children and Families as methods to assure progress towards achieving wellness:

- Research-based community generated comprehensive plan
- Funder's Council
- Funding leverage
- Evaluation Research Advisory Council
- Changing community norms
- Consumer consultation
- Legislative advocacy
- Youth Advisory Board
- Data and Research Analysis

The Structure of the Commission is set up for maximum efficiency in implementing the Comprehensive Plan and its strategies. The Commission accomplishes its work through the following committees:

- PLANNING
- EVALUATION
- EARLY DEVELOPMENT
- YOUTH DEVELOPMENT
- EXECUTIVE

WELLNESS DEFINITION

The Multnomah Commission on Children and Families defines “wellness” as the preservation of each child’s potential for physical, social, emotional, cognitive, and cultural development.

The Multnomah Commission on Children and Families has identified the following elements as crucial to the long-term support and development of wellness for children and families in our communities.

- Reinforcing the strengths that exist in a child’s family and environment
- Supporting the healthy growth and development
- Providing support to the child and family through all stages of development not just when problems arise.

The result we hope to achieve will be children who grow into responsible adults and productive citizens contributing to their community.

In evaluating the degree to which our services help individuals, families and communities achieve wellness, the Multnomah Commission on Children and Families seeks evidence that the following characteristics are present:

Basic individual and family needs are met
Individual and family strengths are supported
Environments for children ensure safety and health

Finally, the Commission believes that its investments are most likely to support wellness when services address:

- **the whole child and family, and**
- **the younger child** (affected by fewer influences)
- **all children and families, regardless of risk**
- **high and multiple risk populations, and**
- **children and families experiencing emerging problems**

MEMBERSHIP LIST

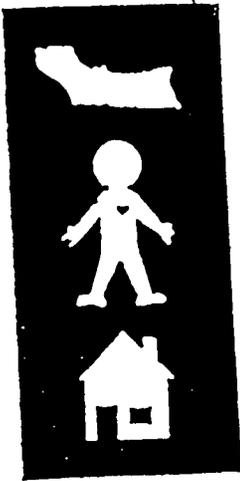
MULTNOMAH COMMISSION ON CHILDREN AND FAMILIES

Beverly Stein, Chair
Mark Rosenbaum, Vice Chair

Pauline Anderson
Lee Coleman
Jacki Cottingim
Steve Fulmer
Bernie Giusto
Muriel Goldman
Leslie Haines
Samuel Henry
Janet Kretzmeier

Kay Lowe
Sharon McCluskey
Thach Nguyen
Cornetta Smith
Luther Sturtevant
Maxine Thompson
Nan Waller
Duncan Wyse

Carol Wire, Director
Dianne Iverson, School Liaison
Gloria Múzquiz, Youth Policy and Planning Coordinator
Bonnie Rosatti, Administrative Assistant



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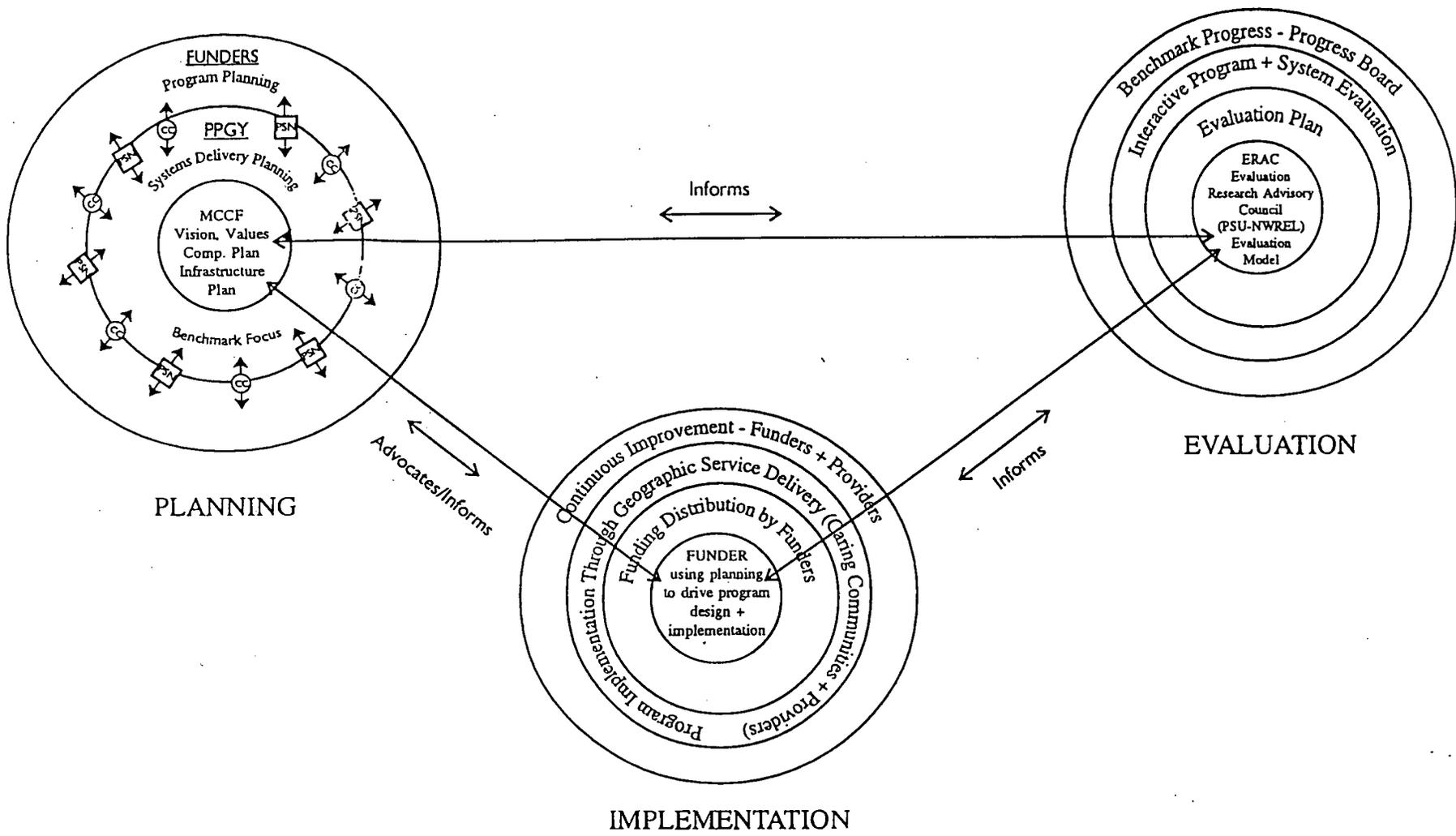
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PLANNING, IMPLEMENTATION AND EVALUATION RELATIONSHIPS



DRAFT

**What Are The Most Promising Approaches to
Financing Systems Reform In Multnomah County ?**

**a report to the
Multnomah Commission on Children and Families**

**developed by
The Funding Options Workgroup:**

**Mark Rosenbaum, Chair
Jackie Cottingim
Bernie Giusto
Samuel Henry
Dennis Morrow
Larry Norvell
Cornetta Smith
Lorenzo Poe
Duncan Wyse
Meganne Steele, Staff**

February 20, 1996

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Current Conditions	2
Workgroup Charge & Scope of Work	3
Vision & Strategies	4
Findings & Recommendations	5

Executive Summary

The Funding Options Workgroup of the Multnomah Commission on Children and Families evaluated a variety of alternatives for reform of financing systems for services to children and their families. A vision and strategies for financing systems change were developed. Current conditions in financing systems were reviewed and promising opportunities for reforming financing systems were identified.

The vision for financing systems change has three elements:

- ◆ success is rewarded
- ◆ red tape is cut
- ◆ services integration is supported

The strategies for financing systems change have five elements:

- ◆ exert influence when systems are in flux
- ◆ follow the money
- ◆ work with existing systems
- ◆ don't count on new money
- ◆ promote private / public collaboration

The most promising opportunities for financing systems change were identified:

- ◆ supporting comprehensive block-granting to provider-level agencies within Multnomah County, at least on a pilot basis
- ◆ striving to influence the States' decisions in allocating new federal block-grant funds and in its role in program design/oversight
- ◆ continuing evaluation of flexible funding approaches and considering expansion beyond the current program efforts in County and State agencies

The provision of incentives for information systems development was considered very important to support improved decision-making, case-management and cost-effectiveness in service delivery. To achieve improvements in information services capacity, the workgroup recommends promoting a culture-change about the appropriateness of such infrastructure investment combined with a several year phase-in of requirements for minimum capacity. While this is not a financing system change as such, it will build capacity for improvements in financing systems.

Current Conditions

Weaknesses in Current Financing Systems

- ◆ Current system is not focused on results but measures itself through process and procedure.
- ◆ Duplication of services and administrative expenses occurs in the current fragmented system.
- ◆ Problems or concerns are treated as individual-based in the current overly categorical system, not viewed holistically in the context of family, neighborhood and community.
- ◆ Expensive "back-end " services are emphasized at the expense of long-term prevention programs necessary to change results.
- ◆ The current systems is too "top-down", not allowing communities the flexibility to determine their own needs, and not fostering consumer involvement and collaborative efforts to find solutions to improve outcomes.
- ◆ Costs of bad outcomes are not internalized within financing systems
- ◆ Clients are faced with different eligibility requirements for different programs, at different locations, etc.
- ◆ Unintended and undesirable incentives exist at the system-wide level

Profile of Spending for Services to Children and Families

[transmitted as separate document]

Workgroup Charge & Scope of Work

Charge [as revised in October 1995]

- a) Research and analyze the advantages, disadvantages and feasibility of alternative approaches to reform of financing systems for services to children and their families.
- b) Provide a profile of spending by major funders of services to children and families, comparing investment in prevention efforts to costs of remediation services.
- c) Prepare a brief report, executive summary and recommendations for consideration by the Multnomah Commission on Children and Families in February 1996.

Scope of Work :

The workgroup agreed to evaluate each of the following approaches to financing system reform:

1. Block Grants [Decategorization]
2. Flexible Funding
3. Outcome - based budgeting
4. Cross-system decision-making bodies
5. Managed Care
6. Financial incentives for services integration
7. Linking education with human services
8. Individual Development Accounts

Vision & Strategies

Financing Systems Should Support the MCCF Vision:

A county in which each child realizes and reaches full potential with support of a family, neighborhood and community which protects, values, nurtures, and encourages the child to adulthood.

Vision for Financing Systems Change

1. Success is Rewarded -- When individuals and/or programs succeed in reducing the need for remediation services, or reduce the cost of providing such services, the dollars saved may be reinvested in prevention or earlier intervention services. Unintended disincentives to self-sufficiency and success are eliminated. In addition, the organizations are rewarded for efficiency improvements, including streamlining systems and improving information technology.

2. Red Tape is Cut -- There is less duplication of work as roles and responsibilities are redefined in intergovernmental systems to shift program design responsibility towards the provider level and as accountability systems focus on success in reaching measurable outcomes.

3. Services Integration is Supported - Funding is decategorized and decision-making responsibility moves closer to the case-manager and client level, allowing a more holistic and adaptive approach to services delivery.

Strategies for System Change

- ◆ **Exert influence while systems are in flux** - note where the stakeholders have already committed to change and become involved in shaping the change, i.e. block grants
- ◆ **Follow the money** - work first with major funders/providers; look for savings in costly services, i.e. high-intensity remediation services
- ◆ **Work with existing systems** - promote collaboration and redefinition of roles/responsibilities among existing organizations rather than creating new entities
- ◆ **Don't expect governmental funding for new services** - the challenge is to change systems for allocating current funding
- ◆ **Promote private / public collaboration**

Findings & Recommendations

1. Block Grants [Decategorization]

Decategorization is the merging of intergovernmental funding previously provided through separate categorical programs, usually from federal to state or local levels for broadly defined program purposes. "Block grants" are the common vehicle for decategorized funding. Program design and eligibility rules become the purview of the state/local level agency. Historically, there is a pattern of few restrictions initially with more restrictions over time.

Advantages

- ◆ program planning and design occurs at the State/local level -- and is more apt to be suited to local conditions/needs
- ◆ funding may be more family-centered, less deficit oriented
- ◆ program strategies and approaches may be changed more quickly based upon what works
- ◆ Overhead costs of tracking separate funding streams are reduced
- ◆ Access to programs may be eased due to the elimination of conflicting eligibility requirements, etc.
- ◆ Program monitoring may be more effective because of geographic proximity --- shift to outcomes accountability may result

Disadvantages

- ◆ categorical programs protect client groups who need special support
- ◆ categorical programs facilitate advocacy on behalf of specific programs and beneficiary groups, and thereby may increase funding for services to children and families
- ◆ funding cuts have typically come with decategorization

Issues & Opportunities for Multnomah County

- ◆ The SE Impact pilot project for block-granting from the County to a geographically focused provider is promising: the workgroup encourages the County to move boldly in this pilot and to take a comprehensive approach in block-granting of all funds to the agency.
- ◆ The workgroup recommends that the MCCF strive to influence the State block grant allocations by leading collaborative planning within Multnomah County.

2. Flexible Funding

Flexible Funding is a fee for service approach which is typically allocated upon recommendation from a case manager, or team, to provide funding for services/needs as “wrap-around services” to support the needs of the child and family.

Advantages

- ◆ money follows the child and family
- ◆ range of services can be larger and more flexible : provides a way to fill gaps in the formal program/service delivery systems
- ◆ the use of funds is controlled by case managers / teams who best know child’s needs and the relative cost-effectiveness of various service options
- ◆ allows rapid response to ineffective service providers [i.e. stop using them]

Disadvantages

- ◆ does not given provider agencies the predictable, reliable funding base which may be needed to ensure payroll can be met
- ◆ cash flow difficulties may develop for smaller agencies since this is a reimbursement, not advance, payment system
- ◆ the diverse use of funds makes it difficult to attribute clear results/outcomes
- ◆ as multiple programs are initiated, the use guidelines may need to be coordinated to prevent abuse

Issues and Opportunities for Multnomah County

- ◆ Flexible fund programs underway for Juvenile Justice Services. Level 7 and Services to Children and Families programs are promising: the workgroup suggests that more research is warranted because consideration should be given to expanding this type of funding strategy.

3. Outcome - based budgeting; and

4. Cross-system decision - making bodies

At a conceptual level, outcome-based budgeting means thinking first and foremost about the potential long-term benefits of resource allocation choices -- ideally with a strategic focus on a limited set of high priority goals such as benchmarks. Multnomah County reportedly leads the way in the nation in linking such processes with annual budgeting efforts. This appears to be a promising tool for cross sector decision-making bodies. Cross-sector decision-making bodies may be purely collaborative, information sharing groups or they may actually pool funds for allocation.

Advantages

- ◆ the Portland/Multnomah Progress Board's urgent benchmarks offer an excellent focus and framework
- ◆ in a time of federal/state funding cut-backs, collaborative budgeting around outcomes could reducing "in-fighting" for block grant funds
- ◆ this is core to the mission of the MCCF

Disadvantages

- ◆ these are theoretic approaches -- "scale" of effort has not been achieved anywhere
- ◆ the collaborative nature of most of these efforts begs the hard win/lose issues in structural change
- ◆ in Multnomah County, there is not one leadership group which has overcome the large barriers of distrust between east-county communities and Portland and between service/government organizations
- ◆ there are a myriad of practical issues regarding the financial management of pooled funds

Issues and Opportunities for Multnomah County

- ◆ the workgroup felt that existing "turf" related barriers are very strong -- and that it would not be fruitful to make outcome-based or cross-sectional budgeting a focal strategy for system change

5. Capitation / Managed Care

Capitation is an approach to funding under which a set dollar amount is allocated for each person/family recognized as eligible for service from a provider, and that amount is paid monthly to the provider regardless of actual services provided or costs incurred. Managed care defines a system of care delivery, using capitation, which determines the specific services available to the enrollee. The target populations for a managed care system are traditionally related to sets of services [such as Health Care or Mental Health Services]; however, Chair Stein has conceived of a geographically defined, neighborhood level model for capitation of wellness and family support services.

Neighborhood Level capitation would be a managed care system model for services to support children and families on a neighborhood basis. Rates are set based upon need, but there would be no penalty for success. Families would get a "Multnomah Family Plan" card and the management of the care system within neighborhoods would be through a local citizen group.

Advantages

- ◆ creates incentives to invest in prevention and early intervention
- ◆ allows provision of wrap-around services for clients
- ◆ if individuals/families have the choice to enroll in different systems, then the organizations have incentives to respond to consumer preferences

Disadvantages

- ◆ the mobility of enrollees between managed care providers undermines the theoretical incentives to invest in prevention and early intervention
- ◆ as a non-profit model, there is no institutional "check and balance" on the system of the type which the employers/businesses provide in the medical for-profit system model: clients are on their own with the managed care orgs.
- ◆ under-funding of services may not be apparent if services are denied at the case manager level; this is a common cost-control method
- ◆ under-funding and price competition create short-term decision horizons and can make investment in prevention and early intervention impossible even if it is theoretically wise in the long-term
- ◆ for neighborhood level capitation, a new governance structure for priority-setting and budgeting would need to be established
- ◆ it is unclear how geographically-based systems and specialized service systems would relate

Issues / Opportunities for Multnomah County

- ◆ the workgroup saw the neighborhood capitation model as promising but an overly ambitious goal for the next seven years; the feasibility of such a shift should be revisited in several years as we gain experience with capitation of behavioral care

6. Financial incentives for services integration

Two types of financial incentives for services integration were reviewed with the workgroup: 1) revenue bond financing for collocated facilities; and 2) incentives/subsidies for information systems to integrate client data bases or to coordinate case management practices.

Issues and Opportunities for Multnomah County

Multnomah County's proposed policies on revenue bond financing for collocated facilities are under a separate process of public review. The workgroup saw the approach as promising, but limited in its value because of scope and cost.

The incentives for information systems were considered important but not really a financing systems change. The workgroup suggested that providers be required to demonstrate a minimum acceptable level of information systems capacity for eligibility to contract with Multnomah County. It was understood that a culture change is needed to consider such infrastructure investment as appropriate and necessary -- and that several years should be allowed to phase in such requirements.

7. Linking education with human services

With discussion, the workgroup considers this a delivery system strategy, rather than a financing systems change.

8. Individual Development Accounts

Individual Development Accounts [IDA's] provide way for low income persons to accumulate a cash savings for future investment in their "human capital" and thereby promotes a long range view of individual potential and development. IDA's are optional, earnings bearing, tax-benefited accounts established in the name of each individual. They may be initiated as early as birth and are restricted to designated purposes which support movement from poverty, such as education, job training, business start -up and home ownership. Oregon law has enabling provisions for tax benefited IDA's but the program has not been funded.

Disadvantages

- ◆ people may not be prepared, or be perceived to be prepared, to make "good choices" for investment in their future
- ◆ requires a combination of public and private investment: tax expenditures through exemptions and the cash investment/ match from a private source
- ◆ currently at the demonstration/ start-up stage

Advantages

- ◆ addresses fundamental barrier to escape from the cycle of poverty
- ◆ shifts the system to a client-centered base of control
- ◆ extends individuals world view to a longer-term future

Issues and Opportunities for Multnomah County

- ◆ Use of IDA's is very promising as a program strategy, but it is not a financing system change -- it is a different social welfare model. Some form of IDA's could be very promising as enhancements as mentor-model programs, such as I Have a Dream.

Changing Norms

1. **Current Norm--Violence is glamorized and is an acceptable way of solving problems.**
2. **Wellness Based Norm--Non- violent methods of solving problems are respected and accepted.**
3. **Who else is working on this norm?**
 - a. Cease-fire Oregon, Jean Morton, key contact person. Grassroots campaign--organization formed in 1993 to reduce gun violence. Includes voluntary turn in of firearms; promotes education programs about gun violence. Sponsored by Ecumenical Council of Oregon and strongly supported by Chief of Police Moose.
 - b. Oregon Health Division. Joan Krahmer, key contact person. Devotes section in its comprehensive notebook to Firearms. Places Ceasefire Oregon brochures in its clinics county-wide.
 - c. Sharon Kitzhaber/ Child Fatality Teams
 - d. Caring Communities
 - e. GRIT (Girls gang intervention)
 - f. GIFT (GANG intervention)
 - g. schools
 - h. providers as a group
 - i. County Health
 - j. Oregonians against gun-violence
 - k. Children's First
4. **What are some policies at the local, state, or federal level that would address this norm?**
 - a. Recent policy of Portland Police department to use bean bags as a option in certain cases.
5. **What is the current attitude that needs to be changed concerning this norm?**
 - a. The community can afford violence, and the problem of violence can't be solved.
6. **What strategies for changing this norm could be initiated that would bring people together, rather than divide them?**
 - a. Conflict resolution at all levels throughout the community.
 - b. Promote a forum in schools or community centers for verbalizing disputes and diffusing anger-without violence.
 - c. Support educatrional programs focusing on the devastating events that result from possession of firearms.
 - d. Assist schools in developing family friendly policies.
 - e. Encourage parent and childcare workers to discourage hitting with youngest children.
 - f. Create incentives for certain sectors of society to support wellness norms. (Current example in the insurance industry is lower insurance rates if you don't smoke.)
7. **Should the MCCF play a lead role in this norm? (Or should it support another organization's effort) (Or should the MCCF play a lead role at a later date for this norm?)**
 - a. At this time a member of the MCCF should support and collaborate with Cease Fire Oregon.
8. **Miscellaneous information about this norm. (Statistics etc.)**

Changing Norms

1. **Current Norm--Workplaces are not responsible for supporting family life.**
2. **Wellness Based Norm--All businesses value families and make accommodations for them in the work place.**
3. **Who else is working on this norm?**
 - a. Businesses for Social Responsibility, Betsy Bernstein, key contact. Encourages and works with businesses which focus on family values, progressive work place practices.
 - b. Pro Tem Services, Jo Rhymer, CEO, key contact person. She is developing a foundation for mentoring, coaching teen mothers (welfare) Aim of foundation would be businesses training these mothers on the job.
 - c. Oregon Business Magazine. Key contact person, Kathy Dimond, editor. Magazine annually publishes list of 100 best companies to work for in Oregon, based on family friendly and culturally favorable practices in the work place.
4. **What are some policies at the local, state, or federal level that would address this norm?**
 - a. Federal policy: government give tax breaks to companies which provide on-site day care.
5. **What is the current attitude that needs to be changed concerning this norm?**
 - a. The bottom-line are higher priority than employee well-being and participation in community.
 - b. Lay-off and downsizing reflect efficiency of the company. Resulting economic impact on community is unrelated to the company's future. A recent study shows downsizing and cost-cutting can adversely affect a company's future.
6. **What strategies for changing this norm could be initiated that would bring people together, rather than divide them?**
 - a. Relationships between employees and employers could be improved by more job security, flexible hours, leave time, and innovative approaches to child and elder care.
 - b. Institute a yearly awards event to recognize businesses which demonstrate family friendly practices. this recognition would provide incentive for other businesses to follow example leading to future award.
7. **Should the MCCF play a lead role in this norm? (Or should it support another organization's effort) (Or should the MCCF play a lead role at a later date for this norm?)**
 - a. Yes, MCCF could be a force in establishing a yearly awards event. This could heighten awareness of family friendly policies. Commission could take lead in taking the lead in developing this as a regional and eventually state wide event.
8. **Miscellaneous information about this norm. (Statistics etc.)**

Changing Norms

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 - c. Oregon Business Magazine. Key contact person, Kathy Dimond, editor. Magazine annually publishes list of 100 best companies to work for in Oregon, based on family friendly and cultureally favorable practices in the work place.
 - d. Children's First
 - e. Childcare Commission
4. **What are some policies at the local, state, or federal level that would address this norm?**
 - a. Federal policy: government give tax breaks to companies which provide on-site day care.
5. **What is the current attitude that needs to be changed concerning this norm?**
 - a. Immediate profits and stockholders take higher priority than family friendly policies.
 - b. Lay off and downsizing are considered to be a method of being efficient for companies.
6. **What strategies for changing this norm could be initiated that would bring people together, rather than divide them?**
 - a. Relationships between employees and employers could be improved by more job security, flexible hours, leave time, and innovative approaches to child and elder care.
 - b. Publicly recognize businesses for family friendly policies.
 - c. Make family friendly policies profitable for businesses.
7. **Should the MCCF play a lead role in this norm? (Or should it support another organization's effort) (Or should the MCCF play a lead role at a later date for this norm?)**
 - a. Yes, The MCCF should play a lead role in legislative policies and community mobilization.
8. **Miscellaneous information about this norm. (Statistics etc.)**

Changing Norms

1. **Current Norm--Anyone is capable of parenting.**
2. **Wellness Based Norm--Parenting involves long term commitment, knowledge, skill and love.**
3. **Who else is working on this norm?**
 - a. Agencies and non-profits
 - b. Community health nurses
 - c. Learning Infant and Toddler program
 - d. Teen parent programs
 - e. Religious organizations
 - f. Public schools/Community Colleges
 - g. Libraries
4. **What are some policies at the local, state, or federal level that would address this norm?**
 - a. Advocate for quality, comprehensive parenting and sex education curriculum in K-12 and beyond.
 - b. Community roll out of Healthy Start
 - c. On-going wellness based parenting education and support
5. **What is the current attitude that needs to be changed concerning this norm?**
 - a. Parenting is a family matter and has no effect on the community.
 - b. Parenting is a self-learned personal matter and requires no special training.
 - c. Your parents' techniques in parenting were right.
 - d. Anyone is capable of parenting without needed skills.
 - e. Kids can raise themselves.
6. **What strategies for changing this norm could be initiated?**
 - a. A broad-based campaign supporting pro-active, non-stigmatizing parenting education for everyone.
 - b. Enlist support of the religious and educational communities.
 - c. Develop programs through the parks, community centers, family centers and congregations, libraries, club activities for boys and girls.
 - d. Support and encourage businesses who offer parenting classes on site.
 - e. Change the attitude to everyone needs skill building, knowledge based parenting support.
7. **Should the MCCF play a lead role in this norm? (Or should it support another organization's effort) (Or should the MCCF play a lead role at a later date for this norm?)**
 - a. Yes, the MCCF could be a force in developing a broad-based campaign, perhaps cooperatively with other Metro counties.
 - b. If birth to 5 is chosen for a public relations campaign, then have parenting be part of that campaign.

Changing Norms

1. **Current Norm--[Teenagers are going to be sexually involved.]**
Society communicates mixed messages concerning teenage sexual involvement.
2. **Wellness Based Norm-[Sexual involvement for teens is a serious life choice and commitment.]**
Society recognizes that sexual involvement for teens is a serious life choice and commitment.
3. **Who else is working on this norm?**
 - a. Health Departments/SBHC Program, STARS, Teen Pregnancy Prevention Coordinator
 - b. Teen Parent programs
 - c. Sharon Kitzhaber/Governor's wife
 - d. Schools
 - e. Boys and Girls Aid Society (Carrera Model)
 - f. Oregon Medical Association
 - g. Teen Pregnancy Prevention Initiative
 - h. Teen Parent Groups, YWCA, Delauney, Insights, New Program WYN(Waiting for Your Next)
4. **What are some policies at the local, state, or federal level that would address this norm?**
 - a. Local-- United message from all agencies, schools, churches, and community regarding teens being valued and serious nature of sexual involvement, (PSA, bill boards) Stronger message regarding older male involvement with teen girls not being acceptable.
 - b. State--More serious legal consequences, such as child support payments, for teen fathers and older males involved with teen females.
 - c. National--More grant funds to pilot programs such as STARS to determine the most effective ways to delay teen sexual involvement. Responsible message from media regarding teen sexuality.
 - d. Advocate that programs include giving supports to pre-teenagers.
5. **What is the current attitude that needs to be changed concerning this norm?**
 - a. It's okay to not talk to your kids about sex.
 - b. My kid's not sexually involved.
 - c. Sexual activity by boys is a sign of manhood.
 - d. Change the attitude of I'm only responsible for my own child.
 - e. Change the attitude of it's okay for young girls to date older men.
 - f. Change the attitude that parents don't need training in talking about sexuality to their kids.
 - g. Change the attitude that parents don't need training in how to keep communication open.
 - h. Sex represents beauty, popularity, love status etc.
 - I. 100% Safe sex exists.

cont. Teenagers are going to be sexually involved.

6. What strategies for changing this norm could be initiated?

- a. Advocating for model programs such as STARS and WYN.
- b. Support male responsibility curriculum to change attitudes of young males sexual involvement.
- c. Continuing to involve Teen Parent Programs in a Pregnancy Prevention effort.
- d. SBHC with full Reproductive health services in all schools.
- e. SBHC's and schools uniting in the sex education curriculum and all supporting it avidly.
- f. Massive campaign involving all partners on changing this norm.
- g. Advocate for enforcement of statutory rape.
- h. Publicize enforcement of statutory rape laws.

7. Should the MCCF play a lead role in this norm? (Or should it support another organization's effort) (Or should the MCCF play a lead role at a later date for this norm?)
The MCCF could certainly play a key role in bringing all the players together on shifting community perceptions regarding this norm. It would be most effective if all agencies, organizations involved with children take a lead role in their area of expertise, ie., the Health Department taking the lead from a health promotion/wellness tack, the OMA taking a lead role regarding medical concerns, the schools from an educational perspective, the judicial system taking the lead on advocating for stricter enforcement and laws, etc. That way each key agency and organization is bought into shifting the norm from their own perspective and children are learning the same message.

8. Miscellaneous information about this norm. (Statistics etc.)

Changing Norms

1. **Current Norm--The need to support and invest in children ages birth to five is not important.**
2. **Wellness Based Norm--Birth to five are the most critical years of a child's life.**
3. **Who else is working on this norm?**
 - a. Health Department
 - b. Private health providers
 - c. Early Intervention System
 - d. Parent-Child Centers
 - e. OAEYC (Oregon Association for the Education of Young Children)
 - f. Center/homebased child care providers
 - g. Pre-schools
 - h. Child Care Council/Multnomah
 - I. Child Care Commission/State
 - J. Multnomah County Libraries
 - K. Multnomah County ESD
 - L. City of Portland
 - M. Religious Organizations
4. **What are some policies at the local, state, or federal level that would address this norm?**
 - a. Quality standards that meet and exceed state
 - b. Training and education requirements higher for appropriate providers
 - c. Minimum level of pay for each job classification
 - d. Parental involvement like the Individual Family Service Plan
 - e. Set example of a through d by awarding county contracts based on this criteria.
5. **What is the current attitude that needs to be changed concerning this norm?**
 - a. Real learning starts in the public school years
 - b. Parents and care givers are not teachers
 - c. Babies and little children are objects
 - d. Young children do not have feelings or rights
 - e. Children are the property of their biological parents
 - f. Parenting just comes naturally
 - g. Anyone can take care of young children
 - h. Ignorance of the effects of poverty, violence, under-nutrition and lack of early medical/dental care
 - I. Young children think and reason just like adults.
 - J. It's okay to push children to the next stage and expect more out of them than they are capable of
 - K. Parents are pressured to place work needs over family needs
 - L. You can warehouse young children in large groups

Changing norms continued: Birth to Five

6. What strategies for changing this norm could be initiated?

- a. Massive community efforts to lobby advertisers and television program producers to take out (or drastically reduce) the violence, stereotypes and anti-social behavior seen by young children.
- b. Focus on children's true abilities and not use them as advertisement gimmicks
- c. Expanded community based parent-child centers
- d. Mentoring efforts
- e. Massive educational campaigns in all media and all cultures that give child growth and development information and parental skill building information such as age-appropriate child guidance and other alternatives to punishment
- f. Appropriate training and support of parents and other caregivers.
- g. A web of supports for families and greater intergenerational connections
- h. Responsive, family-friendly workplaces for parents

7. Should the MCCF play a lead role in this norm? (Or should it support another organization's effort) (Or should the MCCF play a lead role at a later date for this norm?)

- a. Yes, support advocacy and public information dissemination
- b. Convener and facilitator of existing and additional efforts
- c. Putting tougher standards in the county contracts
- d. Offering more technical assistance to meeting those standards and networking with public and private groups.
- e. Highlight those that are highlighting successful practices doing it right.
- f. Tie family friendly business policies to this norm.

8. Miscellaneous information about this norm. (Statistics etc.)

Changing Norms

1. **Current Norm--Free enterprise alone will determine the availability and the price of housing.**
2. **Wellness Based Norm-- Access to affordable housing in all neighborhoods can be assisted by good social policy.**
3. **Who else is working on this norm?**
 - a. Community Development corporations
 - b. Reach
 - c. Portland Housing Authority
 - d. City of Portland
 - e. Human Solutions
 - f. Portland Housing Now
 - g. Ecumenical Ministries of Oregon
 - h. others
4. **What are some policies at the local, state, or federal level that would address this norm?**
 - a. Additional revenue for the 15.5 million housing trust fund at the state level. The interest is used for low income housing.
5. **What is the current attitude that needs to be changed concerning this norm?**
 - a. Low income housing is not a need.
 - b. The market place will always provide enough low income housing.
6. **What strategies for changing this norm could be initiated?**
 - a. Collaborate with existing interests to increase the Housing Trust Fund in the 97 legislative session.
7. **Should the MCCF play a lead role in this norm? (Or should it support another organization's effort) (Or should the MCCF play a lead role at a later date for this norm?)**
The MCCF advocacy committee should include a member from the affordable housing advocates.
8. **Miscellaneous information about this norm. (Statistics etc.)**

Changing Norms

1. **Current Norm--One unified culture is best.**
2. **Wellness Based Norm--Diversity enriches each of us and builds a stronger community. (building on our individual differences and strengths)**
3. **Who else is working on this norm?**
 - a.
 - 1) Value statement contained in MCCF comprehensive plan and in State Commission's administrative rules.
 - 2) Urban League; American Friends Services; NAACP; Asian Center; Self Enhancement: EMO; Northwest Indian Child Welfare Association; Black United Front; Interfaith Consultants in Beaverton (State Commission has used them for diversity training); OCCF planned regional training for cultural diversity in September.
 - b. Gender equity:
 - 1) Value statement contained in MCCF comprehensive plan and in State Commission's administrative rules.
 - 2) MCCF has small grant from the OCCF for a consultant (attached to the JJSD) to begin the preliminary activities necessary to implement a SISTERS Project (modeled after the P.A.C.E. Programs in Florida) for delinquent and severely behaviorally acting out adolescent girls and to provide gender specific training to current programs that serve both boys and girls.
 - 3) The OCCF will conduct a series of six statewide training sessions in April and May on gender appropriate services.
 - 4) Equal Access for Girls Committee (made up of representatives of Children First for Oregon, Oregon Alliance of Children's Programs, League of Women Voters of Portland, Junior League, public and private providers serving girls and young women)
 - 5) AAUW - gender equity in the schools (national, state and local focus)
 - 6) Teen Pregnancy Vision Team and Tri-County Youth Services Consortium focus on displaced youth.
 - 7) Oregon Community Foundation
 - 8) Lewis and Clark College

4. Policies to strive for:

- a. All services and supports are culturally relevant, gender appropriate.
- b. County Policy: Staff training in cultural diversity and gender appropriate services made part of each county social service contract.
- c. County and State Policy: Recognition that girls and young women have been traditionally underserved and sufficient resources allocated to allow local communities to provide training to existing service providers and to fill the gaps in the current continuum of services for girls and young women.

5. What is the current attitude that needs to be changed concerning this norm?

- a. The needs of girls and young women is not as critical as the needs of young boys.
- b. Females and immigrants just go home.

6. What strategies for changing this norm could be initiated?

- a. Schools encouraged to provide activities and treat students in a manner that builds on their individual strengths and self-esteem and encourages acceptance of differences.
- b. Media encouraged to reduce emphasis on activities that exploit women and minorities and emphasize the accomplishments of female and minority youth.
- c. Encourage better efforts toward gender equity amongst all cultures.
- d. Girls receive sufficient attention to meet their needs.

7. Should the MCCF play a lead role in this norm?

Yes, in both arenas, by supporting the efforts of others; allocating sufficient resources to address cultural and gender issues; advocacy campaign in both arenas to bring the private sector in as partners.

8. Miscellaneous information about this norm.

- a. Gender: Is being recognized statewide through surveys and discussions in several arenas as a serious and neglected issue. In Multnomah County, the MCCF identified this in their comprehensive plan as needing attention and specifically recommended a P.A.C.E. type model for reducing delinquency among females. JJSD has identified at least 47 girls on probation who lack access to appropriate services; the Portland Public Schools have identified at least 100 girls at risk of dropping out or who have already dropped out of school who lack appropriate services.
- b. Cultural: The number of Hispanic youth and American Indian youth that drop out of school is rising.

Changing Norms

1. **Current Norm--Domestic Violence is a personal issue.**

2. **Wellness Based Norm--There is a zero tolerance for domestic violence and child Abuse. Domestic violence is a public and community concern.**

3. **Who else is working on this norm?**

- a. Rotary Club, Richard Reeves, key contact. 3 year study of domestic violence, still in progress. Convened corporation human resources managers to discuss what business can do. Interest, but no action.
- b. City Club of Portland, Pauline Anderson, key contact. Research study in progress on domestic violence. Report to be presented to the Club in November, 1996, with recommendations for action.
- c. Family Violence Intervention Steering Committee works on coordination of domestic violence services. Key contact, Chiquita Rollins, Multnomah County.
- d. Numerous agencies and providers (105 are identified in the Benchmarks, see list p. 19) are working on parent education and the prevention of child abuse.
- e. Child Abuse Task Force
- f. Children First
- g. Junior League of Portland
- h. Children's Juvenile Justice Task Force
- i. Oregon Domestic Violence Council
- j. Oregon Domestic coalition
- k. Women's Wellness coalition
- l. CASA, CRB's and more
- m. Women's Commission - Oregon

4. **What are some policies at the local, state or federal level that would address this norm?**

- a. Protocols and training mandated for agencies who deal with domestic violence and/or child abuse.
- b. Formalize a linking of MCCF, FVISC, and Child Abuse Task Force to encourage integration, coordination of work on domestic violence and child abuse.
- c. More funding.
- d. Better data - on victims of domestic violence and child abuse.

5. What is the current attitude that needs to be changed concerning this norm?

- a. That domestic violence and child abuse are discrete issues.
- b. Domestic violence and child abuse are private family matters.
- c. Domestic violence should be handled in a manner which preserves the family.
- d. That sheltering animals is more important than sheltering battered women and their children.
- e. That only low socio-economic families experience domestic violence and child abuse.
- f. That couples mediation is all that is needed to address the problem of domestic violence.
- g. That any religious, legal, medical or social service worker can counsel batterers and victims of domestic violence without training.

6. What strategies for changing this norm could be initiated?

- a. Promote training and protocols for anyone dealing with domestic violence.
- b. Sponsor with some of the above organizations a broad gauged public consciousness raising campaign.
- c. Increase government funding of programs and shelters which deal with domestic violence and child abuse.
- d. Beef up preventive programs such as KIDS CAN and Chance for Change, and encourage production of more.

7. Should the MCCF play a lead role in this norm?

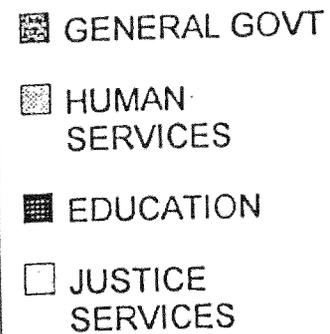
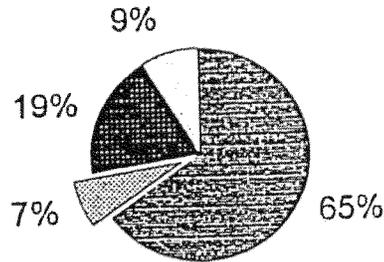
- a. Yes, in both domestic violence and child abuse and in their merging organizations.
- b. MCCF should also actively seek out and join other organizations as they address the problem.
- c. Domestic violence should be representative on legislation MCCF Advocacy Committee and public education.
- d. MCCF should assist and support existing PR campaigns of awareness.

8. Miscellaneous information about this norm.

- a. Statistics (only the police and shelters are required to keep records on domestic violence) are available from Multnomah County Family Violence Intervention Steering Committee.
- b. The correlation between domestic violence and child abuse, and between witnessing domestic violence and perpetrating of violence can be statistically shown.

CURRENT FUNDING ANALYSIS

LOCAL GOVERNMENT & SCHOOL SPENDING BY PURPOSE

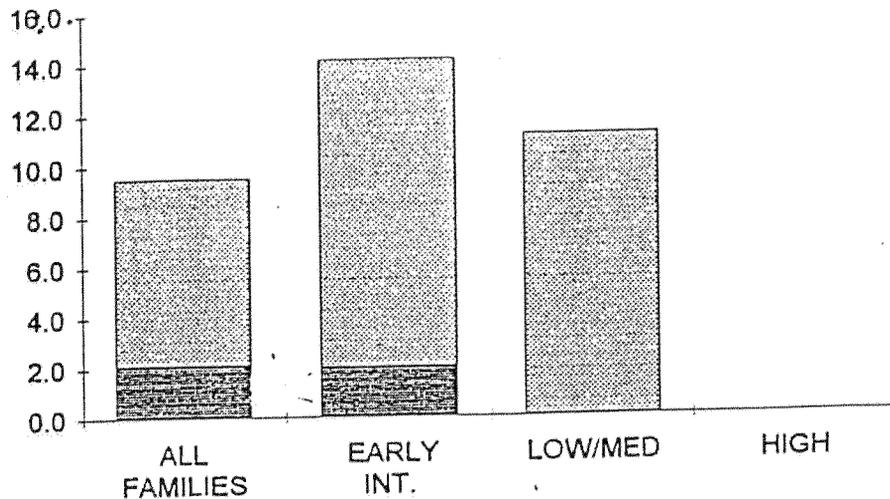


While over \$ 218 million is spent annually by local governments and schools on human services, this is just 7% of the total operating expenditures for local agencies. Human services includes health, social services and library costs.

PURPOSE	COUNTY	CITIES	K-12 SCHOOLS	OTHER	TOTAL
Admin/Support	159.9	145.6	199.0	456.9	961.4
Environmental	37.2	497.0	0.6	172.0	706.8
Special Facilities	4.7	22.3	0.0	193.9	220.9
Economic Dev.	0.0	68.0	0.0	42.3	110.3
GENERAL GOVT	201.8	732.9	199.6	865.1	1,999.4
HUMAN SERVICES	214.7	0.0	4.1	0.0	218.8
EDUCATION	1.4	0.0	438.4	131.9	571.7
JUSTICE SERVICES	112.6	146.6	0.2	1.6	261.0
TOTAL	530.5	879.5	642.3	998.6	3,050.9

Source: Tax Supervising and Conservation Commission, 1994-95 Actual Expenditures for operating costs -- capital and debt repayment are excluded.

HUMAN SERVICES SPENDING -- Local Dollars Only



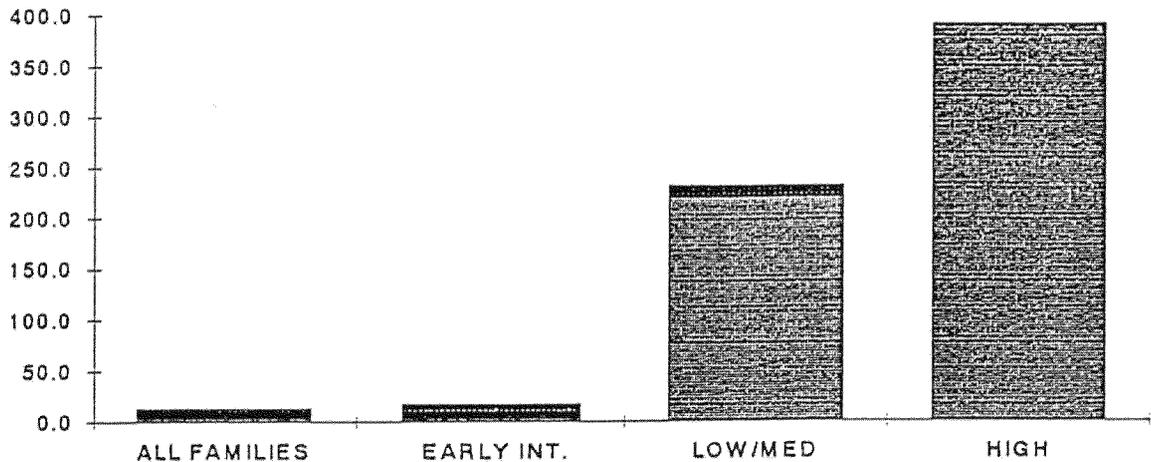
County General Fund spending on human services totals only about \$ 30 million annually and appears quite balanced in services accessible to all families, early intervention services and low/medium intensity remediation services. Programs from the Health, Library and Community and Family Services departments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

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

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

HUMAN SERVICES SPENDING -- State and Local

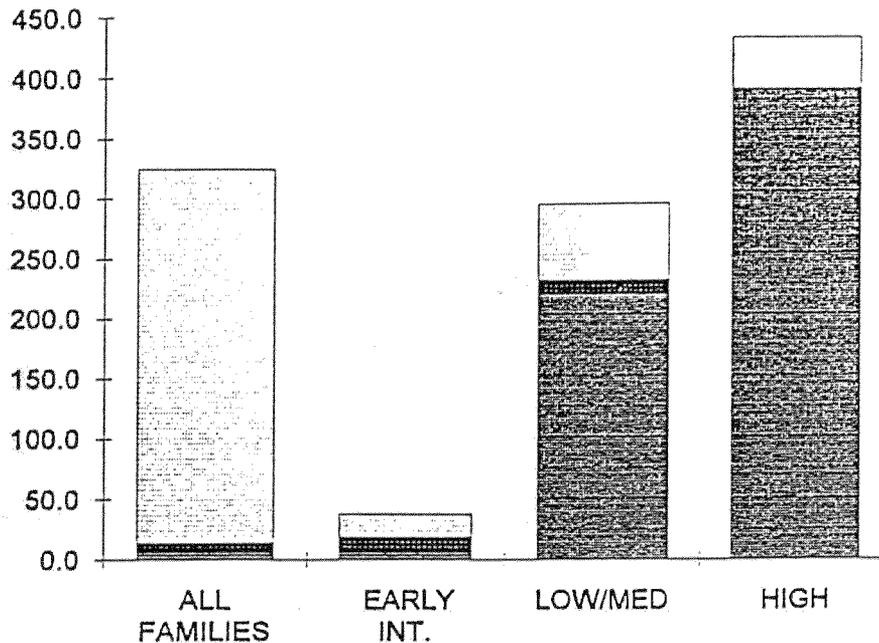
When the State's Department of Human Resources expenditures in Multnomah County are included, local investments are dwarfed and the overall balance shifts notably towards remediation services.



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

FUNDING AGENCY	AT RISK/				TOTALS
	ALL FAMILIES	EARLY INT.	LOW/MED	HIGH	
STATE - Dept. of Human Resources					
Adult & Fam. Serv.			58.1	58.1	116.2
Ser. to Children & Families				54.2	54.2
Health	3.8	3.8	3.8	3.8	15.1
Mental Health/ Dev. Dis.				83.0	83.0
Mental Health Institutions				28.8	28.8
Seniors & Disabled Serv.			40.7	40.7	81.4
Vocational Rehab.				4.1	4.1
Alcohol & Drug Abuse			6.6	6.6	13.2
Oregon Medical Asst. Prog.			111.4	111.4	222.7
Total DHR Services- Mult. Co.	3.8	3.8	220.5	390.6	618.7

HUMAN SERVICES & K-12 EDUCATION -- State and Local Dollars



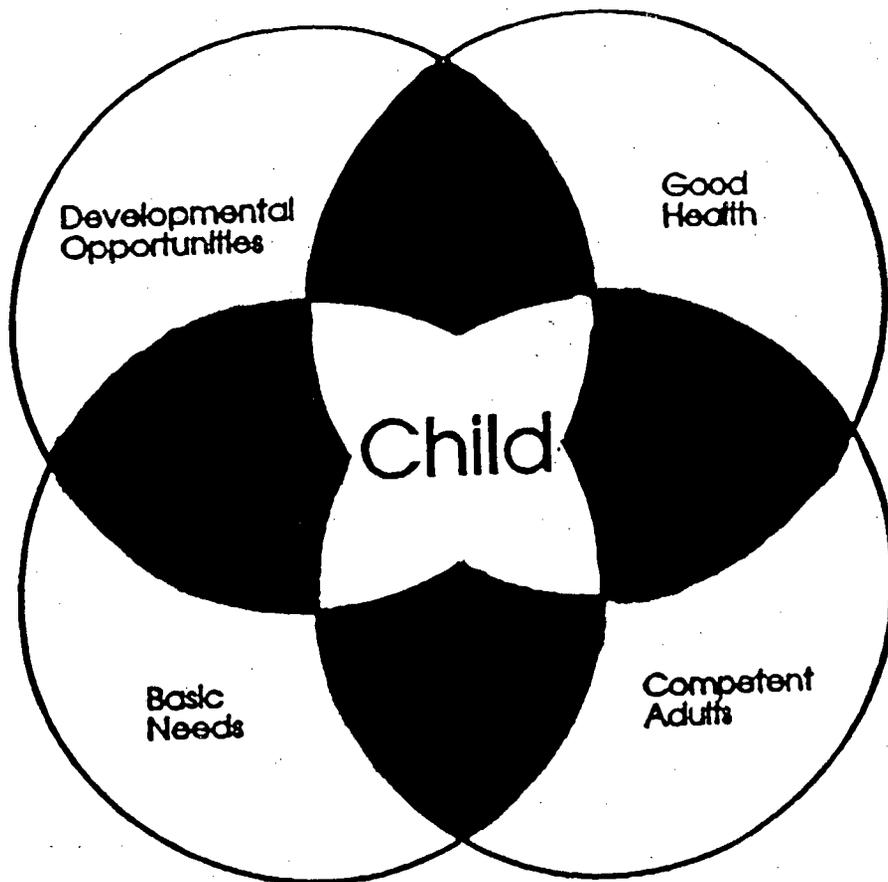
Approximately \$ 438 million is expended on K-12 education in public schools in Multnomah County each year. Public schools are the organizations whose core mission is to provide services for all children and their families.

FUNDING AGENCY	AT RISK /				TOTALS
	ALL FAMILIES	EARLY INT.	LOW/MED	HIGH	
K-12 SCHOOLS					
special education			42.9	42.9	85.8
federal assistance		20.0	21.0		41.0
general instruction & other	311.7				311.7
Total K - 12 Public Education	311.7	20.0	63.9	42.9	438.5

Please note:

Allocations of funds between categories throughout this report were done subjectively and should be reviewed before finalizing this comparative overview of spending on services to children and their families in Multnomah County.

WHAT DOES EVERY CHILD NEED ?
AND
WHAT ARE THEY GETTING IN
MULTNOMAH COUNTY ?



A Work-In-Progress to Document the State of Children and Families in Multnomah County

*Designed and initially developed by Lynn Knox, Catalysts for Change,
for the Multnomah Commission on Children and Families
February 1996*



Beverly Stein, Multnomah County Chair

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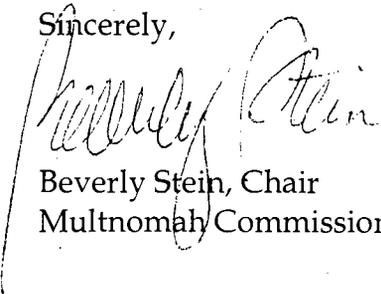
I am pleased to share with you this report which is a first attempt to represent the current situation of families in our community. The Multnomah Commission on Children and Families commissioned the study to describe supports, services and influences related to the fundamental needs of children in Multnomah County. Author Lynn Knox has done a superb job of collecting and analyzing data, looking at gaps and discussing penetration rates of specific services.

We know this is just the beginning of our work. An exhaustive collection and analysis of this and other data will take longer, but this is the first opportunity we have had to look at our county's children and families in aggregate. Only by knowing what our families are experiencing now can we articulate the vision for change and understand how new directions will create significant progress toward a healthier community.

Thank you to the many people who contributed to this document. We know that some of the work was time-consuming and detailed and we appreciate the effort you made to add to the picture of Multnomah County.

We invite you to read and use this material, to challenge it, to add to it and to share your thoughts and data. Let's continue to explore and advance our vision for an excellent community together.

Sincerely,


Beverly Stein, Chair
Multnomah Commission on Children and Families

*Please send your comments, questions and revisions to the Multnomah Commission on Children and Families, 421 S.W. 6th, Suite 400, Portland, Oregon 97204. Telephone: (503)248-3897
Fax: (503) 306-5538*



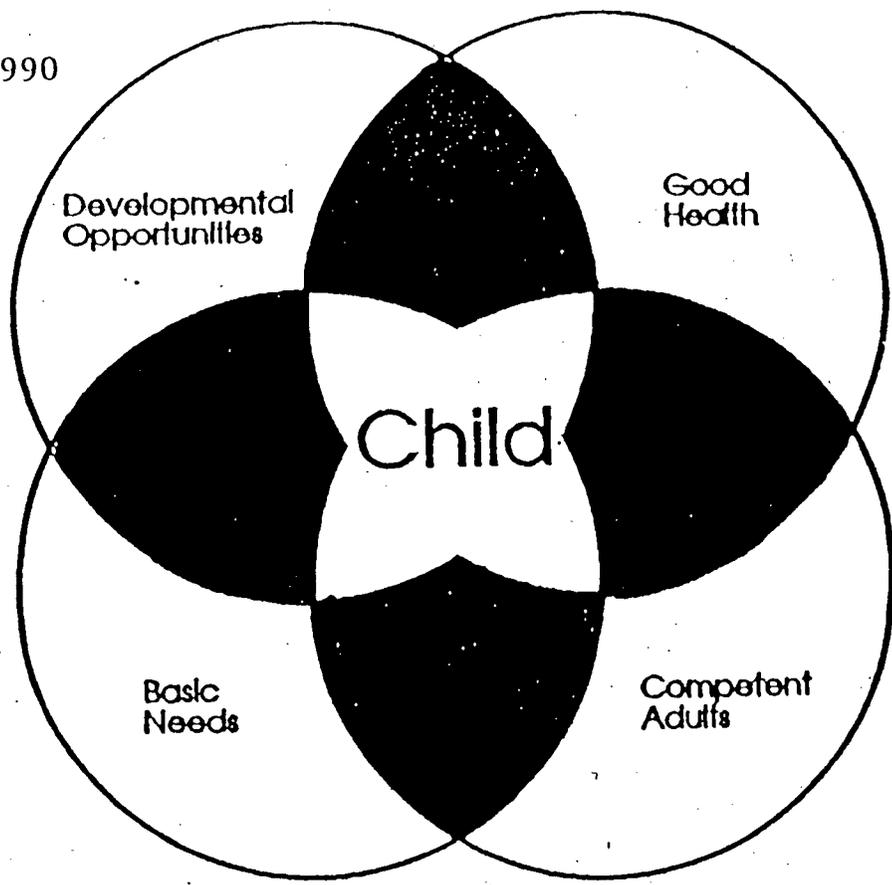
**WHAT DOES EVERY CHILD NEED AND WHAT
ARE THEY GETTING IN MULTNOMAH
COUNTY?**

February 15, 1996

*Prepared by
Lynn Knox
Catalysts for Change*

for The Multnomah Commission on Children and Families

Great Start Plan 1990
Multnomah Children
and Youth Services
Commission



Goal: "To promote the healthy growth and development of all children and youth in Multnomah County through strengthening and supporting families and developing responsive community system."

Every child requires the above interrelated elements in order to grow and develop. These elements are independent of culture, setting, status, etc.

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EXECUTIVE SUMMARY

ABOUT THIS REPORT

As I understood my job, it was to develop as full as possible (in the time allotted) a picture of the current situation for children and families in Multnomah County. To do this it was first necessary to define "What Does Every Child Need?". I built, with the help of Commission members and staff, upon the work of the Great Start Report to find answers that work in 1996. This report is designed around the following construct of needs for ages 0-5, 6-11 & 12-18 each of which corresponds to particular MCCF Benchmarks: (*refer to list of Benchmarks following this section*)

<u>Need</u>	<u>Benchmarks</u>
Basic Needs	8, & 10
Physical & Emotional Health	2,3,4,5,6,13 & 15
Loving Competent Adults	3, 4 & 9
Development Opportunities	1, 7, 11, 12, 13 & 14
Community Support & Influences	can effect all Benchmarks

This is hopefully the first draft of an ever growing and changing body of planning reference material. It is not without its own gaps or probably misinterpretations of the volumes of written information and conversations with key resource people from city, county, state and federal government, schools, non-profit organizations, foundations, consumers and community members over the last eight weeks. It needs to be reviewed and edited by Commission members and a wide range of experts in each arena. Make sure, this was not an attempt to duplicate the inventories of services available from United Way, Portland Public Schools, the County Auditor and others. It seeks to give a representation of resources and move on to share information on penetration of services and the system elements. The goal is to give you an overall picture and a sense of its strengths and weaknesses.

READING THE MATRIX

In the matrix, you will note that the box titled "Supports and Services" has some information in italics at the top. This is my attempt to delineate wellness/ resiliency building supports and services as opposed to those which deal with families in "the system" of crisis and failure driven supports and services. This delineation was hard to make in some cases and at times I didn't find any wellness services in a particular arena.

KEY FINDINGS AND RECOMMENDATIONS

INSTITUTIONALIZING WELLNESS

We often forget those aspects of wellness, protective factors which have been successfully institutionalized as public policy such as sanitation laws and inspections, vector control, immunizations etc. they work and are a part of the structure of our community.

THE BIG CHANGE: AN OPPORTUNITY

The Big Change: the Campaign for Business and Family, is a coalition effort to influence community norms and employers around family-related policies and practices. The Commission is the perfect vehicle to educate citizens and employers on these issues. Discussions must go deeper than just pregnancy leave, dependent care and the other traditional "family issues", however. These are important, but the issues which are really threatening families and must be talked about are the big ones;

- lack of health care
- and the changes in work and the economy which are increasing the number of children and families at the bottom of the income scale with no hope of improvement.

ACCIDENTAL DEATHS

The biggest cause of accidental death for young people is guns. The majority of citizens want strict gun control, the police want it, and yet a small, wealthy, vocal minority have imposed their will upon us. This public health emergency calls for leadership from those charged with advocating for kids.

FAMILY CENTER SUCCESS

The Family Centers implement many Commission and consumer priorities. Yet they currently serve only 3% of children 0-18 in the county. Most Centers although new, have already reached their current service capacity--we built them and the people came! There is a clear funding directive here.

PROTECTIVE HOUSING

The shortage of affordable and appropriate housing is an infrastructure problem of serious proportions. Affordable housing for low income people and supportive housing for special populations i.e. domestic violence victims, displaced youth, recovering substance abusers and developmentally disabled people - *is a protective factor in a community*. Without it families become homeless, fall deeper into poverty and fail in their attempts at independent living.

Information about housing is difficult for citizens and service workers to obtain. Housing people seem to work moderately well together but hardly at all with other parts of the service sector. I asked a local HUD official what a family should do if they were looking for affordable housing, she said "Well , you really kind of have to know someone, don't you, to get the information and figure it all out?"

New leadership and perspectives are needed here. Some new housing funds are targeted for the Portland area and top public officials say housing is a priority. Maybe now is the time when the Commission could make a real difference.

BUILDING RESILIENT PARENTS

The strong citizen support and need for parent education and support networks are reoccurring themes in this report. Neighborhood outreach to organize groups of parents to support and help each other, serves multiple purposes:

1. It nurtures "loving, competent adults"
2. Provides development opportunities for parents and connected children
3. Becomes a pipeline for information about services, parenting and health education
4. Promotes neighborhood safety and self-sufficiency
5. Provides the positive tie and commitment to the community which most surveys of families indicate they want but is missing for a majority of them today.

Also, the public support is strong for mandatory parent education in high school - as they say, "You have to have a license to drive a car..." Here is another place the Commission can take local and state leadership.

PLANNING/COORDINATION NETWORKS WORK

There have evolved several structured and on-going collaborations involved with a specific target population which include government, service providers, community members and consumers for some or all of the following purposes:

- planning

- program design
- services coordination
- facilitation of information flow to the target audience and network members
- evaluation

The networks are improving the breadth and quality of these service systems in Multnomah County. Prime examples are:

- The Pregnancy Prevention and Teen Parenting Network
- Project Luck
- The Oregon Food Bank

In addition to producing results for the target populations, these groups can make manageable the work of the Commission. Representative as Commission members may be of areas of concern and points of view, *no one* can have the level of expertise, experience and information necessary for strong planning, program design, coordination and evaluation about all target populations and service systems. Having the consensus of a formalized **and inclusive network** of diverse experts to rely on, allows the Commission to move forward with confidence, acting on several fronts at the same time.

Priority should be given to identifying target populations without a strong network and working to build one in those areas. I have not found a strong network (that doesn't mean it doesn't exist) for school age children. Possibly their initial focus would be on after school care. Families of incarcerated offenders is a growing population that have tremendous needs and no strong network that I have found. Middle school youth haven't quite captured their share of attention either, particularly around the lack of after school activities for many. There are doubtless many other populations with a set of professionals and community members with ideas to build their resiliency who need to be brought together to articulate and plan their vision. This is a job for -- the Commission -- the coalition builders, the catalysts, the advocates.

FILLING THE GAPS

As you become familiar with this document and have conversations with others about the information, you will begin to see gaps and priorities that are not mentioned above. These are just the ones that leapt out and grabbed me and seemed appropriate for Commission action.

POPULATIONS ALONG THE CHILD WELFARE CONTINUUM

1

2

3

4

5

6

7

<i>Presentors</i>	<i>All Families</i>	<i>Families with risk factors</i>	<i>Families with emerging problems</i>	<i>Families in crisis but not in the system</i>	<i>Families at the door of the system</i>	<i>Families in the system</i>	<i>Families separated</i>
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MULTNOMAH COUNTY COMMISSION
ON CHILDREN AND FAMILIES

Benchmarks

1. To meet specific developmental standards by kindergarten
2. To reduce the incidence of teen pregnancy
3. To reduce the incidence of child abuse/neglect
4. To reduce the incidence of domestic violence *
5. To increase the incidence of adequate prenatal care
6. To reduce the incidence of drug affected babies *
7. To increase the number of childcare providers meeting quality standards
8. To increase the number of families living above the poverty line
9. To increase the number of families who are able to care for their own children
10. To increase the number of families living in safe, stable housing*
11. To reduce over-representation of minority youth in juvenile justice/welfare systems *
12. To increase the number of youth graduating from high school
13. To reduce the incidence of violence by and against children and youth *
14. To reduce the incidence of juvenile crime
15. To reduce the incidence of adolescents using tobacco, alcohol and other drugs

* Indicates a benchmark developed by the Multnomah CCF, all others are state benchmarks adopted by Multnomah CCF

***AGES 0-5
BASIC NEEDS***

BASIC NEEDS Ages 0-5

Supports and Services

Penetration

System Elements

<p>FOOD</p> <ul style="list-style-type: none"> • Demand for emergency food fairly stable over last 5 years • Free/USDA breakfast & lunch offered through K-12, non-profit health centers and licensed (in home) care providers • WIC serves 16,705 per month (food & health education) • Average people on food stamps: 63,704 • 84% people on food stamps have children 	<ul style="list-style-type: none"> • 4,000 - 5,000 eligible for WIC not currently served • Native Americans most undeserved group • 47.6% requesting emergency food have kids • 33% are working • 53% get foods stamps • 87% of food stamp recipients say doesn't last all month 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • WIC recently got federal grant to expand outreach • Emergency system largely private <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Outcome data slim, emergency services linking IS <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Very dispersed & expanding to more sites (50 food box district sites, 2 meals/site) <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Wellness / Family Support Approach varies by site; most trying to refer to other services <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Oregon Food Bank surveys customers annually <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Hunger Task Force trying to look at big picture • Recommendation of Project Luck for displaced youth intake and assessment center
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BASIC NEEDS Ages 0-5

Supports and Services

Penetration

System Elements

<p>SHELTER</p> <ul style="list-style-type: none"> • <i>Private sources add about 10 low income units per year</i> • <i>Public sources add about 50 per year low income units</i> • <i>Major shortage of low income housing</i> • <i>Median housing price is now \$131,000</i> • <i>Two bedroom apartment median rent \$490 plus \$700 deposit</i> • <i>There are about 2,000 homeless families in Multnomah County</i> • <i>On average night, approximately 425 people turned away from homeless shelters</i> • <i>Major increases over last 5 years in cost of subsidized housing, <u>tightening of eligibility</u></i> • <i>Major lack of housing for disabled keeps burden of DD adults on families, limits DD independence</i> • <i>Emergency Housing provided through formal system, 1,590 per night, 729 in family groups.</i> • <i>Big need for subsidized supportive housing for A&D</i> 	<ul style="list-style-type: none"> • 41% of kids in foster care are 0-5 • 64% of homeless families victims of severe abuse, physical and sexual • 45% of those sheltered are families or single youth • We need to double the stock of low income housing available work in progress 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Shrinking federal dollars, some new tool • 30% cut in weatherization, 40% cut in energy assistance. <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Low cost housing not near jobs <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • County and city improving, low private involvement <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Public information about how to get affordable housing is low, poor linkages between housing resources and other services <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • HAP strong res. councils <hr/> <p>Continuous Improvement</p>
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BASIC NEEDS Ages 0-5

Supports and Services

Penetration

System Elements

<p>CLOTHING</p> <ul style="list-style-type: none"> • <i>Over 40 free/very cheap resources plus proliferation of sale clothing outlets</i> • <i>shoes and warm coats can be problem</i> • <i>there are free diaper resources but not well publicized unless on ADC or WIC</i> 		<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Primarily dependent on private donations <p>Information Systems</p> <ul style="list-style-type: none"> • None <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Distribution/shops very diverse • Many schools and FRC's have clothes <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Minimal unless part of multipurpose agency <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • At family centers and shelters part of cost of holistic program <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Several programs involve customers as volunteers or staff in operations <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Current acceptability of resale clothes helpful
<p>SAFETY</p> <ul style="list-style-type: none"> • <i>Family Enhancement (county health and mental health) services to families at risk of abuse</i> • <i>39% of domestic restraining orders involve children</i> • <i>40% of Oregon households have at least 1 gun</i> • <i>Only 30% of household with guns and kids lock away and unload them</i> • <i>Citizen perception of safety in target neighborhoods improving</i> • <i>Domestic Violence Shelters turned away 17,012 children in '93-94</i> 	<ul style="list-style-type: none"> • <i>Infants make up the largest number of child abuse victims (11%)</i> • <i>Abuse down 2% from last year</i> • <i>Neglect increased</i> • <i>63% of neglect cases involved kids 0-5</i> 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Neighborhood Crime Prevention funding cut • Abuse reports not serious enough for SCF may not receive any service/assessment <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Shelters proposal for "receiving homes" for assessment & care of A&N kids. Children would be sent home or to foster care within 3 weeks.

BASIC NEEDS Ages 0-5

Supports and Services

Penetration

System Elements

<p>INCOME</p> <ul style="list-style-type: none"> • <i>In 1990 13.5% of county population below poverty level, an additional 18.5% close to falling below</i> • <i>20% increase in poverty from 1980-90.</i> • <i>child support enforcement</i> • <i>Children's SSI being reduced, several thousand will be cut from program in Oregon</i> • <i>Earned income tax credit will be scaled back or discontinued very likely disabled will be dropped altogether</i> • <i>SSI for A&D treatment/recovery will be eliminated or reduced</i> 	<ul style="list-style-type: none"> • 16,862 children (0-8) & 8,810 families on ADC • 45% of child support orders are delinquent 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • No increase in benefits for several years <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Inputting more about customers <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • OK but often long waits <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Service linkages improving <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Not individualized • Cutoff deadline for benefits leaves caseworker in police role • Addition of child care and transportation for <u>some</u> is helpful, but needed by all <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • AFS does surveys, Families Speak participants cite frequent caseworker turnover <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Number of families in poverty and concentration of wealth increasing • Middle class on a slow downward slide • Oregon welfare reforms offer some promise but new programs not available to all - often placed in no benefit, just above poverty wage jobs - Structure of economy, education are key issues
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MATRIX SUMMARY

Age Group: 0-5
Category: Basic Needs

STRENGTHS

- Well organized emergency food system.
- Easy access/good supply of inexpensive clothes.
- Citizen perception of safety in target neighborhoods improving.
- Citizen support for limiting supply of guns is strong.
- OR welfare reform helping some people train/find decent jobs.
- Child support enforcement improving.
- SCF Individualized Service Planning Project is important model for whole system.
- Family Service Centers excellent models with low (3%) penetration, to date.

WEAKNESSES

- Low income housing supply seriously inadequate. Acute need for specialized housing i.e. DD, displaced youth, domestic violence & recovering substance abusers.
- Information about housing hard for families to access.
- Additional emergency shelter capacity desperately needed for domestic violence victims.
- Foster care overloaded, underfunded.
- Larger & larger numbers of families are struggling to stay afloat.
- Supply of & training for real "family wage" not subsistence jobs critical need driving most other areas of the service system.
- 18-24% of families without medical coverage easily thrown into poverty by one major illness.
- Welfare families feel system not investing enough to ever give them a real shot at getting out of poverty & therefore they will be dependent long term.
- Federal cuts make economic independence even more distant goal for many.

***AGES 0-5
PHYSICAL &
EMOTIONAL
HEALTH***

PHYSICAL & EMOTIONAL HEALTH Ages 0-5

Supports and Services

Penetration

System Elements

<p>IMMUNIZATIONS</p> <ul style="list-style-type: none"> • <i>Provided free at public & private clinics covered by all insurance, managed care</i> 	<ul style="list-style-type: none"> • 24,000 immunized in 1995 • 28% of children under 2 not adequately immunized 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Total cost about \$300,000 mostly stable Federal dollars - new funds in 1995
		<p>Information Systems</p> <ul style="list-style-type: none"> • Sophisticated collaboration tracks all immunizations in Oregon
		<p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Outreach through service provision at some churches and schools, shops, etc.
		<p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Vaccine provided free to many private clinics targeting low income families
		<p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Depends on training / approach of individual provider, no requirements
		<p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Publicity, volunteers, refreshments
		<p>Continuous Improvement</p>

PHYSICAL & EMOTIONAL HEALTH Ages 0-5

Supports and Services

Penetration

System Elements

<p>WELL-CHILD CARE</p> <ul style="list-style-type: none"> • <i>Some access for uninsured through free or low cost neighborhood clinics</i> • <i>Medicaid & private managed care cover well-childcare</i> • <i>Family centers starting to offer some care in collaboration with Health Department</i> 	<ul style="list-style-type: none"> • Total public clients served '93-'94 was 123,832 (about 20% total county population) • About 30,000 people covered by OHP in 1995 • 18-24% of families uninsured 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Requirements for co-pay private and public • Lack of other basic services jobs & housing makes progress on health difficult / family instability <p>Information Systems</p> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Improving with expansion to family centers <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Improving <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Make referrals, few strong linkages except county health nurses <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Consumer evaluation of clinics/county health nurses <p>Continuous Improvement</p> <ul style="list-style-type: none"> • New sites for care
<p>PRENATAL CARE</p> <ul style="list-style-type: none"> • <i>Uninsured can get service from neighborhood clinics</i> • <i>Connections strong ID reference & follow-system for teen moms - all teen moms assessed & assisted</i> • <i>Schools have strong linkage system for teen moms</i> • <i>Medicaid & private managed care service good</i> 	<ul style="list-style-type: none"> • 77% of women received adequate prenatal care • Connections: 83% teen moms assessed. 74% linked with services • Cost is barrier for uninsured, also time, transportation 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Connections very individualized program <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Strong consumer input in Connections

PHYSICAL & EMOTIONAL HEALTH Ages 0-5

Supports and Services

Penetration

System Elements

<p>SCREENINGS & FOLLOW-UP</p> <ul style="list-style-type: none"> • <i>Well-childcare office visits often rushed if not familiar with providers, parents may not reveal problems calling for screening</i> • Some limited screening part of OMP and private care • Home visits do some screenings (Community Health Nurses) • Lead poisoning screening standard part of public care, screening rare in private settings 	<ul style="list-style-type: none"> • Cultural barriers to parents revealing problems to providers • Uninsured often do not receive preventive screenings 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Standard screenings cut back <p>Information Systems</p> <ul style="list-style-type: none"> • Depends on their health care system <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Within large managed care settings this is improving <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Home visits accomplish, medical setting often too fast paced / threatening for much partnership or a broader look at situation <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Old Dr. "God" problem still with us <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Internal patient tracking is improving in managed care
<p>NUTRITION ED</p> <ul style="list-style-type: none"> • <i>Most organized child care makes some effort</i> • <i>Health care systems offer classes</i> • WIC, classroom, materials, teen moms programs, food stamps-very little • Community health nurse visits review, advise, & refer (primarily for high risk) 		<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>

PHYSICAL & EMOTIONAL HEALTH Ages 0-5

Supports and Services

Penetration

System Elements

<p>MENTAL HEALTH</p> <ul style="list-style-type: none"> • <i>Managed care systems: limited assistance from their staff or contractors reducing amount of coverage. Increasing co-pay, wait lists for non-urgent cost totally prohibitive for many uninsured or needing service beyond coverage</i> • <i>Some linkages/services to childcare centers being made</i> • Institutional care declining. Use of length of stay very limited by OMP and other insurance • Medicaid, as requested, flexible funding, 24 hour crisis, parent involvement from county • Mental health in family and health centers/if not insured, only triage • Supportive housing rare • Touch Stone: Family support model 	<ul style="list-style-type: none"> • Med eligible: 42,247 • Med serve 95/96: 5,069 (misses working poor, uninsured) • Uninsured 18-24% • Approximately 3,000 med eligible with mental health needs going unmet 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Capitated new systems less and less provided outside managed care <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Medicaid being setup by county <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Strong partnership with state providers <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • design tries to incorporate family oriented model • becoming more holistic <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Feedback included in design, strong integration of public mental health into health care, some day care <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Medicaid /day referral to triage then up to 1 month (non-urgent), can be 2-4 months for non-urgent private care
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PHYSICAL & EMOTIONAL HEALTH Ages 0-5

Supports and Services

Penetration

System Elements

<p>A & D</p> <ul style="list-style-type: none"> • <i>All prenatal care has strong anti-drug message, linkages to services fairly good but backlog/wait is major problem</i> • <i>OMP or private insurance covers residential (if it is available when needed)</i> • <i>33 different recovery support groups listed in United Way Resource Guide, most are free and peer led. Many of these groups have multiple chapters</i> • <i>Libraries have worked to have strong D&A self-help resources</i> • <i>Prenatal: 5 programs focus on pregnant women and women with children</i> • <i>5 of these residential programs house families with kids under 6</i> • <i>Limited funding and space for long term supportive/transitional housing</i> • <i>Long stay in outpatient and residential needed by some but OMP or insurance only covers a few weeks</i> • <i>Lack of long term supportive / transitional housing for families</i> 	<ul style="list-style-type: none"> • Served in public system 14,649 • Cost prohibitive in private system for uninsured and insured requiring long term treatment • 3 out of 4 people cannot get treatment when they ask for it, wait is up to 4 months at times. • No good data available on numbers of drug affected babies • fear of losing kids biggest barrier to treatment for many women 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Private system limiting care, no chronic care, raising co-pays • Public funds inadequate and shrinking <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Not great, improvement a priority <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Support/recovery groups everywhere <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Proposal to set up joint SCF, PPS, city family assessment referral center <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • When children young, five whole family programs <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Varies by program <hr/> <p>Continuous Improvement</p>
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PHYSICAL & EMOTIONAL HEALTH Ages 0-5

Supports and Services

Penetration

System Elements

<p>DD</p> <ul style="list-style-type: none"> • <i>Lack of DD child care providers prevents many parents from working or limits hours/types of jobs</i> • <i>Fairly strong system of peer support/advocacy groups</i> • <i>County DD now does intake for every family/next year PPS (all county)</i> • <i>County DD supplies family consultant to each family (free to all) link with other services especially early intervention</i> • <i>SSI not available to 0-5 DD families</i> • <i>Library Special Services</i> • <i>Partners Project - Training for DD patients of DD</i> • <i>NW Advocacy Center - Litigation / mediation and advocacy for DD</i> • <i>Flexible respite fund with county some with SCF</i> • <i>Community health nurses do some initial screenings with high risk families in home visits.</i> 	<ul style="list-style-type: none"> • DD parents say regular child care and respite care still biggest need • some doctors still recommend institutionalization without trying anything else • Only about 38% of parents in support groups - time and child care problems • Divorce rate in families with DD child 68% 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Serious reduction in Federal dollars <p>Information Systems</p> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Family consultants go to family and Early Intervention at family centers, Head Start <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Increasing still not on some folks radar screen <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Strong attempt at early intervention and holistic approach <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Strong consumer input system <p>Continuous Improvement</p>
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PHYSICAL & EMOTIONAL HEALTH Ages 0-5

Supports and Services

Penetration

System Elements

<p>HEALTHY ENVIRONMENT</p> <ul style="list-style-type: none"> • <i>Lead Poisoning prevention project does home inspections</i> • <i>93 neighborhood organizations in Portland all sponsor different kinds of community development activities, i.e., clean up drives, block watch, paint-a-thons, child care exchanges</i> • <i>Health care providers increasing warnings about 2nd hand smoke</i> • <i>Water Bureau does free testing for lead and other impurities for low income</i> • <i>Home visits by community health nurses primarily to ID'd high risk families, educate families about what makes up a healthy environment, individual problem solving and holistic approach</i> 	<ul style="list-style-type: none"> • Approximately 30,000 at risk for lead poisoning • Only 25% have been tested for lead • 20% of mothers of 0-5 smoke in Oregon • 25% of fathers of 0-25 smoke in Oregon 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Lead poisoning federally funded, community health nurses may suffer federal cuts • Federal health education dollars reduced <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Lead project beginning to establish linkages and do cross-training <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Lead paint project has made some use of neighborhood volunteers <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Discussion of expansion of target neighborhoods with door to door outreach for CHN's & or a Healthy Start program
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MATRIX SUMMARY

Age Group: 0-5
Category: Physical & Emotional Health

STRENGTHS

- Quality public health system improving access through family centers and other neighborhood locations
- OR Health Plan provides more families with coverage
- Strong system for pre & post-natal care of teen moms & babies
- Community Health Nurses linked fairly well to many parts of service system, working to become more family-driven, home visits provide opportunity to provide holistic/integrated family support
- DD system improving linkages/coordination. Excellent family consultant model. Underfunding of DD system barrier to quality improvement
- Integration of mental health into neighborhood service sites improves access and reduces

WEAKNESSES

- There are still a large number of families who have no type of health care coverage (18-24%). These people make up the working poor. They receive minimal care and are one medical emergency away from financial disaster. This is still the driving issue for maintenance of physical and mental health.
- The children whose mothers did not receive adequate pre-natal care (23%) are at risk for all types of preventable problems. Outreach and funding must be improved in this arena.
- The community health nurse seems the natural vehicle for individualized assessment, service provision and linkages in all areas of health. They may need additional training to broaden their expertise and information base. Trained non-medical staff could perform many of these functions at a lower cost to allow for program expansion.
- Advocacy for funding and high standards of care are necessary to protect and expand services in A&D, DD & Mental Health

*AGES 0-5
LOVING
COMPETENT
ADULTS*

LOVING, COMPETENT ADULTS Ages 0-5

Supports and Services

Penetration

System Elements

<p>ON-GOING RELATIONSHIPS</p> <ul style="list-style-type: none"> • <i>Family Centers</i> • An average 1,650 total children are in foster care • SCF/Community Health Nurses have joint program for intensive family preservation effort • Homebuilders, SCF contract with self-enhancement for those at risk of losing kids • SCF refers families to counseling, parenting education and many other services • Adult Probation and Community Corrections - keep parents with or near kids, may require counseling, D&A treatment, parent education and or job training 	<ul style="list-style-type: none"> • Frequent moves in foster care a problem. Quality of care varies • Divorce rate declined 2% in 1995 • Short tenure of child care workers (average 7 months) is a problem • Family Centers served 4,365 in 0-18 age, in last fiscal year. (3% of total) • Total county population 0-17 was 131,580 in 1990 • SCF's ISP project serves 1% of cases • Family moves are harmful in relationships with teachers and other adults 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Foster care under funded <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • SCF Individualized service planning, family support Initiative and family centers are working toward this. <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • CRB's and J.V. Rights Project <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Proposal for receiving homes has pros and cons
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LOVING, COMPETENT ADULTS Ages 0-5

Supports and Services

Penetration

System Elements

<p>ADVOCATE FOR CHILD</p> <ul style="list-style-type: none"> • <i>Most health care organizations offer parenting education for a fee</i> • <i>Head Start has many parenting education classes</i> • <i>90% of Families Speak participants support mandatory parent education in schools</i> • <i>Free parenting education through most public schools, parks and recreation. Free parenting education for those involved in SCF A&D or corrections. Some day cares, churches, family centers offer</i> • <i>CASA (Kids on dependency status) provided 850 kids with advocates last year (average case time 1.5 years)</i> • <i>Teen mom programs all include parent education</i> 	<ul style="list-style-type: none"> • Only 22% of Oregon's high schools require parent education • 66% of child abusers are the child's parents (including step parents) • Family abusers account for 89% of all abuse 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • To provide more CASA's need more support staff and volunteers (most dollars now private) <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • CASA's go to kids <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
<p>POSITIVE ROLE MODEL</p> <ul style="list-style-type: none"> • <i>Parenting education. Mental health counseling & family support programs</i> 	<ul style="list-style-type: none"> • No mentoring programs in area targeting 0-5 • 2,015 births to teen moms in 1994 	<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>

LOVING, COMPETENT ADULTS Ages 0-5

Supports and Services

Penetration

System Elements

<p>APPROPRIATE EXPECTATIONS</p> <ul style="list-style-type: none"> • <i>Key focus of parent education programs</i> • <i>Parent peer support groups help with this, Head Start has support groups and a small number of churches and day care centers offer</i> • <i>A few Portland neighborhood associations, churches and most of the family centers offer parent support groups</i> • <i>Internet parenting support groups</i> • <i>Libraries have good parent education materials</i> 	<ul style="list-style-type: none"> • Number of identified sex abuse cases down 30% from 93-94 • In 1994, 68% of sex abuse was within families • About 90% of <u>Families Speak</u> participants supported mandatory parent education 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>
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LOVING, COMPETENT ADULTS Ages 0-5

Supports and Services

Penetration

System Elements

<p>ADULT NEEDS MET</p> <ul style="list-style-type: none"> • <i>Domestic violence shelters turned away 10,789 women in 93-94</i> • <i>After tax income (adjusted for inflation) has declined 7-17% for the poorest 2/5 of Americans in the last 15 years. Middle 1/5 stayed almost the same and the top 2/5 increased 6-28%. The top 1% richest families saw their wealth increase by 91%</i> • <i>D&A treatment not well covered by OHP or private system, uninsured have little treatment access</i> • <i>Wait for treatment can be up to 4 months</i> • <i>Family Centers try to cover needs of whole family and all types of families low cost, recreation, fitness, education, socialization</i> • <i>Parks and Recreation programs</i> • <i>Libraries</i> • <i>Literacy programs</i> • <i>Job training for career oriented jobs limited</i> • <i>Lack of health coverage can destroy low income families</i> 	<ul style="list-style-type: none"> • 28% of families with child abuse cases "head of family" unemployed • 45% of abuse was in single parent families • Substance use involved in 42% of families with abuse • Adults surveyed in <u>Families Speak</u> felt a need for a system advocate, and neighborhood based cooperative improvement programs • 18-24% of families in county have no health coverage 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Family Centers, SCF Individualized Service Planning State Family Support Initiative <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>
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MATRIX SUMMARY

Age Group: 0-5
Category: Loving, Competent Adults

STRENGTHS

- Formal resources for parent education and improvement abound.
- Strong parent support for integration of parent education into mandatory school curriculum and development of peer parent support groups.
- Organizing of neighborhood-based, informal parent support groups could feed into many areas of need; socialization, parent improvement, neighborhood safety, cooperative childcare, school involvement, information sharing...
- Actually has been some decline in reported physical and sexual abuse but problems are still acute.
- SCF's Individualized Service Planning Program and other Family Support implementation activities are slow but real movement toward building family resiliency.

WEAKNESSES

- Multiple issues prevent widespread voluntary participation in existing Parenting Education programs i.e. time, money, stress, transportation, childcare, resistance to formal education approach...
- Many adult needs aren't being met. Some of the key ones are outside traditional Children & Families arena i.e.; low-wage, dead-end jobs and others are more familiar; support & shelter for domestic violence victims, other housing needs, welfare reform, A&D treatment slots & additional support for DD families.
- More attention needs to be paid to the families reported to the hotline but not meeting the criteria for SCF involvement.
- Must increase supports to Foster Parents so they don't become victims of the adult unmet needs.

AGES 0-5
DEVELOPMENT
OPPORTUNITIES

DEVELOPMENT OPPORTUNITIES Ages 0-5

Supports and Services

Penetration

System Elements

<p>PHYSICAL</p> <ul style="list-style-type: none"> • <i>Parent modeling and inclusion is key</i> • <i>Private indoor playgrounds are the rage at least 8 of them: but they are expensive</i> • <i>Good parks for good weather days, free</i> • <i>Some low-cost or free indoor play spaces in community centers and churches</i> • <i>Gymnastic classes \$</i> <p style="text-align: center;">CHILD CARE (Quality child care integrates all types of dev. opportunities)</p> <ul style="list-style-type: none"> • Training program for child care providers being implemented 	<ul style="list-style-type: none"> • Head Start serves 30% of <u>eligible</u> kids in county • 58% of parents say search for child care very difficult • 35% are unsatisfied • TV average is 4 hours per day 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • major areas without indoor playgrounds <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Low cost indoor play grounds not well publicized <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>
<p>INTELLECTUAL / COGNITIVE</p> <ul style="list-style-type: none"> • <i>Libraries have a wide range of neighborhood based services for this age</i> • <i>Comm. music school</i> • <i>Some good TV</i> • <i>Sturdy and educational toys are often expensive</i> • <i>Children's museum 7</i> • <i>Children's theaters - \$</i> <ul style="list-style-type: none"> • Some increase in child care support for AFS customers • More than 50% of working people have children under 13 • Resource referral system helps some with finding care 	<ul style="list-style-type: none"> • Parks and recreation have few organized programs for 0-5 • 12% of 0-5 are overweight 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>

DEVELOPMENT OPPORTUNITIES Ages 0-5

Supports and Services

Penetration

System Elements

<p>SOCIAL</p> <ul style="list-style-type: none"> • <i>Play groups sponsored by churches, neighborhood associations, family centers, etc.</i> • <i>Most teen parent programs have play groups where parents get to practice skills they are learning and kids have fun</i> • <i>A strong, friendly neighborhood with parent involvement is one of best socialization tools</i> • <i>Negative, unsupervised neighborhood experiences will stick</i> 	<p>CHILDCARE (continued)</p> <ul style="list-style-type: none"> • Minimum standards for centers • 1/3 of families spend over benchmark goal of 10% on child care • Most parents say they prefer child care close to home rather than employment • Sick, evening, and week end care (night/swing shift) care tremendous need. Cost currently high - supply low 	<ul style="list-style-type: none"> • 39% of children 0-12 need paid child care • 39% of providers meet basic standards • Demand for 42,680 child care slots • Supply of 29,481 • Supply of and info about low cost indoor parks limited
<p>EMOTIONAL</p> <ul style="list-style-type: none"> • <i>Stability and positive reinforcement from home are keys here</i> 	<ul style="list-style-type: none"> • Child care programs vary depending on training and skills of staff in how they support emotional development 	<ul style="list-style-type: none"> • Turnover in child care staff is major problem • Average employment of staff in centers is 7 months • Family transition moving, divorce, marriage, high emotional stress times • divorce rate dropped 2% in 1995

Funding Characteristics
Information Systems
Geographic Accessibility
Collaboration / Coordination
Wellness / Family Support Approach
Community / Consumer Involvement
Continuous Improvement

MATRIX SUMMARY

Age Group: 0-5
Category: Development Opportunities

STRENGTHS

- The biggest issues in development are appropriate stimulation/input and providing opportunities. Actual resources are *not* the key, it is how and if parents or caretakers use what they have (or have access to), to help each child develop to their individual potential.
- This relates back to parent support and training again and also that of childcare providers & programs. Parent education is a priority for citizens and the state is working to upgrade childcare provider training. The significant number of Parent Education resources may require reconfiguration to fit into more parents lives.
- Many types of recreational, organizational & environmental resources to serve as a catalyst for development are plentiful in the county, some are becoming too expensive for many, however.

WEAKNESSES

- Childcare and Education are the chief developmental system weaknesses. There's not enough childcare, quality is erratic and the cost is prohibitive on a low wage job. Without new financial resources it is difficult to imagine much change. We need new approaches to the problem but it is also very tied into the overall economic restructuring challenges facing our county and nation.
- Education is of less concern for this age group, (more later).
- The detrimental influence of excessive and inappropriate TV on all types of development is more under parental control. The Commission can educate and advocate for increased parental involvement and responsibility around the issue of TV and for improvement of the quality of programming available. The growth of single parent households and other parental stress cannot be totally separated from the issue of TV issue, however.

***AGES 0-5
COMMUNITY
SUPPORT &
INFLUENCES***

COMMUNITY SUPPORT & INFLUENCES Ages 0-5

Support, Services & Influences

Penetration

System Elements

<ul style="list-style-type: none"> • Prenatal warnings products, stores, media on tobacco, alcohol and drugs • Monitoring and reg. for sanitation of businesses, restaurants, water systems, institutions, etc. • Vector control • Media main source of education about 2nd hand smoke • Some media around need for immunizations • Perception in some communities immunizations not important - those diseases gone • Immunization required for program receiving subsidized lunch important • Media, 0-5 some shows emphasize good nutrition, self-care, PSA's, but cartoon content and ads bad messages • No employer supports for housing any more. • The Big Change: the Campaign for Business and Family coalition of over 12 organizations to assist every business establish family friendly policies and become involved in the community • Tax credit for business providing child care subsidies helpful, needs publicity • 2 local parenting papers/free • Parented radio show on OPB • Lack of effective gun control • Child support enforcement improvements • Media info around nutrition sensationalized • Talk radio on parenting 	<ul style="list-style-type: none"> • Immunization required should expand to all paid care • Average TV time for 0-5 is 4 hours per day • Survey of Multnomah County family related employer practices underway as part of The Big Change, sponsors by Children First and others • City of Chicago won't employ or do business with people who are behind in child support! 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Parents view child care as too expensive and feel that employers and others should help <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p>
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AGE GROUP SUMMARIES

0 - 5

CRITICAL WELLNESS SERVICE GAPS

- Shortage of affordable & specials needs housing
- Shortage of family wage jobs
- 18 - 24 % of families (the working poor) have no health, mental health or dental coverage, out of pocket costs prohibitive
- 28% of children under 2 not immunized
- No consistent, comprehensive effort to assist families screened out by the Child Abuse Hotline
- Additional opportunities & resources for 0 - 5 developmental activities combined with parent support, education & respite programs needed

KEY SYSTEM ELEMENTS ISSUES

- Early assessment activities limited to small segments of the population, i.e. teen moms & other CHN referrals
- Family Centers at capacity but reached only 3% of kids in county last year
- Inadequate funding, support for foster parents
- Neighborhood connections are key support for young families but current parent involvement levels are low, sense of isolation high
- Income self-sufficiency development efforts, are not individualized to the family

AGES 6-11
BASIC NEEDS

BASIC NEEDS Ages 6-11

Supports and Services

Penetration

System Elements

<p>FOOD</p> <ul style="list-style-type: none"> • Demand for emergency food fairly stable over last 5 years • Free/USDA breakfast & lunch offered through K-12, non-profit health centers and licensed (in home) care providers • Average people on food stamps: 63,704 • 84% people on food stamps have children 	<ul style="list-style-type: none"> • Native Americans most undeserved group • 47.6% requesting emergency food have kids • 33% are working • 53% get foods stamps • 87% of food stamp recipients say doesn't last all month 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Emergency system largely private <p>Information Systems</p> <ul style="list-style-type: none"> • Outcome data slim, emergency services linking IS <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Very dispersed & expanding to more sites (50 food box district sites, 2 meals/site) <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach varies by side; most trying to refer to other services</p> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Oregon Food Bank surveys customers annually <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Hunger Task Force trying to look at big picture • Recommendation of Project Luck for displaced youth intake and assessment center
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BASIC NEEDS Ages 6-11

Supports and Services

Penetration

System Elements

<p>SHELTER</p> <ul style="list-style-type: none"> • <i>Private sources add about 10 low income units per year</i> • <i>Public sources add about 50 per year low income units</i> • <i>Major shortage of low income housing</i> • <i>Median housing price is now \$131,000</i> • <i>Two bedroom apartment median rent \$490 plus \$700 deposit</i> • <i>There are about 2,000 homeless families in Multnomah County</i> • <i>On average night, approximately 425 people turned away from homeless shelters</i> • <i>Major increases over last 5 years in cost of subsidized housing, <u>tightening of eligibility</u></i> • <i>Major lack of housing for disabled keeps burden of DD adults on families, limits DD independence</i> • <i>Emergency Housing provided through formal system, 1,590 per night, 729 in family groups.</i> • <i>Big need for subsidized supportive housing for A&D</i> 	<ul style="list-style-type: none"> • 64% of homeless families victims of severe abuse, physical and sexual • 45% of those sheltered are families or single youth • We need to double the stock of low income housing available work in progress 	<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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BASIC NEEDS Ages 6-11

Supports and Services

Penetration

System Elements

<p>CLOTHING</p> <ul style="list-style-type: none"> • <i>Over 40 free/very cheap resources plus proliferation of sale clothing outlets</i> • <i>shoes and warm coats can be problem</i> • <i>Problems largely are shoes, coats and style (peer pressure)</i> • <i>Public schools all have program providing free or low cost clothes</i> 		<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Primarily dependent on private donations <p>Information Systems</p> <ul style="list-style-type: none"> • None <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Distribution/shops very diverse • Many schools and FRC's have clothes <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Minimal unless part of multipurpose agency <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • At family centers and shelters part of cost of holistic program <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Several programs involve customers as volunteers or staff in operations <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Current acceptability of resale clothes helpful
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BASIC NEEDS Ages 6-11

Supports and Services

Penetration

System Elements

<p>SAFETY</p> <ul style="list-style-type: none"> • <i>Family Enhancement (county health and mental health) services to families at risk of abuse</i> • <i>39% of domestic restraining orders involve children</i> • <i>40% of Oregon households have at least 1 gun</i> • <i>Only 30% of household with guns and kids lock away and unload them</i> • <i>Citizen perception of safety in target neighborhoods improving</i> • <i>Domestic Violence Shelters turned away 17,012 children in '93-94</i> 	<ul style="list-style-type: none"> • This age group most likely to be victims of sex abuse • Abuse down 2% from last year • Neglect increased 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Neighborhood Crime Prevention funding cut • Abuse reports not serious enough for SCF may not receive any service/assessment <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Abuse reporting/tracking improving, background checks easier <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Proposal for "receiving homes" for assessment & care of A&N kids. Children would be sent home or to foster care within 3 weeks.
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BASIC NEEDS Ages 6-11

Supports and Services

Penetration

System Elements

<p>INCOME</p> <ul style="list-style-type: none"> • <i>In 1990 13.5% of county population below poverty level, an additional 18.5% close to falling below</i> • <i>20% increase in poverty from 1980-90.</i> • <i>child support enforcement</i> • <i>Children's SSI being reduced, several thousand will be cut from program in Oregon</i> • <i>Earned income tax credit will be scaled back or discontinued very likely disabled will be dropped altogether</i> • <i>SSI for A&D treatment/recovery will be eliminated or reduced</i> 	<ul style="list-style-type: none"> • 16,862 children (0-8) & 8,810 families on ADC • 45% of child support orders are delinquent 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • No increase in benefits for several years <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Inputting more about customers <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • OK but often long waits <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Service linkages improving <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Not individualized • Cutoff deadline for benefits leaves caseworker in police role • Addition of child care and transportation for <u>some</u> is helpful, but needed by all <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • AFS does surveys, Families Speak participants cite frequent caseworker turnover <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Number of families in poverty and concentration of wealth increasing • Middle class on a slow downward slide • Oregon welfare reforms offer some promise but new programs not available to all - often placed in no benefit, just above poverty wage jobs - Structure of economy, education are key issues
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MATRIX SUMMARY

Age Group: 6 - 11
Category: Basic Needs

STRENGTHS

- Well organized emergency food system.
- Easy access/good supply of inexpensive clothes.
- Citizen perception of safety in target neighborhoods improving.
- Citizen support for limiting supply of guns is strong.
- OR welfare reform helping some people train/find decent jobs.
- Child support enforcement improving.
- SCF Individualized Service Planning Project is important model for whole system.
- Family Service Centers excellent models with low (3%) penetration, to date.
- Going to school brings this age group into a broader set of people who can ID problems & resources

WEAKNESSES

- Low income housing supply seriously inadequate. Acute need for specialized housing i.e. DD, displaced youth, domestic violence & recovering substance abusers.
- Information about housing hard for families to access.
- Additional emergency shelter capacity desperately needed for domestic violence victims.
- Foster care overloaded, underfunded.
- Larger & larger numbers of families are struggling to stay afloat.
- Supply of & training for real "family wage" not subsistence jobs critical need driving most other areas of the service system.
- 18-24% of families without medical coverage easily thrown into poverty by one major illness.
- Welfare families feel system not investing enough to ever give them a real shot at getting out of poverty & therefore they will be dependent long term.
- Federal cuts make economic independence even more distant goal for many.

AGES 6-11
PHYSICAL &
EMOTIONAL
HEALTH

PHYSICAL & EMOTIONAL HEALTH Ages 6-11

Supports and Services

Penetration

System Elements

<p>IMMUNIZATIONS</p> <ul style="list-style-type: none"> • <i>Dental sealants in schools/clinics</i> • <i>Dental Ed presentations to 25,000 kids</i> • <i>Provided free at public & private clinics covered by all insurance, managed care</i> 	<ul style="list-style-type: none"> • 3,111 sealed 6 year olds in 1994 • 31,692 kids given fluoride 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Total cost about \$300,000 mostly stable Federal \$ stable - new funds in 1995
		<p>Information Systems</p> <ul style="list-style-type: none"> • Sophisticated collaboration track all immunization in Oregon
		<p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Outreach through service provision at some churches and schools, shops, etc.
		<p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Vaccine provided free to many private clinics targeting low income families
		<p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Depends on training / approach of individual provider, no requirements
		<p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Publicity, volunteers, refreshments
		<p>Continuous Improvement</p>

PHYSICAL & EMOTIONAL HEALTH Ages 6-11

Supports and Services

Penetration

System Elements

<p>WELL-CHILD CARE</p> <ul style="list-style-type: none"> • <i>Medicaid & Private managed care cover well-childcare</i> • <i>some access for uninsured through free or low cost neighborhood clinics</i> • <i>MESD school nurses in schools an average or 2 days per week</i> • County Dental Services or health plan helps those covered • Family centers starting to offer some care in collaboration with Health Department 	<ul style="list-style-type: none"> • Very limited free care to uninsured • No school based clinics in elementary schools • Total public clients served '93-'94 was 123,832 (about 20% total county population) • About 30,000 people covered by OHP in 1995 • 18-24% of families uninsured 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Requirements for co-pay private and public • Lack of other basic services jobs & housing makes progress on health difficult / family instability <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Improving with expansion to family centers <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Improving <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Make referrals, few strong linkages except county health nurses <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Consumer evaluation of clinics/county health nurses <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • New sites for care
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PHYSICAL & EMOTIONAL HEALTH Ages 6-11

Supports and Services

Penetration

System Elements

<p>SCREENINGS & FOLLOW-UP</p> <ul style="list-style-type: none"> • <i>Well-childcare office visits often rushed if not family with providers, parents may not reveal problems calling for screening</i> • <i>Routine health screenings no longer offered in schools</i> • <i>If teacher or nurse notes problem schools have long lists of referrals, some free</i> • <i>Some limited screening part of OMP and private insurance care</i> • <i>Home visits do some screenings (Community Health Nurses)</i> • <i>Lead poisoning screening standard part of public care, screening rare in private settings</i> 		<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • None in schools <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • School referrals not followed up within managed health care, more follow up needed <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
<p>NUTRITION HEALTH ED</p> <ul style="list-style-type: none"> • <i>Smiles, dental book distributed to 8,000 elementary students</i> • <i>Health curriculum (limited)</i> • <i>School District food Services run Ed campaigns - some have really improved menus and label content of dishes served</i> • <i>Health Education Theater program (Prof. Bodywise) with curriculum serves about 70 schools a year.</i> 	<ul style="list-style-type: none"> • "Prof. Bodywise" has been to every grade school in Multnomah County once or more. 	<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>

PHYSICAL & EMOTIONAL HEALTH Ages 6-11

Supports and Services

Penetration

System Elements

<p>MENTAL HEALTH</p> <ul style="list-style-type: none"> • <i>PPS Child Development Specialists, Social workers, psychologists (funding at risk) referrals for on-going help</i> • <i>Managed care systems: limited assistance from their staff or contractors reducing amount of coverage increasing co-pay, wait lists for non-urgent</i> • <i>cost totally prohibitive for many uninsured or needing service beyond coverage</i> • <i>Medicaid, as requested, flexible funding, 24 hour crisis, parent involvement, from county</i> • <i>Mental health in family and health centers</i> • <i>Supportive housing rare</i> • <i>Touchstone: Family support approach</i> 	<ul style="list-style-type: none"> • Med eligible: 42,247 • Med serve 95/96: 5,069 (misses working poor, uninsured) • Approximately 3,000 med eligible with mental health needs going unmet • 18-24% in county are uninsured 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Capitated new systems less and less provided outside managed care <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Medicaid being setup by county <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Strong partnership with state providers <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • design tries to incorporate family oriented model • becoming more holistic <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Feedback included in design, strong integration of public mental health into health care, some day care <hr/> <p>Continuous Improvement</p> <p>Medicaid / day referral to service 1 month (non-urgent), can belong to non-urgent private</p>
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PHYSICAL & EMOTIONAL HEALTH Ages 6-11

Supports and Services

Penetration

System Elements

<p>A & D</p> <ul style="list-style-type: none"> • OMP or private insurance covers residential (if it is available when needed) • 33 different recovery support groups listed in United Way Resource Guide, most are free and peer led. Many of these groups have multiple chapters • Libraries have worked to have strong D&A self-help resources • DARE - classroom prevention curriculum and presentations • Drug Free Schools and Comm. - sponsor sports / assemblies, etc. • Just Say No clubs/activities • Student D&A problems - assessment and referrals • Teacher training to ID • Some schools and about 8 other organizations provide support groups for youth who have D&A involved family members • Long stay in outpatient and residential needed by some but OMP or insurance only covers a few weeks • Lack of long term supportive / transitional housing for families 	<ul style="list-style-type: none"> • Served in public system 14,649 • Cost prohibitive in private system for uninsured and insured requiring long term treatment • 3 out of 4 people cannot get treatment when they ask for it, wait is up to 4 months at times. • No good data available on numbers of drug affected babies • fear of losing kids biggest barrier to treatment for many women 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Private system limiting care, no chronic care, raising co-pays • Public funds inadequate and shrinking <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Not great, improvement a priority <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Support/recovery groups everywhere <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Proposal to set up joint SCF, PPS, city family assessment referral center <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • When children young 5 whole family programs <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Varies by program <hr/> <p>Continuous Improvement</p>
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PHYSICAL & EMOTIONAL HEALTH Ages 6-11

Supports and Services

Penetration

System Elements

<p>DD</p> <ul style="list-style-type: none"> • <i>Flexible respite fund with county some with SCF</i> • <i>Lack of DD child care providers prevents many parents from working or limits hours/types of jobs</i> • <i>Fairly strong system of peer support/advocacy groups</i> • <i>County DD now does intake for every family/next year PPS (all county)</i> • <i>County DD supplies family consultant to each family (free to all) link with other services especially early intervention</i> • <i>Library Special Services</i> • <i>Special Education: IEP's</i> • <i>Partners Project - Training for DD patients of DD</i> • <i>NW Advocacy Center - Litigation / mediation and advocacy for DD</i> • <i>MESD testing/referrals and teacher support</i> • <i>School psychologists do some initial assessments LD/ADHD and refer on to public/private resources</i> • <i>Parks and Rec. Special Needs programs</i> • <i>SSI payments in jeopardy</i> 	<ul style="list-style-type: none"> • DD parents say regular child care and respite care still biggest need • some doctors still recommend institutionalization without trying anything else • Only about 38% of parents in support groups - time and child care problems • 30-45% of learning disabilities are not identified • ADHD undiagnosed much larger maybe 85% undiagnosed and treated • Divorce rate in families with DD child - 68% 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Serious reduction in Federal dollars to County and families also schools adds to previously inadequate funding <hr/> <p>Information Systems</p> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Family consultants go to family and Early Intervention at family centers, Head Start <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Increasing still not on some folks radar screen <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Strong attempt at early intervention and holistic approach <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Strong consumer input system <hr/> <p>Continuous Improvement</p>
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PHYSICAL & EMOTIONAL HEALTH Ages 6-11

Supports and Services

Penetration

System Elements

<p>HEALTHY ENVIRONMENT</p> <ul style="list-style-type: none"> • <i>Lead Poisoning prevention project does home inspections</i> • <i>93 neighborhood organizations in Portland and others in east county all sponsor different kinds of community development activities, i.e., clean up drives, block watch, paint-a-thons, child care exchanges</i> • <i>Health care providers increasing warnings about 2nd hand smoke</i> • <i>Water Bureau does free testing for lead and other impurities for low income</i> 	<ul style="list-style-type: none"> • Approximately 30,000 at risk for lead poisoning • Only 25% have been tested for lead • 26% of Oregon children live with 1 or more smokers 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Federal Health Education, Lead Prog. and some neighborhood programs cut <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Lead Project establishing linkages <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Lead Program uses some volunteers from neighborhoods <hr/> <p>Continuous Improvement</p>
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MATRIX SUMMARY

Age Group: 6 - 11
Category: Physical & Emotional Health

STRENGTHS

- Quality public health system improving access through family centers and other neighborhood locations
- OR Health Plan provides more families with coverage
- Strong system for pre & post-natal care of teen moms & babies
- Community Health Nurses linked fairly well to many parts of service system, working to become more family-driven, home visits provide opportunity to provide holistic/integrated family support
- DD system improving linkages/coordination. Excellent family consultant model. Underfunding of DD system barrier to quality improvement
- Integration of mental health into neighborhood service sites improves access and reduces stigmas.
- Going to school brings this age group into a broader set of people who can ID problems & resources

WEAKNESSES

- There are still a large number of families who have no type of health care coverage (18-24%). These people make up the working poor. They receive minimal care and are one medical emergency away from financial disaster. This is still the driving issue for maintainance of physical and mental health.
- Screenings and assesments should be easy to build into the school setting but funding problems have actually reduced this activity.
- The community health nurse seems the natural vehicle for individualized assesment, service provision and linkages in all areas of health. They may need additional training to broaden their expertise and information base. Trained non-medical staff could perform many of these functions at a lower cost to allow for program expansion.
- Advocacy for funding and high standards of care are necessary to protect and expand services in A&D, DD & Mental Health.

AGES 6-11
LOVING
COMPETENT
ADULTS

LOVING, COMPETENT ADULTS Ages 6-11

Supports and Services

Penetration

System Elements

<p>ON-GOING RELATIONSHIPS</p> <ul style="list-style-type: none"> • <i>Family Centers</i> • An average 1,650 total children are in foster care • Resiliency research shows positive school experience / relationships to teachers is significant protective factor • An average 1,650 total children are in foster care • SCF/Community Health Nurses have joint program for intensive family preservation effort • Homebuilders, SCF contract with self-enhancement for those at risk of losing kids • SCF refers families to counseling, parenting education and many other services • Adult Probation and Community Corrections - keep parents with or near kids, may require counseling, D&A treatment, parent education and or job training 	<ul style="list-style-type: none"> • Frequent moves in foster care a problem. Quality of care varies • Divorce rate declined 2% in 1995 • Short tenure of child care workers (average 7 months) is a problem • Family Centers served 4,365 in 0-18 age, in last fiscal year. (3% of total) • Total county population 0-17 was 131,580 in 1990 • SCF's ISP project serves 1% of cases • Family moves are harmful in relationships with teachers and other adults 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • School funding being reduced. Classroom size increased. Foster care under funded <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • SCF Individualized service planning, family support Initiative and family centers are working toward this. <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • CRB's and J.V. Rights Project <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Proposal for receiving homes has pros and cons
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LOVING, COMPETENT ADULTS Ages 6-11

Supports and Services

Penetration

System Elements

<p>ADVOCATE FOR CHILD</p> <ul style="list-style-type: none"> • <i>Parents key advocates</i> • <i>Juvenile Rights Project, Children 1st, Commission etc.</i> • <i>Quaker Friends, Parent Advocate Program</i> • <i>Free parenting education through most public schools, parks and recreation.</i> • <i>90% of Families Speak participants support mandatory parent education in schools</i> • <i>School staff can advocate for child</i> • <i>Most health care organizations offer parenting education for a fee</i> • <i>CASA (Kids on dependency status) provided 850 kids with advocates last year (average case time 1.5 years)</i> • <i>Free parenting education for those involved in SCF A&D or corrections.</i> 	<ul style="list-style-type: none"> • <i>CASA's available for only 50% of kids on dependency status (1,690 kids total last year)</i> • <i>Only 22% of Oregon's high schools require parent education</i> • <i>66% of child abusers are the child's parents (including step parents)</i> • <i>Family abusers account for 89% of all abuse</i> 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • <i>To provide more CASA's need more support staff and volunteers (most dollars now private)</i> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • <i>CASA's go to kids</i> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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LOVING, COMPETENT ADULTS Ages 6-11

Supports and Services

Penetration

System Elements

<p>POSITIVE ROLE MODEL</p> <ul style="list-style-type: none"> • <i>Mentoring programs sponsored by numerous church & school based groups</i> • <i>Most have infrequent contact with youth, lots of turn over and weak mentor training and support - 50-70% match failure</i> • <i>A few "mentoring" programs are long-term and intensive. Most of these pay mentors and or have paid support staff</i> • <i>Parenting Ed/Counseling mental health helps parents improve</i> • <i>Resiliency research shows positive school experience / relationships to teachers is significant protective factor</i> 	<ul style="list-style-type: none"> • Average wait time for Big Brother / Big Sister boys 1 year, wait time for girls 3-6 months • About 1,000 youth in county have mentors 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Mentoring programs have weak infrastructure because of poor funding <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Proposal for joint Info System for mentor program <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Many mentor program revolve around schools or churches <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Minimal for mentor program. Network of large program directors <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Mentoring whole child but few involve family <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Varies <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Leaders 'Round Table Mentor Project
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LOVING, COMPETENT ADULTS Ages 6-11

Supports and Services

Penetration

System Elements

<p>APPROPRIATE EXPECTATIONS</p> <ul style="list-style-type: none"> • <i>Key focus of parent education programs</i> • <i>parent peer support groups help with this, Head Start has support groups and a small number of churches and day care centers offer</i> • <i>A few Portland neighborhood associations and most of the family centers offer parent support groups</i> • <i>Internet parenting support groups</i> • <i>Libraries have good parent education materials</i> 	<ul style="list-style-type: none"> • Number of identified sex abuse cases down 30% from 93-94 • In 1994, 68% of sex abuse was within families • About 90% of <u>Families Speak</u> participants support mandatory parent education 	<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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LOVING, COMPETENT ADULTS Ages 6-11

Supports and Services

Penetration

System Elements

<p>ADULT NEEDS MET</p> <ul style="list-style-type: none"> • <i>Domestic violence shelters turned away 10,789 women in 93-94</i> • <i>After tax income (adjusted for inflation) has declined 7-17% for the poorest 2/5 of Americans in the last 15 years. Middle 1/5 stayed almost the same and the top 2/5 increased 6-28%. The top 1% richest families saw their wealth increase by 91%</i> • <i>D&A treatment not well covered by OHP or private system, uninsured have little treatment access</i> • <i>Wait for treatment can be up to 4 months</i> • <i>Family Centers try to cover needs of whole family and all types of families low cost, recreation, fitness, education, socialization</i> • <i>Parks and Recreation programs</i> • <i>Libraries</i> • <i>Literacy programs</i> • <i>Job training for career oriented jobs limited</i> • <i>Lack of health coverage can destroy low income families</i> 	<ul style="list-style-type: none"> • 28% of families with child abuse cases "head of family" unemployed • 45% was in single parent families • Substance use involved in 42% of families with abuse • Adults surveyed in <u>Families Speak</u> felt a need for a system advocate, and neighborhood based cooperative improvement programs • 18-24% of families in county have no health coverage 	<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Family Centers, SCF Individualized Service Planning • State Family Support Initiative <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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MATRIX SUMMARY

Age Group: 6 - 11
Category: Loving, Competent Adults

STRENGTHS

- Formal resources for parent education and improvement abound.
- Strong parent support for integration of parent education into mandatory school curriculum and development of peer parent support groups.
- Organizing of neighborhood-based, informal parent support groups could feed into many areas of need; socialization, parent improvement, neighborhood safety, cooperative childcare, school involvement, information sharing...
- Actually has been some decline in reported physical and sexual abuse but problems are still acute.
- SCF's Individualized Service Planning Program and other Family Support implementation activities are slow but real movement toward building family resiliency.

WEAKNESSES

- Multiple issues prevent widespread voluntary participation in existing Parenting Education programs i.e. time, money, stress, transportation, childcare, resistance to formal education approach...
- Many adult needs aren't being met. Some of the key ones are outside traditional Children & Families arena i.e.; low-wage, dead-end jobs and others are more familiar; support & shelter for domestic violence victims, other housing needs, welfare reform, A&D treatment slots & additional support for DD families.
- More attention needs to be paid to the families reported to the hotline but not meeting the criteria for SCF involvement.
- Must increase supports to Foster Parents so they don't become victims of the adult unmet needs.

AGES 6-11
DEVELOPMENT
OPPORTUNITIES

DEVELOPMENT OPPORTUNITIES Ages 6-11

Supports and Services

Penetration

System Elements

<p>PHYSICAL</p> <ul style="list-style-type: none"> • <i>Parent modeling and inclusion is key</i> • <i>Indoor playgrounds are the rage at least 8 of them: but they are expensive</i> • <i>Good parks for good weather days, free</i> • <i>School recess and P.E.</i> • <i>Parks and Rec. offers some after school sports</i> • <i>Little league</i> • <i>Soccer leagues</i> • <i>After school care often has poor facilities for rainy day activities</i> • <i>Dance classes</i> • <i>Gymnastics</i> • <i>Summer camps, a few low cost</i> • <i>Summer rec. programs good but often 1/2 day</i> • <i>Martial arts lessons \$</i> 	<ul style="list-style-type: none"> • PE only every other day • 30% of kids 6-11 overweight • TV: average 4 hours per day 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • PE may be cut back. Most after school sports cost but usually can be waived <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Transportation to after school or weekend sports may be problem for working parents or those without car <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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DEVELOPMENT OPPORTUNITIES Ages 6-11

Supports and Services

Penetration

System Elements

<p>INTELLECTUAL / COGNITIVE</p> <ul style="list-style-type: none"> • <i>Parent attitude about school key</i> • <i>Schools often don't make use of knowledge about learning styles</i> • <i>Schools provide info and opportunities and practice</i> • <i>Libraries provide resource materials for students</i> • <i>Parks and Rec. offers some after school and summer courses arts and music programs</i> • <i>Tutoring available to all through Chapter 1 (in-school) or private paid resources, free at some family centers</i> • <i>Peer tutoring available in some schools increases resiliency and grades</i> • <i>On-line homework help</i> • <i>Library homework help program</i> • <i>Saturday Academy</i> • <i>Private Enrichment and Improvement Program \$, Sylvania, etc.</i> • <i>OMSI programs</i> • <i>SMILE (reading help)</i> 	<ul style="list-style-type: none"> • 69% of kids 6-11 say they like school 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Curriculum resources shirking. Number to coordinate peer tutoring cut <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • In school tech equipment (computers...) insufficient and old even with bond measure <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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DEVELOPMENT OPPORTUNITIES Ages 6-11

Supports and Services

Penetration

System Elements

<p>SOCIAL</p> <ul style="list-style-type: none"> • <i>School is strongest socializer, classroom and school approach to conflict, individual differences varies a lot</i> • <i>18 Portland schools, some in Park Rose, Centennial and Gresham have systems where students are trained to help each other's problems solve</i> • <i>Organized group activities, i.e., scouts, church groups, sports teams</i> • <i>Neighborhood is still key for 6-11</i> 	<ul style="list-style-type: none"> • 75% of school age kids parents have trouble finding after school care • 46% of 6-11 participates in one organized group activity 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>
<p>EMOTIONAL</p> <ul style="list-style-type: none"> • <i>Stability and positive reinforcement from home are critical</i> • <i>Teacher positive reinforcement and expectations very important</i> • <i>Importance of peer relationships growing (neighborhood and school)</i> 	<ul style="list-style-type: none"> • Turnover in child care staff is major problem • Average employment of staff in centers is 7 months • Family transition moving, divorce, marriage, high emotional stress times • divorce rate dropped 2% in 1995 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>

DEVELOPMENT OPPORTUNITIES Ages 6-11

Supports and Services

Penetration

System Elements

<p>MORAL</p> <ul style="list-style-type: none"> • <i>Key Influences:</i> • <i>Parents</i> • <i>School staff</i> • <i>Religious organizations</i> • <i>Media</i> • <i>Neighborhood</i> • <i>Books</i> • <i>Peers</i> 	<ul style="list-style-type: none"> • Parenting Ed. increase parent comfort and skill at moral development • Schools vary tremendously and teachers vary • 41% of Oregonians have regular involvement in a religious organization • some neighborhoods informally or formally establish common values/boundaries about conflict, violence, TV, gun toys, rules etc. • parents can control TV access and choices but usually don't • Average 6-11 watches 4 hours of TV per day 	<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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MATRIX SUMMARY

Age Group: 6 - 11
Category: Development Opportunities

STRENGTHS

- The biggest issues in development are appropriate stimulation/input and providing opportunities. Actual resources are *not* the key, it is how and if parents or caretakers use what they have (or have access to), to help each child develop to their individual potential.
- This relates back to parent support and training again and also that of childcare providers & programs. Parent education is a priority for citizens and the state is working to upgrade childcare provider training. The significant number of Parent Education resources may require reconfiguration to fit into more parents lives.
- Many types of recreational, organizational & environmental resources to serve as a catalyst for development are plentiful in the county, some are becoming too expensive for many, however.

WEAKNESSES

- Childcare and Education are the chief developmental system weaknesses. Childcare for kids 6-11 is primarily after school. The 18% left at home alone is too much & better design and resources are needed for many of these programs. The primary reason for kids left alone is cost.
- The regression in the OR public school system is well known. Everyone agrees that a critical factor in teacher success is class size but the numbers are going up anyway.
- The detrimental influence of excessive and inappropriate TV on all types of development is more under parental control. The Commission can educate and advocate for increased parental involvement and responsibility around the issue of TV and for improvement of the quality of programming available. The growth of single parent households and other parental stress cannot be totally seperated from the issue of TV issue, however.



AGES 6-11
COMMUNITY
SUPPORT &
INFLUENCES

COMMUNITY SUPPORT & INFLUENCES Ages 6--11

Support, Services & Influences

Penetration

System Elements

<ul style="list-style-type: none"> • <i>Monitoring and reg. for sanitation of businesses, restaurants, water systems, institutions, etc.</i> • <i>Vector control</i> • <i>Media main source of education about 2nd hand smoke</i> • <i>Some media around need for immunizations</i> • <i>Perception in some communities immunizations not important - those diseases gone</i> • <i>Immunization required for program receiving subsidized lunch important</i> • <i>Media, 0-5 some shows emphasize good nutrition, self-care, PSA's, but cartoon content and ads bad messages</i> • <i>No employer supports for housing any more.</i> • <i>The Big Change: the Campaign for Business and Family coalition of over 12 organizations to assist every business establish family friendly policies and become involved in the community</i> • <i>Tax credit for business providing child cares subsidies helpful needs</i> • <i>2 local parenting prpers/free</i> • <i>Parenting educational radio show on OPB</i> • <i>Lack of effective gun control</i> • <i>Child support enforcement improvement</i> • <i>Media info around nutrition often sensationalized</i> • <i>Talk radio on parenting</i> • <i>On-line parenting education/chat/support</i> 	<ul style="list-style-type: none"> • 75% of parents of school age kids have had difficulty finding adequate child care • 25% of school age children are not supervised by an adult after school • 47% or parents satisfied with their school age child care situation • Survey of Multnomah County family related employer practices underway as part of The Big Change, sponsors by Children First and others • City of Chicago won't employ or do business with people who are behind in child support! 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Parents view child care as too expensive and feel that employers and others should help <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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AGE GROUP SUMMARIES

6 - 11

CRITICAL WELLNESS SERVICE GAPS

- Shortage of affordable & specials needs housing
- Shortage of family wage jobs
- 18 - 24 % of families have no health coverage
- Limited school-based health, mental health services
- No consistent, comprehensive effort to assist families screened out by the Child Abuse Hotline
- 18% of 6-11 home alone after school, quality & availability of after-school care often poor
- School class sizes going up in many districts
- Need/requests for mentors far outstrips supply, many programs have trouble sustaining matches

KEY SYSTEM ELEMENTS ISSUES

- Early assessment activities limited
- Family Centers at capacity but reached only 3% of kids in county last year
- Inadequate funding, support for foster parents
- Neighborhood connections are key support for young families but current parent involvement levels are low, sense of isolation high
- Income self-sufficiency development efforts, are not individualized to the family



AGES 12-18
BASIC NEEDS

BASIC NEEDS Ages 12-18

Supports and Services

Penetration

System Elements

<p>FOOD</p> <ul style="list-style-type: none"> • Demand for emergency food fairly stable over last 5 years • Free/USDA breakfast & lunch offered through K-12, non-profit health centers and licensed (in home) care providers • Average people on food stamps: 63,704 • 84% people on food stamps have children 	<ul style="list-style-type: none"> • Native Americans most undeserved group • 47.6% requesting emergency food have kids • 33% are working • 53% get foods stamps • 87% of food stamp recipients say doesn't last all month 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Emergency system largely private <p>Information Systems</p> <ul style="list-style-type: none"> • Outcome data slim, emergency services linking IS • Project Luck working to improve for all displaced youth services. Currently not good <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Very dispersed & expanding to more sites (50 food box district sites, 2 meals/site) <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • varies by side; most trying to refer to other services • Project Luck is planning network of people, programs etc. Builds linkages to provide holistic care <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Oregon Food Bank surveys customers annually <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Hunger Task Force trying to look at big picture • Recommendation of Project Luck for displaced youth intake and assessment center
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BASIC NEEDS Ages 12-18

Supports and Services

Penetration

System Elements

<p>SHELTER</p> <ul style="list-style-type: none"> • There are about 2,000 homeless families in Multnomah County • Private sources add about 10 units per year • Public sources add 50 per year low income units • Major shortage of low income housing • On average night, approximately 425 people turned away from shelters • Major increases over last 5 years in cost of housing, tightening of eligibility • Median housing price is now \$131,000 • Two bedroom apartment median rent \$490 plus \$700 deposit • Major lack of housing for disabled keeps burden of DD adults on families, limits DD independence • Emergency Housing provided through formal system, 1,590 per night, 729 in family groups. • Big need for subsidized supportive housing for A&D • Primary causes of displaced youth are abuse, neglect, A&D use by parents and family conflict • Displaced youth usually require help with all basic needs, food, weather, clothing and income. 	<ul style="list-style-type: none"> • One of greatest emergency transitional housing need is for youth 12-15 • Foster care group homes backed up- placement for Afro-American boys difficult • 1,500-2,000 displaced youth in Multnomah County • Approximately 1,000 displaced youth utilize services per year • 300 of these are older than 16 • No appropriate housing for over 16 year olds • About 300 total displaced youth are pregnant • Culturally appropriate services a problem for youth 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Concentrated downtown some dispersed <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Some conflict/philosophical differences between youth service providers on next steps <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Debate on level of family involvement that is useful <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • More input/direction on specific programs not systems planning <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Project Luck proposal for intake and assessment
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BASIC NEEDS Ages 12-18

Supports and Services

Penetration

System Elements

<p>CLOTHING</p> <ul style="list-style-type: none"> • <i>Over 30 resources plus proliferation of sale clothing outlets</i> • <i>shoes and warm coats can be problem</i> • <i>Problems largely are shoes, coats and style (peer pressure)</i> 		<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Primarily dependent on private donations • Funding for all displaced youth services is less than needed and shrinking <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • None <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Distribution/shops very diverse • Displaced youth services largely downtown, several proposals to have services in other areas <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Minimal unless part of multipurpose agency <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • At family centers and shelters part of holistic program <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Several programs involve customers as volunteers or staff in operations <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Current acceptability of resale clothes helpful • Project Luck - intake and assessment proposal • Excellent on-going system for collaborative problem ID and proposal development
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BASIC NEEDS Ages 12-18

Supports and Services

Penetration

System Elements

<p>SAFETY</p> <ul style="list-style-type: none"> • <i>Family Enhancement (city health and mental health) services to families at risk of abuse</i> • <i>Domestic Violence Shelters turned away 17,012 children in '93-94</i> • <i>39% of domestic restraining orders involve children</i> • <i>40% of Oregon households have at least 1 gun</i> • <i>Only 30% of household with guns and kids lock away and unload them</i> 	<ul style="list-style-type: none"> • Only 11% of 12-18 in Multnomah County <u>do not</u> feel safe in their neighborhoods • 15% of African American youth in Multnomah County <u>do not</u> feel safe in their neighborhoods • Abuse down 2% last year • Neglect increased 	<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Proposal for "receiving homes" for assessment & care of A&N kids. Children would be sent home or to foster care within 3 weeks.
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BASIC NEEDS Ages 12-18

Supports and Services

Penetration

System Elements

<p>INCOME</p> <ul style="list-style-type: none"> • <i>In 1990 13.5% of county population below poverty level, an additional 18.5% close to falling below</i> • <i>20% increase in poverty from 1980-90.</i> • <i>Earned income tax credit will be scaled back or discontinued very likely</i> • <i>disabled will be dropped altogether</i> • <i>TPIC primary provider of employment and training target high risk</i> • <i>TPIC and other programs serve 2,150 per year.</i> • <i>400 youth employed in school sponsored training and emplacements</i> • <i>YEEP for Gang Affected Youth</i> • <i>Children's SSI being reduced, several thousand will be cut from program in Oregon</i> • <i>50% of displaced youth are involved in prostitution</i> 	<ul style="list-style-type: none"> • 16,862 children (0-8) • 8,810 families on ADC • Youth employment programs through PIC almost all target "high risk" • Few programs serve ESL and homeless youth • Little or no aide to most youth 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Reductions of 7,990 for year round Federal employment programs and summer programs have been eliminated by Feds • No increase in benefits for several years <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • No common outcome measures Ed. and Train. • Inputting more about customers <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Heavy NE Portland concentration for employment • OK but often long units <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • PIC contracting with other source • Service linkages improving <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Little with youth employment • Not individualized • Out of benefits leave, leave with caseworker, police • Addition of child care and transportation for some is helpful, needed by all <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Varies significantly pregnancy to pregnancy • AFS surveys, families speak not advocate <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Discussion of eliminating of pass through city community development of Ed. & Train. to PIC/Project Luck I & Apropr. • Number of families in poverty and concentration of wealth increasing • Middle class on a slow downward slide • Oregon welfare reforms offer some promise of new programs not available to all - often placed in no benefit, just above poverty wage jobs - structure of economy, education and key issues
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MATRIX SUMMARY

Age Group: 12 - 18
Category: Basic Needs

STRENGTHS

- Well organized emergency food system.
- Easy access/good supply of inexpensive clothes.
- Citizen perception of safety in target neighborhoods improving.
- Citizen support for limiting supply of guns is strong yet the biggest cause of accidental death for this groups is guns.
- New family mediation system especially promising for this group.
- Family Service Centers excellent models with low (3%) penetration, to date.
- Proposal to centralize intake and information for displaced youth clearly needed. Proposals to improve culturally specific services for these teens also important.

WEAKNESSES

- Low income housing supply seriously inadequate. Acute need for specialized housing i.e. DD, displaced youth, domestic violence & recovering substance abusers.
- Information about housing hard for families/displaced youth to access..
- Foster care overloaded, underfunded.
- Most job training slots are targeted at only high risk youth.
- Supply of & training for real "family wage" not subsistence jobs critical need driving most other areas of the service system.
- 18-24% of families without medical coverage easily thrown into poverty by one major illness.
- Welfare families feel system not investing enough to ever give them a real shot at getting out of poverty & therefore they will be dependent long term.

AGES 12-18
PHYSICAL &
EMOTIONAL
HEALTH

PHYSICAL & EMOTIONAL HEALTH Ages 12-18

Supports and Services

Penetration

System Elements

<p>PRENATAL CARE/TEEN PREGNANCY</p> <ul style="list-style-type: none"> • <i>Teens and company, peer helpers, Grady curriculum, Carrera Replication. HOT STARS</i> • Connections program tries to do assessment and service linkages of all teen moms (15% refuse) in hospital. • Teen pregnancy network provides referrals, system planning, strong tight knit, holistic system of services • Teen pregnancy reduction initiative planning • School health curriculum, home Economics. • Several in school day cares • PIVOT • Insights • Schools - tight linkages to services for pregnant students (Network) 	<ul style="list-style-type: none"> • 2,015 births to teen moms in 1994 • Births declined at schools with SBHC's is lower than county teen birth rate 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • No funding yet for County Prevention Initiative • Dollars cut for school funded programs, Grady replication inadequate funding (state) <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Improving <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Schools and or clinics access point <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Good history <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Strong recognition of complex multifaceted problem <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Most programs have strong consumer involvement <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • New prevention initiative
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PHYSICAL & EMOTIONAL HEALTH Ages 12-18

Supports and Services

Penetration

System Elements

<p>WELL-CHILD CARE</p> <ul style="list-style-type: none"> • <i>School based clinics provide mostly primary care</i> • <i>MESD nurses limited hours</i> • <i>Pregnancy prevention network developing collaborative plan to strengthen and improve existing efforts</i> • <i>Birth control, school clinics, PP other health care prevention, confidential except for insurance billings</i> • <i>County clinics</i> • <i>Parents health care provider (worry about confidentiality) transportation problems</i> 	<ul style="list-style-type: none"> • 11 SBHC clinics, 7 HS, 3 MS & 1 elementary • 50% of students at schools with clinic use/year • At Kaiser only 22% of 12-18's see a doctor once a year 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Pregnancy prevention, limited money. <p>Information Systems</p> <ul style="list-style-type: none"> • Pregnancy prevention: good pre and post testing, no SBHC's strong • Long term participant tracking through SBHC's good • SBHC's have strength linkage and follow-up <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Pregnancy education mostly one shot, Carrera and Greedy more comprehensive/intensive <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • SBHC's survey consumers have community advisory boards <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Strong participant evaluation in pregnancy prevention program and SBHC's - Project Luck A & I Prop.
<p>IMMUNIZATIONS</p> <ul style="list-style-type: none"> • <i>School based clinics offer immunizations free</i> • <i>Public clinics offer free minimal outreach for updates/ publicity required at 12-14</i> 		<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Increased in 1995 <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>

PHYSICAL & EMOTIONAL HEALTH Ages 12-18

Supports and Services

Penetration

System Elements

<p>SCREENINGS & FOLLOW-UP</p> <ul style="list-style-type: none"> • <i>SBHC's provide as requested indicated</i> • <i>Teens usage of other providers is very low</i> 	<ul style="list-style-type: none"> • At Kaiser only 22% of 12-18's see a doctor once a year 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>
<p>NUTRITION/ HEALTH ED</p> <ul style="list-style-type: none"> • <i>School district food service department distribute information with menus, post nutrition tips in school</i> • <i>SBHC's work with schools to do educational campaigns</i> • <i>1 semester of health class provided</i> 		<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>

PHYSICAL & EMOTIONAL HEALTH Ages 12-18

Supports and Services

Penetration

System Elements

<p>MENTAL HEALTH</p> <ul style="list-style-type: none"> • <i>Managed care systems: limited mental health assistance from their staff or contractors they are reducing amount of coverage increasing co-pay, wait lists for non-urgent up to 4 months</i> • <i>cost totally prohibitive for many uninsured or needing service beyond coverage</i> • <i>Mental health in family and health centers</i> • <i>SBHC have mental health consultation and treatment</i> • <i>School counselors (may be cut), church and youth group leaders</i> • <i>Peer helping networks formal and informal</i> • <i>PPS Services Directory lists 26 organized issue focused support groups for teens</i> • <i>Support groups usually free or low cost</i> • <i>In-patient care OHP and private coverage only pay for very limited stay in most cases</i> • <i>Displaced Youth - counseling in shelters from county mental health</i> • <i>Medicaid, as requested, flexible funding, 24 hour crisis, parent involvement</i> • <i>County mental health PLUS program provides assessment and referral for juvenile system, detentions...</i> 	<ul style="list-style-type: none"> • Med eligible: 42,247 • Med serve 5,069 in 1995 (misses working poor, uninsured) • Uninsured • Approximately 3,000 med eligible with mental health needs going unmet • No estimate of the insured or uninsured 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • OHP and private plans are providing shortened number of visits, length of service <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Medicaid IS being setup by county <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Strong partnership with state providers <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • design tries to incorporate family oriented model • becoming more holistic - limits on length of care may hurt quality <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Feedback included in design, strong integration of public mental health into health care, some day care <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Medicaid day ref to service 1 month (non-urgent), can belong to non-urgent private • Project Luck I&A proposal
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PHYSICAL & EMOTIONAL HEALTH Ages 12-18

Supports and Services

Penetration

System Elements

<p>A & D</p> <ul style="list-style-type: none"> • Most services outpatient • Mainstream, major provider for schools and county (OHP) • PPS Project Counteract - special school for drug affected youth alternative schools - supportive, flexible for kids in treatment recover • Most Drug Ed in lower grades, OR Together, HOT, Peer Helping other resiliency building programs are mult-issue and skill development or services focused • School districts offer free assessment and referral services treatment paid by health care • Touchstone: Family support model involves many MS and some HS students • If no health care coverage, then free or low cost D&A service hard to find • Free culturally specific services • Not enough adolescent programs especially residential • Culturally appropriate treatment for youth minimal 	<ul style="list-style-type: none"> • Marijuana usage: 14.7 % 11th graders (in past month) 8% are 8th graders • Multnomah County marijuana use figures low compared to other areas of the state • Alcohol use is also lower in Multnomah County than other areas • 33.4% of 11th graders and 27.9% of 8th graders used alcohol in last month • Cigarette use also low for state: 20.2% 11th grade, 18% 8th grade • Other illicit drug use also low in Multnomah County compared to rest of state: 8.8% 11th grade and *10.8% 8th grade. * reflects use of inhalants at this age • 14% of parents say their teens have tried marijuana • 38% of teens say they've tried it • 95% of parents say they've talked to their teens about drugs • 77% of teens say their parents have talked to them about drugs 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Federal D&A cuts affecting schools will be about 50% <p>Information Systems</p> <ul style="list-style-type: none"> • Current systems for tracking D&A kids pretty good but supported by Federal dollars <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Mainstream at family centers <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Touchstone is model Federal dollars and service collaboration <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Touchstone most complete fiscal model <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Varies a lot by program counselor <p>Continuous Improvement</p>
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PHYSICAL & EMOTIONAL HEALTH Ages 12-18

Supports and Services

Penetration

System Elements

<p>DD</p> <ul style="list-style-type: none"> • <i>Flexible respite fund with county some with SCF</i> • <i>Lack of DD child care providers prevents many parents from working or limits hours/types of jobs</i> • <i>Fairly strong system of peer support/advocacy groups</i> • <i>County DD now does intake for every family/next year PPS (all county)</i> • <i>County DD supplies family consultant to each family (free to all) link with other services especially early intervention</i> • <i>Library Special Services</i> • <i>Special Education: IEP's</i> • <i>Partners Project - Training for DD patients of DD</i> • <i>NW Advocacy Center - Litigation / mediation and advocacy for DD</i> • <i>At 16 Transitional planning - resources for life skills and job training and placement and supportive/special needs housing rare</i> • <i>SSI payments (in jeopardy)</i> 	<ul style="list-style-type: none"> • DD parents say regular child care and respite care still biggest need • some doctors still recommend institutionalization without trying anything else • Only about 38% of parents in support groups - time and child care problems • 30-45% of learning disabilities are not identified • ADHD undiagnosed much larger (about 85%) 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Serious reduction in Federal dollars to County, families and schools added to previously inadequate funding <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Family consultants go to family and Early Intervention family centers <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Increasing still not on some folds rader screen <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Strong attempt at early intervention and holistic approach <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Strong consumer input system <hr/> <p>Continuous Improvement</p>
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PHYSICAL & EMOTIONAL HEALTH Ages 12-18

Supports and Services

Penetration

System Elements

<p>HEALTHY ENVIRONMENT</p> <ul style="list-style-type: none"> • <i>Schools now forbid smoking even outside</i> 	<ul style="list-style-type: none"> • Only 11% of 12-18 in county say they are concerned about crime and safety issues in their neighborhoods • 20% of mothers of 0-5 smoke in Oregon • 25% of fathers of 0-25 smoke in Oregon • Increase in youth tobacco use especially girls 	<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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MATRIX SUMMARY

Age Group: 12 -18
Category: Physical & Emotional Health

STRENGTHS

- Quality public health system improving access through family centers and other neighborhood locations
- OR Health Plan provides more families with coverage
- Strong system for pre & post-natal care of teen moms & babies
- School based health centers provide critical services to youth who could or would not use them located elsewhere.
- DD system improving linkages/ coordination. Excellent family consultant model. Lack of housing and job options after high school serious problem.
- Integration of mental health into neighborhood service sites and school clinics improves access and reduces stigmas.

WEAKNESSES

- There are still a large number of families who have no type of health care coverage (18-24%). These people make up the working poor. They receive minimal care and are one medical emergency away from financial disaster. This is still the driving issue for maintenance of physical and mental health.
- The community health nurse seems the natural vehicle for individualized assesment, service provision and linkages in all areas of health. They may need additional training to broaden their expertise and information base. Trained non-medical staff could perform many of these functions at a lower cost to allow for program expansion. They could be linked with school clinics to increase communication.
- Advocacy for funding and high standards of care are necessary to protect and expand services in A&D, DD & Mental Health.
- There are only 11 school clinics and many more schools.

AGES 12-18
LOVING
COMPETENT
ADULTS

LOVING, COMPETENT ADULTS Ages 12-18

Supports and Services

Penetration

System Elements

<p>ON-GOING RELATIONSHIPS</p> <ul style="list-style-type: none"> • <i>All of the parenting resources are available and most have tailored curriculum for parenting teens, many are low cost. Involvement of teens key.</i> • <i>Joint counseling</i> • <i>Resiliency research shows positive school experience / relationships to teachers is significant protective factor</i> • <i>Mediation excellent tool - Tri-City Youth Consortium Mediation Project at about 12 dispersed sited, central coordination</i> • <i>Family Centers</i> • <i>An average 1,650 total children are in foster care</i> • <i>SCF/Community Health Nurses have joint program for intensive family preservation effort</i> • <i>Homebuilders, SCF contract with self-enhancement for those at risk of losing kids</i> • <i>SCF refers families to counseling, parenting education and many other services</i> • <i>Adult Probation and Community Corrections - keep parents with or near kids, may require counseling, D&A treatment, parent education and or job</i> 	<ul style="list-style-type: none"> • Frequent moves in foster care a problem. Quality of care varies • Divorce rate declined 2% in 1995 • Short tenure of child care workers (average 7 months) is a problem • Family Centers served 4,365 in 0-18 age, in last fiscal year. (3% of total) • Total population 0-17 was 131,580 in 1990 • SCF's ISP project serves 1% of cases • Family moves are harmful in relationships with other teachers and other adults • 45% of teens say they have serious conflict with their parents • 39% of parents say they have serious conflict with their teens 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Foster care under funded • School funding being reduced. Classroom size increased • Mediation project has grants out for mediator stipends <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Widespread options <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Mediation project linked through other agencies. Service ref. could be improved <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • SCF Individualized service planning, family support . Initiative family centers. Family care shelters. • Mediation and counseling usually look at whole family situation <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • CRB's and J.V. Rights Project • Mediation project adding youth mediators <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Mediation now free but small fee sliding scale in future to strengthen commitment • Proposal for receiving homes has pros and cons
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LOVING, COMPETENT ADULTS Ages 12-18

Supports and Services

Penetration

System Elements

<p>ADVOCATE FOR CHILD</p> <ul style="list-style-type: none"> • <i>CASA (Kids on dependency status) provided 850 kids with advocates last year (average case time 1.5 years)</i> • <i>Parents key advocates</i> • <i>Juvenile Rights Project, Children Ist, Commission etc.</i> • <i>Quaker Friends, Parent Advocate Program</i> • <i>Free parenting education through most public schools, parks and recreation. Free parenting education for those involved in SCF A&D or corrections. Some day cares offer</i> • <i>Most health care organizations offer parenting education for a fee</i> • <i>90% of Families Speak participants support mandatory parent education in schools</i> • <i>School staff can advocate for child</i> • <i>Head Start has many parenting education classes</i> • <i>Teen mom programs all include parent education</i> 	<ul style="list-style-type: none"> • <i>CASA's available for only 50% of kids on dependency status (1,690 kids total last year)</i> 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • <i>To provide more CASA's need more support staff and volunteers (most dollars now private)</i> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • <i>CASA's go to kids</i> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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LOVING, COMPETENT ADULTS Ages 12-18

Supports and Services

Penetration

System Elements

<p>POSITIVE ROLE MODEL</p> <ul style="list-style-type: none"> • <i>Mentoring programs sponsored by numerous church & school based groups</i> • <i>Most have infrequent contact with youth, lots of turn over and weak mentor training and support - 50-70% match failure</i> • <i>A few "mentoring" programs are long-term and intensive. Most of these pay mentors and or have paid support staff</i> • <i>Parenting Ed/Counseling mental health helps parents improve</i> • <i>Resiliency research shows positive school experience / relationships to teachers is significant protective factor</i> 	<ul style="list-style-type: none"> • Average wait time for Big Brother / Big Sister boys 1 year, wait time for girls 3-6 months • About 1,000 youth in county have mentors 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Mentoring programs have weak infrastructure because of poor funding <hr/> <p>Information Systems</p> <ul style="list-style-type: none"> • Proposal for joint IS for mentor program <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Most mentor program revolve around schools <hr/> <p>Collaboration / Coordination</p> <ul style="list-style-type: none"> • Minimal for mentor program. Network of large program dir. <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • Mentoring whole child but few involve family <hr/> <p>Community / Consumer Involvement</p> <ul style="list-style-type: none"> • Varies <hr/> <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Leaders 'Round Table Mentor Project
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LOVING, COMPETENT ADULTS Ages 12-18

Supports and Services

Penetration

System Elements

<p>APPROPRIATE EXPECTATIONS</p> <ul style="list-style-type: none"> • <i>This is key focus of parent education programs</i> • <i>parent peer support groups help with this, Head Start has support groups and a small number of churches and day care centers offer</i> • <i>A few Portland neighborhood associations, churches, most of the family centers offer parent support groups</i> • <i>Internet parenting support groups</i> • <i>Libraries have good parent education materials</i> 	<ul style="list-style-type: none"> • Number of identified sex abuse cases down 30% from 93-94 • In 1994, 68% of sex abuse was within families • About 90% of <u>Families Speak</u> participants supported mandatory parent education 	<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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LOVING, COMPETENT ADULTS Ages 12-18

Supports and Services

Penetration

System Elements

<p>ADULT NEEDS MET</p> <ul style="list-style-type: none"> • <i>Domestic violence shelters turned away 10,789 women in 93-94</i> • <i>After tax income (adjusted for inflation) has declined 7-17% for the poorest 2/5 of Americans in the last 15 years. Middle 1/5 stayed almost the same and the top 2/5 increased 6-28%. The top 1% richest families saw their wealth increase by 91%</i> • <i>D&A treatment not well covered by OHP or private system, uninsured have little treatment access</i> • <i>Wait for treatment can be up to 4 months</i> • <i>Family Centers try to cover needs of whole family and all types of families low cost, recreation, fitness, education, socialization</i> • <i>Parks and Rec. programs</i> • <i>Libraries</i> • <i>Literacy programs</i> • <i>Job training for career oriented jobs limited</i> • <i>Lack of health coverage can destroy low income families</i> 	<ul style="list-style-type: none"> • 28% of families with child abuse cases "head of family" unemployed • 45% of abuse was in single parent families • Substance use involved in 42% of families with abuse • Adults surveyed in <u>Families Speak</u> felt a need for a system advocate, and neighborhood based cooperative improvement programs • 18-24% of families in county have no health coverage 	<p>Funding Characteristics</p> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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MATRIX SUMMARY

Age Group: 12 -18
Category: Loving, Competent Adults

STRENGTHS

- Formal resources for parent education and improvement abound.
- Strong parent support for integration of parent education into mandatory school curriculum and development of peer parent support groups.
- Organizing of neighborhood-based, informal parent support groups could feed into many areas of need; socialization, parent improvement, neighborhood safety, cooperative childcare, school involvement, information sharing...
- Actually has been some decline in reported physical and sexual abuse but problems are still acute.
- SCF's Individualized Service Planning Program and other Family Support implementation activities are slow but real movement toward building family resiliency.

WEAKNESSES

- Multiple issues prevent widespread voluntary participation in existing Parenting Education programs i.e. time, money, stress, transportation, childcare, resistance to formal education approach...
- Many adult needs aren't being met. Some of the key ones are outside traditional Children & Families arena i.e.; low-wage, dead-end jobs and others are more familiar; support & shelter for domestic violence victims, other housing needs, welfare reform, A&D treatment slots & additional support for DD families.
- More attention needs to be paid to the families reported to the hotline but not meeting the criteria for SCF involvement.
- Must increase supports to Foster Parents so they don't become victims of the adult unmet needs.



AGES 12-18
DEVELOPMENT
OPPORTUNITIES

DEVELOPMENT OPPORTUNITIES Ages 12-18

Supports and Services

Penetration

System Elements

<p>PHYSICAL</p> <ul style="list-style-type: none"> • <i>PE 3 days per week for semester</i> • <i>School sports: Offered only through Parks and Rec. in Portland middle Schools or private (\$) group, other east county districts provide some after school sports</i> • <i>Parks and Rec. offers a few fitness classes</i> • <i>High School: much broader selection of school sponsored sports</i> • <i>Non-traditional sports martial arts, cycling, etc. are private</i> • <i>Summer parks offer wide range of youth and family activities</i> • <i>Many private \$ camps etc.</i> • <i>Lack of wider exercise options</i> 	<p>Health clubs- adults only \$</p> <ul style="list-style-type: none"> • 31% of girls 12-18 overweight • 64% of girls 12-18 think they are overweight • 26% of boys 12-18 overweight • Limited number of after school activities esp. for MS and non-traditional students (varies by district) 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Schools reducing funding, some may eliminate PE <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <ul style="list-style-type: none"> • Good <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <ul style="list-style-type: none"> • No other activities or services offered activities, not determined by youth <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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DEVELOPMENT OPPORTUNITIES Ages 12-18

Supports and Services

Penetration

System Elements

<p>INTELLECTUAL / COGNITIVE</p> <ul style="list-style-type: none"> • <i>Chapter 1 (tutoring) being opened up to all students at many schools</i> • <i>Parent attitude about school key</i> • <i>Schools often don't make use of knowledge about learning styles</i> • <i>Schools provide info and opportunities, and practice.</i> • <i>Libraries provide important resources for students</i> • <i>Parks and Rec. offers some after school and summer courses, arts and music programs</i> • <i>Tutoring available to all through Chapter 1 (in-school) or private paid resources</i> • <i>Peer tutoring available in some schools increases resiliency and grades</i> • <i>Museums getting expensive</i> • <i>community schools courses</i> • <i>Libraries special programs</i> • <i>Many private arts programs but can be spendy</i> • <i>Travel overseas opportunities cost can be prohibitive. Emphasis on helping kids earn money. Some through school, others community organizations.</i> • <i>Wide range or alternative schools now available. Important retention tool.</i> • <i>Allowed to take some college courses in H.S.</i> • <i>OMSI programs</i> • <i>Community Music School</i> • <i>Public Centers for Performing and Visual Arts</i> 	<ul style="list-style-type: none"> • <i>54% of 12-18 say they like school</i> • <i>Age 12 is where girls fall behind in math and science</i> • <i>Limited number of after school activities esp. for MS and non-traditional students (varies by district)</i> 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • <i>School funding declining PPS per student down 250 next year</i> <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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DEVELOPMENT OPPORTUNITIES Ages 12-18

Supports and Services

Penetration

System Elements

<p>SOCIAL</p> <ul style="list-style-type: none"> • <i>School based social/extra curricular activities are limited in MS</i> • <i>School based social extra curricular activities being cut back in High School</i> • <i>Religious organizations offer diversity of activities - camping, discussions, outings, etc.</i> • <i>Employment becomes socializing influence at this time</i> • <i>Cost of many things prohibitive for youth, i.e., movie \$7.</i> 	<ul style="list-style-type: none"> • Activities for nontraditional students outside the classic dance - are infrequent at some schools • Sample survey at PPS, H.S.'s found only 42% involved in school extra curricular activities 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>
<p>EMOTIONAL</p> <ul style="list-style-type: none"> • <i>Mediation</i> • <i>Peer helping programs</i> • <i>Counseling Resources described under Mental Health</i> 	<ul style="list-style-type: none"> • Is there an adult you can turn to if you need help? Sample of PPS Middle School 78% yes, 22% No • Is there an adult you can turn to if you need help? Sample of PPS High School 61% yes, 39% No 	<p>Funding Characteristics</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>

DEVELOPMENT OPPORTUNITIES Ages 12-18

Supports and Services

Penetration

System Elements

<p>MORAL</p> <ul style="list-style-type: none"> • <i>Youth Accountability Boards through family centers</i> • <i>Religious organizations</i> • <i>Modeling by adults of moral behavior</i> • <i>Libraries/books</i> • <i>Parents still key</i> • <i>School climate - measures by students and staff to influence can make a big difference</i> • <i>Community service activities and programs have been shown (Bonnie Berard) to build resiliency</i> • <i>Juvenile Justice system</i> 	<ul style="list-style-type: none"> • Juvenile arrests for crimes to people, property, stable, behavior arrests saw big increase in 1994 • Youth of color still over represented in detention in 1994 • Only about 20% of kids in Juvenile system go on to Adult • Research shows certainty and swiftness of youth accountability for crimes is what makes a difference for future <u>not</u> servery. Juvenile Justice is trying to accomplish that • Service needs ID can do more harm than good by widening J.J. net • Balance of voluntary services and accountability 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Funding Characteristics</td></tr> <tr><td>Information Systems</td></tr> <tr><td>Geographic Accessibility</td></tr> <tr><td>Collaboration / Coordination</td></tr> <tr><td>Wellness / Family Support Approach</td></tr> <tr><td>Community / Consumer Involvement</td></tr> <tr><td>Continuous Improvement</td></tr> </table> <ul style="list-style-type: none"> • J.J. working on assessment tool to profile the 20% of kids who go on to adults system and ID what is working with 80% who stay out 	Funding Characteristics	Information Systems	Geographic Accessibility	Collaboration / Coordination	Wellness / Family Support Approach	Community / Consumer Involvement	Continuous Improvement
Funding Characteristics									
Information Systems									
Geographic Accessibility									
Collaboration / Coordination									
Wellness / Family Support Approach									
Community / Consumer Involvement									
Continuous Improvement									

DEVELOPMENT OPPORTUNITIES Ages 12-18

Supports and Services

Penetration

System Elements

<p>DEVELOPMENT OPPORTUNITIES MULTI-AREA Many previous items affect multiple type of development, too.</p> <ul style="list-style-type: none"> • Self-enhancement • TNT/TLC • HOT • Girls Empowerment • Self Managers • Peer Helping & Tutoring and mediation • Student Government • Outdoor School • Carera Replication • Outward Bound • ROPES • There are many more 		<p>Funding Characteristics • Many of these are being phased out for lack of funding</p> <p>Information Systems</p> <p>Geographic Accessibility</p> <p>Collaboration / Coordination</p> <p>Wellness / Family Support Approach</p> <p>Community / Consumer Involvement</p> <p>Continuous Improvement</p>
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MATRIX SUMMARY

Age Group: 12 -18
Category: Development Opportunities

STRENGTHS

- The biggest issues in development are appropriate stimulation/input and providing opportunities. Actual resources are *not* the key, it is how and if parents, teachers and youth use what they have (or have access to), to help each teen develop to their individual potential.
- This relates back to parent support and training again and also that of childcare providers & programs. Parent education is a priority for citizens and the state is working to upgrade childcare provider training. The significant number of Parent Education resources may require reconfiguration to fit into more parents lives.
- Many types of recreational, organizational & environmental resources to serve as a catalyst for development are plentiful in the county, some are becoming too expensive for many, however.
- There are excellent models of successful resiliency building programs for teens, just not enough replication \$ to go around.

WEAKNESSES

- Childcare and Education are the chief developmental system weaknesses. Childcare for kids 6-11 is primarily after school. The 18% left at home alone is too much & better design and resources are needed for many of these programs. The primary reason for kids left alone is cost.
- The regression in the OR public school system is well known. Everyone agrees that a critical factor in teacher success is class size but the numbers are going up anyway.
- The detrimental influence of excessive and inappropriate TV on all types of development is more under parental control. The Commission can educate and advocate for increased parental involvement and responsibility around the issue of TV and for improvement of the quality of programming available. The growth of single parent households and other parental stress cannot be totally seperated from the issue of TV issue, however.

*AGES 12-18
COMMUNITY
SUPPORT &
INFLUENCES*

COMMUNITY SUPPORT & INFLUENCES Ages 12-18

Support, Services & Influences

Penetration

System Elements

<ul style="list-style-type: none"> • Fast, cheap foods tend to be unhealthy, 15-18 purchase 30% of food they eat with their own money. • Monitoring and reg. for sanitation of businesses, restaurants, water systems, institutions, etc. • Vector control • Media main source of education about 2nd hand smoke • Some media around need for immunizations • Perception in some communities immunizations not important - those diseases gone • Immunization required for program receiving subsidized lunch important • Media, 0-5 some shows emphasize good nutrition, self-care, PSA's, but cartoon content and ads bad messages • No employer supports for housing any more. • The Big Change: the Campaign for Business and Family coalition of over 12 organizations to assist every business establish family friendly policies and become involved in the community • Tax credit for business providing child care subsidies helpful needs publicity • 2 local parenting prpers/free • Parenting educational radio show on OPB • Lack of effective gun control • Child support enforcement improvement • Media info around nutrition sensationalized • Talk radio or parenting 	<ul style="list-style-type: none"> • 75% of parents of school age kids have had difficulty finding adequate child care • 25% of school age children are not supervised by an adult after school • 47% or parents satisfied with their school age child care situation • Survey of Multnomah County family related employer practices underway as part of The Big Change, sponsors by Children First and others • City of Chicago won't employ or do business with people who are behind in child support! 	<p>Funding Characteristics</p> <ul style="list-style-type: none"> • Parents view child care as too expensive and feel that employers and others should help <hr/> <p>Information Systems</p> <hr/> <p>Geographic Accessibility</p> <hr/> <p>Collaboration / Coordination</p> <hr/> <p>Wellness / Family Support Approach</p> <hr/> <p>Community / Consumer Involvement</p> <hr/> <p>Continuous Improvement</p>
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AGE GROUP SUMMARIES

12 - 18

CRITICAL WELLNESS SERVICE GAPS

- Shortage of affordable & specials needs housing
- Shortage of family wage jobs
- 18 - 24 % of families have no health coverage
- School retention efforts slow to impact overall rates especially for Hispanic, African-American & Native American youth
- SBC's at only 10 of the County's 38 middle & high schools
- Drug & Alcohol prevention & treatment in many districts being cut by about 30%
- Need/requests for mentors far outstrips supply, many programs have trouble sustaining matches
- After school (prime crime time) supervision & activities very limited for middle school students, varies some by district
- Most youth employment programs limited to ID'd high risk youth

KEY SYSTEM ELEMENTS ISSUES

- Family Centers at capacity but reached only 3% of kids in county last year
- Income self-sufficiency development efforts, are not individualized to the family
- Substantial youth involvement in designing/improving programs for them, is still very limited

SERVICE SYSTEM EXPENDITURES

With the short timeframe for this report, the area most ignored was budgets. This is budget time in most agencies and they couldn't spare me much time anyway, I had requested detailed information. Here is what I do have and you can gather more information after the current round of budget deliberations is finished.

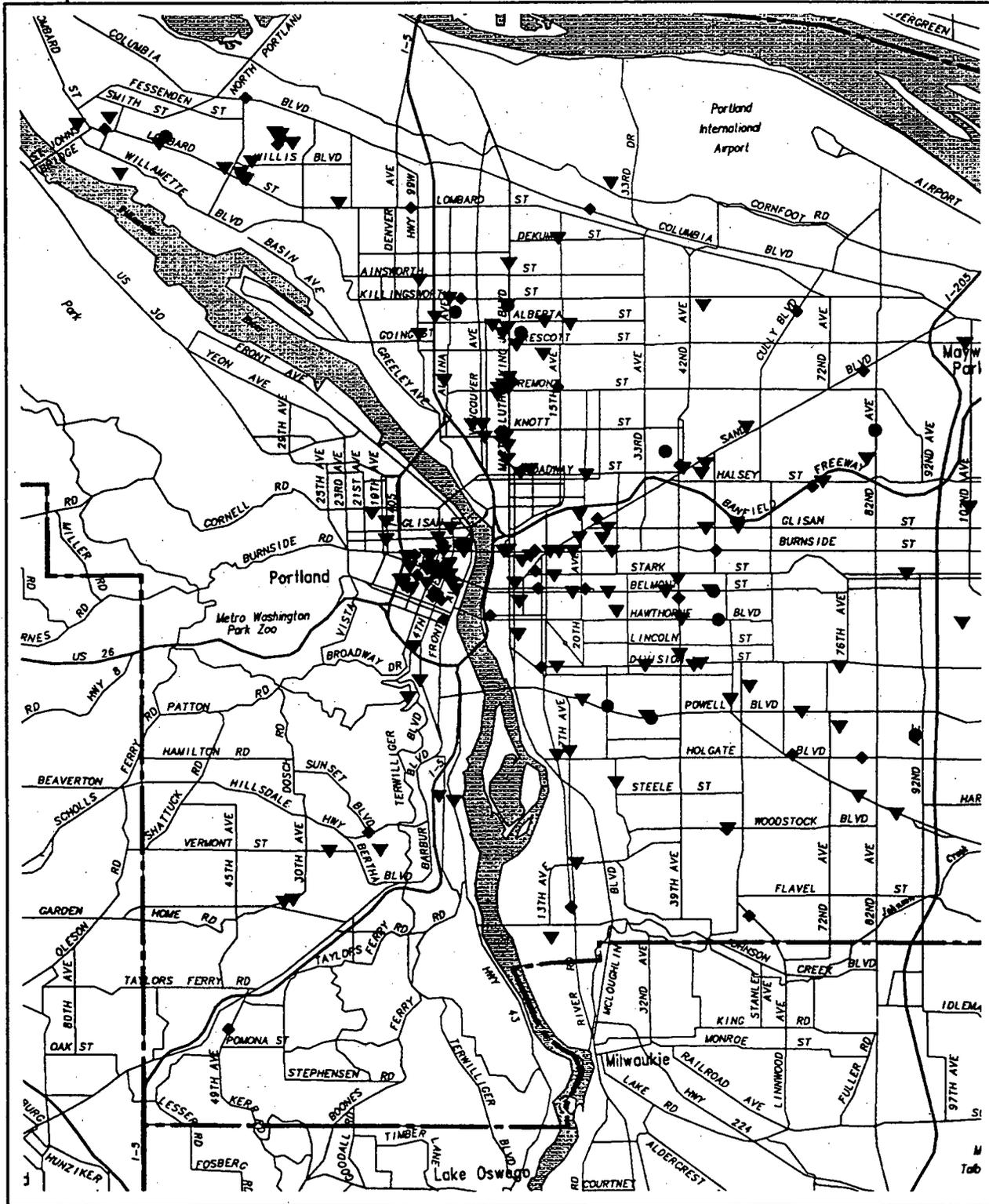
YEAR	ENTITY	DOLLAR AMOUNT
1995	Meyer Trust	\$ 2,643,710
1995	OR Community Foundation	240,000
1996-97 Proposed	Portland Public Schools	786,000,000
1994 Estimated	OR Dept. of Human Res. (includes federal \$)	600,000,000
1994-95	Multnomah County (direct to kids only)	60,543,255
1994-95	Multnomah County (kids & families)	43,000,000
1996 Proposed	PDX Bureau of Housing & Community Development	23,558,080

Entities missing from this list include:

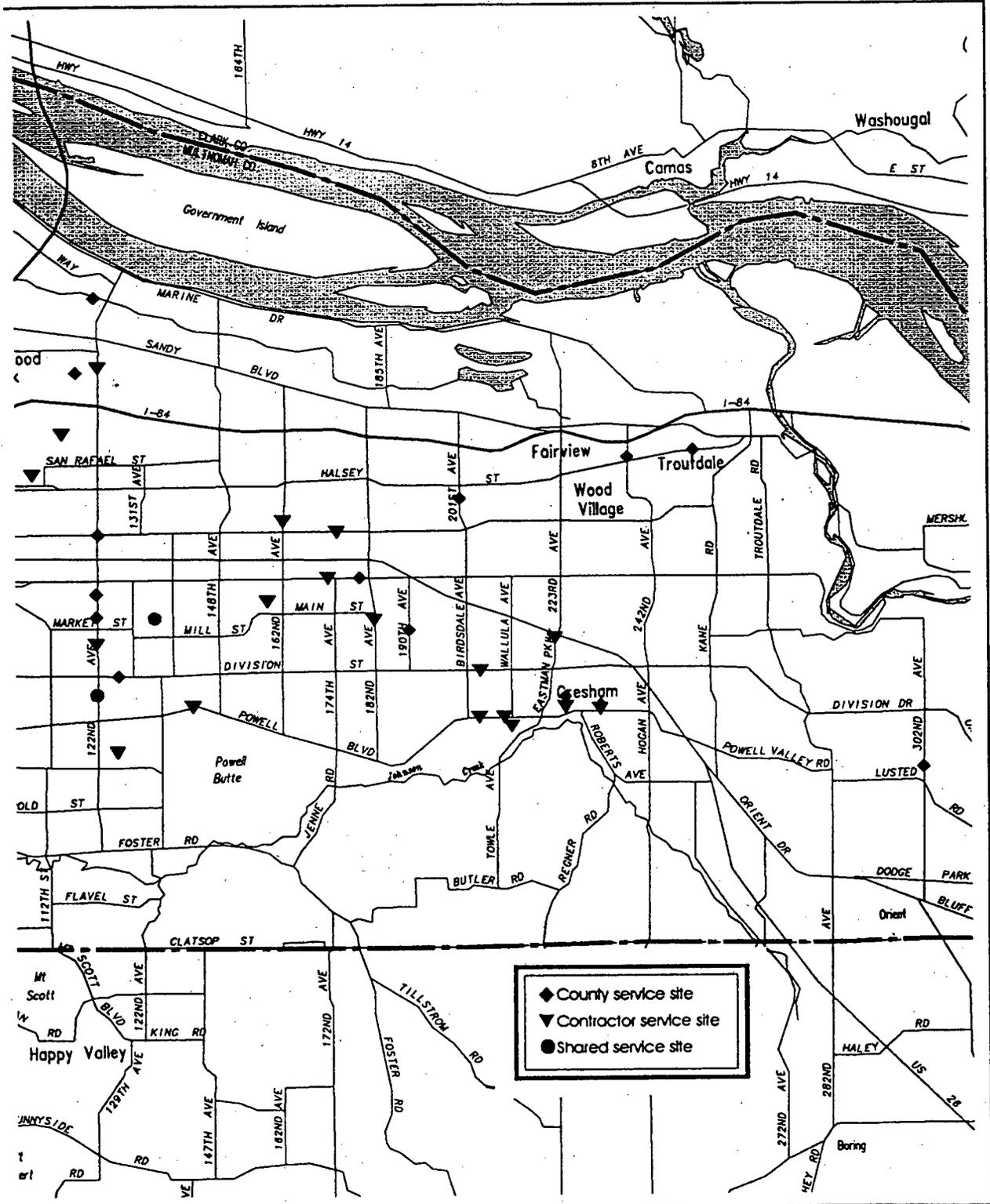
- Other relevant Portland Bureaus
- East County School Districts
- Other Local & National Foundations
- Direct Federal money
- Other?

SERVICE MAP

Service sites of the County and its contractors (incomplete list)



Source: Metro map of site information collected by Auditor's Office



KEY RESOURCE PEOPLE FOR THIS REPORT

Name	Agency
Jan Peterson	Co. Developmental Disabilities
Janice Gratton	Co. Children's Mental Health
Jimmy Brown	Juvenile Services
Katherine Broderick	CASA
Ellen Fader	Libraries
Jan Wallinder	Health Dept.
Denise Chucovich	Health Dept.
Judy Griswald	SCF
Toni Peterson	DHR
Moria Finnegan	AFS
Kathryn Weit	Developmental Dissabilities Commission
Howard Klink	Co. Dept. of Community & Family Services
Mary Norquist	Business Youth Exchange
Karen Belsey	PDX Bureau of Housing & Community Development
Lynn Taccogna	PDX Bureau of Housing & Community Development
Marge Ily	Portland Housing Authority
Karen Hudall	Private Industry Council
Joy Hir	HUD
Kathy Millard	Co. Dept. of Community & Family Services
Mary Li	Co. Dept. of Community & Family Services
Marianne Heisler	Portland Police
Steve Manton	PDX Parks and Recreation
Chiquita Rollins	Co. Dept. of Community & Family Services
Merm Rosenbaum & Rick Ukena	OR Food Bank
Sarah Flemming	Hunger Task Force
Chris Tebben	Co. Budget Office
Gary Blackner	County Auditor
Sharon McCormick	PCC
Jo Ann Fuller	Juvenile Services
Marilyn Richen	Portland Public Schools
Nancy Dickenson	David Douglas Schools
Art Emlen	PSU
Dan Vizzini	City Auditor's Office
Karen Gorton	Metro Childcare and Referral
Barbara Jorgenson	MESD
Norma Jäger	Co. Alcohol & Drug Office
Cliff George	State Office of Alcohol & Drug
Mary McDonald	Head Start
Charlene McDonald	Meyer Trust
Susan McLaughlin	OR Community Foundation
Kathy Taylor	Portland Public Schools
United Way	Services Directory
Black United Fund	Amina Anderson

Ecumenical Ministries

Kathy Harris

Carol Wire

Bonnie Rosatti

Gary Dornbroff

Connie Revell

Ralph Summers

OR Dept. of Ed

Diane Linn

Murray Swanson

The 620 Families Who Participated in *Families Speak*

Ellen Lowe

City/Co. Progress Board

MCCF

MCCF

Children First

OR Progress Board

State Mental Health

Alicia Meadows

Portland Office of Neighborhoods

Co. Dept. Community & Family Services

I apologize to those I have forgotten, however. I did appreciate your help and the help of those listed above.

**MULTNOMAH COMMISSION ON CHILDREN AND
FAMILIES**

**COMPREHENSIVE PLAN
COMMUNITY MAPPING PROCESS
SERVICE DELIVERY SURVEY**

**SERVICE DELIVERY TABLE
COMMUNITY SCHOOLS**

**MULTNOMAH COMMISSION ON CHILDREN AND
FAMILIES**

**COMPREHENSIVE PLAN
COMMUNITY MAPPING PROCESS
SERVICE DELIVERY SURVERY**

**JEFFERSON HIGH SCHOOL
COMMUNITY SERVICE TABLE**

Project Name	Project Category	Project Description	Need	Target Group	County Funding
A Minor Miracle	Chemical Dep Treatment	Chemical Dependency assessment, education, counseling	Physical and Emotional Health	12-18	No
Adult and Family Services - Albina Branch	Financial Assistance	Financial, child care, medical and nutrition assistance, and job training,	Basic Needs	0 - 18	No
Adult and Family Services - North Branch	Financial Assistance	Financial, child care, medical and nutrition assistance, and job training,	Basic Needs	0 - 18	No
Adult and Family Services - Northeast Bran	Financial Assistance	Financial, child care, medical and nutrition assistance, and job training,	Basic Needs	0 - 18	No
African American Services (SEI)	Youth Investment	Level 7 program for youth	Developmental Opportunities	12-18	Yes
Albina Head Start	Preschool	Provides comprehensive early care and education for children ages 3 - 5	Development Opportunities	0 - 5	Yes
Albina Library	Mult Co Library	Library Services	Development Opportunities	0 - 18	Yes
Albina Ministerial Alliance - Teen Parent Pro	Teen Parent	Support services for pregnant and parenting teens	Loving, Competent Adults	12-18	No
Albina Ministerial Alliance CSC	Community Serv Center	Provides case management and other assistance for low income households	Basic Needs	0 - 18	Yes
Albina Youth Opportunity School	Alternative Education	Alternative School	Developmental Opportunities	11-18	No
Alpha Family Treatment Center	Chemical Dependency	Chemical dependency treatment services	Physical and Emotional Health	6 -18	No
American Indian Association of Pdx	Community Serv Center	Provides case management and other assistance for American Indian familie	Basic Needs	0 - 18	Yes
ARC of Mult County - Parent Support	Family Support	Counseling workshop for parents of children with disabilities	Loving, Competent Adults	0 - 18	No
Arc of Mult County - Respite Care	Respite Care	Relief care fo MR and DD persons	Loving, Competent Adults	0 - 18	No
Asian Family Center	Family Center	Provides culturally specific services for families with children ages 6 - 18	Developmental Opportunities	6 - 18	Yes
Asian Services (IRCO)	Youth Investment	Culturally specific youth services	Developmental Opportunities	12-18	Yes
Beach School Touchstone Prog	Touchstone Program	Provides school based resources on alcohol and drug related issues	Physical and Emotional Health	6 - 11	Yes
BGAS SafePlace	Youth Investment	Shelter Services for level 7 youth	Basic Needs	12-18	Yes
Blazers Boys and Girls Club	Recreation	Organized recreational activities	Developmental Opportunities	6 -18	No
Boise-Elliot Sch ECE Center	Preschool	ECE program for low income 4 year old children	Developmental Opportunities	0 - 5	No
Boise-Elliot School Touchstone Prog	Chem Dependency	Family support services and assistance to substance affected and involved	Physical and Emotional Health	6 - 11	Yes
Bradley Angle House	Domestic Violence	Shelter and support services for survivors of domestiv violence	Basic Needs	0 - 18	Yes
Caremark Behavioral Health Services	Mental Health	Residential and outpatient mental health services for children and youth	Physical and Emotional Health	0 - 18	Yes
CARES NORTHWEST	Child Abuse	Child abuse evaluation and referral	Physical and Emotional Health	0 - 18	No
CASA	Intervention	Court appointed advocates for children	Community Support and Influen	0 - 18	Yes
Catholic Community Services	Mental Health	Individual and family counseling	Physical and Emotional Hea;th	0 -18	No
Center for Community Mental Health	Mental Health	Individual and family counseling	Physical and Emotional Health	0 - 18	Yes
Central Library	Mult Co. Library	Library services	Development Opportunities	0 - 18	Yes
Child's Path	Nutrition Assistance	Food Supplement and Education	Basic Needs	0 - 18	No
Child's Path Child Care	Child Care	Child care services	Developmental Opportunities	0 - 6	No
Children's Program	Mental Health	Individual, family and group counseling	Physical and Emotional Health	0 - 18	No
Clearing House and Crisis Line (Janus)	Youth Investment	Information and Referral, Emergency assistance	Community Supportand Influen	12-18	Yes
CODA - Comprehensive Options for Drug A	Chem Dep Treatment	Outpatient drug and alcohol treatment services	Physical and Emotional Health	12-18	Yes
Community Health Nurses	Community Health Nurse	Provides health education, assessment, outreach, information and referral	Physical and Emotional Health	0 - 18	Yes
DePaul Youth Treatment Program	Chem Dep Treatment	Residential and outpatient drug and alcohol treatment services	Physical and Emotional Health	12-18	Yes
Devers Memorial Eye Clinic	Community Health	Eye exams and treatment	Physical and Emotional Health	0 - 18	No
Dishman Community Center	Community School	Afterschool recreation and education programs	Developmental Opportunities	6 - 18	No
Divorce and Family Mediation	Mediation	Divorce and Family Mediation services	Community Support and Influen	0 - 18	No
Donald E. Long School	Alternative Education	Alternative education for incarcerated youth	Developmental Opportunities	0 - 18	No
Easter Seal Parents Night Out	Respite Care	Respite care for families of disabled children	Loving and Competent Adults	0 - 18	No

Location
Lincoln
Jefferson
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Jefferson
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confidential
Roosevelt
Grant
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Cleveland
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Franklin
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Lincoln
Madison
Wilson

Project Name	Project Category	Project Description	Need	Target Group	County Funding
Eastside Community Chiropractic Clinic	Community Health	Free chiropractic services	Physical and Emotional Health	0 - 18	Yes
Echoes Network	Mental Health	Physical, Emotional and Sexual Abuse treatment	Physical and Emotional Health	12-18	No
El Programa Hispano	Community Serv Center	Provides case management and other assistance for Spanish speaking famili	Basic Needs	0 - 18	Yes
El Programa Hispano	Youth Investment	Level 7 youth services	Developmental Opportunities	11 -18	Yes
Elks Children's Eye Clinic	Health Care	Diagnosis and treatment for children with vision problems	Physical and Emotional Health	0 - 18	No
Emanuel Helping Hands Program	Child Care	Child care services	Developmental Opportunities	0 - 5	No
Emanuel Hosp - Child Dev Program	Health Assessment	Evaluation and treatment for disabled children	Physical and Emotional Health	0 - 18	No
Family Mediation Project	Youth Investment	Mediation services for families and youth	Loving Competent Adults	6 - 18	Yes
Family Support Program	Family Support	Financial assistance and support for with with disabled children	Basic Needs	0 - 18	No
Foster Parents Association	Family Support	Family support and advocacy services	Loving and Competent Adults	0 - 18	No
Garlington Center	Community Mental Health	Mental health services for children and families	Physical and Emotional Health	0 - 18	Yes
Genesis	Alternative School	Alternative school for youth on parole or probation	Developmental Opportunities	6 - 18	No
GIFT Program	Intervention	Services for gang involved youth	Developmental Opportunities	12-18	Yes
Grace Collins Child Care Center	Child Care	Child care services	Developmental Opportunities	0 - 5	No
Greenhouse (Salvation Army)	Alternative Education	Alternative education and counseling for homeless youth	Developmental Opportunities	12-18	No
Growing up with Divorce	Family Support	Support groups for children experiencing divorce	Physical and Emotional Health	0 - 18	No
Harry's Mother	Prevention	Emergency shelter, crisis intervention and treatment for homeless youth	Basic Needs	6 -18	Yes
Helensview High School	Intervention	High School for pregnant and parenting teens	Developmental Opportunities	12-18	No
Homebuilders	Intervention	Intensive Family Preservation Services	Loving, Competent Adults	0 - 18	No
Humbolt School ECE Center	Preschool Education	ECE program for low income 4 year old children	Developmental Opportunities	0 - 5	No
Humbolt School Touchstone Prog	Chem Dependency	Family support services and assistance to substance affected and involved	Physical and Emotional Health	6 - 11	Yes
I Have A Dream Program	Education	Supplemental education and support services	Developmental Opportunities	0 - 5	No
Inner N/NE YMCA	Child Care	Before and afterschool child care	Developmental Opportunities	6 -11	No
Insights Teen Parent Program	Teen parent support	Support services for pregnant and parenting teens	Loving, Competent Adults	0 - 18	Yes
International Learning Program- EMO	Alternative Education	Alternative education for drop out youth from the refugee and immigrant co	Developmental Opportunities	0 - 18	No
IRCO Community Services	Community Serv Center	Provides case management and other assistance for Asian families	Basic Needs	0 - 18	Yes
Janus Youth and Family Services	Mental Health	Mental Health services for youth	Physical and Emotional Health	6 -18	Yes
Jefferson Caring Community	Caring Community	Community Planning effort designed to achieve 100% graduation from HS	Developmental Opportunity	11-18	Yes
Jefferson HS Health Center	SBS - Health Center	Health services for Students	Physical and Emotional Health	11-18	Yes
Jefferson HS Touchstone Prog	Chem Dependency	Family support services and assistance to substance affected and involved	Physical and Emotional Health	11-18	Yes
Jewish Family and Child Services	Mental Health	Individual, family and group counseling	Physical and Emotional Health	0 - 18	No
Job Corps	Vocational Training	Vocational training and education	Developmental Opportunities	12-18	No
Kaiser Counseling Center	Mental Health	Residential and outpatient individual, family and group counseling	Physical and Emotional Health	0 -18	No
Kenton School Program	Chem Dependency	Family support services and assistance to substance affected and involved	Physical and Emotional Health	6 - 11	Yes
Kerr Youth and Family Center	Mental Health	Residential and outpatient mental health services	Physical and Emotional Health	0 - 18	Yes
King School Touchstone Program	Chem Dependency	Family support services and assistance to substance affected and involved	Physical and Emotional Health	6 - 11	Yes
King's Kids Adventist Preschool	Child Care	Child care services	Developmental Opportunities	0 5	No
Kletzer Hall	Intervention	Shelter services for girls	Basic Needs	12-18	No
La Clínica De Buena Salud	Community Health Center	Provides intergrated primary health care for Spanish speaking families	Physical and Emotional Health	0 - 18	Yes
Legacy Rehab Services	Health Assessment	Evaluation and treatment for disabled children	Physical and Emotional Health	0 -18	No

Location
Cleveland
Madison
Grsham-Barlow
Gresham-Barlow
Lincoln
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Parkrose
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Jefferson
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Cleveland
Cleveland
Jefferson
Jefferson
Jefferson
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Lincoln
Roosevelt
Jefferson
Reynolds
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Jefferson
Franklin
Gresham-Barlow
Lincoln

Project Name	Project Category	Project Description	Need	Target Group	County Funding
Legal Aid	Legal Services	Legal assistance for low income individuals and families	Community Support and Influen	0 -18	No
Level 7 Network Coordination	Youth Investment	Coordination of level 7 services	Community Support and Influen	6 - 18	Yes
Lutheran Family Services	Mental Health	Individual and family counseling	Physical and Emotional Health	0 - 18	No
Lutheran Inner City Ministires	Child Care	Child care services	Developmental Opportunities	0 - 5	No
M.Y.C.A.P.	Intervention	Intervention services for gang affected and involved youth	Physical and Emotional Health	12-18	Yes
Matt Dishman Community Center	Community School	Afterschool recreation and education programs	Developmental Opportunities	6 - 18	No
McCoy Academy	Alternative School	Alternative education for middle and high school youth	Developmental Opportunities	12-18	No
Meadowlark YMCA Child Care Center	Child Care	Child care services	Developmental Opportunities	0 - 5	No
Mental Health Services West	Community Mental Health	Mental health services for children and families	Physical and Emotional Health	0 - 18	Yes
Metro Child Care Resource and Ref	Child Care R and R	Provides child care information and referral	Community Support and Influen	0 - 11	Yes
Metro Crisis Intervention Service	Intervention	Emergency information and referral	Community Support and Influen	0 -18	Yes
Metro Kids Child Care	Child Care	Child care services	Developmental Opportunities	0 - 5	No
Metropolitan Family Services	Mental Health	Individual and family counseling	Physical and Emotional Health	0 -18	Yes
Morrison Center	Mental Health	Individual and family counseling	Physical and Emotional Health	0 -18	Yes
Morrison Center - Pathways Program	Youth Investment	Services for pregnant, parenting and other teen girls	Physical and Emotional Health	12-18	Yes
Nat Amer Children's Residential Support Pr	Prevention		Developmental Opportunities	12-18	Yes
Native American Rehab Assoc	Chem Dep Treatment	Outpatient and residential drug and alcohol treatment services	Physical and Emotional Health	12-18	Yes
Native American Services (Portland Impact)	Youth Investment	Youth investment services for level 7 Native American Youth	Developmental Opportunities	12-18	Yes
NE Family Center	Family Center	Provides services for families with children ages 6 weeks to 18 years	Developmental Opportunities	0 - 18	Yes
NE Family YMCA Child Care	Child Care	Before and afterschool child care	Developmental Opportunities	6 -11	No
NE YWCA - Young Families Program	Family Support	Parenting education and support services for young families	Developmental Opportunities	0 - 5	No
Neighborhood Family Nursing Clinic	Community Health Center	Provides well child care and primary health care	Physical and Emotional Health	0 - 18	Yes
Neighborhood Health Clinics	Community Health	Community health services	Physical and Emotional Health	0 - 18	Yes
Network Mental Health Services	Community Mental Health	Mental health services for children and families	Physical and Emotional Health	0 -18	Yes
North Portland Health Center	Community Health Center	Provides intergrated primary health care	Physical and Emotional Health	0 - 18	Yes
North Portland Library	Mult Co Library	Library Services	Developmental Opportunitis	0 - 18	Yes
Northeast Health Center	Community Health Center	Provides intergrated primary health care	Physical and Emotional Health	0 - 18	Yes
Ockley Green MS Comm School	Community School	Afterschool recreation and education programs	Developmental Opportunities	11-18	No
Ockley Green Sch Touchstone Pro	Touchstone Program	Provides school based resources on alcohol and drug related issues	Physical and Emotional Health	11-18	Yes
OHDC Hispanic Access	Community Serv Center	Provides case management and other assistance for Spanish speaking famili	Basic Needs	0 - 18	Yes
OHSU Child and Adol Psychiatry Clinic	Mental Health	Mental health assessment and treatment	Physical and Emotional Health	0 -18	Yes
OHSU Child Development Center	Diagnosis and Treatment	Comprehensive assessment of needed services for children and families	Physical and Emotional Health	0 - 18	No
Open Meadow Learning Center	Intervention	Alternative School for youth with behavioral problems	Developmental Opportunities	12-18	Yes
Oregon Advocacy Center	Legal Aid	Legal assistance for families with children with disabilities	Community Supports and Influe	0 -18	No
Oregon Legal Services	Legal Services	Legal Assistance for low income indivisulas and families	Community Support and Influen	0 - 18	No
P.A.C.E.	Family support	Family support services for families invloved in separation or divorce	Physical and Emotional Health	0 - 18	No
Pacific U Family Vision Center	Health Care	Eye exams and treatment	Physical and Emotional Health	0 - 18	No
Parent Child Services	Preschool	Infant toddler development and child care for children of teen parents	Developmental Opportunities	0 - 5	Yes
Parent Child Services	Head Start Program	Provides comprehensive infant toddler development and parent support prog	Developmental Opportunities	0 - 5	Yes
Parents Anonymous	Family Support	Parenting Assistance	Loving, Competent Adults	0 -18	No

Location
Lincoln
Grant
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Project Name	Project Category	Project Description	Need	Target Group	County Funding
Parry Center	Mental Health	Outpatient and residential mental health services	Physical and Emotional Health	0 - 18	Yes
Peninsula Children's Center	Child Care	Child care services	Developmental Opportunities	0 - 11	No
Peninsula Community Center	Community School	Afterschool recreation and education programs	Developmental Opportunities	6 - 11	No
Peninsula N/NE Child Care Network	Child Care Network	Provides training, technical assistance and support to child care providers	Developmental Opportunities	0 - 5	Yes
Phoenix Rising	Mental Health	Counseling and advocacy for sexual minority youth	Physical and Emotional Health	0 - 18	Yes
PIC Hispanic Retention and Retrieval Project	Prevention		Developmental Opportunites	6 - 18	Yes
PIC STEP Program	Vocational Training	Summer training and employment services	Developmental Opportunities	0 - 18	No
Planned Parenthood	Health Services	Medical services, pregnancy counseling, education and informationa and ref	Physical and Emotional Health	6 - 18	No
POIC Alternative School	Intervention	Alternative High School for students not succeeding in the traditional school	Developmental Opportunites	12-18	Yes
Police Activity League	Recreation	Structured recreation based activities	Developmental Opportunities	6 - 18	No
Portland Center for Hearing and Speech	Preschool	Preschool education	Developmental Opportunities	0 - 5	No
Portland Early Intervention Services	Early Intervention	Assessment and intervention services for developmentally delayed children	Physical and Emotional Health	0 - 5	No
Portland Parks and Rec Indoor Parks	Recreation	Open play time for preschool age children with their parents	Developmental Opportunities	0 - 5	No
Portland Youth Redirections	Intervention	Counseling, support and advocacy services for gang affected and involved y	Developmental Opportunities	6 - 18	Yes
PPS - Dental Clinic	Health Services	Dental services for low income PPS students	Physical and Emotional Health	6 - 18	No
PPS - Drug Prevention Program	Health Services	Assessment services and support groups	Physical and Emotional Health	6 - 18	No
PPS - Homeless Program	Alternative Education	Academic support for homeless children	Developmental Opportunities	6 - 18	No
PPS - Indian Education Program	Alternative Education	Alternative School for Native American Children	Developmental Opportunities	11 - 18	No
PPS - Teen Parent Services	Alternative Educaton	Support services to paregnant and parenting teens to assist them in achievi	Developmental Opportunities	12 - 18	No
Project Action	Health Services	HIV prevention and public education activities	Physical and Emotional Health	12 - 18	No
Project Counterpoint	Chemical Dependency	Alternative program for students identified as substance abusers	Developmental Oppotunities	12 - 18	No
Project Network Center	Child Care	Child care services	Developmental Opportunities	0 - 5	No
Providence Child Center	Preschool	Preschool education for developmentally delayed children	Developmental Opportunites	0 - 5	No
Rainbow--Sexual Minority Youth Serv	Prevention	Prevention services for sexual minority youth	Developmental Opportunities	12 - 18	Yes
Raphael House	Domestic Violence	Shelter and support services for survivors of domestiv violence	Basic Needs	0 - 18	Yes
Rosemont, Inc.	Mental Health	Residential treatment program for girls	Physical and Emotional Health	12 18	No
Sal Army - West Women's Shelter	Domestic Violence	Shelter and support services for survivors of domestiv violence	Basic Needs	0 - 18	Yes
Sal Army - White Shield Center	Residential	Shelter for teen girls who are pregnant or parenting	Basic Needs	12 -18	No
Sal Army Bright Beginnings Center	Child Care	Child care services	Developmental Opportunities	0 - 5	No
Sal Army Moore St. Community Center	Recreation	Organized recreational services	Developmental Opportunities	0 - 18	No
Salvation Army - Greenhouse School	Alternative Education	Alternative high school	Developmental Opportunities	11 -18	No
SEI Family Enhancement program	Intervention	Intensive family preservation services for African American families	Loving, Competent Adults	0 - 18	No
Sellwood Counseling Center	Mental Health	Individual, family and group counseling, and assessment services	Physical and Emotional health	0 - 18	No
Serendipity School	alternative Education	Alternative School	Developmental Opportunities	12 -18	No
Sexual Minority Youth Services	Prevention	Prevention services for sexual minority youth	Developmental Opportunity	12 -18	Yes
Shriners Hospital	Health Care	Occupational, physical and speech therapy and assessment	Physical and Emotional Health	0 - 18	No
SKIP Screeing	Early Care and Ed	Health and Developmental Screening	Physical and Emotional Health	0 - 5	Yes
Sonbeam Day Care Center	Child Care	Child care services	Developmental Opportunities	0 - 5	No
SOSCF CPS/ Intake	Child Protection	Child Abuse Hotline and Information and Referral	Community Support and Influen	0 - 18	No
SOSCF - Intensive Family Services	Mental Health	Short term intensive counseling for CPS families	Physical and Emotional Health	0 - 18	No

Location
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David Douglas
Confidential
Roosevelt
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Cleveland

Project Name	Project Category	Project Description	Need	Target Group	County Funding
SOSCF - Metro Regional Office	Child Protection	Child welfare services	Physical and Emotional Health	0 - 18	No
SOSCF - N/NE Branch	Child Protection	Child welfare services	Physical and Emotional Health	0 - 18	No
St. Andrew Legal Clinic	Legal Services	Legal assistance for low income individuals and families	Community Support and Influen	0 - 18	No
St. Andrews Afterschool Program	Child Care	Child care services	Developmental Opportunities	0 - 5	No
St. Johns Community Center	Community School	Afterschool recreation and education programs	Developmental Opportunities	6 - 18	No
Steps for Success	Family support	Education and support services for teen parents	Developmental Opportunities	11 -18	No
Street Light Youth Shelter	Intervention	Shelter for youth	Basic Needs	12 -18	Yes
Teen Parent Network	Prevention	Coordination efforts and support for teen pregnancy and parenting programs	Community Support and Influen	12 -18	Yes
The Sexual Abuse Clinic	Mental Health	Assessment and counseling for sexual abuse victims and offenders	Physical and Emotional Health	12 -18	No
Tucker-Maxon Oral School	Special Education	Private school for children with severe hearing loss	Developmental Opportunites	0 -18	No
Vermont Hills Family Life Center	Preschool	ECE program for low income 4 year old children	Developmental Opportunities	0 - 5	No
Vernon School Touchstone Program	Chem Dependency	Family support services and assistance to substance affected and involved	Physical and Emotional Health	6 - 11	Yes
Visiting Nurses Association	Health Care	In home health care	Physical and Emotional Health	0 -18	No
VOA Family Center	Domestic Violence	Shelter and support services for DV survivors and homeless women and chi	Basic Needs	0 - 18	Yes
VOA Family Nursery	Family Support	Therapeutic services for children, family support and parenting	Loving, Competent Adults	0 - 5	Yes
VOA Parent Training Services	Family Support	Parent training and support for families in the CPS system	Loving, competent Adults	0 - 18	No
VOA SE Child Care Network	Child Care Network	Provides training, technical assistance and support to child care providers	Developmental Opportunities	0 - 5	Yes
Waverly Children's Home	Mental Health	Residential and day mental health treatment programs	Physical and Emotional Health	0 - 18	No
Willamette Bridge - Changes Program	Youth Investment	Transitional Housing for girls	Basic Needs	12-18	Yes
Winter Overflow Shelter	Intervention	Shelter for youth	Basic Needs	12-18	Yes
Woodlawn School CEC Center	Preschool	ECE program for low income 4 year old children	Developmental Opportunities	0 - 5	No
Woodlawn School Touchstone Prog	Chem Dependency	Family support services and assistance to substance affected and involved	Physical and Emotional Health	6 - 11	Yes
Working Soluntions	Child Care I/R	Provides consultation and information and Referral on child care needs	Community Support and Influen	0 -11	No
Yaun Youth Care Center, Inc	Mental Health	Residential mental health treatment program	Physical and Emotional Health	12-18	No
Youth Employment Institute	Vocational Education	Employment training and work experience	Developmental Opportunities	12-18	No
Youth Gang Outreach	Intervention	Services for gang involved youth	Developmental Opportunities	12-18	Yes
Youth Guidance Association	Mental Health	Residential mental health treatment services	Physical and Emotional Health	12-18	No
YWCA Transitional School	Alternative Education	Alternative school for homeless children	Developmental Opportunities	6 - 18	Yes
YWCA Womens Resource Cecnter	Domestic Violence	Shelter and support services for survivors of domestic violence	Basic Needs	0 - 18	Yes

Location
Cleveland
Jefferson
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Franklin
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Lincoln

**MULTNOMAH COMMISSION ON CHILDREN AND
FAMILIES**

**COMPREHENSIVE PLAN
COMMUNITY MAPPING PROCESS
SERVICE DELIVERY SURVEY**

**JEFFERSON HIGH SCHOOL
COMMUNITY SERVICE REPORT**

**JEFFERSON HIGH SCHOOL SERVICE DISTRICT
NEIGHBORHOOD HOUSEHOLD INFORMATION**

(From 1990 Census)

Total Population	49,282
Total Households	19,149
Persons Per Household	2.5
Median Age	35.0
Single Family Residences	79.6%
Average Household Income	\$24,343
Female Household, No Husband Present	21.8%
No High School Diploma, Age 25+	22.1%
Receiving Public Assistance	15.3%
Median Value of Home	\$54,000
Jefferson HS Total Enrollment (93-94)	1,123
Enrollment by Ethnic Group	
American Indian	1.1%
European American	30.7%
African American	54.2%
Asian American	7.0%
Hispanic American	7.0%

Jefferson HS District Services

17-May-96

Project Name: Adult and Family Services

Project Category: Financial Assistance

Project Description: Financial, child care, medical and nutrition assistance, and job training,

Need: Basic Needs

Target Group: 0 - 18

County Funding: No

Project Name: Albina Head Start

Project Category: Preschool

Project Description: Provides comprehensive early care and education for children ages 3 - 5

Need: Development Opportunities

Target Group: 0 - 5

County Funding: Yes

Project Name: Albina Library

Project Category: Mult Co Library

Project Description: Library Services

Need: Development Opportunities

Target Group: 0 - 18

County Funding: Yes

Jefferson HS District Services

21-May-96

Project Name: A Minor Miracle

Project Category: Chemical Dep Treatment

Project Description: Chemical Dependency assessment, education,
counseling

Need: Physical and Emotional Health

Target Group: 12-18

County Funding: No

Location: Lincoln

Project Name: Adult and Family Services - Albi

Project Category: Financial Assistance

Project Description: Financial, child care, medical and nutrition
assistance, and job training,

Need: Basic Needs

Target Group: 0 - 18

County Funding: No

Location: Jefferson

Project Name: Adult and Family Services - Nort

Project Category: Financial Assistance

Project Description: Financial, child care, medical and nutrition
assistance, and job training,

Need: Basic Needs

Target Group: 0 - 18

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Adult and Family Services - Nort

Project Category: Financial Assistance

Project Description: Financial, child care, medical and nutrition assistance, and job training,

Need: Basic Needs

Target Group: 0 - 18

County Funding: No

Location: Grant

Project Name: African American Services (SEI)

Project Category: Youth Investment

Project Description: Level 7 program for youth

Need: Developmental Opportunities

Target Group: 12-18

County Funding: Yes

Location: Grant

Project Name: Albina Head Start

Project Category: Preschool

Project Description: Provides comprehensive early care and education for children ages 3 - 5

Need: Development Opportunities

Target Group: 0 - 5

County Funding: Yes

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Albina Library

Project Category: Mult Co Library

Project Description: Library Services

Need: Development Opportunities

Target Group: 0 - 18

County Funding: Yes

Location: Jefferson

Project Name: Albina Ministerial Alliance - Tee

Project Category: Teen Parent

Project Description: Support services for pregnant and parenting teens

Need: Loving, Competent Adults

Target Group: 12-18

County Funding: No

Location: Jefferson

Project Name: Albina Ministerial Alliance CSC

Project Category: Community Serv Center

Project Description: Provides case management and other assistance for low income households

Need: Basic Needs

Target Group: 0 - 18

County Funding: Yes

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Albina Youth Opportunity Schoo

Project Category: Alternative Education

Project Description: Alternative School

Need: Developmental Opportunities

Target Group: 11-18

County Funding: No

Location: Jefferson

Project Name: Alpha Family Treatment Center

Project Category: Chemical Dependency

Project Description: Chemical dependency treatment services

Need: Physical and Emotional Health

Target Group: 6 -18

County Funding: No

Location: Grant

Project Name: American Indian Association of

Project Category: Community Serv Center

Project Description: Provides case management and other assistance for
American Indian families

Need: Basic Needs

Target Group: 0 - 18

County Funding: Yes

Location: Grant

Jefferson HS District Services

21-May-96

Project Name: ARC of Mult County - Parent Su

Project Category: Family Support

Project Description: Counseling workshop for parents of children with
disabilities

Need: Loving, Competent Adults

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Project Name: Arc of Mult County - Respite Ca

Project Category: Respite Care

Project Description: Relief care fo MR and DD persons

Need: Loving, Competent Adults

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Project Name: Asian Family Center

Project Category: Family Center

Project Description: Provides culturally specific services for families
with children ages 6 - 18

Need: Developmental Opportunities

Target Group: 6 - 18

County Funding: Yes

Location: Grant

Jefferson HS District Services

21-May-96

Project Name: Asian Services (IRCO)

Project Category: Youth Investment

Project Description: Culturally specific youth services

Need: Developmental Opportunities

Target Group: 12-18

County Funding: Yes

Location: Grant

Project Name: Beach School Touchstone Prog

Project Category: Touchstone Program

Project Description: Provides school based resources on alcohol and drug related issues

Need: Physical and Emotional Health

Target Group: 6 - 11

County Funding: Yes

Location: Jefferson

Project Name: BGAS SafePlace

Project Category: Youth Investment

Project Description: Shelter Services for level 7 youth

Need: Basic Needs

Target Group: 12-18

County Funding: Yes

Location: Wilson

Jefferson HS District Services

21-May-96

Project Name: Blazers Boys and Girls Club

Project Category: Recreation

Project Description: Organized recreational activities

Need: Developmental Opportunities

Target Group: 6 -18

County Funding: No

Location: Jefferson

Project Name: Boise-Elliot Sch ECE Center

Project Category: Preschool

Project Description: ECE program for low income 4 year old children

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Jefferson

Project Name: Boise-Elliot School Touchstone

Project Category: Chem Dependency

Project Description: Family support services and assistance to substance affected and involved youth

Need: Physical and Emotional Health

Target Group: 6 - 11

County Funding: Yes

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Bradley Angle House

Project Category: Domestic Violence

Project Description: Shelter and support services for survivors of domestic violence

Need: Basic Needs

Target Group: 0 - 18

County Funding: Yes

Location: confidential

Project Name: Caremark Behavioral Health Ser

Project Category: Mental Health

Project Description: Residential and outpatient mental health services for children and youth

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Roosevelt

Project Name: CARES NORTHWEST

Project Category: Child Abuse

Project Description: Child abuse evaluation and referral

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Grant

Jefferson HS District Services

21-May-96

Project Name: CASA

Project Category: Intervention

Project Description: Court appointed advocates for children

Need: Community Support and Influen

Target Group: 0 - 18

County Funding: Yes

Location: Grant

Project Name: Catholic Community Services

Project Category: Mental Health

Project Description: Individual and family counseling

Need: Physical and Emotional Health

Target Group: 0 -18

County Funding: No

Location: Cleveland

Project Name: Center for Community Mental H

Project Category: Mental Health

Project Description: Individual and family counseling

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Central Library

Project Category: Mult Co. Library

Project Description: Library services

Need: Development Opportunities

Target Group: 0 - 18

County Funding: Yes

Location: Lincoln

Project Name: Child's Path

Project Category: Nutrition Assistance

Project Description: Food Supplement and Education

Need: Basic Needs

Target Group: 0 - 18

County Funding: No

Location: Jefferson

Project Name: Child's Path Child Care

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 6

County Funding: No

Location: Roosevelt

Jefferson HS District Services

21-May-96

Project Name: Children's Program

Project Category: Mental Health

Project Description: Individual, family and group counseling

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Wilson

Project Name: Clearing House and Crisis Line (

Project Category: Youth Investment

Project Description: Information and Referral, Emergency assistance

Need: Community Support and Influence

Target Group: 12-18

County Funding: Yes

Location: Franklin

Project Name: CODA - Comprehensive Option

Project Category: Chem Dep Treatment

Project Description: Outpatient drug and alcohol treatment services

Need: Physical and Emotional Health

Target Group: 12-18

County Funding: Yes

Location: Grant

Jefferson HS District Services

21-May-96

Project Name: Community Health Nurses

Project Category: Community Health Nurse

Project Description: Provides health education, assessment, outreach, information and referral

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Lincoln

Project Name: DePaul Youth Treatment Progra

Project Category: Chem Dep Treatment

Project Description: Residential and outpatient drug and alcohol treatment services

Need: Physical and Emotional Health

Target Group: 12-18

County Funding: Yes

Location: Jefferson

Project Name: Devers Memorial Eye Clinic

Project Category: Community Health

Project Description: Eye exams and treatment

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Jefferson HS District Services

21-May-96

Project Name: Dishman Community Center

Project Category: Community School

Project Description: Afterschool recreation and education programs

Need: Developmental Opportunities

Target Group: 6 - 18

County Funding: No

Location: Grant

Project Name: Divorce and Family Mediation

Project Category: Mediation

Project Description: Divorce and Family Mediation services

Need: Community Support and Influen

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Project Name: Donald E. Long School

Project Category: Alternative Education

Project Description: Alternative education for incarcerated youth

Need: Developmental Opportunities

Target Group: 0 - 18

County Funding: No

Location: Madison

Jefferson HS District Services

21-May-96

Project Name: Easter Seal Parents Night Out

Project Category: Respite Care

Project Description: Respite care for families of disabled children

Need: Loving and Competent Adults

Target Group: 0 - 18

County Funding: No

Location: Wilson

Project Name: Eastside Community Chiropracti

Project Category: Community Health

Project Description: Free chiropractic services

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Cleveland

Project Name: Echoes Network

Project Category: Mental Health

Project Description: Physical, Emotional and Sexual Abuse treatment

Need: Physical and Emotional Health

Target Group: 12-18

County Funding: No

Location: Madison

Jefferson HS District Services

21-May-96

Project Name: El Programa Hispano

Project Category: Community Serv Center

Project Description: Provides case management and other assistance for Spanish speaking families

Need: Basic Needs

Target Group: 0 - 18

County Funding: Yes

Location: Grsham-Barlow

Project Name: El Programa Hispano

Project Category: Youth Investment

Project Description: Level 7 youth services

Need: Developmental Opportunities

Target Group: 11 -18

County Funding: Yes

Location: Gresham-Barlow

Project Name: Elks Children's Eye Clinic

Project Category: Health Care

Project Description: Diagnosis and treatment for children with vision problems

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Jefferson HS District Services

21-May-96

Project Name: Emanuel Helping Hands Progra

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Grant

Project Name: Emanuel Hosp - Child Dev Progr

Project Category: Health Assessment

Project Description: Evaluation and treatment for disabled children

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Grant

Project Name: Family Mediation Project

Project Category: Youth Investment

Project Description: Mediation services for families and youth

Need: Loving Competent Adults

Target Group: 6 - 18

County Funding: Yes

Location: Grant

Jefferson HS District Services

21-May-96

Project Name: Family Support Program

Project Category: Family Support

Project Description: Financial assistance and support for with with disabled children

Need: Basic Needs

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Project Name: Foster Parents Association

Project Category: Family Support

Project Description: Family support and advocacy services

Need: Loving and Competent Adults

Target Group: 0 - 18

County Funding: No

Location: Franklin

Project Name: Garlington Center

Project Category: Community Mental Health

Project Description: Mental health services for children and families

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Genesis

Project Category: Alternative School

Project Description: Alternative school for youth on parole or probation

Need: Developmental Opportunities

Target Group: 6 - 18

County Funding: No

Location: Jefferson

Project Name: GIFT Program

Project Category: Intervention

Project Description: Services for gang involved youth

Need: Developmental Opportunities

Target Group: 12-18

County Funding: Yes

Location: Roosevelt

Project Name: Grace Collins Child Care Center

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Greenhouse (Salvation Army)

Project Category: Alternative Education

Project Description: Alternative education and counseling for homeless youth

Need: Developmental Opportunities

Target Group: 12-18

County Funding: No

Location: Lincoln

Project Name: Growing up with Divorce

Project Category: Family Support

Project Description: Support groups for children experiencing divorce

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Project Name: Harry's Mother

Project Category: Prevention

Project Description: Emergency shelter, crisis intervention and treatment for homeless youth

Need: Basic Needs

Target Group: 6 -18

County Funding: Yes

Location: Franklin

Jefferson HS District Services

21-May-96

Project Name: Helensview High School

Project Category: Intervention

Project Description: High School for pregnant and parenting teens

Need: Developmental Opportunities

Target Group: 12-18

County Funding: No

Location: Parkrose

Project Name: Homebuilders

Project Category: Intervention

Project Description: Intensive Family Preservation Services

Need: Loving, Competent Adults

Target Group: 0 - 18

County Funding: No

Location:

Project Name: Humbolt School ECE Center

Project Category: Preschool Education

Project Description: ECE program for low income 4 year old children

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Humbolt School Touchstone Pro

Project Category: Chem Dependency

Project Description: Family support services and assistance to substance affected and involved youth

Need: Physical and Emotional Health

Target Group: 6 - 11

County Funding: Yes

Location: Jefferson

Project Name: I Have A Dream Program

Project Category: Education

Project Description: Supplemental education and support services

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Jefferson

Project Name: Inner N/NE YMCA

Project Category: Child Care

Project Description: Before and afterschool child care

Need: Developmental Opportunities

Target Group: 6 -11

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Insights Teen Parent Program

Project Category: Teen parent support

Project Description: Support services for pregnant and parenting teens

Need: Loving, Competent Adults

Target Group: 0 - 18

County Funding: Yes

Location: Grant

Project Name: International Learning Program-

Project Category: Alternative Education

Project Description: Alternative education for drop out youth from the refugee and immigrant communities

Need: Developmental Opportunities

Target Group: 0 - 18

County Funding: No

Location: Grant

Project Name: IRCO Community Services

Project Category: Community Serv Center

Project Description: Provides case management and other assistance for Asian families

Need: Basic Needs

Target Group: 0 - 18

County Funding: Yes

Location: Cleveland

Jefferson HS District Services

21-May-96

Project Name: Janus Youth and Family Services

Project Category: Mental Health

Project Description: Mental Health services for youth

Need: Physical and Emotional Health

Target Group: 6 -18

County Funding: Yes

Location: Cleveland

Project Name: Jefferson Caring Community

Project Category: Caring Community

Project Description: Community Planning effort designed to achieve
100% graduation from HS

Need: Developmental Opportunity

Target Group: 11-18

County Funding: Yes

Location: Jefferson

Project Name: Jefferson HS Health Center

Project Category: SBS - Health Center

Project Description: Health services for Students

Need: Physical and Emotional Health

Target Group: 11-18

County Funding: Yes

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Jefferson HS Touchstone Prog

Project Category: Chem Dependency

Project Description: Family support services and assistance to substance affected and involved youth

Need: Physical and Emotional Health

Target Group: 11-18

County Funding: Yes

Location: Jefferson

Project Name: Jewish Family and Child Service

Project Category: Mental Health

Project Description: Individual, family and group counseling

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Project Name: Job Corps

Project Category: Vocational Training

Project Description: Vocational training and education

Need: Developmental Opportunities

Target Group: 12-18

County Funding: No

Location: Lincoln

Jefferson HS District Services

21-May-96

Project Name: Kaiser Counseling Center

Project Category: Mental Health

Project Description: Residential and outpatient individual, family and group counseling

Need: Physical and Emotional Health

Target Group: 0 -18

County Funding: No

Location: Roosevelt

Project Name: Kenton School Program

Project Category: Chem Dependency

Project Description: Family support services and assistance to substance affected and involved youth

Need: Physical and Emotional Health

Target Group: 6 - 11

County Funding: Yes

Location: Jefferson

Project Name: Kerr Youth and Family Center

Project Category: Mental Health

Project Description: Residential and outpatient mental health services

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Reynolds

Jefferson HS District Services

21-May-96

Project Name: King School Touchstone Progra

Project Category: Chem Dependency

Project Description: Family support services and assistance to substance affected and involved youth

Need: Physical and Emotional Health

Target Group: 6 - 11

County Funding: Yes

Location: Jefferson

Project Name: King's Kids Adventist Preschool

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 5

County Funding: No

Location: Jefferson

Project Name: Kletzer Hall

Project Category: Intervention

Project Description: Shelter services for girls

Need: Basic Needs

Target Group: 12-18

County Funding: No

Location: Franklin

Jefferson HS District Services

21-May-96

Project Name: La Clinica De Buena Salud

Project Category: Community Health Center

Project Description: Provides intergrated primary health care for Spanish speaking families

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Gresham-Barlow

Project Name: Legacy Rehab Services

Project Category: Health Assessment

Project Description: Evaluation and treatment for disabled children

Need: Physical and Emotional Health

Target Group: 0 -18

County Funding: No

Location: Lincoln

Project Name: Legal Aid

Project Category: Legal Services

Project Description: Legal assistance for low income individuals and families

Need: Community Support and Influen

Target Group: 0 -18

County Funding: No

Location: Lincoln

Jefferson HS District Services

21-May-96

Project Name: Level 7 Network Coordination

Project Category: Youth Investment

Project Description: Coordination of level 7 services

Need: Community Support and Inflexion

Target Group: 6 - 18

County Funding: Yes

Location: Grant

Project Name: Lutheran Family Services

Project Category: Mental Health

Project Description: Individual and family counseling

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Franklin

Project Name: Lutheran Inner City Ministries

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: M.Y.C.A.P.

Project Category: Intervention

Project Description: Intervention services for gang affected and involved youth

Need: Physical and Emotional Health

Target Group: 12-18

County Funding: Yes

Location: Jefferson

Project Name: Matt Dishman Community Cente

Project Category: Community School

Project Description: Afterschool recreation and education programs

Need: Developmental Opportunities

Target Group: 6 - 18

County Funding: No

Location: Grant

Project Name: McCoy Academy

Project Category: Alternative School

Project Description: Alternative education for middle and high school youth

Need: Developmental Opportunities

Target Group: 12-18

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Meadowlark YMCA Child Care

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Cleveland

Project Name: Mental Health Services West

Project Category: Community Mental Health

Project Description: Mental health services for children and families

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Lincoln

Project Name: Metro Child Care Resource and

Project Category: Child Care R and R

Project Description: Provides child care information and referral

Need: Community Support and Influen

Target Group: 0 - 11

County Funding: Yes

Location: David Douglas

Jefferson HS District Services

21-May-96

Project Name: Metro Crisis Intervention Service

Project Category: Intervention

Project Description: Emergency information and referral

Need: Community Support and Influen

Target Group: 0 -18

County Funding: Yes

Location:

Project Name: Metro Kids Child Care

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Cleveland

Project Name: Metropolitan Family Services

Project Category: Mental Health

Project Description: Individual and family counseling

Need: Physical and Emotional Health

Target Group: 0 -18

County Funding: Yes

Location: Franklin

Jefferson HS District Services

21-May-96

Project Name: Morrison Center

Project Category: Mental Health

Project Description: Individual and family counseling

Need: Physical and Emotional Health

Target Group: 0 -18

County Funding: Yes

Location: Franklin

Project Name: Morrison Center - Pathways Prog

Project Category: Youth Investment

Project Description: Services for pregnant, parenting and other teen girls

Need: Physical and Emotional Health

Target Group: 12-18

County Funding: Yes

Location: Franklin

Project Name: Nat Amer Children's Residential

Project Category: Prevention

Project Description:

Need: Developmental Opportunities

Target Group: 12-18

County Funding: Yes

Location: Lincoln

Jefferson HS District Services

21-May-96

Project Name: Native American Rehab Assoc

Project Category: Chem Dep Treatment

Project Description: Outpatient and residential drug and alcohol treatment services

Need: Physical and Emotional Health

Target Group: 12-18

County Funding: Yes

Location: Gresham-Barlow

Project Name: Native American Services (Portl

Project Category: Youth Investment

Project Description: Youth investment services for level 7 Native American Youth

Need: Developmental Opportunities

Target Group: 12-18

County Funding: Yes

Location: Cleveland

Project Name: NE Family Center

Project Category: Family Center

Project Description: Provides services for families with children ages 6 weeks to 18 years

Need: Developmental Opportunities

Target Group: 0 - 18

County Funding: Yes

Location: Grant

Jefferson HS District Services

21-May-96

Project Name: NE Family YMCA Child Care

Project Category: Child Care

Project Description: Before and afterschool child care

Need: Developmental Opportunities

Target Group: 6 -11

County Funding: No

Location: Grant

Project Name: NE YWCA - Young Families Pr

Project Category: Family Support

Project Description: Parenting education and support services for young families

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Jefferson

Project Name: Neighborhood Family Nursing C

Project Category: Community Health Center

Project Description: Provides well child care and primary health care

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Neighborhood Health Clinics

Project Category: Community Health

Project Description: Community health services

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Jefferson

Project Name: Network Mental Health Services

Project Category: Community Mental Health

Project Description: Mental health services for children and families

Need: Physical and Emotional Health

Target Group: 0 -18

County Funding: Yes

Location: Cleveland

Project Name: North Portland Health Center

Project Category: Community Health Center

Project Description: Provides intergrated primary health care

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Roosevelt

Jefferson HS District Services

21-May-96

Project Name: North Portland Library

Project Category: Mult Co Library

Project Description: Library Services

Need: Developmental Opportunitites

Target Group: 0 - 18

County Funding: Yes

Location: Roosevelt

Project Name: Northeast Health Center

Project Category: Community Health Center

Project Description: Provides intergrated primary health care

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: Yes

Location: Grant

Project Name: Ockley Green MS Comm School

Project Category: Community School

Project Description: Afterschool recreation and education programs

Need: Developmental Opportunities

Target Group: 11-18

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Ockley Green Sch Touchstone Pr

Project Category: Touchstone Program

Project Description: Provides school based resources on alcohol and drug related issues

Need: Physical and Emotional Health

Target Group: 11-18

County Funding: Yes

Location: Jefferson

Project Name: OHDC Hispanic Access

Project Category: Community Serv Center

Project Description: Provides case management and other assistance for Spanish speaking families

Need: Basic Needs

Target Group: 0 - 18

County Funding: Yes

Location: Gresham-Barlow

Project Name: OHSU Child and Adol Psychiatr

Project Category: Mental Health

Project Description: Mental health assessment and treatment

Need: Physical and Emotional Health

Target Group: 0 -18

County Funding: Yes

Location: Lincoln

Jefferson HS District Services

21-May-96

Project Name: OHSU Child Development Cente

Project Category: Diagnosis and Treatment

Project Description: Comprehensive assessment of needed services for children and families

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Project Name: Open Meadow Learning Center

Project Category: Intervention

Project Description: Alternative School for youth with behavioral problems

Need: Developmental Opportunities

Target Group: 12-18

County Funding: Yes

Location: Roosevelt

Project Name: Oregon Advocacy Center

Project Category: Legal Aid

Project Description: Legal assistance for families with children with disabilities

Need: Community Supports and Influe

Target Group: 0 -18

County Funding: No

Location: Lincoln

Jefferson HS District Services

21-May-96

Project Name: Oregon Legal Services

Project Category: Legal Services

Project Description: Legal Assistance for low income indivisulas and families

Need: Community Support and Influen

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Project Name: P.A.C.E.

Project Category: Family support

Project Description: Family support services for families invloved in separation or divorce

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Parkrose

Project Name: Pacific U Family Vision Center

Project Category: Health Care

Project Description: Eye exams and treatment

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Jefferson HS District Services

21-May-96

Project Name: Parent Child Services

Project Category: Preschool

Project Description: Infant toddler development and child care for children of teen parents

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: Yes

Location: Jefferson

Project Name: Parent Child Services

Project Category: Head Start Program

Project Description: Provides comprehensive infant toddler development and parent support program

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: Yes

Location: Grant

Project Name: Parents Anonymous

Project Category: Family Support

Project Description: Parenting Assistance

Need: Loving, Competent Adults

Target Group: 0 -18

County Funding: No

Location: Franklin

Jefferson HS District Services

21-May-96

Project Name: Parry Center

Project Category: Mental Health

Project Description: Outpatient and residential mental health services

Need: Physical and Emotional Health

Target Group: 0 -18

County Funding: Yes

Location: Franklin

Project Name: Peninsula Children's Center

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 11

County Funding: No

Location: Jefferson

Project Name: Peninsula Community Center

Project Category: Community School

Project Description: Afterschool recreation and education programs

Need: Developmental Opportunities

Target Group: 6 - 11

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Peninsula N/NE Child Care Net

Project Category: Child Care Network

Project Description: Provides training, technical assistance and support to child care providers

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: Yes

Location: Jefferson

Project Name: Phoenix Rising

Project Category: Mental Health

Project Description: Counseling and advocacy for sexual minority youth

Need: Physical and Emotional Health

Target Group: 0 -18

County Funding: Yes

Location: Lincoln

Project Name: PIC Hispanic Retention and Retr

Project Category: Prevention

Project Description:

Need: Developmental Opportunitites

Target Group: 6 -18

County Funding: Yes

Location: Grant

Jefferson HS District Services

21-May-96

Project Name: PIC STEP Program

Project Category: Vocational Training

Project Description: Summer training and employment services

Need: Developmental Opportunities

Target Group: 0 - 18

County Funding: No

Location: Grant

Project Name: Planned Parenthood

Project Category: Health Services

Project Description: Medical services, pregnancy counseling, education and informationa and referral

Need: Physical and Emotional Health

Target Group: 6 -18

County Funding: No

Location: Franklin

Project Name: POIC Alternative School

Project Category: Intervention

Project Description: Alternative High School for students not succeeding in the traditional school program

Need: Developmental Oppourtunities

Target Group: 12-18

County Funding: Yes

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Police Activity League

Project Category: Recreation

Project Description: Structured recreation based activities

Need: Developmental Opportunities

Target Group: 6 - 18

County Funding: No

Location: Jefferson

Project Name: Portland Center for Hearing and

Project Category: Preschool

Project Description: Preschool education

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Lincoln

Project Name: Portland Early Intervention Servi

Project Category: Early Intervention

Project Description: Assessment and intervention services for developmentally delayed children

Need: Physical and Emotional Health

Target Group: 0 - 5

County Funding: No

Location: Franklin

Jefferson HS District Services

21-May-96

Project Name: Portland Parks and Rec Indoor P

Project Category: Recreation

Project Description: Open play time for preschool age children with their parents

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Lincoln

Project Name: Portland Youth Redirections

Project Category: Intervention

Project Description: Counseling, support and advocacy services for gang affected and involved youth

Need: Developmental Opportunities

Target Group: 6 - 18

County Funding: Yes

Location: Jefferson

Project Name: PPS - Dental Clinic

Project Category: Health Services

Project Description: Dental services for low income PPS students

Need: Physical and Emotional Health

Target Group: 6 - 18

County Funding: No

Location: Franklin

Jefferson HS District Services

21-May-96

Project Name: PPS - Drug Prevention Program

Project Category: Health Services

Project Description: Assessment services and support groups

Need: Physical and Emotional Health

Target Group: 6 - 18

County Funding: No

Location: Cleveland

Project Name: PPS - Homeless Program

Project Category: Alternative Education

Project Description: Academic support for homeless children

Need: Developmental Opportunities

Target Group: 6 - 18

County Funding: No

Location: Jefferson

Project Name: PPS - Indian Education Program

Project Category: Alternative Education

Project Description: Alternative School for Native American Children

Need: Developmental Opportunities

Target Group: 11 - 18

County Funding: No

Location: Cleveland

Jefferson HS District Services

21-May-96

Project Name: PPS - Teen Parent Services

Project Category: Alternative Education

Project Description: Support services to pregnant and parenting teens to assist them in achieving HS diploma or GED

Need: Developmental Opportunities

Target Group: 12 - 18

County Funding: No

Location: Jefferson

Project Name: Project Action

Project Category: Health Services

Project Description: HIV prevention and public education activities

Need: Physical and Emotional Health

Target Group: 12 - 18

County Funding: No

Location: Lincoln

Project Name: Project Counterpoint

Project Category: Chemical Dependency

Project Description: Alternative program for students identified as substance abusers

Need: Developmental Opportunities

Target Group: 12 - 18

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Project Network Center

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Jefferson

Project Name: Providence Child Center

Project Category: Preschool

Project Description: Preschool education for developmentally delayed children

Need: Developmental Opportunitis

Target Group: 0 - 5

County Funding: No

Location: Grant

Project Name: Rainbow--Sexual Minority Yout

Project Category: Prevention

Project Description: Prevention services for sexual minority youth

Need: Developmental Opportunities

Target Group: 12 -18

County Funding: Yes

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Raphael House

Project Category: Domestic Violence

Project Description: Shelter and support services for survivors of domestic violence

Need: Basic Needs

Target Group: 0 - 18

County Funding: Yes

Location: Confidential

Project Name: Rosemont, Inc.

Project Category: Mental Health

Project Description: Residential treatment program for girls

Need: Physical and Emotional Health

Target Group: 12 - 18

County Funding: No

Location: David Douglas

Project Name: Sal Army - West Women's Shelter

Project Category: Domestic Violence

Project Description: Shelter and support services for survivors of domestic violence

Need: Basic Needs

Target Group: 0 - 18

County Funding: Yes

Location: Confidential

Jefferson HS District Services

21-May-96

Project Name: Sal Army - White Shield Center

Project Category: Residential

Project Description: Shelter for teen girls who are pregnant or parenting

Need: Basic Needs

Target Group: 12 -18

County Funding: No

Location: Roosevelt

Project Name: Sal Army Bright Beginnings Cen

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Jefferson

Project Name: Sal Army Moore St. Community

Project Category: Recreation

Project Description: Organized recreational services

Need: Developmental Opportunities

Target Group: 0 - 18

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: Salvation Army - Greenhouse Sc

Project Category: Alternative Education

Project Description: Alternative high school

Need: Developmental Opportunities

Target Group: 11 -18

County Funding: No

Location: Lincoln

Project Name: SEI Family Enhancement progra

Project Category: Intervention

Project Description: Intensive family preservation services for African American families

Need: Loving, Competent Adults

Target Group: 0 - 18

County Funding: No

Location: Grant

Project Name: Sellwood Counseling Center

Project Category: Mental Health

Project Description: Individual, family and group counseling, and assessment services

Need: Physical and Emotional health

Target Group: 0 - 18

County Funding: No

Location: Wilson

Jefferson HS District Services

21-May-96

Project Name: Serendipity School

Project Category: alternative Education

Project Description: Alternative School

Need: Developmental Opportunities

Target Group: 12 -18

County Funding: No

Location: Cleveland

Project Name: Sexual Minority Youth Services

Project Category: Prevention

Project Description: Prevention services for sexual minority youth

Need: Developmental Opportunity

Target Group: 12 -18

County Funding: Yes

Location: Lincoln

Project Name: Shriners Hospital

Project Category: Health Care

Project Description: Occupational, physical and speech therapy and assessment

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Lincoln

Jefferson HS District Services

21-May-96

Project Name: SKIP Screening

Project Category: Early Care and Ed

Project Description: Health and Developmental Screening

Need: Physical and Emotional Health

Target Group: 0 - 5

County Funding: Yes

Location: Cleveland

Project Name: Sonbeam Day Care Center

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Cleveland

Project Name: SOSCF CPS/ Intake

Project Category: Child Protection

Project Description: Child Abuse Hotline and Information and Referral

Need: Community Support and Influen

Target Group: 0 - 18

County Funding: No

Location: Cleveland

Jefferson HS District Services

21-May-96

Project Name: SOSCF - Intensive Family Servic

Project Category: Mental Health

Project Description: Short term intensive counseling for CPS families

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Cleveland

Project Name: SOSCF - Metro Regional Office

Project Category: Child Protection

Project Description: Child welfare services

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Cleveland

Project Name: SOSCF - N/NE Branch

Project Category: Child Protection

Project Description: Child welfare services

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Jefferson

Jefferson HS District Services

21-May-96

Project Name: St. Andrew Legal Clinic

Project Category: Legal Services

Project Description: Legal assistance for low income individuals and families

Need: Community Support and Influen

Target Group: 0 - 18

County Funding: No

Location: Jefferson

Project Name: St. Andrews Afterschool Progra

Project Category: Child Care

Project Description: Child care services

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Jefferson

Project Name: St. Johns Community Center

Project Category: Community School

Project Description: Afterschool recreation and education programs

Need: Developmental Opportunities

Target Group: 6 - 18

County Funding: No

Location: Roosevelt

Jefferson HS District Services

21-May-96

Project Name: Steps for Success

Project Category: Family support

Project Description: Education and support services for teen parents

Need: Developmental Opportunities

Target Group: 11 -18

County Funding: No

Location: Grant

Project Name: Street Light Youth Shelter

Project Category: Intervention

Project Description: Shelter for youth

Need: Basic Needs

Target Group: 12 -18

County Funding: Yes

Location: Lincoln

Project Name: Teen Parent Network

Project Category: Prevention

Project Description: Coordination efforts and support for teen pregnancy and parenting programs

Need: Community Support and Influen

Target Group: 12 -18

County Funding: Yes

Location: Grant

Jefferson HS District Services

21-May-96

Project Name: The Sexual Abuse Clinic

Project Category: Mental Health

Project Description: Assessment and counseling for sexual abuse victims and offenders

Need: Physical and Emotional Health

Target Group: 12 -18

County Funding: No

Location: Cleveland

Project Name: Tucker-Maxon Oral School

Project Category: Special Education

Project Description: Private school for children with severe hearing loss

Need: Developmental Opportunitites

Target Group: 0 -18

County Funding: No

Location: Cleveland

Project Name: Vermont Hills Family Life Cente

Project Category: Preschool

Project Description: ECE program for low income 4 year old children

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Wilson

Jefferson HS District Services

21-May-96

Project Name: Vernon School Touchstone Prog

Project Category: Chem Dependency

Project Description: Family support services and assistance to substance affected and involved youth

Need: Physical and Emotional Health

Target Group: 6 - 11

County Funding: Yes

Location: Jefferson

Project Name: Visiting Nurses Association

Project Category: Health Care

Project Description: In home health care

Need: Physical and Emotional Health

Target Group: 0 -18

County Funding: No

Location: Lincoln

Project Name: VOA Family Center

Project Category: Domestic Violence

Project Description: Shelter and support services for DV survivors and homeless women and children

Need: Basic Needs

Target Group: 0 - 18

County Funding: Yes

Location: Confidential

Jefferson HS District Services

21-May-96

Project Name: VOA Family Nursery

Project Category: Family Support

Project Description: Therapeutic services for children, family support and parenting

Need: Loving, Competent Adults

Target Group: 0 - 5

County Funding: Yes

Location: Cleveland

Project Name: VOA Parent Training Services

Project Category: Family Support

Project Description: Parent training and support for families in the CPS system

Need: Loving, competent Adults

Target Group: 0 - 18

County Funding: No

Location: Cleveland

Project Name: VOA SE Child Care Network

Project Category: Child Care Network

Project Description: Provides training, technical assistance and support to child care providers

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: Yes

Location: Cleveland

Jefferson HS District Services

21-May-96

Project Name: Waverly Children's Home

Project Category: Mental Health

Project Description: Residential and day mental health treatment programs

Need: Physical and Emotional Health

Target Group: 0 - 18

County Funding: No

Location: Franklin

Project Name: Willamette Bridge - Changes Pro

Project Category: Youth Investment

Project Description: Transitional Housing for girls

Need: Basic Needs

Target Group: 12-18

County Funding: Yes

Location: Franklin

Project Name: Winter Overflow Shelter

Project Category: Intervention

Project Description: Shelter for youth

Need: Basic Needs

Target Group: 12-18

County Funding: Yes

Location: Franklin

Jefferson HS District Services

21-May-96

Project Name: Woodlawn School CEC Center

Project Category: Preschool

Project Description: ECE program for low income 4 year old children

Need: Developmental Opportunities

Target Group: 0 - 5

County Funding: No

Location: Jefferson

Project Name: Woodlawn School Touchstone P

Project Category: Chem Dependency

Project Description: Family support services and assistance to substance affected and involved youth

Need: Physical and Emotional Health

Target Group: 6 - 11

County Funding: Yes

Location: Jefferson

Project Name: Working Solutions

Project Category: Child Care I/R

Project Description: Provides consultation and information and Referral on child care needs

Need: Community Support and Influen

Target Group: 0 -11

County Funding: No

Location: Wilson

Jefferson HS District Services

21-May-96

Project Name: Yaun Youth Care Center, Inc

Project Category: Mental Health

Project Description: Residential mental health treatment program

Need: Physical and Emotional Health

Target Group: 12-18

County Funding: No

Location: Madison

Project Name: Youth Employment Institute

Project Category: Vocational Education

Project Description: Employment training and work experience

Need: Developmental Opportunities

Target Group: 12-18

County Funding: No

Location: Lincoln

Project Name: Youth Gang Outreach

Project Category: Intervention

Project Description: Services for gang involved youth

Need: Developmental Opportunities

Target Group: 12-18

County Funding: Yes

Location: Roosevelt

Jefferson HS District Services

21-May-96

Project Name: Youth Guidance Association

Project Category: Mental Health

Project Description: Residential mental health treatment services

Need: Physical and Emotional Health

Target Group: 12-18

County Funding: No

Location: Grant

Project Name: YWCA Transitional School

Project Category: Alternative Education

Project Description: Alternative school for homeless children

Need: Developmental Opportunities

Target Group: 6 - 18

County Funding: Yes

Location: Jefferson

Project Name: YWCA Womens Resource Ceent

Project Category: Domestic Violence

Project Description: Shelter and support services for survivors of domestic violence

Need: Basic Needs

Target Group: 0 - 18

County Funding: Yes

Location: Lincoln

**MULTNOMAH COMMISSION ON CHILDREN AND
FAMILIES**

**COMPREHENSIVE PLAN
COMMUNITY MAPPING PROCESS
SERVICE DELIVERY SURVEY**

**SERVICE DELIVERY TABLE
COMMUNITY SCHOOLS**

Project Name	Project Category
Alameda Community School	Community School
Gregory Heights MS Comm School	Community School
Hosford MS Community School	Community School
Jackson MS Community School	Community School
Lane MS Community School	Community School
MLC Community School	Community School
Mt. Tabor MS Community School	Community School
Ockley Green MS Comm School	Community School
Portsmouth MS Community School	Community School
Whitaker MS Community School	Community School
David Douglas Comm School	Community School
Parkose Community School	Community School
Centennial Reynolds Com Sch	Community School
Matt Dishman Community Center	Community School
Peninsula Community Center	Community School
Sellwood Community Center	Community School
St. Johns Community Center	Community School
University Community Center	Community School
Dishman Community Center	Community School

**MULTNOMAH COMMISSION ON CHILDREN AND
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COMMUNITY MAPPING PROCESS
SERVICE DELIVERY SURVEY**

**SERVICE DELIVERY TABLE
CHILD CARE**

Project Name	Project Category
Active Learning Center	Child Care
Active Learning Center	Child Care
Adventure Club	Child Care
Ainsworth School SAC	Child Care
Ananda Marga New Day School	Child Care
Archbishop Howard	Child Care
Arlita Baptist Children's Center	Child Care
Ascension Early Childhood Center	Child Care
Belmont School	Child Care
BPA Child Care	Child Care
Calvary Christian Daycare	Child Care
Child's Path Child Care	Child Care
Children's Club, Inc	Child Care
Children's Garden	Child Care
Children's Palace Child Care	Child Care
Children's World Learning Center	Child Care
Circle of Life Child Care Center	Child Care
David Douglas Day Care Center	Child Care
Daycare Playcare	Child Care
Discovery Day Care Center	Child Care
Discoveryland Child Care Center	Child Care
Duniway School SAC	Child Care
Eastside Christian School	Child Care
Emanuel Helping Hands Program	Child Care
Emmanuel Hospital Child Care	Child Care
First Christian Children's Center	Child Care
Franciscan Montessori Earth School	Child Care
Friendly House	Child Care
Fruit and Flower Child Care Center	Child Care
Gateway Hunny Hollow	Child Care
Golden Key Child Care Center	Child Care
Grace Collins Child Care Center	Child Care
Grand Central Station Child Care	Child Care
Great Beginnings Child Care	Child Care
Great Beginnings Child Care	Child Care
Greater Portland Day Care Center	Child Care
Gresham Heights Learning Center	Child Care
Hand-in-Hand Child Care	Child Care
Happy Day Child Care	Child Care
Heidi-Ho Day Care Center	Child Care
Helen Gordon Child Care Center	Child Care
Hillsdale Terrace Child Care	Child Care
Holladay Land Child Care Center	Child Care
Holy Family Extended Care	Child Care
Huggy Bear Day Care Center	Child Care
Inner N/NE YMCA	Child Care
Irvington Extended Care	Child Care
John and Barb's Afterschool	Child Care
Joyful Noise Child Care	Child Care
Kid's and Company	Child Care
Kiddie Academy	Child Care
Kids Klub	Child Care
Kidz Korner	Child Care
Kindercare Child Care Center	Child Care
Kinderland Child Development Cent	Child Care
King's Kids Adventist Preschool	Child Care

Project Name	Project Category
Lad and Lassie child Care	Child Care
Learn and Play	Child Care
Learning Tree Child Care Center	Child Care
Linnnton Community Center	Child Care
Little Feet Child Care Center	Child Care
Little Feet Child Care Center	Child Care
Little Footsteps Child Care Center	Child Care
Little Persons Child Care	Child Care
Lutheran Inner City Ministires	Child Care
Luv and Fun Day Care	Child Care
Markham Child Care Assn	Child Care
Marysville School Day Care	Child Care
Meadowlark YMCA Child Care Cent	Child Care
Metro Family YMCA	Child Care
Metro Kids Child Care	Child Care
Mittleman JCC	Child Care
Mt Hood Comm College Child Dev	Child Care
Mt. Hood Family YMCA	Child Care
NE Family YMCA Child Care	Child Care
Neighborhood House Childrens Cent	Child Care
Neveh Shalom Foundation School	Child Care
Northeast Community Child Dev Ce	Child Care
NW Community Child Care	Child Care
Open Bible Preschool	Child Care
Our Lady of Sorrows Ed Center	Child Care
Parkrose Day Care Center	Child Care
PCC Sylvania Child Care	Child Care
Peace Child Development Center	Child Care
Peninsula Children's Center	Child Care
Pixie Dixie Day Nuresery	Child Care
Portland Heights Day Care	Child Care
Portland Lutheran School Ext Care	Child Care
Powellhurst Child Care Center	Child Care
Project Network Center	Child Care
Providence Wee Care	Child Care
Rocking Horse Child Care	Child Care
Rockinghorse Day School	Child Care
Rose City Day Care	Child Care
Sabin Day Care	Child Care
Sal Army Bright Beginnings Center	Child Care
SE Family YMCA Child Care	Child Care
Sellwood Community Center	Child Care
Small World Learning	Child Care
Sonbeam Day Care Center	Child Care
Sonshine Christian Day Centr	Child Care
St Claire Afterschool Program	Child Care
St. Agatha School Ext Day	Child Care
St. Andrews Afterschool Program	Child Care
St. James Child Care	Child Care
St. John Fisher Ext Day	Child Care
Stephenson School SAC	Child Care
Stepping Stone Day School	Child Care
Tree of Knowledge	Child Care
Trehill Day School	Child Care
Trinity Lutheran Child Care	Child Care
Vermont Hills Family Life Center	Child Care

Project Name	Project Category
VOA South East Child Care Center	Child Care
Wee Care Day Care	Child Care
West Hills Child Care Center	Child Care
Wonder Works - All Saints	Child Care
Y's Choice YMCA Child Care	Child Care
Young Friends Child Care	Child Care

**MULTNOMAH COMMISSION ON CHILDREN AND
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**COMPREHENSIVE PLAN
COMMUNITY MAPPING PROCESS
SERVICE DELIVERY SURVEY**

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