OREGON'S AGENDA FOR THE 1990s

Children Youth Families

Blueprint for the Development of Resources for Oregon's Youth in the Coming Decade

"A child is a person who is going to carry on what you have started. He is going to sit where you are sitting and when you are gone, attend to those things which you think are important. You may adopt all the policies you please, but how they are carried out depends on him. He will assume control of your cities, your states, and your nation. He is going to move in and take over your churches, your schools, your universities and your corporations. All your books are going to be judged, praised or condemned by him. The fate of humanity is in his hands."

Abraham Lincoln

The time and effort that went into the writing and production of this document reflects the great care and compassion of those who contributed their energy. We wish to express our deep appreciation to those individuals and staff who committed both heart and hard work toward the realization of this project.

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ACKNOWLEDGMENT

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We are indebted to all who took the time to share their knowledge and insights in anticipation of the future for children, youth and families. Thanks is also due to those who reviewed and commented on the document during its various phases. Not to be forgotten, however, are those we have learned most from—the children we have known.

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Dottie Belknap
Document Project Director

CONTENTS

FOREWORD

There has been no time in recent history when children have had a greater need for responsible friends to advocate and lobby in their behalf. Federal government is withdrawing from its role in supporting services; local governmental services have been seriously eroded; privately supported services are not nearly filling the gap. The State of Oregon remains in the central, pivotal position to assure that desperately needed services to children and families are provided. The unmet needs are so extensive that answering them will require developing new priorities for the use of federal funds and/or generating new state taxes.

Thousands of Children in Oregon live in poverty. They have no regular and assured source of health care; they go without an appropriate education; and, they continue to live with known neglect and abuse. Over one-third of the student population does not complete high school. Mental health clinics serve chronically mentally ill adults as a priority over children. Children are strewn all over Oregon in institutions and other residential treatment programs hundreds of miles from their own homes and communities. Oregon is among the top ten states in the nation for the numbers of delinquent youth committed to secure custody institutions. Drug and alcohol use by already damaged children is a growing complication. Prevention and early intervention continues to be severely underfunded as more immediate threats to community safety and well-being gobble up most of the limited state resources that are available.

While the family is the institution looked to for care, protection and development of children, there are thousands of families in Oregon that are not functioning well and that are outside the mainstream of Oregon's economic life. The majority of women are moving from the home to the workplace. Quality child care becomes critical yet is hardly addressed by government. As the numbers of single parent families have grown, one consequence has been a whole new poverty class— children. A great deal of needed attention has already focused on the temporary financial needs for two parent, unemployed families. With limited existing resources, state legislators can only meet the most immediate and critical needs of children and families.

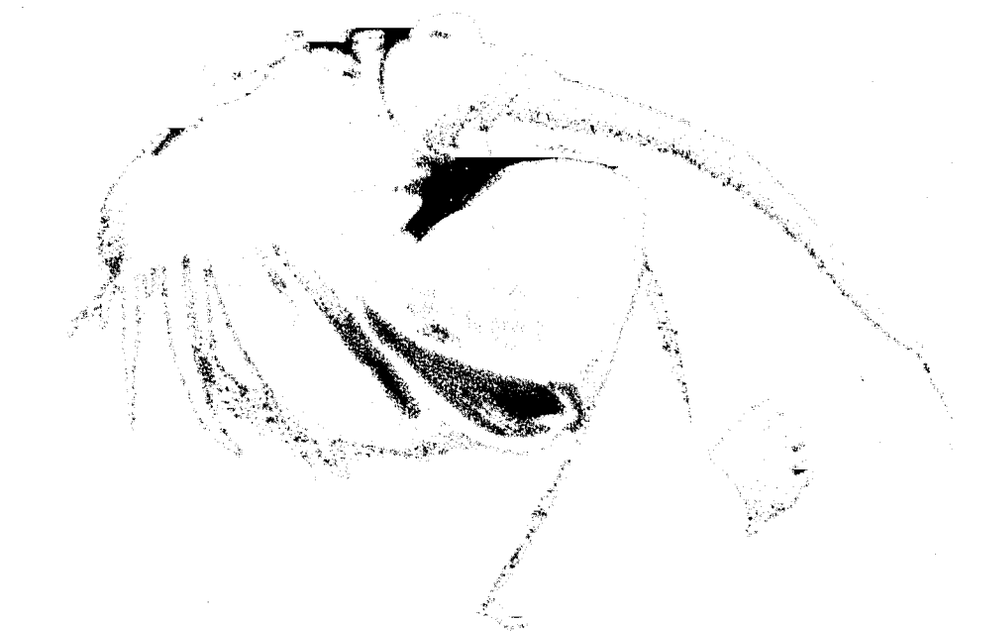
Meanwhile, it seems exceedingly difficult for professionals, dedicated to their specific programs, to think about the possibilities for increased effectiveness that might be yielded from blurring time-honored organizational, conceptual and funding lines so that services could be appropriately blended. For example, educational policies of local school boards typically adhere to a narrow academic interpretation of their mission; instead, education should prepare children for life. For an increasingly large share of students, that means integrating what we think of as education and treatment within the classroom so that personal relationship skills are developed as well as skill in reading, writing and arithmetic. While we often bemoan the lack of coordination of services, actual integration is rarely considered.

Total personal growth of these youth is key to the quality of life in our communities. Soon they will be the adults essential to our work force and community leadership. We cannot afford dependent, irresponsible, poorly educated, unemployed, ill, or criminal populations of any size. We will be dependent upon them. We must be sure now that horrors do not happen in their early development. We must intervene early to prevent any further damage and we must effectively correct serious damage that has occurred.

Jewel Goddard
Administrator
Children's Services Division
State of Oregon

"The deadline is for real."

Dr. John Moore



INTRODUCTION

This publication sets precedent in a state, indeed in a nation, disquieted with the seemingly overwhelming problems confronting its youth population. Never before have so many people, including professionals, academics, public service workers, agency administrators, field staff, private consultants and individuals from the community at large, come together to so intensively and completely address the issues affecting children, youth and families.

After gathering a sea of testimony and conference data, it became the unenviable task of a select few—noted authorities in their respective fields—to bring their own expertise to bear in consolidating this information into potent articles identifying the issues and supplying precise recommendations for possible solutions. The result is this document.

Oregon's Agenda for the 1990s is a blueprint, a guide directed to all child advocates in this state, particularly legislators, public and private agencies, and those individuals who are in a position to help shape the future. Obviously, this guide alone cannot solve the problems and perplexing issues gripping this society. Only the collective conscience of the people who study this document, and are shocked into action, can do that. Although not offered as an indictment of the "system," one thing this document makes clear is that Oregon lacks a unifying philosophy regarding its responsibility toward children, youth and families. Because of the state's economic plight, Oregon is a pressure-cooker for a growing segment of the population, of which children are the largest, most vulnerable and under-represented constituency. This is further exacerbated by sociological trends which are making this a nation of single parent families. Today, 55 percent of the children in America (and probably a higher percentage in Oregon) are now being raised by single working mothers, many of whom are precariously perched on the edge of poverty. Hamstrung by social and economic stresses, many parents are not able to provide the protective, nurturing environment children need to thrive.

Meanwhile, Oregon's approach to meeting the needs of its youth is to offer a confused patchwork of stop-gap services. The lack of coordination, or even at times basic communication, among agencies leads inevitably to suspicion, squabbling and interagency politics. This bureaucratically-tangled web is not the fault of the agencies involved—as each in turn is compelled to struggle with vastly increased caseloads while remaining chronically understaffed and underfunded—but has led to a tendency to treat children not as complex entities but rather as fragmented beings comprised of separately serviceable parts. If a certain part breaks or malfunctions, a specific agency is exclusively mandated to fix it. There is neither the time nor the resources to concentrate on the many ramifications and subsidiary effects on the integral makeup of the whole person.

At the same moment that conflicting forces are eroding the traditional family structure and overloading the circuits of the existing social service system, the schools are not well equipped to prepare their students for a life of self sufficiency. There is no effective statewide curriculum for the teaching of self-reliance, social responsibility, parenting skills, the cultivation of empathic behavior, or even simple survival techniques. Neither the schools nor the social service agencies have acknowledged, or have been funded and structured to officially respond to the fact that every thread that runs through youth and families in this society is inextricably woven into a single fabric. When unemployment increases there is a corresponding rise in the incidence of child abuse and neglect...and in health problems...and in juvenile offenses...and in teenage pregnancy...and in drug abuse...and in violent crime...and in every aspect of life of many of this state's youth. This document has been created as a vigilant response and rational overview, as the beginning of a master plan devoted to the health and well-being of Oregon's children, youth and families. At the core of Oregon's Agenda for the 1990s is the need to refine and to promote a graceful and coordinated educational/social service network and delivery system. This starts with the expansion of public awareness, with the detailed exploration of social dilemmas, and the formation of attitudes leading to the implementation of the recommendations in this document.

This is the beginning of true representation for our children. The Agenda is a call-to-arms, gentle arms, for the money, the manpower and the leadership necessary to help fulfill the future needs of Oregon's young.

CHILD ABUSE AND NEGLECT

Issue Facilitator: Diana Roberts

If child abuse and neglect was a contagious disease, Oregon would be under strict quarantine. Since 1971, 91,891 children have been identified as victims of child maltreatment. And it is likely that three times that number remain unidentified and without protection. These children are trapped by guilt, terror and confusion. The person who is their protector is also their abuser. The reality is intolerable.

The child victim of abuse hurts and threatens no one. However, the same victim, tomorrow, may become a juvenile delinquent, a "street kid," an adult offender, or seek escape in drugs, alcohol, suicide or insanity. Other victims grow up so emotionally impaired that they become child abusers themselves...and the disease spreads. Only some victims will learn to cope. A fortunate few will receive the help necessary to become productive adults who make positive contributions to the community.

Most citizens believe that reporting a case of suspected child maltreatment will call into action all the necessary steps to protect the child and to help the parents. The reality is that the system is overwhelmed by a numbing volume of reports. Agencies are understaffed, underfunded and without training for their personnel. The result is a crippled "system" whose inability to appropriately respond has made a mockery of our most sacred obligation—to give all children in Oregon the assurance of safety and protection.

RIORITY ONE

Facets of the Investigation and Treatment of Child Abuse and Neglect

INDINGS

Oregon's child protection policy was created by the legislature in 1971, in the Child Abuse Reporting Law. At that time the magnitude of the problem of child abuse and neglect was unanticipated. **In the last five years alone, numbers of suspected cases of child abuse have jumped from 11,000 cases to over 18,000 cases per year.** During the same period of time there has been no increase in child protection personnel. In fact, there have actually been cutbacks in Children's Services Division (CSD), law enforcement, district attorneys, mental health professionals, public health nurses, and school counselors. The system which was designed to help abused and neglected children and their families has been overwhelmed by sheer numbers. Agencies charged with investigation, prosecution, and follow-up treatment services in cases of child abuse and neglect are not adequately staffed and funded.

ECOMMENDATIONS

Children's Services Division should:

- Request funds for sufficient staff to complete timely professional investigations of all child abuse reports and provide services to all cases of child abuse and neglect.
- Request funds for 24-hour response by Children's Services Division to child abuse and neglect reports. Reports of suspected maltreatment quite often occur outside of the normal workday and on weekends. Such reports should be promptly investigated by a CSD child protective services (CPS) caseworker in order to assure protection of the child and crisis services for the family.
- Increase the number of CSD supervisors to establish a ratio of one supervisor for every seven CPS workers. Supervisors provide consultation, day-to-day training, policy interpretation, and assure caseworker accountability. CSD's current ratio of one supervisor to ten caseworkers is the highest in the nation and leaves CSD's caseworkers without adequate supervision.
- Establish a "certification" program for child protective services staff. The Division does not have standards of knowledge, skills, or experience for CPS workers and does not require nor routinely provide training to these staff.

- Expand the Division's parent training service from 23 counties to all counties in the state. Parent training is the single most effective rehabilitative service for abusive and neglectful parents. Parent training should be available to parents no matter where they live in Oregon.

- Establish family-based services to accompany the investigation of reports of child abuse and neglect. Families must be assured of immediate support and help.

- Request funds to provide legal representation for CSD in all child protection cases where the district attorney does not represent the position of the agency. Caseworkers are sometimes forced to act as lawyers, and occasionally the Division is unable to petition the juvenile court for protection of a child because legal representation for the Division is not available.

- *Oregon law should be changed* to require appointment of a guardian ad litem, Court Appointed Special Advocate (CASA) or attorney, for a child in all child abuse and neglect proceedings. Attorneys are usually available to represent parents and the state. Children's interests, however, are rarely represented in a courtroom.

- *Local law enforcement agencies, State Police, and district attorney's offices should request* funding for adequate staff to assure timely criminal investigations of reports of child abuse and subsequent appropriate prosecution. In some localities, CSD caseworkers must gather criminal evidence in order to assure child protection and court intervention, otherwise cases linger for months due to the lack of an adequate legal staff to pursue cases as the law prescribes.

FINDINGS

The nature of abuse and neglect requires special investigative skills, knowledge of complex legal procedures, an understanding of the dynamics of maltreatment of children and the ability to make critical decisions concerning risk of harm. Training is not routinely required or provided to police, CSD, district attorneys or judges involved in the child protection process.

RECOMMENDATIONS

- Training should be required for CSD and law enforcement personnel who investigate cases of child abuse and neglect. Ongoing seminars must remain available to law enforcement, Children's Services Division, district attorneys, medical professionals, mental health professionals, judges, child advocates, teachers, and lawyers to assure that all professionals involved in child abuse and neglect cases understand their roles and are able to carry out their respective responsibilities in the case process.

- Child abuse and neglect courses should be added to curriculums at institutions of higher learning, which train teachers, lawyers, doctors, judges, police, nurses, mental health professionals and social workers.

- The necessary training of child protection personnel could best be provided by an act of the Oregon Legislature to establish a "multidisciplinary child protection training institute" on the campus of an institution of higher learning. Child abuse cases always require an interagency team response. Those who work together should receive training in a common theoretical approach.

FINDINGS

Physical abuse, sexual abuse, psychological abuse, and neglect have severe long-term and short-term effects on children. Research has demonstrated a direct correlation between abuse in childhood and subsequent delinquency and adult criminal activity. It is estimated that four out of five criminals in adult penitentiaries have been victims of child abuse. Because abusive behaviors are repeated through generations, it is extremely important to intervene in a manner intensive enough to break the cycle. Treatment for child abuse victims and their families in Oregon is inadequate. Although excellent pockets of services exist throughout the state, waiting lists and a lack of treatment services are the norm among community rehabilitative child abuse and neglect efforts.

ECOMMENDATIONS

- The Department of Human Resources should increase its present funding of community agencies, specifically mental health, public health, and Children's Services Division, to assure treatment to victims of child abuse and neglect and their families. A request for expanded services should be presented to the next legislature.
- Oregon law should be expanded to allow money from the Crime Victims Compensation Fund to be used to also provide treatment services to victims of child abuse.
- CSD should establish a full-time staff consultant and liaison to help create new services and innovative programs within the private sector to treat child victims of abuse and their families. Foundations and charitable trusts should earmark specific monies to support prevention and treatment programs in private agencies.
- The Department of Education should institute "pre-parenting" classes in high school curriculums. Preparing youth for child-rearing can prevent a new generation of abusive or neglectful parents.
- Legislation should be passed which enables juvenile court jurisdiction of unborn and newborn children who are abused prenatally by maternal drug addiction. Three percent of women of childbearing age use drugs. Drug damaged fetuses suffer severe physical and mental disabilities throughout their lives. Urine tests which screen for drug usage should become a routine part of prenatal care.
- Corporal punishment in schools should, by law, be ended. Corporal punishment models physical violence and teaches that hitting is an appropriate method of solving problems. Corporal punishment in the hands of an unhappy or severely stressed individual can quickly become injurious.
- A protocol for review of all "suspicious" child fatalities by medical examiners, law enforcement, CSD, and district attorneys should be established through interagency agreements. Numerous cases of death by child maltreatment now go undetected. Only by instituting strong interagency investigation procedures will suspicious child fatalities be disclosed.

RIORITY TWO

Coping with the Sexual Abuse Phenomena

INDINGS

Sexual abuse has emerged as a major type of child maltreatment. **It is estimated that one in four girls and one in ten boys will be sexually molested before she/he turns 18 years old.** The number of identified sexual abuse victims in Oregon in 1980 was 635 children. By 1985, there were over 4,000 identified victims of child sexual abuse. The sheer volume of new child sexual abuse cases has posed problems for child protection professionals. In addition, new dilemmas have been raised in identification, prevention, investigation, laws, prosecution and treatment. Child victims of sexual abuse are mistreated by the very system that attempts to help them—they're interviewed many times and the cases are delayed for months in the courts. The treatment during the medical examination, in the court room, and at the police station makes children feel helpless and repeatedly victimized. Criminal prosecution of offenders is difficult and treatment resources are not sufficient to meet the need. The system is obsessed and overburdened with the symptoms of this rampant problem.

RECOMMENDATIONS

- The Governor should appoint a work group to develop a comprehensive state plan which addresses all aspects of the unique dilemmas posed by the problem of child sexual abuse, laying out a method to appropriately cope with the problem. The plan should include, but not be limited to, the recommendations under this issue area.

■ **Legal:** The statute of limitations for sex crimes should be extended to six years; a rule allowing an exception to hearsay evidence for child witnesses under the age of 12 should be established; video and closed circuit T.V. testimony should be allowed in courtrooms; all other laws relating to sexual abuse should be studied and modifications made which facilitate prosecution of sexual offenders without victimization of children in the court process.

■ **Investigation:** The Governor's Sexual Abuse Work Group should establish protocols for investigation of child sexual abuse cases. CSD, law enforcement and district attorney offices respond very differently to reports of sexual abuse in each Oregon county. To address this problem the legislature should establish sexual abuse investigative "teams"—law enforcement, child protective services workers, district attorneys, medical personnel and child victim advocates. If the legislature established "child abuse assessment centers" in metropolitan and rural regional areas these teams could accelerate and coordinate services.

■ **Prosecution:** Establish victim/advocate programs in all district attorney's offices; and, provide "expert witness" training for individuals who must testify in child sexual abuse cases (successful prosecution relies on physicians and therapists who are experts on sexual abuse, but who are often untrained in how to give good testimony).

■ **Treatment:** Fund adequate treatment services for sex offenders, victims, mothers, and siblings. It is only through treatment that the cycle of abuse can be broken and the scars of victimization healed. Treatment for adult offenders is not available in all communities. Community based treatment for juvenile offenders is practically unheard of in Oregon. Waiting lists exist for victims, mother and family treatment.

Require standards and certification of professionals to assess and treat sex offenders.

Develop residential, institutional and community treatment for juvenile offenders.

■ **Training:** The legislature should establish funding and require training for all professionals involved in child sexual abuse cases, including CSD, law enforcement, district attorneys, judges, medical personnel, teachers, and mental health personnel. Special skills are necessary to handle victims sensitively, assure coordination, and interview all parties in the most appropriate manner. The legislature should establish a "Multidisciplinary Child Protection Training Institute" on a campus of higher education in Oregon to assure that training is available.

Every professional who is mandated to report child abuse should also be required by law to receive education on how to recognize and report suspected cases of child sexual abuse. Many victims continue to be abused because professionals fail to recognize and to file child abuse reports. The Department of Education, in particular, should be charged with implementation of a child sexual abuse curriculum, to train teachers in identification of sexual abuse, as well as all other types of child maltreatment.

■ **Prevention/Public Awareness:** The legislature should fund a staff position in Children's Services Division to study and provide annotated resources on child sexual abuse prevention, and to monitor existing child sexual abuse prevention programs.

The Department of Education should implement a curriculum to train students, grades K-12, in prevention of child sexual abuse.

■ **Sexual Exploitation:** The Governor's work group should study and develop recommendations which will reveal the extent of sexual exploitation in Oregon. The work group should also identify what services are necessary to help victims of sexual exploitation and to identify, investigate and prevent sexual exploitation in our state.

RIORITY THREE

Community and Agency Response to Child Abuse and Neglect

INDINGS

Oregon's response to child abuse and neglect involves numerous agencies, professionals and all Oregon citizens. The problem is too large to be handled by any individual, agency, or professional working alone. Unfortunately, Oregon's response to the problem of child maltreatment is characterized by lack of consistent, coordinated intervention. Inadequate treatment and few primary prevention services exist. Long-range planning is nonexistent and there is no process to address issues before they become a crisis.

ECOMMENDATIONS

- The Governor should assemble a high-level, well-staffed multidisciplinary group to complete a comprehensive study of child abuse and neglect in Oregon. Oregon must develop a carefully designed and well-coordinated response to the problem of child abuse and neglect.
- After the plan is designed, a State Child Protection Council should oversee implementation and assure ongoing, coordinated state-level planning.
- State law and policy should direct the development of community-based child protection teams which assure coordination and multidisciplinary consultation, particularly in complicated and complex child abuse and neglect cases.
- "Child Abuse and Neglect Assessment Centers" should be established (by legislative action) in metropolitan areas and rural regions to provide for multidisciplinary diagnosis, treatment and planning. Cases which have been through such a multidisciplinary assessment process are more likely to receive necessary follow-up services which will remedy and prevent further maltreatment.
- The State Legislature should adopt a child protection philosophy and policy which assists society, individually and collectively, to protect children by supporting parents, strengthening families, and requiring coordinated services. State policymakers should develop initiatives which eliminate the acceptance of violence in our culture. Reducing poverty, inequality, unemployment, and providing for adequate housing, food, medical and dental care, and educational opportunities are steps which could reduce stress and violence in families.

"The tendency to identify manhood with a capacity for physical violence has a long history in America."

Marshall Fishwick

DOMESTIC VIOLENCE: ITS EFFECT ON CHILDREN

Issue Facilitator: Anita Paulsen

Children are the silent victims of domestic violence. Community awareness of the prevalence of domestic violence, the special needs of these children and the availability of helping services is minimal. Of major concern is the lack of recognition of the damage done to these children. The staff who work at battered women's programs throughout the state can testify to the wide range of behavioral and emotional effects suffered by children from violent homes. Oregon's legal system does not recognize the severity of these effects and often fails to protect children who are exposed to domestic violence.

Many children in need of services are not getting them. This need is becoming more critical for several reasons. First, most research indicates that violence is generational, and without intervention by programs which serve this population, this cycle will continue. Second, the increase in economic stresses make it more difficult for women to terminate violent relationships. In the past few years, there has been a reduction in the availability of funding sources for battered women's programs, which are often the sole place these families can go for safety. Third, the lack of responsiveness on the part of the criminal justice system allows batterers to go unprosecuted. The civil justice system is greatly improved by the Abuse Prevention Act, but still fails to address the effects of battering in custody determinations. This leaves these women and children unprotected, and supports a societal status quo in which batterers suffer no consequences for their criminal behavior.

PRIORITY ONE

Establish Rational and Protective Custody and Visitation Policies in Cases of Domestic Violence

FINDINGS

In custody disputes, the courts often ignore the effects of domestic violence upon children according to much of the testimony presented. Most women that come to shelters have children with them. They report that violent husbands often are violent fathers and child abuse is often present when there is spouse abuse. But even if these children are not the recipients of physical blows or sexual abuse, they live in a violent family atmosphere.

Forcing a child to live in a violent home is a form of child abuse. Boys that grow up in violent homes learn that violence is acceptable social behavior, girls grow up learning to be victims. One victim testified, "One night after my oldest daughter had been crying for no apparent reason, she asked me when Daddy would start hurting her, just like he hurt me." Another victim testified, "My seven year old son had problems in being able to express his feelings. Every dispute had to be settled with physical violence or verbal animosity."

Batterers rarely attempt to shield their children from the violence, but even if they avoid battering their wives in front of the children, all family members know that they have a serious problem. One shelter worker testified that all of the children her program sees are emotionally affected by the violence or threat of violence they live with day in and day out. Children witness their mothers being degraded and humiliated and are sometimes the pawns used by the abuser to gain control over their mother. **Learned behavior of violence is handed down from one generation to the next.**

RECOMMENDATIONS

- Amend Oregon Statute 107.137 to include abuse of a parent in the list of factors the court considers in determining the best interest of the child.
- Abuse of the mother, not just abuse of children, must be considered in custody determinations. Without intervention, batterers are likely to continue to expose the children to violence in their home or even vent their anger on them. It is bad public policy to allow children to be exposed to this type of role model.
- A *guardian ad litem* should be appointed to advocate for the children's needs.

FINDINGS

Courts often do not find victims credible. This puts women in a Catch 22 situation since, if they do not leave violent situations, they will be accused of neglect for failure to protect their children. If they flee, no one believes that the abuse occurred. This problem is made worse by rotation of judges in and out of family court.

RECOMMENDATIONS

- Court judges should have training in domestic violence issues. Judges in domestic relations should be permanently assigned or handle sufficient numbers of cases so that they develop and maintain their level of expertise.

FINDINGS

When custody issues are involved, the courts often fail to protect the children and battered mothers. Rights of parents often take precedence over the interests of children. Many children are actually abused during the visitation process, yet, given the parent's right to contact, this often predominates over the need for protection.

An anonymous battered woman testified, "I began to see evidence that my daughter was being sexually abused during visitation...It was two months later that I was finally able to convince the system that I was not simply a hysterical, vengeful ex-wife."

RECOMMENDATIONS

Improve procedures for supervised visitation.

- In many situations, the confidentiality of the woman's residence is imperative for her safety. This warrants establishing a safe method for transferring the children during visitation.

- Extend the statute of limitation for prosecutions for abuse, enabling perpetrators to be sanctioned once the child is old enough to relate the events in court.

FINDINGS

Joint custody gives the abuser full cooperation in continuing his abuse and violence, contradicting in the fullest sense "the best interests of the child." The burden of proof should be on the batterer, not the victim. The parent/victim's safety must be considered in visitation and custody determinations.

RECOMMENDATIONS

- Joint custody should not be granted over the objections of one parent and should never be allowed when domestic violence is involved.

PRIORITY TWO

Provide Adequate Funding for Victims of Domestic Violence Programs

FINDINGS

Domestic violence against women and children is a root source of great social cost in administration, health care, welfare and lost productivity. The state should increase resources for programs that counter domestic violence at all levels. There must be funding to insure that there is at least a basic shelter in every county for women and children who are the victims of domestic violence. And there must be continued support for the programs already existing.

The director of one shelter testified that only about 10 percent of its funding comes from the state. Rather than addressing the problem of assisting victims of domestic violence, shelter staff spend significant amounts of their time fund raising. There should be funding for services from the onset of crisis through the follow-up period. This program should deal with emotional abuse as well as physical abuse.

ECOMMENDATIONS

- Legislate to secure adequate and stable funding mechanisms to improve services to families affected by domestic violence.

- Expand the victim's compensation program to include victims of domestic violence. The present victim's compensation system does not allow victims of domestic violence to participate. There are federal dollars that could be added to the Victim's Compensation Fund if this change in the law was made.

- Additional funding sources should be developed for services for children from violent homes. Children who have been exposed to violence but have not been directly attacked are not served by the current state system.

RIORITY THREE

Develop a Strong Program Base to Deal with the Problem of Domestic Violence

INDINGS

There should be a development of a standard of service beginning with a county model that is funded to include follow-up to monitor the effectiveness of the services provided. There should be coordinated standards of service among law enforcement, judicial system, medical response and shelters.

It is imperative that we involve all members of a child's support system: service providers, family members and children. In addition to basic information on definitions, identification and where to report, the service provider needs assistance with policy development and with development of ongoing prevention plans. This will better prepare the professional to respond and make access to children more difficult for offenders. Parents also need this basic information. Parent training must focus on development of skills along with information about how offenders gain access to children and how to resist abuse.

Counseling and intervention programs for men who batter are still in their infancy. Battering represents a complex long-term behavior pattern that is not easily changed. Experience with programs lasting as long as 18 months have not demonstrated their effectiveness according to the National Institute of Justice. Resources are not adequate at this time for operation of programs doing outreach to families suffering battering. There are no funds even in existence for the development of follow-up work with children. Their crisis and need for longer term support does not end after two to three weeks in a shelter. These families (mother and children) need ongoing help for a much longer time period, at least six months.

There are not enough counseling services. They are important because, "A person who has been sexually molested has a much greater chance of healing themselves if they have access to both individual therapy and group counseling..."

ECOMMENDATIONS

- Agencies that deal with the problems of family violence should have integrated resources and training.

- Programs should start early and cover more than "stranger" abuse. Prevention programs should focus on teaching children to deal with abuse from people they know, not just strangers. One mother of a sexually abused child stated that her children may have been helped by a "good prevention program that would teach kids that they have a right not to be hurt by anyone (even a family member) and would teach them to be assertive and to speak up if they were being hurt."

- Advance the awareness of and financial support for local alternative programs. Because community programs can often offer assistance quickly, they may be more effective than "system" involvement. It is time to establish local support groups to deal with children who have experienced domestic violence.

An increasingly large population of children are under significant emotional stress and are at high risk of developing mental disorders.

EMOTIONALLY DISTURBED CHILDREN

Issue Facilitator: Julian Taplin

Researchers report that about 12 percent of children are emotionally disturbed. Oregon designates seven percent of its children as so emotionally disturbed that they need service. But present resources will stretch to help less than half of that number. Put another way, more than half of the children identified by the state as needing service cannot be served by the Mental Health Division.

Several factors promise rapidly rising rates of disturbed children. Among these are: the alarming leap in the percentage of children in poverty; the vigorous illicit drug, alcohol and pornography industries; high rates of physical and sexual abuse of children; family violence and use of children for illegal and immoral purposes; and rising rates of fertility among schizophrenic women.

PRIORITY ONE

Establish Overall State Policy and Principles for Treating Emotionally Disturbed Children

FINDINGS

Oregon has no overall policy for the well-being of children, youth and families. Present laws deal with single difficulties which children have, such as mental health, drug and alcohol, abuse and neglect, delinquency and learning problems. In reality, children's and families' problems usually occur in clusters where single-problem approaches are ineffective. Current regulations sometimes view the child as separate from the family and discourage proper help for the family unit. Effective intervention requires recognizing and helping the family unit. And, scarce resources are sometimes wasted in boundary and turf issues.

Oregon lacks a well designed continuity-of-care system. A troubled family may have to deal with seven jurisdictions (Mental Health Division, Children's Services Division, Alcohol & Drug, juvenile court, Juvenile Services Commission and Special Education) which have different languages, entry criteria, service areas and goals, and frequently do not coordinate with one another. The continuum of care is ineffective: moving from one service component to another can be administratively very difficult. Further, there are serious shortages in key components such as prevention, early intervention, in-home crisis and day treatment services.

RECOMMENDATIONS

- Create an overall state policy—using preventive and educative programs as well as direct service approaches—to promote healthy families which nurture and socialize children to become creative, contributing citizens.
- Commit sufficient resources to serve those children and families presently identified and those projected to be in need.
- Employ Continuity of Care and Continuum of Care as guiding principles. The system should encompass community prevention, self-help, and natural systems as well as in-home crisis services, day treatment, professional foster homes, residential treatment, and open and secure hospitalization.
- Clearly assign the following responsibilities with commensurate authority: coordinate the seven separate child and family serving jurisdictions; perform a statewide systems audit and review function; review spending priorities; create a resource to gather and disseminate the latest research in developmental psychopathology, classification, diagnosis and treatment effectiveness, accountability and quality control, highlighting model programs in prevention and treatment; increase standards of accountability on outcome rather than just process (for example, reducing morbidity rates, events of abuse or removals from the community); assess and plan for demographic changes (for instance, the number of fetal-cocaine infants being born who will need long-term service can be estimated and should be planned for).

■ Use data from longitudinal research and other studies to help identify those children and families at risk and provide them with services delivered early in the pathology cycle.

■ Recognize and help alternative networks which assist seriously emotionally disturbed children. According to the state's estimates, the present system is serving about half of those in need, leaving the other half for families, foster families and community support networks to deal with.

PRIORITY TWO

Redesign Programs for Emotionally Disturbed Children

FINDINGS

Several groups of children with special unmet needs have been identified. Among them are: fetal alcohol, fetal cocaine, sex abuse victims, depressed and suicide prone adolescents, juvenile sex offenders, those with unresolved grief and bereavement reactions, and emotionally disturbed youth in the schools.

Many programs are not making effective use of available progress in research, classification, the affect of brain injuries on behavior, prevention and early intervention.

In an effort to assign scarce resources, some children do not receive attention until they meet particular criteria, at which time it is often too late for them to profit much from service.

It also appears that some programs do not clearly assess children and families to assure the best match between the problem and the service offered, e.g., the state of the art now offers a number of specific approaches for specific problems.

Many programs seem to concentrate on their internal processes, to the detriment of transition, continuity, family support or long-term follow-up for the child and family. "Transition casualties" are all too frequent.

RECOMMENDATIONS

■ Establish a system which gives treatment programs positive incentives for accountability data, transitional services and follow-up community liaisons.

■ Strengthen basic accountability by requiring the following from every service program: 1) standardized assessment data at treatment entry; 2) pre and post treatment data for treatment effectiveness; and 3) services to make effective transitions occur.

■ Redesign entry criteria so that children needing service are identified at an early stage.

■ Designate a portion of resources for prevention and early intervention programs.

■ Ensure that all programs do everything possible to help families help their children.

■ Broaden efforts to help families help their children through such efforts as "coping with life" education in topics such as divorce, serious illness, death, dying, bereavement, responsible sexuality, and drugs and alcohol.

■ Design specific treatment programs for identified multiproblem groups using progress in classification, neurodiagnosis and model treatment programs, recognizing especially the need to deal with related issues such as chemical dependency and family problems. Because emotional disturbance rarely occurs without accompanying problems in alcohol, drug, delinquency, learning, or family functioning, effective intervention must have multiple components.

- Bring risk prediction models into greater use. Current research provides the means for evaluating which situations present the greatest risk for such eventualities as psychiatric hospitalization or penal incarceration. Design specific programs for those shown by research to be at high risk to be delivered at the point of identification rather than waiting until pathological or dysfunctional symptoms are resistant to therapeutic efforts.

- Implement programs with demonstrated efficacy in reducing later, more costly children's mental health problems. Evidence continues to accumulate that many prevention and early intervention programs are both effective and cost- effective. These programs include adolescent pregnancy prevention and early adoption, A&D education, in-home crisis and in-school intervention, parent aid and other citizen involvement, and intensive intervention for abused young children and their families.

- Develop widely useful diagnostic terms for children's and families' problems. Although most classifications are poor and experts disagree on the definitions, the experimentally validated Achenback classification system holds out the promise of a sound universal language.

Once on their own, basic needs such as food, shelter, clothing—or even a convincing facsimile of caring—are readily provided by scores of individuals who profit from the brutal exploitation of children. Life on the street involves prostitution, pornography, drug addiction and violent crime.

As many as one-third of the runaways in this state leave home to escape repeated sexual abuse. Over one-half leave home because of physical abuse or neglect.

RUNAWAY AND HOMELESS YOUTH

Issue Facilitator: Corinne McWilliams

The issue of runaway and homeless youth is a complex one because of the continuum of youth involved—from first time runaways to youth with no family resources whatsoever available to them. The National Network of Runaway and Youth Services states that all data collected thus far indicates that most so-called "missing" children are actually runaways. Many runaways leave homes where they have been emotionally, physically or sexually abused. Some are running from a crisis with family limits. Others are "throwaways"—unwanted by their families—with no options to return. Still others are system failures—youth who have received a variety of services from schools, counseling agencies, juvenile courts and Children's Services Division—and for whom nothing has worked.

RIORITY

Provide for Basic Emergency Needs of Runaway and Homeless Youth and Long-Term Education, Employment and Living Options

INDINGS

Oregon is frequently touted as one of the most livable states in the Union. During the past several years, however, the "Oregon Dream" has become a nightmare for a multitude of children and families. The state's economy has yet to recover from the staggering impact of the last recession. The erosion of the core economic base of the state has resulted in massive disruptions within traditionally stable family systems in rural and urban areas alike. Economic upheaval translates directly into social upheaval. Children's Services Division recorded 14,616 incidents of child abuse in Oregon in 1985. This represents a 27 percent increase over the previous year. Unfortunately, it is often the families most vulnerable to social and economic upheaval that also have the least resources to cope with the resulting family tensions. The impact on children struggling to survive in such homes can be disastrous as the escalating abuse reports indicate. And physical/sexual abuse is closely linked to runaway behavior. "Throwaways," on the other hand, are children who don't choose to be on their own, but whose families—usually broken—refuse to support or care for them any longer.

Police estimate that as many as one million children run away from home in the United States each year. **In Oregon, 11,691 formal runaway reports were filed in 1985.** This represents a 10 percent increase over 1984. Local juvenile authorities acknowledge that formal reports are only a fraction of actual occurrences. Projecting from available data, the actual incidence of runaways in the state would conservatively be set at 20,000 per year. Unfortunately, there is no standardized data base for this population, so exact numbers are not available.

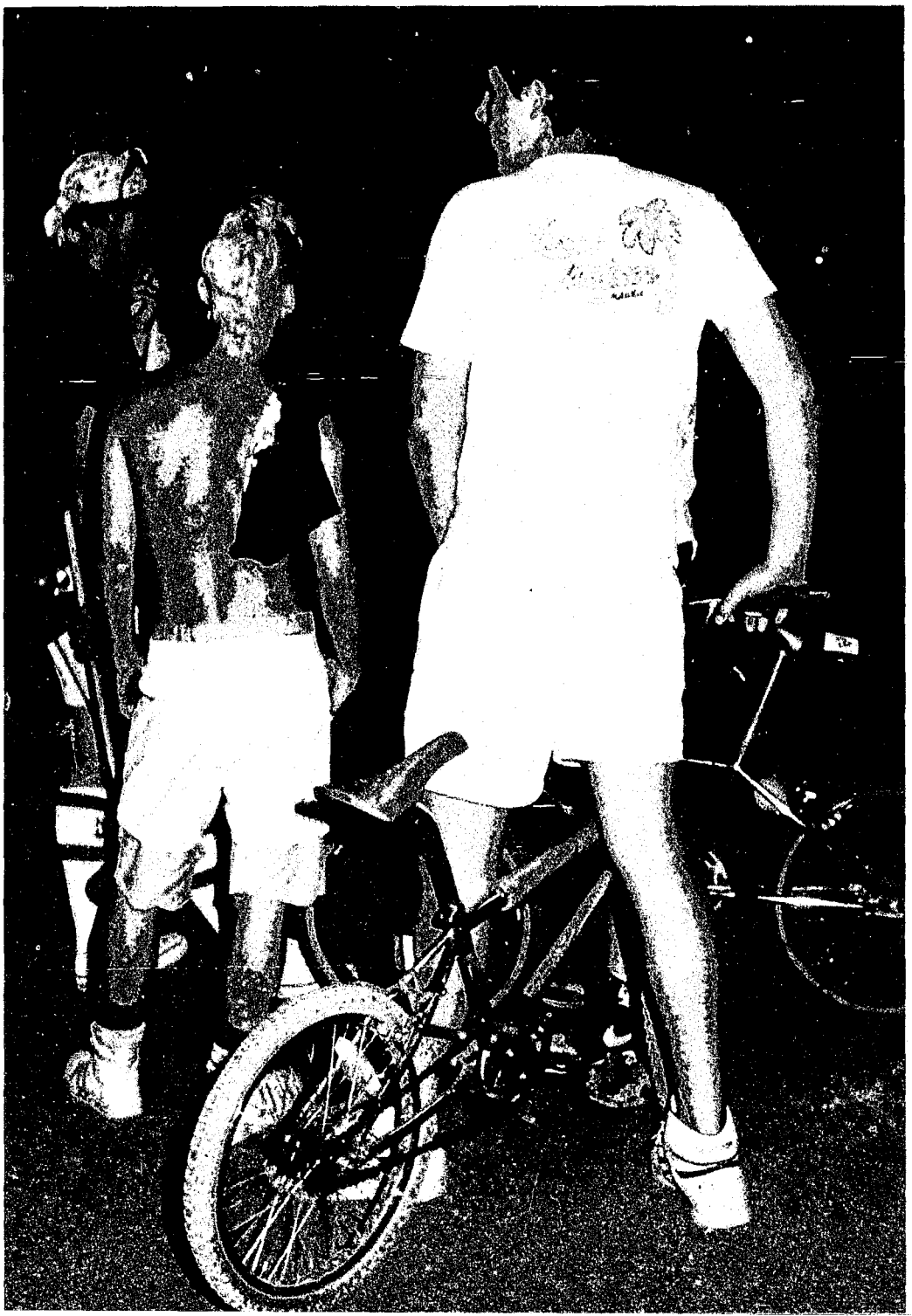
As a result of the continuing crisis of increasing numbers of children needing service, combined with dwindling resources, Children's Services Division has prioritized their service delivery to work first with younger children. Consequently, older adolescents (15 years and over) who are in crisis are not receiving the attention they need and deserve.

At present, local programs for runaways in Oregon are few. There are only four federally designated runaway programs in the state (funded in part by monies from the National Runaway and Homeless Youth Act), and these programs serve only the I- 5 corridor (Medford, Eugene, Salem and Portland). Of $23 million spent nationwide by the federal government through the Runaway and Homeless Youth Act, only $206,000 makes its way to Oregon. Other services to the runaway population—if there are any—are provided primarily by money earmarked for dealing with juvenile offenders. **This means that a formal runaway report must be filed and a youth must be labeled as an "offender" in order to receive services.** If parents refuse to file a formal report—as often happens—a youth may not be eligible for help.

Because of the different kinds of youth who leave home and their various reasons for doing so, a continuum of care model is most appropriate to serve this population. Family reunification should always be the first option, but when this is NOT appropriate, other options must be provided.

RECOMMENDATIONS

- That the Oregon State Legislature pass a Runaway and Homeless Youth Act similar to recent legislation in California and Texas, which will complement the existing federal legislation. The following issues should be addressed:
- Early intervention services for runaway youth and their families that are designed to reunite families and to prevent development of behaviors by a youth which lead to more established patterns of delinquency.
- A continuum of community based treatment resources designed to prevent chronic runaway and homeless youth from further penetrating the delinquent subculture and the juvenile justice system.
- A coordinated network of community aftercare services to provide ongoing support, treatment and follow-up for runaway and homeless youth.
- Community education to develop support for the concept of community based family treatment for runaway and homeless youth.
- A statewide data collection system which would track clients and provide information on demographics and service delivery.



"Suicide...keep it a question. It's not really an answer."

Peter McWilliam

CHILD AND ADOLESCENT SUICIDE

Issue Facilitator: Catherine Hughes Bolstad

In Oregon the suicide rate among boys and girls has quadrupled in the last twenty years. **One out of every ten adolescent deaths is attributed to suicide,** a conservative number given the fact that under-reporting is common and that many deaths ascribed to other reasons are actually suicides. Unlike most other states, child and adolescent suicides in Oregon used guns in 74% of the completed acts.

There is a cluster phenomenon apparently operating. In Lane, Clackamas, Jackson and Douglas counties, over 50% of the child and adolescent suicides occurred in less than 25% of the three year time frame in which statistics were available. The frequency of "contagious" suicide is significant.

RIORITY

Prevent Child and Adolescent Suicide Through Education and Primary Prevention

INDINGS

Between 1979 and 1981, eighty-four children killed themselves in Oregon, four times as many males as females. Of the sixteen female suicides, five occurred within the same month.

Although there are some factors which taken cumulatively are indicative of a child who may be at high risk for suicide, there are no systematic efforts at present to coordinate intervention among systems (e.g., schools, mental health agencies, community organizations, juvenile justice). More problematic is the generally low level of training or information about this phenomenon available to those in daily contact with children. One notable exception to this may be seen in Columbia County which is aggressively confronting the problem with an innovative "natural helpers" program, as well as efforts to coordinate identification and treatment of high risk individuals among the various agencies in contact with children.

ECOMMENDATIONS

- Develop a training curriculum for school counselors and principals, to be used for workshops within each and every school to alert teachers to children who may be at high risk for suicidal behavior.
- Design and implement similar programs to be used by public health, children's services workers and juvenile justice personnel.
- Develop a network within each county of trained counselors who can coordinate information and help front-line personnel implement interventions.
- Communicate, through education programs and public media campaigns, an appreciation of life and healthy problem-solving strategies to all our children.

II. HEALTH AND CHILD DEVELOPMENT

"Living so fully, I can't imagine what any drug could do for me."

Joan Baez

ADOLESCENT ALCOHOL AND DRUG ABUSE

Issue Facilitator: Jeffrey Kushner

Adolescent misuse and abuse of alcohol and other drugs has become a major social problem. In fact, alcohol and other drug abuse can easily be identified as America's number one health problem as well. In a recent study of Oregon usage patterns in the 8th and 11th grades, Oregon ranked well above the national average for most drugs, including marijuana, inhalants, amphetamines, and cocaine.

Adolescent alcohol and drug use is a complex phenomenon. Consideration must not only be given to the phase or stage of use and abuse, but also to the phase or stage of the adolescent's development. In considering solutions to adolescent alcohol and drug abuse problems, one must consider the multi-etiologic basis for these problems, the genetic and prenatal influences, and biochemical changes, together with behavior patterns, environmental and familial influences.

Often truancy, delinquency, and unruliness are symptoms of chemical dependence. Human service agencies, courts and parents are becoming aware that many criminal acts or antisocial behaviors result directly from chemical use. Correction of these problems will not occur unless chemical dependence is prevented, intervened in, or treated. As awareness of this problem has grown, a variety of efforts from community based prevention programs to peer counseling have been initiated to respond to the direct and indirect signs of alcohol and drug abuse. But it is apparent that the problem has outpaced the solution. Adequate and accessible prevention, intervention and treatment services for youth constitute a critical need in Oregon.

PRIORITY ONE

Reduce Alcohol and Drug Abuse

Provide Prevention/Intervention and Treatment Services for Adolescents

FINDINGS

The physiological development of teenage youth permits a more rapid addiction to drugs when compared to adults. A 35-year-old adult, for example, may become addicted to alcohol over a ten-year period of time; a 15-year-old may become physically addicted at a rate ten times quicker, or in less than a year. The resulting effect is an overload on state and local agencies and the juvenile justice system because of the resulting criminal charges, multiple DUIIs, minor in possession, and erratic employment of youths affected by drugs.

Publicly supported treatment services specifically for alcohol and drug dependent youth provided through Children's Services Division and the Office of Alcohol and Drug Abuse Programs always have substantial waiting lists. As more and more schools and parent groups identify additional youth in need of both outpatient and residential treatment through intervention programs, these waiting lists will continue to grow. At the same time, it is imperative that we avoid waiting for Oregon youth to become dysfunctional with family, school and job before we implement proven prevention/early intervention strategies. **The best of all strategies for dealing with alcohol and drug abuse related dysfunction is to prevent it from occurring in the first place.**

All psychoactive drugs have acute effects on mood, concentration and cognitive functioning, including memory. This is particularly true of adolescents. Drug use, particularly in the adolescent population, is "linked"—those who use one drug are more likely to use other more problematic drugs. **Youth who become dependent on any drug will have a long, painful and costly experience either living with or living without the drug.**

RECOMMENDATIONS

- The Oregon Department of Education should establish a statewide standard for an alcohol and drug abuse policy and prevention curriculum in the schools. This could be phased in over a number of years to ensure that Oregon youth are exposed to meaningful alcohol and drug prevention and intervention programming before they become involved and/or addicted to alcohol and other drugs.

- Youth care workers at a state and local level should be trained to understand the diseases of alcohol and drug abuse to identify adolescents with substance abuse problems and to refer them to approved treatment programs. The DHR alcohol and drug abuse training program should be expanded to cover a variety of youth care workers at a local level including training of personnel in CSD referral agencies.

- The Office of Alcohol and Drug Abuse Programs should request additional resources through the legislative process to implement comprehensive prevention, intervention and treatment services. Legislative proposals for alternative sources of revenue to increase funding should be considered, such as an increase in beer and wine tax, property and currency confiscated through drug manufacturing and drug dealing arrests designated to a special fund for A&D programs, and user taxes on soft drinks, video games, etc., to be earmarked for youth A&D services.

- The Office of Alcohol and Drug Abuse Programs should design service delivery programs to insure family involvement in treatment when appropriate.

- A consistent diagnostic tool to determine alcohol and drug abuse problems in adolescents should be developed and utilized in order to determine if alcohol and drug problems exist and to assign the appropriate level of care.

- Treatment programs should expose adolescents to self-help programs, such as Alcoholics Anonymous and Narcotics Anonymous, that are structured so as to be relevant for youth.

- The Office of Alcohol and Drug Abuse Programs should research the potential for using Title XIX funding for youth residential treatment services to provide additional resources.

- Alcohol and drug abuse treatment of adolescents requires family participation. Treatment programs should negotiate with group/foster care parents to seek appropriate options for youthful clients who do not have intact families.

- The Oregon Children's Services Division should provide careful consideration in the placement of youth in recovery. Placements should be made in homes where an understanding exists about adolescent addiction, where adults do not consume alcohol and other drugs, and alcohol and other drugs are not present. CSD should also consider the requests of group/foster care parents who recognize substance abuse and want CSD referral to enter those in their care into self-help groups and/or treatment programs.

PRIORITY TWO

Reduce the Number of Women Who Use and Abuse Alcohol and Other Drugs During Pregnancy to Eliminate Potential Physical Damage to the Fetus or Subsequent Growth Problems

FINDINGS

Mothers who use and abuse alcohol and other drugs are more likely to have poor nutrition before and during the time they are pregnant. Their infants are more exposed in and out of the uterus to *diseases* including syphillis, gonorrhea, herpes, hepatitis and AIDS. Any mood altering drug presents a potential danger to the fetus, and damage to the fetus can occur at any time during pregnancy. No amount of alcohol is safe. The fetal alcohol syndrome (FAS) occurs in approximately 1/1000 births and fetal effects are seen in approximately 1/100 births. **FAS is the leading preventable birth defect.**

Drugs with most obvious effects on the fetus are alcohol, cocaine, heroin, methadone, amphetamines, PCP, marijuana and cigarettes.

Many of these drugs may cause withdrawal in the infant. Typical symptoms include tremors, hypertonia, fever, restlessness, excessive mouthing, high pitched, inconsolable crying and uncoordinated sucking and swallowing. Withdrawal can continue for weeks or months, damaging parent/infant bonding, as well as the baby's cognitive and social development.

ECOMMENDATIONS

- Strategies should be developed to increase the awareness and expertise of medical care providers in detecting alcohol and drug abuse in women, especially pregnant women, and to prescribe treatment.
- Human service agencies need to improve their networking to better serve women. The provision of specially structured programs for the treatment of alcohol and drug abusing women and their children is sorely lacking. The State Office of Alcohol and Drug Abuse Programs should seek resources for this need.
- Consider legislation making alcohol and drug abuse by a pregnant mother a "committable" condition.
- Develop strategies to increase public awareness of effects of drugs on the unborn child (media campaigns, distribution of brochures, and signs posted in on-site and off-site beer, wine and liquor outlets). Support legislation requiring warning labels on all alcoholic beverages and requiring posted warnings on premises where alcoholic beverages are sold.
- Consider legislation making it mandatory to report all addicted mothers/infants.
- Develop and distribute a protocol for first evaluating pregnant women to determine if alcohol/drug use/abuse is present, then for evaluating and treating their addicted infants.
- Public and private school systems should be required to include coursework information about the potential effects of alcohol and drug abuse on the fetus. All high school students should receive complete curriculum-based instruction on alcohol and drug abuse, as one of the minimum requirements for graduation.

When a cross section of Oregon eighth and eleventh graders was asked to respond to a questionnaire regarding drug consumption, it was found that:

Eighth graders	Eleventh graders	
27.7%	56.4%	had used marijuana
9.4%	22.6%	had used cocaine
10.4%	25.4%	had used amphetamines
6.9%	11.6%	had used tranquilizers
24.7%	25.8%	had used inhalants

From "Drug Use by Oregon Public School Students—1985" Office of Alcohol and Drug Abuse Programs, Oregon Department of Human Resources

"In every child who is born, under no matter what circumstances, and of no matter what parents, the potentiality of the human race is born again."

James Agee

PREGNANCY AND INFANT HEALTH

Issue Facilitator: Marianne J. Remy

Even though Oregon has experienced a steady decline in the rate of infant death for the past 50 years, reductions in the low birth-weight rate have slowed. In fact, in 1984 the low birth-weight rate was higher than in previous years. This indicates that while we are doing a better job of saving the lives of infants who are born with health problems, we are not making the same strides in preventing poor health outcomes. This is illustrated by the fact that in 1982 Oregon noted a down-turn in a previous ten year trend of improving adequacy of prenatal care. This worsened rate continued through 1984.

RIORITY ONE

Provide Access to Prenatal Care

INDINGS

The percentage of women receiving inadequate prenatal care (as measured by how early in the pregnancy care was started and the number of visits) and the percentage of low birth-weight infants are increasing. Prenatal care is a proven determinant of the health of pregnant women and infants. The barriers to women receiving adequate prenatal care are varied, but two emerge as most important.

The first is low income. Low-income women without health insurance have great difficulty purchasing care. Medicaid and county health department services do not meet the entire need. The second barrier is the increasingly limited availability of providers due to rising malpractice insurance rates. Many providers are eliminating their obstetric practices while those who are continuing to provide services have increased their fees. In addition, many are becoming more reluctant to receive less than full payment for their services, as with Medicaid or some county health department programs.

ECOMMENDATIONS

- Expand Medicaid financial eligibility for pregnant women.
- Enhance county health department capabilities to provide prenatal care.
- Institute appropriate tort reform to alleviate the malpractice insurance burden of obstetric providers.

RIORITY TWO

Provide Prenatal Services for Adolescents

INDINGS

Compared to adults, teens in Oregon are three times as likely to receive inadequate prenatal care, one and one-half times as likely to have a low birth-weight infant, and almost two times as likely to have an infant who dies. **Pregnant teens and their infants face enormous health and social risks.**

In addition to teens not receiving an adequate quantity of care when compared to non-teens, the care they receive does not appear to have an impact on improving the health status of the infant. There is increasing evidence that for teens there is very little correlation between the adequacy of prenatal care, as measured by when care was initiated and number of visits, and low birth-weight. The second is that teens who are on Medicaid, regardless of amount of care, have almost twice the rate of low birth-weight infants as teens not on Medicaid. This may indicate that the content of prenatal care that is provided for both Medicaid and non-Medicaid teens does not meet their special health and social needs. In addition, Medicaid teens may have additional risk characteristics that are not ameliorated through the care they receive.

ECOMMENDATIONS

- Implement quality control measures that appropriately tailor the content of prenatal care to the needs of adolescents.
- Expand family planning services to teens to prevent unwanted pregnancies.

PRIORITY THREE

Provide Services to High Risk Infants

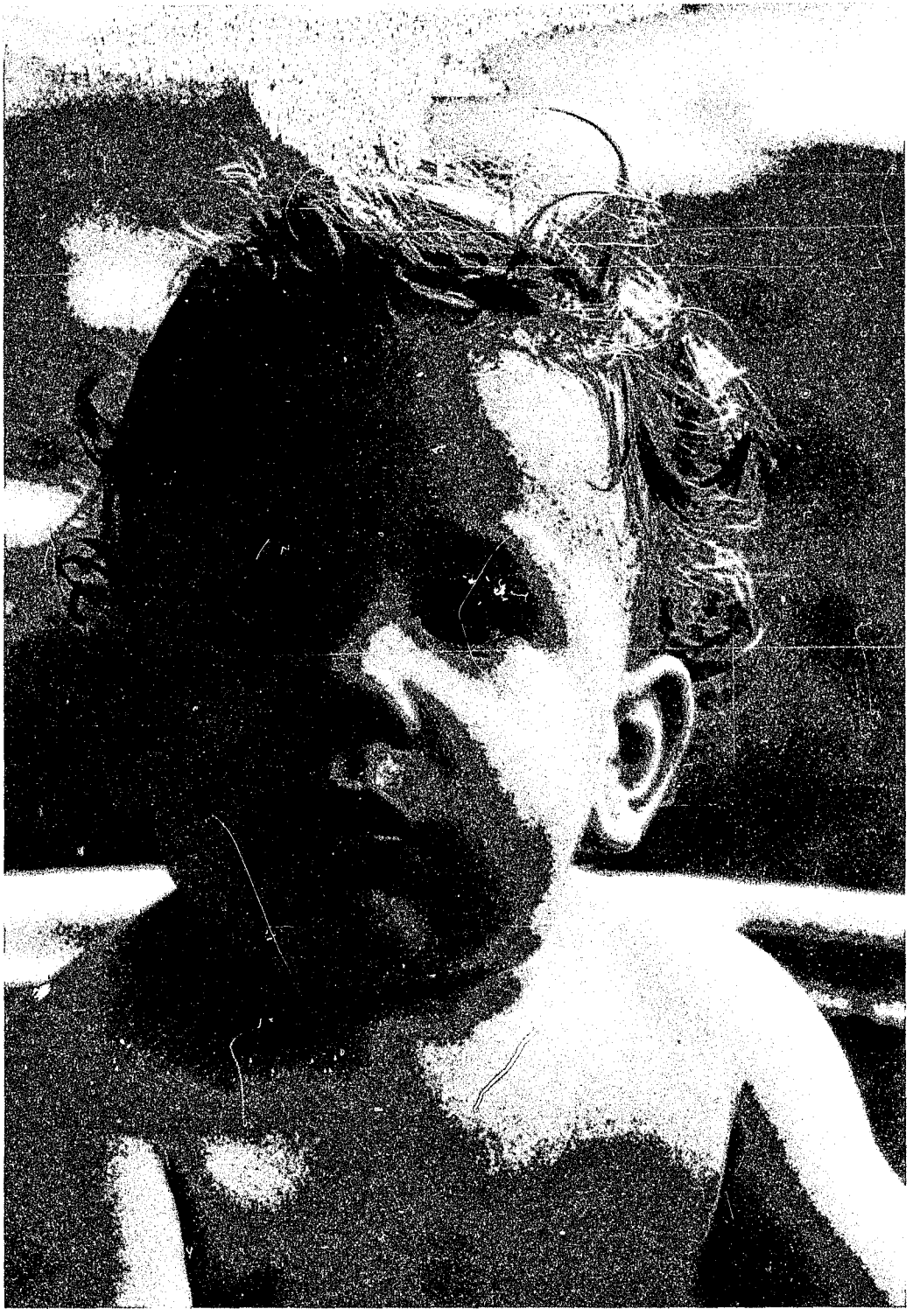
FINDINGS

High risk infants are those who are identified at birth as being at increased risk for health problems. This risk status can be the result of physical or social characteristics (for example, low birth-weight, or an infant born to a very young mother). Services which are specialized to meet the needs of these infants and their families are aimed at ameliorating the severity of the effects of health conditions or preventing health problems entirely.

Effective services require two components. The first is the identification of infants at risk and subsequent referral. This should occur at the hospital of delivery, as continued tracking of the infant would help assure appropriate care. Both referral systems in hospitals and the capacity of communities to adequately track these infants vary widely across the state. The second component is the availability of appropriate services. Many of these infants are from low-income families which have difficulty purchasing health services. Some needed services may be less health related and more related to social supports such as parent education and day care.

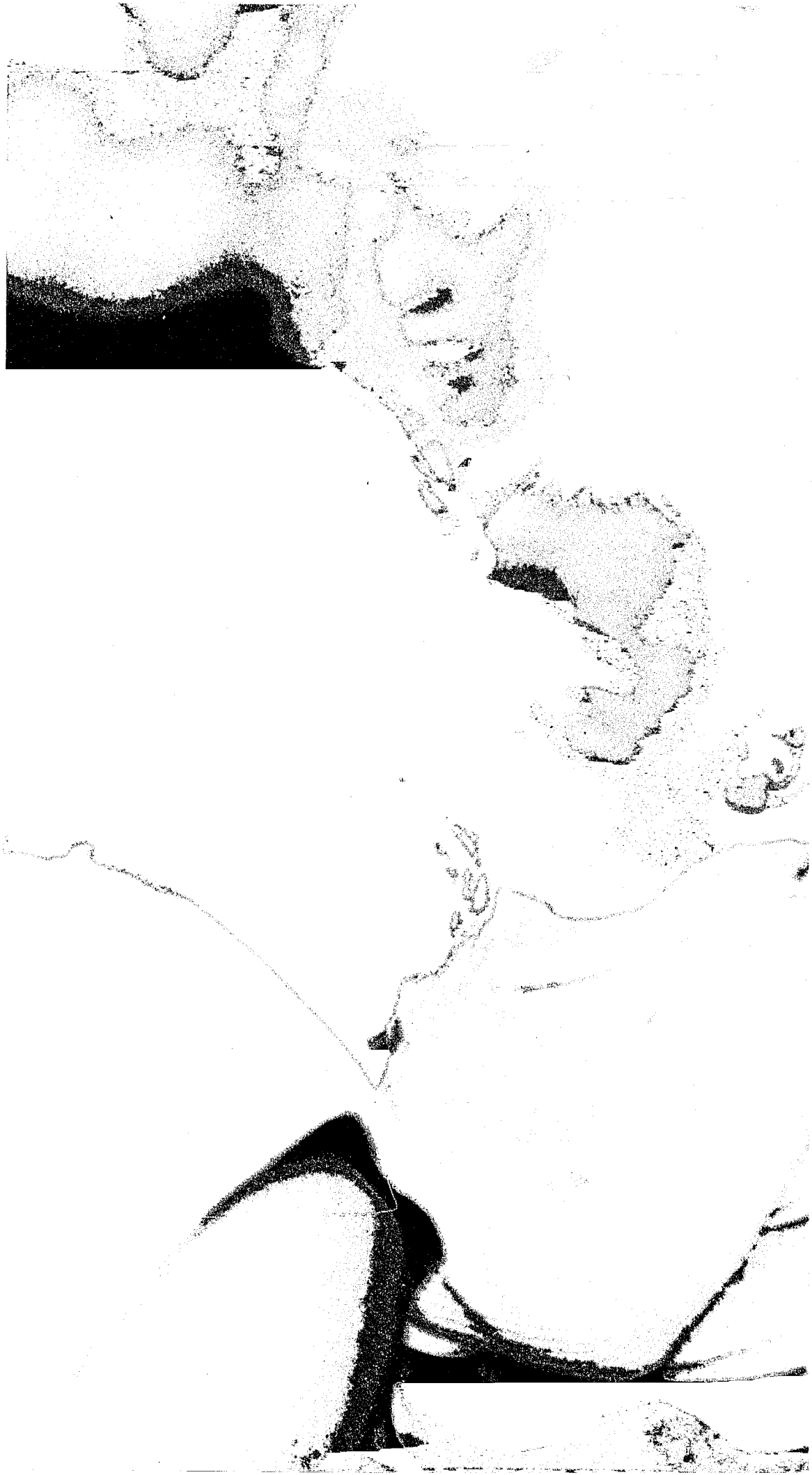
RECOMMENDATIONS

- Institute a statewide system to identify and track high risk infants.
- Expand the availability of services, such as parent education and day care, to support parents of high risk infants.



In the 15-19 year old age group in Oregon, pregnancies occur at a rate of 75-80 per 1000 women.

During the years 1982-84 in Oregon, there were 13,563 live births to teen mothers.



PREVENTION OF TEENAGE PREGNANCY

Issue Facilitator: David Gurule

To provide the medical services required to prevent teenage pregnancy, three issues are of paramount importance: access, early intervention and compliance. Adolescents are vulnerable and are unable or unwilling to take the appropriate actions necessary to protect themselves from unwanted pregnancy. Teenagers, both male and female, must have access to low cost, nonthreatening reproductive health services and appropriate contraceptives.

Early teenage sexual activity is rarely planned. Often teens are sexually active for up to one year before seeking contraceptive services. Teenagers must receive the information, counseling and contraceptives as soon as possible after initiating sexual activity. Teens that suspect that they have become pregnant must be encouraged and supported to overcome their fears and denial of pregnancy to receive an early pregnancy test. An early test for pregnancy is essential if the teen is to begin prenatal care for the maximum benefit of the infant.

RIORITY

Develop Programs To Prevent Teenage Pregnancy

INDINGS

Teenage pregnancy is a problem of significant magnitude in Oregon. **In 1984, 11 percent of all births were to women less than 20 years of age.** Almost 21 percent of the 4,301 births to teens were the woman's second, third or fourth child. Fifty-six of these were to girls 15 years old or younger. A majority of the mothers were unmarried at the time of delivery; 2,289 or **53 percent of teen births were to single mothers.**

A live birth is not the only outcome of a teenage pregnancy; the pregnancy can be terminated by an abortion or may end as the result of a fetal death. Teenagers have the highest percentage of abortions of any age group, 59.1 percent of pregnancies to those under 15 and 41.0 percent of those 15-19 end in abortion. Although few pregnancies end with a recorded fetal death, teens have the highest ratio of any age group.

Children of teenagers are at much greater risk than children born to older mothers of dying in the first year of life, of being ill at birth, requiring extensive hospitalization, and of having lifelong handicapping conditions. Without adequate prenatal care, a pregnant teen is 50-400 percent more likely to deliver a low birth-weight infant. Teens that receive adequate prenatal care have babies that die at one-ninth the rate of those without this essential health service. In Oregon, the rate of inadequate prenatal care for teens is three times that of nonteens.

Teenage pregnancy has a severe impact on the future of the teen and on government costs to support the child and the new mother. One-half of teenagers that have a baby before age 18 do not finish high school and have diminished job prospects. At some point in their lives, 60 percent of teenage mothers will receive welfare assistance. Nearly 50 percent of all AFDC expenditures are to support households in which the women have been teenage mothers. In Oregon during the fiscal year 1984, over $1.6 million was spent on physician and hospital charges by Adult and Family Services for the delivery for 734 women in the 19 years of age or less group. In addition to these costs, many of these teens will qualify for AFDC, Food Stamps and Medicaid.

RECOMMENDATIONS

- Teens must have access to sex education, reproductive health information and the effective guidance of their parents.
- A broad range of education programs, in and out of schools, should be available to teens and their parents on the subject of sexuality. Many successful models of sex education have been implemented around the United States and in Oregon. Other programs have assisted teens and their parents to discuss the issue of sex and the moral position of the family. These programs, besides teaching the factual information of reproduction and sexually transmitted diseases, have been shown to improve decision making skills, encourage the development of a positive self-image, and open family communications. The results that can be expected are fewer pregnancies, more appropriate decisions to postpone sexual activity, and improved family communications.
- Teens must have improved access to family planning education and services.
- School-based health clinics providing comprehensive health service, including family planning services, should be sited in all high schools, particularly those with high teen pregnancy rates.

"If you treat these kids like patients, you are finished. The best thing you can do is treat them like people."

Ivar Lovaas

CHRONIC ILLNESS AND HANDICAPS

Issue Facilitator: J.A. Browder, M.D.

It was not too many years ago that severely handicapped and chronically ill children could not be expected to live beyond early age. Today, because of improved medical technology leading to higher survival rates and because of population growths, the actual numbers of children with severe handicaps and chronic illness are growing. While the case numbers are increasing, the resources, especially for education and medical services, are either static or decreasing.

Presently in Oregon the care—from a biomedical and psycho-social standpoint—is fairly good only for the *very* poor, and only if the child has a *categorical condition that is covered* and that child happens to live within reasonable proximity of an urban center.

RIORITY ONE

Provisions for Identification, Diagnosis and Evaluation

INDINGS

Early identification and diagnostic services are insufficient. Some county health departments have reduced or eliminated infant and early child developmental screening. A statewide system for following high risk infants and mothers is lacking. According to one county health service administrator, the **recent reductions in state and federal funds has resulted in a budget which provides for only one-fifth of the state mandated health services.**

Early identification, diagnosis and evaluation leading to early intervention services provides the best outcome for children with developmental disabilities and related handicaps. Oregon now mandates educational services from the time of identification of the infant or preschool child with significant special needs. But no agency is charged with the responsibility of medical diagnosis and evaluation services. The Crippled Children's Division provides some multidisciplinary diagnosis and evaluation services through a federal training grant. The Division has a small demonstration grant for high risk infant follow-up. Both grants face reduction or elimination.

Adequate diagnosis and evaluation services must include a strong medical component and should lead to appropriate early intervention, family counseling, parent training, respite care, and other support services as needed. Early intervention is cost effective and reduces the need for out-of-home placement for the substantially disabled child.

ECOMMENDATIONS

- County health services should be charged with providing high risk infant and preschool screening services in cooperation with Crippled Children's Division and the private medical practitioners.
- The state should identify an agency (Crippled Children's Division provides a limited service now) responsible for working with the counties to assure in-depth diagnosis and evaluation when children are detected by screening. This should lead to timely referral to educational and community mental health services.
- There should be interagency planning and coordination between the Department of Education, Crippled Children's Division, Mental Health Division, and Health Division to assure efficient, timely services and referrals.

RIORITY TWO

Establish Special Support Services

INDINGS

In order to maximize development of young disabled children and their families, there is a need for a variety of special support services. These may include direct services such as medical intervention, physical therapy, occupational therapy, speech therapy and nursing. Family support service needs are likely to include parent counseling, behavior management, case coordination and respite care.

Presently, pediatric physical therapy and occupational therapy services are limited by the number of trained personnel both in Oregon and nationally. Undergraduate training in Oregon is limited, providing very little pediatric experience. No graduate level programs exist in the state. Continuing education opportunities are sporadic, but are badly needed to provide pediatric training to therapists in community hospitals and adult facilities. Crippled Children's Division provides pediatric undergraduate training for colleges throughout the country, but OHSU and CCD have no regular inservice offerings for graduate level courses.

Funds for case management and behavior management have been reduced to the extent that services are seriously restricted. **No state funds exist for respite care though this service is viewed as vital for maintenance of substantially handicapped children in the home.**

This population, particularly the fragile young child, presents significant medical concerns for schools. No organized medical backup system has been developed for educational programs.

RECOMMENDATIONS

- Pediatric therapy (O.T. and P.T.) training should be expanded at the CCD-UAF (University Affiliated Facility) program to offer inservice experience. The possibility of new graduate level programs should be explored at OHSU and through affiliation with existing schools.
- The Mental Health Division, CCD, and the Department of Education should be adequately funded to assure statewide access to behavior management, case management, parent counseling, and respite care.
- County health departments and education support districts (ESD) should cooperate to develop medical support for the medically fragile child in the classroom and in the home.

PRIORITY THREE

Supply the Equipment and Special Needs of the Technology-Dependent Child

FINDINGS

Biotechnology and development of medical equipment have offered dramatic improvements in survival and the quality of life for the medically dependent child and adult. Expertise in the use of this equipment is presently limited to major urban centers. While costs are escalating, funds for equipment are becoming extremely limited. The present crisis in AFS funding is creating a grave restriction on this segment of the population.

Neither the CCD, Department of Education, nor Vocational Rehabilitation Division have identified federal or state funds to assure provision of essential medical, educational, or vocational high technology equipment for children. Presently funding is haphazard from foundations, service clubs, donations, and to a limited extent, health insurance. CCD funds are limited to purchase of braces for orthopedically impaired and heart monitors and cardiac pacers. Bioengineering services are practically nonexistent in Oregon.

RECOMMENDATIONS

- Oregon should develop guidelines for appropriate provision of specialized equipment for medical and educational purposes for infants and children.
- Funding for assessment, adaptation and provision of this specialized equipment should be provided by the state through the Department of Education and CCD to assure preservation of health and to assure, where possible, that the child will function independently and show educational growth.

ere is no wealth but
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n Ruskin

"It is one thing to be blind, and another to be in darkness."

Coventry Patmore

DEVELOPMENTAL DISABILITIES

Issue Facilitator: Holly Robinson

Currently, many children with developmental disabilities are receiving inappropriate or inadequate community based services, or are residing in an institution solely because of a lack of community based alternatives. Improved medical technology, the mandate of a free, appropriate, public education for handicapped students, and the legislative commitment to deinstitutionalization have created a need for community based services far greater than supply. The present system lacks the specialized knowledge and resources to adequately or comprehensively meet the demand. Development of adequately funded specialized services would assure each child with a developmental disability the opportunity to develop towards the goal of achieving independence, productivity, and integration. With increased options, more families could maintain and care for their children in their own homes, or support an appropriate out-of-home placement.

PRIORITY ONE

Provide Family Support Services for Families with Disabled Children

FINDINGS

There are approximately 4,300 persons under the age of 22 in Oregon currently identified as experiencing a developmental disability. Of these, 90 percent live with their parents or guardians, and 10 percent live in foster homes or state operated institutional facilities. Those who choose to care for their children with disabilities at home are at serious risk for marital or family break up often leading to out-of- home placement, due to lack of support services available to them. At the same time, more than **99 percent of Oregon's designated care-giving resources are directed to 10 percent of the persons with developmental disabilities.**

RECOMMENDATIONS

- The development of a service delivery system which recognizes the family as the primary care provider and places the highest value on maintaining and supporting the family unit involves: establishment by legislation of a family support program and/or cash subsidy program, allowing families the option of caring for their children at home; improvement of communication and networking among state funded agencies which provide services to children and youth with developmental disabilities, and a commitment to the philosophy that serving children takes precedence over agency agendas; adoption of an alternative attitude when families of children with developmental disabilities approach Children's Services Division for services, an attitude which recognizes a parent's legitimate need for assistance, and the adoption of a policy that such parents may access those services without surrendering temporary custody to Children's Services Division.

- The development of an array of adequately funded community based services—provided by the state agency responsible for services to children and youth—would require: establishment by legislation of a specialized case management system within the current delivery system, with mandated case load size of 20 families; legislative appropriation of adequate funding to establish intensive training homes for all children and adolescents with disabilities; restriction (by legislation) of the admission of children to Fairview Training Center, and legislative appropriation of adequate funds to develop the residential community services required to return these children to their communities; amendment of current legislation to allow Children's Services Division to provide respite care and the appropriation of funds for such; adequate funding for other specialty services such as parent training, programs for parents with developmental disabilities, and specialized training for providers, looking at new and innovative models for service.

PRIORITY TWO FINDINGS

Identify the Needs of Infants and Toddlers with Developmental Disabilities

Early identification programs, followed by intensive family support services, should be provided for children with developmental disabilities in order to both maximize their development and minimize their risk for abuse. Early identification and evaluation with active intervention provides the best outcomes for children with developmental disabilities.

RECOMMENDATIONS

- Legislation to define responsibilities and provide funding for diagnosis and evaluation services for infants and children suspected of having a developmental disability.
- Clarification of the state agency or agencies responsible for early intervention (ages 0-3 years) and preschool (ages 3-6 years) services, and modification of state legislation to require that early intervention and preschool services conform to the regulations of Public Law 94-142.
- Provision of ongoing training to all personnel involved in the reporting and investigation of child abuse cases, to increase their ability to identify, establish court jurisdiction, and serve children with developmental disabilities who are victims of sexual and physical abuse and neglect.
- Legislation and appropriations to assure evaluation for and purchase of equipment for habilitation/rehabilitation and education of infants, children and youth with orthopedic and communication impairments.

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"In health there is freedom. Health is the first of all liberties."

Amiel

ACCESS TO HEALTH CARE

Issue Facilitator: J.A. Browder, M.D.

Modern medical and scientific advances have allowed the emphasis to be on preventative care for children. The treatment of chronic, medically handicapping conditions has allowed these children not only to survive, but to be engaged in productive activities. Children with cancer and congenital heart disease are now provided treatment not possible 20 years ago.

The value of good prenatal care has been documented in the improved health of mothers and babies. Family planning is an important element which has allowed more healthy spacing of pregnancies. Early recognition of problems leading to difficult labor and delivery now allows effective treatment and follow-up. Improved newborn care has seen a continued reduction in infant mortality; however, this has brought with it new problems. Now a number of babies, who formerly would not have survived, live but have major birth defects or brain damage which need ongoing medical and education services and treatment. An increased incidence of adolescent pregnancy represents another major health problem for the mother, child and society.

There have been increasing financial costs associated with progress in medical care. The incomes of young families in the child bearing age are low since most of these people are just entering the job market. This makes it difficult for families to afford the modern medical services and sophisticated technology their children need.

RIORITY ONE

Assurance of Comprehensive Maternal and Child Health Services

NDINGS

Presently health care for mothers and children is fragmented, with no comprehensive plan of service. Funding is disproportionately low for this segment of the population, especially for infants and children. **Funding for routine preventative care, the basis for good child health, is assured only for the very poor, those who are AFS eligible and a few whose health care is provided under group health insurance.** Presently most health insurance does not cover preventative pediatric care, but rather covers emergency (room) and hospital care. Though Oregon has a "medically indigent" program, funds have not been sufficient to implement it.

Rapidly inflating costs of immunization products are seriously impacting on federal and state funds for this vital pediatric service. Some vaccines have seen a five-fold increase in price since 1980. Supplies for DPT immunizations were in short supply when manufacturers found it unprofitable to produce them. This has resulted from tort action against the manufacturers.

Special needs, such as walk-in services in schools for adolescents or many categorical chronic conditions, are not funded in Oregon. The Crippled Children's Division does not cover leukemia and other childhood oncology, chronic renal disease, diabetes and many other expensive and chronic, but treatable childhood conditions.

Prenatal care is limited both by lack of funding for "medically indigent" and by a decreasing number of physicians practicing obstetrics. Testimonies indicate that **half of the physicians delivering babies two years ago have discontinued because of fear of malpractice suits and cost of liability insurance.**

RECOMMENDATIONS

- There should be legal reform to alter the system for awarding malpractice judgments and placing reasonable ceilings on judgments.
- The state and/or the federal government should establish a comprehensive health service plan for children to include established preventative and health maintenance procedures including dental services. This plan should include incentives for use of office or clinic services to assure continuity and quality of care. Such a plan should include the mandate for health insurance to cover preventative care and health counseling. The "medically indigent" program for Oregon should be adequately funded and implemented to allow equal access to services and participation in this plan.
- The state must make a commitment to prevention programs such as adequate funding for the materials and distribution needed for childhood immunization.

PRIORITY TWO

Provide Pediatric Emergency and Critical Care

FINDINGS

Highly specialized services for children with critical medical problems from injuries and illnesses are limited to the few tertiary care medical facilities. A new grant to the Oregon Health Division and Oregon Pediatric Society attempts to develop a model integrated system for pre-hospital, hospital and follow-up care including 1) public education through the schools, 2) training of EMT's to deal appropriately with pediatric emergencies, and 3) developing pediatric regional emergency and critical care centers.

RECOMMENDATIONS

- The Pediatric Society, the OHSU Pediatric Department, and the Health Division should continue to identify needs and develop training and critical care centers.

  The Health Division should be charged with developing an emergency care network for children.

PRIORITY THREE

Provide Statewide Access to Specialized Pediatric Services

FINDINGS

Highly specialized services such as pediatric neurology, pediatric cardiology, and pediatric oncology, as well as specialized support services such as pediatric physical therapy, neuroradiology and respiratory therapy are limited to urban areas. Support services for technology dependent children are likewise limited.

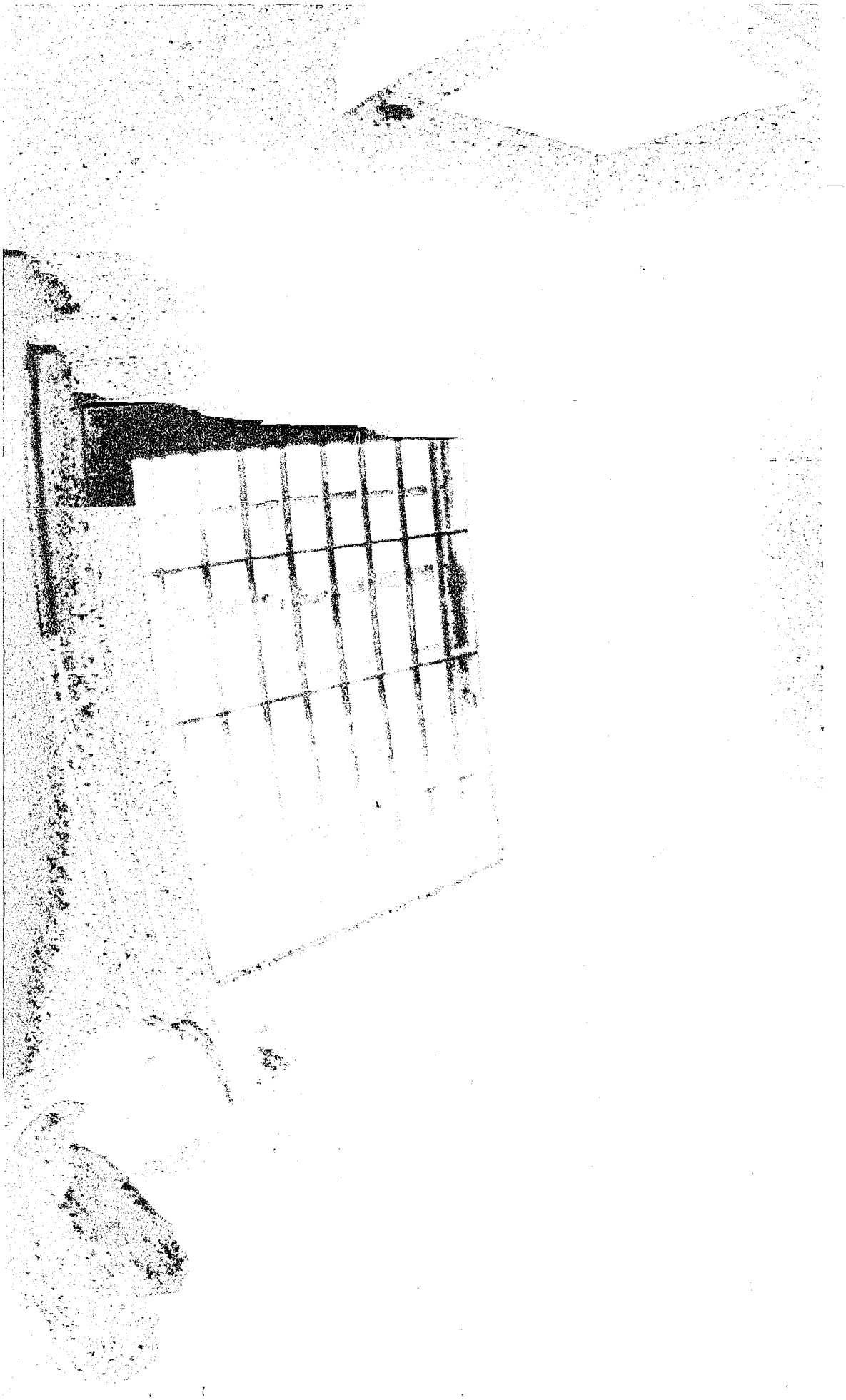
RECOMMENDATIONS

- A joint task force with participation by the Oregon Health Division, Oregon Pediatric Society, OHSU Pediatric Department, and Crippled Children's Division should study problems of distribution and transportation to specialized centers, then recommend strategies.
- There must be adequate funding for the Crippled Children's Division to maintain existing services and to expand services for other major, treatable chronic conditions.

III. YOUTH IN CONFLICT

"Like its politicians and its wars, society has the teenagers it deserves."

J.B. Priestly



JUVENILE JUSTICE

Issue Facilitators: Orin Bolstad, Community Alternatives
Keith Meisenheimer, Law Enforcement
and Barbara McGuire, Juvenile Court

Oregon's juvenile justice system lacks an operating consensus about overall purpose and guiding principles, which has led to inconsistency and insufficient coordination. In the absence of an overarching plan, state and local systems (CSD, JSC, County Juvenile Courts, schools, providers, etc.) have tended to operate independently and, often, competitively to protect their budgets. Also absent has been an adequate array of community based programs. The result has been an excessive reliance on the state training schools, which extracts those youth from their own communities and places them in distant locales.

Recent legislative action (HB 2045) precipitated immediate planning and implementation of community alternatives to the training schools in a manner that did not allow for consensus building, much less a carefully articulated and developed plan. Yet, an emerging consensus is developing. Most professionals recognize the deleterious effects of criminalizing youth in large aggregate institutions. Attractive alternatives emerge as we have accumulated knowledge about successful community programs within the state of Oregon. It also has been instructive to examine other states which have successfully shifted institutional care to community based care. The immediately pressing task is to nurture and develop this emerging consensus into a plan which is sensitive to the transitional difficulties inherent in meeting the mandated "downsizing" schedule.

JORITY ONE

Seek Agreement on Basic Philosophy, Goals, and Policies

NDINGS

A fundamental philosophical polemic has existed in Oregon between a corrections and a treatment approach. The former emphasizes protection of the community and the latter, the teaching of functional living competencies. This polemic is usually unstated but is a major obstacle to realizing consensus. This controversy is unnecessary when it is recognized that a coherent philosophy for juvenile justice must necessarily incorporate a balanced complement of both approaches.

The organization of services to delinquent youth is scattered among a variety of agencies at the state and local level, public and private, executive and judicial branches of government and within different divisions and departments of state government, all of which militates against developing consensus about what the juvenile justice system should look like. Some of the major issues needing to be addressed are: assurance of public protection, criteria for and size of a secure custodial facility, degree of central administration, private-public partnership, organization of state services, division of responsibility among social service agencies, role of education, consequences for law violations, and development of a balance in the funding of prevention and early intervention programs with later corrections for older youth.

COMMENDATIONS

- A broadly representative task force should be formed immediately to address these and other issues vital to giving clear direction for all concerned. Such a task force would include representatives from juvenile court, juvenile court directors, Children's Services Division, law enforcement, the legislature, governor's office, Juvenile Services Commission, Education, Mental Health, private providers, and citizen leaders.
- Planning should occur which prioritizes and balances three guiding purposes:

  Protecting the community
  Accountability of the youth and youth serving systems
  The development of functional living competencies

- Resources should be distributed in ways which give equal weight to these three functions. Plans should address these features at the state and local policy level, but also at the case planning level.

PRIORITY TWO

Achieve a Balanced System of Juvenile Justice

FINDINGS

A balanced continuum of supervision related to a youth's conduct does not exist. An adequate number of alternative living arrangements with a variety of levels of supervision and with consistent continuity from one level to the next has yet to be developed. Because an adequate number and variety of levels of supervision have not been provided, workers and courts place youth in spaces that are available, whether or not they are appropriate. Combine this with the requirement that residential occupancy rates must be unrealistically maximized and the result is a system that is often used by professionals out of desperation or convenience rather than out of careful assessment, appropriate placement and appropriate length of stay. Often, youth are removed from their own communities and families to be placed in geographically distant facilities; even the most effective treatment in these settings tends to fade upon return to their community because the family and the school—which failed to reach these youth in the first place—remain unchanged.

Within this continuum, there will be a continuing need for a substantial and secure custodial capacity for youth who either have committed seriously dangerous crimes or who have continued illegal conduct despite exposure to community programs.

At the other end of the continuum, families require support and training. Most delinquent youth reside with their families; those placed in treatment or secure custody return to their families. Yet, very few services exist to support and train these families for the major responsibilities which they reluctantly, but necessarily, must assume.

Greater reliance on community based programs will require sufficient and responsive "back-up" court authority. Existing authority to order up to eight days in detention will be inadequate in some cases. Simultaneously, community programs often have failed to exhaust program-internal consequences for rule violations. Community based programs and back-up services must recognize their interdependence and need for program coordination.

There is no structure in Oregon which aligns services from least to most restrictive. And, there is no uniform evaluation system which assigns youth to a particular level of restriction. Critically missing is a lack of criteria for commitment to secure custody in the training schools. Many counties are quite limited in the range of restrictiveness available among their few service programs. Because of gaps in services, recourse too often is narrowed to the training schools. Service gaps also lead to abrupt and uncoordinated transitions. Most placements for delinquent youth do not have well developed transition plans or services. Transition is not typically construed as the responsibility of the service provider or institution, nor is it typically funded by contractors. Yet, transition is one of the most frequent points at which new law violations or serious parole violations occur. In large part, this problem is a result of agency separateness and the lack of contractual obligations requiring networking at transition.

Over the past several years, we have experienced a shift of resources in juvenile justice to the most severe of delinquent youth. First time offenders and young delinquents receive comparatively few services, in spite of their greater likelihood of benefiting treatment. Preventive efforts in Oregon have all but vanished.

A particularly serious gap in services exists in meeting the educational needs of delinquent youth in Oregon. An alarming percentage of students generally drop out of high school (approximately 30%); many drop out between middle school and high school (10-20%). Few delinquent youth benefit from the educational system, as it is constructed. The result is a growing population of poorly educated, unskilled youth who are neither in school nor working; these youth are at the highest risk for criminal careers. Another serious gap in services is the absence of mental health services for mentally and emotionally disturbed delinquents.

Finally, there are a number of subpopulations of special concern, who are not served well by the current system. In particular, both female and minority delinquents have baffled professionals in terms of developing an appropriate and responsive array of services for their special needs. And, delinquents who exhibit mental or emotional disturbance, alcohol and drug problems, sexual offending, and prostitution require specialized programming, unavailable in most regions of Oregon.

.ECOMMENDATIONS

- Allocate substantially more resources to early identification and intervention services to youth at risk for delinquency and for first time offenders.

- Continuity of supervision should be built into a structure of distinct but integrated components, aligned as in a pyramid from the most to the least restrictive:

  Secure custody (state training schools)
  - selective incapacitation
  - short term back-up support or initial placement with early transition

  Local custody (detention or community based secure settings)
  Residential programs
  Professional care programs (proctor homes and special rate foster homes)
  Day treatment with family or family-like placement
  Close supervision "trackers" and family support programs
  Regular parole and probation

- Place a greater emphasis on careful assessment for appropriate placement. Assessments should serve to facilitate a youth's progress from greater to lesser levels of restriction as his or her behavior indicates, or from lesser to greater restriction. Such assessment instruments should follow the youth from one placement to the next.

- Combine services across county lines in regions where services are limited.

- Expand programs which provide opportunities for victims restitution and community service.

- Develop criteria for use of secure custody at state training schools, as well as criteria for different levels of restriction.

- Decide how many secure beds are needed as experience is gained with community based programs.

- Expand the range of local back-up authority and services for community based programs, and cultivate coordinated interdependence in programming between the two so that back-up does not become simply punitive but part of the intervention.

- State Department of education and Children's Services Division should jointly fund, through local school districts, an educational service designed for delinquents who do not fit into mainstream education. Emphasis should be given to vocational preparation and specific job skills.

■ Develop family support and training programs, especially close supervision or "tracker" support models, family and educational service advocacy programs, as well as training in appropriate parental discipline. Provide alternative family structures, such as professional foster or proctor homes, special rate foster families, and respite homes.

■ Emphasize transitional planning—contract for specific transitional services linking different levels of restrictive placements, especially when transitions occur across county boundaries.

■ Expand services for special subpopulations: mental or emotionally ill delinquents, sex offenders, alcohol and drug dependent youth, and prostitutes. Develop appropriate specialized services for both minority and female delinquent youth.

PRIORITY THREE

Establish a Prudent Pace and Plan for Subsequent Downsizing

FINDINGS

Further mandatory reductions in the state training school population will place in the community increasingly dangerous and less treatable offenders. There must be careful planning and an assurance of the availability of appropriate programs to provide reasonable community protection prior to removal of these youth.

RECOMMENDATIONS

■ Access for secure custody must be readily available for new law violators, in addition to dangerous youth in community based programs.

■ Alternative community programs must be in place before youth are paroled or placed in their local community.

■ New alternative programs should receive "front-end" or start-up funding sufficient to secure a facility and to hire and train staff prior to accepting youth.

■ A coordinated network should be established between providers, funding agencies, juvenile court, parole and probation and back-up support prior to accepting youth.

PRIORITY FOUR

Establish a Common Data Collection System in Order to Evaluate Services and the Progress of Youth

FINDINGS

In the absence of a common data collection system, it is difficult to understand the characteristics of the population being served or to evaluate the effectiveness of intervention. Careful attention should be given to determining appropriate criteria for evaluating the effectiveness of programs, for controlling for key moderator variables such as severity of delinquent acts and for tracking the number of prior placements. Significant research findings in predicting career criminality are available, but their incorporation into planning and case dispositions is not possible until a data collection system is adopted.

RECOMMENDATIONS

■ A common data collection system should be adopted utilizing inexpensive standardized instruments and risk factor technology. Data should be available to guide both policy and case disposition. The data tracking system should follow a youth across placements or dispositions.

RIORITY FIVE

Implement a Consistent and Responsive Assignment of Judges to Juvenile Court

NDINGS

Currently, the juvenile court is served by a hodge-podge of assignments that vary from county to county, particularly in those jurisdictions having more than one judge. Some counties appoint a permanent juvenile court judge, some rotate on a yearly basis, while others rotate on a much more frequent basis.

Some jurisdictions have difficulty finding adequate docket time to address the needs of those children who come to their attention. With few exceptions, the judiciary lacks both specific training in juvenile law and a clear interest in juvenile justice issues. Because the judges in larger jurisdictions are not generally elected to serve specifically as juvenile judges, there is often a lack of interest in and accountability for the public policy development affecting juveniles.

The practice of juvenile judge rotation in multi-judge jurisdictions is detrimental to the juvenile justice system, resulting in a loss of continuity, judicial expertise, judicial leadership and judicial education in related fields. The practice of rotation works to isolate the judiciary from the juvenile justice system. Because of this, the juvenile court has often been viewed as the orphan offspring of the circuit court.

ECOMMENDATIONS

- In order to meet the best interest of those youth who come to the attention of the juvenile justice system, several areas should be addressed:

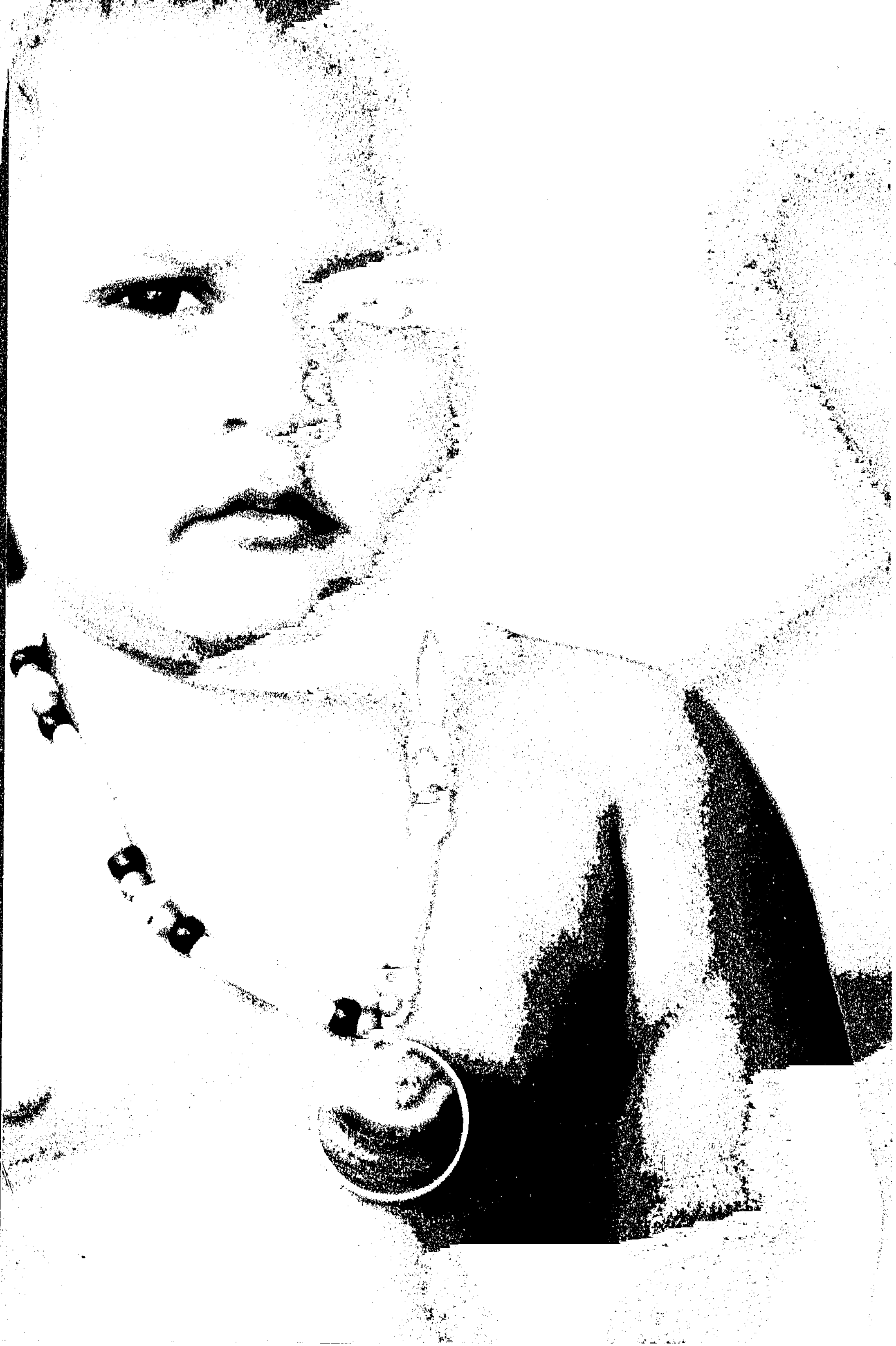
- The Chief Justice of the Supreme Court of Oregon should be encouraged to develop and adopt rules to establish an orderly, predictable rotation of judges into the juvenile court to assure continuity of the juvenile court process.

- Ideally, all circuit court judges in a judicial district would have some level of involvement with the juvenile court, but only one judge would be identified as the presiding judge of the juvenile court for a fixed period of time. Only those circuit court judges with interest in juvenile court work, who are willing to keep abreast of research and training in the juvenile court system, should be involved in the juvenile court process.

- A consistent system of extended time rotation for the presiding juvenile judge position should be implemented. For example, a period of one year per rotation should be adequate to provide the continuity necessary for effective functioning of the juvenile court.

- The Chief Justice of the Supreme Court of Oregon should be encouraged to create rules to increase the level of required training related to juvenile justice issues. This would afford the best level of expertise to those judges providing service to the juvenile court.

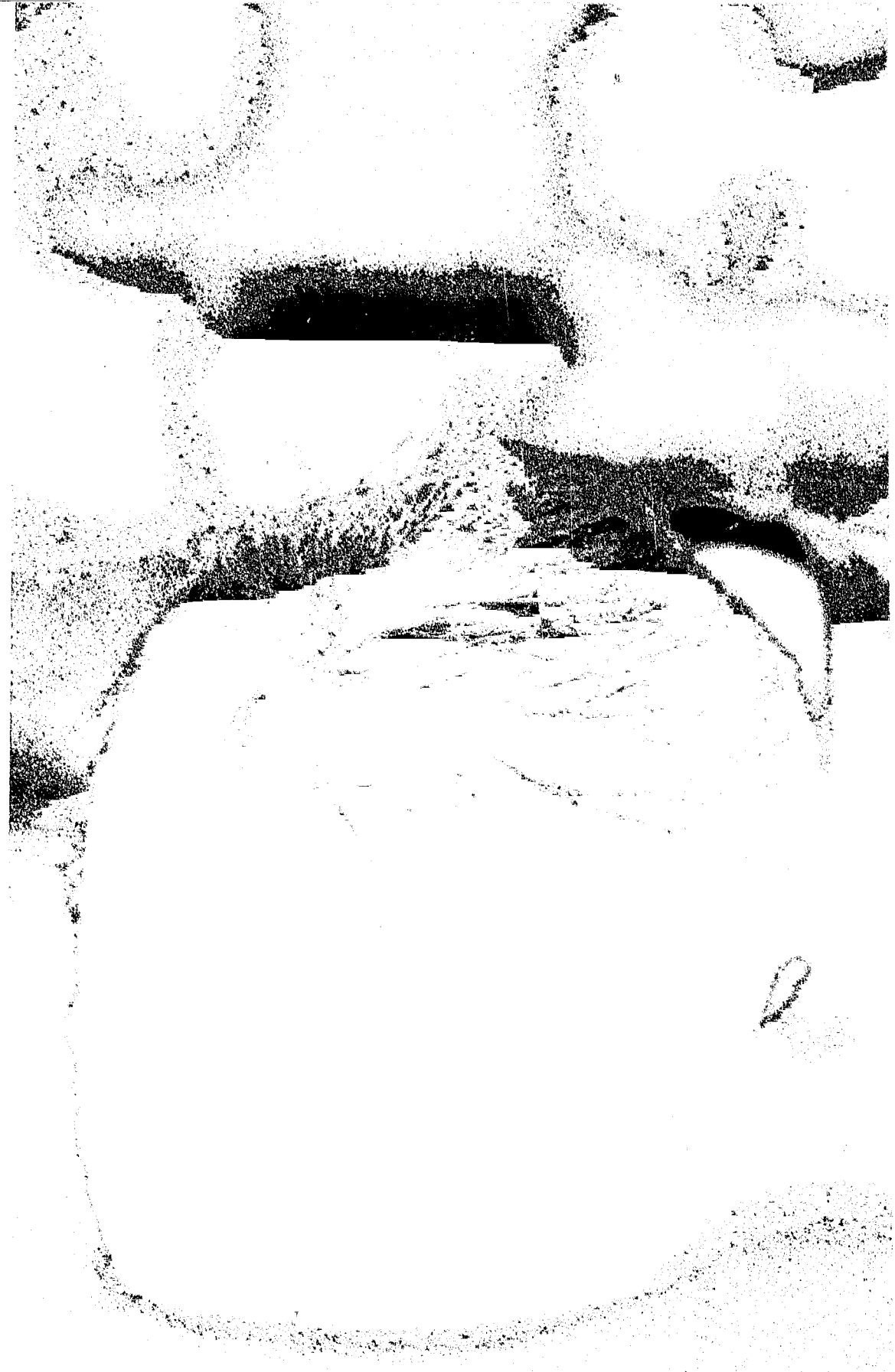
- Finally, there must be a sensitivity to the importance of a prompt response to the child who comes to the attention of the juvenile justice system. The delivery of justice to juveniles must become a legislative priority which determines that the number of judges available for addressing issues in the juvenile justice system should be appropriate to the numbers of juvenile cases coming to the attention of the juvenile courts.



IV. CONFRONTING CULTURAL AND EDUCATIONAL BARRIERS

"We must open the doors of opportunity. But we must also equip our people to walk through those doors."

Lyndon B. Johnson



ALTERNATIVE EDUCATION

Issue Facilitator: John Pendergrass

Alternative education can take many forms. It may be provided by public schools, community colleges, or private organizations through contracts with public schools. In general, it provides learning opportunities through activities that are meaningful to the student, often in an environment other than the traditional classroom. Alternative education programs usually account for individual learning styles, learning rates and skill levels of each student. Learning is often evaluated in ways other than traditional testing and a great deal of consultation between teacher and student occurs. Programs may emphasize vocational preparation or general education.

Education in Oregon and in the U.S. has been criticized due to low student achievement and a perceived lack of standards. The result has been educational "reform" which has increased course requirements in math, science and language arts, increased graduation requirements, with corresponding reductions in elective courses available to students and more rigid standards for time spent in class. Many fear that these reforms, without changes in the education process designed to meet the needs of disadvantaged students, will likely increase dropout rates. According to Oregon Department of Education figures, **approximately 31 percent of Oregon students entering high school fail to graduate.** Juvenile offenders, the poor and minority youth are over-represented among the dropout population. Only five percent of juvenile offenders returning to their communities return to school. The state Board of Education has established a goal of reducing Oregon's school dropout rate.

Oregon has a rich tradition of public and private alternative education. The legislature has placed responsibility on public schools to refer dropouts to appropriate alternative programs and to pass through funds equal to state basic school support to those programs. Nevertheless, the need for public and private alternative education is much greater than the existing programs can accommodate.

RIORITY ONE

Provide Access to Appropriate Education Programs

INDINGS

While Oregon has a variety of educational alternatives, barriers exist which severely limit access to appropriate programs for "at risk" youth.

About 30 percent of those who enter high school fail to graduate. Many more drop out of school even before entering high school. It is estimated that 30,000 school age youth do not attend school. The present capacity of alternative education programs is limited to 20 to 30 percent of the need. All programs report long waiting lists for entry. Recent job market trends, placing a premium on general education as a prerequisite for employment, have made education even more critical than in the past.

There is no system to insure uniform availability of alternative education throughout the state. Some regions have no alternative programs while others, such as Portland, have a variety of program options. This inequitable distribution places students from many regions of the state at a disadvantage in gaining access to appropriate alternative programs.

Another equity issue is funding. Many alternative programs are expected to educate hard-to-serve populations using only state basic support funds (approximately 30 percent of the average cost of educating a child in the local public school). This discriminates against alternative education students and discourages the development of needed new programs.

"At risk" populations, such as teen parents and juvenile offenders, are often not referred to appropriate programs because of agency confidentiality rules or other priorities and the lack of needed educational and behavioral assessment information needed for proper placement.

Although the law requires schools to inform students and parents of appropriate alternative programs, this is not done in a systematic fashion. Many students and parents are unaware of the existence of programs that would benefit the youth.

RECOMMENDATIONS

- Stable and equitable funding is needed which encourages alternative education programs and elevates the budget for alternative education students to a level equal with regular students.
- Local schools or education service districts should be required by the state to insure a minimum standard of availability of alternative education in all regions of Oregon.
- State and local agencies and schools must insure that "at risk" clients are identified and referred to appropriate educational programs based upon adequate educational and behavioral assessment data.
- State funding should be made available as an incentive for development of public and private alternative programs at all levels.

PRIORITY TWO

Study the Characteristics of Successful Programs

FINDINGS

Recent educational reforms discourage "at risk" students by limiting elective courses, increasing graduation requirements and accentuating educational deficiencies. The need for sound alternative programs will be increased. Certain common characteristics are normally found in alternative education programs which are successful with "at risk" youth. The most important characteristics identified in testimony include:

Open entry	Youth may enter at any time without being behind.
Individualized	Students learn at their own pace and at their appropriate levels.
Flexible	Subject matter and learning activities are adapted to student needs.
Assessment	Academic levels and progress of students are measured.
Individual plan	An individualized plan for education treatment should be developed for each student.
Incremental success	Learning activities allow for regular successes on part of students.
Self-esteem	Opportunity for successful educational and interpersonal experiences are offered and reinforced.
Competency based	Knowledge and skill learning objectives are clear, measurable and applied.
Employment	Link occupational/career development with educational development.
Behaviors	Develop appropriate work and school behaviors, interpersonal skills.
Environment	Usually smaller schools and classes, which are less rigidly structured.
Accountability	Students are responsible for achievement and behavior.

Remediation	Students are offered the opportunity to "catch up" in areas of deficiency.
Life skills	Knowledge and skills needed to manage personal affairs and finances are developed.
Autonomy	Program decisions are made at the program level.
Support services	Relationships are developed through which support service needs of students and their families can be met.
Bonding	Care is taken to develop positive peer and staff relationships of students.

ECOMMENDATIONS

- Standards for appropriate alternative education programs should be developed jointly by educators and agencies such as Children's Services Division, Adult and Family Services, and organizations serving dependent, "at risk" youth.
- Methods of granting credit and awarding diplomas should be developed and based on demonstration of student competence and program standards.
- Successful program models and their characteristics should be documented and disseminated throughout the state.
- More alternative programs serving elementary and middle school ages should be developed.

RIORITY THREE

Develop the Coordination of Education and Support Services

INDINGS

Research has documented the relationship between dysfunctional families, child abuse, drug and alcohol abuse, and failure in school. Children who are abused, neglected, or under the influence of drugs or alcohol have erratic attendance, behave inappropriately, fail to interact positively with other students and staff, and do not learn effectively. Manipulating the school environment without addressing these causes of school failure has generally proven to be unsuccessful. Schools indicate an urgent need for mental health and family support services to be offered to students and families concurrently with educational services offered in school.

Teen parents and juvenile offenders are usually school dropouts as well. Appropriate education services need to be provided to these populations so that employment and economic independence can be achieved. Successful referral to and placement in education programs is often hampered by conflicting agency priorities and regulations, inadequate information on educational achievement and behavior of clients, lack of confidence that education can effectively serve these disadvantaged groups, confidentiality concerns, and simple lack of coordination between systems serving common clients.

ECOMMENDATIONS

- Children's Services Division, Juvenile Services, local courts, Adult and Family Services, Mental Health and Education must establish educational and *employability* development of "at risk" clients as a priority. Then they should structure services accordingly.
- A uniform system of assessment, planning and case management must be instituted to insure that the responsibilities of each agency are clear and consistent and that services for each client are coordinated.
- Support services should be co-located with education programs to promote effective coordination.

- The state should require local schools to bear financial responsibility for appropriate alternative education of "at risk" youth while other appropriate agencies finance support services to these students.
- Support services such as drug and alcohol treatment and education, family planning, parenting skills for youth, and prenatal and health services should be available to all students.
- Increased funding of mental health services to youth is necessary.
- Systematic methods of identifying "at risk" youth must be developed and implemented in the schools.
- Mental health services must be more readily available to elementary and middle school students.
- Education programs should provide community based activities in work, community service and exploration with special attention to positive role models and mentoring.

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"The hearts of small children are delicate organs. A cruel beginning in this world can twist them into curious shapes."

Carson McCullers

PREVENTION THROUGH EARLY INTERVENTION

Issue Facilitator: Roland Hartley

Experts believe the occurrence of child abuse can be reduced by changing key conditions which contribute to inadequate care and nurturing of children, and by outreach and early intervention with target groups who experience higher incidence of child maltreatment. These include families that are poor; those headed by single parents or teen parents; minority families; families whose children are born with health problems; families with parents afflicted with substance abuse; or those whose parents were themselves victims of child abuse. The 1985 Oregon Legislature enacted a law establishing a children's trust fund, creating an endowment for the development of child abuse prevention strategies, but it is woefully understaffed and underfunded.

RIORITY ONE

Develop Primary Prevention Resources

INDINGS

Nearly all publicly funded actions in response to the serious problems of child mental illness, child abuse and neglect, and antisocial behavior of children and youth are at the tertiary stage. That is, the **actions are directed toward treating the problems after they have reached a critical or intolerable level.**

There is a rapidly swelling wave of activity across the nation moving toward primary prevention as reasonable, effective and necessary. That movement has resulted in the enactment of children's trust fund legislation in 34 states.

The Oregon Children's Trust Fund, enacted in 1985, is funded by the sales of heirloom birth certificates and voluntary contributions by the citizens of Oregon. Only income produced by the trust fund is available to fund primary prevention services. As of April 10, 1986, the fund contains only $715. It is estimated that a yield of $100,000 annually could be produced by the sales of birth certificates. At that rate it will take 100 years to earn the one million dollars needed annually to fund programs.

There is only one half-time position funded through the Children's Services Division to carry out activities related to the Children's Trust Fund. This is an inadequate staffing level to conduct contracting, monitor funded programs, conduct public awareness campaigns and carry out fund raising planning and promotions.

ECOMMENDATIONS

- Broaden the funding base for the Children's Trust Fund by enacting legislation to create an Oregon tax "refund check off." This would allow persons receiving tax refunds an opportunity to contribute a portion of their refund to the Children's Trust Fund.
- Enact legislation which would create a system of challenge grants through which local cash support for grant awards should be matched by state general funds on a dollar for dollar basis up to a total of one million general fund dollars per year. The program would be administered through the same system as the Children's Trust Fund programs.
- Appropriate funds to provide for adequate staffing of the Children's Trust Fund activities. This would include expanding from one half-time to a full-time program position plus a half-time clerical specialist.

PRIORITY TWO

Reverse the Trend of the High Percentage of Teen Parents Who Drop Out of School

FINDINGS

In 1986 it is expected that in Oregon about 4,100 births will occur to women under age twenty. Of these, 2,536 will be to school aged women. By conservative estimate, 67 percent of these have dropped out or will drop out of school. Research has clearly established that **the school aged parent faces a life of poverty, is at high risk of health and social problems and consequently will become a significant consumer of public social services.** Oregon law relative to public school administration defines a pregnant student under ORS 343.0035 as a handicapped person eligible for special education services. An obligation, therefore, rests on every school to at least provide tutorial services when requested. The statutory eligibility for special education services for a pregnant person ends at the point of delivery. After that, the school has no further obligation unless some other eligible condition remains. With only one or two exceptions, Oregon school districts do not provide special programming for pregnant or parenting school aged persons other than tutorial service.

RECOMMENDATION

- Enact legislation that extends the definition of a handicapped person under public school law to that of a parenting person of school age including parenting fathers.
- Enact legislation or create under administrative rule a standard curriculum and set of services which must be provided persons handicapped by reason of pregnancy or being a parent. Such curriculum and services would include: parent training, prenatal, maternal and child health services, personal counseling, day care on or near school to allow the mother to nurse and have supervised laboratory care experience and vocational track curriculum and counseling.
- Provide incentive funding to school districts for development of comprehensive school services.

PRIORITY THREE

Create Specific Curriculum Objectives Relevant to the Teaching of Parenting Knowledge and Skills

FINDINGS

In Oregon, parenting is traditionally viewed as personal, private and instinctual. As a result, most first time parents have not had any systematic preparation about child development, child care, nurturance or parent/child bonding.

Only one secondary school in Oregon is known to make family life preparation studies a graduation requirement. Schools are not required to have an integrated family life preparation curriculum.

The perceptions of masculinity in Oregon, as in the broader American culture that negates nurturance and emotional intimacy, discourages and disables many fathers from having an active role in early child care and nurturance.

With the growing prevalence of two-parent employment, the father's role in sharing early childhood parenting has become one of necessity.

The Head Start program is the most significant parent training effort in Oregon for low-income families. Unfortunately it is funded to serve only 15 percent of the eligible children of low-income families in Oregon.

COMMENDATIONS

- Enact legislation that requires school curricula from junior high through high school to incorporate appropriate family life preparation studies. Such curricula would incorporate human nurturance as an equal value for males and females. Completion of the studies would be a graduation requirement.
- Provide funds to allow Head Start programs to serve all low-income families and expand eligibility to include children ages 0 to 4.
- Fund the Children's Services Division to provide parent education services, counseling, parent aide services and the development of parent support groups for families receiving ADC.
- Allow an Oregon tax deduction for parent training costs up to $100 per parent for the participation in parent training programs within one year following the birth of a child.

"A nation without the means of reform is without means of survival."

Edmund Burke

RACIAL AND CULTURAL ISSUES

Issue Facilitator: Judge Kristena A. LaMar

Some racial, cultural and sexual preference minorities have charged that they have been forced to accept services which are inadequate or harmful, or which may destroy or suppress the unique qualities of these groups.

While the black population of Oregon has remained constant in its percentage of the total Oregon population, the Native American, Spanish speaking and Asian groups have nearly doubled in the last quarter century. Only 1985 Oregon Laws ch 358, dealing with placement of refugee children, and the Indian Child Welfare Act, 25 USC SS 1901-1963, mandate procedures and rights for the affected groups. No current law requires procedures or protections for sexual preference minorities.

Intervention into the family or surroundings of a child may differ depending upon the cultural beliefs and practices of the family. The application of abuse and education laws, for example, may differ depending on variables of racial and cultural definition. The family's ability to draw upon ties within its subculture may affect the wisdom of and necessity for delivery of services to the family and/or child. Alternatively, the lack of formal or informal services available to the racial, cultural, or sex preference subgroup may require an innovative response from public and private sectors, in a manner understandable to and accepted by the family.

Private and public agencies face the challenge of identifying the discrete needs of these groups, mobilizing and allocating resources, and shifting services and training personnel to respond to changes in minorities' needs.

RIORITY ONE

Hire and Train Staff Who Are Knowledgeable of and Sensitive to Special Needs of Racial and Cultural Minorities, and Those with Alternate Sexual Preferences

INDINGS

State agency staffs often lack mastery of languages of racial and cultural minorities and lack cultural sensitivity to the unique communities they serve, including youth of alternate sexual preferences.

CSD and entitlement personnel are unfamiliar with laws such as the American Indian Religious Freedom Act and the Indian Child Welfare Act. Hispanics often face harassment and discrimination in dealing with agencies. Black youths make up a disproportionate share of training school and older foster care homes, and the imminent "downsizing" provides no alternate plans to address the needs of these youth.

ECOMMENDATIONS

- The state should recruit more bilingual workers in CSD and public welfare agencies who are sensitive and comfortable in dealing with cultural and racial differences.
- The state should provide funding to train CSD workers whose clients are Native American, to work with Indian community leaders and to provide sensitive outreach efforts.
- The state should enable an increase in the numbers of minority professionals in social service agencies, and develop formal networking agreements with community based minority programs.
- All state agencies should tap and recruit black volunteers to assist CSD, public welfare and Housing Authority personnel in identification of and response to remediable situations.

RIORITY TWO

Identify the Discrete Needs of Racial and Cultural Minorities, and Those With Alternate Sexual Preferences

INDINGS

Migrant communities need seasonal CPS and family counseling resources, flexible enough to be there when the need exists.

Native Americans lack "user friendly" services sensitive to their religious and cultural needs and primary prevention services.

There is a shortage of foster care and adoptive homes for minority children of the same racial and/or cultural make-up.

Members of sexual preference minorities have more suicides, membership in "street youth" groups, and fewer appropriate alternative care resources.

RECOMMENDATIONS

- CSD should establish more flexibility in assigning CPS and CSD workers and counselors responsive to seasonal and economic changes.
- State social service agencies should establish programs which enhance the importance of family traditions, and promote familiarity of workers with Native American concepts of child-rearing and training.
- Children's Services Division should recruit more minority families to meet foster care and adoption demand and provide funding, backup and training to assist all families nurturing minority children.
- The Department of Human Resources should fund a study of needs of children with alternative sexual preferences to enable provision of appropriate services and identify and address discrimination among workers and service providers to these children.

PRIORITY THREE

Anticipate and Provide Needed Services and Financial Assistance for the Future

FINDINGS

Migrant populations have increased dramatically and lack services for health care and prevention, family counseling, and abuse and neglect treatment, including follow-up.

Native American foster or relative placement homes are scarce due to inadequate funding. More Indian children are in foster care than are allocated funds to meet their needs and there are few family service programs.

Southeast Asians need parent training in order to meet majority cultural expectations and to prevent child abuse and neglect. Service providers must be aware of the "closed society" phenomenon which hinders requests for and implementation of services.

The diminution of adequate public funding from all social service programs places more pressure on private and volunteer groups.

RECOMMENDATIONS

- Children's Services Division should provide adequate identification and follow-up services to migrant communities. CSD should coordinate efforts with a reporting agency to ensure service provision.
- The state should adequately fund Indian placements, ensure better compliance with the Indian Child Welfare Act requirements and provide stable funding for Native American family service programs.
- CSD and the Mental Health Division should make available Southeast Asian-trained persons to provide parenting classes and to initiate outreach services to that community.
- CSD should recruit and network with more volunteer organizations and private providers.

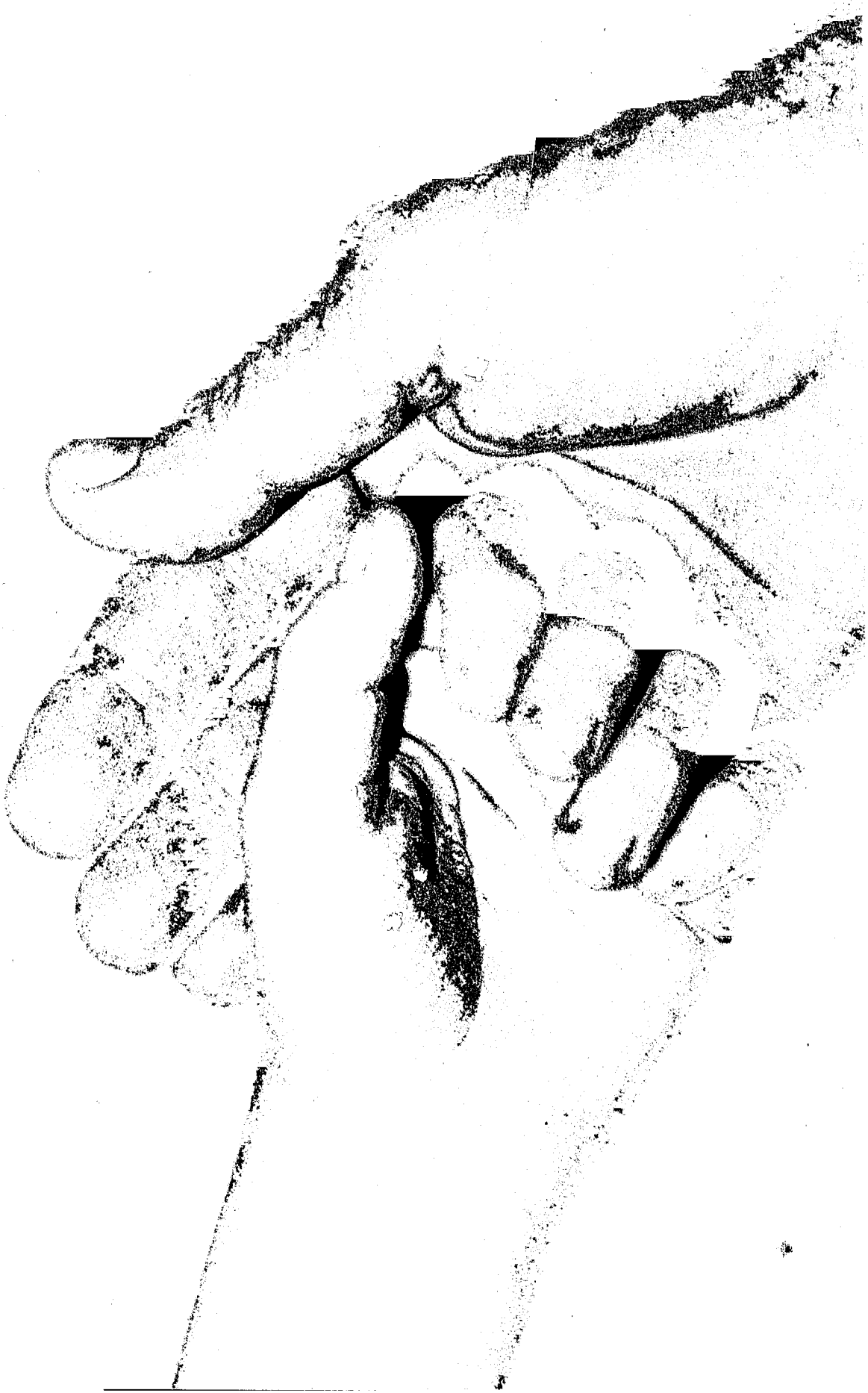
The S.E. Asian Family Directions Institute conducted a conference to parallel the program presented by Oregon's Agenda for the 1990s. Extensive results of the proceedings have been compiled under the title—*S.E. Asian Family Directions Institute: Document of Findings & Recommendations.* To obtain a copy of this *document,* contact the Children's Services Division, 198 Commercial Street SE, Salem, Oregon 97310, or call 378-4374. This publication is also on file at the Oregon State Library.

V. SOCIAL DESIGN FOR CHILD CARE

Two out of three families living below the poverty line in 1984 received no public assistance payments.

Since 1978 the number of blacks living in poverty has increased 24%...the number of whites 41%.

U.S. Census Bureau



FAMILY SUPPORT FOR SELF-SUFFICIENCY

Issue Facilitator: Donald J. Ballinger

It is the responsibility of a decent and caring society to meet the basic survival needs of its most dependent members. The failure to do so results in significant social and economic costs for the community as well as the family. In the absence of clearly articulated policies, an effective implementation plan and criteria to judge the consequences of budgetary decisions, the most vulnerable will suffer the greatest deprivation from indiscriminate changes in vital services and financial aid.

In Oregon, families experiencing temporary or long-term economic insecurity depend upon various forms of financial assistance and other services provided by a loose network of public and private agencies which rely upon government funding for a significant portion of their budget. The state Department of Human Resources is a key element in this network, distributing more than $420 million of state and federal aid annually. The Department decisions and related legislative directives have profound impact on the quality and availability of human services to Oregonians who are unable to fulfill their basic social, health and economic needs.

RIORITY

Provide an Adequate Level of Support to Meet the Basic Needs of Dependent Families

INDINGS

Oregon's human services system is deficient in its effort to promote self-sufficiency for families experiencing temporary economic insecurity.

Most recipients of publicly funded assistance are the result of limited opportunities for developing vocational skills and obtaining the level of employment required for self-sufficiency. With the exception of the chronically ill and seriously handicapped who require prolonged custodial care, assistance is only necessary for a relatively short period of time. The failure to meet the basic survival needs of its most dependent members results in significant social and economic costs for the community as well as the family in need.

The current system is a restrictive and fragmented approach. By its very nature, the family is not encouraged to become self-reliant. Assistance is being offered on the basis of services to cope with specific problems, for example, education, employment training, mental health, alcoholism, foster care. This has created a disjointed and inadequate response to troubled families. Programs which promote self-sufficiency such as vocational training, child care subsidy, food stamps, health services, general relief, transitional shelter, case management, and community based services are not an integral part of the human services network while prevention programs instrumental in reducing dependency— including family planning clinics, respite care, prenatal medical care, and two-parent family support— have been cut drastically.

Standards of eligibility and benefits respond to artificial budgetary considerations rather than the families' needs. Current assistance is less than two-thirds of the basic needs standard adopted by the 1979 Legislature.

The level of unemployment in Oregon is a clear indication of the need for support services to an increasing number of persons who are experiencing temporary economic insecurity, but want very much to be self-sufficient.

RECOMMENDATIONS

- Bolster and maintain a public information program to counter the negative attitudes of taxpayers toward the need and responsibility of a decent and caring response for families who need assistance to meet their basic needs.
- Establish a family-oriented support system that has the capacity to coordinate all public resources required to promote self-sufficiency. Other community resources would be networked to enhance the success of indigents to solve problems as a family.
- Provide access to adequate dental, vision and other health care services for low-income families who are not covered with other health plans.
- Create incentives and opportunities for increasing parenting skills, family planning, and an adequate income through employment.
- Provide short-term (24 months) child care subsidy and other support services which may be necessary for completing education and vocational training of families to achieve self-sufficiency. (This should occur in an environment where sanctions are not used abusively or become a disincentive for a family during a period of education or job obtainment.)
- Resolve the delays in the receipt of AFDC payments and medical cards. These delays have caused unnecessary stress, worker harassment, health emergencies and evictions.
- Increase the capacity of the system to provide adequate outreach support services for families living in rural communities.
- Establish work fairs that will provide positive self-image experiences for individuals who are not able to fulfill employment responsibilities in private industry.
- Permit flexibility in the system to respond to the unique needs of each family during the period of economic insecurity that will reinforce their goals for independence.

**u're not cutting wel-
re, you're cutting our
roats."**

D.C. Mother

"It is nice to feel the atmosphere of love round you once in a while, and nobody out of tune."

George E. Woodberry

DAY CARE

Issue Facilitator: Donald J. Ballinger

Day care services for children can no longer be considered merely as an increase of custodial care for the poor. Within the next decade two-thirds of the women will be employed, with over 50 percent having children under the age of six years old. Child care represents the fourth largest budget item for families in the U.S., consuming 10 percent of their incomes.

There are major problems emerging, however, that will limit the availability of day care services and the quality of care unless radical changes are made now in the way the services are regulated and supported.

IORITY

Provide Quality Day Care Services at a Reasonable Cost

NDINGS

It is estimated that of the 194,000 children (ages 0-10) of working parents in Oregon, 20 percent receive regulated child care, 51 percent are in nonregulated care, and 29 percent receive no care at all. Single as well as two-parent working families usually cannot afford quality regulated child care. Work site child care, which allows mothers to nurse babies and to be with their children at break times, essentially does not exist in Oregon. Labor contracts have not provided for day care benefits.

Because of a lack of coordination and an inadequate information system, potential users often don't know what options are available to meet their unique needs, including: evening hours care, special care for handicapped children, facilities convenient to home or work, after school supervision, substitute care when a child is ill, and migrant family child care—bilingualism/biculturalism.

Provider problems include: the increased costs of insurance coverage for liability risks; staff shortages due to low pay scale required to keep operating costs down; state regulations to limit family day care size to five children, with provision for monitoring; inconsistent and unfair IRS audits. Family day care providers were audited for the first time recently by the Internal Revenue Service. No particular guidelines were applied to the auditing process and tax deductions were determined inconsistently among the providers. The IRS was given the complete list of providers by the state. Family day care providers will bypass certification with the state in order to avoid unfair audits by the IRS, seriously affecting quality and safety regulations of child care.

Currently there is a lack of training for family day care providers to equip them with needed knowledge of legal rights, bookkeeping, taxes, and management skills. Community support, including partnership with employers, is almost totally lacking, including an effective outreach program to ethnic minority populations and the provision of bilingual/bicultural child care.

ECOMMENDATIONS

- Provide a state supported information and referral system to network parents-in-need with service providers.
- Establish a certification program which includes a resource and training component for day care providers to assure quality of care, safety of children, and assistance for the provider in the areas of recordkeeping, taxes, liability, nutrition, using community resources, and management.
- Subsidize day care services during parents' enrollment in an employment-oriented educational program or in a basic education program such as GED. Special attention should be given to teenage parents needing to complete basic education requirements.

- Create incentives for employers and the public education system to initiate and support the provision of day care services. This might include discounts, vouchers, education credits, flexible benefit packages, salary reduction plans and tax deductibles.
- Explore feasibility of the state to facilitate the acquisition of liability insurance for day care providers, or apply legislative controls over the insurance industry to provide adequate and affordable coverage.
- Simplify and clarify the legal tax and insurance laws and regulations, especially those affecting family day care providers and small non-profit organizations, in the areas of worker's compensation, unemployment insurance and charitable trusts registration.
- Provide financial support for low-income families to assure opportunity for their children to participate in day care programs of their choice.
- Provide training for day care professionals on how "special needs" children can be helped to reach their potential in a normal day care setting.

"...the hardest of all is learning to be a well of affection and not a fountain, to show them we love them, not when we feel like it, but when they do."

Nan Fairbrother

FOSTER CARE

Issue Facilitator: Betty Uchytil

The foster care program in Oregon has changed. The change is the result of actions on the part of federal and state government and private social service agencies, as well as social and economic changes in our society. Those changes include strong federal law supporting a child's right to a permanent home, mandating states to make reasonable efforts to maintain children with their biological families before intervening to place a child into foster care. They are also the result of an increasing awareness among social workers that child welfare agencies, juvenile courts, and social policy are no substitute for the parent/child. These family-based policies have been aggressively pursued in Oregon for at least six years, and while Oregon is not perfect in providing the services needed to maintain every child in his/her own home, it does mean many more children remain with their families than would have under previous social and legal mandates.

Children remain with their own family until that is ruled out or exhausted as an option that is helpful for the child. At that point, the state intervenes and places the child in substitute care, usually foster care. In some cases, parents place children voluntarily. Again, it is usually only after every avenue has been exhausted to keep the child with their family.

Children who come into foster care needing only food, clothing, shelter and a warm loving family are almost non-existent in today's foster care program. By the time all avenues have been explored to keep the child and family together, **many of the children that end up getting placed are those who have an extensive, severe, early history of damage, disruption, abandonment and pain.** They may have been medically neglected prenatally, malnourished and denied physical and emotional nurturing from their first day of life and/or seriously physically harmed or sexually abused. They have no reason to trust caretaking adults as people who will meet their needs, love them, guide them, or be fair to them. Many have not established that ability to communicate, to give affection and take affection—that reciprocity of feeling that we refer to as *bonding.* This loss may not be remediable and may affect the children and their relationship with society for the rest of their lives.

Some children in foster care do not come from homes where abuse and neglect were present, but have such physical or intellectual handicaps that families with ordinary strengths and abilities cannot meet their needs. These children present special problems for the medical community, the educational system, and the substitute care alternatives to their own home.

PRIORITY ONE RECOMMENDATIONS

Foster Parents, Carefully Selected, Properly Trained, and Adequately Supported Can Be a Treatment Agent for Even the Most Damaged Children

- Foster parents are the first to stand up and advocate for high standards in quality foster homes. The children who will need foster care in the 1990s will need families of exceptional ability and flexibility in parenting, support and child treatment. This does not mean that foster parents need advanced academic degrees, but people who are selected as foster parents should have a life history that demonstrates that they can lovingly and intelligently go the extra mile to meet the needs of children who are placed with them. They must be individuals who have a sense of humor and who can understand in the deepest sense that often they will be asked to give more than they will get.

- Foster parents should be provided with an array of training opportunities from basic issues in fostering to training in how to deal with specific developmental disabilities or manifestations of emotional illness. Children should not be placed in a home until it can be demonstrated that the foster parent has a combination of innate qualities and additional training to meet the needs of that child.

■ Foster parents need the support of CSD in carrying out their role as foster parents. They need to understand how to work with CSD, the kinds of children that will be placed in their home, and how to work with the other systems that the children's lives will interact with.

■ Foster parents need adequate reimbursement for out-of-pocket expenses, as well as advocacy within the Division. They should be given support while being spared bureaucratic hassles.

PRIORITY TWO

The State of Oregon Needs to Live up to the Spirit of Public Law 96-272, the Child Welfare and Adoption and Assistance Act, Rather Than Merely Meet the Letter of the Law

FINDINGS

Public Law 96-272 requires that each child in foster care have a case plan and that the state agency identify reasonable efforts that it has made to return the child to his or her own home. While the State of Oregon meets the technical letter of that law, we often do not have the resources or the expertise to satisfy the spirit of it. Efforts to maintain parent/child bonding are often hampered by lack of visiting facilities and the staff to maintain that relationship. Foster care case workers often lack the resources to strengthen parent/child relationships early in the placement.

RECOMMENDATIONS

■ The caseload standards for foster care case workers needs to be revised to a more reasonable number of 20-25 cases per worker.

■ CSD needs to develop, support and enforce policies which would carry out the spirit of P.L. 96-272, including frequent and meaningful visitation, case advocacy with other human services organizations, and exploring new models of foster/substitute care. These could include partial foster care, semi-independent living, or other creative models of service delivery which would increase the opportunities for children to be parented by their natural families.

PRIORITY THREE

The State of Oregon Should Have Policies That Support the Partnership of Foster Parents, Social Service Agencies, and the Educational System that Would Acknowledge Human Feelings As Well As the Skills and Expertise of Foster Parents and the Social Service Staff and Educators Who Are Working to Meet These Children's Needs. Public Policy for Children in Foster Care in the 1990s Needs to be Developed as a Joint Effort

FINDINGS

Foster care in the 1990s needs to be a partnership between foster parents, the child welfare agency, CSD in Oregon and other child placing agencies, the medical community, and the educational system in order to provide an effective service to children who are in grave need.

RECOMMENDATIONS

■ Foster parents need to be included in the development of agency policy and in case planning. Their information and opinions need to be listened to and used when developing strategies and techniques to help the children that we all serve.

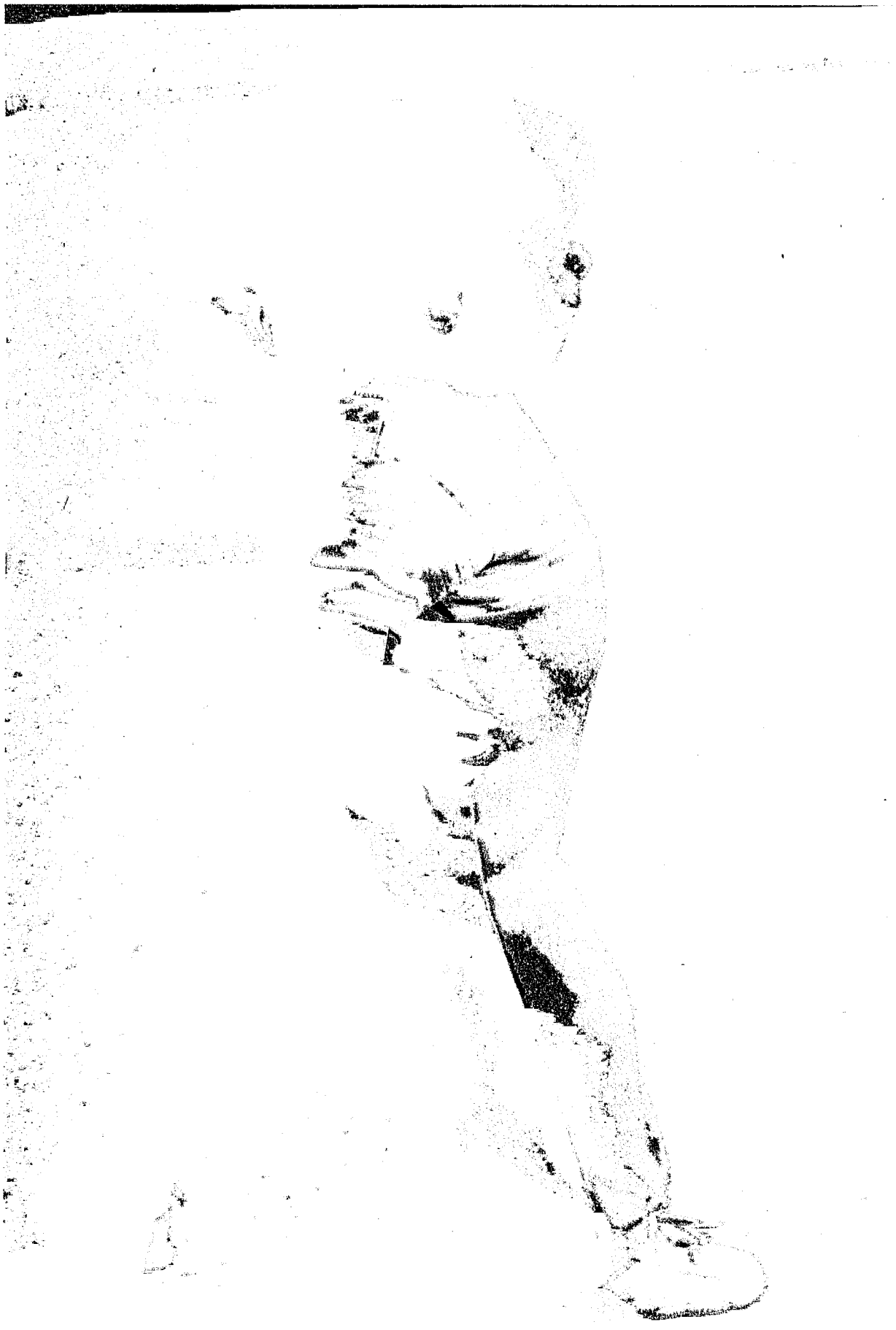
■ Every CSD branch needs to have an ongoing communication with its foster parents around other than case specific issues and plan with them about service provision to foster children in their communities.

■ The state of Oregon needs a statewide foster care association to articulate foster parent concerns, foster parent needs, foster parent views to lawmakers, state agency heads, and private organizations interested in foster care.

■ Foster care policies should be written in such a way that they are sensitive to the fact that the relationship between a child and his/her caretaker is unique, whether that caretaker be a foster parent, natural parent, or paid professional child care staff.

thout a family, man,
ne in the world, trem-
s with the cold."

e' Maurois



"It is difficult to give children a sense of security unless you have it yourself. If you have it, they catch it from you."

Dr. William C. Menninger

PERMANENT PLANNING

Issue Facilitator: Betty Uchytil

Permanent planning is a process within the substitute care program by which a permanent home is developed for certain targeted children. This is in accord with the agency mission and the goals of Public Law 96-272 which seeks to prevent children from *drifting* in substitute care by offering families time-limited, goal-oriented social services.

The State of Oregon supports the idea that children and families should have the best that can be offered to resolve their separation as soon as possible. It is well known that small caseloads and intensive services have the maximum ability to do just that. The best chances for parents to reunite with their children come about with frequent contact and constant involvement with social service staff and community support services. When permanent planning efforts to return children home are not effective, the agency turns to the legal system to free the child for placement in an adoptive home. Permanent planning has been hampered by lack of adequate staffing, lack of adequate community resources, and legal changes that need to be made to protect children's rights.

PRIORITY ONE

Increase Staffing While Limiting Permanent Planning Caseloads to 16 Cases Per Worker

FINDINGS

Even at the recommended level of 16, some of these cases are so complex that there would not be enough time to do everything that needs to be done. In many parts of the state, permanent planning caseloads far exceed staff capacity. There are children who need permanent planning services who do not receive them because there are simply not enough case workers. Permanent planning services are rarely offered at the very beginning of a substitute care placement when the opportunity for change and return to an improved-functioning family may be the greatest. **Because permanent planning services are not consistently offered immediately, some children stay in foster care much longer than needed** before returning to the security of a permanent home.

RECOMMENDATIONS

- Permanent planning services should be offered to every child and family where the child is in substitute care because of abandonment; because the family failed or neglected to provide for the needs of the child; where conditions of mental deficiency, mental illness or emotional illness are suffered by the parents; where the conduct of the parents has been harmful to the child; and where the child's needs can be met in a family setting.
- Caseloads should return to the recommended level of 16.
- Sufficient staff should be added to CSD to allow permanent planning services to be provided to every child who qualifies at that level.
- CSD's human resource assistant (paraprofessional) staff should be increased so that support services such as transportation, arranging of appointments, legal searches, etc., can be carried out on every permanent planning case at such a level as to be effective.

PRIORITY TWO

Increase the Use of Appropriate Community Resources

FINDINGS

Permanent planning cases are very complex. Families served have multiple problems and are rendered dysfunctional in most cases. A number of specialized treatment resources are needed to successfully reverse the serious problems that keep these families from parenting their children. These services include effective alcohol and drug treatment programs, parent training services, marital therapy, individual psychotherapy, homemaker services, assertiveness training, sex abuse treatment, and sex offender treatment. Often each family member needs specific treatment for problems that they are having.

RECOMMENDATIONS

- Parent training services, sex abuse treatment services, and other services that CSD offers should be increased to meet the needs of permanent planning families.
- CSD's medical budget should be increased to purchase those services that are more cost-effective when secured from the private sector, for example, drug and alcohol treatment, individual psychotherapy, and sex offender treatment.

PRIORITY THREE

Change the Laws to Clarify and Protect the Rights of the Child

FINDINGS

The legal proceedings in both trial phase and the appeal phase in legal terminations take an inordinately long time during which the children involved usually do not have the security of a permanent home. The legal basis for termination, as it has been interpreted by the Court of Appeals and the Supreme Court, leaves loopholes. There are serious cases that are difficult to address under the current statute. There is currently an imbalance in the legal proceedings for termination, specifically with the extreme regard for parents' rights at the expense of children's rights, particularly the rights of children to a reliable family setting and safety.

RECOMMENDATIONS

- Grounds of desertion and abandonment must be rewritten to shorten the time it takes to bring legal action.
- One ground for termination should be incarceration of the parent for more than a specified time (18 months to 2 years), if children are very young. Currently, children are left in foster care because there is no clear time limit, which is further complicated by an implied mandate to try to rehabilitate the parent, a process that cannot even start until the parent is released from incarceration.
- An additional basis for termination involves injuries so severe that the parent/child bond cannot be reconstructed. This should include severe sexual abuse as well as physical injury. Such an injury, in and of itself, would be sufficient grounds to termination of parental rights without necessity for attempts to rehabilitate.
- The statute should be examined to determine if language can be clarified regarding legal sufficiency of efforts to rehabilitate parents.

**ere is no final destina-
n, only a continual
cess of becoming."**

a Collins

"To cease to be loved is for the child practically synonymous with ceasing to live."

Dr. Karl Menninger

ADOPTION

Issue Facilitator: Herbert J. Hansen

Developing sound adoptive placements is a social service of fundamental importance because it deals with one of the most basic needs of children, to have a secure place in the world to belong. Adoption has been practiced for a century in Oregon, but the character of adoptive services has changed drastically and continues to change. The concept of a child's adoptive placement in a family has evolved from concern primarily for how the initial adjustment progressed to a realization that the condition of adjustment to adoptive status may be a lifelong concern of all those involved: adoptee, birth parent, adoptive family and the placing agency.

Agency staffs have recently seen increasing requests for post-adoption services by adoptees and adoptive families regardless of the age or the circumstance of the children when placed. In the last ten years many children who before were thought to be "unadoptable" are now being placed. It is no longer an acceptable plan for an agency to consider a child "unadoptable" because of age, handicap, race or any other characteristic that may be a barrier to ready placement. In Oregon great gains have been made in cooperative efforts between public and private agencies in the attempt to develop adoptive families for children who have special adoptive needs.

PRIORITY ONE

Provide for the Requisite Support of Children with Special Needs in Adoptive Families

FINDINGS

It was once thought that a loving family was all that was needed to insure security for adoptive children. But, increased experience has clearly shown that in order to maintain the newly blended family, intensive and extensive services are required, often for years, as the child and family grow and change together.

Currently, services are mandated only through the period prior to legalizing the adoption, generally one year. Adoption subsidies, both medical and financial, are available, but are limited in scope and terminate at age 18. Psychotherapy, often prescribed at placement and frequently needed periodically throughout childhood, is not available under medical subsidy. When families are able to arrange for psychotherapy, few mental health professionals are aware of the needs of these children and families. The community in general does not have a good understanding of the motivation and operation of families who adopt special children or of the children themselves. Permanent planning efforts, comparatively exemplary in Oregon, are, nonetheless, time consuming, resulting in serial temporary placements of children who thus have less capability to adjust to the adoptive home. There is a noticeable lack of minority families for minority children, resulting in increased pressures for children and families in trans-racial adoption or in no placement at all for many minority children.

Families complain of the lack of adequate preparation for the child they adopt, as well as the lack of service following legal adoption. Foster parents indicate that they are often not considered as possible adoptive parents for children whom they have successfully parented.

If the successful placement of all possible children needing permanency is to be achieved, a community-wide effort is necessary to provide support to adoptive families and their children.

RECOMMENDATIONS

- Legislation should expand the age of eligibility for adoption subsidy to at least 19 years of age and should make Oregon a participant in the Interstate Compact which provides that children placed in another state are eligible for the medical program of the receiving state.

■ The State of Oregon should provide a guarantee of post-adoption services for all children once in the custody of the state. Services should include psychotherapy as needed at any point throughout childhood, also social work services by staff experienced in adoption needs, exemption from obligation of adoptive families to the Support Enforcement Division when children need out-of-home services, and respite services for families, when needed, to maintain family functioning.

■ A coordinated effort by all adoption agencies, public and private, to provide a wide range of community focused services should be mandated, perhaps best achieved by an Adoption Service Center funded by publicly and privately raised funds. Services should include: recruitment, including specific minority recruitment; community education; training of mental health and other professionals; research activities; and the development and funding of adoptive parent, peer-support groups, which can be of unusual help in pre-adoption preparation and post-adoption support.

PRIORITY TWO

Remove Barriers Which Inhibit the Optimum Functioning of Adoptive Families

FINDINGS

The legal status of the adopted child is that he or she is "as if born" to the adoptive family. Yet there are factors, which, socially, make the child's status different from a child who is born into a family. Community barriers exist which make the resolution of these factors more difficult than they need be. In addition, legal and professional standards which relate to adoption are inconsistent. As data develops regarding the needs of adoptees and adoptive families, the gaps between current practice and known needs widen.

Approximately one-half of all infants placed for adoption are placed independently, without the involvement of a licensed adoption agency. The knowledge of agencies regarding what is needed to enhance the well being of the child, birth parent and family is not available in those placements. Medical insurance programs, increasingly, do not provide the same level of benefits to adoptive children and families. Members of the adoption triad have begun to speak out about gaps that they feel in living within the framework of the traditional, secret adoption. Post-adoption services to help deal with problems of identity, feelings of rejection and diminished self-esteem are only fortuitously available.

In part because of these problems, adoption as an option in instances of unplanned pregnancy has been utilized less and less, to the point that **only three to four percent of unwed adolescent pregnancies result in adoptive placement,** a condition to the detriment of child and parents. Adoption can be a highly successful choice for all concerned, but community and professional provisions need to be improved to be as supportive of adoptees and their families as possible.

Better preparation of birth parents and adoptive families and increased post-adoption services are vital in this effort. Community understanding and increased expertise of mental health professionals are of utmost importance in providing support to adoptive families, adoptees and birth parents.

RECOMMENDATIONS

■ Legislation should provide for a pre-placement evaluation of the adoptive family in independent adoption, and insure that adoptees have the same medical insurance benefits that are available to a child born to a family.

■ A statewide Adoption Service Center, funded by a combination of public and private funds should be established: to promote adoption as an option to ill-prepared parenthood; to increase community understanding of the needs of the adoption triad; to provide training to the professional community regarding needs related to adoption; to promote the development through funding and support of peer groups to provide services; to develop a network of direct post-adoption services, perhaps utilizing staff of licensed adoption agencies; and to determine needs and arrange for research efforts to increase understanding of adoptive needs.

■ Adoption agencies, public and private, should increase collegial relationships and establish a regular forum to discuss and determine standards of adoption practice which meet changing needs.

IORITY THREE

Child Selling

DINGS

The need to parent in the face of decreasing numbers of children awaiting adoption has created a situation in which children and prospective adoptive families are vulnerable to exploitation by individuals who are prepared to sell a child to the "highest bidder." The recent activities of a Florida "baby broker" brought this issue into focus, but within the last three years other **incidents have been recorded, principally of birth parents who have tried to sell children to strangers.** Classified ads are used to promote the sale of a child. One well publicized incident, where prosecution was attempted, revealed that Oregon has no law prohibiting such practice.

The 1985 session of the Oregon Legislature prohibited the payment or acceptance of a fee for finding a child for adoption. Those instances which do not result in an Oregon adoption petition are beyond the reach of that provision.

COMMENDATIONS

■ Legislation should be passed clearly prohibiting the sale of a child, with heavy penalties for violation.

■ The issue of surrogate parenthood and payment for that service should be addressed in the legislative debate regarding child selling.

VI. IMPLEMENTING STRATEGIES FOR THE FUTURE

"A society that sacrifices the health and well-being of its young upon the false altar of economy endangers its own future, and indeed, its own survival."

California Supreme Court, 1974

PREVENTION VERSUS TREATMENT: A RATIONAL STANCE

Issue Facilitator: Bob Benning

A shrinking economy within the state of Oregon and the nation as a whole clearly impacts the way programs are forced to prioritize their continuing care and overall delivery systems. In the midst of being forced to appropriately treat high risk individuals who require intervention, it is easy to lose sight of the fact that prevention has proven to be cost effective, employs a strong knowledge base, provides multiple benefits and clearly reduces human anguish while building a healthy society.

Few can deny that the public health model, not only in this state but nationally, firmly believes and has demonstrated that major disorders can be controlled only by prevention, not by providing treatment services. At its simplest level, prevention is initiating some type of action to forestall or prevent later damage. The simplicity of this concept does not discriminate between a physical, emotional or behavioral disorder.

RIORITY

The State of Oregon Can No Longer Afford to Cut Back, Underfund, Nor Place Prevention Programs on a Low Priority

INDINGS

Current prevention programs in Oregon have demonstrated an impressive success and cost effectiveness record.

Providing services only to those most in need and/or in crisis has no long-term impact on the problems of child abuse and neglect, delinquency, mental illness, teen pregnancy, mental retardation, alcohol and drug abuse, parental and family dysfunction, suicide and the other equally serious casualties of life which are evident in today's society.

The state does not have an established philosophy nor policy in the area of prevention.

Agencies and local governmental units have routinely emphasized and funded treatment over prevention.

ECOMMENDATIONS

- Prevention must become a number one priority within the State of Oregon, thereby affecting policy and public attitude.
- Oregon needs to develop at the state level a philosophy and policy which commits resources to prevention programs.
- Financial rewards should be provided for the successful development of prevention programs.
- Oregon should follow existing models and legislation which have been successful throughout the United States.
- Pressure must be placed on the insurance industry to reimburse for prevention services.

"Mankind owes to the child the best it has to give."

United Nations Declaration

PROFESSIONALISM IN CHILD CARE

Issue Facilitator: Buell E. Goocher

There is increasing recognition of the need to provide a wide range of prevention, intervention and treatment resources to Oregon's distressed children and youth. Practitioners are struggling to cope with higher numbers of distressed youth, many of whom are exhibiting more serious and complex problems of adjustment. The increase in the last 10 years in the resources made available to these youth has required more and more trained professional youth workers, and they are being encouraged to select youth work as their career choice. Presently, there are over 1,675 direct care youth workers in Oregon, not including foster care, shelter care, and related providers. The need to develop professional standards and guidelines for training professional youth workers that are accepted by both training institutions and employing settings is becoming more imminent. Moreover, there is a need to establish credentialing standards and procedures to identify those individuals who have met recognized academic and experiential requirements for advanced degrees in professional youth work. The Chapel Hill basic course in youth work and the master's degree program in child and youth work at Western Oregon State College are examples of formal training opportunities currently available.

PRIORITY ONE

Credentialing of Child and Youth Work Practitioners

FINDINGS

The adoption of a standard body of knowledge, technology, nomenclature and range of expertise has yet to be adopted by the youth worker industry, not to mention the lack of credentialing procedures so that the public may recognize and make a determination about those individuals who hold themselves out as professional youth workers. A related concern is the locus of responsibility for establishing formal training programs and how they are to be funded. It has not been established whether this is a responsibility of the state, professional child care organizations, the child care industry at large, or some combination of these resources.

RECOMMENDATIONS

- High institutions of learning, in concert with practitioners, should develop academic career pathways leading to advanced degrees in child and youth work.
- Both academic and practitioner environments should work together to assess the need for expanded training opportunities at the associate degree level (for example, the mental health worker training program at Mount Hood Community College).
- The State of Oregon should allocate resources to establish licensure/certification standards and procedures for youth work practitioners in cooperation with professional organizations such as the Oregon Association of Child Care Workers.

PRIORITY TWO

Reducing Stress While Elevating Work Value and Status

FINDINGS

The conventional wisdom among youth work practitioners is that the value of what they do is neither well recognized nor highly regarded by the public at large. This perception, whether or not well founded, is reflected in low salaries and very high case loads that threaten the ability of workers to cope effectively with the demands of their work and still accomplish their tasks.

A high percentage of youth workers leave the field after a brief time to seek more lucrative careers and/or to escape the emotional exhaustion they experience from working with a demanding, complex, and incredibly needy population of children and their families. While youth workers are feeling underpaid for what they do and experiencing increasing demands on their emotional time and tolerance, there are no sanctioned ways for taking time out for respite other than leaving the job and quite possibly the career field.

The decrease in funding for private agencies and state child service agencies has resulted in fewer staff, while the population of children in need has increased. Moreover, children and families are showing more serious and complex problems that are even more exhaustive of personnel resources. The result is a higher case load of more difficult children at a nominal salary and no ready mechanisms for escaping to recharge one's emotional and intellectual batteries.

RECOMMENDATIONS

- State personnel departments, the private sector, and professional youth care organizations should develop a salary structure (and related career ladder) that will adequately compensate youth work practitioners.
- The State of Oregon should establish public policy committing the state's resources to the best possible care for its distressed youth including the allocation of funds that will compensate youth workers at a level commensurate with their training and experience.
- State agencies and private sector employees should publicly recognize the high level of stress inherent in most youth work and seek ways to provide time out. Alternatives to resignation for those experiencing stress reactions might include sabbaticals, training leaves, extended vacations and other opportunities for rest and skill enhancement.

PRIORITY THREE

Enhance and Increase Support Systems for Professional Child Care

FINDINGS

Closely allied with and corollary to high stress and low work value is the issue of inadequate support systems for youth workers to help them with difficult tasks. The availability of professional backup, consultation, training, and supervision are perceived as critical needs among workers in the field. **Workers with distressed youth are being asked to do more with fewer resources** for a population of youth and families who are showing increasingly complex and intractable problems of adjustment.

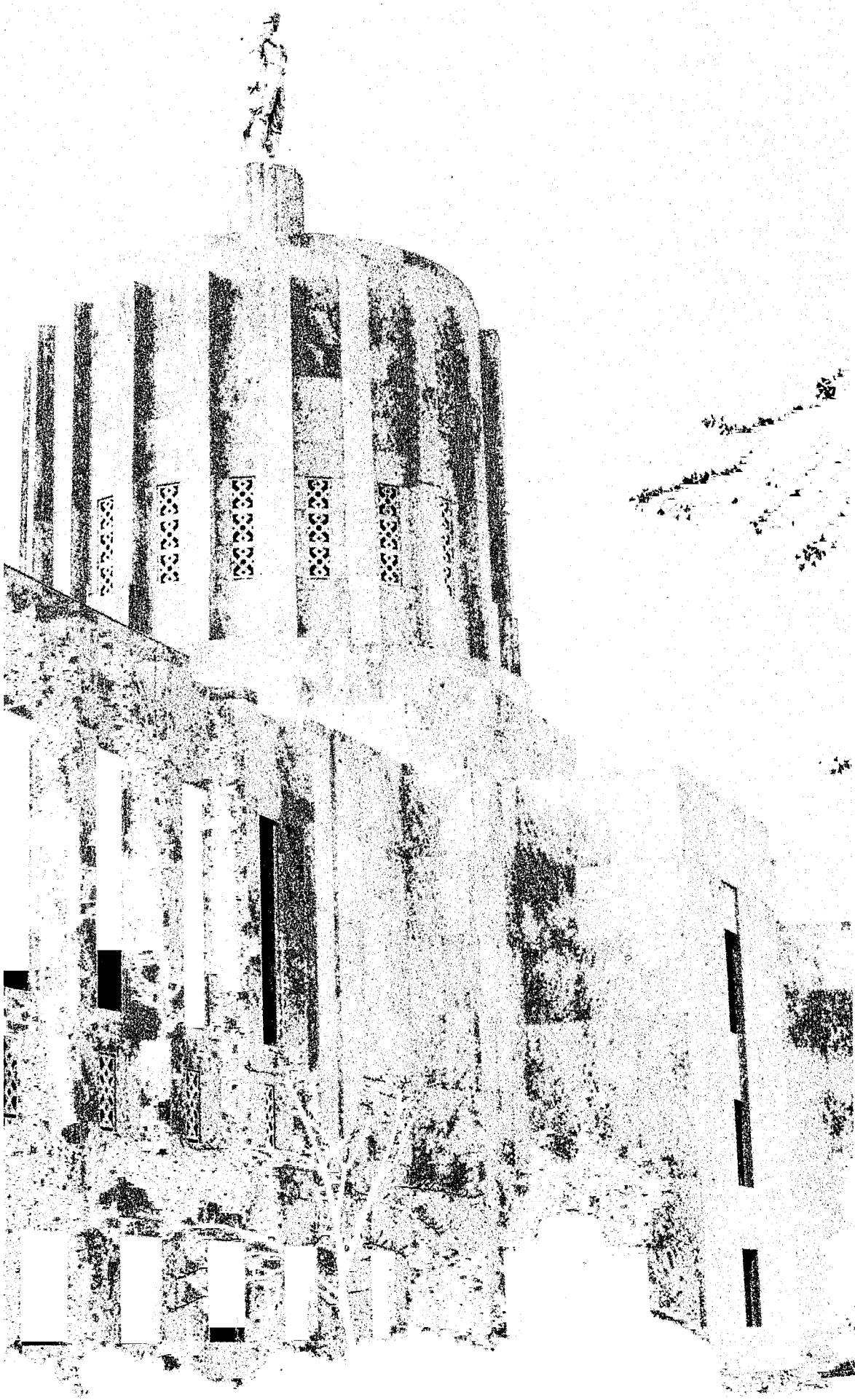
Professional competence and tolerance are being stretched beyond limits because there are fewer backup resources the individual worker can call upon for assistance. Consultation from experts in the human services is needed for case management, treatment planning and the development of intervention strategies for client populations. Much more frequent and intensive supervision is needed by on-line workers for purposes of their own professional development and to help them with their particular job requirements and performance. Time and support for additional professional training is viewed as a highly important need, especially provisions for continuing education opportunities.

ECOMMENDATIONS

- Funds should be allocated to increase the number of supervisory positions in both public and private work settings. The ratio of workers to supervisors should be reduced so that more frequent and individualized supervision can be provided.
- The level of professional consultation and training should be increased so those who work with children and youth can avail themselves of current knowledge, technology and expertise in case management and intervention.
- Increased opportunities should be provided for continuing education experiences at both work settings and off-job locations. Youth workers should be relieved of duties on a regular basis so that they can participate in professional learning experiences that are relevant to their job goals and objectives.
- Both public and private employers should collaborate to develop career ladders leading to higher level job opportunities. Such career ladders should clearly spell out the requirements for advancement, both academic and experiential, and should match salary and other career benefits with job responsibilities.

"Leadership is action, not position."

Donald H. McGannon



HUMAN SERVICES ORGANIZATION

Issue Facilitator: Don Miller

A sound philosophy of the organization for the delivery of social services is dependent upon clearly defined goals and objectives. To implement these goals and objectives, sound and vigorous leadership is required. That leadership must utilize available knowledge of interpersonal relationships in order to establish effective lines of communication.

RIORITY ONE

Utilize the Rich Resources of the Public and Private Social Service Providers

INDINGS

The appropriate roles of the public and private social service agencies must be recognized and maximized. These roles are complementary rather than competing. The capacity of the public agency to carry out its mandated functions can best be performed if all branches of government at the state and county levels have a common understanding of the role of the public agency.

Similarly, there must be a common understanding among all concerned of the role of the private provider. Particular attention is called to the ability of private agencies to be flexible in their program designs and free to respond comparatively quickly to changing social needs. This unique quality of the private agencies is demonstrated in their ability to attract voluntary manpower and to seek out a diversity of financial and other resources.

The public and private agencies can be supportive of each other in significant ways. **The public agency, with gubernatorial support, can provide leadership** and direction in the provision of social services to children and families. The many **volunteers on the boards of the private agencies can be very strong advocates** in support of public as well as private social services for children and families.

ECOMMENDATIONS

- Provide opportunities for collaborative planning among the leaders of the public and private agencies.
- Develop a partnership which is based upon trust and a recognition that both public and private agencies have much to offer and are equal in status.
- Make it possible for an easy exchange of ideas as well as personnel in areas of training and program delivery.
- Recognize that a networking of agency programs sets the best stage for a continuum of services for any particular client in need.

PRIORITY TWO

Remove Impediments from the Current Impractical Approaches to Funding Programs

FINDINGS

The overlapping data collecting systems of various agencies are such that it is most difficult to determine accurately a picture of needs and of the programs designed to meet those needs. It appears as though anyone who chooses may design a data collection system, then attempt to justify a program accordingly, although there may be no relationship between that system and others.

The current system of contracting is based upon historic developments and tends to provide stability to a complex system. On the other hand, **the "hoops" of the bureaucracy are discouraging to the innovative program developer.** Consequently, outmoded programs continue; questionable programs are put into operation by "old line" agencies; new ideas are not given opportunity to become truly operational before they are questioned as to "cost effectiveness."

Considerable difficulty exists in shifting the funding on one type of program to another. This is most notable in two areas: 1) shifting funding from large institutional programs at the state level to community based programs and 2) shifting funding from a preponderance of rehabilitative efforts to a balance of funding for preventative programs.

RECOMMENDATIONS

- Agree on one data collection system.
- Fund counties and private agencies to enable them to adopt and use the established system.
- Review and change the Request for Proposals (RFP) contracting system.
- Agree that preventative programs are important and assign resources accordingly.

PRIORITY THREE

Develop a Consistent Agency-Wide Philosophy Which Holds that Children and Families are Fundamentally Important to Our Society

FINDINGS

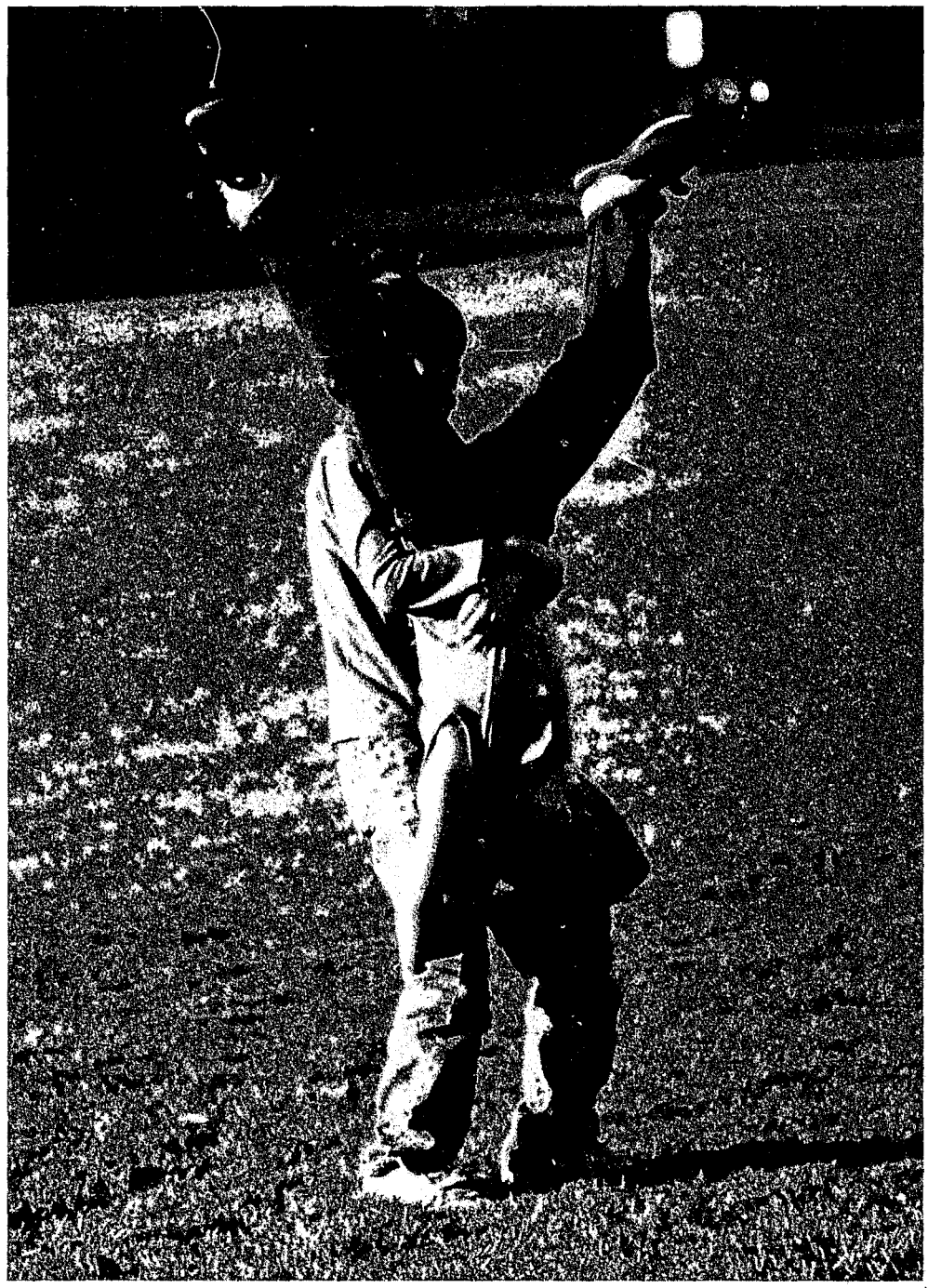
During the past several decades, the Oregon Legislature has established policies relating to children and families within the framework of several organizational structures: the Department of Public Instruction, the Juvenile Departments of the counties, the Health Division, the Mental Health Division, the Children's Services Division, the Juvenile Services Commissions at the state and county levels, and the Citizens' Review Boards. **Authority and responsibility for programs are often overlapping, conflicting and unclear.**

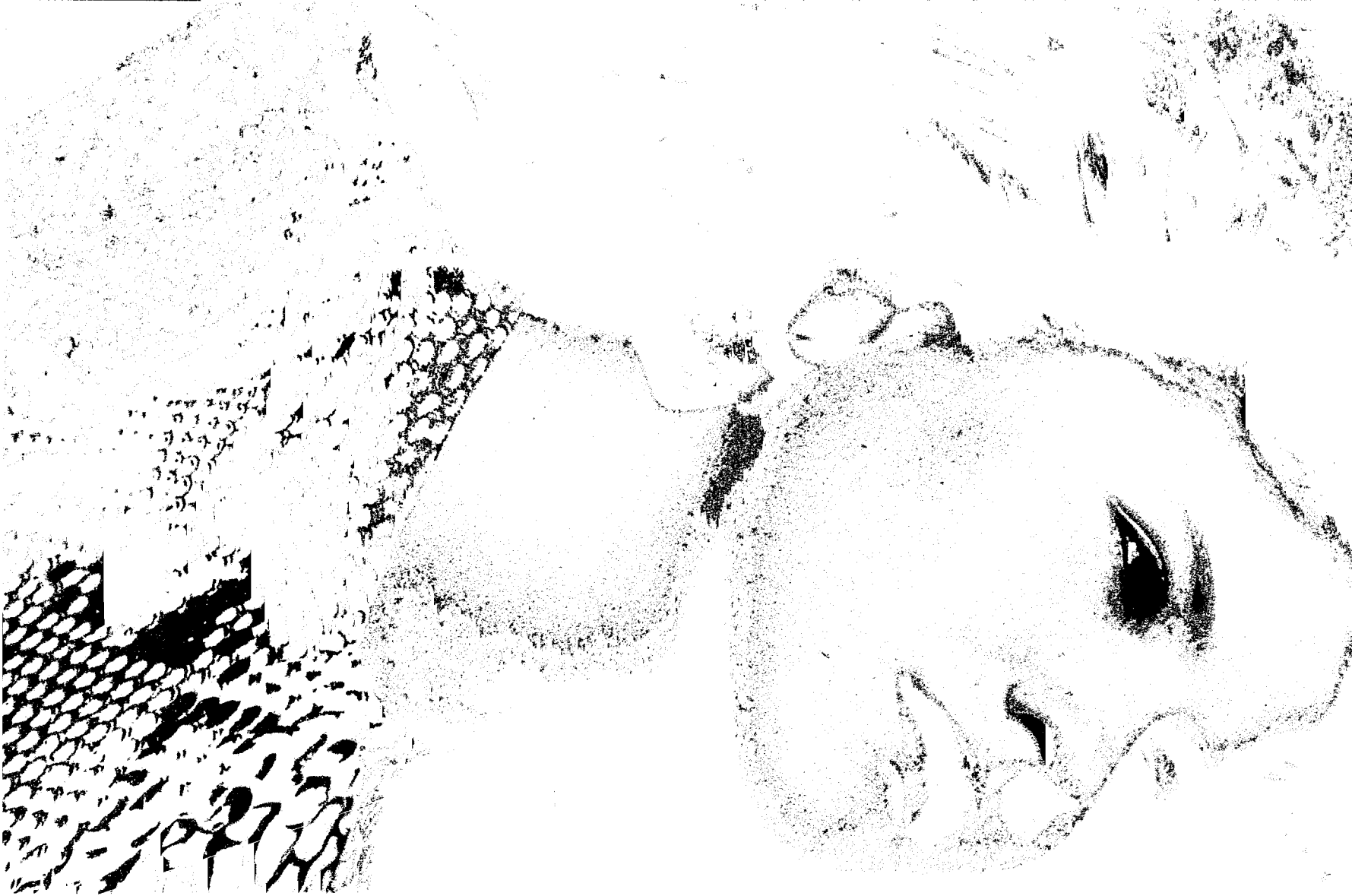
Particular emphasis has been made of the fact that Oregon's efforts are very heavily focused upon "treatment" (rehabilitation) programs and minimally supportive of preventative programs. The crucial importance and timely application of preventative programs are amply documented in the literature of early childhood development. The statutes of the State of Oregon do not clearly identify the family unit as basic to the fabric of our society.

Oregon statutes reflect a philosophy which suggests that people are divided into parts rather than a complex whole. Consequently, an array of segmented programs have become mandated and disproportionately funded as opposed to broad programming which provides equity in the provision of social services to all citizens in need.

RECOMMENDATIONS

- Encourage gubernatorial leadership in the delivery of social services to families.
- Cultivate citizen's groups who are advocates for children and families.
- Promote multidisciplinary forums.
- Establish a network of state agency (public and private) providers of social services to children and families for the purpose of recommending policy changes and coordinating program planning and implementation.





VII. RESOLUTIONS

The following resolutions were developed by participants at the concluding plenary session of the May, 1986 Oregon's Agenda for the 1990s: Children, Youth and Families conference:

Whereas the healthy development, appropriate education and well being of all children, youth and families—regardless of race, economic condition, disability, gender, sexual preference, religion, age or geographic location—is of critical and fundamental importance to the people of Oregon, we hereby commit ourselves, our private institutions and our government to the following resolutions:

That the Governor and the Oregon State Legislature adopt a comprehensive policy which reflects a philosophical and fiscal commitment to the well being of Oregon's children, youth and families.

That the Governor and the Oregon State Legislature identify those needed resources to support the above.

That the legal system be more responsive to the needs of children, youth and families. Legal reforms should promote by prompt resolution of family and juvenile court cases; judicial rotation and training practices which ensure sufficient levels of continuity and expertise; evidence law and court procedures which minimize trauma to parties and child witnesses; and protection of children and elimination of all types of family violence.

That the Governor take personal leadership over all agencies and commissions under his or her purview to ensure their coordination and the provision of quality programs for children, youth and families.

That the Legislature appoint a permanent joint interim committee for children, youth and families.

That the Legislature establish a statewide certification process for all persons responsible for provision of service to children, youth and families and that a certification body be charged with the development of standards of conduct, education, experience and training relevant to the varying levels of responsibility for care of children. That the state develop and implement a training system designed to support career development, certification and basic quality of care.

That the separate child serving authorities, such as the Department of Education, Children's Services Division, Juvenile Services Commission, and juvenile court, be mandated to collaborate in the provision of services to the multiproblem child/family to assure a continuum of care network, designed to provide continuity of treatment and complete transitional services.

That the Governor and the Oregon State Legislature adopt a policy that assures a balance of funding between prevention, early intervention and remedial programs.

That the state petition the President and Congress to adopt national priorities which will assure that a greater share of our nation's resources be allocated toward the health and welfare of children, youth and families.

That a common data base be established to assure the accountability by the Legislature through an evaluation mechanism based on clear and measurable outcomes of all services for children, youth and families, and that policy and resource allocation decisions be governed by these results.

That a statewide children, youth and families resource center be established for professionals to gather and to disseminate state of the art progress and research findings in assessment, treatment, prevention, epidemiology and accountability.

That the state government work with the private sector to broaden the constituency base on behalf of children, youth and families and explore innovative funding approaches with the private sector to reduce the long-term dependency on state support.

REFERENCE OF ACRONYMS

AA	Alcoholics Anonymous
A&D	Alcohol & Drug
AFDC	Aid to Families with Dependent Children
AFS	Adult and Family Services
CASA	Court Appointed Special Advocate
CCD	Crippled Children's Division
CCD-UAF	Crippled Children's Division-University Affiliated Facility
CSD	Children's Services Division
DHR	Department of Human Resources
DOE	Department of Education
DUII	Driving Under the Influence of Intoxicants
EMT	Emergency Medical Technician
ICWA	Indian Child Welfare Act
IRS	Internal Revenue Service
JSC	Juvenile Services Commission
MHCC	Mount Hood Community College
MHD	Mental Health Division
NA	Narcotics Anonymous
OACCW	Oregon Association of Child Care Workers
OHSU	Oregon Health Sciences University
OSP	Oregon State Police
Spl Ed	Special Education
SED	Support Enforcement Division
VRD	Vocational Rehabilitation Division
WOSC	Western Oregon State College

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"Children are the living messages we send to a time we will not see."

Neil Postman