

HOUSE COMMITTEE ON CHILDREN AND FAMILIES

February 10, 1993
- 21

Hearing Room 50 1:30 p.m.

Tapes 20

MEMBERS PRESENT: Rep. John Meek, Chair Rep. Lisa Naito,
Vice-Chair Rep. Ron Adams (Alternate) Rep. Patti Milne Rep. Gail Shibley

STAFF PRESENT: Annette Price, Committee Administrator Edward C.
Klein, Committee Assistant

INFORMATIONAL MEETING: Family Resource Center, Grants
Pass Healthy Start, Tillamook County Lincoln County Foster Care

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These minutes contain materials which paraphrase and/or summarize
statements made during this session. Only text enclosed in quotation
marks report a speaker's exact words. For complete contents of the
proceedings, please refer to the tapes. [--- Unable To Translate Graphic
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TAPE 20, SIDE A

003 CHAIRMAN MEEK: Calls the committee to order at 1:38 p.m.

ROLL CALL: PRESENT: Rep. Milne, Rep. Shibley, Chairman Meek
ABSENT: Rep. Adams, Rep. Naito

CHAIRMAN MEEK: Discusses the information supplied to the members.

FAMILY RESOURCE CENTER, GRANTS PASS

Witnesses: Rep. Bob Repine, District 49 Carolyn Kohn, Executive
Director, Coalition for Kids Dr. Carole Ricotta, Superintendent of
Schools, Josephine County Joe Cook, Executive Director, Josephine
Housing and Community Development:

019 REP. BOB REPINE, District 49: Introduces Carolyn Kohn, Dr.
Carole Ricotta and the Family Resource Center.

Rep. Naito enters at 1:42 p.m.

054 CAROLYN KOHN, Executive Director, Coalition for Kids: Presents
testimony describing the Family Resource Center in Grants Pass, Oregon

(EXHIBIT A).

105 DR. CAROLE RICOTTA, Superintendent of Schools, Josephine County:
Continues with page 2 of testimony (EXHIBIT A).

KOHN: Submits additional information on Coalition for Kids (EXHIBIT B).
-She submits information on the State of Connecticut, Family Resource
Centers (EXHIBIT C).

194 CHAIRMAN MEEK: Welcomes students from Linn-Benton Community College,

School of Nursing.

202 REP. SHIBLEY: Have you been in contact with the resource center in SE Portland? -How would you compare the programs?

KOHN: Responds. -We're looking at going into more neighborhood activities through the school districts.

219 REP. SHIBLEY: Where are they located? Are they satellites?

DR. RICOTTA: Responds.

KOHN: Adds additional information.

240 REP. SHIBLEY: Is the Low Income Energy Assistance Program (LEAP) handled through your center or through AFS?

KOHN: Responds. -She introduces Joe Cook. -We have a lot of partnerships.

REP. SHIBLEY: Is LEAP and other community services run out of the Housing Council?

259 JOE COOK, Executive Director, Josephine Housing and Community Development: Introduces himself.

REP. SHIBLEY: Does the Housing Council provide access to LEAP and other community services?

COOK: We're working through a process to provide a continuum of services. He elaborates.

287 REP. SHIBLEY: Presents a scenario of a family who is in desperate need. -Do you get a lot of people like that?

299 KOHN: We get calls every day. We have a referral system. -She presents an example of how they work.

313 REP. SHIBLEY: There was discussion in the Children's Care Team about

having one individual who acts as the "supply sergeant" who might not have the resource at hand, but knows where to find it. Do you provide

that kind of one person to one family contact?

324 KOHN: Responds. -We're working through a family passport system to develop a more formalized approach. -The lead agency will then be making the referrals as opposed to the Coalition for Kids.

340 DR. RICOTTA: People can come to the resource center with dignity and

they are honored with dignity, that's critical in the whole process.

356 CHAIRMAN MEEK: You're currently located in downtown Grants Pass and you mentioned the school. -Is there room at the school? How does

that function?

367 KOHN: We operate out of an old school. She describes how they operate.

Rep. Adams enters at 2:06 p.m.

390 CHAIRMAN MEEK: You mentioned a tenants association and agreements.

400 COOK: Describes the initial structure of their agreement to lease the building they operate out of.

439 KOHN: There is also common space that's utilized by others. -A lot of coordination goes on to serve all families.

TAPE 21, SIDE A

022 CHAIRMAN MEEK: What's your relationship with CSD?

KOHN: Responds.

039 CHAIRMAN MEEK: Refers to the mission statement, goals and programs (EXHIBIT A). -How many of these programs are offered through the Coalition for Kids

and how many are offered by other organizations?

047 KOHN: Responds.

065 REP. SHIBLEY: What are the differences between Tinker Bell, Head Start and Oregon Pre-Kindergarten?

KOHN: Describes the programs. -Our common goal is to serve every child. -We're hoping to reach every parent with our parenting program.

080 REP. SHIBLEY: Can you give us a range of household incomes of those who get one or more services?

KOHN: Over 90% have low to moderate incomes based on the Housing Council requirements. -18.3% of our community is on the poverty level.

REP. SHIBLEY: What's the highest household income? -Would they be able to find services of benefit to them?

KOHN: The majority are very low income and would qualify for Head Start and AFS.

099 DR. RICOTTA: All of our schools qualify for the free lunch program. -Josephine County has one of the lowest family incomes.

KOHN: Thanks the committee for the opportunity to testify. -We're also getting technical assistance through 1099 (EXHIBIT D).

120 REP. SHIBLEY: What's your relationship with the Oregon Community Children and Youth Services Commission (OCCYSC)?

KOHN: Responds.

128 DR. RICOTTA: They've been a valuable asset.

HEALTHY START, TILLAMOOK COUNTY --EXHIBIT D

Witnesses: Sue Cameron, Administrator, Tillamook County Health Department Lindsey Morgan-Lees, Part-Time Social Service Specialist and

Part-Time Support Worker, Healthy Start Cheryl Hantke, Coordinator, Social Work Department, Tillamook County General Hospital Angela Littell, Healthy Start Participant Rhonda Rush, Healthy Start Participant

154 SUE CAMERON, Administrator, Tillamook County Health Department:
This

program relies on collaboration and the fact that we can prevent child

abuse. -There needs to be an infrastructure of services in the community in order for this to work. -It's important to look at flexibility and the local participation. -We're a DHR pilot program for integration. -We're planning on how to provide integrated services. -We're also providing services in our day-to-day work.

186 LINDSEY MORGAN-LEES, Part-Time Social Service Specialist, CSD and Part-Time Support Worker, Healthy Start: Presents testimony describing Healthy Start (EXHIBIT D).

231 CHERYL HANTKE, Coordinator, Social Work Department, Tillamook County General Hospital: Continues with page 2 of testimony (EXHIBIT D).

358 CHAIRMAN MEEK: Asks for clarification of the statistics she just presented.

HANTKE: Replies. 379 CHAIRMAN MEEK: How did you arrive at the 17 that took advantage of the program. Why weren't all 93 who screened positive served?

HANTKE: Because of a lack of our hours, we weren't able to respond to all of those. -She explains what they do when someone screens positive.

400 MORGAN-LEES: Because we only have 20 hours a week, we were only able to take 60.

CHAIRMAN MEEK: There was more need than you had resources?

MORGAN-LEES: Correct. She elaborates.

TAPE 20, SIDE B

015 REP. MILNE: There are many that need help. Are they able to be partially served? Can you help them at all?

021 CAMERON: That's where the other social service piece fits in.

029 MORGAN-LEES: Continues with page 3 of the testimony.

069 ANGELA LITTELL, Healthy Start Participant: Testifies on her involvement with Healthy Start.

077 RHONDA RUSH, Healthy Start Participant: Testifies on her involvement.

082 REP. NAITO: Does the low income telephone assistance program help these people or is it not enough?

088 HANTKE: We have no funds for phones. We try to stress the importance of having phones.

CAMERON: We are aware of the problem, but there aren't enough funds. -Transportation is another major problem.

103 MORGAN-LEES: Describes problems due to the lack of telephones. -We try to be as creative as we can. -We try to empower as much as we can.

111 REP. NAITO: What's your best thinking on how we can get women to get

prenatal help?

120 CAMERON: Women are getting prenatal care at an earlier time. -We used to have only one OB and one GYN in the county. We have since

gotten another OB. -Once a woman is in any one of our services they automatically get an appointment with a private provider or the health department. -There are increases of women getting prenatal care over the last five

years, but there are still women not accessing prenatal care.

136 REP. NAITO: Are there other support groups for young mothers?

CAMERON: Describes some other support groups.

150 MORGAN-LEES: Getting people to the services sometimes means taking a

woman to the service.

161 REP. NAITO: Understands the natural reluctance of not asking for help.

166 HANTKE: Describes Angela's problem. -We're one of three counties where we have a majority of senior citizens. -She describes Grandparents Assisting Parents (GAP).

191 CHAIRMAN MEEK: Could you respond about what you thought about the Family Resource Center. -Would that be something you'd be interested in doing in Tillamook County?

206 CAMERON: We are involved in the DHRintegration project. -We're putting together a strategic plan and looking at how we can do a more integrated service delivery.

221 MORGAN-LEES: Healthy start is successful, because it is respectful.

Integration, one-stop shopping is an excellent concept as long as it

respectful and honorable and people aren't stereotyped when they walk through the door.

236 REP. ADAMS: You talked about working with three out of 17 mothers prior to birth. Would that be an asset in every instance?

MORGAN-LEES: The reason we did that was to see if we could take away some of the crisis. -It was good for us to be involved in two of the cases. She doesn't know if that's necessary for every mother.

259 REP. ADAMS: That takes referral and he suspects there's been no prenatal care in some instances.

MORGAN-LEES: That's correct, then we'll just start at the beginning.

264 REP. SHIBLEY: What percentage of the eligible population do you serve?

271 HANTKE: Thinks its a very small percentage. -We were trying to replicate Hawaii's program, but they had a full-time worker in Lindsey's position. -She presents statistics on births. -There are many that are in need in the county.

303 REP. SHIBLEY: What connection do have with OCCYSC?

CAMERON: Healthy start is not closely related. -The program that provides nursing services is funded through Great Start money through the Youth Services Commission and they are also involved in our integration project.

REP. SHIBLEY: They're involved through the Tillamook County Commission?

CAMERON: Yes.

320 REP. SHIBLEY: Does CSD use the Family Unity Model in Tillamook County?

MORGAN-LEES: No. She was a CSD worker first, that's how she got with healthy start.

331 REP. SHIBLEY: You mentioned you added one worker and were able to serve five more mothers. Does one worker equal five mothers?

MORGAN-LEES: Compares the Hawaii and Tillamook programs. -She describes her workload.

374 REP. SHIBLEY: Could you speak to your experiences on how you've tried to be inclusive of the various cultures?

388 CAMERON: We struggle with this issue daily. She elaborates.

419 REP. SHIBLEY: What's Kemp's Family Stress Assessment formula?

MORGAN-LEES: It's included in your handout. -It's very accurate.

TAPE 21, SIDE B

011 REP. SHIBLEY: The hub of this program is full participation and coordination by public health professionals. -Should we consider in

making any changes in a statewide commission or

local commissions that deal with comprehensive services to families that public health is represented?

CAMERON: Believes the model of public health departments is functioning very well, because they are operated locally. -The programs in every county reflect the individual pieces in that county.

033 HANTKE: We've attempted to establish a viable program and we want to

move to better coordination between the health department and the hospital. -We're trying to replicate the Hawaii model.

052 REP. ADAMS: How much overlap is there in your client base if you had

the flexibility to work it that way?

065 MORGAN-LEES: There could be overlap, but we don't want to have overlap; that's why there's Healthy Start. Healthy Start is overloaded.

079 REP. ADAMS: If early intervention works they shouldn't go into CSD. -What percent of CSD clients could have been avoided?

086 MORGAN-LEES: Refers to risk factors statistics in handout. -We would have seen two-thirds of them right at the beginning.

LINCOLN COUNTY FOSTER CARE -- EXHIBIT E

Witness: David Mohler, Manager, Mental Health Programs, Human Services Child and Family Dept, Lincoln County

123 DAVID MOHLER, Manager, Mental Health Programs, Human Services Child and Family Dept, Lincoln County: Presents testimony on Treatment Foster Care (EXHIBIT F).

165 REP. NAITO: Do you have any difficulty finding foster parents? -Could you talk about the training for them?

MOHLER: We've had difficulty finding foster parents. -People go through a rigorous screening process. -He describes the training.

179 REP. NAITO: There is a lot of stress on a child from one culture placed in a totally different culture.

MOHLER: We do everything we can to avoid that situation.

200 REP. SHIBLEY: What was the flaw in the program design and implementation?

MOHLER: Explains. -We did not take into account personal liability for the foster parents being treatment providers.

223 REP. SHIBLEY: Boys between the ages of 6 and 12 are more frequently being identified as sex abusers. Why?

MOHLER: A majority of these boys are victims of sexual abuse. -They've learned sexually reactive behavior. -They have no social boundaries or

skills in defining who they are with their peers. -The way they act it out is to become powerful over others. -The answer is to eliminate abuse. -We identify and treat these boys and monitor their behavior and teach

them limit setting, boundaries and important social interactions with their peers. -The mental health information is reinforced in the home. -These people are placed in a home where the parents understand their problems and can work with them.

265 CHAIRMAN MEEK: Welcomes a school group. -He adjourns at 3:24 p.m.

Submitted by,

Reviewed by,

Edward C. Klein,

Annette Price, Committee Assistant
Committee Administrator

EXHIBIT LOG:

A - Testimony on Family Resource Centers - Carolyn Kohn - 3 pages B - Additional information on the Family Resource Center - Carolyn Kohn - 42 pages C - Family Resource Centers in State of Connecticut - Carolyn Kohn - 12 pages D - Family Centered Human Investment Demonstration Projects - Carolyn Kohn - 26 pages E - Testimony on Healthy Start - Lindsey Morgan-Lees - 14 pages F - Testimony on Treatment Foster Care - David Mohler - 2 pages