Memorandum Date: January 11, 2006
Order Date: January 25, 2006

TO: Board of County Commissioners

DEPARTMENT: Children and Families

PRESENTED BY: Alicia Hays, Department Director

AGENDA ITEM TITLE: ORDER AND RESOLUTION IN THE MATTER OF APPROVING SUBMISSION OF THE BIENNIAL PLAN UPDATE AND REPORT TO THE OREGON COMMISSION ON CHILDREN AND FAMILIES

I. PROPOSED MOTION

MOVE APPROVAL OF THE ORDER AND RESOLUTION IN THE MATTER OF APPROVING SUBMISSION OF THE BIENNIAL PLAN UPDATE AND REPORT TO THE OREGON COMMISSION ON CHILDREN AND FAMILIES

II. ISSUE OR PROBLEM

Oregon Administrative Rules require counties to conduct a biennial update of their coordinated comprehensive plans for children and families. The update and report requires Board of County Commissioner approval and signature.

III. DISCUSSION

A. Background and Analysis

The Oregon Commission on Children and Families (OCCF) in conjunction with the state "Partners for Children and Families," has developed a process for counties to use in order to fulfill the updating requirements of Senate Bill 555 (SB555). The update is an opportunity to take a fresh look at the vision created in the plan and to build on what has been learned or changed since the last update in June 2004. Counties have been encouraged to use this biennial update process to continue to expand and reinforce partnerships with community support systems, businesses, the faith community, and groups representing diverse populations. Planning and partnerships are seen as essential to stretch scarce resources for children and families.

The guidelines were designed by OCCF to minimize staff time. The update report consists of a series of questions and each county is directed to design its own plan update process. Local commissions on children and families are responsible for convening the partners, organizing the update process, informing major partners of the process, and completing the update form as seen fit for their local communities and processes.

This update process provides counties with an opportunity to:
- reassess the plan to test its relevancy to current community conditions and expectations;
- revise the plan to incorporate significant changes in funding levels;
- refine priorities, strategies, and outcomes based on updated information;
- expand, strengthen, or acknowledge effective partnerships through discussion of priorities and strategies in the plan; and
- communicate successes and challenges with state partners.

Responses are due January 31, 2006. Information will be compiled from the updates and given to the Governor and to state agencies. In addition to budget planning, information from the plan updates will inform agencies about emerging service gaps and barriers to plan implementation, and help document improvements in services and supports as a result of partnerships and systems change work.

While state agency staff will review the responses, it is not considered to be a monitoring process. At the state level, the county information serves as an update regarding the use of the related state funds and local plans as they affect communities. It replaces biennial planning that was required in the past for juvenile crime prevention, diversion, and commission on children and families comprehensive plans. The resulting compilation of information will serve as a communication piece between all 36 counties and state agencies. At the county level, it is believed that the resulting information will update comprehensive plans for children and families, keeping the plan a 'living' document.

Changes to the community's comprehensive plan are still being discussed by community partners and will be incorporated in time to meet the January 31 deadline. "Imagine Lane County" the June 2004 copy of our Plan for Achieving Caring Communities, Strong, Nurturing Families, and Healthy, Thriving Children and Youth is attached. A draft copy of the update report is also attached. Again, as community partners are still working on the responses to the report questions, the most updated version available will be delivered to the BCC by 5:00 p.m. on Monday, January 23.

B.   Alternatives/Options

1.   To accept the motion to approve submission of the biennial plan update report to OCCF.
2.   Not to accept the motion and request staff to make revisions to the report.

C.   Recommendation

Option 1: Adopt the Order

D.   Timing

Deadline for submission to OCCF is January 31, 2006.

IV.   IMPLEMENTATION

Upon Board approval and Chair signature, the biennial plan update report will be forwarded to OCCF for submission.

V.   ATTACHMENTS

Board Order
Biennial Plan Update Draft Report
"Imagine Lane County" June 2004

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

ORDER   ORDER AND RESOLUTION IN THE MATTER OF APPROVING SUBMISSION OF THE BIENNIAL PLAN UPDATE AND REPORT TO THE OREGON COMMISSION ON CHILDREN AND FAMILIES

WHEREAS, Oregon Administrative Rules require counties to conduct a biennial update of their coordinated comprehensive plans for children and families accompanied by Board of County Commissioner approval and signature,

WHEREAS, the update is an opportunity to take a fresh look at the vision created in the plan and to test its relevancy to current community conditions and expectations,
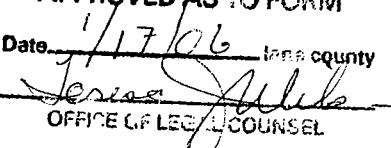
WHEREAS, counties have been encouraged to use this biennial update process to continue to expand and reinforce partnerships with community support systems,

WHEREAS, the update process helps expand, strengthen, or acknowledge effective partnerships through discussion of priorities and strategies in the plan,

WHEREAS, planning and partnerships are seen as essential to stretch scarce resources for children and families,

NOW THEREFORE IT IS HEREBY ORDERED THAT the Board of County Commissioners approves submission of the update and report of the biennial plan and update report to the Oregon Commission on Children and Families.

APPROVED this _____ day of January, 2006

APPROVED AS TO FORM

Date_____ lane county

OFFICE OF LEG/J COUNSEL

_____
Chair
BOARD OF LANE COUNTY COMMISSIONERS

ORDER AND RESOLUTION IN THE MATTER OF APPROVING SUBMISSION OF THE BIENNIAL PLAN UPDATE AND REPORT TO THE OREGON COMMISSION ON CHILDREN AND FAMILIES

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Lane County 2006 SB555 Update Report

Part 1 - Update Process and Partnerships

Please submit an updated Executive Summary and answer the following questions even if there are no changes to the plan.

1.a.)   Please submit an updated Executive Summary of your Coordinated, Comprehensive Plan. Executive Summaries are distributed upon request to interested persons, and need to reflect the most recent version of the local plans.

Since the last update of Lane County's Coordinated Comprehensive Plan for Services for Children and Families in June 2004, there have been two interconnected themes dominating the thinking and efforts of local policy-makers, decision-makers and service providers: Public Safety and the Methamphetamine Crisis.   During the last 18 months, Lane County has been re-assessing its Public Safety system, acknowledging the deep impacts of continual funding cuts, as well as the interdependence of the various enforcement, treatment and prevention components.   There is a keen awareness now in Lane County that Public Safety is much more than enforcement.   To be effective over the long-term substance abuse treatment and prevention must be substantial and well-supported pieces of the system.   With leadership from the Commission on Children and Families and as a result of the cohesive and thoughtful SB555 planning and updating processes, treatment and, in particular now, prevention have an important place in the development of a comprehensive Public Safety Strategy being finalized in Lane County.

In addition, there has been an increased awareness of the needs of youth, and in particular the at-risk, neglected, runaway, and homeless youth, who have been so under-served for so long. Lane County is serving as a pilot for Positive Youth Development, which has had the effect of raising the awareness among policy- and decision-makers, of the needs of youth. Evidence-based strategies and efforts to increase the youth voice in creating solutions have heightened the community's awareness of the power and energy our youth can contribute. There are also growing collaboration efforts between schools and community (service providers, businesses and community members) to bring greater resources and supports to children and families to increase the outcomes for our students. This includes efforts to address the achievement gap, particularly in our urban school districts. Rural districts continue to struggle with the lack of resources and accessible services for its students and their families.   Addressing the high school drop-out rate and decreasing youth suicide are both elements of the plan that have received some attention as a result.

Our last update process completed in June 2004 made significant changes to more than half of the High Level Outcomes in our plan. Many of these changes are still relevant and are being implemented today, with no immediate need for change. Therefore, changes made to our local Plan for Services to Children and Families for this update process focused on those High Level Outcomes which did not receive as much attention last time: 1, 5, 7, 17, and 18.

The Executive Summary acts as an introduction to the updated version of "Imagine Lane County" June 2004, A Plan for Achieving Caring Communities, Strong, Nurturing Families, and Healthy, Thriving Children and Youth please see attached.

1.b.)   Attached on page 8 and 9 is a list of categories of partners. Please indicate by checkmark which partners participated in this Plan Update process.

During the last update process in 2004, we had some very clear objectives in addition to analyzing all the high level outcomes, priorities and strategies (Workplan) for their continuing pertinence and efficacy. We sought to foster a better community perception of the plan and its uses, while also reaching out to partners in the least time-demanding fashion. We took a broad look at the impact of the SB555 plan on our community's, and believe we were successful in engaging and educating community partners in the benefits of a systems' level planning effort to services for Children and Families.   We also rewrote many portions of the Workplan itself.

Our approach to the 2006 update has been more targeted, recognizing that Lane County originally developed a very wide-ranging plan which does not easily lend itself to prioritization. We focused on discussions and input from partners in the early childhood, substance abuse, and youth community, with resulting changes in the following high level outcomes: 1, 5, 7, 17, and 18. In anticipation of rewriting the plan in 2008, the Commission will be focusing on engaging and educating partners who have not been so active in the planning process to date. These include: Community Residents, all categories; Private Sector, all categories; and K-16 Education, particularly PTAs and School Boards. In addition to reaching a broader cross-section of the non-professional community, we will also further our Community Engagement efforts by increasing the community connections we are making.

Put a check beside any of the following people or organizations that participated in the plan update in some way. Check as many as apply.

Community residents:
- [ ] General population
- [ ] Youth
- [x] Clients/consumers
- [x] People with special needs
- [ ] Groups of diverse populations

Local Governments
- [x] County human services agency
- [ ] Law Enforcement
- [ ] Tribal governments
- [ ] Juvenile departments
- [ ] Parole/probation
- [ ] Service providers
- [ ] Other county government entity

Dept. of Human Services:
- [ ] Abuse and neglect

- ☐ Food, cash, housing
- ☐ Disability services
- ☐ Service providers
- ☐ Safety Net
- ☐ Community Partnership Teams

Alcohol & drug prevention
- ☒ Prevention coordinators
- ☒ Service providers

Health
- ☒ Public health departments
- ☒ Local mental health authority
- ☒ Mental health organizations
- ☐ Health Maintenance Organizations
- ☐ Hospitals
- ☐ Other Health Care Providers

Community Providers
- ☐ Domestic violence organizations
- ☐ Community Action Agency
- ☐ Public Housing Authorities
- ☐ Other affordable housing providers
- ☐ Advocacy groups
- ☒ After-school programs
- ☐ Child care providers
- ☐ Child Care resource and referral
- ☒ Early childhood team representatives
- ☒ Early Intervention/Early Childhood Special Education
- ☒ Head Start/Oregon Pre-Kindergarten

Private Sector
- ☐ Businesses
- ☐ Chamber of Commerce
- ☐ Service Clubs
- ☐ Faith Community
- ☐ Neighborhood coalitions

K-16 education:
- ☒ Specific schools
- ☐ Parent teacher associations
- ☐ School Board
- ☒ School district
- ☐ Alternative schools
- ☐ Community Colleges
- ☒ Educational Service District
- ☐ Workforce Providers

Other _____

1.c.)   Which of the following methods do you use to regularly assess your county's progress in implementing the local comprehensive community plan? (Check as many as apply).
- ☐ Regular meetings with partners specifically to discuss progress (or as a specific agenda item)

☒ Work plans/action plans
☐ Signed Interagency Agreements
☐ Common data base used by multiple organizations
☐ Step 8 data collection results
☐ Presentations to community organizations
☐ Evaluations
☒ Other _____see below description_____

All the Commission's community mobilization efforts are tied to our community's comprehensive plan. As we move through the community supporting our partners' efforts to implement our vision for services to children, youth and families in Lane County, we are guided by the commitments set forth in our plan. We have encouraged use of our comprehensive plan as the umbrella or "mother" plan from which more targeted, specific or focused workplans can stem. For example, the Commission's as well as other community partners' plans such as the Domestic Violence Council, Early Childhood Planning Team, Human Services Commission, Mental Health Advisory Committee, Alcohol and Drug Issues Forum, the Public Health Division, etc. all refer to, and in some cases stem from, our community "master plan".

We recognize that collaboration and coordination of services in Lane County has been a priority even before the advent of our "Comprehensive Community Plan". Consequently, community partners were already implementing many aspects of the plan as it was developed in 2002 and are continuing to support and make improvements to existing essential services. The SB555 plan has been the catalyst for most significant changes to the Commission on Children and Families and the County Department (Children and Families) which supports it. There now is a very particular and profound commitment to supporting the success of SB555: every project undertaken by staff or Commission members supports the Priorities laid out in our Plan. We provide support to our community's efforts on behalf of children, youth and families in the following five key areas: Advocacy and public awareness; Community resource development, sustainability and stability; Inclusive community planning, collaboration and decision-making; Increased supports, service efficiency, quality improvement and accountability; and, Networking, training and education. Using these community mobilizing strategies, we seek to further and enhance the vision set out in our community's plan.

1.d.) Is the local community mental health plan included in or attached to your county's comprehensive plan?
☒ Yes
☐ No. If no, when do you anticipate that it will be attached?

1.e.) Is the local community public health plan included in or attached to your county's comprehensive plan?
☒ Yes
☐ No. If no, when do you anticipate that will it be attached?

Part 2 – Plan Analysis

Reviewing the plan – Where are we now?

2.a.)   Where are we demographically? What significant differences, if any, in the county population were shown in the most current population estimates? Include a review of race/ethnicity. (Certified population estimates can be found at http://www.pdx.edu/prc/annualorpopulation.html.)

☐   No significant differences in the data
☒   The following are the most significant differences in the data.

According to the 2004 Oregon Population Report and the Population Research Center, Lane County's overall population has grown 3.2% since the 2000 Census which trails behind the state average of 4.7%. The population remains predominately white with a definite trend towards increasing pluralism; the Hispanic population in particular has increased by 19% between 2000 and 2004. Looking at raw city population data, a handful of rural cities such as Creswell, Lowell, Veneta, and Westfir have shown an increase in housing development and real estate sales of moderately priced homes to families with children, while Oakridge/Westfir is experiencing an increase in sales of second homes. Oakridge will be closing their middle school due to low enrollment. Middle-school students will attend the high school or the elementary school based upon their grade level.

2.b.)   Where are we in terms of county-specific high level outcomes? (Note: The 2003 Oregon Benchmark County Data Book is posted at http://www.oregon.gov/DAS/OPB/obm_pubs.shtml#Benchmark_County_Data_Books. The Progress Board will release the 2005 Oregon Benchmark County Data Book in the fall of 2005.) Include a review of race/ethnicity in the review of High Level Outcomes.

☐   No significant differences in the data
☒   The following are the most significant differences in the data.

NOTE: This is a new question on the update report, and one which is potentially problematic. Obviously, as OCCF and the Progress Board is committed to "moving the needle" on ours and their High Level Outcomes and Benchmarks (HLOs are based on Benchmarks), it makes sense that they would be looking for improvements in these very broad county-/state-wide "snapshots". However, as we and they say repeatedly, the fact is that there are not enough resources put into prevention or other services/supports for families, to impact these community-wide assessments of progress. We can only really take credit or ownership of the changes we can measure for families actually receiving services, and this is an extremely small percentage of the total community. The entire social service community (both public and private), does in fact measure these changes through a variety of performance measurements and program evaluations. The bigger challenge is to find effective ways to aggregate this huge body of information and find a way to report progress in terms broader than by individual program. (The stalled Step 8 process is the State's first

attempt at doing this, hopefully more expertise and resources will be put into it at the state level to make the necessary changes.)

Comparing the 2003 Benchmark County Data, significant changes in the 2004 data indicate that childcare availability has decreased by approximately 5610 slots (5.7%). In the United Way of Lane County's "State of Caring 2005" Report, concerns are expressed non-traditional childcare slots (after hours, sick child, rural, etc.) Further, for working families even if they find childcare to meet their needs, they often have a hard time paying...

Data collected by Lane Family Connections shows a correlation in the rise of exempt childcare providers and the declining number of registered care providers. This is problematic because it indicates that rather than increasing the quality of available childcare, our childcare providers are opting out of training, certification, insurance requirements and additionally, are able to take in fewer children. In a informal inactivation survey, Child caregivers in Lane County who left the child care field during the 2002-2003 program year cite the following reasons for their departure:

- o 20% Financial
- o 17% Non-financial
- o 16% Personal and/or family
- o 9% Other
- o 7% Relocation
- o 3% Regulation/licensing
- o 29% Unknown (unable to contact)

Child abuse rates in Lane County have decreased by 4.5% since the year 2000. Lane County is currently ranked 17th in the state from its previous 20. According to the Oregon Department of Human Services *"The Status of Children in Oregon's child protection System 2004"* Report, the victim rater per 1000 children in Lane County is 11.5 which is down from 2002's 13.5 rate. It is not always clear why there is a change in these rates. They are impacted by factors such as screening procedures, fewer caseworkers, increased public awareness and the waxing and waning of funding available for prevention efforts such as Healthy Start and Relief Nurseries.

Benchmark data for Lane County's juvenile arrest rates show improvement since 2000 by 5.6%. While the County's benchmark ranking remains unchanged at 30, we ask ourselves, what the data is really indicating. Arrest rates are influenced by outside issues such as numbers of officers available, arrest policies, and more. Some of the theories are juvenile crime, while still high, experiences some natural highs and lows in conjunction to prevention efforts and the increasing use of best practices.

Money allocated for these services through the Commission can not serve the entire community and improved benchmark rates are a result of work being done by the entire community through a myriad of resources & services.

2.c.)   In spring of 2004, Local Commissions on Children and Families conducted an informal survey about homeless and runaways. The survey sought input on three categories of information: estimates of Oregon's homeless and runaway populations, community perceptions of homeless and runaway youth, and recommended actions regarding the homeless and runaway population. Since that time:
a) What changes in demographics have occurred?
b) What are your county's greatest concerns regarding the homeless and runaway population?
c) What recommendations are most critical for the statewide system of services to consider?
d) What would your county recommend for a new High Level Outcome regarding the homeless and runaway population?

Safe and Sound and other runaway, homeless youth (RHY) partners were involved in completing the above-mentioned survey entitled "From Out of the Shadows" and are developing responses to these questions. During the last update process as a community, we created a new high level outcome specifically for the homeless and runaway population because it seemed so absent in the original plan and it is included in the attached workplan. The title chosen for the HLO was not connected it to Benchmarks, so we welcome guidance from the State on that.

2.d.)   Where are we in terms of gaps that are the most critical to fill in your county in order for your county to <u>achieve the plan outcomes</u>? Please limit the number checked on the table on the next page to <u>ten</u>. Add any additional categories relevant to your county's continuum of services, but avoid listing specific programs.

During the last update process, the Lane County Commission on Children and Families chose not to list the ten "most critical areas to fill", but rather to highlight the importance that each of these areas holds for the others. Their thinking was that if services are to be truly family-focused, it is impossible to see one area of service as more critical than another; it all depends on the individual needs of the family and its members. Further, they believed that singling out any ten "most critical" areas, would cause damage to the partnerships and collaborations we as a community have all worked to create and sustain. The issues affecting funding in local communities, in any given area of focus is ever-changing as different funding opportunities (both public and private) wax and wane.

Since the last update, there have been more budget cuts from federal, state and local sources, on top of these reported last time. So all areas listed below in this section now have gaps currently not being funded, and most of these gaps are critical to supporting our children and families. Through our ongoing work to assist our community in implementing our comprehensive, community vision, we have been affirmed in our belief that budget cuts have damaged the delicate web of services that provides support to children, youth and families in Lane County.

The power of this coordinated, community planning process has been the networking, collaborating, and increased understandings that have developed between all of our community partners. Despite decreases in funding, we believe our services are more efficient

and effective as a result of our community's planning and collaboration, even while fewer people are now served because of the lack of resources.

All that being said, in December 2005, the Commission hosted a public meeting to publicize their "Report Card 2005 Status of Children in Oregon" issued by Children's First of Oregon. Oregon received a C- overall, and the ensuing discussion focused on how the Commission can work with community partners to improve local outcomes our children, youth and families. The results of this public discussion have challenged LCCCF to look at prioritizing our limited funding for maximum impact. Over the next few months, LCCCF will be considering the question of prioritization (given the breadth of our comprehensive plan it is clear that Lane County prefers to be very inclusive), and having a series of community conversations. The results will be shared with OCCF as they are finalized.

Juvenile Crime	Alcohol and Drug	Early Childhood	Other Systems and Cross-system Supports
Basic services (JCP)	Alcohol and drug treatment services for adults	Home visiting	Mental health services for adults
Aftercare support	Alcohol and drug treatment services for youths	Child care (hard to find*)	Mental health services for infants, toddlers, children and youth
Diversion services	Alcohol and drug prevention services—access to services	Child care (affordable)	Access to health care, dental services
Juvenile crime prevention	Alcohol and drug prevention—changing community norms, public awareness	Preschool	Access to contraceptive information
Involve families in family therapy and prevention efforts	After care support	Early childhood workforce development	Youth suicide prevention
		Medical Homes	Literacy programs
Other_____	Other_____	Other_____	Emergency shelter
			Foster care
			Family support services to higher risk families
			Domestic violence services
			Domestic violence awareness & education
			After school activities
			Alternative education
			Truancy/school attendance
			Workforce training
			Positive youth development activities
			Mentoring
			Parenting education
			Provider/caregiver training
			Safe, decent, affordable housing
			Transportation
			Living wage jobs
			Other_____

Includes infant and toddler, after hours, special needs, match with home culture, etc.

Part 3 - Implementation and Successes

Implementation - How did we do?

3.a.)   How did we do in addressing our priorities and strategies? Provide specific examples.

Lane County's workplan entitled "Imagine Lane County," is a comprehensive, broad-sweeping vision of the web of treatment and prevention services our community would like to see fully funded and implemented. While some counties have limited their plans to "priority" areas, Lane County keeps a more "holistic" set of goals, and consequently our plan is extremely broad and detailed. Our community works in a variety of ways to implement the plan and realize the vision as funds and staffing throughout our varied public and private agencies serving children, youth and families allow.

Lane County's plan comprises twenty (20) High Level Outcomes, in four goal areas (separately targeting families, children 0-8, youth and community). There are a total of 45 priority areas and 194 strategies. Each strategy can only be fully implemented by the combined efforts of multiple service providers, funders, businesses and community members. In many ways, Lane County's plan is the "mother of all plans" from which other more focused planning entities may derive their more targeted efforts.

Given the extremely limited funding given to Commissions for Basic Capacity (which funds administrative staff functions) and the inability of the statewide "Step 8" evaluation process to accurately and comprehensively measure the effects of our community mobilization work, we are currently unable to monitor and report on the successes and achievement levels of all 194 strategies. We have chosen to spend more time on implementation strategies, and less on collecting information and reporting progress.

The work to develop the original SB555 workplan and the subsequent ways it is referred to in a variety of community planning efforts has a number of positive results. Community providers and funders are much more aware and educated about the details and the range of services being offered in Lane County. There is better coordination, cross-training and "outstationing" of staff to increase access for families. When grant opportunities arise, potential applicants are quick to survey community partners about their level of interest in applying. More often now we are seeing either collaborative grant applications being submitted or mini grant planning sessions will result in a community decision about which agency is the most appropriate candidate to apply. Lane County's workplan is often the starting point for subsequent discussions within grant-planning sessions. It assists the participants in developing a more coordinated and thoughtful proposal to address locally identified gaps and needs. It also provide individuals with greater opportunities to understand the breadth of services available to our families (outside their areas of expertise), and the depth of the unmet needs of children, youth and families.

Lane County is historically a very process oriented community, with a significant tradition of collaborative planning, funding and provision of services. In other words, the plan itself is

not the primary motivator to bring to life the vision articulated in our SB555 plan. It reflects many of the already established partnerships and practices we have, and documents our desires to do even better in building a more efficient and effective web of services for our children, youth and families. We "implement" the plan in a very integrated fashion; that is, implementation is not distinct from the every day work of providing services. Whether knowingly or not, most agencies and individuals providing service or support to children and families have participated in implementing the strategies committed to in SB555.

Lane County's plan is one of the tools utilized by the Department of Children and Families to guide and structure its community mobilization efforts. We recognize five distinct areas of community mobilization (CM) activity: 1) Advocacy and Public Awareness; 2) Community Resource Development, Sustainability and Stability; 3) Inclusive Community Planning, Collaboration and Decision-making; 4) Increased Supports, Service Efficiency, Quality Improvement and Accountability; and, 5) Networking, Training and Education. Every project undertaken by either Department staff or Commission members is directly tied to a priority in our plan. In fact, Department staff is continually monitoring, promoting and supporting implementation of the plan's priorities and strategies, and we actually capture this in our performance measurement data collection and timecard processes.

As we bring together consumers, policy makers, service providers, and community partners to improve a system of supports or services, we achieve much more than any one partner could have achieved alone. In monitoring and participating in the work outlined in our SB555 plan, we can see improvements to systems of supports and services, and positive shifts in community norms and priorities. There is a focus on increasing government and government-funded program effectiveness and efficiencies within our community, including: new resources and increased sharing of resources among agencies/programs; delivery of collaborative services; coordinated service delivery and more seamless community responses; more inclusive planning efforts; increased citizen and consumer participation in policy-making; increased provision of evidence-based and innovative, promising practices; increased provision of culturally specific prevention services and more culturally competent service delivery.

Specific examples of successes are being collected from community partners and will be included prior to submission of the report at the end of January.

3.b.)   Based on the Step 8 data collected so far, how is your county doing in achieving its output and outcome targets for children and families? (Counties may refer to the Progress Board review of local plans' Step 8 data, to be released in September of 2005.)

This question is no longer required per direction from OCCF in December, 2005.

Implementation - What is slowing your progress in implementing the plan?

3.c.)   What barriers to implementation has the partnership encountered? (Check as many as apply)

❏ Community capacity
❏ Program capacity (waiting lists, etc.)
❏ Key leader or key staff turnover
❏ Lack of support from key leaders
❏ Partners unwilling to participate
❏ Partners unable to participate/Lack of staff time
❏ Inadequate financial resources
❏ Complexity of implementation
❏ Inflexible state administrative rules or statutes
❏ Lack of support from businesses and other community organizations
❏ Ability to fund best practices programs with current funding
❏ Other _____
❏ Other_____

Community feedback about this question is still being processed and will be completed prior to submitting this report at the end of January.

3.d.) Besides inadequate financial resources, which one of the following conditions has the *most* impact on your partnership's ability to achieve plan outcomes? (Check only one)

❏ Community capacity
❏ Program capacity (waiting lists, etc.)
❏ Key leader or key staff turnover
❏ Partners unwilling to participate
❏ Partners unable to participate/Lack of local staff time
❏ Complexity of implementation
❏ Inflexible state administrative rules or statutes
❏ Lack of support from businesses and other community organizations
❏ Other _____
❏ Other_____

Community feedback about this question is still being processed and will be completed prior to submitting this report at the end of January.

3.e.)   From the list in question 3.c. above, are there barriers that state agencies could resolve or reduce? If so, please list in the following table and tell your thoughts about what needs to be done.

Barrier	Proposed Actions
The State as a whole needs to have a more effective and efficient way to measure the progress of each county's implementation of its community-wide plan. Using the benchmarks is too broad; using individual program evaluation data is too narrow and the data currently "unaggregatable".	*The Partners for Children and Families should hire experienced evaluators to develop a simple and usable evaluation process to assess success of these very large county-wide, comprehensive plans.*

More barriers and actions may be added as community feedback continues to be processed.

Implementation - What are your successes related to implementation of the plans?

3.f.)   Our county's efforts to better coordinate and improve services have resulted in:

- ☐ No change in programs and services
- ☐ Improved coordination with no change in programs or services
- ☒ Improved coordination with change in programs or services
- ☐ Change in programs or services only
- ☐ Other _____

3.g.) Describe any specific improvement made in the early childhood system as a result of the efforts of the Early Childhood Team.

Community feedback about this question is still being processed and will be completed prior to submitting this report at the end of January.

3.h.)   Many counties have made significant improvements in programs, services and supports for their diverse populations. Please briefly highlight what your county has done in the past two years to improve services to *all* residents as a result of partnership efforts. Are there things you have done or learned that other counties might find helpful? Who was involved and how did you make it happen?

Lane County's population is increasingly culturally pluralistic. Unfortunately, our current reality is that many public health and social service organizations are not designed or prepared to address the profound change that is underway. Consequently, many socio-demographic subgroups are disproportionately at risk for poor behavioral and physical health outcomes.

While the language of our strategic plan is deliberately broad in an effort to be inclusive, we believe it is important to call out specific severely under-served populations, to ensure that they do not continue to be overlooked and marginalized. They include: rural communities; the homeless; and disenfranchised youth, with a particular focus on gay, lesbian, transsexual, transgendered individuals.

There are currently many people in our community in Lane County who are skipped over because they cannot access needed services, who perceive that there is nothing here for them. Access barriers, including language and other communication issues, are common in the field of human services, but we should not allow this to continue.   With the help of the Lane County Cultural Competency Consultation Group, we have attempted to give voice in our plan to the issues of individuals and communities who still may not have equal access to essential human services. Addressing such issues requires a comprehensive approach that actively engages policy makers, administrators, service professionals, and consumers. Thus, in addition to using the High Level Outcomes with their specific priorities and strategies to guide the services and supports provided to Lane County's children, youth and families, we will also be including the following over-arching focus areas as we implement our plan.

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It is the responsibility of social service and health care delivery providers and systems to make their services accessible to the *full* community. Increasing access should be the primary over-arching commitment of all programs and services for children, youth and families in Lane County. A starting point for this commitment would be to require that all programs and services collect data on accessibility stratified by relevant cultural variables.

Furthermore, we think programs and services should emphasize data collection for program retention, completion, and effectiveness, rather than simply focus on who has accessed the program. This means that programs should collect data about who completes or drops out of programs, as well as those who benefits or fails to benefit from the program. Such retention and completion data could then be analyzed and used to develop culturally appropriate strategies for increasing the beneficial effects of various programs throughout the county.

Outreach

Outreach is the range of activities that organizations do in order to link community services to the people that need them. It is *not* just the translation into a language other than English of a poster describing services offered by an agency. Culturally validated and appropriate practices on many levels must be developed in order to build the capacity of an organization and increase its accessibility. We believe an organization's outreach strategy should be designed around the following five elements: 1) Target population we want to reach; 2) Message we want to deliver; 3) Barriers to service delivery accessibility; 4) Appropriateness and responsiveness of services provided; 5) Resources of the organization, the community and target population.

Technical Assistance

Technical assistance and support are sorely needed by agencies and local government staff to ensure that policies are rooted in cultural competency are reflected in the agency tools and services provided to serve all clientele. Specific methods for measuring performance of new culturally competent standards also need to be developed. Agencies need help in determining whether products and services are reliable, accessible, appropriate and well represented for all client populations.

Community Involvement

A critical component for improving the cultural competency of community-based planning and services is to involve diverse communities in all levels of the planning effort. In order to have a truly comprehensive plan, it must be developed in collaboration with all segments of the community.

There is a growing body of research related to risk and protective factors from different cultural perspectives (nativity, linguistics, racism, discrimination) that has a direct impact on designing effective strategies for specific populations. This research should be considered along with other emerging research about effectiveness, even while we acknowledge that very few "best practices" currently exist for culturally specific programmatic frameworks. This is a critical consideration for State agencies as they operationalize SB 267 (2003: "Evidence-Based Prevention Programs"). The significance of this, for example, is that if an assessment tool or process is not culturally appropriate, individual children and families could be misunderstood, resulting in improper service referrals and barriers to success.

Institutional Responsibility and Accountability

Institutional cultural competency is good both to help secure and provide access to different cultural communities, and to understand and gain legitimacy with them. Cultural competency can only be institutionalized if agency leadership incorporates and embraces it. Lane County's local governments and businesses will benefit from recognizing that Lane County has been and continues to grow in its cultural diversity. It is an invitation to develop new and different ways to conduct business to meet the needs of new and differing clientele.

The Lane County SB555 Cultural Competency Consultation Group (CCCG) was formed in the Spring of 2002 by the Steering Committee of the original coordinated planning effort. This group included individuals with extensive professional experience addressing the needs of various diverse communities who represent a broad spectrum of organizational affiliations and professional roles. In its initial phase, the main goal of the CCCG was to provide consultative input into Lane County's SB555 comprehensive, coordinated planning process, focusing on the high level outcomes.

More specifically, the CCCG has provided input in the following areas: 1) Availability and quality of data addressing each high level outcome stratified by race, ethnicity, socioeconomic status, gender, exceptionality, sexual orientation, and other relevant variables; 2) Inclusiveness and applicability of individual strategies for diverse and underserved communities; 3) Availability of current county resources to address each high level outcome; 4) Additions of new strategies to the plan that address the needs of culturally diverse communities. As a result of the recommendations made in the CCCG's report (released in January 2003), CCF has implemented a variety of efforts to improve data collection efforts and provide additional support to community providers on cultural competency for the agencies and staff (see below).

This work is being integrated into service delivery and funding processes through the County in the following ways:

◆ Findings from the CCCG Report on SB555 were used in a variety of discussions by the newly convened Diversity Task Force in Lane County. Their task was to create Phase II of Lane County's Diversity Implementation Plan. This was a wonderful opportunity to imbed many of the CCCG's recommendations into the plan and consequently into expectations and practices of Lane County departments. The plan is now in place, including many of the CCCG's recommendations to collect data by cultural variable in order to assess the access and effectiveness of services provided by Lane County to all its citizens. Our next challenge is to encourage the County to mandate performance measures for each department which assess their hopefully increasing cultural competence.

◆ All service provider contracts through the Department of Children and Families continue to have a clause which mandates that $500 of their funding award specifically be spent on activities relating to improving or increasing the cultural competency of their services or staff. This money can be spent on translators/interpreters, staff training, building improvements, etc.

◆ The Healthy Start Program continues to set aside a pool of money for all Healthy Start providers to access for translation/interpretation needs. We believe that funders should acknowledge and shoulder the additional expenses incurred for increasing access to all populations. It should not be assumed that this expense is the sole responsibility of the service provider. Ultimately, the legislature and federal/state government agencies should also factor these needs into the funding allocations they make.

◆ Diversity trainings (lead by a variety of community experts some of whom were participants on the CCCG), will be offered at reduced or no cost for community non-profit services providers. They will focus on practical ways to improve the cultural competency of agency staff, service provision and outreach.

Specific examples of successes are still being collected from community partners and will be included prior to submission of the report at the end of January.

3.i.) Explain how the community has been mobilized by the implementation of the plans. Provide specific examples.

Specific examples of successes are still being collected from community partners and will be included prior to submission of the report at the end of January.

Part 4 - Priorities and Strategies

Priorities and Strategies - Where do we want to go, and how?

4.a.) Considering answers from questions #2 through #4, list any changes made for 2006-08 or attach a copy of revised section(s) with changes clearly indicated.

    ☐   Changes were made to the plan and reported in the table below

    ☒   Changes were made to the plan and the revised section(s) from the plan is attached

    ☐   No significant changes in the priorities or strategies

High Level Outcome	Change in Priority and/or Strategy	Comments (optional)

Changes are still being discussed in the community and will be incorporated into the plan and submitted with this report at the end of January.

4.b.) *(Measurement- Step 8)*   As a result of changes in priorities and strategies, did your county make any changes in the measurement area? N/A

    ☐ No changes at this time.

    ☐ Changes were submitted with latest submission of Step 8 data.

    ☐ Changes were made to the logic model or data collection plan: Please attach revised version.

4.c.)   What other changes, if any, were made to the Plan?

    ☒   No other changes

    ☐   Changes to other parts of the plan: Describe, or attach revised section(s)

Thank you! This completes the plan update. One optional question to enhance the information, and the participant list are on the next pages.

"Imagine Lane County"

A Plan for Achieving
Caring Communities,
Strong, Nurturing Families, and
Healthy, Thriving Children and Youth

"This planning blueprint should act as a beacon for all strategic and other workplans focusing on services to children and families in the County"---Lane County community provider

June 2004

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Lane County's Comprehensive, Community Plan for Services to Children, Youth and Families

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Foreword

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Lane County's local governments and businesses will benefit from recognizing that Lane County has been and continues to grow in its cultural diversity. It is an invitation to develop new and different ways to conduct business to meet the needs of new and differing clientele.

High Level Outcome 1: Reduce Adult Substance Abuse

A) Reduce the impact of alcohol and drugs on the community.

   A1) Strengthen and build upon existing prevention and treatment initiatives and services, along the full continuum of care, including peer support and appropriate individualized parenting instruction/support.

   A2) Support change in community norms and laws regarding the use of ATOD.

   A3) Increase health care integration of prevention and treatment.

B) Stabilize the A&D system with essential services ranging from prevention through treatment.

   B1) Increase the flexibility of funding to help clients have access to different levels of care including peer support services throughout each level of care.

   B2) Stabilize the service provider system with longer term contacts and funding (not services supported by "soft" dollars).

   B3) Increase funding rates from women's and youth residential adult and youth drug free outpatient, adult methadone outpatient and adult detoxification treatment services as well as A&D diversion programs (requires additional funding to implement).

   B4) Increase funding for prevention services to support the Center for Substance Abuse Prevention, CSAP, strategies for effective prevention; information dissemination, education, problem ID and referral, positive alternative activities for youth, supporting community-based coalitions, and environmental or community norms and laws (requires additional funding to implement).

   B5) Enhance specialized services for individuals with co-occurring disorders including but not limited to developmental disabilities and/or cognitive impairment, A&D dependency/addiction, mental health and pathological gambling.

C) Incorporate "strength-based" approaches to services across the continuum of prevention and treatment services.

   C1) Promote strength-based treatment models across the continuum of youth and adult treatment services. Specific service priorities include funding for case management services that help the client/family access needed services and family skills enhancement/ development strategies.

   C2) Promote strength-based prevention models (including universal, selected and indicated strategies) across the continuum of prevention services, including peer support, based on the Institute of Medicine Model (e.g., parenting).

D) Increase knowledge and access to services for very high risk and/or inadequately/underserved segments of the county's varied population(s). * All strategies listed here require additional or stabilized funding to implement.

   D1) Improve the effectiveness of and access to services reaching varied under-served populations including but not limited to cultural and ethnic minorities, homeless, elders and sexual minorities.
   D2) Enhance treatment engagement and treatment completion for clients in the criminal justice system with A&D abuse/dependency problems.
   D3) Improve the capacity of our A&D system to address the unique clinical needs of people who are abused or have experienced trauma including elders, partners and children as well as perpetrators.
   D4) Enhance specialized services for individuals with co-occurring disorders including but not limited to developmental disabilities and/or cognitive impairment, A&D dependency/addiction, mental health and pathological gambling.

High Level Outcome 2: Reduce Domestic Violence

A) Improve safety, access to resources and trauma recovery for child, youth and adult survivors and accountability for perpetrators using approaches that acknowledge the diversity of each families' circumstances, resources, and interests.

- A1) Expand services and supports for children exposed to domestic violence, including those who witness crimes.
- A1) Increase the availability of core advocacy, victim-centered system advocacy, and informed community support services for adult survivors.
- A2) Support batterer intervention programs that cover the impact of violence on children and teach non-coercive parenting skills.
- A4) Increase access to supervised visitation and monitored exchange.
- A5) Expand civil legal assistance for survivors.

B) Improve the effectiveness of domestic violence interventions with adult, youth and child domestic violence survivors and perpetrators through a coordinated community response.

- B1) Improve the response to domestic violence by expanding the use of culturally appropriate screening and assessment tools and practices across multiple disciplines.
- B2) Provide on-going and accessible education on the dynamics of domestic violence for service providers.
- B3) Provide on-going and accessible cross-training for professionals who routinely work with all types of families affected by domestic violence.
- B4) Maintain, expand and enhance the Lane County Domestic Violence Council.
- B5) Maintain, expand, and enhance systems coordination, joint service delivery models and multi-disciplinary case coordination.
- B6) Strengthen the sanctioning and supervision of perpetrators in a coordinated effort with the justice system, parole & probation, child welfare, assessment services, batterer intervention programs, and supervised visitation programs.

C) Create and sustain broad-based prevention strategies.

- C1) Develop a comprehensive, collaborative school-based prevention program for ages 3-18, that is developmentally appropriate and involves student curricula, school staff, and parent engagement. Include prevention strategies for domestic violence exposure, dating violence, sexual harassment or assault, bullying, substance abuse, early pregnancy, AIDS, and related topics with a focus on healthy relationships and asset development. Ensure training and support is adequately provided for teachers/school staff around disclosure.
- C2) Encourage community engagement and media awareness campaigns.

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C3) **Increase awareness of and responsiveness to marginalized and underserved victims and communities.**

High Level Outcome 3: Reduce Poverty

A) Promote and support strategies to prevent poverty in Lane County

   A1) Increase adult basic skills, education, entrepreneurial and job skills by: a) improving coordination among workforce development agencies, Lane Community College and local high schools; b) providing career trend information, training, employment support and job development; c) generally increasing interagency communication and decreasing duplication of services; d) creating financial incentives to local economic community to create family wage jobs; e) working with local economic development agencies such as Lane MetroPartnership, City Governments, and Lane MicroBusiness in long range economic development planning to include the needs of low-income families; f) increased participation between low income families and the workforce system through: i) targeted marketing and outreach; ii) intentional inclusion of low-income families in the planning process to create career opportunities for family wage jobs; iii) follow-up surveys and evaluation of effective strategies; iv) on-going referral and support.

   A2) Promote financial planning strategies for low-income families by: a) providing information about the Earned Income Tax Credit program; b) supporting and increasing utilization of financial literacy programs; c) increasing home ownership for low-income families.

B) Reduce the impact of poverty and hunger on children, families, and the community by increasing availability and access to social supports

   B1) Increase access to primary health care by: a) increasing the number of eligible individuals enrolled and using the Oregon Health Plan; b) supporting the Community Health Centers of Lane County; c) increasing the enrollment of eligible children in the State Children's Health Insurance Program (SCHIP); d) increasing the number of physicians (providing preventive and primary healthcare) and dentists who accept Oregon Health Plan clients; e) increasing the number of children who receive health care through school-based health centers; f) supporting initiatives to make affordable healthcare available to all families, such as those families not eligible for OHP and who do not currently have health insurance.

   B2) Increase housing stability by: a) advocating at the State level to create efforts to prevent homelessness, such as, restoring the Emergency Assistance program; b) creating more affordable local housing options; c) supporting the increase of low income utility programs; d) advocating for increases in federal housing subsidies; e) increasing access and support for legal services to address landlord/tenant issues; f) increasing support for housing stabilization program, including making local money available for matching funds to support transitional and permanent housing; g) increasing access and support for: drug- and alcohol-free housing, housing for

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people with disabilities and their families, and transitional/stable housing for homeless teens.

B3) Increase access to affordable quality childcare through: a) increased support to childcare resource and referral program for outreach, recruitment and training; b) expansion of Employment Related Daycare through reduction in co-pay and expanding eligibility level; c) expansion of available childcare options provided outside normal work hours, for special needs children and in rural areas; d) increasing training of child care providers; e) supporting programs which tie increased wages and salary supplements to improved quality services offered by child care providers and early childhood educators.

B4) Increase access to hunger relief services by: a) advocating at the State level to maintain current expanded eligibility requirements for families and individuals to the Food Stamp Program and increasing the number of eligible families enrolled; b) increasing access to and participation in all the federal food programs, including the school meal program, Summer Food Service Program, and the Child and Adult Care Food Program; c) increasing support for food distribution through food bank system and related nutritional and food preparation classes, and self help programs such as gleaning and gardening.

B5) Nurture and strengthen innovative community efforts to create new and more permanent funding sources for services and supports for low income families (e.g., tax levies, etc.)

C) Strengthen partnerships in support of health, well-being, self-sufficiency, and safety of low-income, disabled, and disadvantaged residents.

C1) Increase service integration through: a) increasing community awareness of existing resources and services; b) increasing opportunities for coordination and collaboration among service providers; c) enhancing opportunities for community resource forums, especially in partnerships with area schools; d) braiding funding streams among community partners; and e) grant writing and resource investing to support the above strategies.

C2) Address the high rate of poverty among single mothers by increasing access to services, including: a) better coordination of existing services; and (b) increasing support to RAPP, JOBS program and educational opportunities, Teen Housing, and Teen Parent Program.

Level Outcome 4: Reduce Child Maltreatment

A) Create and sustain broad-based prevention strategies.

 A1) Increase opportunities for family-centered events and activities that reflect the diversity of families in our community.
 A2) Promote prevention based media awareness campaigns that increase awareness of individual and collective actions to support children, youth, and families.
 A3) Promote family friendly workplaces and practices.
 A4) Create safe and caring neighborhoods where neighbors know one another and take responsibility for monitoring children's well-being.

B) Identify families still at risk of poor childhood outcomes

 B1) Identify and refer families with high levels of stress and/or other indicators of potential poor childhood outcomes, through a variety of screening and self-reporting methods.
 B2) Ensure that all institution/agency staff who currently have exposure to children are adequately trained to identify, refer and support children and families
 B3) Educate diverse communities and professionals on procedures and laws for reporting child abuse and neglect, including the children exposed to family violence.

C) Increase capacity, accessibility and efficacy of community-based supports and services for families

 C1) Increase support and access to information, advocacy, and respite services for families in high risk situations, such as raising children with special needs, poverty, drug abuse, parents with disabilities.
 C2) Link families exhibiting risk factors for poor childhood outcomes to services including home visiting, parenting classes, a parent help-line, therapeutic early childhood classrooms, respite childcare, and other community-based services. All such services will be available in Spanish for mono-lingual Spanish-speaking families.
 C3) Design and expand programs specifically for children exposed to domestic violence.
 C4) Increase capacity and options for family visits in appropriate settings for children who have been removed from parental care, including supervised parenting time and exchange centers.
 C5) Increase prevention-focused local collaborative efforts such as Community Safety Nets and Family Resource Centers.
 C6) Increase mental health resources for children and families, including recovering from parents' own childhood trauma.

High Level Outcome 5: Improve Prenatal Care

A) Strengthen parental understanding of the importance of prenatal health and health care.

A1) Provide parental education about prenatal health and its impact on the unborn child through prenatal home visiting.

A2) Enhance community understanding of the importance of early prenatal support/care and its impact on the unborn through public and provider education.

A3) Ensure access to prenatal care and education for vulnerable, underserved populations through community collaborations and outreach to minority populations.

A4) Enhance current prenatal services for vulnerable populations. Sustainable funding is needed.

A5) Increase access to prenatal care for pregnant homeless youth.

High Level Outcome 6: Increase Immunizations

A) Improve immunization information available to families and care providers.

   A1) Increase participation in Oregon Immunization ALERT by Lane County Providers
   A2) Increase immunization compliance by collaborating with WIC to provide immunization screening.
   A3) Strengthen parental skills and knowledge through a public information campaign that highlights the importance of early immunizations.

High Level Outcome 7: Reduce ATOD Use During Pregnancy

A) Increase knowledge of the dangers of ATOD use during pregnancy.

    A1) Provide parental education, screening and referral about the dangers of ATOD use and its impact on the unborn child through prenatal home visiting, teen parent groups, and other prenatal support activities.

    A2) Provide culturally appropriate residential and outpatient services for teen and adult pregnant or parenting women that is available and accessible to all.

    A3) Enhance community understanding of the negative impacts of ATOD on the unborn child through public education.

High Level Outcome 8: Increase Child Care Availability

A) Ensure the availability and accessibility of quality child care.

    A1) Analyze gaps in child care availability.

    A2) Ensure there is an adequate number of child care options to meet family needs, including care that is identified as "hard-to-find", such as care for:
- Infants or toddlers,
- Families whose primary language is not English,
- Children with special needs (including medically fragile), or during:
- Non-traditional hours and/or days,
- Out-of-school time for school-age children and youth, or in:
- Rural or another identified geographic area

    A3) Ensure that parents who are seeking child care will have timely access to available providers in their geographic area. Services will be offered to culturally and linguistically diverse populations. Referral information will include information such as provider's:
- Name,
- Approximate location (street name),
- Phone number,
- Type of care,
- Regulation status,
- Times/days available, and environmental factors.

    A4) Increase retention of child care providers by advocating and supporting wage incentive and professional development programs.

B) Improve the affordability of child care by increasing resources to help pay for quality child care options.

    B1) Increase family knowledge and/or use of resources to help pay for child care.

    B2) Educate child care providers on how to provide affordability strategies to parents, including the use of the Department of Human Services Integrated Child Care Program payment system.

    B3) Advocate for public funding that helps support the cost of quality child care.

C) Educate parents, providers, employers and communities on healthy development, safety and well-being of children in child care.

    C1) Increase provider knowledge in early childhood care and education that is linguistically and culturally diverse.

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C2) Increase access to technical assistance, training, wage incentive, professional development and professional membership opportunities for child care providers and programs that are culturally and linguistically diverse.

C3) Increase family knowledge of the characteristics of high-quality child care that is linguistically and culturally diverse.

C4) Increase family knowledge of child development, positive parenting practices, work-family strategies, and resources for meeting family's needs, including families that are culturally and linguistically diverse.

C5) Increase employer knowledge and support for quality child care and other work-life issues.

C6) Increase community knowledge of issues affecting child care.

C7) Improve linkages among early childhood care and education programs and professionals, including programs that serve families that are culturally and linguistically diverse.

High Level Outcome 9: Improve Readiness to Learn

A) Ensure that all children have reached levels of physical well-being, language use, social/emotional/motor development, and learning preparedness for successful learning

    A1) Increase availability and access for children and their families to the following:
- a) Food, food programs and nutrition information
- b) Medical and dental care (with or without insurance/OHP eligibility)
- c) Child mental health specialists to provide assessment and therapeutic support
- d) Knowledge and supports for parents to provide a safe, stable, nurturing, appropriately stimulating, home environment
- e) Knowledge for parents and caregivers of developmentally appropriate expectations for the children in their care
- f) Books and libraries
- g) Affordable, accessible and high quality childcare environments

B) Improve the quality, range, accessibility and availability of community services and family supports to prepare children to learn

    B1) Expand access to and availability of high quality early childhood learning environments throughout Lane County that meet the needs of families

    B2) Improve the identification of children with special needs through a system of early childhood developmental screening and referral

    B3) Improve access to adequate training opportunities for early childhood teachers/educators and parents/caregivers

    B4) Enhance parental knowledge and skills through home visiting, parenting classes, and other support activities

    B5) Strengthen family involvement in educational activities (such as reading) through parent education and support services for all families

    B6) Advocate for state funding that addresses improvements for early childhood education environments resulting in developmentally appropriate learning environments and a high quality preschool education for all children

    B7) Advocate to expand funding support for legislated, state-funded programs in order to enable them to serve 100% of eligible families. This includes, Oregon Pre-K, Head Start, Healthy Start, ECSE, Family Resource Centers, Crisis Relief Nurseries, the CASA Program, etc.

C) Improve schools' readiness for all children

    C1) Increase the cultural readiness of institutions to provide support to children entering the school system and their parents. Include:

    a) Cultural sensitivity training and linguistic support for teachers and school administrative staff

    b) An increase in the range, number and availability of staff development trainings

C2) Increase community commitment to education by improving mechanisms that bring parents into schools to volunteer, as well as to engage and work with school officials to better support positive outcomes for their children's education

C3) Increase age appropriate strategies that address the developmental variety seen in children as they enter school, stressing flexibility and inclusion.

High Level Outcomes 10, 11, 12: Decrease Teen Alcohol Use; Decrease Teen Drug Use; Decrease Teen Tobacco Use

A) Reduce youth use of alcohol, tobacco and other drugs.

   A1) Promote substance abuse prevention best practices in schools and communities.
   A2) Promote and support best practices in substance abuse treatment for specific populations
   A3) Involve local media to inform community about youth use of ATOD.
   A4) Enhance community-based prevention coalitions addressing youth ATOD issues.
   A5) Support community norms and laws change regarding the use of alcohol.
   A6) Support, enhance or create meaningful and consistent criminal justice responses to youth use of ATOD.
   A7) Restrict youth access to ATOD.
   A8) Promote earlier identification of high-risk youth.
   A9) Create tobacco-free environments by a) recruiting Lane County high school youth to participate in activities to create tobacco free environments; and b) meeting with local media to highlight the problems of secondhand smoke exposure and advocate for change.

B) Stabilize the A& D system with essential services ranging from prevention through treatment.

   B1) Develop or enhance local treatment options for youth, including detox and residential care for males and females. (requires additional or stabilized funding to implement).
   B2) Increase the flexibility of funding to help clients have access to different levels of care.
   B3) Increase funding for prevention services to support the Center for Substance Abuse Prevention, CSAP, strategies for effective prevention: information dissemination, prevention education, community based processes, environmental/social policy, alternative activities and identification and referral.
   B4) Stabilize the service provider system with longer term contracts and funding (not services supported by "soft" dollars).
   B5) Increase funding rates for women's and youth residential adult and youth drug-free outpatient, adult methadone outpatient and adult detoxification treatment services as well as A&D diversion programs (requires additionals funding to implement).
   B6) Enhance specialized services for individuals with co-occurring disorders including but not limited to developmental disabilities and/or cognitive impairment, A&D dependency/addition, mental health and pathological gambling.
   B7) Increase funding for ATOD services to at-risk, runaway, and homeless youth.
   B8) Monitor, evaluate, and report on programs by special populations.

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C) Incorporate "strength-based", family-focused approaches to services across the continuum of prevention and treatment services.(requires additional or stabilized funding to implement).

    C1) Promote strength-based treatment models across the continuum of youth and adult treatment services. Specific service priorities include funding for case management services that help the client/family access needed services and family skills enhancement/development strategies.

    C2) Promote strength-based prevention models (including universal, selected and indicated strategies) across the Institute of Medicine model continuum of care.

    C3) Identify protective factors specific to various socio-demographic groups through research and community forums.

Note: HLO's 10-18 all address priorities and strategies which seek to address many of the same risk factors.

High Level Outcomes 13, 14, 15: Decrease Juvenile Arrests; Maintain OYA Bed Use; Reduce Juvenile Recidivism

A) Identify youth at high risk of committing their first crime and identify juvenile offenders at risk of future delinquency--these high-risk youth have multiple risk factors in the area of acting out behavior, negative peer association, family issues, school issues, and alcohol and other drug use (AOD).

   A1) Screen youth in the community identified as high risk* as well as juveniles entering DYS Intake using the OJCP Screen/Assessment tool. Use the tool to identify those youth with three or more risk factors and aid in determining additional assessment needs, service needs, appropriate placements. Ensure that staff and systems using this tool increase their understanding of risk and protective factors within a complex cultural context. Furthermore, incorporate this understanding into the intake process so that families from all cultural backgrounds are ensured equal access (e.g., use cultural liaisons to assist families with addressing/ responding to screening results).

   A2) Conduct additional assessments as indicated (including, A&D, domestic violence, sex offending, mental health, fire setting, etc.)*

   A3) Increase identification and control of serious, chronic offenders.

   *As of June 2004, funding for these strategies does not support universal or community-based screening

B) Increase opportunities for positive skill development by increasing protective factors and reducing the aforementioned risk factors that place these youth, as well as other high risk non-adjudicated youth, at increased jeopardy of criminal activity. In addition, for the offender population, provide these risk reduction/protective factor strategies in balance with a graduated sanctions approach. In all instances, intervene as early as possible. (Following screening and assessment as described in Priority A, B1-12 offer a range of risk reduction/protective factor Strategies.)

   B1) Safe Place crisis response.

   B2) Effective school-based delinquency prevention programs for youth at high risk for delinquency. Programs should be family-focused and work to reduce risk and increase resiliency.

   B3) Family Support and Skill Building--includes: Provide support and treatment for families through multiple contacts per week as needed.

   B4) Peer Court--includes: Referral to Peer Court; Program level screening and assessment as needed; Cases heard by peer jury; Consequences mandated by Court, including treatment compliance as necessary.

B5) Mentoring--includes: Utilize research based components of effective mentor programs; Screen youth; Screen mentors; Support mentors with training, assistance, supervision; Provide one-one adult/youth matches; Match youth with mentors.

B6) Early Intervention and Treatment--includes: Early identification of high-risk offenders and access to immediate responses; Based on screening and assessment, refer youth and family to needed services and purchase services and resources as needed.

B7) Martin Luther King School--includes: Court mandates youth to attend court school as condition of probation/parole; Provide individualized education plan and services; Help develop and implement transition plan to further education or training or work.

B8) Treatment Foster Care--includes: Recruit, train, support community foster families; Place delinquent youth with foster families; Provide 24 hour supervision for youth; Skill oriented treatment; Parent training/treatment; Monitoring school attendance, performance.

B9) High Risk Supervision--includes: Intensive supervision by DYS Court Counselors for high risk youth offenders, minority offenders, sex offenders on Formal Accountability Agreements, probation, and/or in treatment.

B10) Victim/offender mediation.

B11) Services and treatment for specific offending populations (e.g., sex offenders, arsonists, weapons violations, etc).

B12) Mental health prevention and intervention services, including mental health sub-acute and acute care and home-based family intervention.

B13) Ensure safe living options for youth, including non-adjudicated, who cannot return home (e.g., Shelter care, Treatment Foster Care, Independent living, etc).

B14) Provide a full spectrum of social supports and crisis services for at-risk youth (including non-adjudicated) who do not qualify for categorical services.

B15) Provide a continuity of treatment for youth in transition between secure detention and community-based supervision.

B16) Increase opportunities for youth to make positive use of their time.

B17) Develop and support a range of effective secure custody responses.

C) Provide effective, safe learning environments.

C1) Support schools to react effectively to State mandates around violence including, strengthening and developing a range of interventions for early acting out and bullying.

C2) Strengthen school violence prevention design and systems, in response to "hate" motivated violence including harassment and bullying.

C3) Increase range of educational supports, opportunities and venues.

C4) Support teachers and staff in all learning environments as violence is disclosed and/or witnessed, and ensure a full spectrum of community supports and services are easily accessible for referral.

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C5) Provide training in and support for skill-based conflict resolution strategies for children, youth, families and professionals in dealing with conflict, aggression, racism, etc.

C6) Increase family involvement in their child's education, including supporting parents to partner with schools in effectively addressing discipline issues.

D) Do our work together, more effectively, through information-sharing and inclusive decision-making

D1) Identify and utilize "best" or evidence-based practices to prevent juvenile crime and routinely evaluate effectiveness.

D2) Commit to making data-driven decision-making and utilize the must current information at any given time to identify needs in future planning process.

D3) Utilize strength-based practices for dealing with high risk youth in the juvenile justice system.

D4) Develop tools to coordinate services which lead to positive impact on clients.

D5) Create and sustain partnerships between juvenile justice, juvenile court, and treatment providers for addressing community safety and the needs of substance abusing juvenile offenders.

Note: HLO's 10-18 all address priorities and strategies which seek to address many of the same risk factors.

High Level Outcome 16: Reduce Teen Pregnancy

A) Provide a community wide and comprehensive effort to assist in making decisions.

    A1) Delay the onset of sexual activity by providing school based life skill development and comprehensive sexuality education (self esteem, empowerment, goal setting, human growth and development, abstinence, contraception, and refusal skills).

    A2) Teen parent education and support to delay subsequent pregnancies through home visiting and access to family planning.

    A3) Provide intensive services to high risk homeless youth in at-risk situations e.g., survival sex.

Note: HLO's 10-18 all address priorities and strategies which seek to address many of the same risk factors.

High Level Outcome 17: Decrease Youth Suicide

A) Increase community awareness of suicide risk factors.

    A1) Educate youth and young adults about suicide prevention.
    A2) Implement a suicide prevention public education campaign.

B) Increase early identification of youth at risk and response to suicidal behavior.

    B1) Provide education for professionals in health care, education, and human services.
    B2) Develop a community wide screening and referral tool.
    B3) Provide gatekeeper training to create a network of people trained to recognize and responds to youth in crisis.

C) Increase community resources for adequate interventions in suicidal youth.

    C1) Develop a community-based intervention program that focuses on skill development, for depressed youth.
    C2) Enhance crisis services for adolescents through a secure adolescent mental health crisis facility.

Note: HLO's 10-18 all address priorities and strategies which seek to address many of the same risk factors.

High Level Outcome 18: Reduce High School Dropout Rate

A) Provide alternative education opportunities to allow students to complete high school.

    A1) Increase availability of alternative education, including mentoring and tutoring components in the rural areas of Lane County.

    A2) Stabilize existing alternative education programs, including mentoring and tutoring components.

    A3) Enhance credit recovery options for youth returning to school.

B) Promote emerging best practices for dropout prevention.

    B1) Gather and disseminate information on dropout prevention best practices with an emphasis on gender and culturally specific strategies.

C) Promote institutional responsibility for dropouts.

    C1) Engage students and families, train educators and diversify staff.

    C2) Increase linkages between schools, parents, programs and services.

    C3) Identify all youth who dropout and develop a systematic support system to reengage youth's reentry into school.

    C4) Research and consider the effectiveness of Truancy Programs, including attendance officers.

Note: HLO's 10-18 all address priorities and strategies which seek to address many of the same risk factors.

High Level Outcome 20:   Decrease runaway behavior and youth homelessness

A) Increase the availability and range of services for at-risk and runaway youth and families directed toward stability and reunification.

    A1) Promote early identification and intervention with families in trouble.

    A2) Offer a range of affordable services including: 24-hour crisis intervention; individual, group and family therapy; case management; skill building; and aftercare.

    A3) Increase access to prevention/intervention services for: basic needs, education, medical, dental, HIV testing and services, sexual assault, reproductive health, employment, health education, substance abuse, mental health, and dual diagnosis treatment.

    A4) Provide emergency shelter, housing, and services to ensure youth safety.

    A5) Increase the availability of positive youth activities that develop better us of leisure time, skill and competency development, youth/adult partnerships, and civic engagement.

B) Increase the availability and range of services for homeless youth.

    B1) Promote street and other outreach activities to affected homeless youth that informs and encourages youth to seek services.

    B2) Improve access to services for basic needs, education, medical, dental, HIV testing and services, sexual assault, reproductive health, employment, health education, substance abuse, mental health, and dual diagnosis treatment.

    B3) Increase access to affordable housing.

    B4) Increase services of basic needs, daytime access center, case management, advocacy, housing subsidy, mental health and substance abuse treatment, and a range of positive activities.

    B5) Increase the availability and range of supervised housing options for homeless youth under 18.

    B6) Increase the availability of positive youth activities that develop better us of leisure time, skill and competency development, youth/adult partnerships, and civic engagement.

Note: this High Level Outcome (HLO) was created by our community and does not fit in the overall State SB555 HLO structure (1-19). This is one of our community's solution to the lack of an appropriate "place" in this plan to express the needs of the "Runaway, Homeless Youth" population.

High Level Outcome 19: Community Engagement

A) Strengthen existing and create more opportunities for involvement in community-based partnerships and activities that promote and enhance asset development.

   A1) Work to strengthen Family Resource Centers, Community Safety Nets, and Community Coalitions. Focus on sustainability and developing asset-based strategies.

   A2) Work to strengthen neighborhood associations and increase community-wide participation, in collaboration with cities and other partners.

   A3) Educate and involve community members to contribute resources in a manner that supports children and families

   D4) Engage policy makers and advisory groups to include youth seats/positions on their boards and commissions, and to provide appropriate support and training to both youth and adults.

B) Increase "volunteerism" by both youth and adults

   B1) Focus on strengthening easy entry points for youth and adults to become engaged in volunteering, including partnering with schools for youth opportunities.

   B2) Support a community "Call to Action," publicizing to the community a wide range of ways to become involved in helping the community.

   B3) Enhance retention of volunteers by increasing opportunities for them to experience influence and/or success.

   B4) Increase the number of workplaces who support their employees' ability to take time to volunteer in the community. Engage with other community partners, in particular, the Chambers of Commerce and the Lane Workforce Partnership.

C) Strengthen all residents' connectedness to the community

   C1) Explore culturally relevant welcoming strategies

   C2) Support community-wide events where everyone is valued

D) Develop a county-wide system to engage all youth in civic and leisure activities

   D1) Use existing youth groups to establish organizational structure(s) to establish and encourage youth communication and recruitment.

   D2) Reach out to youth from disenfranchised, or marginalized groups and develop strategies to re-engage them in existing or new community activities, and develop non-traditional avenues for youth to engage in and contribute to their community.

   D3) Develop graduated, well-supported leadership opportunities for all youth.

D4) Ensure that youth activities are sufficiently and broadly available, affordable, accessible and relevant.

D5) Initiate a training and awareness campaign for adults and youth that encourage and improve youth/adult partnerships.

E) Increase citizens' advocacy on issues affecting children, youth and families at both the local and state levels.

E1) Increase the community's awareness of political issues and empower community members to effect policies impacting children, youth and families in a positive way.

E2) Engage parents, caregivers, and all family supporters, and educate them about the power that their united voices can have on issues affecting children, youth and families.

E2) Support advocates in organizing and working with political leaders to craft policy decisions.

E3) Support relationship building among elected officials, decision-makers, community members and advocacy organizations.

E4) Focus on concrete goals and outcomes, transparency and clear processes which increase the community's trust and understanding of how (tax) monies are spent.

F) Address the sustainability of needed, identifiably effective services

F1) Develop and distribute PR/outreach materials, including report cards, community-wide informational campaigns on needs, effective services for children and families

F2) Provide and facilitate forums to develop creative funding approaches (e.g. local tax levies, etc.)

F3) Partner with other community leaders/funders to establish and pay for a shared community grant-writer

F4) Initiate and support efforts to increase the community's capacity to raise needed funds for services (e.g. classes, staff-time to work with agencies on developing materials and information to promote their agencies/services, etc.)

G) Improve the efficiencies and effectiveness of government and government-funded services so that the community can hold government accountable for making the best use of tax dollars, and consequently meet their obligations regarding the needs of children and families

G1) Initiate and participate in more collaborative efforts around planning for services (e.g., SB555, Mental Health Planning, Public Health Planning, etc.)

G2) Coordinate the development and implementation of common funding application processes

G3) Coordinate the development and implementation of standard reporting formats for funders in the community

64) Support research and efforts into common data collection methods among funders and providers, ensure that data is collected across a full range of cultural variables

65) Create and support opportunities for effective consumer involvement in program planning, development and policy-making at all levels