

2006 BIENNIAL UPDATE -- BAKER COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Child Maltreatment: 10% reduction in Baker County 2003 - 2004. (See below) • 8th grade alcohol, tobacco and other drug use: Drug use indicates a 7% reduction, 6% less than state % (in the service delivery area which includes Baker County); no significant change in tobacco use. • Juvenile Arrests: Significant reductions in property and drug arrests. <p>Concerns:</p> <ul style="list-style-type: none"> • 8th grade alcohol and drug use: Alcohol use has doubled and higher than the state %. • Juvenile Arrests: significant increases in public disorder and motor vehicle arrests. An increase in female arrests. Recidivism: 34% of all juvenile offenders have subsequent referrals. <p>Population changes: No significant differences in data.</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Child Maltreatment: We would like to believe this is an accurate reflection of our work to reduce child abuse, but we are more inclined to believe the reduction is a result of the Oregon Progress Board's "updated population estimates and changes to raw data." We are now regularly offering parenting classes to the general public. • 8th grade alcohol and drug use: The Prevention Coalition is aggressively addressing these issues by bringing in speakers, (adult and youth), starting the "Rewards and Reminders program, providing parent drug awareness presentations; is involved with local law enforcement and underage drinking party dispersal program. In January 2006 we held our first planning meeting to develop a teen drug court. Participation in the planning includes judges, attorneys, juvenile department, commission on children and families, mental health, treatment providers, Drug Free Communities coordinator, law enforcement, a foundation and those in recovery. • Domestic Violence: A teen advocate, collaborating with schools, is helping youth victims and witnesses of domestic violence.
<p>Gaps</p>	<p>Involve families in family therapy A&D changing community norms Home visiting Living wage jobs Other: Mental health services for families A&D treatment for youth and families Other: Safe shelter for homeless/runaway youth Other: Prenatal care</p>
<p>Key barrier to success</p>	<p>Community/Program Capacity – it is difficult to separate inadequate financial resources from this issue. Community awareness is a continual barrier. It sometimes seems that the general population of the community as well as business takes the ostrich's "head-in-the-sand" outlook. Once we get past that barrier, lack of staffing because of budget reductions then becomes a program capacity issue.</p>
<p>Concerns to communicate to state level</p>	<ol style="list-style-type: none"> 1. Increase funding for state agencies that provide direct services (i.e. DHS, Mental Health, A&D Programming, Oregon Youth Authority.) 2. Give time to measure effectiveness rather than starting a new mandated program. 3. The need is huge, the waiting lists are long, and people in our community need to have services available to them when they need them. Part of the solution would be for more staff time, more people involved in providing these needed services. 4. Too many job functions for staff, or lack of staff in agencies. Most staff are trying to handle too many roles to be effective or able to focus on implementing priority issues. 5. Adequate funding for implementation of mandated programs. Be realistic about personnel & proper number of employees for the amount of work to be done. Most emphasis on actual services to the people who need them. If resources are adequate and directed to the proper departments, most other barriers are eliminated or lessened. 6. Have people at the "ground" or working level review the rules before starting programs. Use information to double-check the feasibility of implementation at the working level. 7. Get local input prior to issuing mandates – with or without money for implementation. Some times these mandates do not fit all counties. 8. If giving local control, allow it to continue, rather than putting state parameters and

	<p>requirements on it – or be clear that they will be coming.</p> <ul style="list-style-type: none"> • Flexibility on best practices is needed. Minimum grant counties cannot afford to purchase best practice programs and a good number of these programs simply don't work in rural counties. • Only propose changes or best practice implementation with funding to support change. • Unfunded mandates: Allocate monies to carry out the plans. • Give no new requirements and be flexible on those that exist, unless money for implementation follows. • Tax reform to fund Schools.
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>Implementation and development of shelter program; develop workgroup; local feasibility; technical assistance.</p>

2006 BIENNIAL UPDATE -- BENTON COUNTY

<p>Data:</p>	<p>Improved Results: Significant improvements in child-well being by meeting or exceeding state benchmarks. Teen pregnancy is 3.8 per 1,000 Tobacco use during pregnancy is 7.2% 8th grade tobacco use is .01% 3rd grade math: improved from 85.4% in 2004 to 86.1% in 2005 Juvenile arrests: dropped to 11.5 per 1,000 from 15.6 per 1,000 Child abuse remains well below the state level at 4.3 per thousand</p> <p>Population changes: No significant changes in data.</p>		
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Continuing implementation of comprehensive plan to achieve agreed-upon priorities through a variety of strategies. • Results of a community survey and focus groups indicated a high reliance on family, friends and neighbors, so it is clear that a successful county plan will work with faith communities and other local groups to engage ever increasing numbers of citizens in active support of parents and their children. 		
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Basic Services Alcohol and drug treatment services for youths Childcare (hard to find) Transportation Other: School Resource Officers </td> <td style="width: 50%; border: none;"> Juvenile Crime Prevention A&D changing community norms Early Childhood workforce devel. Family support services to higher risk Other: Foster parents for children with mental health issues </td> </tr> </table>	Basic Services Alcohol and drug treatment services for youths Childcare (hard to find) Transportation Other: School Resource Officers	Juvenile Crime Prevention A&D changing community norms Early Childhood workforce devel. Family support services to higher risk Other: Foster parents for children with mental health issues
Basic Services Alcohol and drug treatment services for youths Childcare (hard to find) Transportation Other: School Resource Officers	Juvenile Crime Prevention A&D changing community norms Early Childhood workforce devel. Family support services to higher risk Other: Foster parents for children with mental health issues		
<p>Key barrier to success</p>	<p>Partners unable to participate/Lack of local staff time</p>		
<p>Concerns to communicate to state level</p>	<ol style="list-style-type: none"> 1. The Oregon Commission on Children and Families should advocate to the legislature to ensure that funding is available to fully support 2 FTE as required by law. 2. The new rule for families receiving Safety Net services available to families on Temporary Assistance to Needy Families impacts the ability for communities to do outreach to all families in need of Safety Net services. This rule should be changed. 		
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>Benton County is participating with the League of Women Voters review of homeless and runaway services for youth. Once their report is complete we can make an informed recommendation for a statewide system.</p>		

2006 BIENNIAL UPDATE -- CLACKAMAS COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Teen Alcohol, Drug and Tobacco Use - 8th graders in Clackamas County reported: 30-day tobacco use has dropped from 8.7% in 2002 to 8.1% in 2005, 30-day other drug use has dropped from 14% in 2002 to 9.8% in 2005. • Teen Pregnancy - The teen pregnancy rate (ages 10-17) dropped to 8.5 in 2003 from 11.1 in 2000. • High School Dropout Rate The drop out rate has come down from 3.25% in 1999-2000 to 3.0% in 2003-2004. • Juvenile Arrests - referrals dropped 13% from 2003 to 2004 and arrests have dropped almost 11%. Juvenile Recidivism - 24.5% of Clackamas County youth reoffended less than one year after their first offense in 2003, compared with 33% in 2000. <p>Concerns:</p> <ul style="list-style-type: none"> • Child Maltreatment - The number of children who are abused or neglected in Clackamas County rose to 4.8 (per 1,000) in 2005, up from 3.1 in 2003. • Youth Suicide - Suicide attempts by minors are on the rise from 90 in 2000 to 100 in 2003. • Teen Alcohol, Drug and Tobacco Use - 8th graders reported alcohol use within past 30 days rose from 22.6% in 2002 to 29.4% in 2005. <p>Population changes: Grew by 5.3% between 2000 and 2004, greater than the statewide average of 4.7%. Children and youth ages 0-17 make up 25.6% of the county's population compared to 24.7% of Oregon's population. Clackamas County unemployment climbed from about 5.5% in 2000 to a high of 8.5% in mid-2003 and has been on the decline since. The September 2005 rate was 6.1%. Clackamas County demographics are estimated to have changed between 2000 and 2003 by the following percents: White: + 5.7%, African American: -2%, Asian: +29%, Native Hawaiian/Other Pacific Islander: -4%, Hispanic: +20%.</p>										
<p>Response to community conditions</p>	<ol style="list-style-type: none"> 1. The "Safety Class" as a cognitive restructuring tool offered through a 12 week curriculum for juvenile firesetters has had a remarkable success rate with no youth completing the program recidivating for fire behavior. 2. The Youth Action Committee met the target for "drug-free social and recreational activities in the community involving youth" and continues to make an impact in urban and rural county. 3. The Juvenile Department exceeded the target for the percent of youth showing improvement as measured by the OJCP screening tool. Recidivism rates are less than the 33% experienced state-wide. 4. The creation of the PreventNet Community School system has led to the focusing of school-based supports to address community-specific needs. 5. Overall, the county was successful in addressing priorities and strategies, although more so with "systems integration" strategies than with "increasing capacity" strategies. 										
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Involve families in family therapy</td> <td style="width: 50%;">A&D prevention-access to services</td> </tr> <tr> <td>Childcare (affordable)</td> <td>Mental health services for adults</td> </tr> <tr> <td>Mental health services for children/youth</td> <td>Access to health, dental</td> </tr> <tr> <td>Family support services to higher risk</td> <td>Parenting education</td> </tr> <tr> <td>Safe, decent, affordable housing</td> <td>Transportation</td> </tr> </table>	Involve families in family therapy	A&D prevention-access to services	Childcare (affordable)	Mental health services for adults	Mental health services for children/youth	Access to health, dental	Family support services to higher risk	Parenting education	Safe, decent, affordable housing	Transportation
Involve families in family therapy	A&D prevention-access to services										
Childcare (affordable)	Mental health services for adults										
Mental health services for children/youth	Access to health, dental										
Family support services to higher risk	Parenting education										
Safe, decent, affordable housing	Transportation										
<p>Key barrier to success</p>	<p>Partners unable to participate/Lack of local staff time</p>										
<p>Concerns to communicate to state level</p>	<ul style="list-style-type: none"> • State Mental Health and State Commission should first acknowledge planning cycles and tasks, then articulate ways to be successful at integrating both plans. • State Commission should provide more direction on differences between listing other state/county/city programs from OCCF funded strategies. Lack of coordination between OCCF and other state agencies at the state management level. • Provide transitional services for youth being released from institutions. • Integrate services and planning structures to align with the needs of the local communities and the desire on the part of the consumer for "one-stop-shopping" 										

	<ul style="list-style-type: none"> • Decrease the percentage of restricted funds and the mandates that funds must flow through a particular agency. (I.e., If a local entity did not want to pursue funding, allow for a legitimate secondary agency to apply. • Develop a universal release of information for clients to sign. • Waive the use of the KEMPE instrument only in the Healthy Start system.
<p>Homeless & Runaway Youth Critical Recommendations</p>	<ul style="list-style-type: none"> • The November monthly meeting of the Coordinating Council for Homeless Program heard testimony that a cost/benefit analysis of homeless families with children has never been done. There is anecdotal information that an investment in homeless services can reduce the cost of other social services provided to this population in the future. Apparently there has not been a study to indicate the impact on homeless youth and foster care and education where just two areas impacted. • The federal Housing & Urban Development definition doesn't include under "homeless" the chronically homeless with children – apparently the HUD definition and delivery system looks as homelessness as primarily a single male phenomenon. In Clackamas County anecdotal testimony about males holding "homeless – need food/job" signs at highway intersections suggest that the majority of these individuals are parents with children. One role of the State would be to advocate for changes in the HUD definition of chronically homeless. • There is a growing apprehension that discretionary and on-going basic federal program support will be reduced or redirected to restoration of areas devastated by 2005 natural disasters ... to the detriment of other areas of the country (including Oregon) where the identified need has not diminished. One role of the State would be to advocate for resources for Oregon homeless population.

2006 BIENNIAL UPDATE – CLATSOP COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Child maltreatment rates declined by 43% from 1994 to 2004 • Immunizations for two year olds improved by 56% from 2002 to 2004 • High school dropout rate improved by 51% from 1994 to 2004 • Teen pregnancy rates declined by 46% from 1993 to 2003 • Students entering school ready to learn has increased by 34% from 1997 to 2004 • Mothers using tobacco while pregnant declined by 32% from 1993 to 2003 • 8th grade illicit drug use declined by 30% from 2001 to 2005 • 11th grade illicit drug use declined by 31% from 2001 to 2005 • Juvenile arrests have declined by 27.6% from 1993 to 2003 <p>Concerns:</p> <ul style="list-style-type: none"> • More Clatsop County families need Temporary Assistance for Needy Families (TANF), more children qualify for Free and Reduced Lunches (in 2004, 36% of county school children qualified, up from 31.8% in 2001), and more families are living in poverty than ever before. • Eleventh grade alcohol use has risen by 39% from 2001 to 2005. Even more alarming is the reported incidence of binge drinking among eleventh graders, which has risen from 32% in 2003 to 36% in 2004 and was reported by students to be 44% in the 2005 Healthy Teens data. • Clatsop County has a higher acceptance of drug and alcohol use, and a greater availability of alcohol and drugs than much of the rest of Oregon. Higher rates of alcohol related traffic fatalities, larger numbers of alcohol sales outlets and continued increase in abuse of both alcohol and drugs by adults indicate a severe problem. • Child care availability declined by 30% from 1995 to 2004. • When looking at the ten-year trends, our eighth grade students have declined by 21% in math scores and 28% in reading since 1995. The affects of budget reductions in education are not helping our students or the schools charged with educating them. <p>Population changes: No significant changes in data.</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Child Abuse Prevention/Parenting Education/Family Strengthening. We are making progress although it is difficult in times of reduced funding. Continued cuts to our local Healthy Start program have made it difficult to provide the level of services to all the families that qualify. Together partners have worked hard to find alternative ways to increase the quantity and scope of our best practice parenting education. We have continued to fund parenting education classes that have proven successful and written grants to fill gaps that exist. Locally we valued our Safety Net Program for its positive outcomes for children and families and added additional support dollars to the new Family Support and Connections Program to insure that more at risk families in the community receive these services. • We are seeing success in implementation of our alcohol and drug education curriculum in the schools, but also finding that it is a difficult process. Teachers move, schools get restructured on a regular basis due to funding cuts, etc. Partners do a good job of working together to find ways to adjust programs like the Tobacco Education Program that wasn't working well and now is. The Clatsop County Reduce Underage Drinking Task Force is working to provide a consistent response to underage drinking through law enforcement practices and changing community norms. Established the "Take the Time: Be the Difference" coalition to develop strategies to address alcohol, tobacco and other drug use. • An example of a recent success would be striving to reinstate a Natural Helpers program in one of our local high schools that had the program and lost it due to funding cuts. Partners worked with the school to seek new funding and support for the program and now once again, it is up and running. In addition, our local Youth Action Team worked on public service announcements on the radio, did a "chalk talk", "honk if you support preventing

	<p>underage drinking”, and “reader board messages” projects. The CADY Mentoring Program run in partnership between our local juvenile justice and Management and Training Corporation has had success in bringing together adults and youth in supportive relationships that appear to be having excellent results.</p> <ul style="list-style-type: none"> • Childcare -- The number of Spanish-speaking providers has increased, but we continue to see a decline in availability overall. We attempted to institute a training program through our local job corps center but the federal government denied the addition because students trained would not make a living wage, so they felt it was not viable. A childcare center for teen parents has been added to a local high school , which includes slots for the community. 										
Gaps	<table border="0"> <tr> <td>Basic Services</td> <td>A&D changing community norms</td> </tr> <tr> <td>Childcare (affordable)</td> <td>Mental health services for children/youth</td> </tr> <tr> <td>Literacy</td> <td>Emergency shelter</td> </tr> <tr> <td>Family support services to higher risk</td> <td>After school activities</td> </tr> <tr> <td>Living wage jobs</td> <td>Other: school success (juv. justice)</td> </tr> </table>	Basic Services	A&D changing community norms	Childcare (affordable)	Mental health services for children/youth	Literacy	Emergency shelter	Family support services to higher risk	After school activities	Living wage jobs	Other: school success (juv. justice)
Basic Services	A&D changing community norms										
Childcare (affordable)	Mental health services for children/youth										
Literacy	Emergency shelter										
Family support services to higher risk	After school activities										
Living wage jobs	Other: school success (juv. justice)										
Key barrier to success	Community Capacity										
Concerns to communicate to state level	(none provided)										
Homeless & Runaway Youth Critical Recommendations	We would recommend additional funds for mental health agencies or Community Action Team to provide a case manager for this population within the county as is done for adults and additional funds for shelter care. At one time the Commission on Children and Families allocated funds for four beds at the local homeless shelter that were designated for youth, but they found it was too difficult to mix youth in with the adult homeless population and discontinued the service. We later had a team of community partners that worked for at least two years to bring in a model program with the bulk of funding from OYA, but after all the time and energy went into planning, significant budget cuts happened at the State and we were left with no options.										

2006 BIENNIAL UPDATE – COLUMBIA COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Unemployment rate, from 7% in 2001 to 6% in 2005 • Immunizations, from 72.1% in 2003 to 75.7% in 2004 • Entering school ready to learn, from 77.2% in 2002 to 78.7% in 2004 • 3rd Grade Math, from 85.5% in 2004 to 86.6% in 2005 • Juvenile crime decreased by 8% from 2003-2005 <p>Concerns:</p> <ul style="list-style-type: none"> • 8th grade alcohol use, increased from a nine-year average trend of 11 per 1,000 in 2003 to 23 in 2005 • 8th grade reading, decreased from 83.7% in 2004 to 79.8% in 2005. • Childcare availability decreased from 15.2 slots per 100 children in 2002 to 10.8 in 2004. The target is 25. • Oregon Progress Board reports a decrease from 9.9 in 2003 of substantiated victims per 1,000 children under 18 years to 7.8 in 2004. DHS reports the rates are not a true reflection of what is occurring. There is consensus within the county that child abuse and neglect are not decreasing. <p>Population changes: County is growing by 1.23% annually.</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Increases in domestic violence calls attributed to expanded outreach, increased collaboration with schools, law enforcement and other agencies and increased education in schools and communities. • Members of the Columbia County Meth Action Team provided education to law enforcement, service clubs, students, service providers and communities on identification of houses manufacturing methamphetamine and reporting. • The Department of Human Services increased coordination of supports for children and families involved with Self Sufficiency and Child Welfare. • Domestic violence providers have combined resources and hired one volunteer coordinator to assist all agencies in increasing qualified and trained volunteers. • A countywide literacy initiative was implemented and will continue as a partnership between schools, Northwest Regional Education Service District, Commission on Children and Families, Kiwanis Clubs, local business and OSU Extension. • Training provided monthly to early childhood providers and advisory committees.
<p>Gaps</p>	<ul style="list-style-type: none"> • Diversion Services • Alcohol and drug treatment services for adults • Childcare (affordable): Quality childcare which is affordable and accessible in each area of the county which includes increased payments for providers who care for DHS children. • Foster care: for developmentally disabled youth and adults and children of all ages including older youth who have been victims of child maltreatment. • After school activities: serving each area of the county with an educational component, transportation, nutritious snacks, mentoring and meeting other best practice components. • Other: Residential placements, transitional housing, mentorship for teen mothers, and aftercare resources for youth who have completed treatment and do not have a safe home to return to. These youth are in the Juvenile Justice System. • Other: Method to educate communities and identify and support youth who have alcohol and drug issues prior to entrance into the Juvenile Justice System. • Other: Transitional housing for women with children who are leaving treatment or jail. • Other: Safe shelter for homeless youth with mentoring, nutritious food and medical care, including dental. • Other: All human service agencies work consistently with the faith community.
<p>Key barrier to success</p>	<p>The ability to achieve plan outcomes has been compromised by the inability of key leaders and community members to participate in strategies which support those outcomes because of decreased resources and increased responsibilities.</p>
<p>Concerns to communicate to state level</p>	<ol style="list-style-type: none"> 1. Federal and state funding does not adequately support children and their families. State leadership should adopt policies with funding attached which consistently support children of all ages and stages of development.

	<ol style="list-style-type: none"> 2. State agencies such as OYA and DHS do not have flexible funds to contribute to an agreed upon plan for a specified need, such as shelter care, housing for homeless youth and in-home skill building. Allow OYA and DHS to use funds to support agreed upon services. 3. Oregon Department of Education (ODE) does not appear to have an incentive to partner with local agencies to work toward common goals such as decreasing juvenile crime and to use resources to reach goals which support healthy child and youth development. Example: Student retention is crucial to juvenile crime prevention. School districts manage budget reductions by eliminating attendance officers. Increase opportunities for the ODE to work with CJC, OYA, OCCF to develop and implement common goals. 4. ODE partnerships with local agencies are implemented differently by each school district. A local education partner might accept and understand the value of education and the link to other state and local goals such as decreasing juvenile crime and work toward developing a system of services which would benefit schools, local agencies and communities. School districts remove students from school and provide 5 hours of tutoring per week. Increase outreach and education to ODE regarding the value of the education system working with local agencies to accept common goals and develop services which support healthy community development. Students would benefit by remaining in a school setting such as an alternative school. 5. Decisions involving DHS are difficult to make at the local level because local DHS staff do not have decision making power. People who are in decision making roles are not available to get the information they need to make timely and appropriate decisions. Regional staff are not a part of the local community. The state structure is not conducive to meeting the needs of local communities. Strong, locally committed, Child Welfare Branch Managers took responsibility for local issues and were able to make decisions or take the responsibility for making changes which positively benefited local issues. That model increased efficiency and effectiveness. 6. State agencies such as DHS develop programs which do not have the anticipated results primarily because they do not give adequate weight to local input. Decentralize and offer more flexibility to local DHS funded services to implement programs which will be successful locally and meet expected state outcomes.
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>Improve system of collecting data from schools. Provide flexible funding from state and federal agencies to develop a locally driven and monitored resource for homeless and runaway youth including shelter, food, medical care and case management.</p>

2006 BIENNIAL UPDATE – COOS COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Child Maltreatment -- 22.1 per 1,000 in 2003, 15.6 per 1,000 in 2004. • Readiness to Learn % increase 2000 to 2002. <ul style="list-style-type: none"> • Physical Well Being 95.6 % to 97.7%. • Language Use 90.7% to 94.0%. • Approach to Learning 93.4% to 97.0%. • Cognition, General Knowledge 79.8% to 94%. • 8th grade 2005 Teen Alcohol Use down 3.7% from 2003 (29.5% to 25.8% reporting last 30 day usage). • 8th grade 2005 Teen Drug Use down 6.3% from 2003 (25.5% to 19.2% reporting last 30 days usage). • Juvenile Crime 2001-03 Avg. 14 per 1,000, state avg. 16 per 1,000. • Teen Pregnancy 2001-03 Avg. 11.3 per 1,000, state avg. 9.4 per 1,000. Coos County 1995 avg. 15.8 per 1,000. <p>Concerns:</p> <ul style="list-style-type: none"> • We continue to have needs in the area of domestic violence, adult drug and alcohol abuse and all issues surrounding poverty. <p>Population changes: Coos County continues to show a declining population though the rate of loss has slowed. This data reflects a declining youth population, the flight of youth after high school and an increasing older population.</p>										
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Community collaborations have increased in the area of Early Childhood, Drug and Alcohol Prevention and Juvenile Justice. These collaborations have produced increased grant opportunities and successes resulting in increased interagency support and cooperation. • Cuts to our local police departments have virtually eliminated the Resource Officer positions formerly held by local police officers. The loss of these positions impacts all of the high level outcomes relating to teens in that prevention programs are not being offered as they were and enforcement of alcohol, tobacco and drug infractions is much more difficult for local school districts without the on campus officers. In order to fill this gap the Juvenile Department has case workers more in evidence at local schools and other groups are exploring more prevention activities but this gap is not completely filled. • Many of our schools have also had to eliminate Counseling positions. To fill this gap Coos County Mental Health has sited part time counselors at numerous school sites throughout the county and this has proved a successful collaboration between the partners. • In the area of Juvenile Justice, successful collaborations have assisted the county in serving youth within the juvenile justice system. In the last biennium Coos County joined the BRS system which provides match dollars for youth in shelter care. In order to accomplish this a complicated but necessary system was developed between Belloni Shelter Care, the Juvenile Department, the Commission on Children and Families and Coos County Mental Health. With this partnership in place the county was able to use both Commission and Juvenile Crime dollars as a match for BRS dollars to support shelter care. Two years ago the county was at risk of losing our shelter care due to lack of funds and this collaboration actually saved our shelter facility. It is a classic example of what local agencies can accomplish when they work together. • The Women’s Safety and Resource Center is constructing a major housing facility for victims of domestic violence. This successful project is the result of a major fund raising effort as well as the receipt of grant funds. This new facility will enhance the agencies ability to serve their clients and better develop their strategies. • A team of people recently participated in a Community Poverty Conference. 										
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Involve families in family therapy</td> <td style="width: 50%; border: none;">A&D prevention-access to services</td> </tr> <tr> <td style="border: none;">After care support (A&D)</td> <td style="border: none;">Home visiting</td> </tr> <tr> <td style="border: none;">Childcare (hard to find)</td> <td style="border: none;">Access to health, dental</td> </tr> <tr> <td style="border: none;">Foster care</td> <td style="border: none;">Domestic violence awareness</td> </tr> <tr> <td style="border: none;">Transportation</td> <td style="border: none;">Living wage jobs</td> </tr> </table>	Involve families in family therapy	A&D prevention-access to services	After care support (A&D)	Home visiting	Childcare (hard to find)	Access to health, dental	Foster care	Domestic violence awareness	Transportation	Living wage jobs
Involve families in family therapy	A&D prevention-access to services										
After care support (A&D)	Home visiting										
Childcare (hard to find)	Access to health, dental										
Foster care	Domestic violence awareness										
Transportation	Living wage jobs										

Key barrier to success	Program capacity (waiting lists, etc.)
Concerns to communicate to state level	(none listed)
Homeless & Runaway Youth Critical Recommendations	A statewide network of resources available to homeless and runaway youth.

2006 BIENNIAL UPDATE – CROOK COUNTY

<p>Data:</p>	<p>Improved Results: Data shows improving trends in 23 Benchmark areas including net job growth, average annual wage, unemployment, ready-to-learn, 3rd and 8th grade math and reading scores, high school/BS completion rates, participating voters, teen pregnancy, increased prenatal care, early death, reduced rates of alcohol and tobacco use by pregnant women, 8th grade tobacco use, reduced adult person and property crime rates, juvenile property crime arrests and poverty.</p> <p>Concerns: Data shows worsening trends in 15 Benchmark areas, including:</p> <ul style="list-style-type: none"> • Increase in juvenile recidivism • Loss of child care slots per 100 population in spite of growth rate • Increase in high school drop-out rate • Increase in infant mortality • The Oregon Economic and Community Development Department has listed Crook County as “severely distressed”, meaning their assessment of employment change, average wage change, annual unemployment rate relative to state data and per capita personal income relative to state data indicate that economic conditions in Crook County were significantly worse than the statewide average for the previous year and five year average. <p>Population changes:</p> <ul style="list-style-type: none"> • Highest growth rate in the state and projected to continue to grow at a high rate. 7.7% growth between 2000 and 2004 • Increase in diversity of population <p>Increase in polarization of economic diversity of residents – haves and have nots.</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • A truancy reduction and student retention program was put in place for added alternatives for those kids who can’t be retained in the regular high school setting. The school district developed it’s own alternative school program, in addition to the work skills alternative provided by our local Council of Governments, COIC. • The decrease in teen pregnancy rate is a welcome trend. After several years of providing in school health and personal choices programs (including STARS) and community based services, community programs and members are gratified to see the reduction. • Strong Nurturing Families: Strengths in this area is increased coordination between parent support resources in early childhood area; increased coordination of Family Violence programs and services through development of the Family Violence Task Force; importance that Court system placed on maintenance of Drug Court model in our community; increased employment opportunities in community. • Healthy, Thriving Children: Strengths include better coordination in the early childhood system partners, strategies in place in community to work with most at risk parents and recognition of needs for mental health, drug and alcohol treatment and family support systems for those families, as well as increased capacity in the Headstart Program • Positive Youth Development: Strengths in this area were noted as 1) good progress in last year on establishing youth voice and participation on committees and commissions with 17 youth currently serving on 9 different boards and committees; 2) strengthening of accountability for community service programming through juvenile department with higher completion success rates; 3) juvenile justice, school and provider development of truancy reduction strategy; and 4) implementation of best practices curriculum through Juvenile Department as prevention measures for Juvenile Crime strategies through Formula grant and Title V resources when JCP funds were cut. • Caring Communities: Work continues on strategies to address the root causes of poverty through the Central Oregon Partnership – Prineville-Crook County Community Action Team. Strategies were reviewed regionally during 2005 with Region-wide Initiatives identified that include Health Care, Economic Engines, and Housing, along with overarching goal to increase awareness of poverty and participation in supporting moving families toward self-sufficiency.

Gaps	<p>Juv Crime Prevention A&D changing community norms Mental health services for children/youth Family support services to higher risk: child abuse prevention/self-sufficiency strategies Truancy/school attendance Parenting education</p> <p>Alcohol and drug treatment services for adults Childcare (affordable) Access to health, dental Positive youth development activities</p>
Key barrier to success	<p>Program capacity (waiting lists, etc.) – everyone is stretched by increasing needs/growing population with limited resources</p>
Concerns to communicate to state level	<ol style="list-style-type: none"> 1. Various Reporting guidelines and systems for program providers (staff and program capacity): Continue to look for ways to consolidate and look for improvements on reporting that allow for maximum accountability with minimum work on service providers that are already stretched. 2. While we are in agreement that best practices program implementation is important, that is difficult and expensive to do in rural programs – look for ways to define a regime for promising practices that is an alternative to a formal, expensive evaluation process 3. With recently released estimates of equity funding plan for adult alcohol and drug programs, the minimum established per county was \$50,000. This will not be adequate for a county the size of Crook. Either a consideration of a minimum of \$75,000 per year or looking at a minimum size county, a medium county and something in between for those who are at a mid range would be more equitable in providing funding for services across the state.
Homeless & Runaway Youth Critical Recommendations	<p>That statewide systems look to support families to retain teens in their homes (where appropriate) or a stable living situation with emphasis on school retention or alternatives to prepare themselves to be self-sufficient over the long term.</p>

2006 BIENNIAL UPDATE – CURRY COUNTY

Data:	<p><i>Improved Results:</i> No significant changes in data</p> <p><i>Concerns:</i> No significant changes in data</p> <p><i>Population changes:</i> No significant changes in data</p>		
Response to community conditions	<ul style="list-style-type: none"> • The juvenile department has implemented an early childhood specialist. • Much work has been accomplished to address drug and alcohol issues. Meetings were held in the three primary communities, a coalition was established, and a grant for Drug Free Communities was submitted and awarded. • The Drug Free Communities Coalition sponsored a countywide Summit. Action groups are working on projects to address countywide issues. • The Safety Net program has organized and coordinated efforts to help youth at risk. • Parents have mobilized to support an after school program in Gold Beach. Support from the CCCC and the school district have enabled them to offer the program to low income families. 		
Gaps	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Aftercare Support (Juv Just) Involve families in family therapy A&D prevention-access to services After school activities Positive youth development activities </td> <td style="width: 50%; border: none;"> Juv Crime Prevention Alcohol and drug treatment services for youths A&D changing community norms Truancy/school attendance Living wage jobs </td> </tr> </table>	Aftercare Support (Juv Just) Involve families in family therapy A&D prevention-access to services After school activities Positive youth development activities	Juv Crime Prevention Alcohol and drug treatment services for youths A&D changing community norms Truancy/school attendance Living wage jobs
Aftercare Support (Juv Just) Involve families in family therapy A&D prevention-access to services After school activities Positive youth development activities	Juv Crime Prevention Alcohol and drug treatment services for youths A&D changing community norms Truancy/school attendance Living wage jobs		
Key barrier to success	<p>Program capacity (waiting lists, etc.) Ability to fund best practices was also identified as a significant barrier.</p>		
Concerns to communicate to state level	<ol style="list-style-type: none"> 1. Implementation procedures do not mesh with poverty culture styles of pursuing or accessing services. People, in generational poverty do not speak the same language as middle-class service providers. The disconnect results in undelivered services. Provide training to service providers. 2. Prevention programs need to include positive activities for youth. We need to grant funding for teen centers in all three communities. 3. Funding decisions and restrictions on how \$ may be used need more flexibility. % of need is not the same for each county so allocations should not be state prescribed. Give Counties as much local control as possible. Reducing paperwork and allowing counties to distribute funds according to their needs. 4. State/County programs are provided at a much higher level in the 0-9 age range than youth in the 10 – 17 age range. The youth resources should be broken into comprehensive age groups to ensure services and programs applied meet the target population based on the level of education, social experience and maturity. Programs are not available to youth that will decrease the likelihood of at-risk behaviors. Prevention programs are great for young children, but intervention and diversion programs are necessary for youth aged 12-17. It seems we educate the young (0-9) and let the Juvenile Court system deal with the rest. Unfortunately, OYA is the only program financially supported by the State that small counties can use and without funding for "in-county" programs we will not be able to significantly impact juveniles that are at-risk. Funding streams need to be identified and made available to the smaller (demographically) counties, to provide program opportunities that will impact at-risk behaviors, recidivism, and diversion.. 5. State Agencies lack of communication builds barriers, instead of taking them down. State Agencies could let families know that they are referring them to another service, instead of taking action themselves, and tell them they will be hearing from the other service provider, so families are hit "cold". 		
Homeless & Runaway Youth Critical Recommendations	<p>Emergency shelter facilities, including lock down; transitional housing, counseling services for individuals and families; juvenile crime prevention programs, family reunification, alternative youth activities (after school), early intervention programs, prevention programs, ATOD/health care treatment and rehabilitation facilities, self sufficiency.</p>		

2006 BIENNIAL UPDATE – DESCHUTES COUNTY

<p>Data:</p>	<p>Improved Results: From 2000 to 2005:</p> <ul style="list-style-type: none"> • The percentage of 8th grade students who report using tobacco in the last 30 days decreased 8.2%. • The percentage of 3rd grade students who achieve established skills in math increased 19%. • The percentage of 8th grade students who achieve established skills in math increased 13.5%. • The high school dropout rate decreased by 2.6% from 6.3% in 1999-2000 to 3.7% in 2003-2004. • Juvenile arrests for crimes against persons per 1,000 decreased from 7.4 in 2000 to 4.1 in 2003. • Deschutes County has decreased the teen pregnancy rate from 11.6/1,000 girls in 2000 to 9.3/1,000 girls in 2003. • <p>Concerns:</p> <ul style="list-style-type: none"> • The percentage of 8th grade students who report using alcohol in the last 30 days increased 20.5%. The percentage of 8th grade students who report using illicit drugs in the last 30 days increased 13.5%. <p>Population changes: Population increased 17.4% between 2000 and 2004. The population of residents 0-17 years of age increased by 7% between 2002 and 2004.</p>										
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • The Family Violence section community plan priorities included “Enhance and fund direct services for family violence victims (child, partner and elder abuse).” Deschutes County received both a planning and implementation grant from the federal Office on Violence Against women to create a supervised visitation and safe exchange program. The program will begin serving clients in January 2005. • Another listed priority was to “adapt an effective, consistent, and ongoing public awareness campaign(s) about family violence (child, partner and elder abuse) promoting zero tolerance, public involvement, and knowledge of community resources.” KIDS Center, our regional child abuse evaluation and treatment center, brought the program “Darkness to Light” to Deschutes County through partnerships with other community agencies. This program is designed to involve community members in the prevention of child sexual abuse. • Many programs who are members of the Early Childhood Team work collaboratively to apply for grants. The Early Childhood Team meetings are a venue to discuss upcoming grant opportunities among a variety of agencies. This has reduced local competition for the same grant funds, improved our chances of receiving certain grants, enhanced collaboration within the early childhood service system, and helped to identify and target funds towards gaps in our system. • Based upon the Deschutes County Community Plan priority to reduce adolescent substance abuse rates, the Deschutes County Prevention Team received a federal Drug Free Communities Grant. This grant focuses on engaging citizens in rural communities to help reduce adolescent substance abuse. Examples of these grass roots activities include public awareness campaigns targeted at parents, implemented peer mentoring and youth recognition programs. 										
<p>Gaps</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Alcohol and drug treatment services for adults</td> <td style="width: 50%;">Alcohol and drug treatment services for youths</td> </tr> <tr> <td>Mental health services for children/youth</td> <td>Access to health, dental</td> </tr> <tr> <td>Foster care</td> <td>Family support services to higher risk</td> </tr> <tr> <td>Positive youth development activities</td> <td>Parenting education</td> </tr> <tr> <td>Safe, decent, affordable housing</td> <td>Transportation</td> </tr> </table>	Alcohol and drug treatment services for adults	Alcohol and drug treatment services for youths	Mental health services for children/youth	Access to health, dental	Foster care	Family support services to higher risk	Positive youth development activities	Parenting education	Safe, decent, affordable housing	Transportation
Alcohol and drug treatment services for adults	Alcohol and drug treatment services for youths										
Mental health services for children/youth	Access to health, dental										
Foster care	Family support services to higher risk										
Positive youth development activities	Parenting education										
Safe, decent, affordable housing	Transportation										
<p>Key barrier to success</p>	<p>Program capacity (waiting lists, etc.)</p>										
<p>Concerns to communicate to</p>	<p>1) Asking several local agencies to submit the same information to the state level (i.e. having LCCFs submit Public Health and Mental Health plans, even though these agencies submit them</p>										

<p>state level</p>	<p>directly to the State on their own.) Do not require the same documents to be submitted by multiple local agencies. Monitoring the community's progress on measures, priorities, and outcomes should be sufficient.</p> <p>2) Increasing the required high level outcomes that must be monitored by communities while resources are simultaneously dwindling. (e.g. the addition of Homeless/Runaway Youth)</p> <p>Allow communities to select a minimum number (e.g. 80%) of the total high level outcomes that they wish to address in their own community. This will allow communities to focus their resources in the areas of greatest importance to meet local needs.</p>
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>A statewide service system needs to be funded. Currently, the Cascade Youth and Family Center (CYFC) receives \$24,000 a year through "Level 7" funding to serve this population and \$325,000 from competitive federal grants through the Runaway & Homeless Youth Act (we cross our fingers every three years), and an additional \$75,000 from J Bar J Youth Services. Without the federal grants and J Bar J there would be no services for this population here locally and throughout Oregon. If all we had was Oregon funding for this project it would only be a crisis hotline, there would not be any emergency and long term shelter, family reunification work, case management, etc. (CYFC serves over 200 teens a year here in a very comprehensive way). Without these interventions, incarceration & chronic homelessness are likely outcomes for these youth.</p>

2006 BIENNIAL UPDATE – DOUGLAS COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • The percentage of children entering school ready to learn increased from 61.4% in 2000 to 83.2% in 2004. • The percent of 3rd graders who achieve skill levels in math increased from 70.3% in 2000 to 83.5% in 2005. • Third grade reading increased from 77.6% in 2000 to 82.3% in 2005. • Immunization rates for two-year-olds increased from 49.4% in 2001 to 72.1% in 2004. <p>Concerns:</p> <ul style="list-style-type: none"> • Child maltreatment, including those who are at risk of abuse and neglect, decreased from 17.4 per 1,000 persons under age 18 to 9.5 in 2004. However, child welfare placements are at an all time high. Nearly 86% of child welfare placements are correlated with methamphetamine/alcohol/other drugs. Parental drug and alcohol abuse and domestic violence were the primary risk factors for removal of children from their homes. • Eighth grade alcohol use in previous month increased from 24.3% in 2000 to 33.7% in 2005. The number of 8th graders who reported using illicit drugs in the previous month increased from 14.4% in 2000 to 18.5% in 2005. However, tobacco use has decreased. • The arrest rate per 1,000 decreased from 33.2 in 2000 to 25.4 in 2003. • The number of youth suicide attempts increased from 18 in 2000 to 34 in 2003. • Percent of county residents with incomes below 100% of federal poverty level increased from 12.9% in 2000 to 13.3% in 2002. Unemployment in October 2005 was 7.4%. • Douglas County services were once primarily funded through timber revenues and there have been sharp declines in available county funding since then. <p>Population changes: Douglas County’s population grew 2.7% between 2000 and 2004. Two cities, Oakland and Reedsport, lost population during that time. The 0-17 age population decreased, while the 65+ population increased significantly.</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • DC CAPS (Douglas County Communities Aligned to Prevent Substance Abuse), a prevention coalition affiliated with the Oregon Partnership, convenes representatives from Glide Lumber, Roseburg Forest Products, Adapt, the Douglas County Health Division, the Roseburg School District, Boys & Girls Club, Mercy, and others with the mission of improving substance abuse prevention in Douglas County. The coalition’s goals focus on employer education and it has promoted prevention projects such as student videos used as public service announcements by local media. • The Douglas County Family Partnership is a mental health planning group focused on the state children’s system change initiative. • Douglas County has an active suicide prevention coalition which promotes supports and information for youth, organizes ASIST trainings, and created a videotape for survivors of suicide. • First Step (teen parent program), Adapt, and school districts are now co-located in “one-stop” facility in south Douglas County (Tri-City, Canyonville). Another “one-stop” project involves a community campus which includes the Family Development Center and the Umpqua Community Action Network facility which recently has broken ground. • A support group for parents and children with mental health issues has been created through the efforts of the Douglas County Family Partnership. • Casa de Belin has developed a shelter for homeless parents, children and teens, and those in transition; the shelter was pulled together with help from the faith community and private individuals. • Douglas County’s Hispanic Society offers strong advocacy and services for the Spanish-speaking population. It works with Adapt to offer a Spanish language parenting class-- “Make Parenting a Pleasure.” The parenting class funding was garnered under the umbrella of the Douglas County Early Childhood Planning Coalition, DCECPC. • The limited number of practitioners has made early prenatal care a challenge. During 2005, Douglas County’s prenatal program switched contract providers. The county has received an ongoing commitment for providing this critical care with plans for one

	<p>additional Ob Gyn joining Douglas County in 2006.</p> <ul style="list-style-type: none"> • In 2003-05, DCEPC garnered more than \$90,000 in grants for parenting programs, with a focus on promising/best practices including “Make Parenting a Pleasure” and the “Nurturing Parent” train-the-trainer model for parents in isolated and rural areas of the county. DCEPC also operates a parenting brokerage where partners pitch in funding to sustain the initiative. • As a result of a county homeless and runaway youth forum, DHS addressed the identified need for a central point-of-contact for these youth by creating two youth liaisons. Many groups are now getting together to work on solutions, as a result of the forum. 										
Gaps	<table border="0"> <tr> <td>Involve families in family therapy</td> <td>Alcohol and drug treatment services for youths</td> </tr> <tr> <td>Childcare (affordable)</td> <td>Mental health services for children/youth</td> </tr> <tr> <td>Family support services to higher risk</td> <td>Positive youth development activities</td> </tr> <tr> <td>Parenting education</td> <td>Safe, decent, affordable housing</td> </tr> <tr> <td>Living wage jobs</td> <td>After school activities</td> </tr> </table>	Involve families in family therapy	Alcohol and drug treatment services for youths	Childcare (affordable)	Mental health services for children/youth	Family support services to higher risk	Positive youth development activities	Parenting education	Safe, decent, affordable housing	Living wage jobs	After school activities
Involve families in family therapy	Alcohol and drug treatment services for youths										
Childcare (affordable)	Mental health services for children/youth										
Family support services to higher risk	Positive youth development activities										
Parenting education	Safe, decent, affordable housing										
Living wage jobs	After school activities										
Key barrier to success	Other: ability to fund best practices programs with current funding.										
Concerns to communicate to state level	<p>1) Revisit the evidence-based practices requirements. In light of current funding reductions, is this really realistic? While we should strive for proven practices, we need to look at whether we can accomplish this with the current funding situation.</p> <p>2) Increase funding in priority areas.</p>										
Homeless & Runaway Youth Critical Recommendations	<p>At a community summit on homeless and runaway youth, several themes emerged from breakout groups:</p> <ol style="list-style-type: none"> 1. Communication and Awareness - People in Douglas County need to become more aware that runaway and homeless youth exist and their needs. Recommendations include using a multi-media approach, going where youth are, hosting networking meetings in the community, creating a sustainable long-term advocacy group, and compiling and disseminating information for youth about available resources. 2. Service Needs - Runaway and homeless youth in Douglas County need a drop-in center, housing, transportation, mentors, and a mobile van. Recommendations included creating a fundraising strategy, improving collaboration to identify and deliver available services and to make available services more accessible 										

2006 BIENNIAL UPDATE – GILLIAM COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • The Ready to Learn benchmark went up from 68% in 2000 to 84.6% in 2004 data • 3rd grade math scores have gone from 62.9% in 2000 to 95.2% in 2005 • 3rd grade reading proficiency is 18% better • Child Care availability slots have gone from 6.2 in 2000 to 25.5 in 2004 • 8th grade alcohol use has gone from 28.2% in 2000 to 40.6% in 2005 <p>Concerns:</p> <ul style="list-style-type: none"> • Abuse and Neglect Victims is 87% worse • Threat of harm victims is 76% worse • Crimes against persons is 50% worse <p>Population changes: The actual population estimate has gone down in size a small amount from 1,900 to 1,817. That is a -5.1% change. The biggest differences in our population revolve around socio economic status, not race.</p>		
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • The lack of parenting skills is being addressed through various efforts, including hosting parent education trainings. The Home Visiting program is serving all births in our county to try to help all families that may be in a very stressful time. • We are hoping to work with the Sheriff’s Department and the Prevention Coalition on a Drug prevention effort using the faces of meth video and other components of drug prevention. • Reducing Child Maltreatment by maintaining the Gilliam County home visiting network program which is Healthy Start, Babies First, Head Start, and Family Support and Connections. Provide Respite Care for families with special needs children, families in crisis and families that are working with DHS, including foster families. • Gilliam County has found improved coordination with community partners due to the fact that the Early Childhood Team and the Family Support Teams are well coordinated and attended. We are currently receiving additional mental health services to Gilliam County with the System of Care grant for youth with severe mental health issues. 		
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Aftercare Support (Juv Just) A&D changing community norms Early Childhood workforce devel. After school activities Provider/caregiver training </td> <td style="width: 50%; border: none;"> Involve families in family therapy Childcare (hard to find) Mental health services for children/youth Positive youth development activities Living wage jobs </td> </tr> </table>	Aftercare Support (Juv Just) A&D changing community norms Early Childhood workforce devel. After school activities Provider/caregiver training	Involve families in family therapy Childcare (hard to find) Mental health services for children/youth Positive youth development activities Living wage jobs
Aftercare Support (Juv Just) A&D changing community norms Early Childhood workforce devel. After school activities Provider/caregiver training	Involve families in family therapy Childcare (hard to find) Mental health services for children/youth Positive youth development activities Living wage jobs		
<p>Key barrier to success</p>	<p>Community capacity</p>		
<p>Concerns to communicate to state level</p>	<p>None provided</p>		
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>Make sure that this population has access to medical treatment and Oregon Health Plan without having parental consent.</p>		

2006 BIENNIAL UPDATE – GRANT COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Grant County is #9 in Ready to Learn rates, #1 in 3rd grade reading and #2 for 3rd grade math scores. • Juvenile arrests declined from 19.7 in 2000 to 10.6 in 2003. <p>Concerns:</p> <ul style="list-style-type: none"> • Child maltreatment increased from 17.7% in 2002 to 27.4% in 2004. • Alcohol, tobacco and other drugs usage rate is one of highest in the state. <p>Population changes: Decrease in working middle class, increase in retirement population. In 2000, people ages 0-17 were 25% of the population; in 2004, the 0-17 age group was 24.4%. The total population declined 3.2% since 2000. The October 2005 unemployment rate is 7.7%, one point above last year. Government the largest employers, no longer private companies.</p>	
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Received a Drug Free Communities grant to help combat underage ATOD usage numbers • Continue strong support for preschools accessible to all families. 	
<p>Gaps</p>	<p>Involve families in family therapy (Juv.Just.) Alcohol and drug treatment services for adults Childcare (affordable) Access to health, dental Safe, decent, affordable housing</p>	<p>A&D changing community norms Childcare (hard to find) Early Childhood workforce devel. Foster care Living wage jobs</p>
<p>Key barrier to success</p>	<p>Community Capacity</p>	
<p>Concerns to communicate to state level</p>	<p>None provided.</p>	
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>Grant County's numbers are very low for homeless and runaway youth. The Juvenile Director reports that when most juveniles "runaway" they simply go to a friend's or relative's house in the same town. This is not a major concern for our county at this time.</p>	

2006 BIENNIAL UPDATE – HARNEY COUNTY

Data:	<p>Improved Results:</p> <ul style="list-style-type: none"> • Teen pregnancy numbers dropped by 57% • High school dropout rate declined by 53% • Juvenile Department caseloads have decreased by half since 2002 (from 140 to 70.) <p>Concerns:</p> <ul style="list-style-type: none"> • Increase in child abuse rate likely is due to increased investigations of allegations, not an increase in incidences. <p>Population changes: No significant changes in population. Unemployment is 9.37% in 2005, but down from 20% in 2001.</p>		
Response to community conditions	<ul style="list-style-type: none"> • Harney County has made considerable progress in outreach, improved communication, and trust between the Burns Paiute Tribe and the Harney County community at large. Through mutual efforts, the Tribal Council, County and City governments, Early Childhood Center, School District, Boys & Girls Club, local CCF, Juvenile Departments, law enforcement and others have improved cooperation and teamwork at all levels. A recent "State of the County" forum confirmed this progress when officials briefed their joint, coordinated economic development plans for Harney County. • The Boys & Girls Club of Harney County has become a united cause for multiple community partners over the past two years. Continued support to expand and improve the operations of the club has been a Harney County CCF priority since 2004, but only recently have others joined in. Through awareness of its programs and positive outcomes, the Community Action Team, Kiwanis Club, and our community's signature fundraiser committee (Desert Dash Rally) have adopted the Boys and Girls Club, providing funds, board members, volunteers, and other support. This type of community mobilization has enabled Harney County to succeed in offering this resource in such a rural area, where the typical model for fundraising and operations would be unsustainable. The community has rallied around the club to not only keep it going, but to expand and improve its potential. 		
Gaps	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Aftercare Support (Juv Just) Home visiting Mental health services for children/youth Family support services to higher risk Parenting education </td> <td style="width: 50%; border: none;"> A&D changing community norms Childcare (hard to find) Foster care Mentoring Living wage jobs </td> </tr> </table>	Aftercare Support (Juv Just) Home visiting Mental health services for children/youth Family support services to higher risk Parenting education	A&D changing community norms Childcare (hard to find) Foster care Mentoring Living wage jobs
Aftercare Support (Juv Just) Home visiting Mental health services for children/youth Family support services to higher risk Parenting education	A&D changing community norms Childcare (hard to find) Foster care Mentoring Living wage jobs		
Key barrier to success	Program capacity (waiting lists, etc.)		
Concerns to communicate to state level	<ol style="list-style-type: none"> 1) CASA funding is based on population rather than on child abuse rates and numbers. If this funding basis can be changed to factor in rates of child abuse, smaller population counties with few resources and high child abuse rates could show more progress on this outcome. 2) Healthy Start program personnel have numerous training requirements they must accomplish, yet funding has been cut. The cost of travel, lodging, and time away hurt the small eastern county programs' ability to attend and serve families. The remainder of the trainings are the responsibility of individual programs to design and arrange, which further strains meager budgets and staff capacity. OCCF Healthy Start Program staff should create an HFA curriculum of training, offer some standardized trainings, designate which requirements are fulfilled by each, notify programs well in advance when trainings are offered, and record-to-DVD these trainings so they can be reproduced and mailed to programs who cannot afford the costs involved with attending in person. 		
Homeless & Runaway Youth Critical Recommendations	None		

2006 BIENNIAL UPDATE – HOOD RIVER COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • High School Dropout rate has remained significantly lower than the state rate since dropping in 2001 • Juvenile recidivism rate continues to drop and is 25% below state average. <p>Concerns:</p> <ul style="list-style-type: none"> • Female youth 10-17 had 4 babies in 2003 and 13 in 2004. • 8th grade alcohol and drug use remains higher than the state average. • 18.7% of the children in Hood River County live in poverty; 34.9% of Hispanic children live in poverty. • Child abuse rate increased substantially in 2003 after a couple years below the state rate. About 80 of the confirmed cases are due to methamphetamine use and children witnessing domestic violence. <p>Population changes: Hood River County is growing at a rate of 3.1% between 2000 and 2004. The total population is now 21,050 with 28.2% of the population under 18 years of age, the third highest percentage of youth putting a burden on schools and social services. The proportion of Hispanic residents is growing in Hood River County, from 6.5% in 1980, to 16.3% in 1990, to 25.2% in 2004 compared to 9.5% of the total in Oregon and 14.1% in the U.S. The percentage of Hispanic residents in Hood River County is the third highest in the state. Hispanics are twice as likely as Anglos to live in poverty in Hood River County.</p>		
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • High school dropout rate is a success story in Hood River County. In the 1999-2000 school year the dropout rate was 5.81. Community partners got together to address the problem with multiple strategies including: Inspiration Circle – a girl’s club at the high school targeting at risk female students but open to all - addressing social skill development, team building, leadership, academic success, conflict resolution, etc. SELL (Supporting English Language Learners) – an after school / early evening academic program for 18-24 year olds. Lady Angels – one semester Latina group targeting 16 Hispanic freshman females identified because of low attendance and high dropout risk with tutoring 4 days/week, 1 activity/week, 1 community service activity, career exploration. All 16 girls graduated from high school. Bilingual/Bicultural school outreach worker – providing outreach to Hispanic students and their parents with an emphasis on school success. The following year the dropout rate had dropped to 2.08 and then 2.11 the next year. • Three coalitions have had a huge impact increasing community awareness around drug use and abuse and are currently working to change community norms favorable to drug use. In Cascade Locks, a community coalition is addressing social issues. A second coalition works in the Hispanic community around drug prevention efforts involving both parents and youth. Third, the Commission on Children and Families is targeting the faith community in drug prevention efforts. • The Alcohol, Tobacco and Other Drug Prevention Coalition received an Underage Drinking Prevention grant from the state and is planning a multi-faceted community campaign to reduce this gateway drug and address positive community norms towards youth drinking. 		
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>Basic Services</p> <p>Involve families in family therapy</p> <p>Home visiting</p> <p>Family support services to higher risk</p> <p>Safe, decent, affordable housing</p> </td> <td style="width: 50%; border: none;"> <p>Juvenile Crime Prevention</p> <p>Alcohol and drug treatment services for youths</p> <p>Mental health services for children/youth</p> <p>Positive youth development activities</p> <p>Other: Alcohol and drug treatment for uninsured</p> </td> </tr> </table>	<p>Basic Services</p> <p>Involve families in family therapy</p> <p>Home visiting</p> <p>Family support services to higher risk</p> <p>Safe, decent, affordable housing</p>	<p>Juvenile Crime Prevention</p> <p>Alcohol and drug treatment services for youths</p> <p>Mental health services for children/youth</p> <p>Positive youth development activities</p> <p>Other: Alcohol and drug treatment for uninsured</p>
<p>Basic Services</p> <p>Involve families in family therapy</p> <p>Home visiting</p> <p>Family support services to higher risk</p> <p>Safe, decent, affordable housing</p>	<p>Juvenile Crime Prevention</p> <p>Alcohol and drug treatment services for youths</p> <p>Mental health services for children/youth</p> <p>Positive youth development activities</p> <p>Other: Alcohol and drug treatment for uninsured</p>		
<p>Key barrier to success</p>	<p>Program capacity (waiting lists, etc.)</p>		
<p>Concerns to communicate to state level</p>	<ol style="list-style-type: none"> 1) It is not currently against the law for a minor to be in possession of a controlled substance by consumption as it is for alcohol. Need a state law similar to MIP-A (Minor in Possession of alcohol) by consumption for other drugs. 2) Currently 18-21 year olds are past the juvenile system but still in need of prevention, 		

	<p>intervention and treatment supports. Include this age group in the mandated service delivery of existing agencies.</p> <p>3) Limited access to acute psychiatric beds, detox, clean/sober housing, residential care, in-home services, therapeutic foster care. Additional resources needed at the state.</p> <p>4) System review of Behavior Rehabilitation Services and Mental Health placements. State discussion with all partners at the table about funding youth in residential placements – if the funding should come from the state, county of origin or county of placement.</p> <p>5) Under representation / under utilization & access issues regarding mental health services for child welfare / corrections kids. Review data.</p> <p>6) Parents have the right to serve their own children alcohol in their own home. Allow this only for religious purposes in an effort to change community norms around youth alcohol use.</p> <p>7) Federal poverty level set too low excluding families who are poor but do not qualify for services based on income. Talk to federal legislators about the poverty level definition. Child care costs are not even included in the formula.</p> <p>8) Lack of resources and experienced, educated staff in bilingual and youth prevention, intervention and treatment services. Mentor and encourage local youth to study social services in college and return to the community to provide bilingual/bicultural services.</p> <p>9) Need for professional treatment and professional support group for Domestic Violence victims. Work with Mid-Columbia Center for Living and other community partners to develop Domestic Violence victim services.</p> <p>10) Separation of Mental health and addiction services. Funding is separate, the paperwork is separate and the Oregon Administrative Rules are separate so the process is cumbersome for agency to work with a client that needs both services. State rules should be streamlined to account for dual diagnosis clients.</p>
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>Unknown</p>

2006 BIENNIAL UPDATE – JACKSON COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • The majority of our intermediate outcomes were either met or exceeded. • Jackson County 8th graders reported a decrease in marijuana use in the last 30 days from 11% in 2003 to 10% in 2004. Their use of alcohol (28%) and tobacco (8%) remained stable from 2003 to 2004. • In 2003, Jackson County had the highest juvenile arrest rate (74.5/1,000) in the state (state average 39/1,000). However, much of this high arrest rate came from a proactive preventive citation policy by local law enforcement. Using state JJIS data, the juvenile arrests for serious crimes (robbery, homicide, and sex offenses) is very similar or slightly lower than the statewide average. • 11th grade tobacco use decreased 32%, which the state rate decreased 15%. <p>Concerns:</p> <ul style="list-style-type: none"> • The Jackson County poverty rate for families with children under age five is 20% higher than Oregon's rate. The poverty rate for children in Jackson County is 16.3% and is worse than Oregon. More than 70% of all occupations in Jackson County do not pay wages sufficient to afford the average price of housing. Jackson County also experienced a 32.4% increase in food box distribution in the last three years. • A homeless survey revealed that 38% were families with children, while 14.7% were unaccompanied youth 17 years old or younger, with 4.5% of that number being pregnant youth. • The 2004 child maltreatment rate for Jackson County is 15.9/1,000 children compared to 13.3/1,000 in 2003. This represents an increase of 21%. Rates in Jackson County have been consistently higher than Oregon rates in the last decade. • It is of great concern, however, that Jackson County 8th grade female rates of use for alcohol, tobacco, marijuana, and methamphetamine are higher than male rates of use. <p>Population changes: Since 1990, Jackson County's population has increased by 30.6% with a current (2004) population of 191,200. Approximately one fourth of Jackson County's population are children ages 0-17 years. Hispanics and Latinos comprise the largest ethnic group in the Rogue Valley. In 2003, they comprised 7.4% of Jackson County's population, up from 4.1% in 1990.</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • In response to the escalating costs of methamphetamine abuse in Jackson County, a Meth Task Force was formed in 2004. The Task Force takes a multi-disciplinary approach, supporting treatment, public safety, family stability, and prevention. One of the goals is to align community work with state and national efforts. • A well attended Methamphetamine Summit was held in 2005 with a follow-up planned for January 2006. Eight specific strategies and action steps were developed. Existing community groups have taken on the work of implementing these strategies. Both government and foundations have committed over \$400,000. • A Direct Service Network Team is placed in six school districts, consisting of representatives of the schools, Juvenile Department, Adult and Family Services, and other youth serving agencies. Medford School District provides a Homeless Education Coordinator who works to enroll homeless youth and reduce barriers for those students. Community Works manages a Homeless and Runaway Teens program, including a mediation system to reconcile youth and their families. • A multi-agency Child Abuse and Neglect Prevention Task Force was created to increase community-wide awareness of abuse and neglect; encouraging individuals to become involved in a solution. • A collaborative spirit which manifests itself in systemized ways, e.g., service integration sites in five towns, and in less formalized partnerships among county, state, and private non-profit agencies and programs. The county has a collaborative history of coordinated services between the Juvenile Department, Commission on Children and Families, schools, public agencies, and non-profits. The leaders in this collaborative worked together to create the Jackson County Juvenile Crime Prevention System and the Direct

	Service Network Teams.	
Gaps	Aftercare Support (Juv Just) Involve families in family therapy Alcohol and drug treatment services for youths Mental health services for children/youth Foster care	Juv Crime Prevention Alcohol and drug treatment services for adults Home visiting Emergency shelter Family support services to higher risk
Key barrier to success	Partners unable to participate/Lack of local staff time	
Concerns to communicate to state level	1) Funding silos that prevent effective dual diagnosis treatment. DHS/OMHAS could develop treatment funding stream for A&D/MH impaired clients especially for those transitioning into the community. 2) Constantly changing programs and priorities which prevent staff and program continuity. More autonomy at the local level. 3) A legal system and administrative rules which do not sufficiently protect children in meth endangered communities. Legislative review of child protective legislation in relation to impact of methamphetamine.	
Homeless & Runaway Youth Critical Recommendations	We need better coordination of the limited resources for homeless and runaway youth as well as improved linkages between education and social service systems. Both short term and long term safe living situations are critical for homeless and runaway youth but they also may need education, life skills, alcohol/drug treatment and mental health counseling if they are to become successful adults.	

2006 BIENNIAL UPDATE – JEFFERSON COUNTY

Data:	<p><i>Improved Results:</i></p> <ul style="list-style-type: none"> • The only and most dramatic change was for Net Job Growth which showed Jefferson County as number one in the state. The 2003 ranking was 35th in the state. The rise in net job growth is attributed to housing construction and the construction of the new state prison. <p><i>Concerns:</i></p> <ul style="list-style-type: none"> • Per capita income remains very low and unemployment has not greatly improved. <p><i>Population changes:</i> No significant differences.</p>		
Response to community conditions	<ul style="list-style-type: none"> • A concerned group of agency workers and community members has formed the Prevention Task Force to address the substance abuse issues in the county. A spin-off of the group is the Methamphetamine Task Force which focuses on this major threat to the well-being of the community. • A partnership effort resulted in the creation of a school-based health center, currently located in a travel trailer. • An after-school literacy program was established at two elementary schools as a result of the commitment of start-up funds from a group of community agencies. • Jefferson County worked with the Ochoco Community Clinic in Crook County to establish a clinic in Jefferson County for residents with no health insurance. • 		
Gaps	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Aftercare Support (A&D) Childcare (affordable) Emergency shelter Parenting education Transportation </td> <td style="width: 50%; border: none;"> Childcare (hard to find) Mental health services for children/youth Workforce training Safe, decent, affordable housing Living wage jobs </td> </tr> </table>	Aftercare Support (A&D) Childcare (affordable) Emergency shelter Parenting education Transportation	Childcare (hard to find) Mental health services for children/youth Workforce training Safe, decent, affordable housing Living wage jobs
Aftercare Support (A&D) Childcare (affordable) Emergency shelter Parenting education Transportation	Childcare (hard to find) Mental health services for children/youth Workforce training Safe, decent, affordable housing Living wage jobs		
Key barrier to success	Community Capacity		
Concerns to communicate to state level	In spite of extraordinary partnership efforts and community involvement, the capacity for Jefferson County is too limited to fully implement the plan. Furthermore, the population is expected to increase rapidly over the next few years due to the construction of a new state prison. The State governor’s office could support the provision of technical assistance by a variety of state agencies to help the County deal with the expected rapid growth and its effect on resources and services.		
Homeless & Runaway Youth Critical Recommendations	Expansion of depleted prevention resources to support families as they face poverty, drug and alcohol issues, mental health issues and the challenges of raising children.		

2006 BIENNIAL UPDATE – JOSEPHINE COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> Percent of children entering school ready to learn increased 21.8% from 62.9% in 2000 to 84.7% in 2004. This surpasses the county’s own target of 80%. Juvenile arrests for person and property crimes per 1,000 Josephine County juveniles decreased by 1.3 per 1000 from 13.8 per 1,000 in 2000 to 12.5 per 1,000 in 2003. The rate in 1999 was 17.4 per 1,000 juveniles. <p>Concerns:</p> <ul style="list-style-type: none"> Percent of 8th grade students who report using alcohol in the previous 30 days increased 5.4% from 22.9% in 2000 to 28.3% in 2004. (Service Delivery Area Data) Percent of 8th grade students who report using illicit drugs in the previous 30 days increased 5.3% from 12.4% in 2000 to 17.7% in 2005. PLEASE NOTE: The self-report rate in 2003 was 21.9%. (Service Delivery Area Data) <p>Population changes: The population estimate for Josephine County has increased 5.5% from 75,726 in April 2000 to 79,920 in July 2004. The average statewide increase in population is 5.1% for the same time period.</p>												
<p>Response to community conditions</p>	<ul style="list-style-type: none"> Rogue Community College in partnership with Josephine County Early Intervention and Head Start celebrated the groundbreaking of the Redwood Early Childhood Center, a childcare center and lab school for students enrolled in early childhood education classes. The project was launched with the approval of a community development block grant through the City of Grants Pass and support from local business and service organizations. This project directly addresses the High Level Outcome of Readiness to Learn and the increasing need for hard to find childcare. Josephine County was awarded as a new grantee, a Drug Free Communities grant this September 30, 2005 to continue the work to decrease the use of tobacco, alcohol, and drugs as reported by eighth grade students. The Substance Abuse Community Action Team (SACAT) Coalition works to educate the community to affect a change in the community’s culture toward the use of alcohol and drugs by youth. The Josephine County Health Department re-opened the School Based Health Center at the Illinois Valley High School, and will continue services through June 2007 Through the Community Justice, Josephine County received a School Attendance Initiative grant in 2005 to staff school attendance officers within each school district of the county. The officers work closely with schools and families to keep youth in school and reduce the drop out rate. The annual Community Asset Builder’s recognizes youth and adults who build assets for and with youth. This recognition is based on the Search Institutes’ 40 Developmental Assets model. In the past two years, the Homeless Youth Task Force was formed. The HYTF was successful in receiving a grant from the Carpenter Foundation to do an initial assessment of homeless and runaway youth in Josephine County. The assessment will be used as determining the needs for a drop in shelter for this population. A regional system of care for Children’s Mental Health was formed. 												
<p>Gaps</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Involve families in family therapy</td> <td style="width: 50%;">Alcohol and drug treatment services for adults</td> </tr> <tr> <td>Alcohol and drug treatment services for youths</td> <td>Childcare</td> </tr> <tr> <td>Mental health services for children/youth, including school-based services</td> <td></td> </tr> <tr> <td>Emergency shelter for homeless and runaway youth and families fleeing domestic violence</td> <td></td> </tr> <tr> <td>Foster care – respite care</td> <td>Family support services to higher risk</td> </tr> <tr> <td>Mentoring</td> <td>Other: Residential programs for Emotional and Behavioral Problems</td> </tr> </table>	Involve families in family therapy	Alcohol and drug treatment services for adults	Alcohol and drug treatment services for youths	Childcare	Mental health services for children/youth, including school-based services		Emergency shelter for homeless and runaway youth and families fleeing domestic violence		Foster care – respite care	Family support services to higher risk	Mentoring	Other: Residential programs for Emotional and Behavioral Problems
Involve families in family therapy	Alcohol and drug treatment services for adults												
Alcohol and drug treatment services for youths	Childcare												
Mental health services for children/youth, including school-based services													
Emergency shelter for homeless and runaway youth and families fleeing domestic violence													
Foster care – respite care	Family support services to higher risk												
Mentoring	Other: Residential programs for Emotional and Behavioral Problems												
<p>Key barrier to success</p>	<p>Program capacity (waiting lists, etc.)</p>												

Concerns to communicate to state level	The response to this question from the Grants Pass Early Childhood Council (GPECC):: The State should collaborate as well as Josephine County does. The response from Josephine County Children’s Mental Health Care Coordinating Council: Do anything to reduce complexity and do nothing to increase complexity.
Homeless & Runaway Youth Critical Recommendations	The foundation of any program for homeless youth is stability and consistency. Trust is such a huge issue with this population that if a program is started and then must be closed or changed due to funding, it can affect the working relationship with the youth.

2006 BIENNIAL UPDATE -- KLAMATH COUNTY

Data:	<p>Improved Results:</p> <ul style="list-style-type: none"> • % of children entering school ready to learn increased by 18.50% since 1997. • % of high school drop out rate has decreased from 4.8% as the 3 yr average from 1997-2000 to 3.8% as the 3 yr average from 2001-2004. • The teen pregnancy rate decreased from 18.1 as the 3 yr average from 1998-2000 to 15.1 from 2001-2003. • % of babies whose mothers received prenatal care in the first trimester increased from 72% as the 3 yr average from 1998-2000 to 78.5% from 2001-2003. • Number of children , per 1000 persons under 18, who are abused or neglected or at risk of abuse or neglect has slightly decreased from 24.4 as the 3 yr average from 1999-2001 to 22.8 from 2002-2004. • Klamath has over two times the [number of maltreated] children than the statewide 3 yr average at 10.8. • % of persons with incomes 100% of federal poverty level have decreased from 16.5% as the 3 yr average from 1997-1999 to 14.6% from 200-2002. Klamath continues to be higher than the statewide 3 yr average by 3.6% • Klamath County’s monthly unemployment rate hits a 5-year low in September 2005 to 6.5%. <p>Concerns:</p> <ul style="list-style-type: none"> • Child maltreatment rates have declined, but continue to be markedly above state averages. <p>Population changes: slight increase in overall population</p>		
Response to community conditions	<ul style="list-style-type: none"> • Addressing child maltreatment through the Child Trauma Academy to train the trainers for 30 local professionals. Trainers will inform the broad community regarding brain trauma from abuse. • Addressing domestic violence, a result of the county’s high rate of meth use, by enhancing the work of the Crisis Center through a planning grant. • Better local data are allowing the Klamath & Lake Community Action Services to better evaluate the effectiveness of their poverty intervention strategies. 		
Gaps	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Mental health services for children and youth Living wage jobs Parenting education families Alcohol and drug treatment services for youths After school activities</td> <td style="width: 50%; border: none;">Mental health services for adults Positive youth development activities Family support services to higher risk Foster care</td> </tr> </table>	Mental health services for children and youth Living wage jobs Parenting education families Alcohol and drug treatment services for youths After school activities	Mental health services for adults Positive youth development activities Family support services to higher risk Foster care
Mental health services for children and youth Living wage jobs Parenting education families Alcohol and drug treatment services for youths After school activities	Mental health services for adults Positive youth development activities Family support services to higher risk Foster care		
Key barrier to success	Selections not limited to one.		
Concerns to communicate to state level	It is increasingly difficult for the local CC&F to be the primary agency which collects local data from partners. With all social service agencies having fewer staff and reduced services, separate data collection for SB555 is redundant and burdensome. The state SB555 planning committee should agree on what data collection needs to occur, collect that data from each county and then report the data back to the county planning groups. The SB555 planning committee should support the concept of local planning by partners who will review the gaps in local services, analyze their own data and select their own county priorities.		
Homeless & Runaway Youth Critical Recommendations	No recommendations at this time.		

2006 BIENNIAL UPDATE – LAKE COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Lake County is steadily improving the statistics for child well being indexes in the areas of prenatal care, immunizations and alcohol and drug use during pregnancy (tobacco use remains high). • Lake County remains 18 of 36 in the Oregon Progress Board’s measurement of child well being. However, we have moved from the rank of 28 of 36 to the slight improvement of 26 of 36. • Teen pregnancy rates have decreased. • Lake County’s juvenile arrest rates continue to steadily reduce. For example, in 1997 Lake County was at it’s all time juvenile arrest rate high of 33.8 per 1000 as compared to 2003 at 5.5 per 1000 as reported by the Oregon Progress Board. <p>Concerns:</p> <ul style="list-style-type: none"> • Child abuse and neglect remain high with 9.5% in 1992 to 14.2% in 2004 (number of children per 1,000 under 18) who have been abused or neglected. • Substance abuse and domestic violence rates are unacceptably high. Lake County has seen an alarming increase in the 8th graders who report they have used alcohol in the last 30 days. • Reducing poverty is an outcome that defies a solution in a county that ranks 34 of 36 counties in net job growth/loss and 31 of 36 for unemployment. • Childcare availability, especially for infants, does not meet the needs. With the addition of the Warner Creek Corrections Facility the demand has risen in Lakeview and there is no childcare available North of Paisley that includes the communities of Summer Lake, Silver Lake, Fort Rock and Christmas Valley. <p>Population changes: No significant changes.</p>	
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • In April 2005, Klamath/Lake Community Action Services hosted the first annual Poverty Conference in Klamath and Lake Counties. • Services to Children and Families report less referrals than the previous year. • Lake, as one of three Oregon counties, has received federal funds from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to impact underage drinking. Activities include but are not limited to; law enforcement party patrols, compliance checks, youth peer court, adults cited for supplying alcohol, refusal skills presentations, and an increase in general prevention education to communities. 	
<p>Gaps</p>	<p>Alcohol and drug treatment services for youths Childcare (affordable) Youth suicide prevention Domestic violence services Living wage jobs</p>	<p>Childcare (hard to find) Mental health services for children/youth Emergency shelter Parenting education After school activities</p>
<p>Key barrier to success</p>	<p>Key leader or key staff turnover</p>	
<p>Concerns to communicate to state level</p>	<p>1) There is a serious lack of A&D and mental health services in Lake County. It is difficult to recruit and retain qualified people to fill these positions. Stable, adequate funding, and some kind of incentive program similar to those for doctors and nurses to work in specific rural/urban areas.</p> <p>2) Recruitment and retention of child care providers. Active, on-going recruitment efforts need to be made by CCR&R’s. DHS/Self Sufficiency programs need to notify child care providers when their clients are no longer eligible for childcare subsidy. A statewide incentive program for child care providers in genuinely rural areas to subsidize their income and provide more accessible educational opportunities.</p> <p>3) Quality child care. Seems to be a disconnect in state regulations and expectations. DHS</p>	

	subsidizes child care for clients who utilize providers that are not registered with the State of Oregon's Child Care Division.
Homeless & Runaway Youth Critical Recommendations	None provided.

2006 BIENNIAL UPDATE – LANE COUNTY

<p>Data:</p>	<p><i>Improved Results:</i></p> <ul style="list-style-type: none"> • 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. • The victim rate per 1000 children in Lane County is 11.5 which is down from 2002’s 13.5 rate. • Juvenile arrest rates show improvement since 2000 by 5.6%. <p><i>Concerns:</i></p> <ul style="list-style-type: none"> • Between 1993 and 2003, the rate of youth suicides increased from 132 in 100,000 to 306 in 100,000, a 231% increase. • In 2002 Lane County’s infant death rate was 8.6 as compared to 5.8 for the state; the neonatal death rate was 5.2 as compared to 3.8 for the state; and the post natal death rate was 3.4 as compared to 1.9 for the state. • Childcare availability decreased in 2004 by approximately 5610 slots (5.7%) since 2003. • There is 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. <p><i>Population changes:</i></p> <p>Lane County’s overall population has grown 3.2% since the 2000 Census and 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.</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • These data (youth suicide and infant death rate) have alarmed our community and efforts have consequently increased to both understand the reasons why, and take steps to address the issues. In the last couple of years there has been increasing focus on suicide prevention, in particular for youth, and efforts to address infant mortality. • Child care: ShelterCare, which provides emergency housing for families, has increased the open hours at their child care center from 4 to 6 hours per day. The Bethel School District is providing some additional out-of-school time activities. Recruitment by Lane Family Connections is targeted to hard to find child care (including non-English speaking providers) and providing training and mentoring. • Collaborative efforts between schools, and local domestic violence and other social service agencies to improve the safety of children exposed to domestic violence are working to reduce child maltreatment. • A forum for teachers/administrators and social service agency staff led to a commitment from a wide variety of community partners to improve resources available to teachers whose students disclose exposure to domestic violence. The strategies developed include a teacher training manual, training for teachers and administrators, outreach to parents and caregivers, increasing the availability of therapists and domestic violence advocates in the schools, etc.
<p>Gaps</p>	<p>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.</p>
<p>Key barrier to success</p>	<p>Program capacity (waiting lists, etc.)</p>
<p>Concerns to communicate to state level</p>	<p>1) 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”. Partners for Children and Families (PCF) to hire evaluators experienced in measuring the impact of system level community mobilization to develop a simple and usable evaluation process to assess success of these very large county-wide, comprehensive plans.</p> <p>2) If multiple counties each create a new High Level Outcome for their runaway, homeless</p>

	<p>youth populations, without guidance from the State, the results from their efforts may be hard to aggregate statewide. PCF to create a title for a High Level Outcome addressing runaway, homeless youth populations that all interested counties will adopt.</p> <p>3) Local providers believe that comprehensive, community planning has failed to provide opportunities for administrative cost savings. They have to provide enormous amounts of paperwork (applications, data collection, reports, etc.) to a variety of state agency funders, much of which is duplicative. Create more incentives for partners to utilize the SB555 Planning process by including innovative ways to cut down on administrative activities for local providers as they communicate with state agencies.</p> <p>4) Local providers and government agencies are not providing adequate translation/interpretation services when needed. These are expensive services and there is often no money available to pay for them. There is a need for dedicated or ear-marked funds for translation/interpretation services.</p> <p>5) Individuals presenting with co-occurring substance abuse and mental health disorders often do not receive appropriate treatment. The systems for dealing with each of these issues do not work well together and hamper service providers in effectively providing services. There is a need for blended funding streams, and for state partners to develop ways work effectively across systems to better serve families and individuals with co-occurring issues.</p> <p>6) Serving minority populations still is often an afterthought for many providers, even though it is the law to provide equal access to all. Also, providers with bilingual staff are often being used by other agencies to assist monolingual non-English speaking families and are not being paid for this service. Access to services for minority population must be prioritized. There is a need for dedicated funding for services to minority populations. In particular, service providers must be assisted to hire experienced, expert staff who are able to communicate effectively with non-English speaking families.</p>
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>Youth Recommendations;</p> <p>A. Increase the availability and range of services for at-risk and runaway youth and families directed toward stability & reunification.</p> <ul style="list-style-type: none"> a. Promote early identification & intervention with families in trouble; b. Offer a range of affordable services including: 24-hour crisis intervention; individual, group, & family therapy; case management; skill-building; and aftercare; c. Increase access to prevention/intervention services for: basic needs; education; medical, dental, HIV testing/services, & health education; sexual assault; reproductive health; employment; substance abuse, mental health, & dual diagnosis services; d. Provide emergency shelter, housing, and services to ensure youth safety; e. Increase the availability of positive youth development activities that develop better use of leisure time, skill & competency development, youth/adult partnerships, & civic engagement. <p>B. Increase the availability and range of services for homeless youth.</p> <ul style="list-style-type: none"> a. Promote street & other outreach activities to affected homeless youth that informs & encourages youth to seek services; b. Improve access to services for basic needs, education, medical, dental, HIV testing & services, sexual assault, reproductive health, employment, health education, substance abuse, mental health, & dual diagnosis services; c. Increase access to affordable housing; d. Increase services addressing basic needs, daytime access center, case management, advocacy, housing subsidy, mental health & substance abuse treatment, & a range of positive activities; e. Increase the availability & range of supervised housing options for homeless youth under the age of 18; f. Increase the availability of positive youth development activities that develop better use of leisure time, skill & competency development, youth/adult partnerships, & civic engagement.

At the local level, partners are working together to promote a continuum of care for youth and their families. Researchers are currently assessing integrated delinquent service delivery system models being used in Lane, Multnomah, Clackamas, Marion, Jackson and Deschutes Counties. They include Positive Youth Development principles and a very client-focused approach. Services are co-located in the shelter living areas, attending to basic needs such as medical, mental health, hygiene, access to resources, education, and employment. However, the system currently in place to pay for this kind of wrap-around service model includes continuous OHP eligibility for the youth. Given their transient lifestyle, it is not always possible for youth to fulfill all the eligibility requirements, so the co-located services model is in jeopardy. Reductions in OHP eligibility are also having a negative impact. In addition, systems in place to assist older youth with job placement (e.g., workforce partnership) require stability, i.e., the need to sign up for one year. In summary, there is need to break down these kinds of systemic and eligibility barriers to access to services.

Local partners are also heavily involved and committed to a variety of processes occurring at the state level. They include the following partners and lists of recommendation which are strongly supported locally:

Study to be conducted by the League of Women Voters of Oregon

This examination will cover what is known, what is unknown, what exists, what is needed. It is important to obtain answers to all questions, and document numbers as accurately as possible. This study's viability is dependent upon a 360 degree view of the issue and securing as accurate a count of HRY as possible.

Oregon Homeless and Runaway Youth Coalition

- Designate the Oregon Commission on Children and Families (OCCF) as responsible for statewide planning of services to homeless youth, runaways and their families.
- Provide greater support to at-risk youth and families in order to increase family stability and accountability. These are the young people who we believe need our urgent attention. No branch of state government has responsibility for this at-risk population.
- Identify and replicate models of culturally competent, gender specific, evidence-based service delivery for runaways, their families and homeless youth in urban and rural areas.
- Dedicate and allocate funding to adequately and appropriately serve runaways, their families and homeless youth. As a state, we cannot afford to turn our back on homeless youth. Studies show that an effective system of care (including preventive and aftercare services, emergency shelter services, extended residential shelter, and street outreach services) is a proven way for youth to re-connect and transition successfully to adulthood. Runaway youth, homeless youth and other street youth need opportunities to complete high school or earn a general equivalency degree, learn job skills and obtain employment. Of course, communities must hold young people accountable for their actions – and families accountable to supervise their children. It's clear that most of these families need the help and support of programs to promote parental responsibility and address substance abuse and other problems so they can help themselves and their children. Yet, this currently isn't taking place.

Oregon Positive Youth Development Advisory Council

A summary of actions needed, as recommended by those who attended the PYD Partners Roundtable, follow. These actions are necessary in supporting a Positive Youth Development vision for Oregon.

- A comprehensive commitment to Positive Youth Development and opportunities for the relevant participation and contribution of every Oregon child and youth.
- Federal, state and local alignment of resources to support Positive Youth Development strategies and programming.
- A communication strategy promoting all efforts that support “the value of children”.

- Use of PYD outcomes and evidence-based practices in schools, youth programs and other community endeavors.
- A statewide, strategic implementation plan that includes:
 1. PYD definitions,
 2. Standards for professional development and compensation for staff utilizing the Positive Youth Development approach,
 3. Marketing strategies to promote the understanding of Positive Youth Development and how it benefits all aspects of communities,
 4. Participation by key decision makers in the development of the plan (i.e., Governor's leadership and others),
 5. A diversity of partners who promote and utilize Positive Youth Development principles and strategies, reflective of the diversity within the state, and Adoption of an Oregon Benchmark for PYD, outcome measures and evaluation
 6. Development of a Positive Youth Development discussion paper.

The 2005 Oregon Initiatives for Homeless and Runaway Youth summarizes its paper as follows, and Lane County fully supports its recommendations. Oregon is well on its way to developing a comprehensive state policy, dedicating resources and improving collaboration and coordination among programs that serve runaway and homeless youth as a long-term strategy for responding to the needs of this population. At the very least, there needs to be a coordinated system of care for runaway and homeless youth with the capacity to provide basic services of food, clothing and shelter in all Oregon counties that demonstrate the need. It should provide a transitional living component and access to education, health care, job training, aftercare, and case management for homeless youth in areas where needed. Moreover, the system must have a strong prevention component to address the root causes of youth homelessness.

2006 BIENNIAL UPDATE –LINCOLN COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Lincoln County dropout rate is the lowest it as been in over 10 years at 5.1%. • Early prenatal care exceeds the statewide average. • Percent of children entering school ready to learn increased from 72.1% in 2002 to 74.3% in 2004. • The teen pregnancy rate continues to decline. • More 7th grade students report feeling safe at school and fewer kids avoided classes or extra curricular activities because of concerns for their safety. <p>Concerns:</p> <ul style="list-style-type: none"> • The 3-year average for alcohol use during pregnancy is 1.7%, less than the state target of 2%. • 7th grade alcohol consumption has increased to 26.7% of students reporting one or more alcoholic drinks in the past 30 days in 2004, from 19.7% in 2002. For 10th graders, 36.5% reported having at least one drink of alcohol in the past 30 days. • Although the overall rate for the past six years has improved, the child maltreatment rate rose from 12.4 per 1,000 in 2003 to 16.6 in 2004. • Continued increase in reported methamphetamine continues to be of concern. • Only 15% of Lincoln County residents who need substance abuse treatment receive it. • Almost half of the children in the county, 4,586 of the 9,469, are living in or near poverty. • The unemployment rate has increased from 7.6 in 2002 to 8.6 in 2004. • Child care availability for 2004 is 14 slots per 100 children, compared with the state target of 25 slots. <p>Population changes: Sixty-one percent of the children in the county live in Central (Newport area) or North County, 24% live in East County (Siletz and Toledo) and 15% live in South County (Waldport and Yachats.)</p>						
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • With support and funding from LCCF, Newport Parks and Recreation Department developed weekend programming for infants and toddlers; Newport Oceanspray Family Center development weekend programming for school-age children; in Lincoln City, Samaritan Early Learning Center expanded its schedule to include odd hour programming. A total of 60 extended and odd hour slots were added in the count. • The ECCC recommended changing the strategy for the upcoming biennium from increasing childcare slots to increasing the quality of childcare with the overarching goal of reducing child maltreatment. • The increasing need for mental and behavioral health services for young children is an increasing concern and is being investigated by ECCC. There are plans for a community Call to Action Planning Day in 2006 to further strategize and plan around this concern. • Decrease alcohol and other drug use by increasing out of school time activities. In 2004-05 the Commission gathered a group of community members and providers to address the high level outcome of reducing youth alcohol and other drug use. A collaboration was formed to focus on the development of an alcohol and drug-free alternative out-of school-time / after school activity programs. • Discussion has been initiated with Workforce Investment Board, Community Service Consortium, Georgia Pacific and Centro De Ayuda to address the Hispanic population's school success and reduction of the high school drop rate. Language barriers along with a need to address a cultural change have been identified as risk factors. Peer mentoring, family networks and leadership training were recommended as areas to further investigate. • Significant progress was being made in addressing many of our needs prior to the budget crises of the past two bienniums. Teen pregnancy rates and child abuse rates were reducing as a result of community effort and, very significantly, the impacts of the Oregon Health Plan, particularly the mental health carve out. 						
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Alcohol and drug treatment services for adults</td> <td style="width: 50%; border: none;">Mental health services for children/youth</td> </tr> <tr> <td style="border: none;">Alcohol and drug treatment services for youths</td> <td style="border: none;">Childcare (hard to find)</td> </tr> <tr> <td style="border: none;">Childcare (affordable)</td> <td style="border: none;">Access to health, dental</td> </tr> </table>	Alcohol and drug treatment services for adults	Mental health services for children/youth	Alcohol and drug treatment services for youths	Childcare (hard to find)	Childcare (affordable)	Access to health, dental
Alcohol and drug treatment services for adults	Mental health services for children/youth						
Alcohol and drug treatment services for youths	Childcare (hard to find)						
Childcare (affordable)	Access to health, dental						

	Family support services to higher risk Mentoring Safe, decent, affordable housing (homelessness) After school activities
Key barrier to success	Answered both Program capacity (waiting lists, etc.) and Partners unable to participate/Lack of local staff time
Concerns to communicate to state level	None provided
Homeless & Runaway Youth Critical Recommendations	Dedicated funding to address the problem.

2006 BIENNIAL UPDATE – LINN COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • There has been a steady decline in the Linn County Teen Pregnancy rate since 1999 (16.2) through 2003 (11.7).* <p>Concerns:</p> <ul style="list-style-type: none"> • The child abuse rate for Linn County has been increasing since 1999 where it was 9.96 to 2004 where it was 19.5. No significant disparity between race and ethnicity were noted. • Local information indicates a dramatic increase in teen pregnancies in East Linn County. The Lebanon Community Hospital reports that there are more than twice the number of teen pregnancies than last year at this time. No significant disparity between race and ethnicity were noted. <p>Population changes: No significant changes.</p>		
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • New strategies were added to the Plan in the areas of high-risk families and children, increase assets and supports available to youth, provide comprehensive services to high-risk youth, increase prevention measures and educate people concerning health care, specifically to seek legislation related to the meth/drug problem. • A new activity that the Youth Coalition sponsored was a mentoring program in collaboration with Calapooia Middle School and the Mid-Willamette Valley Family YMCA. Members of the coalition and their co-workers give up one lunch hour a week to spend with troubled youth. • The Work Force Investment Board's Youth Council sponsored a summit featuring a special workshop on issues dealing with poverty. The workshop focused on working with homeless youth and had over 60 youth service providers from Linn, Benton and Lincoln counties in attendance. • Another successful community effort was the Community Health Improvement Partnership. The partnership was sponsored and facilitated by Samaritan Health Services and OHSU Office of Rural Health. It included representatives of service agencies, county and community leaders and citizens from East Linn communities. • Commission staff was successful in advocating for more youth mentoring programs, which was one of the priorities identified in the Comprehensive Plan. As a result, a mentoring program was established in Lebanon. 		
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Basic Services Alcohol and drug treatment services for youth Home visiting Family support services to higher risk Parenting education </td> <td style="width: 50%; border: none;"> Juvenile Crime Prevention A&D changing community norms Mental health services for children/youth Mentoring Emergency Shelter </td> </tr> </table>	Basic Services Alcohol and drug treatment services for youth Home visiting Family support services to higher risk Parenting education	Juvenile Crime Prevention A&D changing community norms Mental health services for children/youth Mentoring Emergency Shelter
Basic Services Alcohol and drug treatment services for youth Home visiting Family support services to higher risk Parenting education	Juvenile Crime Prevention A&D changing community norms Mental health services for children/youth Mentoring Emergency Shelter		
<p>Key barrier to success</p>	<p>Partners unable to participate/Lack of local staff time</p>		
<p>Concerns to communicate to state level</p>	<p>None listed.</p>		
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>Parents need tools to deal with their youth. Parents and youth need counseling services such as parenting classes, Early Intervention, Even Start, and Head Start. They need family support services, a safety net program, shelters, mental health and domestic violence services, transportation to and from services, drug and alcohol abuse counseling form parents and youth. All of this requires continued and increased funding.</p>		

2006 BIENNIAL UPDATE – MALHEUR COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Out of the 39 Benchmarks, Malheur County shows improving trends in 22! • Benchmark 4, Net Job Growth, shows a significant improvement for the last reported data. From a loss of 7.3 in 2003 we saw a gain of 5.2 in 2004. • A significant improvement in Benchmark 18, Children Entering School Ready to Learn. We show a gain of 16.5% from 2002 to 2004. • Benchmark 31 Voter Participation also showed a large improvement, from 68% in 2002 to 84.4% in 2004, an increase of 16.4%! • The improvement in Benchmark 49c, 8th graders reporting cigarette use is small but important, showing a 3.3% decline 2004 vs. 2002. • While our overall crime rate has gone up we did see an improvement in Benchmark 61b, Property Crimes, of 3.96 in 2003 from 2002. <p>Concerns:</p> <ul style="list-style-type: none"> • Unfortunately we show a worsening in 8th graders reporting alcohol use, up 3% in 2005 from 2004. • Teen Pregnancy, unfortunately shows a 2.1 increase from 2002 to 2003, however this is still 4.4 below the average for all years reported. • Juvenile arrest statistics provided by the JJIS system show an 18.6% increase from 2004 to 2005, from 817 to 969 arrests. • Malheur County continues to struggle with childhood poverty, domestic violence, child abuse, and substance abuse, including meth. • The County entities are concerned about living wage jobs, lack of monetary resources, lack of transportation, and reduction of funding for children and family programs. <p>Population changes: No significant changes.</p>		
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • The community culture is that we will help our families succeed, and that every child matters. Community partners are willing to share information, expertise, resources, and time to discuss and address the needs of our citizens. • Malheur County has worked in collaboration with other agencies to implement the strategies. • Collaboration among agencies in reducing domestic violence and child abuse is ongoing. • Malheur County is making progress in providing prenatal care and parent skills education to families. 		
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Aftercare Support (Juv Just) Involve families in family therapy Home visiting Family support services to higher risk After school activities Mentoring Transportation </td> <td style="width: 50%; border: none;"> Juv Crime Prevention A&D changing community norms Foster care Domestic violence services Positive youth development activities Parenting education Living wage jobs </td> </tr> </table>	Aftercare Support (Juv Just) Involve families in family therapy Home visiting Family support services to higher risk After school activities Mentoring Transportation	Juv Crime Prevention A&D changing community norms Foster care Domestic violence services Positive youth development activities Parenting education Living wage jobs
Aftercare Support (Juv Just) Involve families in family therapy Home visiting Family support services to higher risk After school activities Mentoring Transportation	Juv Crime Prevention A&D changing community norms Foster care Domestic violence services Positive youth development activities Parenting education Living wage jobs		
<p>Key barrier to success</p>	<p>Partners unable to participate/Lack of local staff time</p>		
<p>Concerns to communicate to state level</p>	<p>1) Lack of public transportation and childhood poverty continue to be concerns for Malheur County social service providers and government entities. Allocation of additional resources to meet transportation needs would be helpful.</p> <p>2) Establishment of a Community Action Program will help address the needs of the most vulnerable and disenfranchised Malheur County residents.</p>		
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>Review the laws concerning runaways, especially those runaways from out of state. Who has local jurisdiction over the runaways, and who has the responsibility to pay for the services that are needed?</p>		

2006 BIENNIAL UPDATE – MARION COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Alcohol use during pregnancy decreased from .9 percent in 2001 to .5 percent in 2004. • Teen tobacco use decreased from 20 percent in 2000 to 8.6 percent in 2004. • Youth suicide attempts decreased from 2.3 per thousand youth in 2000 to 1.8 in 2003. • The high school dropout rate decreased from 8.3% in 2000 to 5.8% in 2004. Bad news: Poverty rate increased from 13 percent in 2000, to 18 percent in 2004. Child maltreatment rates increased from 10 per 1,000 in 2001 to 16 per 1,000 in 2004. Drug use during pregnancy increased from 1.4 percent in 2001 to 3.1 percent in 2004. Prenatal care decreased from 74.3% in 2000 to 72.3% in 2003. Data for each high level outcome are attached. <p>Concerns:</p> <ul style="list-style-type: none"> • Poverty rate increased from 13 percent in 2000, to 18 percent in 2004. • Child maltreatment rates increased from 10 per 1,000 in 2001 to 16 per 1,000 in 2004. • Drug use during pregnancy increased from 1.4 percent in 2001 to 3.1 percent in 2004. • Prenatal care decreased from 74.3% in 2000 to 72.3% in 2003. <p>Population changes: Between 1990 and 2005, Marion County’s population grew from 228,483 to 302,135 – an increase of 32%. That compares to Oregon’s overall rate of growth of 28%. Marion County is home to a significant portion of Oregon’s Hispanic population. Marion County’s Hispanic population growth continues to outpace the rest of the population. In 2003, 18 percent of Marion County’s total population was Hispanic. Thirty-three percent of children under age nine were Hispanic. Marion County is home to eight percent of the state’s population, but is home to 18 percent of Oregon’s Hispanic population. Marion County has the third-largest Hispanic population in the state: Washington and Multnomah Counties each have slightly more Hispanic residents than Marion County. Only three Oregon counties (Morrow, Malheur, Hood River) have a higher percent of Hispanics than Marion County. (Morrow: 28%, Malheur: 27%, Hood River: 26%, Marion: 20%.)</p>		
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Engaging business leaders regarding needs of children and families resulted in a strategic change of the Marion County Children & Families Commission. With key business and community leaders around the table, the new commission is poised to make great strides toward achieving the goals and strategies of the comprehensive plan, improving the lives of Marion County children and families. • Improvements are achieved in cross-agency communication and progress toward service integration through comprehensive planning and convening “goal groups” (e.g. Family Systems, Early Childhood, and Youth Consortia). Community Progress Teams promote coordination and prevention strategies in high school catchment areas. • Successful community-launched initiatives include: Children of Incarcerated Parents, New Dads Training Camp, County-wide No Meth campaign, Churches as Neighborhood Centers, Community Receiving Homes for Children, Neighborhood foster care recruitment, Parenting classes, Access to GOODS website, Mentoring programs for juveniles, high school peers, and young parents, Peer Court, Runaway & Homeless Youth Forum. 		
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Alcohol and drug treatment services for adults Mental health services for adults Foster care Parenting education Other: Runaway and homeless youth reception center Other: Self-sufficiency </td> <td style="width: 50%; border: none;"> Early Childhood workforce devel. Mental health services for children/youth Family support services to higher risk After school activities </td> </tr> </table>	Alcohol and drug treatment services for adults Mental health services for adults Foster care Parenting education Other: Runaway and homeless youth reception center Other: Self-sufficiency	Early Childhood workforce devel. Mental health services for children/youth Family support services to higher risk After school activities
Alcohol and drug treatment services for adults Mental health services for adults Foster care Parenting education Other: Runaway and homeless youth reception center Other: Self-sufficiency	Early Childhood workforce devel. Mental health services for children/youth Family support services to higher risk After school activities		
<p>Key barrier to success</p>	<p>Program capacity (waiting lists, etc.)</p>		

<p>Concerns to communicate to state level</p>	<p>1) Lack of flexibility in OCCF funding streams. The OCCF funding streams lack sufficient flexibility to accomplish our core mission. More room is needed for community mobilization, innovation, community ownership, and for creating best practices (not just replicating them). OCCF should seek flexible resources – from legislative or other sources.</p> <p>2) State agencies with interdependent missions do not work together as much as possible legislatively. Cross-agency support at the legislative level would further legislative understanding of the interdependence of various systems and the necessity of maintaining and strengthening the separate but related systems. OCCF should collaboratively convene state partners to develop a unified rather than competitive approach to the legislature.</p>
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>Health insurance for older youth, including mental health, medications, and dental care. Easier and streamlined access to services and healthcare options.</p>

2006 BIENNIAL UPDATE – MORROW COUNTY

Data:	<p>Improved Results:</p> <ul style="list-style-type: none"> • Low birth-weight babies rate decreased nearly 50% between 2003 and 2004. Percent of children entering school ready-to-learn increased by 15.1% between 2002 and 2004. • High school dropout rates decreased from 10.4% in 1997-1998 to 1.9% in 2003-2004 • The number of children immunized has increased. • Readiness to Learn has increased significantly. <p>Concerns:</p> <ul style="list-style-type: none"> • Gang activity • More youth are charged with Measure 11 crimes • Federally designated as a High Intensity Drug Traffic Area. • There is still a shortage of qualified day care slots. <p>Population changes: No significant changes.</p>		
Response to community conditions	<ul style="list-style-type: none"> • The Wrap Around Services Program is a huge success in getting parents to be more pro-active, as well as the success of the accountability piece of the program. Approximately half of the caseload is gang related. In addition, working with the older kids in several families has benefited the younger kids in those families. Decrease in juvenile crime recidivism and improved drop out rates are outcomes attributed to this program. • The Gang Task Force is active and working diligently to address and prevent gang activity in Morrow County. They brought in a dynamic speaker to educate the community about gangs and how to handle them. The result is that parents are getting more pro-active in relation to gang activity. They also received a grant to purchase a pressure washer and the team immediately removes graffiti in the community. • The Early Childhood Team is active and effective. They meet regularly to network and share resources. • Public Health will be providing Environmental Health services at a local level beginning Jan. 2006. This will be accomplished by contracting with Umatilla County through their EH program. 		
Gaps	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Juvenile Crime Prevention Alcohol & drug treatment services for youths Childcare (affordable) Early Childhood workforce development Transportation </td> <td style="width: 50%; border: none;"> Alcohol and drug treatment services for adults Childcare (hard to find) Preschool Access to health, dental Other: Gang education and prevention education </td> </tr> </table>	Juvenile Crime Prevention Alcohol & drug treatment services for youths Childcare (affordable) Early Childhood workforce development Transportation	Alcohol and drug treatment services for adults Childcare (hard to find) Preschool Access to health, dental Other: Gang education and prevention education
Juvenile Crime Prevention Alcohol & drug treatment services for youths Childcare (affordable) Early Childhood workforce development Transportation	Alcohol and drug treatment services for adults Childcare (hard to find) Preschool Access to health, dental Other: Gang education and prevention education		
Key barrier to success	Community capacity		
Concerns to communicate to state level	1) Insufficient funding. Understand the unique challenges for service delivery in rural counties and allocate funding that reflects that understanding. 2) Ability to fund best practices programs with current funding. Understand the unique challenges that rural programs face and their need for best practices programs, and allocate funding that reflects that understanding.		
Homeless & Runaway Youth Critical Recommendations	N/A		

2006 BIENNIAL UPDATE – MULTNOMAH COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • The rate of food insecurity decreased, from 13.7% in 1999-01 to 11.9% in 2002-04. We have reason to believe that this improvement is partially due to increased Food Stamp outreach and increases in Summer Food Program participation. In Multnomah County Summer Food Program participation jumped 29% between 2004 and 2005. • Kindergarten readiness improved from 2000, when it was at 65.5% of kindergarteners meeting readiness measures to 75.8% in 2005. • The number of both school-aged children (5-17) and the enrollment in public schools declined slightly over 2004. • 75.8% of children in Multnomah County met kindergarten readiness measures as compared to 65.5% in 2000. <p>Concerns:</p> <ul style="list-style-type: none"> • Increases in alcohol use by 8th and 11th grade students. Past 30 day 8th grade alcohol use increased: 24% in 2000 to 29% in 2005. Past 30 day 11th grade alcohol use increased from 40% in 1998 to 52% in 2005. Also increases in binge drinking, marijuana use, and abuse/dependence of alcohol or drugs among 18-25 year olds. • Availability of childcare slots decreased from 22.7 slots per 100 in 2000 to 18.6 slots per 100 in 2005. • Teen pregnancy rates in East Multnomah County have increased dramatically. For example, in the Centennial school district where rates have fallen the past three years saw an increase of approximately 40% last year. <p>Population changes: There has been a decrease in the total number of school-age children and a decrease in public school enrollment in Multnomah County. Oregon's voter turnout increased in 2004, moving Oregon from #10 in the nation for voter turnout in 2000 to the 7th highest rate in the country.</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • The CCFC is coordinating education and outreach activities in support of the OregonHelps!, a website that provides information on program eligibility for 28 different programs and services to low-income consumers. OregonHelps! has received national recognition from the US Department of Agriculture and federal Office of Technology, and international recognition from the Stockholm Challenge for bridging the digital divide. • We launched the Child Care Quality Indicators Project with the Oregon Child Care Resource and Referral Network. This project will use research-based, objective measures of quality and will communicate that information to parents, providers and funders • DCHS obtained a grant for matrix model methamphetamine treatment, successfully implemented the new model and achieved full treatment capacity. • Passage of SB 287 increased collaboration and coordination among partners providing summer food programs, increased the number of summer food sponsors, and most importantly increased summer food participation, so that the number of meals served has increased by nearly 200% in just two years (2003-2005). • DCJ Communities of Color partnership continues to be a success, so much so that the multi-disciplinary team model, designed for high-risk youth of color, is being expanded for use with all youth at high-risk to recidivate. • Nineteen childcare directors completed 75 hours of training, to help improve quality of care for the families they serve. This one training impacted 1,281 children. • Youth Development strategies were implemented within an alternative school at Roosevelt High School in North Portland. • Child abuse prevention month (April) continues to expand its reach. In 2006, we will focus on engaging families and will provide a wide range of resources and information. • Development of a statewide network of Gay-Straight Alliances to support the education success and mental health of sexual minority youth in schools. • Worked with Latino/a Youth to present a forum on teen pregnancy prevention.

2006 BIENNIAL UPDATE – POLK COUNTY

<p>Data:</p>	<p>Improved Results: Polk County had 30 improving trends. Significant data changes include:</p> <ul style="list-style-type: none"> • Ready to learn improved from 67.5% in 2002 to 81% in 2004 • 3rd grade reading improved from 80.8% in 2003 to 82.2% in 2005 • 3rd grade math improved from 78.7% in 2003 to 85.1% in 2005 • 8th grade reading improved from 53% in 2003 to 60.2% in 2005 • 8th grade math improved from 52.8% in 2003 to 59.8% in 2005 • High school dropout decreased from 4.7% in 2002 to 3.5% in 2004 • Teen pregnancy decreased from 11.4% in 2001 to 8% in 2003 • 8th grade alcohol use decreased from 35.4% in 2002 to 16.9% in 2005 • 8th grade drug use decreased from 23.1% in 2002 to 14.7% in 2005 • 8th grade tobacco use decreased from 13.7% in 2002 to 10.2% in 2004 • Alcohol use during pregnancy decreased from .9% in 2002 to .4% in 2003 • Tobacco use during pregnancy decreased from 10.7% in 2002 to 9.6% in 2003 • Juvenile arrests decreased from 18.6 in 2002 to 13.9 in 2003. <p>Concerns:</p> <ul style="list-style-type: none"> • Polk County families are experiencing more stress than they were in 2002. There are significant increases in the number of families tapping community resources for food, shelter, utility and other assistance. This is showing a picture of increased poverty even more strongly than actual poverty data tell us. • The disparity between eligibility for services and income appears to be increasing. • Child maltreatment rates are 11.2 per 1,000 for 2004, up from 8.9 in 2002. • Inadequate prenatal care increased from 20.5% in 2002 to 23.8%. • The domestic violence shelter received 1,596 calls on their hot line in 2004-2005. <p>Population changes: Population estimates for 2004 are 64,950; up from the 2000 census of 62,380. Unable to obtain up-to-date ethnicity data reports – community partners note they see an increase in the Latino/Hispanic population from the 8.8% indicated in the 2000 US Census. Estimates from county and state partners indicate that the rate is closer to 15%.</p>		
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Partners continue working on the priorities and strategies, however, partners are struggling with maintaining a level of service and community outreach to Polk County residents. Budget reductions with resulting staff reductions, along with increased mandates, have created a climate of concern among partners in the ability to maintain services. The three priorities of Service Integration / Community Mobilization, Strong Nurturing Families and Early Childhood System, Positive Youth Development: Prevention / Intervention / Reduction of Youth ATOD Use / Abuse and Juvenile Crime are still in place. Specific strategies that have been implemented well and are still strong. 		
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Alcohol and drug treatment services for adults Access to health, dental Foster care Truancy/school attendance Transportation </td> <td style="width: 50%; border: none;"> Mental health services for children/youth Emergency shelter Family support services to higher risk Safe, decent, affordable housing Living wage jobs </td> </tr> </table>	Alcohol and drug treatment services for adults Access to health, dental Foster care Truancy/school attendance Transportation	Mental health services for children/youth Emergency shelter Family support services to higher risk Safe, decent, affordable housing Living wage jobs
Alcohol and drug treatment services for adults Access to health, dental Foster care Truancy/school attendance Transportation	Mental health services for children/youth Emergency shelter Family support services to higher risk Safe, decent, affordable housing Living wage jobs		
<p>Key barrier to success</p>	<p>Inflexible state administrative rules or statutes</p>		
<p>Concerns to communicate to state level</p>	<p>Family Support Services (Community Safety Net). Reduce reporting requirements and increase funds to sustain Community Safety Net.</p> <p>ORS/OARs. Multiple agencies note concerns with criteria for services, requirements for providing services vs. funding. Recommendations include: Reinstate OHP-STD back for age 19 & over, Increase funding and training for foster parents, Clearly define policies and</p>		

	procedure changes/updates to ensure consistent continuation of services.
Homeless & Runaway Youth Critical Recommendations	Critical elements that are in need for our county and statewide are, cultural and socioeconomic appropriate drug and alcohol assessment services (whether or not a youth has OHP or private insurance), shelter and transitional housing, affordable housing alternatives, improved foster care system, and tougher legislation regarding police and other state agencies roles and enforcement policies.

2006 BIENNIAL UPDATE – SHERMAN COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • 3rd Grade Reading we show a 5.9% increase • 3rd Grade Math we show a 11.8% increase <p>Concerns:</p> <ul style="list-style-type: none"> • 8th Grade Reading we show a 30.4% decrease and we are 18.8% below the 2005 State Target for this Benchmark • 8th Grade Math we show a 9.2% decrease. <p>Population changes:</p> <ul style="list-style-type: none"> • Decrease in population of school age youth and those youth who will be entering school in the next few years. • Increase in our transient population and students enrolling in our schools that are higher needs students. • As students graduate from high school and leave to attend college they are less likely to return to the county. 		
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Currently the Commission is collaborating with the School District to provide the SMART (Start Making A Reader Today) Program in our two elementary schools. Sherman School District is providing the on-site coordination and Commission staff provide the overall coordination of the program, recruitment and retention of volunteers and all necessary reporting. • Our county is currently working with The Next Door, Inc. in Hood River, Oregon through Mid-Columbia “Si Se Puede” Prevention Coalition Mentoring Project. The purpose of this project is to help build our Prevention Coalition. It will result in more effective drug prevention services in Sherman County and a stronger Drug Prevention Coalition. 		
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> A&D changing community norms Childcare (affordable) Domestic violence awareness Mentoring Transportation </td> <td style="width: 50%; border: none;"> Childcare (hard to find) Access to health, dental Positive youth development activities Safe, decent, affordable housing Living wage jobs </td> </tr> </table>	A&D changing community norms Childcare (affordable) Domestic violence awareness Mentoring Transportation	Childcare (hard to find) Access to health, dental Positive youth development activities Safe, decent, affordable housing Living wage jobs
A&D changing community norms Childcare (affordable) Domestic violence awareness Mentoring Transportation	Childcare (hard to find) Access to health, dental Positive youth development activities Safe, decent, affordable housing Living wage jobs		
<p>Key barrier to success</p>	<p>Partners unable to participate/Lack of local staff time—Lack of adequate staff time for Commission staff</p>		
<p>Concerns to communicate to state level</p>	<p>Commission grant stream restriction. To allow more flexibility as the county level for allocation of funds based upon the needs listed in the local comprehensive plan.</p>		
<p>Homeless & Runaway Youth Critical Recommendations</p>	<p>We do not have enough information on this issue to give credible input.</p>		

2006 BIENNIAL UPDATE – TILLAMOOK COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Mothers receiving prenatal care has held relatively steady since the last look at this data • Kindergartners have shown improvement in all readiness areas since 1997 • 8th grade math scores have increased and the dropout rate has held steady • Teen pregnancy rate has held relatively steady • Juvenile arrest rates have steadily fallen since last examination with a slight uptick in all categories in 2003 <p>Concerns:</p> <ul style="list-style-type: none"> • Median income continues to be about \$8,000 below the state average; per capita income is about 20% below the national average • Countywide, the number of children eligible for free or reduced lunch has increased 12% since 2000. One school district increased by nearly 20%. Additional information is needed on whether this increase is due to policy/program changes. • Children abused or neglected per 1000 population dropped to 12 -- the state average. Policies for response by Child Welfare may account for the drop—a change in policy has narrowed the scope of when the agency responds. • An average of ten mothers under the age of 18 over the past four years. Births to mothers with less than 12 years of education has risen from 18% to 24% of all births over the past four years. Births to unmarried mothers spiked in 2004 to 41% of all births in Tillamook County. • Childcare availability -- slots per 1000 under age 13 has dropped from 24.5 in 2000 to 14.4 in 2004. • 8th Grade reading scores have consistently been below the state average, • Drug and alcohol use among youth continues to increase. 8th grade alcohol use increased 6% over the last two years and is currently 17% above the state average. <p>Population changes:</p> <ul style="list-style-type: none"> ○ County population has increased 2.76%. Estimates from PSU project that county population will continue to increase - about 5% over the next five years. ○ During this time period, deaths will outpace births; population growth will be from families migrating to the area. ○ In 2004, 63% of the county's population lives in unincorporated areas. ○ Hispanics represent the fastest growing sub-group within the county; 2004 population estimates indicate that Hispanics comprise about 7% of the total county population.
<p>Response to community conditions</p>	<ul style="list-style-type: none"> ○ Three Family Centers now up and running well in north and central and south county districts have expressed interest in developing similar programs. ○ The Family and Youth Services program has expanded its outreach and coordination with DHS Self Sufficiency in the areas of identification of at-risk populations, assessment, referral and service delivery. The federal Formula Grant will allow partners to create a system of integrated services and supports and to improve coordinated case management. Also included in this initiative is an extensive training component to begin to utilize Motivational interviewing techniques with at risk populations who come into contact with a variety of service providers within the county and school districts. A private foundation has been developed called, Shoes that Fit. This foundation was established to meet the need for new shoes for children and youth where families are under stress and struggling to meet their basic needs and supplies the majority of shoes for the Family and Youth Services Team program. ○ The Food Security Coalition has successfully created and operated a multitude of feeding programs including summer food programs in north, central and south county. ○ The NW Regional ESD created a student-run Hospitality Program that has developed simple recipes for families accessing local foodbanks; ○ Food Security Coalition partners created a local Food Guide that provides information and

referral as well as economic development to small, local growers.

- OHSU Extension has provided “Side by side” classes where caregivers and children learn to prepare meals together using staples provided at local food banks. These classes were successful and resulted in the Extension office receiving funds for a part-time instructor to offer regular family nutrition classes. A “Tillacookin” event is under development to collect needed kitchen supplies for needy families with a community event to share food items prepared by families using local resources.
- Although CARE had to close its emergency shelter, they've hired a part-time homeless case manager; CARE has contracted with the Family and Youth Services Team program to provide housing case management; a group of community members in north county have created a coalition to address housing needs.
- New housing resources are being developed through a newly established non-profit organization, Neahcasa. Neahcasa is seeking use of second homes, mother-in-law apartments and mobile homes as temporary solutions with a pool of local funds to assist establishing more permanent placement for families.
- Housing Summit scheduled for April 2006 to address affordable housing and growth issues in the County.
- Parent Education partners have successfully created a coordinated system of information, referral and research-based parent education classes. These sessions are offered on a regular schedule, reach across the age and risk continuum and are offered in Spanish.
- The National Institute of Health grant includes a research-based parent education component that links the First Steps program and a school-based behavior education component; a detailed evaluation is also being conducted;
- Child and Adolescent psychiatric services are now in place through contracts between Tillamook Family Counseling and psychiatrists at OHSU improving assessment as well as medication management; contracted psychiatric professionals are currently implementing a strategy to act in a consulting role with local physicians to advise them on medication management; this strategy will increase the support to consumers and build the capacity of the local medical community
- Crisis response system is well defined and running smoothly
- Multi-systemic therapy is now being provided as an in-home service; partners are working with OYA and regional partners to expand offerings;
- Links have been created with local medical providers to better coordinate and plan for child and family services throughout the county
- Tillamook Family Counseling Center has been at the forefront to integrate mental health and addiction services to those consumers with co-occurring disorders including extensive effort and resource investment for staff training and support
- Meth awareness campaigns are underway with great support from school districts, social service agencies and law enforcement
- Local business support for employment related drug and alcohol screening has vastly increased; small business support has also increased
- Community Connections Network is now a fully funded outreach site that includes local partners and OHSU.
- Stronger linkages have been developed between the NW Regional ESD and DHS to provide early screening for children age 0-3 residing in foster care.
- The Multi-Modular screening clinic - a partnership between NW Regional ESD, OHSU, Head Start, all three school districts, the county Health Department and Tillamook Vision - has expanded their outreach and screening to about 60% of all 3-6 year olds.
- Over the past four years, Tillamook County has been extremely successful in acquiring private foundation funding to implement systemic outreach and capacity-building strategies around early literacy; early literacy efforts have been linked with child care improvement efforts, library services and the parent education and support initiative.
- The National Institute of Health grant includes funding for the First Steps program in four elementary schools and an evaluation component that tracks student behavior referrals.
- Over the past four years, Tillamook County partners have successfully implemented an array of educational options for at-risk youth including Teen Parents, suspended and expelled youth and those in need of alternative education; the three county school districts

	<p>in partnership with NW Regional ESD are now funding these programs.</p> <ul style="list-style-type: none"> ○ Tillamook School District #9 is implementing a transitions program for youth moving from elementary to Jr. High school which includes academic support, school attachment and commitment; a federal Formula Grant has been received to expand upon the transitions program to create an integrated family and youth support system and a youth mentoring component. ○ Violations County / Youth Accountability Program is now housed within the Juvenile Department and is staffed with a half-time county employee; a new partnership between the Accountability programs and the NW Regional ESD has begun to track and hold accountable truant youth; there has been an increase in coordination between the accountability programs and the Family and Youth Services Team; ○ Peer Mediation is now offered in two junior high schools in the County through a partnership between the schools and the newly established Conflict Solutions program. ○ A Shelter Contract is in place with Lincoln County to fill the shelter care gap in service long identified in the Community Comprehensive Plan; ○ Graduated Sanctions: Juvenile Violations Court (JVC) Youth are taken through a diversion process including informal "court" with Justice of the Peace, serving in the Judge role. Follow up monitoring by Accountability Supervisor.
Gaps	<p>Juvenile Crime Prevention: coordinated system of services and supports including coordinated case management Home visiting: expanded eligibility Mental health services for children/youth: early identification, diagnosis and referral Access to health, dental Literacy for non-English-speaking, low functioning adults and other special populations Emergency shelter: linked to the transition to stable, affordable housing Family support services to higher risk: including funding for coordinated, multi-system case management Safe, decent, affordable housing Living wage jobs Other: Flexible pool of funds targeted to low income families to prevent homelessness.</p>
Key barrier to success	Community capacity
Concerns to communicate to state level	(Same as previously indicated)
Homeless & Runaway Youth Critical Recommendations	Youth have different needs depending on the causes of the runaway or homeless status. They cannot all be lumped together in a "one size fits all" solution. Drug use as a causal connection needs to be addressed as resources and service options are developed.

2006 BIENNIAL UPDATE – UMATILLA COUNTY

<p>Data:</p>	<p>Improved Results: Benchmarks showing improvements from 1998-2005</p> <ul style="list-style-type: none"> • Readiness to Learn • Teen Pregnancy • High School Dropout • Juvenile Arrests • Juvenile Recidivism • Poverty – Yet still unacceptable when 20% of all children in Umatilla County under 18 are living in poverty. <p>Concerns: Benchmarks showing worsening conditions from 1998-2005:</p> <ul style="list-style-type: none"> • Child Abuse and Neglect • Domestic Violence • ATOD use during pregnancy • Teen Alcohol and Drug use • Youth Suicide • Prenatal Care <p>Population changes: Components of Population change from April 1, 2000 to July 1, 2004 from PSU show that there was an increase of 1,702 residents showing a 2.4% increase. There were 3,733 births and 2,019 deaths showing a natural increase of 1,714. Thus the net migration for the time period was -12. The unincorporated areas of the county have a current population of 21,650. It is that number that does not receive city services. Therefore, the Umatilla County Sheriff's department and the State Police must provide the public safety personnel for this number of citizens as well as their regular duties. Funding for both agencies is inadequate.</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Sponsored a child abuse awareness campaign during child abuse awareness month, including newspaper articles and a "trouble tree" with figures of the number of abused and neglected children in the county was on display in the county courthouse. Horizon's Youth Action Council decorated a tree with blue ribbons and had a press conference highlighting the issue. • The Healthy Start program has partnered with the Special Library District to receive children's books to distribute to families. Also, Umatilla Morrow Head Start, Inc. is part of an Early Reading First grant that was awarded to the Northwest Regional Education Laboratory. It also has a RIF (Reading is Fundamental) grant whereby they distribute books to all children enrolled in Head Start three times a year, as well as a ROAR (Reach Out And Read) program which provides books to WIC, Pediatricians, and the Umatilla County Health Department through their Healthy Start program to distribute to families. • Hermiston School District sponsors Behavior Support Programs (CREW, Choosing Responsible and Educational Ways, and SIP, Student Intervention Program), which are basically day treatment programs for behaviorally challenged, at-risk youth. • The Lost and Found Program provided after school activities consisting of tutoring and recreational opportunities for middle, high, and alternative school youth in Pendleton. Tonya's House does provide emergency shelter services and outreach to runaway and homeless youth. The School Based Health Centers provides medical services to children. Horizon Project partners with the school district to provide after school activities, they run a summer camp, and increase leadership opportunities for underprivileged youth. • We support the Free to Grow systems approach to family strengthening through leadership development and neighborhood revitalization that was implemented within the Umatilla Morrow Head Start, Inc. agency. • The Community Access for Resource Effectiveness (C.A.R.E.) teams provide a system of care approach to identifying children with social, emotional, or physical high needs and

	<p>works with the families and community partners to identify what services may be available to them. It involves referral, case management, home visits, etc. to families with children from preschool through 6th grade in four out of ten school districts.</p> <ul style="list-style-type: none"> • In regards to adult alcohol and drug use, we have worked along side many others to bring awareness of the Methamphetamine problem in Umatilla County. We have supported the efforts to bring a drug court model in to the county and collaborate with the LADPC to insure that CCF contributes to their work. Community Corrections chairs the LADPC and has developed within their organization a very successful A&D treatment program for adult offenders. We also support the efforts of the Eastern Oregon Alcoholism Foundation as they expand their services. The need for transitional housing remains though new opportunities have occurred with the advent of several Oxford House Recovery Homes in our area as well as the construction of new housing associated with EOAF.) • The Umatilla County Reducing Adolescent Pregnancy Partnership supports the Public Health Department’s Baby Think It Over program has been supported. The S.T.A.R.S. program is encouraged, and annual live presentations by Brad Henning of Life Resources, Inc are given to all county 8th graders. Media campaigns and male responsibility efforts are also strategies employed locally. Umatilla Morrow Head Start is now providing case management for pregnant and parenting teens and using the CARE team meetings to staff these at risk youth. Umatilla Morrow Head Start, Inc. provides teen parent programs for Pendleton and Hermiston Schools. 										
Gaps	<table border="0"> <tr> <td>Aftercare Support (Juvenile Justice)</td> <td>Alcohol and drug treatment services for youths</td> </tr> <tr> <td>Mental health services for children/youth</td> <td>Access to health, dental</td> </tr> <tr> <td>Foster care</td> <td>Family support services to higher risk</td> </tr> <tr> <td>Truancy/school attendance</td> <td>Mentoring</td> </tr> <tr> <td>Safe, decent, affordable housing</td> <td>Transportation</td> </tr> </table>	Aftercare Support (Juvenile Justice)	Alcohol and drug treatment services for youths	Mental health services for children/youth	Access to health, dental	Foster care	Family support services to higher risk	Truancy/school attendance	Mentoring	Safe, decent, affordable housing	Transportation
Aftercare Support (Juvenile Justice)	Alcohol and drug treatment services for youths										
Mental health services for children/youth	Access to health, dental										
Foster care	Family support services to higher risk										
Truancy/school attendance	Mentoring										
Safe, decent, affordable housing	Transportation										
Key barrier to success	Partners unable to participate/Lack of local staff time										
Concerns to communicate to state level	<ol style="list-style-type: none"> 1) Lack of Alcohol and Drug Treatment Providers and Options. DHS is establishing A.R.T. teams in each Service Delivery Area. 2) It is not currently against the law for a minor to be in possession of a controlled substance by consumption as it is for alcohol. Need a state law similar to MIP-A (Minor in Possession of alcohol) by consumption for other drugs. 3) Currently 18-21 year olds are past the juvenile system but still in need of prevention, intervention and treatment supports. Include this age group in the mandated service delivery of existing agencies. 4) Federal Early Intervention (EI) preschool evaluation does not recognize/value church sponsored pre schools. Change federal guidelines to allow EI services to be provided to children attending church pre- schools (voluntarily) and not “ding” EI when parents choose to place their children in these settings. 5) Competition between state agencies. Need more cooperation between state agencies reducing competition over limited revenues. 6) Limited collaboration, coordination, planning funds. CCF is funded to convene partners but partners are not funded to participate in community planning, collaboration, etc. This duty is delegated to agency exempt employees along with unfunded mandates. 										
Homeless & Runaway Youth Critical Recommendations	<ol style="list-style-type: none"> 1) Financially support emergency shelter services to runaway and homeless youth. Tonya’s House is an established emergency shelter and needs funding to sustain its services for homeless and runaway youth in Umatilla County. 2) Restore funding for Shelter and Evaluation Centers which can house runaway youth while plans and services are offered to families to reintegrate youth into the home. 3) To get a more comprehensive collection of demographics from more than just a few agencies as this report is submitted to legislators to give a snapshot of the homeless population across the state. It should involve state agencies, churches, private and non-profit agencies that provide any type of emergency services. To make it work, it needs to be correlated to funding. 										

So if an agency/organization chooses not to participate then they would not be entitled to receive any funding tied to CFC, United Way, Emergency Food and Shelter Program and state or federal funds.

4) Have one agency designated as the clearinghouse to provide and link services to our homeless population. Homeless households get bounced from one agency to another while attempting to gain services so why not create a one stop where people can attain access to multiple services. This system would reduce the stress and despair felt by the homeless household and ultimately stabilize their housing in a shorter time period.

5) Provide a consistent definition of what "homeless" is. There are many varying parameters depending upon which organization or funding entity is making the decision. Somebody needs to devise one definition and have everybody agree to it.

2006 BIENNIAL UPDATE – UNION COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • Union County has been stable in the Public Safety Index for six years and is gaining ground in the Education Index. Juvenile arrest rates have steadily declined since 1995 when the rate was 29.7%. • School dropout rate for 2004 is 1.8%, although this statistic appears low in light of anecdotal evidence. • Union County child abuse rate was 16.5 in 2002, with a jump to 22.1 in 2003 and decreasing to 16.5 again in 2004. <p>Concerns:</p> <ul style="list-style-type: none"> • The county Child Well-being Index fell significantly, dropping from 9th in Oregon in 2003, to 21st in 2005. This is the result of worsening early prenatal care, 8th grade alcohol use; a significant increase in teen pregnancy rates, and a static child abuse rate. The county Economic Index also fell, from 12th in 2003, to 18th in 2005. Deterioration in job growth/loss and per capita income offset improvements in wages and unemployment (the county ranked 3rd for low unemployment). Ironically, it is extreme under-employment that is a barrier to the economic stability of local families. Other downward trends include: cost-burdened renters and homeowners, a large and growing population of under-insured or uninsured, increasing rates of low birth weight and premature births. • Union County per capita income as a % of the U.S. per capita income (100%) was 77.7% in 2003. Oregon was 91.3%. • First trimester care continues to drop. Medicaid/OHP paid for 49.6% of county births vs. 39.9% Oregon rate in 2004. Private insurance paid for 46.6%, vs. 55.8% Oregon rate in 2004. • Infant, irregular hour, and special needs care still a struggle in Union County, regardless of number of slots available. • 14.9% of area 8th graders report feeling depressed 3 or more times/week, 13% have thoughts of suicide, 6% have attempted suicide. <p>Population changes: No significant changes</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • U.C. (read You See) Fit Kids – a childhood nutrition and fitness community-based collaborative research project involving the six school districts of Union County. OHSU School of Nursing in La Grande @ Eastern Oregon University (EOU) is the lead academic partner and the CCF is the lead community partner. Last summer, a community readiness assessment was completed by the academic partner. This fall, School Wellness committees in each district are completing school environmental assessments using a tool developed by the Center for Disease Control. Their findings will be used to write, adopt and implement school wellness policies required by the Child Nutrition and WIC Reauthorization Act of 2004. • The Departments of Sociology and Anthropology at Eastern Oregon University (EOU) (professors and students) are researching food insecurity in Union County. Project participants include CCF, Rural Oregon Initiative, Oregon State University Extension Service, OHSU School of Nursing, and Community Connection of Northeast Oregon. • Union County coordinated and hosted “Bridges Out of Poverty” regional training. Overall, 135 unduplicated participants (plus CCF staff and board members) attended the training. Union County is sending a seven-member team to a “Strengthening Rural Families” Action Learning Institute in January, 2006. The Institute is sponsored by Annie E. Casey, National Association of Counties, and Association of Oregon Counties. Five of the 7 members attended “Bridges Out of Poverty.” This learning institute will give us the opportunity to review “Bridges” concepts and incorporate them into our “Earn It, Keep It, Grow It” action plan. The target population is the working poor who are under-employed, wanting to step up in employment and learn how to manage resources. • Homeless/Unaccompanied youth is another population for which poverty is being

	<p>addressed. Two community nursing students have been assigned to the La Grande Homeless Liaison, Winter term, 2006. The CCF has agreed to provide office space, equipment (desk, phone, computer/printer, laptop), and supervision. One student will be developing a community resource guide for homeless families and runaway/unaccompanied youth. The second student will develop a community readiness/awareness assessment to gauge the environment in the Cove, Elgin, Imbler, North Powder and Union school districts. Findings will be used to encourage districts to identify and support runaway/unaccompanied youth, and to raise public awareness about this population.</p> <ul style="list-style-type: none"> • The CCF has been able to maintain limited Family Resource Center activities in Cove, Elgin, Imbler, North Powder and Union. Many of our economically-stressed families reside outside of La Grande. The costs associated with families accessing services in La Grande (time off work, away from school, reliable transportation, fuel prices) can be considerable. The coordinator is in each community weekly. Families are able to meet without traveling, identify their needs, and be referred/connected with necessary resources. • Student nurses from OHSU School of Nursing @ EOU have been weighing, measuring, and calculating Body Mass Index for elementary students. Findings will be reported to individual school districts. Nursing students are also raising awareness through presentations to community organizations, school boards, and PTOs about the long-term health impacts of childhood obesity. Results from a community readiness assessment, along with the student data will be released in January, 2006. Marketing students at EOU are developing a logo, slogan, and other marketing tools. • NorthEast Oregon Network (NEON) – NEON is a tri-county (Union, Baker, Wallowa) network, organized to increase health care access for rural residents. The Network applied for and received a health development program planning grant from the Health Resources Services Administration – Office of Rural Health Policy. Receipt of this grant opens the door to apply for a 3-year network development grant, and subsequent funding. • The CCF’s of Baker, Union and Wallowa counties coordinated consistent media campaigns for Child Abuse Prevention month. The theme “Real Men Rock” was the basis of the campaign, although each county customized their own materials. In Union County a weekly message about child abuse was paired with a picture of a local dad engaged in a positive activity with his child(ren). The campaign also included a weekly calendar of events sponsored by our local partners and a final, full page ad with facts about child abuse, suggestions for how to get involved, and agency contact information. • Organized a “Meth 101” forum in February, 2005. The response was a “standing room only” crowd of over 100. In November, the Chamber of Commerce, the 12-Hour Relay (alcohol & drug free) and CCF sponsored a follow-up forum. 		
<p>Gaps</p>	<table border="0"> <tr> <td style="vertical-align: top;"> <p>Alcohol and drug treatment services for adults A&D prevention-access to services Mental health services for adults Access to health, dental Workforce training Living wage jobs</p> </td> <td style="vertical-align: top;"> <p>Alcohol and drug treatment services for youths Other: After care support (tied for 10th) Mental health services for children/youth Domestic violence services (tied for 10th) Safe, decent, affordable housing</p> </td> </tr> </table>	<p>Alcohol and drug treatment services for adults A&D prevention-access to services Mental health services for adults Access to health, dental Workforce training Living wage jobs</p>	<p>Alcohol and drug treatment services for youths Other: After care support (tied for 10th) Mental health services for children/youth Domestic violence services (tied for 10th) Safe, decent, affordable housing</p>
<p>Alcohol and drug treatment services for adults A&D prevention-access to services Mental health services for adults Access to health, dental Workforce training Living wage jobs</p>	<p>Alcohol and drug treatment services for youths Other: After care support (tied for 10th) Mental health services for children/youth Domestic violence services (tied for 10th) Safe, decent, affordable housing</p>		
<p>Key barrier to success</p>	<p>Partners unable to participate/Lack of <i>adequate</i> local staff time</p>		
<p>Concerns to communicate to state level</p>	<ol style="list-style-type: none"> 1) Evidence-based programs. There are a limited number of programs that meet the definition. They are extremely expensive and may not have been tested in rural areas. Union County has experienced the collision between EBP and OARs, losing grant dollars to provide Functional Family Therapy. The EBP expectation must be relaxed to allow more flexibility. Oregon cannot afford this standard. 2) Adequate staff time to participate is often a result of numerous state meetings that take partners away from the local work on a regular basis. It also has a budgetary impact on agency/organizational budgets to pay travel expenses. Offer more teleconferencing/ videoconferencing opportunities to reduce travel time for providers and CCF. Schedule cluster meetings to facilitate shared travel expenses. 		

Homeless & Runaway Youth Critical Recommendations	<p>One barrier to providing reliable input is the confusion over the definition of the target population. Schools use language from the McKinney – Vento Act. It appears that the PCF Homeless & Runaway Youth subcommittee will target non-system youth (not being served by or ineligible for publicly funded human services), or youth who have fallen out of the state system of care, including juvenile justice, mental health, child welfare, education and substance abuse. The Oregon League of Women Voters Homeless Youth State Study is focused on youth 12 – 18, either with their families, or unaccompanied. It will be difficult to reconcile the numbers at the community level, or even with legislators if we're all tracking a slightly different population. Further, the role of Homeless Liaisons is to connect the youth/families to services, which seems contradictory to the PFC's population definition. To avoid confusion, promote cooperation, and maximize partnering opportunities, the definition should reflect the recognized federal language.</p>
--	---

2006 BIENNIAL UPDATE – WALLOWA COUNTY

|

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • 9.2% decrease in 8th grade drug use from 2003 to 2005-improving trend • 6.2% increase in 3rd grade math scores form 2003 to 2005-improving trend • 6.1% increase in 8th grade math scores from 2003 to 2005-improving trend <p>Concerns:</p> <ul style="list-style-type: none"> • 4.7% increase in 8th grade alcohol use from 2003 to 2005--worsening trend • The Child Well-Being Index (prenatal care, 8th grade alcohol use, child abuse, pregnant smoking and teen pregnancy) place Wallowa County at #6, down from #4 in 2003. • The Public Safety Index (overall crime and juvenile arrests) place Wallowa County at #7, down from #2 in 2003. • The Economy Index ranks Wallow County as #29 out of 36 counties. <p>Population changes: Since the 2000 Census, population in Wallowa County shows -3.5% growth. Our population is aging. Census data shows an increase in persons over 65 and a decrease in those 18 and under.</p>				
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Strategies outlined in the Comprehensive Plan have been used to support grant-writing that has been successful in raising funds for programs in early literacy, parent education, parents in recovery, supervised visitation, mental health services and alcohol, tobacco and drug use/abuse prevention efforts. More comprehensive system of care at the local level - Wallowa Valley Center for Wellness provided training for community partners relative to alcohol and drug issues, also addressed our need for appropriate referrals and warning signs. • Develop a support system for parents who are recovering addicts - A collaborative effort between Wallowa Valley Center for Wellness and Building Healthy Families produced a “Parents in Recovery” class. • Improving economic health and increasing communication, outreach and awareness between those planning for economic development and those planning for local education and training supports - In spring 2005, 15 community partners attended “Bridges Out of Poverty” training, bringing together people working in Early Childhood, Self-sufficiency and Economic development. A seven member team from Wallowa County will attend the “Strengthening Rural Families” institute sponsored by NACO, AOC and the Annie E. Casey Foundation. Once again, a diverse group of community partners will work toward developing an action plan to address family-wage jobs and issues of the “working poor”. • Provide safe, supervised visitation - The Domestic Violence Intervention Project received \$425,000 over two years and have started the “Keep Kids Safe” program. Under this grant, Building Healthy Families has collaborated with the project and will receive \$120,000 a year to provide supervised visitation and safe exchanges for children who are not allowed to have contact with one of their parents without a third party present. When these parents become connected to Building Healthy Families, they also become aware of other services and opportunities available to them. • Raise Community awareness and knowledge toward improving unhealthy community norms related to alcohol, tobacco and drugs – Wallowa Valley Together Project formed community coalitions to address the issues of community norms and also received a grant “Enforcing Underage Drinking Laws”. • Increase the availability of child care options; Expand care options for after-school care too.- Wallowa Valley Together Project has facilitated a steering committee to address after-school programs. Wallowa County Library “Training Wheels” program has implemented an after-school program. 				
<p>Gaps</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Alcohol and drug treatment services for youths</td> <td style="width: 50%; border: none;">Childcare (hard to find)</td> </tr> <tr> <td style="border: none;">Childcare (affordable)</td> <td style="border: none;">Mental health services for children/youth</td> </tr> </table>	Alcohol and drug treatment services for youths	Childcare (hard to find)	Childcare (affordable)	Mental health services for children/youth
Alcohol and drug treatment services for youths	Childcare (hard to find)				
Childcare (affordable)	Mental health services for children/youth				

	<p>Access to health, dental Positive youth development activities Living wage jobs</p> <p>Foster care Transportation After school activities</p>
Key barrier to success	Partners unable to participate/Lack of local staff time
Concerns to communicate to state level	<p>1) Lack of local staff time. Most of our community partners provide direct services in addition to administering their program. It is important to consider staff time and case loads when mandating programs, planning and data collection.</p> <p>2) Inadequate financial resources. It is critical, during this time of reduced funding, to encourage sharing of resources. Recognize that certain program costs are fixed whether serving 5 or 50. Consider this when proposing funding cuts to minimum grant counties.</p> <p>3) Complexity of implementation. Once again, when mandating, consider the available staff time and work loads of all 36 counties.</p> <p>4) Funding for best practices programs. Rural counties need flexibility in implementing programs that will fit the needs and budgets of their communities. Tailoring evidence-based programs to fit rural parameters and allowing programs to use best-practice components to build a model customized to fit their needs seems like a win-win solution.</p>
Homeless & Runaway Youth Critical Recommendations	Life skills education about responsibilities of parenthood and sustaining a household.

2006 BIENNIAL UPDATE – WASCO COUNTY

<p>Data:</p>	<p>Improved Results:</p> <ul style="list-style-type: none"> • 3rd grade reading and math scores have both improved since 2000. Reading has gone from 66.9% to 83.2% and math from 64.3% to 76.9% of students achieving state standards. • The Oregon Progress Board reports that High School Dropout rates have declined significantly from 6.6% in 2000 to 2.6% in 2004. It should be noted that High School Dropout rates are calculated differently in each school district and are highly variable. • The Juvenile Arrest rate has experienced a downward trend beginning in 2000. In 1999, the rate was 35.6 and in 2003 was reported at 9.8. <p>Concerns:</p> <ul style="list-style-type: none"> • From a high in 1997 of 34.1 children abused or neglected per thousand, Wasco County was able to progressively lower our child abuse/neglect rate to a low of 14.4 victims per thousand children in 2002. Over the last two years our child abuse/neglect rate increased and stabilize around 22 victims/thousand children, a rate we find unacceptable. Child Welfare caseloads have lowered this year over recent past years but the challenges for the families receiving services continue to increase. • In 2000, kindergarten students entered school ready to learn at a rate of 57.5%, in 2002 that percentage rose to 72.5%, however the numbers have significantly declined in 2004 back to 58.9%. <p>Population changes: No significant changes.</p>
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Increasing Parenting Skills. In 2002, a Parent Education Focus group was formed. Through that group, the Commission established strategies that included implementation of a Multi-Media Campaign, Coordinated Scheduling of Parenting Classes, Increased Resources for Parenting Classes and Common Outcome Measurements. To date, the community has implemented the media campaign utilizing the “Cherish Every Child” materials in partnership with Hood River County; purchased three parent education curricula and trained at least five (5) parent education instructors, and implemented a common outcome measurement tool. • Wasco County is improving parenting skills through coordinated Home Visiting programming. The Wasco Co. Early Childhood Team, led by the Commission on Children and Families has created a Home Visiting Referral Network. Every Agency or Community Partner who offers voluntary home visiting services is a member of the Network. Mid Columbia Medical Center has partnered with the Network to offer Welcome Baby Visits to parents having their second or subsequent birth at the Post Partum Clinic. Together these community partners have successfully offered services to approximately 90% of all pregnancies/births within the last four years. This past year, the Network has begun expanding services to include older children and is beginning to receive referrals from Pediatricians at Columbia Hills Family Medicine in The Dalles. • Improving Child Care Availability and Quality. The Wasco County Early Childhood Committee has been working primarily on improving Childcare Quality projects. . • The Wasco County Prevention Coalition has been actively working to bolstere positive youth activities in local communities. They are currently working on a collaborative project to build and sustain a youth Hang Out for middle school age students. In addition to building supports for youth during out of school time, the Coalition has engaged a multi-media educational campaign to inform community members of the dangers of youth substance use and begin changing community norms and attitudes toward supporting these behaviors. • Reducing Juvenile Arrest and Recidivism. The 2004 Annual Report prepared by Wasco County Youth Services Department for the Wasco County Court identifies five goals for improving services in the community, they included: Opening a NORCOR Youth Care Center for youth offenders with sexually aggressive behavior. Implementing the case

	<p>management supervision matrix. Streamlining the process for youth and families to reach disposition of the pending referrals. Implementing the system of care philosophy including family and agency involvement in case planning. Improving accountability of youth offenders to victims. As indicated by the goals listed above, the Wasco Co. Youth Services Dept. has been working to implement a more family centered approach to case management.</p> <ul style="list-style-type: none"> • Start up a new committee to address Methamphetamine in relation to Child Abuse in the County) 										
Gaps	<table border="0"> <tr> <td>Basic Services</td> <td>Alcohol and drug treatment services for adults</td> </tr> <tr> <td>Alcohol and drug treatment services for youths</td> <td>After care support (A&D)</td> </tr> <tr> <td>Emergency shelter</td> <td>Foster care</td> </tr> <tr> <td>Family support services to higher risk</td> <td>Safe, decent, affordable housing</td> </tr> <tr> <td>Living wage jobs</td> <td>After school activities</td> </tr> </table>	Basic Services	Alcohol and drug treatment services for adults	Alcohol and drug treatment services for youths	After care support (A&D)	Emergency shelter	Foster care	Family support services to higher risk	Safe, decent, affordable housing	Living wage jobs	After school activities
Basic Services	Alcohol and drug treatment services for adults										
Alcohol and drug treatment services for youths	After care support (A&D)										
Emergency shelter	Foster care										
Family support services to higher risk	Safe, decent, affordable housing										
Living wage jobs	After school activities										
Key barrier to success	Complexity of implementation										
Concerns to communicate to state level	None reported.										
Homeless & Runaway Youth Critical Recommendations	None reported.										

2006 BIENNIAL UPDATE – WASHINGTON COUNTY

Data:	<p><i>Improved Results:</i></p> <ul style="list-style-type: none"> • The drop out rate for all students in the county has declined by 63% since 1999-2000, and by more than 200% for the two largest minority populations, Latinos and Asian/Pacific Islanders. • The number of youth referred to the Juvenile Department each year has declined by 12% since 2000, while the total youth population has increased by 12%. Recidivism among youthful offenders has also declined by 49% over this same period. Juvenile arrest rates have also shown declines, from 12.2 per 1,000 youth in 2000 to 10.5 per 1,000 youth in 2003. • The teen pregnancy rate has declined by almost 44% since 2000. • Washington County continues to do better than the state average in school readiness indicators, with 83.1% of incoming kindergartners meeting standards in all six developmental areas (compared to 79.8% statewide). • Alcohol use during pregnancy is less than half that statewide, .5 in 2004 (compared to 1.5 statewide) and is a decline of 20% since 2000. <p><i>Concerns:</i></p> <ul style="list-style-type: none"> • The child abuse rate has increased by close to 70% since 2000. • Both 8th and 10th graders in Washington County are more likely to have used alcohol in the past 30 days than their peers statewide. Reported alcohol use in the past 30 days increased by 29% among 8th graders since 2000, and decreased by 12% among 11th graders. • Reported drug use increased by over 50% among 8th graders, and declined by 7% among 11th graders since 2000. • While Washington County continues to have the highest per capita income in the state, the proportion of people living in poverty has increased significantly, rising from 6.5% in 1990 to 7.4% in 2000 and to 9.0% in 2004. Children are disproportionately affected by poverty with poverty rates among children rising from 7.9% in 1990, to 12.0% in 2004. Minority children are significantly more likely to live in poverty. • Consistent with state data, the teen suicide attempt rate for the county has increased in recent years; from 142.3/100,000 youth in 2000 to 180.2 in 2003. • Child care availability has decreased for both the county and the state in recent years. For Washington County, in 2004 there were 17 slots per 1000 children, which was down from 21.2 slots in 2000. • Washington County continues to exceed the state in early access to prenatal care (first trimester), with 87.4% of mothers getting early care in 2004, compared to 80% of women statewide. This is a decline of 2% since 2000, when 89.5% of mothers got early prenatal care. <p><i>Population changes:</i> The total population has grown by almost 10% since 2000 from 445,342 to 488,253, almost double the growth rate for the state as a whole. The diversity of Washington County also continues to grow, at an even faster rate than the population as a whole. Latinos comprise the largest minority population in the county, representing 13.3% of the total. This reflects more than a 450% increase since 1990. There has also been significant growth in the Asian population, increasing by just over 300% since 1990. Asian/Pacific Islanders now comprise 8.1% of the county population.</p>
Response to community conditions	<ul style="list-style-type: none"> • Community Schools – Community schools was one of the key over-arching strategies that emerged in each of the focus areas of the plan: basic needs, community safety and education. Progress has been made in several fronts. Forest Grove School District successfully secured a community learning centers grant from the Oregon Department of Education to establish community learning centers affiliated with four targeted elementary schools in the district, and has worked to successfully sustain many features of the Community Learning Center established at Neil Armstrong Middle School following the

conclusion of a federal grant. Hillsboro School District, through a community planning process facilitated by the CCF, successfully secured a three year federal Safe Schools, Healthy Students grant which will provide almost \$9 million over the next three years. Through this grant Hillsboro plans to strengthen the district's Family Resource Center and establish community schools in at least four high need elementary schools. Finally, the CCF continues to support district based allocations to each of the seven school districts to support expansion of school based services, including family resource centers, student retention, and after school activities. The CCF is also currently meeting with each school district to assess to what extent services and infrastructure exist to support development of community schools, and will work to develop specific strategies with each district to enhance capacity to have school based social and health services and other after school and evening activities to support student and parent development.

- Volunteerism – The comprehensive plan also identified an over-arching need to develop capacity to support linking volunteers to community based efforts to support children and families. Through a partnership with Vision Action Network the CCF coordinated a community planning process to develop a volunteer center to serve Washington County. In October, 2004 Hands on Portland opened a Washington County branch, Hands on Washington County to provide volunteer development services to help match residents to volunteer opportunities in community based agencies. Initial funding for this venture has been provided by Washington County. Mentoring options were also an area targeted for expansion in the plan, and community partners have worked to expand such options as Start Making a Reader Today (SMART), peer-based mentoring in school settings for middle and high school aged youth, and the Big Brothers-Big Sisters program has seen significant expansion in Washington County through the award of grants.
- Expansion of Prevention / Early Intervention Supports in Early Childhood – The comprehensive plan included strategies related to expanding access to prevention/ early intervention supports in early childhood and elementary school settings. There have been several successful initiatives in this arena. A federal grant was awarded to the County to support implementation of the evidence-based First Step to Success program in the three largest school districts. This grant ended in September of 2005, and the county has worked with the school districts to sustain the program through district funding streams, and through a grant awarded by the Northwest Health Foundation to provide one year of bridge funding. The CCF is currently working to expand the First Step to Success program to another school district. Additionally, the County was successful in securing a State Oregon Children's Plan grant to implement an early childhood mental health consultation program which has been very successful in providing prevention and early intervention support to early childhood staff and families in a number of settings: child care, Head Start, foster care, Healthy Start, Early Intervention/Early Childhood Special Education, health clinics, and others. The County was also awarded a SIG Early Childhood System Development grant to enhance access to behavioral health services for young children and families. The Washington County initiative is targeting the Latino community and working to build capacity within the behavioral health system to provide culturally appropriate early childhood mental health services, and to build capacity for early childhood program staff to more effectively support the positive social-emotional development of young children and help to support families' access to behavioral health services.
- Youth Employment – In the spring of 2004, the CCF was asked to convene community partners to facilitate the development of a county-wide youth employment consortium. The employment consortium has been working to develop a coordinated and systemic approach to providing youth employment and training services to support making successful transitions from school to work and post-secondary education. Initial successes for the consortium have included working to expand the access to federally funded services to under-served geographic areas, and the recent notification of a grant award to develop the first county-wide collaborative approach to developing youth advanced training and placement system in high growth, high demand industries.
- Expansion of Positive Youth Development and Peer Support Models – The Commission on Children and Families' Youth Advisory Council recently sponsored a county-wide

	<p>Youth Summit, bringing teams of youth from middle, high and alternative schools in each of the county's seven school districts together to develop action plans to address youth issues such as: under-age drinking, tobacco use, drug use, diversity, and school success. More than 200 youth will be actively engaged in school based teams to implement youth designed projects in the five focus areas through small grants to be awarded by the Youth Advisory Council.</p> <ul style="list-style-type: none"> • Enhancement of Capacity to Offer Evidence-Based Programs – In January, 2005 the CCF working through its Strategies Committee, sponsored a training in Evidence-Based Practices and Programs. Dr. Clara Pratt, from Oregon State University provided the keynote address which outlined key principles of evidence-based practices and programs. A series of panels provided local examples of how evidence-based programs are being implemented in school and community settings (such as Incredible Years, First Step to Success, HomeBuilders, Families and Schools Together (FAST), and others). Researchers participated in each of the panels to discuss the implications of fidelity to program models, making adaptations appropriate for target populations and communities that maintains fidelity, and outcomes and program impacts measurement. In January, 2006 the CCF will sponsor a full day session for selected agencies to bring representatives from well-established programs together with researchers to begin to develop individual program plans to build an evidence base for their program. Issues to be covered include: developing a logic model and clear description of program components and elements, identifying similar programs in the literature and research related to them, development of measurable outcomes, measurement tools and data collection methodology, and identification of potential grants and research partnerships with universities. • Through a four county partnership, the 211 phone line for comprehensive information and referrals services is coming on line in the metro area (including Washington County). This will provide a single point of access to information and referral support for families and for agency personnel. Web-based access to a comprehensive county service directory is available. • Promotion of cultural competence and social justice in Washington County. Several efforts towards this end have been initiated in recent years. • The Head Start programs in the county are involved in a staff development project with Portland Community College to provide child development coursework and other staff support in Spanish in order to support the professional development of Latino staff who begin working in Head Start with limited formal training/education in the field. • The CCF has been working with representatives from the growing Somali refugee community and community service providers to develop strategies to improve access to services for this population, and to increase service provider capacity to provide culturally appropriate services. • Under the auspices of the SAMHSA grant awarded to the CCF to support ecstasy prevention efforts, the Beaverton Together! Coalition has grown in membership and in its engagement of the community in activities to reduce risks and increase protective factors. Several businesses and housing developments have provided access to parenting education to employees and residents through the initiative. Youth from area high schools have designed and implemented social marketing strategies to promote drug free lifestyles, through production of television and radio public service announcements, advertising campaigns in area publications and on billboards. As a result of the success of this initiative with Beaverton Together, prevention coalitions will be established in Hillsboro and Forest Grove over the next year. • Gang Prevention – Through a one time grant to enhance gang prevention strategies in the county, the Juvenile Department convened a one day gang summit in the spring of 2005. 		
Gaps	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Juvenile Crime Prevention A&D changing community norms Early Childhood workforce devel. Family support services to higher risk Parenting education </td> <td style="width: 50%; vertical-align: top;"> Alcohol and drug treatment services for youths Home visiting Mental health services for children/youth Positive youth development activities Other: Kindergarten transitional supports </td> </tr> </table>	Juvenile Crime Prevention A&D changing community norms Early Childhood workforce devel. Family support services to higher risk Parenting education	Alcohol and drug treatment services for youths Home visiting Mental health services for children/youth Positive youth development activities Other: Kindergarten transitional supports
Juvenile Crime Prevention A&D changing community norms Early Childhood workforce devel. Family support services to higher risk Parenting education	Alcohol and drug treatment services for youths Home visiting Mental health services for children/youth Positive youth development activities Other: Kindergarten transitional supports		

Key barrier to success	Complexity of implementation
Concerns to communicate to state level	<ol style="list-style-type: none"> 1) Eligibility determination: There are multiple methods and processes in place in different agencies for families to establish they are 'low income'...with the same or very similar eligibility criteria – but different rules/processes to establish eligibility. It would be most helpful to establish a single methodology/process for eligibility that all agencies could use. Families could be provided with an 'eligibility card' that would certify eligibility at 100%, 150%, 185%, etc. level of poverty. Card could show eligibility for six months at a time and be renewed as appropriate/necessary. 2) Reporting/documentation requirements. To the extent feasible, have consistent requirements between state agencies. Many programs are funded from several sources, and when each has different reporting requirements it places undue burden on staff and means there is staff time lost to reporting rather than service provision. 3) Admin rules/statutes related to criminal records checks. There are criminal records checks required by many agencies under state law/rule. If a person completes a criminal record check to become employed in a child care center, and then leaves that position to take a job as a youth care worker in a residential treatment center, they have to complete another criminal record check. Similarly, if a parent volunteers at her child's school a criminal record check is completed, and if she then volunteers to be a mentor in a community program, another is required. Each agency requires a new check. It would seem that similar to the proposed eligibility card, there could be a criminal record card, that provides certification of a clear check on a six months basis that could be used for any organization (with a way to indicate what level of criminal check has been done and to do a quick screen update). Cost of doing multiple criminal records checks is a barrier to agencies as well as to individuals. 4) Data availability: It is challenging to find quality and current data at the state and local levels. There may be data at the state and county level, but no way to get data at a community level for targeted planning efforts. Some data is only collected on a periodic basis and/or the data collection methods and/or data elements are modified, such that it becomes difficult to get comparable trend data across time.
Homeless & Runaway Youth Critical Recommendations	Expanding affordable housing stock. Expansion of shelter and transitional housing options for homeless youth and homeless families. Improving access to public assistance services (i.e. TANF, OHP, etc) for homeless youth who have not reached 18 years of age and who are not legally emancipated to increase stability while completing school and/or pursuing job training.

2006 BIENNIAL UPDATE – WHEELER COUNTY

<p>Data:</p>	<p><i>Results and Concerns:</i> No significant changes</p> <ul style="list-style-type: none"> • <p><i>Population changes:</i> No significant changes</p>	
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Schools. Wheeler County has three independent school districts, one in each community, Fossil, Mitchell, and Spray. There is strong community support and partnerships with the local businesses and Wheeler County programs in each of these locations. A concern has been the lack of students, as the age of the population base gets older there are fewer students for each school, putting our small rural schools in jeopardy. But each of the three schools is the hub of the community and is responsible for keeping the communities united and strong. Two of the schools have instituted dorm living, helping to increase their student populations. Having dorms has benefited the communities in several ways, works to keep the school strong, increases the diversity of the community and the school as many of the students are from outside the United States. • Public Health Wheeler County 's focus on public health has paid off. In 2005, through a federal grant for rural health care, the Asher Clinic has developed additional resources and increased staff to provide new and enhanced services to residents in the Northeast Wheeler County Health District. Increased creative outreach as required by the grant has enabled the clinicians to provide more services to the residents of Mitchell and Spray. The sliding fee scale allows residents lacking resources for health care to acquire services. WC Public Health working closely with the North Central ESD make sure that all children in need have immunizations and well child check ups. • Healthy Start Program had started to make a significant contribution to healthier children in Wheeler County, attributed to the program's education of parents and their follow-up and referral process until the cancellation of funds. The commission and the early childhood team worked together to restart the program but restructuring at the State level did not allow for the implementation of a two county system. • Early Childhood Team is active and effective, meeting regularly to identify and solve problems and share resources. Through increased efforts of the Commission and members of the Early Childhood team, High Level Outcome, Readiness to Learn has made marked progress to reach a higher percentage. During months that the Early Childhood Team does not meet, the Multi-Assistance team meets, all members of the ECT are members of MAT, with additional community and agency personal who help coordinate Wheeler County services. <p>Community capacity continues to be a constant struggle especially with DHS. Currently, three separate service delivery areas serve residents of Wheeler County for self sufficiency. DHS workers from The Dalles, Hood River, John Day and Prineville come into the county on an irregular basis to provide services, causing a break-down of services for local residents. A concern is that people just do not apply for services because of the complicated process. Community capacity has improved in the area of law enforcement, the Wheeler County Sheriff's Office received Federal Forest Protection Act funds for a full-time deputy to be assigned to Mitchell; and Wheeler County is contracting NORCOR in The Dalles for jail beds. With the new video conferencing system installed by the Seventh Circuit Court, juvenile and adult cases can be done without the high cost of transporting prisoners, the Judge can be in The Dalles or Hood River Courtroom, the defendant in NORCOR, the Defense Attorney with his client and the District Attorney and/or Juvenile Director in Fossil. Increasing technology has helped Wheeler County provide more services to its residents.</p>	
<p>Gaps</p>	<p>Juv Crime Prevention A&D prevention-access to services Childcare (hard to find) Early Childhood workforce devel. Family support services to higher risk</p>	<p>Involve families in family therapy A&D changing community norms Preschool Access to health, dental Workforce training</p>

Key barrier to success	Multiple
Concerns to communicate to state level	<ol style="list-style-type: none"> 1) Ability to fund best practices program with current funding. Understand the unique challenges that rural programs face and their need for best practices programs, and allocate funding that reflects that understanding. 2) Lack of foster care homes in the county, For DHS to provide non traditional hours for training for prospective families, training could be provided over the internet, by self study. 3) Insufficient capacity by state agencies. Because we have a small population, many services come to our counties on a sometimes, sort of maybe schedule. There are three service delivery areas in Wheeler County for Self Sufficiency, which makes coordination difficult and confusing for clients.
Homeless & Runaway Youth Critical Recommendations	N/A

2006 BIENNIAL UPDATE – YAMHILL COUNTY

<p>Data:</p>	<p><i>Improved Results:</i> Areas where improvements are occurring since the last Biennial Update:</p> <ul style="list-style-type: none"> • Mothers who receive early prenatal care • Rate of infants whose mothers used alcohol during pregnancy • Child maltreatment reports • Alcohol and drug related referrals to juvenile department • Juvenile crime rate • Teen pregnancy rate • High school dropout rate <p><i>Concerns:</i></p> <ul style="list-style-type: none"> • Yamhill County has a significantly lower percentage of professional services offered in the county than the statewide average. In the last year the percentage rose slightly to 28.2% compared to 73.2% statewide. Yamhill County is ranked 27th in state. • Yamhill County is one of the lowest counties in the state, ranked 32, in the percentage of children who enter school ready to learn. In Yamhill County 69.3% of children enter school ready to learn. The state average is 74.2%. • Increasing rate of domestic violence. • Increasing issues related to drug use and abuse by youth. <p><i>Population changes:</i></p> <ul style="list-style-type: none"> • Yamhill County population increased by 5% from 2000 to 2004. Yamhill County was one of ten counties in that grew faster than the state average between April 1, 2000 and July 1, 2004. • Yamhill County’s percentage of population by age group has not changed significantly in the last four years. The percent of the population ages 0 to 17 is 26.8% and the population ages 65 and up is 11.5%.
<p>Response to community conditions</p>	<ul style="list-style-type: none"> • Safe Kids program, a child abuse prevention strategy, has been able to leverage dollars in the community to increase services and provide the Safe Kids program at every school. • With drastic reductions in funding Yamhill County has made it a priority to try and maintain basic supports. With established Community Progress Teams local communities have the tools and structures in place and advocate for their local needs. These Community Progress Teams have been able to continue with very limited resources from CCF to provide supports in rural communities. One barrier to reaching our priorities and goals is the lack of professional services located locally such as child psychiatrist, counseling services have been reduced. • Another successful strategy is the Domestic Violence Task Force which has brought together community partners such as law enforcement, social services, District Attorney, county board of commissioners, CCF, and community members to raise awareness around domestic violence and address the specific issues related to domestic violence. • Other prevention services such as ATOD prevention are continuing with great success with the Teen Summit a youth powered event to support and develop the leadership skills in local youth. This event reaches over 300 youth every year and has been received with enormous local support. In addition the Teen Maze which targets 8th grade students is another event that is run, developed, and powered by local youth leaders from high schools and Linfield college. • Yamhill County has had an increase collaboration with the hospitals through the Sexual Assault Task Force, on the Healthy Start Advisory board. In addition CCF has increased their collaboration with local doctors, schools, and community members. At the same time local stake holders are spread extremely thin and efforts to develop new ideas, support existing committees is sometimes difficult. • After a small number of high profile youth suicides in the last couple of years the CCF and

	partners have established the Youth Suicide Prevention Coalition to address the concerns of youth suicide in Yamhill County.										
Gaps	<table border="0"> <tr> <td>Juvenile Crime Prevention</td> <td>Involve families in family therapy</td> </tr> <tr> <td>Alcohol and drug treatment services for youths</td> <td>A&D prevention-access to services</td> </tr> <tr> <td>Home visiting</td> <td>Mental health services for adults</td> </tr> <tr> <td>Mental health services for children/youth</td> <td>Access to health, dental</td> </tr> <tr> <td>Family support services to higher risk</td> <td>Domestic violence services</td> </tr> </table>	Juvenile Crime Prevention	Involve families in family therapy	Alcohol and drug treatment services for youths	A&D prevention-access to services	Home visiting	Mental health services for adults	Mental health services for children/youth	Access to health, dental	Family support services to higher risk	Domestic violence services
Juvenile Crime Prevention	Involve families in family therapy										
Alcohol and drug treatment services for youths	A&D prevention-access to services										
Home visiting	Mental health services for adults										
Mental health services for children/youth	Access to health, dental										
Family support services to higher risk	Domestic violence services										
Key barrier to success	Program capacity (waiting lists, etc.)										
Concerns to communicate to state level	<ol style="list-style-type: none"> 1) Local agencies do not have the staff, flexible funds or time to get involved to make positive system change. Local decision makers need to have the time to be involved in local planning and system improvement work. Need less restrictions on funds and more increased flexible dollars. 2) Local government and non-profit agencies need to have the authority and/or ability to make local decisions on behalf of the representing agency. Increase local autonomy. 										
Homeless & Runaway Youth Critical Recommendations	Some sort of youth sheltering system (whether congregate youth shelter or host homes) in or close to the community in with RHY live. Youth shelters serve an important role but are perceived by many youth themselves as ‘group homes’ or ‘holding tanks’ and are therefore declined by many youth, who would prefer to be on the streets – an unacceptable and unsafe alternative. Host Homes, in the form of foster homes, could be an alternative for communities who could not provide a congregate shelter site. Service Needs: Youth Shelter or Host Families for temporary shelter within the community in which the runaway/homeless youth is from; easy access to alternative educational opportunities; job employment services and real jobs; skills classes; emancipation services; Wrap-around Services. Policy Needs: Clarification on the legal process in regards to parental roles and obligations of returning runaway/homeless minors to their parents -- especially if the youth is reporting that they were “kicked out” by their custodial parent. Health care services (easy access) for runaway and homeless youth.										