

2006 County Biennial Updates Coordinated, Comprehensive Plans For Children and Families

Summary of Contents



Prepared by:
Ann Glaze
AGA Consulting
March 6, 2006

Throughout this report, there is mention of “large counties”, “medium counties” and “small counties.” This refers to population size. Large counties are: Multnomah, Washington, Clackamas, Lane and Marion. Medium counties are: Jackson, Deschutes, Linn, Douglas, Yamhill, Benton, Josephine, Umatilla, Klamath, Polk, Coos, Lincoln, Columbia, Clatsop and Malheur. Small counties are: Tillamook, Union, Wasco, Curry, Hood River, Crook, Jefferson, Baker, Morrow, Grant, Harney, Lake, Wallowa, Gilliam, Sherman and Wheeler.

Table of Contents

Summary of Findings

Introduction

The Statewide Context for the Updates

Section 1 Implementation Successes.....	14
A. Counties are responding to data, finding successes and identifying where refinements are needed.....	14
B. Early childhood teams are making improvements in local systems.....	27
C. Improvements are made in services to diverse populations.....	31
D. Coordination of services continues to improve.....	35
E. Homeless and runaway youth.....	37
1) Most critical concerns.....	37
2) County recommendations.....	40
Section 2 Updates include identification of critical gaps.....	42
Section 3 County priorities.....	46
Appendix 1 County processes and implementation.....	48
Appendix 2	
Barriers to implementation and proposed solutions for state government.....	52
Appendix 3 County profiles.....	53

Oregon County Biennial Updates-- Coordinated, Comprehensive Plans For Children and Families

Summary of Findings

County responses listed below are examples, and do not represent a complete listing of responses to findings.

1. Data and community strategies:

- a. Alcohol use by 8th grade students has been increasing since 2003. Counties are:*
 - Sponsoring professional speakers for parents and youth,*
 - Increasing alcohol-free out-of-school activities,*
 - Working with law enforcement on underage drinking prevention,*
 - Establishing coalitions to address the issue,*
 - Increasing community awareness through media campaigns.*

- b. Illicit drug use by 8th grade students is at its lowest rate since 2000, but still 16% of the student report using these drugs. Counties are:*
 - Establishing and maintaining drug courts, despite budget reductions,*
 - Securing grant funds through coalition efforts,*
 - Creating peer mentoring and youth recognition programs,*
 - Focusing on changing community norms.*

- c. Child abuse and neglect rates are increasing statewide, after several years of decline. Counties are:*
 - Sponsoring parenting classes,*
 - Sponsoring training of professionals (physicians, teachers, childcare providers, etc.),*
 - Conducting community awareness campaigns,*
 - Securing new grant funding for programs such as supervised visitation.*

- d. Domestic violence has a negative impact on children and is frequently a side effect of meth consumption. To address domestic violence, counties are:*
 - Collaborating with schools and law enforcement and other agencies*
 - Coordinating services into one location*
 - Creating training and written materials for professionals*

- e. *Teen Pregnancy has been significantly declining for the past decade. Counties are:*
 - *Sponsoring a variety of programs, from S.T.A.R.S. to Baby Think it Over*
 - *Working with specific populations of youth*

- f. *Juvenile arrests for person and property crimes increased in 2003 after a decade of decline. Counties are:*
 - *Incorporating reducing risks and increasing protective factors into programs,*
 - *Addressing truancy,*
 - *Providing mentoring programs,*
 - *Providing wrap-around services to more comprehensively meet needs,*
 - *Taking a case-management approach.*

- g. *The Ready to Learn benchmark has improved significantly. Eighty percent of children enter school ready to learn, as compared to 58% in 1997. Counties are:*
 - *Coordinating with partners to schedule an array of parenting education information,*
 - *Expanding hours for childcare,*
 - *Developing a community framework for educational success,*
 - *Conducting home visiting programs.*

- h. *Poverty statewide has remained fairly level since 2002, but there is considerable variation in the rate among counties. Counties are addressing poverty in a variety of ways, including:*
 - *Creating coalitions to address the issue from a variety of perspectives,*
 - *Focusing interagency efforts on poverty reduction,*
 - *Sponsoring a summit.*

- i. *Methamphetamine use is a significant concern in counties. Counties are:*
 - *Establishing interagency, multi-disciplinary task forces, including action plans that identify who will do what,*
 - *Sponsoring community forums and summits,*
 - *Developing meth prevention plans,*
 - *Providing education for parents and services for children,*
 - *Implementing a matrix model of methamphetamine treatment,*
 - *Increasing the availability of foster care.*

- 2. *Early childhood teams are making improvements in local systems. Twelve counties have expanded existing services and some new services have been created. Counties have developed collaborative grant applications. Training opportunities have been expanded and linkages with schools have been created or strengthened in many counties.*

3. *Improvements have been made in services for diverse populations, including increases in bi-lingual staff, Spanish-language training and multi-lingual program explanatory material. Committees and coalitions have been established. These groups are working together to identify outreach needs, program policies and other ways to improve services. Fairs and other outreach efforts are provided to increase awareness of existing services. Funders are requiring that contractors meet certain requirements for serving diverse populations.*
4. *Coordination of services continues to improve. Many success stories demonstrate that coalitions established in recent years are seeing a payoff in achieving outcomes that individually would not have been possible.*
5. *Runaway and homeless youth resources and services are severely lacking throughout the state. The greatest concerns reported consistently among the counties are:*
 - a. *The need for shelter, meaning a safe place for youth to stay, and*
 - b. *A comprehensive array of services.*
6. *Recommendations regarding policies and services for runaway and homeless youth fall into the following categories:*
 - a. *Need for a uniform definition of homeless and runaway youth,*
 - b. *Improved system for collection of data,*
 - c. *Establishment of a statewide system of services,*
 - d. *Clarification and strengthening of laws,*
 - e. *Improving access to health and mental health services,*
 - f. *Improved agency coordination.*
7. *The top five gaps that have been identified by counties are the same five as reported in the 2004 updates:*
 - a. *Children's mental health,*
 - b. *Family support for high-risk families,*
 - c. *Youth alcohol and drug treatment,*
 - d. *Living wage jobs,*
 - e. *Access to health and dental services.*
8. *Unlike in the 2004 Updates, county priorities did not change significantly since the last biennial update. Strategies were refined, completed strategies were dropped, but overall there are not major changes to report.*

Although counties have demonstrated significant success in achieving outcomes, a common theme in every update was the concern about how budget reductions are impacting prevention programs and staff workload issues.

Feedback from the Counties

Information is included in the biennial updates on the specific barriers that counties are encountering in implementing their coordinated, comprehensive plans, and their suggestions for how state government can assist with reducing or eliminating those barriers. A total of 97 barriers were identified and are grouped into very general categories in Appendix 2. It is notable that barriers related to state agency coordination was the largest group (14.) This is significant because coordination is not directly a function of funding. The concern about implementation of best practices is also evident in that nine counties listed it as a barrier, ranging from the largest county in population to the smallest county. Other categories were agency-specific (22 combined), funding (12), laws (11), program-specific (10), data (6), flexibility (6), partnerships (3), staffing (2).

Oregon County Biennial Updates-- Coordinated, Comprehensive Plans For Children and Families

Introduction

Local coordinated, comprehensive plans provide a means for communities to coordinate the many programs, strategies and services for children ages 0 through 18 and their families and to focus local efforts to improve results. Each of the 36 counties in Oregon completed a six-year coordinated comprehensive plan for children and families in January 2002. Local commissions on children and families have the responsibility for leading, coordinating and facilitating the development of the plan. The plan represents the vision, priorities and strategies of the community. As Lane County described it in its 2006 update,

We have encouraged use of our comprehensive plan as the umbrella or “mother” plan from which more targeted, specific or focused workplans can stem. For example, the Commission’s as well as other community partners’ plans such as the Domestic Violence Council, Early Childhood Planning Team, Human Services Commission, Mental Health Advisory Committee, Alcohol and Drug Issues Forum, the Public Health Division, etc. all refer to, and in some cases stem from, our community “master plan”.

Comprehensive planning, or strategic planning as it is frequently termed in the private sector, is not a static, one-time event. Instead, good strategic plans are updated frequently according to new information received. The biennial updates provide the opportunity for refining and adjusting the 6-year plan. The state Partners for Children and Families provided counties with a list of questions to be completed in their biennial updates. These questions asked for results of reviews of the latest available data for 19 high level outcomes to determine where progress is occurring and what areas need increased attention, to identify where critical gaps in services exist and to provide feedback to state agencies about barriers to implementation of the plans.

The formal community process was followed by a biennial update that was completed in June 2004 and the most recent one, completed February 1, 2006. The biennial updates are required in Oregon Administrative Rules and provide communities with the opportunity to:

- Reassess the plan to test its relevancy to current community conditions and expectations;
- Revise the plan to incorporate significant changes in funding levels;

- Refine priorities, strategies, and outcomes based on updated information;
- Expand, strengthen or acknowledge effective partnerships through discussion of priorities and strategies in the plan; and
- Communicate successes and challenges with state partners.

This report compiles the information contained in the 2006 updates.

Wide Participation in Development of Updates

The six year plans required extensive involvement from the members of the community, non-profits, businesses and government agencies. Counties received input from representatives of a variety of professional and personal perspectives. The extent of participation in the biennial updates was at the discretion of each county. Counties were asked to indicate by category the participants who provided input into this update. Input was received from an average of 30.5 different perspectives in each county. (Actual numbers of participants were not tracked.) Table 1 shows the categories of participants. Representatives of the juvenile justice system, child protective services, substance abuse prevention, early childhood services and public health participated in at least 31 counties, out of 35 counties reporting. The participation in each category for 2006 is very similar to 2004 levels¹.

The processes used to complete the update varied considerably among the counties. Wasco County, for example, held one large community forum, conducted individual interviews with key partners and collected input from community groups at their regular meetings. Josephine County made presentations to community groups and then distributed a survey to community partners and youth-serving groups. The compiled survey results included the category of participant (the Table 1 list) and their zip code to ensure geographical representation. Multnomah County, the largest in population, developed its update through the coordinated efforts of staff from the County's Departments of Health, County Human Services, Community Justice, School and Community Partnerships and the Commission on Children, Families and Community.

What is important in these results is that information contained in the updates does reflect wide input, not just that of a small planning group and not just that of the local commission on children and families.

¹ One category, Safety Net, is now known as Family Support and Connections.

Table 1.
2006 Biennial Update Process Partners
34 counties reporting

Much of the value of planning lies in the relationships that are established and the insights that are shared among the planning participants as a result of focused discussions on shared issues.

Number of Counties:

Juvenile Department	34	Groups of diverse populations	16
DHS - Child abuse & neglect	34	Disability services	16
Prevention coordinators	33	Business	16
Early childhood team representatives	33	Parole/probation	16
Head Start/Oregon Prekindergarten	32	Alternative schools	15
Public health department	31	Workforce Providers	14
Child care resource and referral	31	Public Housing Authorities	14
Service providers – Juvenile Justice	30	Other Health Care Providers	13
Local mental health authority	30	Chamber of Commerce	13
County human services agency	30	Community Partnership Teams	13
Domestic violence organizations	29	Service Clubs	12
DHS - Food,cash,housing	29	Neighborhood coalitions	12
School district	29	Community Colleges	12
Safety net	28	Other affordable housing providers	11
Law enforcement	28	School Board	10
Early Intervention/Early Child. Spec. Educ.	28	Tribal governments	8
DHS Service providers	27	Other	7
General Population	26	HMOs	7
A&D Service providers	25	Parent teacher associations	3
After-school programs	25		
Educational Service District	24		
Faith Community	23		
Clients/consumers	23		
Specific schools	22		
Mental health organizations	22		
Community Action Agency	22		
Youth	21		
Other county government entity	21		
Advocacy groups	20		
Child care providers	18		
People with Special Needs	16		
Hospitals	16		

The Statewide Context for the Updates

Economy

At this biennial update, the State is recovering from the worst economic slump in almost 30 years. State revenues declined from \$12 billion to \$9 billion in 2003². Oregon's unemployment rate was over 8.5% – the highest state in the country. Now Oregon's unemployment rate is down to 5.7% and the job growth rate is the 5th fastest in the nation. The substantial negative effects of job loss and poverty on families are well-documented. In the county updates, it is apparent that the economy and lack of jobs drive many of the social issues addressed in the plan. In fact, as described in more detail later in this report, in a ranking of critical gaps across the state, living wage jobs ranks #4, above many important human services.

The Oregon Business Plan³ outlines some of the economic characteristics of counties and helps provide a context for understanding the unique issues and concerns that they face that are not apparent in a statewide aggregation of data:

Oregon is now a set of regional economies, not a single statewide economy. Four factors characterize a regional view of Oregon:

- *Different parts of Oregon have distinctive economies reflecting the locational preferences of various industry clusters.*
- *Declining pay is the chief economic problem of rural regions. All of the regions outside the Willamette Valley have lower average wage levels today, adjusted for inflation, than in 1976. Northwest Oregon wages are up 20 percent.*
- *Regional pay differentials closely correlate with variations in educational attainment—rural areas have far fewer highly educated workers as a fraction of their population than does the Portland metropolitan area.*
- *No region has failed to create jobs. Every region has more jobs than in 1976; growth rates in lagging regions (Eastern Oregon, Coos-Curry-Douglas) have been a third to 40 percent of the state average. Southern and Central Oregon are growing faster than the rest of the state.*

All programs and services for children and families are feeling the effects of three rounds of budget reductions at the state level, and the potential for new budget cuts to social services by the federal government. The 2005 legislative session reduced the budget for the Department of Human Services in field staffing for self-sufficiency and child welfare programs, the JOBS employment and training program, cost-of-living adjustments for clients and providers, and abstinence education and the Community Safety Net programs. The projected need for Temporary Assistance for Needy Families, Employment Related Day Care, and some child welfare program services was not fully funded.

² State of the State Address, Governor Ted Kulongoski, February 24, 2006

³ Oregon Business Plan, accessed March 2, 2006 at www.oregonbusinessplan.org/plan_economy.html

Local Commissions on Children and Families received cuts in funding for local staffing and services and supports, including a 20% reduction in Healthy Start. The impacts that the reduction in local staffing has on the ability to carry out the work envisioned in the comprehensive plans are mentioned frequently in the updates.

Polk County summarized the impacts of budget reductions in the area of child maltreatment:

There are several reasons for the increase that Polk County, as well as the state in general, is seeing an increase in child maltreatment rates. The struggling economy for the past four years has created more families living in poverty without health coverage and many basic needs. Additionally, services directly targeting this outcome have had unstable funding. Healthy Start funding decreased from 65% to 47% in 2004. Funding for Court Appointed Special Advocates (CASA) decreased by nearly 18% in the last two years. Both of these programs specifically serve children at risk of abuse. Non-profit partners who serve this population have also struggled during the economic downturn. Department of Human Services Child Welfare staff are stretched thin and are struggling to keep up with the number of children in need of Foster Homes due to removal from their homes from the increasing methamphetamine use.

Programs and Initiatives

New legislation (HB 2202) was adopted by the 2004 legislature that brings a coordinated focus to the growing population of *homeless and runaway youth*. The legislation assigns the Oregon Commission on Children & Families as the lead agency in coordinating statewide planning for delivery of services to homeless youth and their families. The work will result in recommendations to the legislature for: policies that integrate a system of services for homeless youth in the state's continuum of care; funding mechanisms that will support a continuum of services; policies that address parental responsibility; and long term goals to address the underlying causes of homelessness. Informing these recommendations will be information gathered through local comprehensive planning processes and demonstration sites that will examine barriers to the local implementation of care and services to runaway and homeless youth that result from existing state level policies. The work of HB 2202 will also encompass the identification of means of service delivery for the homeless and runaway population that are culturally competent, gender specific and evidence based.

With an ongoing commitment to the Temporary Assistance for Needy Families (TANF) Children's Initiative, the Department of Human Services, Children, Adults, and Families, in consultation with the Oregon Commission on Children and Families, has developed a program aimed at preventing child abuse and neglect in TANF households. The *Family Support & Connections Program* replaces the former Community Safety Net Program and focuses on the TANF Population. The ultimate goal is to serve TANF children safely within their families and thus reduce the percentage of TANF children who require foster care services. The individual

goals of the program are to improve: caregiver-child relationships; parental coping skills; social supports and community connections; economic stability.

The *Oregon Early Childhood Foundations* are a new resource providing “guidelines” for all adults working with children ages three to five. Expansion to ages zero to three will be occurring in the future. The Foundations are designed to assist Parents, Families, Child-Care Providers, Pre-school and Pre-kindergarten Programs promote learning and healthy development of Oregon’s young children.

The *Children’s Mental Health Systems Change Initiative* was developed in response to a budget note passed in the 2003 Legislature. The goal of the Initiative is to substantially increase the availability and quality (breadth, depth and intensity) of individualized, intensive home and community-based services so that children are served in the most natural environment possible and so that the use of institutional care is minimized. The initiative puts children at the center of the system. Families are encouraged to be part of the case planning and are majority participants on the advisory body that oversees the change initiative.

Based on legislation adopted during the 2001 legislative session, state agencies continue to work together to develop and support a statewide system of *community learning centers*. Through interagency partnerships a state level coordinator is devoted full time to facilitate the creation and enhancement of new and existing community schools. A community school is both a place and a set of partnerships between a school and other community resources keeping open before, during and after school, 7 days a week and during the summer. It integrates academics, services, supports, and opportunities to improve student learning, strengthen families, and promote healthier communities.

Section 1. Implementation Successes

A. Counties are Responding to Data, Finding Successes and Identifying Where Refinements are Needed.

Counties in this update reported on changes in their current data and provided examples that illustrate community responses to the concerns raised by the data. This update provides many examples of successful work that is focused on outcomes. An example of how data are used to inform program decisions comes from Union County:

Our rationale is that 75% of current known runaway/homeless youth (in La Grande) are dealing with substance abuse issues, either themselves or their parent(s); ninety-nine percent of the abuse involves crystal meth. La Grande School District was so alarmed by this statistic that Safe & Drug Free School dollars were redirected and used to increase the Homeless Liaison hours from 2.5/week to 20.

Union county is refining one strategy based on the data, but also is continuing implementation of all parts of the comprehensive plan.

The following are highlights of some of the work now underway in counties in selected benchmark and other areas, as reported in their updates. One overarching issue – the increasing use of methamphetamines and the impacts on children and communities – is discussed at the end of this section. These responses are primarily from question 3.a. of the Update, “How did we do in addressing our priorities and strategies? Provide specific examples.” Please note that these are examples and not a comprehensive list.

Note: Each section has the most recent year of benchmark data from the Oregon Progress Board website. Beside each county is a number in parenthesis. That is the county’s rate or percentage of the benchmark.

BENCHMARK: ALCOHOL USE BY 8TH GRADE STUDENTS

Statewide average: 30.1% of 8th grade students report using alcohol in the previous 30 days (2005 data)

State – This benchmark has been trending upward since 2003, when it was at 24.7%.

Baker (44.9%) - The Prevention Coalition is aggressively addressing these issues by bringing in speakers (adult and youth), starting the “Rewards and Reminders program, and becoming involved with local law enforcement and the underage drinking party dispersal program. 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.

Lake (40.6%) - In May 2005, a law enforcement training was held on underage drinking with representatives from the Lakeview police department, the district attorney's office and the county sheriff's deputies. With the partnership of peer court jurors and OSSOM students, police were able to practice refreshed party dispersal skills. Lake County Mental Health/Lutheran Community Services Prevention Department has reported to 7 community groups on the countywide survey of adult attitudes and community norms regarding underage alcohol and other drug use. The Lake County Examiner has published over 20 articles concerning teen alcohol and drug prevention this past year and the District 7 school board has placed the topic of youth and alcohol/drug use on their agenda for an upcoming community meeting.

Curry (35.2%) - Much work has been accomplished to address drug and alcohol issues. Meetings were held in the three primary communities and a coalition was established..

Wallowa (31.3%) – The goal is to 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”. 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.

Lincoln (26.0%--2004) - In 2004-05 the Commission gathered a group of community members and providers to address the 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.

BENCHMARK: ILLICIT DRUG USE

Statewide average: 15.9% of 8th grade students who report using illicit drugs in the past 30 days. (2005 data)

State – Although there is considerable fluctuation in the figures over the past five years, the 2005 figure of 15.9% is the lowest since 2000.

Crook (26.8%)- A strength in this area is the importance that the Court system has placed on maintenance of the Drug Court model in our community.

Deschutes (26.8%) - 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.

Coos (19.2%) - 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.

Gilliam (18.5%) - 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.

Hood River (18.5%) – Three coalitions have had a huge impact on increasing community awareness around drug use and abuse and are currently working to change community norms favorable to drug use.

Sherman (18.5%) - 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.

Grant (16.7%) - Received a Drug Free Communities grant to help combat underage alcohol, tobacco and other drug usage numbers.

Umatilla (16%) - 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. 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.

Clackamas (14.4%) - 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.

Linn (11.8%) - New strategies were added to the Plan including one to specifically seek legislation related to the meth/drug problem.

BENCHMARK: CHILD MALTREATMENT

Statewide average: 12.0 per 1,000 persons under 18, who are abused or neglected or who are at risk of abuse or neglect. (2004 data)

State- After seeing declines in the rate for 2001 and 2002, maltreatment rates are increasing. The 2005 figure alone of 12.0 per 1,000 compares with 9.7 just two years prior in 2002.

Baker (20.8) - We are now regularly offering parenting classes to the general public. These classes use the following curriculums: Nurturing Parenting, Parenting Wisely, Make Parenting a Pleasure, Love and Logic and Temperament Talk.

Wasco (22.0 Wasco/Sherman) - Start up a new committee to address Methamphetamine in relation to Child Abuse in the County.

Jackson (15.9) – Develop and provide professional training focused on child abuse and neglect problems related to mental health, methamphetamine and other drug and alcohol abuse, domestic violence and parents with developmental delays. Primary focus will be on prenatal to age five years. Target audience to include: Private physicians, teachers, child care providers, paraprofessionals and general public.

Gilliam (15.8) - 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. The lack of parenting skills is being addressed in our county through many various efforts of hosting parent education trainings and the Home Visiting program is serving all births in our county currently to try to help all families that may be in a very stressful time.

Multnomah (11.8) - 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

Clatsop (10.8) - 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.

Umatilla (11.4)- 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 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.

Deschutes (8.3) –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

Wallowa (7.7) - 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.

DOMESTIC VIOLENCE

Data are not readily available for domestic violence incidents, but the negative impact that witnessing domestic violence has on children is well-documented.

Baker - A teen advocate, collaborating with schools, is helping youth victims and witnesses of domestic violence.

Columbia - 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. Domestic violence providers have combined resources and hired one volunteer coordinator to assist all agencies in increasing qualified and trained volunteers.

Coos - 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 agency's ability to serve their clients and better develop their strategies.

Lane - 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.

Malheur - Collaboration among agencies in reducing domestic violence and child abuse is ongoing.

BENCHMARK: JUVENILE CRIME

Statewide average: 16.6 juvenile arrests for person and property crimes per 1,000 juveniles per year. (2003 data)

State – Overall, the rate has been trending down for the past decade. The 2003 rate is higher than 2002 but about the same as in 2001, so it should be watched to determine whether this is an upswing, or just a single year fluctuation.

Jackson (33.4) – Services for high-risk pre-offenders ages 10-17. Youth identified for service show risk factors in at least three of five areas. Case management is focused on reducing risks and increasing protective factors, and based on the system-of-care model. Treatment and referral services are targeted to priority programs that specifically serve youth at risk for delinquency.

Crook (21.6)- 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.

Clatsop (19.9) - 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.

Curry (15.7) - The Safety Net program has organized and coordinated efforts to help youth at risk.

Morrow (10.7) - 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.

Clackamas (10.2) - 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

Wasco (9.8) - 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 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.

BENCHMARK: TEEN PREGNANCY

Statewide average = 10.9 pregnancies per 1,000 females ages 10-17. (2002 data)

State – Continuing a steady decline over the past decade. The rate of 10.9 per 1,000 is a significant decline from the 19.2 rate per 1,000 in 1995.

Umatilla (14.5) - 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.

Multnomah (14.3) - Worked with Latino/a Youth to present a forum on teen pregnancy prevention.

Lincoln (10.8) - 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.

Crook (7.8) - 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. (ed. note: For comparison, the Crook county rate per 1,000 in 1996 was 21.3.)

EARLY CHILDHOOD

BENCHMARK: READY TO LEARN

This section includes work underway in the counties on child care availability and affordability, parenting education and preschool, and the work of the early childhood coordinating councils in each county. Although there are several benchmarks related to early childhood, the Ready to Learn benchmark provides a comprehensive measure of progress. The number beside each county is the ready-to-learn percentage. The information comes from a survey in which 73% of public and private school teachers responded.

Statewide average = 79.8% of children enter school ready to learn. (2004 data)

State: This measure has continued to improve significantly since 1997, when the statewide average was 58.1%. With the exception of Wheeler county which started at 100%, the percentage for all counties has improved since 1997. Gilliam county, for example, had the lowest rate at 41.2% in 1997 and is now at 84.6%.

Wasco (58.9%) - In 2002, a Parent Education Focus group was formed. Through that group, strategies have 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 parent education instructors, and implemented a common outcome measurement tool.

Curry (72.7%) - The juvenile department has implemented an early childhood specialist.

Lincoln (74.3%)- 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.

Multnomah (75.8%) - The School Age Council (SAC), a volunteer-led advisory body, is working to impact the educational success of all children and youth in Multnomah County. The SAC created a Children and Youth Framework to address educational success, and will work within this guiding document by: Reviewing existing policies and practices; Making policy and implementation recommendations; and Advocating for changes resulting from the recommendations. 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

Columbia (78.7%) - Training provided monthly to early childhood providers and advisory committees.

Lane (81.6%) - 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.

Marion (82.7%) - 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). 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 and Parenting classes.

Douglas – (83.2%) In 2003-05, early childhood team 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. The team also operates a parenting brokerage where partners pitch in funding to sustain the initiative.

Clatsop – (83.3%) 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.

Gilliam (84.6%) - 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.

BENCHMARK: POVERTY

Statewide average: 11.3% of Oregonians with incomes below 100% of the federal poverty level. (2002 data)

State – The percent of Oregonians below the poverty level for the state as a whole has been fairly level from 1997 to 2002. However, within the average there is considerable variation. The three year average (2000 – 2002) for the county with the highest rate (Malheur) is 19.7%, compared to 7.1% for the county with the lowest rate (Clackamas.)

Lake (14.8%) - In April 2005, Klamath/Lake Community Action Services hosted the first annual Poverty Conference in Klamath and Lake Counties.

Crook (12.4%) –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.

Union (12.0%) - With this update, the CCF is again reminded that it is imperative to improve the economic condition of local families. With a primary focus on poverty, the CCF will be working on companion strategies. These include homeless youth and families, food insecurity, health care access, child abuse, substance abuse, and child nutrition and fitness. Because many of our economically-stressed families reside in communities outside of La Grande, the CCF will continue to emphasize provision of services county-wide.

Wallowa (11.8%) - 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”.

Linn (10.9%) - 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.

METHAMPHETAMINE USE

The impact of methamphetamine use on families, communities and social service systems is discussed in the plan updates. Although counties were not specifically asked to describe local efforts against meth use, 24 counties did provide some description of either the impact or the work underway to address the issue. The following are highlights of local efforts:

Benton - The CCF has partnered with other community advisory groups to hold community forums to review successes and gaps that exist in the community. Forum topics included child abuse prevention, domestic violence, youth violence, methamphetamine use, and children of incarcerated parents.

Confederated Tribes of the Umatilla Reservation - The Confederated Tribes of The Umatilla Reservation have started the "Rez Watch" which is a community coalition approach to help prevent the Meth problem. *(from the Umatilla County Update)*

Coos - Attacking the use and production of Methamphetamines by educating businesses, eradicating labs and providing treatment programs. Accomplished through the work of the Meth Task Force, SCINT, law enforcement, and treatment providers.

Crook - By pulling together a steering committee that is a sub-committee of the Community Coalition, and adding treatment providers, this group has taken on much of the community education on effects of meth, how to work with law enforcement, etc. With increased awareness around this issue, the local chamber of commerce decided in January of this year to make it part of their agenda and are taking on the project of developing a Drug Free Workplace Alliance for businesses. We have three larger employers who have pledged to help finance assistance to assure that smaller businesses can afford the kits, some technical assistance and subsidy for drug testing. They have come to see this as a serious workforce issue that they would like the chamber and its many members to work with prevention and treatment professionals to address. In addition, we are seeing more and more program components to adequately serve our Spanish speaking population, including meth prevention outreach in Spanish.

Jackson - In response to the escalating costs of methamphetamine abuse in Jackson County, a Meth Task Force was formed by Jackson County Health and Human Services. The Meth Task Force is a multi-disciplinary approach to the eradication of methamphetamine use - supporting treatment, public safety, family stability, and prevention in Jackson County. A well attended Methamphetamine Summit was held in 2005 with a follow-up planned for January 2006. Through the Summit work, eight specific strategies and action steps were developed. For example, in the early childhood area the action steps are:

1. Get information on methamphetamine abuse and local treatment resources to all community settings with at-risk families: shelters, Head Start, food banks, low-income service providers, non-profit health providers.
2. Get information to families with young children through schools, early childhood providers, churches, preschools, child care, community family programs.
3. Develop focus group of parents in recovery to explore best practices in early intervention.

Both government and a private foundation have committed over \$400,000 for meth efforts in Jackson County. The legal system and administrative rules do not sufficiently protect children in meth endangered communities. Recommend a legislative review of child protective legislation in relation to impact of methamphetamine.

Jefferson - A concerned group of agency workers and community members has formed 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.

Josephine - Lack of law enforcement officers to adequately suppress drug manufacturing, i.e. meth labs and marijuana.

Lane - Since the last update of Lane County's Coordinated Comprehensive Plan for Services for Children and Families in June 2004, there have been two interconnected themes dominating the thinking and efforts of local policy-makers, decision-makers and service providers: Public Safety and the Methamphetamine Crisis.

Lincoln - A 2003 update to the Lincoln County Meth Initiative developed by the Office of Lincoln County Legal Counsel called for the creation of a Lincoln County Drug Endangered Children (DEC) Program. DEC services generally fall into two categories: Level 1 and Level 2. Level 1- services are for children removed from a toxic meth lab environment. The District Attorney's Office, with assistance from the Multi-Disciplinary Team, the Lincoln Interagency Narcotics Team (LINT), local hospitals, and many other partners, recently developed a protocol for children found in these toxic meth lab environments. However, recent actions taken to control pseudoephedrine, the key ingredient necessary to make meth, have significantly reduced the incidence of meth labs throughout Lincoln County and Oregon. In Lincoln County, we have not removed a child from a meth lab environment since those regulations went into effect in November of 2004.

Level 2 – services for children removed from home where there was meth use. Despite the progress in a Level 1 services, Lincoln County is seeing an exploding 21 increase in children removed from Level 2 environments. The methamphetamine epidemic alone is driving the system in a way that no one could have anticipated.

Linn - Developed a countywide meth prevention plan and sponsored a Linn County Meth Forum, which was followed by committee meetings. In addition, methamphetamine use was cited as the number one drug issue dealing with homelessness. Either the youth are leaving homes where methamphetamine is being used or manufactured by the adults in the home or they are involved themselves or become involved while they are out of the home.

Marion - Countywide No Meth Campaign. Methamphetamine manufacturing, distribution, and use have caused severe and acute problems for children, youth, families, and the systems and communities that support them. Developing a community tool kit that showcases the successful Salem-area initiative called "No Meth - Not in My Neighborhood." Communities are creating a sustainable response that complements what treatment and enforcement systems can do. Family Building Blocks, the Department of Human Services, and the Marion County Circuit Court are working together to open two classrooms to help infants and toddlers who have been pulled from meth homes or have had other traumatic events in their life. It will also provide services to the parents or foster care providers that will show how to provide consistent nurturing and accountability. Bottom line: Nothing about their life falls through the cracks. The commission's new structure has engaged high-level business leaders and institutional "gatekeepers." Its' plan addresses the spectrum of issues in Marion County, including the meth epidemic and longer-term supports, with clarity and focus.

Morrow - Morrow and Umatilla Counties are federally designated as High Intensity Drug Traffic Areas. Partners agree that methamphetamine abuse is increasing and impacts every facet of life in Morrow County. Law enforcement is working diligently to combat this destructive drug locally, as well as in partnership with the Blue Mountain Enforcement Narcotics Team (BENT) which serves both Morrow and Umatilla Counties. Current data available for methamphetamine arrests is from BENT and include Umatilla County arrests.

Multnomah - DCHS obtained a \$500,000 per year grant for matrix model methamphetamine treatment, successfully implemented the new model and achieved full treatment capacity.

Polk - Department of Human Services Child Welfare staff are stretched thin and are struggling to keep up with the number of children in need of Foster Homes due to removal from their homes from the increasing methamphetamine use.

Union - The substance abuse battle, both legal and illegal, is another factor that could influence local data. The La Grande Police Department reports that over 900 medical marijuana cards have been issued to residents of Union County (population 24,850). Union County ranks # 1 in Oregon in written Oxycontin prescriptions. Methamphetamine is also impacting social services. In a 6 month report, DHS Child Welfare determined that 33% of their intakes include concerns about meth. Almost 60% of the domestic violence cases have a meth component and roughly 40% of meth cases have a DV component. The county has held two Meth Forums and has a city/county meth task force.

Wasco - The increasing predominance of methamphetamine addictions within the families on Child Welfare's local caseload have lead to increasing numbers of children who are unable to be safely maintained in their own homes. The county has responded by the start-up of a new committee to address Methamphetamine in relation to Child Abuse in the County.

B. Early Childhood Teams are Making Improvements in Local Systems

Describe any specific improvements made in the early childhood system as a result of the efforts of the Early Childhood Team.

Responses to this question generally fell into the categories of improvements made in the local early childhood system, expansions of services that otherwise would not have occurred, an increase in grant funding, and an increase in the provision of training and improved linkages with schools. Because this is an open-ended question, county responses are what they chose to highlight and are not necessarily all-inclusive of the work of the Early Childhood Teams (ECT). Better coordination, for example, was mentioned by some counties but not others, even though it was evident in the county's response that what was highlighted could not have occurred unless better coordination had occurred. The following is the list of major categories that emerged and some highlights from the updates for each of those categories. Please note that this is not intended to be a comprehensive listing of all work underway in counties.

Early Childhood System Improvements

Ten counties described improved coordination, new or stronger partnerships, establishment of networks and improved communication. Three additional counties described improved knowledge of the system among all partners. Five other counties described improvements in system efficiency, quality improvements and improved access to services.

- Wasco - The Early Childhood Team was responsible for the design and implementation of the Home Visiting Referral Network. This Network has been operational for nearly four years and is the primary resource for referrals for all home visiting services. The Network allows partners to coordinate services and communicate regarding case management when more than one service is appropriate for a family. In addition, the Network has been a model in working with medical providers. The Network has been a true collaborative effort that has been implemented with no additional funding.
- Columbia - Referrals among partners are more appropriate and timely which results in increased access and decreased administrative expenses. Quality of programs have improved as providers share information and seek input from one another about services and outcomes. Collaboration in program planning and staff and client training has increased, which decreases administrative expenses. There is an increase in the identification of special needs children and services for them, including an increase in the number who are in Head Start settings.

- Curry - Communication among providers is much improved and services offered are coordinated by that improved communication. Care Connections has offered training and referral. Members have improved coordination and understanding of needs and services through participation.
- Morrow - All of the programs have a clearer understanding of what each program can and cannot do. The team meetings have been crucial to implementing solutions because everyone is at the table to identify and work on problems areas together.
- Jackson – One of the recent joint meetings resulted in discussions leading to Asante Child Development Center offering space for the Children’s Relief Nursery.

Service Expansion

Twelve counties indicated that as a result of their ECTs, existing services have been expanded and in a few cases new services were created. Of the twelve counties, only two were small counties, eight were medium-sized and two were large counties.

- Wallowa – Through participation in Early Childhood Team meetings, the Wallowa County Library “Training Wheels” program connected with Safe Harbors (domestic violence shelter), the Health Department, Wallowa Memorial Hospital and Building Healthy Families and expanded their early literacy outreach through these organizations.
- Coos – The efforts of the Early Childhood Committee have resulted in expanded preschool education and parenting programs throughout the county.
- Jackson - Legislative and private funding for a Children’s Relief Nursery was achieved through support and leadership form Early Childhood Partnership Team members.
- Yamhill - A gap identified in the 2003 Update was the need for bilingual mental health providers, especially males. The ECC and local partners that provide mental health services to families, youth, and children hired two bilingual providers, one male. This is in part due to the successful Oregon Children’s Plan grant that brought in bilingual Theraplay services locally.
- Malheur - Law Enforcement, the Snake River Correctional Facility, school personnel, and members of the Early Childhood Team were key partners involved to coordinate and address ending the cycle of criminality. A goal that has come out of these particular discussions are to plan for a Crisis Relief Nursery for the 07-09 biennium. A strong community business leader has agreed to chair the workgroup.
- Umatilla - Since there are two state correctional facilities in Umatilla County, efforts to improve the outcomes of these families are being highlighted by the Early

Childhood Partnership Team. This is being led by a collaborative consisting of EOCI, CCF, Foster Grandparents, and the Children's Justice Alliance. One outcome of this collaborative endeavor is identifying the need to establish a Crisis Relief Nursery in Umatilla County. Planning meetings are underway.

The Marion County ECT also is working on this issue.

Collaboration on Grant Applications

ECTs in twelve counties (and probably many more) have worked together to submit strong grant-funding proposals based on their coordinated efforts.

- Deschutes - 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.
- Lane - We have worked together in a variety of funding proposals. Even though these have not resulted in additional funding I believe strong community partnerships have been developed.
- Washington - The Childhood Care and Education Advisory Committee was instrumental in helping shape the service delivery strategy for the Early Childhood Mental Health Consultation grant, and has been critical in providing assistance to the contracted agency in identifying and networking with early childhood programs to target strategies for successfully engaging early childhood professionals and families. The committee routinely reviews the project and provides feedback and support to continue to improve and refine the model.

Increased Opportunities for Training

ECTs have worked in a variety of ways to expand opportunities for training of child care providers, partners and the community.

- Josephine – A “No Wrong Door” training was held to inform and update the public, community agencies, new staff, and volunteers of the services and resources available in Josephine County. Women's Crisis Support Team organized the training with support by the Commission for Children and Families, Substance Abuse Community Action Team, and the Grants Pass Early Childhood Council. The training was also videotaped for future access by new agency staff and volunteers.

- Columbia – Education for grandparents raising grandchildren has been implemented and will be sustained.
- Gilliam – There has been just been better coordination in planning when trainings are concerned and collaborative partnering to ensure that we get the most for the dollars being spent. You can see a clear increase in...the number of providers becoming education and not as much turnover in staff recently.

Improved Linkages with Schools, Businesses

ECTs in six counties have created or strengthened linkages with schools, improving transitions and services.

- Baker - We have coordinated efforts with the elementary schools and are now providing after school activities in all elementary schools in the Baker 5J school district.
- Clackamas - The Prevention Committee has led the charge to integrate social service supports in school buildings. Champions on the Committee have introduced providers to district stakeholders which opened the door to increase collaboration and cooperation.
- Douglas - The early childhood team's brokerage has increased the involvement of schools in early childhood education.

In addition to linkages with schools, community and business linkages are crucial:

- Marion - Another positive element for the Early Childhood Consortium is the engagement of the business community in responding to early childhood issues.

Other

Six counties specifically mentioned their services to Hispanic/Latino and Native American children. Seven counties described how gaps had been identified and the ECT began work to address them. Two counties reported on public awareness efforts that result in improved understanding of the needs of young children and the community resources that are available.

C. Improvements Are Made in Services for Diverse Populations

Provide a brief summary of significant improvements in programs, services and supports for their diverse populations.

Counties provided a variety of examples of successful local efforts in their responses to this question. Most of these efforts revolve around program improvements, establishing committees and coalitions or adding more diversity to existing committees, providing fairs and other organized outreach for community residents to find out more about service availability, requiring that contractors provide culturally-sensitive services, obtaining grant funding to target services to specific populations, and providing staff training. Most of what has been accomplished has been done as a result of strengthened community partnerships, rather than increased funding.

Many counties, particularly the eastern Oregon counties with smaller populations, noted that diversity includes economic disparities and age differences, as well as race and ethnicity.

The following listing gives examples of the work of the counties in this area:

Program improvements

- Clackamas - The Clackamas County Juvenile Department in their most recent update for the biennium just completed identified an increase in staff that are bi-lingual and are from diverse ethnic minorities. Some previously conducted English cognitive skills classes are now being conducted in Spanish. There is some development work in progress for the possible creation of a diversion panel for Spanish-speaking youth (currently there are 10 diversion panels).
- Columbia – Written materials for all agencies are available in Spanish.
- Crook - With the advent of Ochoco Community Clinic, there was significant improvement in access to health services for the Spanish-speaking population. Prior to that time, there were on-call translators available in the emergency room, but literally no capacity in local medical provider offices and no opportunity to help Spanish speakers who had emigrated from a different country to understand our medical system. Thus, they were usually not seeking medical assistance until they needed emergency care at the hospital.
- Jefferson – Through a unique partnership among the school district, juvenile justice, the Warm Springs tribe and several agencies, a program was established in the high school that provides gender specific and cultural specific services. One of the classes offered is Girls Circle for Native American girls.

- Marion - Marion County's Training Camp for New Dads started a Spanish-language training to engage monolingual Hispanic fathers. The Commission provided initial funding to launch this model for training and mentoring new fathers, in partnership with the Salem and Silverton Hospitals, as well as the Willamette Education Service District, the Health Department, the Salem Leadership Foundation, and Chemeketa Community College, among others.
- Multnomah - Our Communities of Color Partnership continues to be a success. We are expanding its multi-disciplinary team model, designed for high-risk youth of color, for use with all youth at high-risk to recidivate.

Committees and Coalitions

- Benton - The Linn-Benton Hispanic Advisory Committee plays an important role in reviewing services provided to Spanish speaking families. The LBHAC offers feedback to community plans, policymakers and key stakeholders in each community.
- Malheur - The Farmworker Resource Committee and Lifeways Advisory Committee meet on a regular basis to discuss program and supports to improve services to diverse populations.
- Marion - Established a Youth Consortium to deliberate on policies, strategies, and resources for youth (ages 9-18+). This development complements an existing Early Childhood Consortium, which fulfills a comparable role for families with children ages 0-8. Commission staff support the Youth Consortium. It meets in varying youth development settings across the County to showcase initiatives, programs, and services. The Youth Consortium has taken on the runaway and homeless youth planning role.
- Multnomah - Our Communities of Color Partnership continues to be a success. We are expanding its multi-disciplinary team model, designed for high-risk youth of color, for use with all youth at high-risk to recidivate.
- Washington - There are also several community coalitions that have provided forums for providers to provide input and seek guidance from diverse communities to support effective service delivery, including the Latino Family Services Coalition and the Diversity Consortium.
- Wheeler - The WHY, Wheeler Helping Youth has increased its' membership to all high schools in the county and have begun working together to present youth programs that reach all students in the middle and high school age range. WHY is comprised of thirteen youth members from the schools that meet on Monday nights before the commission meetings to complete programs and develop outreach methods.

Fairs and other outreach

- Douglas - The Hispanic Network yearly sponsors an Hispanic Celebration Cultural event that also serves to bring services and resources to the local Hispanic Community. This year's event took place in September 2005 and focused on youth.
- Harney - 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.
- Linn - Staff participated in the presentation of the Linn Benton Hispanic Advisory Committee's annual "La Fiesta" which was held at South Albany High School in October of 2004 and again in Corvallis in October of 2005. This activity features a resource fair, entertainment and food, focusing on our Hispanic Community.
- Umatilla - In Milton-Freewater, the DVS bi-lingual advocate works with all programs in DHS to provide Domestic Violence / Sexual Assault (DV/SA) services. Orchard Homes (migrant camp) also gives the bi-lingual advocate referrals. They have 2.5 FTE bi-lingual advocates in Umatilla County. They provide outreach to diverse populations by providing DV/SA presentations and information in Spanish at high schools throughout Umatilla County. They also post flyers with the crisis line number on it in Spanish in many places throughout the county.
- Union - One student will be developing a community resource guide outlining rights, contact information, and "how to" steps for homeless families and runaway/unaccompanied youth. The second student will develop a community readiness/awareness assessment to gauge the environment in the five school districts. Findings from the assessment will be used to encourage districts to identify and support runaway/unaccompanied youth, and to raise public awareness about this population.
- Washington - A Somali community celebration is currently being planned for January, 2006 to bring social service providers together with Somali families to build cross-cultural understanding.

Program requirements

- Clackamas - Clackamas County continues to utilize a Cultural Competency Self-Assessment for the providers funded through the funds awarded through grant streams administered by the Commission on Children & Families.

- Lane - All service provider contracts through the Department of Children and Families continue to have a clause which mandates that \$500 of their funding award specifically be spent on activities relating to improving or increasing the cultural competency of their services or staff. This money can be spent on translators/ interpreters, staff training, building improvements, etc. We believe that funders should acknowledge and shoulder the additional expenses incurred for increasing access to all populations. It should not be assumed that this expense is the sole responsibility of the service provider.

Grants

- Washington - The County was successful in securing a SIG Early Childhood System Improvement Grant from OMHAS, and is implementing an initiative to increase access to behavioral health services for Latino families with young children.

Training

- Deschutes - Deschutes County has held a number of cultural diversity trainings for the staff of programs serving children and families. While one agency might organize the training, these trainings are most often open to the entire program service community. Examples of typical training topics include working with families in poverty and from Hispanic backgrounds. The community also often holds trainings to work with specialized populations that span the service continuum, such as family violence.

D. Coordination of Services Continues to Improve

Counties were asked to select from the list below the one that best characterizes the results of county efforts to better coordinate and improve services.

Table 2. Changes in Coordination

	Number of counties
No Change	2
Improved Coordination, No Change in programs and services	3
Improved Coordination, With Change in programs and services	30
Change in Programs & Services	0
Other	0

The above table shows the question's results. Most counties have experienced changes in programs and services as a result of better coordination. Results from the 2004 Updates were similar, but are slightly better in 2006. Throughout the update documents there are outstanding examples of community groups coming together to resolve local issues. The following are examples taken from the updates:

- Harney - 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.
- Josephine - As a result of the Commission's Comprehensive Planning process, and the identified priority to increase parent education and training, the Coalition for Kids' (CFK) Board of Directors adopted the priority and will work to encourage parents to think of parenting classes as the normal thing to do. In May 2005, Coalition for Kids held a Parenting Education and Support Work Group to develop recommendations to be presented to the CFK Board for action. Thirty-eight community partners participated. The group suggested an initial focus on all newborns and to facilitate connections to other parents and resources in a trust building way to "normalize" the process of ongoing support—similar to the Healthy Start model. The Chamber of Commerce has offered to list all parenting classes and resources on their website. The regional Parenting newspaper will be contacted to

ask that a separate page be developed specific to Josephine County services and resources.

- Polk - Community Mobilization in Polk County is accomplished through the cooperative efforts of the Commission for Children and Families and Service Integration Project. Local data from surveys done by our Service Integration project on a bi-annual basis reflect a high level of partner collaboration – 98% average. Polk County has over 30 multi-disciplinary teams, committees, and coalitions. Thirty-six state, county, and local agencies/programs, education, elected officials and tribal representation have signed a Memorandum of Agreement for participation in Service Integration in Polk County.
- Washington - Hands on Washington County opened its doors as the first volunteer center in Washington County in October 2005. Created through a grass roots planning effort facilitated by the Commission on Children and Families and the Vision Action Network, the center has placed more than 1,000 volunteers in its first year, in projects ranging from ‘Done in a Day’ team projects, to long term placements in community agencies. It is anticipated that as many as 500 volunteers will come out to assist in a range of volunteer projects on January 16, 2006: Martin Luther King Day – a day on not a day off. Volunteer agencies, community advocates, business people, faith community representatives, and social service agency personnel participated in the planning to develop the center, and continue to be involved in an on-going advisory committee co-chaired by a lay CCF member and a faith community representative.
- Coos - 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.

E. Homeless & Runaway Youth

1. Most Critical Concerns

What are your county's greatest concerns regarding the homeless and runaway population?

This question seeks to find what is most pressing in the communities at this time for homeless and runaway youth. Counties were not limited in the number of greatest concerns that they could list. More than 50 concerns were listed by 31 counties. The greatest concerns listed in the county biennial updates can be loosely grouped into two major areas:

- Shelter-related resources.
- Services available to homeless and runaway youth.

The responses to this question should not be interpreted to mean that other issues facing homeless and runaway youth are being adequately addressed.

Shelter

This grouping is broadly-defined in this report to mean that youth need somewhere safe to sleep at night. It includes emergency shelter, ongoing shelter beds, host families in lieu of formal shelter beds, foster care for ages 11-17 and any other safe living situation for youth. Fourteen counties listed the need for some shelter-related resource. In addition, four counties mentioned the need for transitional housing, both for youth leaving foster care and for transitioning homeless people back into the community. Two counties listed the need for rental assistance and one mentioned long-term housing.

In a related issue, five counties specifically mentioned the number of youth who are not living at home, but instead are relying on friends for overnight accommodations and have no real adult supervision, sometimes called “couch surfing.” The five small and medium-sized counties that mentioned this were: Grant, Wheeler and Gilliam, in eastern Oregon, and Polk and Lincoln, in western Oregon.

Three counties, all small in population and located in eastern Oregon, said that runaway and homeless youth were not evident in the counties. Interestingly, Morrow County said that the homeless problem is “virtually non-existent because there are so few services available to them. Transients and those few who are homeless tend to go to Umatilla County where they can obtain services.”

This movement toward more populous areas where services can be found helps explain why Deschutes, Lincoln and Lane counties all specifically mentioned their difficulty in meeting the demand for services, which far outweighs their service capacity.

Services for Homeless and Runaway Youth

Sixteen counties listed services as a critical issue. This category includes a host of services identified as being needed by homeless and runaway youth, other than shelter. It also includes both the need for a service and the need for access/awareness of community services, mentioned by two of the fifteen counties. Four of the counties specifically mentioned the need for a continuum of services for homeless and runaway youth.

The following is a sampling of the specific service needs:

- Columbia: It is vital that we be able to offer our homes youth nutritious and consistent food, access to education; safe, accessible shelter, and the full spectrum of medical care.
- Lane: Mental health services structured for this population of youth; physical health services, including primary care and dental care; education opportunities, including GED prep, credit recovery, support with transition to other educational settings and instruction for non-English speaking students; and employment assistance, including skill building, job search and internships/job shadowing.
- Multnomah: Services for the homeless population ages 21-24. Developmentally, this group would benefit from services provided in a setting with peers they identify with. The county also mentioned the need for drug and alcohol detox and treatment and mental health treatment. Specifically, there is need for increased clinically based outreach and for increased early intervention programming targeting younger youth affiliated with street culture.
- Wheeler: We have children living with non-relative families that receive no benefits from the State or their parents. Currently, DHS provides no services in our county for these individuals. We would like the services to bring medical and mental health services to these individuals, plus financial support.

In the question on county recommendations (2.c.b.), Douglas County outlined in more detailed a list of service needs: drop-in center, housing, transportation, mentors and mobile van. Yamhill provided this outline of services: easy access to alternative educational opportunities, job employment services and real jobs, skill classes, emancipation services, wrap-around services.

Five counties listed the need for services to adults and families so that the youth can return to their own homes. These services include alcohol and drug treatment for adults and mentors to work with youth and their families.

Other Concerns

- Homeless Count: Four counties mentioned the need to do additional work in obtaining more accurate counts of the number of homeless and runaway youth. (This includes one county that said it had no way to track those youth.)
- Community Awareness: Two counties mentioned the lack of awareness of runaway and homeless youth as a concern. Umatilla, on the other hand, mentioned its success in increasing community awareness about the shelter and mentoring services provided by Tonya's House.
- Publicly-funded Entities: One county mentioned that because no agency is specifically responsible for homeless and runaway, coordination becomes very difficult, especially because of lack of staff.

2. County Recommendations

What recommendations are most critical for the statewide system of services to consider?

Of the counties that had a recommendation to offer, nearly all involved providing increased funding and staff resources for programs and services.⁴ The complete recommendations from each county can be found in Appendix 3 County Profiles. The following is a summary of recommendations and the counties that offered them that are somewhat different from the need for programs and services:

Need for a Uniform Definition

- State should advocate for changes in the HUD definition of chronically homeless. Currently, the definition doesn't include under "homeless" the chronically homeless with children and instead considers homelessness as primarily a single male phenomenon. *Clackamas*
- Develop consistent definition of what "homeless" is. *Umatilla*
- Resolve confusion over definition of the target population by using recognized federal language from McKinney-Vento Act. *Union*

Data Collection

- Improve system of collecting data from schools. *Columbia*
- Get more comprehensive demographics by involving state agencies, churches, private and non-profit agencies. *Umatilla*

Statewide System

- Statewide network of services. *Coos*
- Statewide systems look to support families to keep teens in their homes. *Crook, Linn*
- Statewide service system. *Deschutes*

Laws and Legislation

- Tougher legislation regarding police and other state agencies roles and enforcement policies. *Polk*
- Clarification on the legal process in regards to parental roles and obligations of returning runaway/homeless minors to their parents, especially those youth who report they have been kicked out. *Yamhill*
- Review laws and determine who has responsibility to pay for services that are needed. *Malheur*

⁴ Counties that recommended advocating for a continuum of resources for the homeless: Baker, Clackamas, Clatsop, Curry, Jefferson, Lincoln, Linn, Marion, Multnomah, Polk, Umatilla, Wallowa, Washington, Yamhill

- Community communication and awareness. *Douglas*

Access to Health and Mental Health-related Services

- Easier and streamlined access to services and healthcare options. *Marion, Washington, Yamhill*
- Access to medical treatment without parental consent. *Gilliam*
- Funds for mental health agencies or Community Action Team to provide a case manager. *Clatsop*

Agency Coordination

- Better coordination of services and improved linkages between education and social service systems. *Jackson.*
- Have one agency designated as the clearinghouse to provide and link services to the homeless population. *Umatilla*

Other

- Flexible funding for local development of continuum of services. *Columbia*
- Opportunity for youth to develop trusting relationships with homeless and runaway programs. *Josephine*

Section 2. Updates Include Identification of Critical Gaps.

What are the ten most critical gaps to fill in your county in order for your county to achieve the plan outcomes?

Communities face a host of shortfalls in services and in critical community conditions. This question asks specifically about what is most lacking for counties to be able to successfully accomplish the vision and priorities in the comprehensive plan. In the biennial update, input was collected from numerous sources (see Table 1, page 10, for update participants) to determine the top ten gaps. This information is collected from informed professionals and lay people and builds upon the formal community needs assessment conducted in 2000. It should be noted that there are far more gaps than are included on this list, including gaps in availability of specific services, access to services where they exist in one part of the county only, availability of services when needed (such as after work) and appropriateness of services to the needs of the client rather than one size fits all. This gap information provides a barometer of the gaps in the communities to inform decision-makers at the state level. Those decision-makers can use this information in conjunction with their own agency sources of information in making funding- and policy-related decisions.

Overall, the top five gaps are children's mental health, family support for high-risk families, youth alcohol and drug treatment, living wage jobs and access to health and dental care. These top five gaps identified in the 2004 update remain the same top gaps in 2006 (see Table 3.)

Gaps that have increased substantially in frequency of identification (moved up the list) are changing community norms related to alcohol and drug usage, foster care, housing, parenting education, "other" gaps in early childhood and early childhood workforce development, which includes training and education of child care providers.

Gaps that have decreased substantially in frequency of identification (moved down the list) are truancy/school attendance, workforce training, alcohol and drug aftercare support and alternative education.

There is little in the way of significant differences in the gaps selected by small, medium or large counties. Multnomah and Morrow counties, for example, both face a gap in alcohol and drug treatment services for youth. The common thread is that services where gaps are noted have inadequate capacity to meet the extent of needs of the target population, regardless of county size.

Table 3 – Critical Gaps in County Services

	No. of Counties	Greatest Change	Ranking	
	2006		2006	2004
Children's Mental Health	21		1	1
Family Support for High-risk Families	21		1	3
Youth A&D Treatment	19		3	4
Living wage jobs	18		4	2
Access to Health/Dental	17		5	5
Community Norms (A&D)	14	↗	6	15
Foster Care	14	↗	6	28
After School Activities	13		8	8
Housing	13	↗	8	20
Adult A&D Treatment	12.5		10	9
Involve Families (Juv Jus)	12		11	6
Positive Youth Development	12		11	13
Juvenile Crime Prevention	12		11	14
Hard-to-find Childcare	11		14	7
Affordable Childcare	11		14	11
Parenting education	11	↗	14	23
Transportation	10		17	12
Home Visiting	9.5		18	25
Access to Prevention (A&D)	8		19	18
Other (Other Sys.)	8		19	26
Mentoring	7		21	24
Early Child. Workforce Develop.	7	↗	21	33
Emergency Shelter	6		23	29
Adult Mental Health	5		24	19
Aftercare Support (Juv Jus)	5		24	21
Basic Services (Juv Jus)	5		24	27
Truancy/school attendance	4	↘	27	10
Other (Juv Jus)	4		27	34
Other (Early Child.)	4	↗	27	35
After Care Support (A&D)	3.5	↘	30	22
Domestic Violence Services	3.5		30	32
Workforce training	2	↘	32	16
Other (A&D)	2		32	31
Provider/caregiver training	2		32	37
Preschool	2		32	38
Domestic Violence education	2		32	39
Literacy	2		32	n/a
Diversion Services	1		38	30
Youth suicide prevention	1		38	36
Alternative Ed.	0	↘	40	17
Contraceptive info.	0		40	40
Medical Homes	0		40	n/a

There are some differences in the responses based on county size⁵.

- Early childhood: 57% of the small counties selected hard-to-find childcare, as compared to 0% for large counties. Two of four large counties selected affordable childcare as a gap.
- Mental health: Large counties identified adult mental health more frequently than all other counties, but children’s mental health was selected by a majority of counties regardless of size (Table 5).
- Living wage jobs: Three-quarters of the small counties selected jobs as a gap, but the issue affects all sizes of counties.
- Family support and parenting education: Large counties selected these two areas more frequently as gaps than the other counties. Family support for at-risk families was identified as a gap by a significant number of large and medium counties, but by fewer small counties, although slightly more than one-third is still a sizeable proportion.
- Juvenile Justice System. Few large counties indicated any gap in this area. One large county indicated a gap in juvenile crime prevention, and another large county noted a gap in involving families in juvenile justice programs.

Table 4 shows the percent of counties by size for selected gaps:

Table 4 – Differences in Responses by County Size

	Large Counties	Medium Counties	Small Counties
Hard-to-find childcare	0%	20%	57%
Affordable childcare	50%	33%	31%
Adult mental health	50%	13%	6%
Living wage jobs	25%	40%	75%
Parenting education	75%	33%	25%
Family support for at-risk	100%	73%	38%

There also are commonalities, regardless of size, as shown in Table 5 on the next page.

⁵ Lane, one of the five large counties, opted not to respond to this question until it has completed its local process.

Table 5 – Commonalities in Gaps Regardless of County Size

	Large Counties	Medium Counties	Small Counties
Children’s mental health	75%	65%	56%
Youth A&D treatment	50%	60%	50%
Community norms	50%	27%	50%
Access to health and dental services	50%	40%	56%
Juvenile crime prevention	25%	33%	38%

Children’s mental health is a gap regardless of county size. Youth alcohol and drug treatment was frequently cited, regardless of size, as was community norms/awareness related to alcohol and drug use. Not surprisingly, identification of a gap in access to health care and dental care was fairly uniform across the state. Juvenile crime prevention was another area where size of county made little difference.

Section 3. County Priorities

In the 2001 Coordinated, Comprehensive 6-Year Plans, counties selected priorities and strategies. The most frequent priority and strategy areas are shown in Table 6.

Table 6 - 2001 Priority and Strategy Areas

Most Frequent Priority and Strategy Area	No. of Counties
Child abuse prevention and services	34
Youth substance abuse prevention and treatment	33
Juvenile crime prevention and basic services	31
Community engagement	31
Collaboration and service integration	30
Early childhood system, childcare and education	29
Parenting education	28

During the first biennial update in 2004, counties reassessed and refined their priorities and strategies, making a significant number of changes to each. Thirty-four new priorities were added and six were significantly revised. The new priorities fell into the categories of mental health, community engagement and early childhood. The revisions were in a mix of areas. In the 2006 update, counties made minimal changes to their priorities and strategies.

Changes that were made usually were the addition of new strategies within an existing priority or deletion of strategies that had been completed. Some counties moved their rankings of individual priorities within their overall list of priorities. The effects of concerns about methamphetamine use and its impact on the safety of children and the marked increase in homelessness drove many of the modifications in strategies that were made. These changes, however, were made within the context of the community plan, which includes prioritized responses to all issues affecting the community.

Instead of changes in the priorities and strategies, counties in the 2006 update reported on changes in their current data and provided examples that illustrate community response to the concerns raised by the data.

Conclusion

This report highlights the many positive things occurring in communities for children and families. Counties are responding to changing community conditions, making progress in meeting outcomes and being creative in responding to budget and staffing reductions.

Creativity, however, can only stretch things so far. It is apparent from the comments in the updates that critical prevention services are inadequate and staff are stretched beyond tolerable workload levels. There is a very real future risk to the successes reported in the biennial updates, in that staff and program reductions can be expected to have a negative effect on the outcomes being tracked by counties. Data used in these updates are generally from one to three years old, due to time lags in data collection. As the impacts of service reductions begin to be collected, data in subsequent years may not be as positive.

Appendix 1. County Processes and Implementation

Much of the value of planning lies in the relationships that are established and the insights that are shared among the planning participants. It is an important gauge of the local planning effort to determine communication processes and implementation barriers. The following information reports on the portions of the Biennial Update that relate to process and implementation.

Methods Used to Assess Progress (Question 1.c.)

👍 **More counties are using a variety of methods to monitor progress**

Counties can use a variety of methods to assess progress in implementation of the local plan and to keep partners informed about that progress. The following table shows that 30 out of 35 counties reporting have regular meetings with partners specifically to discuss progress. Twenty-eight counties use work plans or action plans to monitor how the strategies in the plan is being implemented. Twenty-three counties present information on the plan to community organizations, an important step in communicating both the vision of the plan and the specific steps underway.

Table A1. – Monitoring Progress

Method	Number of Counties	
	2006	2004
Regular meetings with partners	30	27
Work plans/Action plans	28	19
Presentations to community organizations	23	19
Evaluations	21	13
Interagency agreements	19	14
Step 8 data collection results	19	17
Common data base for multiple organizations	13	13
Other	10	10
Not tracked	2	4

‘Other’ includes focus groups, community surveys, retreats, agency peer reviews and other community planning processes.

Counties use many of these methods, not just one. The statewide average for the counties that track their progress is 4.8 methods per county (including ‘Other’.)

There is no relationship between the methods selected and the size of the county. For example, of the six counties that did not indicate they used regular meetings with partners, one was a large county, three were small and two were medium-sized counties.

The information shows that more counties are taking on the task of monitoring progress. When compared to the results of the 2004 biennial update, increases are seen in seven out of eight of the listed methods.

Connection between public health and mental health plans and the comprehensive plan for children and families (Questions 1.d. and 1.e.)

👍 *Nearly all counties at least connect the public health and mental health plans with the coordinated, comprehensive plans*

Overwhelmingly, counties have made the connection with Public Health Plans and Mental Health Plans required by the Department of Human Services. Twenty-eight counties out of 36 indicated that their mental health plan was attached. A mismatch of planning deadlines led to some confusing results, however. Seven additional counties reported that the mental health plans were being developed and would be attached when completed in March-July, 2006. Only one county did not indicate a date for when the plan would be attached.

A larger number of counties, 30 out of 35, reported that the Health Plan was attached in some way to the comprehensive plan (ranging from stapled to it to integrated into it.) Three counties indicated a future date (May and July, 2006) for when the plan would be attached. Two other counties did not indicate a date. (Sherman county does not have a public health department.)

This is a slight improvement for the public and mental health plans compared to the 2004 biennial update. At that time, five counties did not have the public health plan attached. Two counties did not have the mental health plan attached or expected by a certain date.

Barriers to Implementation (Question 3.c.)

☹️ *Inadequate resources continues to be the top barrier*

Counties all run into barriers that slow or stall the implementation of specific parts of the comprehensive plan. In the Update framework, counties selected from a menu of ten typical barriers, plus an 'Other' category.

Table A2. – Barriers to Implementation of the Comprehensive Plan

Barrier	No. of Counties	
	2006	2004
Inadequate Resources	36	34
Best Practice Costs	29	25
Community Capacity	28	28
Partners unable to participate/Lack of staff time	27	24
Program Capacity (waiting lists, etc.)	23	30
Inflexible state administrative rules or statutes	18	25
Key leader or key staff turnover	15	18
Other	15	19
Complexity of implementation	13	19
Lack of support from business and other community organizations	11	8
Partners unwilling to participate	9	8
Lack of support from key leaders	5	n/a

Not surprisingly, inadequate resources top this list of barriers again. Best practices costs increased, presumably because counties are working to implement Senate Bill 267, which mandates levels of best practices supported by state funds. The concern about best practices was spread throughout counties, regardless of size or geographical location.

Other includes:

- Lack of qualified staff and low wages
- Lack of family wage jobs
- Awareness of needs and best practices to fill those needs is not uniform among all human service providers; Conflicting theories of community engagement held by partners
- Lack of specialized treatment resources
- A&D directives and program requirements
- Youth/family unwilling to participate
- Hispanic outreach
- Sustained funding for supports and lack of specific programs: Limited mental health services for families with children ages 0-3, homeless services, youth shelter, residential treatment, juvenile detention, housing etc.
- Conflicting agency rules or regulations
- Staff morale is low
- Too many required partners in some instances.

A greater number of barriers were selected in 2004—238 as compared to 229 in 2006. The overall reduction helps to explain why only four of the ten barriers showed an increase in 2006: best practices costs, partners unable to participate/lack of staff time, lack of support from business and partners unwilling to participate. It is interesting that the number would decline, despite the years included in the 2006 update being extremely difficult due to state budget cuts.

The only category where there was a difference between small and large counties was in partners unable to participate/lack of staff time. Five out of five large counties (100%) indicated

this was a barrier; while 10 of 16 small counties (63%) listed it as a barrier. It would be a mistake to think that this barrier did not exist in small counties as well.

Barrier with the Most Impact, Excluding Financial Resources

☞ Complexity and inflexibility have given way to program and staff capacity issues as the top barriers

Counties selected the single greatest barrier to planning and implementation, other than inadequate resources. In both 2004 and 2006, “inadequate resources” was eliminated as a barrier choice because it is the obvious top barrier and the goal of the question is to find out what else is slowing implementation. Table A3 shows the results.

Table A3. – Top Barrier, Other Than Inadequate Resources

	Number of counties	
	2006	2004
Program Capacity (waiting lists, etc.)	9.5 ⁶	7
Partners Unable to participate/Lack of local staff time	8.5	10
Community Capacity	8	5
Other	3	0
Complexity of implementation	2	6
Inflexible state administrative rules or statutes	1	6
Key leader or key staff turnover	1	0
Lack of support from business and other community organizations	0	0
Partners unwilling to participate	0	0

The results show that program capacity and partners unable to participate and lack of staff time continue to be the top barriers between the two years. The number of counties that identified operating issues (complexity of implementation and inflexible state rules/statutes) decreased significantly. This can reasonably be attributed to the effects of budget cuts on community services, the severity of which swamp the normal operating issues.

⁶ One county selected two top barriers, rather than one. Instead of disregarding this response, it was entered as .5 each.

Appendix 2. Barriers to Implementation and Proposed Solutions for State Government

In the introduction to the State Plan for Children and Families (February, 2003), it was noted that the strengths at the local level are the dedication and imagination to create new approaches to serving people and solving problems. At the state level, the strengths were expertise and resources. The report said, “One of the key challenges in implementing the legislation has been to find ways to leverage and coordinate these strengths to allow local communities to find the best solutions within an overall statewide context.”

That challenge continues. One of the avenues to work toward solutions has been the provision of a section in the biennial updates that asks counties what barriers and potential ways to address them that state agencies can be of assistance with. The identification of barriers is a way for state agencies to receive feedback on how things are working and to respond in any way possible to alleviate those barriers. County responses covered a myriad of areas, with providing more resources and staffing being very frequent, but also the mention of barriers related to improving state agency coordination, specific agency programs and policies, administrative rules and multiple planning processes.

The complete list follows on the next pages.

Appendix 3 County Profiles

Information on the attached pages is pulled from various questions in the plan updates. It is intended to provide a snapshot of the county – its data; strategies being implemented, particularly in regard to the data; identified gaps; identified barriers and concerns to communicate to the state level. The purpose is to allow a glimpse of the contents of the updates by county and by specific areas.