

**SUMMARY OF COUNTY UPDATES  
TO THE  
COORDINATED, COMPREHENSIVE  
PLANS**

**NOVEMBER, 2004**

**INCLUDES:  
EXECUTIVE SUMMARY  
COMPILATION OF UPDATE INFORMATION**

## Executive Summary

Each Oregon county completed a six-year coordinated comprehensive plan for children, youth and families in January, 2002, as required in Senate Bill 555 (1999). This formal planning process was followed by a biennial plan update in June, 2004. The update provided counties the opportunity to reassess the original plan and revise it to incorporate significant changes and to communicate successes and challenges to state partners. This report summarizes the information contained in the 35 county plan updates that were completed.

Counties reported on the critical gaps that exist in services and supports for children, youth and families. In the update guidelines, counties were asked to list the top 10 gaps across all service system areas. The question was intended as a way of assessing where resources are most noticeably falling short in allowing counties to achieve the vision in their plans. The most frequently listed gap (23 counties) was in mental health services for children and youth, which includes the need for mental health services for their families. When considered by population of the county, the gap was most frequently mentioned by medium and large size counties (14 counties), but small counties also reported that gap (9 counties).

The second most frequent gap (20 counties) was in living wage jobs, which is in recognition of the significant impact that poverty and low wages have on families. When considered according to population, 12 of the 20 counties were counties with the smallest populations, but medium and large counties also listed it as a gap (8 counties). The third and fourth most frequent gaps were family support for higher risk families (18 counties) and youth substance abuse treatment (17 counties).

Gaps were separately compiled within juvenile crime prevention, substance abuse or early childhood. The most frequently mentioned gap for juvenile crime prevention was the ability to involve families in services (13 counties), for substance abuse the most frequent gap was in youth treatment (18 counties) and for early childhood, the most frequent gap (14 counties) was hard-to-find child care, which includes non-traditional hours, sick child, etc., followed closely by affordable child care (12 counties).

Coordination of services is a major goal of the planning process. Counties were asked about progress in efforts to better coordinate and improve services. A total of 32 counties reported that planning has resulted in improved coordination of services. Of the total, 27 counties said that planning has resulted in changes in how services are provided in the community and 5 counties said that while coordination has improved, services have not changed. One of the two counties that reported no change as a result of planning noted that they had already been coordinating services prior to SB 555.

Barriers exist that inhibit implementation of plans. Inadequate financial resources was the most frequently mentioned barrier (34 of 35 counties), followed closely by the related barrier of program capacity (30 counties).

Counties were asked to pick the one most significant barrier other than financial. When the question was asked in that way, partners unable to participate was most frequently mentioned (10 of 34 counties). Of the 10, 7 were medium-sized counties. Only one small county identified partner participation as the most significant barrier. Small counties more frequently picked program capacity (5 counties) and inflexible state rules/statutes (3 counties).

Recommendations for PCF action:

- Consider inviting Oregon State Police to participate in PCF meetings
- Review whether the perspective of DHS-People with Disabilities is sufficiently included in PCF membership
- Consider providing training on ways to involve the private sector in community planning
- Consider following up with the 13 counties that reported they use a common database. The purpose of the follow-up is to inform current work to streamline reporting across PCF agencies.
- OCCF may want to follow up with four counties that reported they do not track progress in plan implementation to determine whether there was misunderstanding of the question
- Investigate further the reasons that medium-sized counties listed partners unable to participate as the top barrier to plan implementation.
- Consider whether targeted federal funding might be sought for regional awareness efforts in rural, eastern Oregon counties to address changing community norms regarding alcohol and other drug usage.

Counties also listed specific barriers that state agencies could resolve or reduce, along with suggested solutions. PCF currently is reviewing that list to organize and focus their efforts to address those barriers. That list will be added as Appendix C.

## Introduction and Background

Each Oregon county completed a six-year coordinated comprehensive plan for children, youth and families in January, 2002, as required by Senate Bill 555 (1999). Through the planning process, counties engaged local residents and social service professionals in dialogues about their common vision for children, youth and families and in setting priorities and strategies for achieving their goals. Counties then completed a biennial plan update in June, 2004, as required under Oregon Administrative Rules. The update provided counties with the opportunity to:

- Reassess the original 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.

The Partners for Children and Families (PCF) developed guidelines for counties to use in completing the updates. The following information from the 35 counties that completed their updates presents the results of the updates, following the same order as the guidelines. Information is compiled for each question first to report general results, and then according to county population size to identify differences that are not apparent in the aggregate. <sup>1</sup> Where information is specific to individual PCF partners, it is also reported separately. Finally, each question has a “discussion” section that provides observations, additional analysis and sometimes recommendations for PCF action.

This report presents updated and, in some cases additional, statewide information related to services and supports for children and families. It should be considered as a supplement to the information already compiled in the December 2002 report by Partners for Children and Families on the comprehensive plans. (A copy of that report is available at <http://www.ccf.state.or.us>. Click on “Site map” then “Publications” then “Phase II Compilation.” or call the Oregon Commission on Children and Families, (503) 373-1283.)

## Part 1. Plan Update Process and Partnerships

1.a.) Please outline the process you used to complete the plan update in your county.

### Results:

**Processes Used by Counties in the Plan Updates**

<b>Method</b>	<b>TOTAL</b>
Specific meetings for the update	22
Conduct survey	13
Presented/discussed at other meetings	11
Community outreach	10
Interview partners	7
Part of ongoing process	4

---

<sup>1</sup> Counties were divided into small (15 counties), medium (14 counties) and large (6 counties). Data were additionally reviewed for the six smallest counties to determine whether there were differences within the small county category.

**Small/Medium/Large Counties:** No significant differences related to county size.

**Discussion:** Most counties did more than anticipated and expected in their update processes. Eleven counties took the discussion to other forums, such as early childhood team meetings, family support teams, etc. Several of those counties mentioned that they used that approach in recognition of people’s time constraints; however, that is also an effective way to embed planning in community systems. It is interesting to note that two--Jackson and Tillamook--of the four counties that said the update was part of an ongoing process, took no other steps. Those two counties have interagency/community organizational structures that regularly track plan implementation and provide good models for other counties to follow. Also of interest is that 13 counties used community and/or partner surveys. Marion County, for example, used a web-based survey that allowed for convenient responses from professionals and lay citizens.

**1.b.) Which partners participated in this Plan Update process?**

**Results:** The following table shows the tally of the most frequent participants. (Participation does not necessarily mean that the entity played a significant role. They may have responded to a survey, for example.) The complete list is attached in Appendix A.

**Most Frequent Participants in Plan Updates by Category of Representation**

	<b>Total Counties</b>
Juvenile departments	35
Early childhood team representatives	35
County human services agency	33
Public health departments	33
Head Start/Oregon PreKindergarten	32
Abuse and neglect	32
Prevention coordinators	32
Local mental health authority	32
Early Intervention/Early Childhood Special Education	32
Domestic violence organizations	30
Child Care resource and referral	30
Food, cash, housing	29
Other county government entity	29
Safety Net	28
Police	28
School district	26
A & D Service providers	25
Educational Service Districts	25
Youth	25
Parole/probation	25

**Small/Medium/Large Counties:** No significant differences based on county size, although the reason some partners did not participate in certain small counties is because not all listed services exist in that county, for example Safety Net.

**Discussion:** Participation was widespread, with the Partners for Children and Families' key partners participating in the update process in nearly every county. In particular:

- Mental health, public health and school districts are frequently listed. Representation from these systems has increased since Phase II.
- Domestic violence program representatives were participants in 30 counties, also up considerably from Phase II.
- Police are very frequent participants (27 counties). PCF should consider inviting Oregon State Police to participate in its meetings at the state level, as well.
- Few counties included participants from DHS-disabilities, but Early Intervention/Early Childhood Special Education and Education Service Districts were well represented. That's another partner/area that PCF may want to review and see if more coordination at the state level is needed to ensure that school-age disabled children are included in the plans.
- Business and service clubs were included in 13 counties each. This is an area that may warrant some attention by PCF, such as training on how to involve the private sector in government decision-making processes. However, it may be that businesses and clubs were not involved because of the "update" nature of this task.

**PCF principal partners:** Good representation of local principal partners in the update work: juvenile departments (35), prevention coordinators (32), and early childhood team representatives (35). The *extent* of participation was not reported.

**1.c.) What new partners have been added since the 2001 planning process? What is their role? Have any stopped participating? For what reason?**

**Results:** Sixteen counties had partners leave due to funding cuts or loss of staff/staff reassigned. Five other counties had partners leave for various other reasons. For DHS-related services, counties listed lost partners from tobacco use prevention (3), teen pregnancy prevention groups (4), child protection (2) and others (2). Baker County revised the question to be "Partners Identified but Underutilized as Resources", rather than "Partners that Left" and found that to be a useful way to think about who is and isn't participating.

**Small/Medium/Large Counties:** No significant differences based on county size.

**Discussion:** The impact of budget reductions extends to the plan updates, but new partners were added in most counties as well, resulting in an apparent expansion of participation. Most of the new partners were local organizations: non-profits, faith-based groups, local task forces/coalitions.

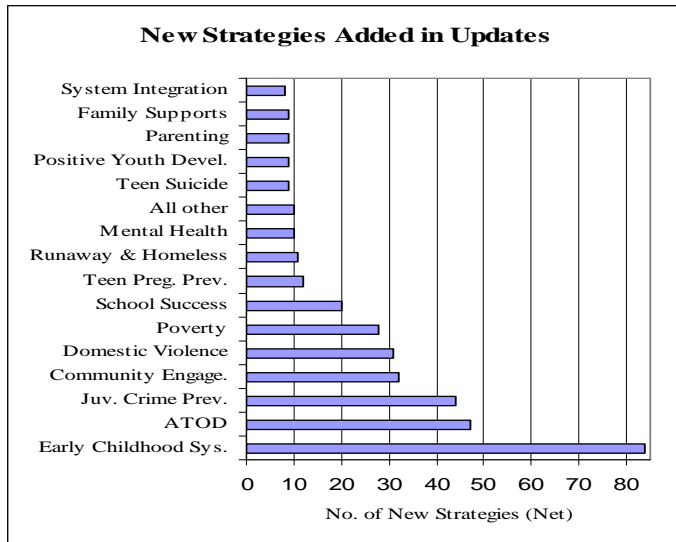
## Part 2 – Plan Implementation

### 2. Reviewing the plan

**2.a.) Data and data analysis -- What significant differences, if any, in the county population were shown in the current demographic data?**

Responses to this question were not compiled from the plans, since the data used by counties in the update comes from state agencies. The purpose of this question was to make sure counties considered current county data in their update process, not to collect the information.

**2.b.) Priorities & strategies:** After county partners review the current priorities and strategies, list any changes made for 2004-06 or attach a copy of revised section(s) with changes clearly indicated.



Many counties changed their strategies as a result of this update—adding, revising and dropping. The table at the left shows the net new strategies (after a total of 27 dropped strategies are deleted.) Revised strategies were generally refinements of the wording based on review and experience, rather than major changes to the strategy. The overall results are highly impacted by Lane County, which made significant changes and added 124 new strategies. For example, nearly half (47%) of the new early childhood strategies shown in the chart, are new Lane County strategies. Several other counties, such as Wallowa and Tillamook, also added a significant number of new strategies.

Thirty-four new priorities were added and six were significantly revised. The revisions were in a mix of areas. Again, the Lane County additions affect the results. Excluding Lane County, five counties added mental health priorities and five added community engagement priorities. Lane County added 20 new priorities, including nine in early childhood.

**Small/Medium/Large Counties:** No significant differences according to county size.

**Discussion:** The addition of new strategies shows that the local planning is vibrant, with changing community conditions considered and new strategies developed to address those local issues. The number of revisions and dropped strategies is small, minimizing the concern about being able to track progress of strategies over a five year period. The other concern is that counties will be spread too thin in accomplishing their strategies. It may be that counties adjust the number of strategies they actively pursue in the future.

**PCF principal partners:** Many counties had discussions that resulted in the addition of new strategies: substance abuse prevention or treatment, 16 counties; early childhood (childcare, immunizations, etc.), 13 counties; juvenile crime prevention, 9 counties; systems integration and community mobilization combined, 11 counties. (Note: unlike the chart above, *dropped* strategies have not been subtracted from these figures.)

**2.c.) (Step 8 -Measurement) As a result of your plan review, did your county make any changes in the measurement area?**

**Results:** The responses to this question were not compiled because they are county-specific (not comparable across counties.) Twenty counties made some change, the majority of which were adjustments to targets.

**2.d.) What other changes, if any, were made to the Plan?**

**Results:** Eleven counties made an additional change in their plan, usually to reflect changes in service availability due to funding cuts. Four counties said that changes to their plans had already been reported in the short-term plan update.

**Small/Medium/Large Counties:** No significant differences.

**3. Progress with Implementation of Priorities and Strategies**

**3.a.) Which of the following methods do you use to regularly assess your county’s progress in implementing the local comprehensive community plan (check as many as apply):**

**Results:** Counties are having regular meetings with partners to discuss progress in the plan implementation (27 counties).

Steps Taken	TOTAL
Regular meetings w/ partners	27
Work plans/action plans	19
Presentations to community orgs.	19
Step 8 data collection	17
Signed interagency agreements	14
Common data base	13
Evaluation	13
Other	10
Not currently tracked	4

**Small/Medium/Large Counties:** Most of the larger counties have regular meetings with partners, work plans and do presentations to community organizations, reflecting both the greater resources available in larger counties and the need for formal processes because of multiple stakeholders. Counties that do not use these three steps are small and presumably much of the work is done informally, as part of stretching local resources.

**Discussion:** PCF may want to follow up with the 13 counties that reported that they use a common data base, and OCCF may want to follow up with the four counties that do not track progress.

**3.b.) Is the local community mental health plan included in or attached to your county’s comprehensive plan?**

**Results:**

**Yes** – 32 counties responded

**No** - 3 counties

**If no, when do you anticipate that it will be attached?** One county said October, 2004. The others were not specific.

**3.c.) Is the local community public health plan included in or attached to your county’s comprehensive plan?**

**Yes** – 29 counties responded (one county does not have a health department)

**No** - 5 counties. One of the five is “partially”.

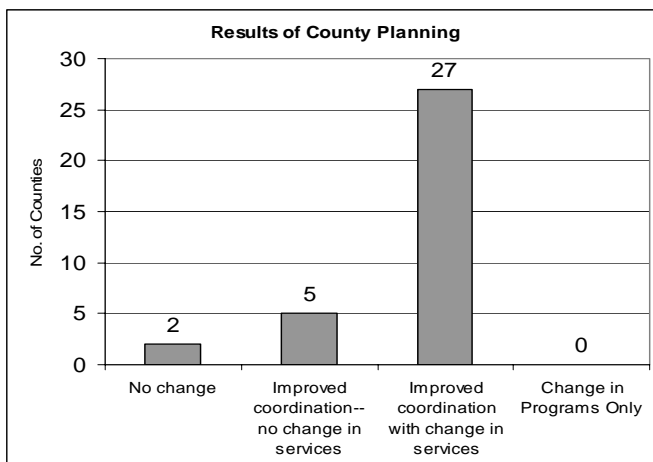
**If no, when do you anticipate that it will be attached?** One said October, 2004 and another said “following review”. The others were not specific.

**Small/Medium/Large Counties:** All large counties have both plans attached. The counties that did not attach/incorporate mental health and public health were a mix of small and medium.

**Discussion:** Service systems in most counties are at least knowledgeable about the contents of the mental health, public health and community comprehensive plans. Although far from the goal of a joint planning effort around a shared vision, it is at least progress.

#### 4. What are your successes related to implementation of the plans?

##### 4.a.) Our county’s efforts to better coordinate and improve services have resulted in:



**Results:** A total of 32 counties reported that planning has resulted in improved coordination of services. Twenty-seven counties said that planning has resulted in changes in how services are provided in the community and five counties said that while coordination has improved, it has not changed services. Two counties reported no change. One of those counties—Polk—said it has had a coordinated system in place for 10 years. (One county—Lincoln-- said the status of its plan made it too soon to tell, so it is not included in the chart.)

**Small/Medium/Large:** Of the “No Change” counties, one is a small county and the other is medium. Of the five where coordination is improved but services didn’t change, two are small counties and three are medium.

**Discussion:** Nearly 80% of the 34 counties that reported results of planning said that coordination has affected services, presumably for the better. When the additional five counties that noted improved coordination only are added in, 94% of the counties experienced improvement through planning. As an outcome measure for SB 555, improved coordination has been accomplished as a result of planning.

Of the five counties in Question 3 b that did not have their mental health and/or public health plans attached, four of them still reported improved coordination with change in services.

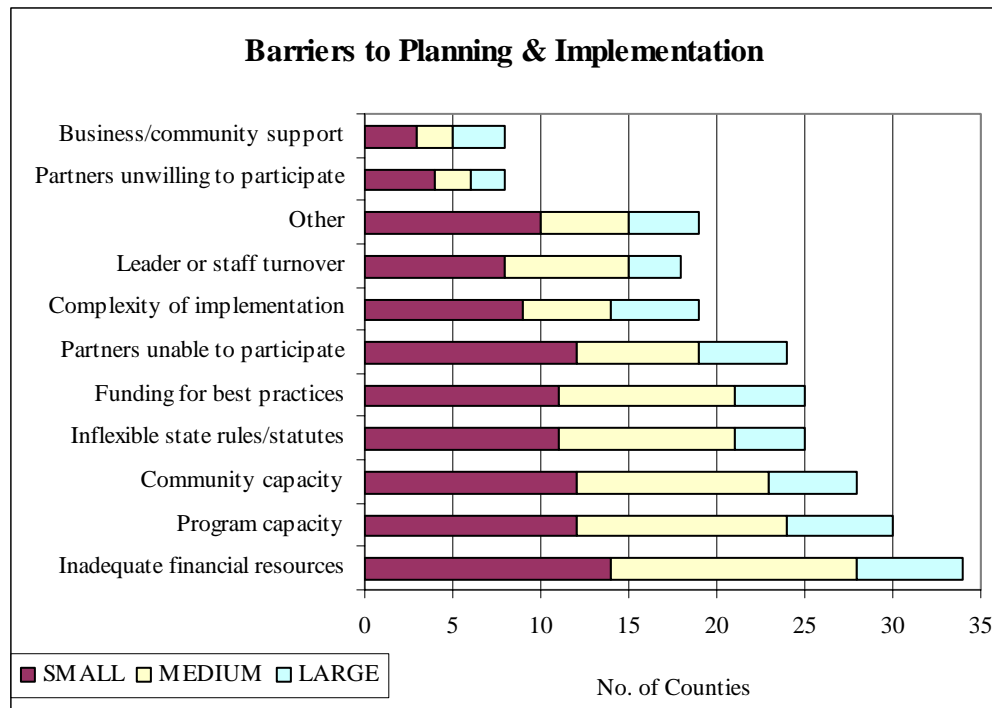
##### 4.b.) Many counties have made significant improvements in programs, services and supports for their diverse populations. Please briefly highlight what your county has done in the past two years to improve services to all residents as a result of partnership efforts. Are there things you have done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

Counties provided a variety of information, sample are included in Appendix B.

## 5. What is slowing your progress in implementing the plan?

### 5.a.) What barriers to implementation has the partnership encountered? (Check as many as apply)

**Results:** Financial-related barriers dominate the results. Thirty-four counties reported inadequate financial resources. The only county that did not indicate that was Wheeler. The next highest scoring barrier was program capacity, which is closely driven (but not entirely) by financial resources.



**Small/Medium/Large** County size did not make a significant difference in barriers listed. The large counties all reported barriers related to inadequate financial resources and program capacity, as did most of the small and medium sized counties. Medium sized counties were least likely to report complexity of implementation as a barrier (36%), as compared to 83% of the large and 60% of the small counties. The “Other” category generally includes specific resources that are missing, such as a medical practitioner or volunteer coordinator, or lack of technical resources, such as county-specific data. Lack of jobs and transportation also were reported by several counties in response to this question, as well as in question 6.

**Discussion:** Although resource barriers scored the highest, the fourth-ranked barrier -- “inflexible state rules/statutes” -- is notable both because of how high it ranked and because it is less related to financing, there is the potential to address barriers in that category at the state level. Funding for best practices, the fifth-ranked barrier with 25 counties listing it, reflects local concern about implementing SB 267.

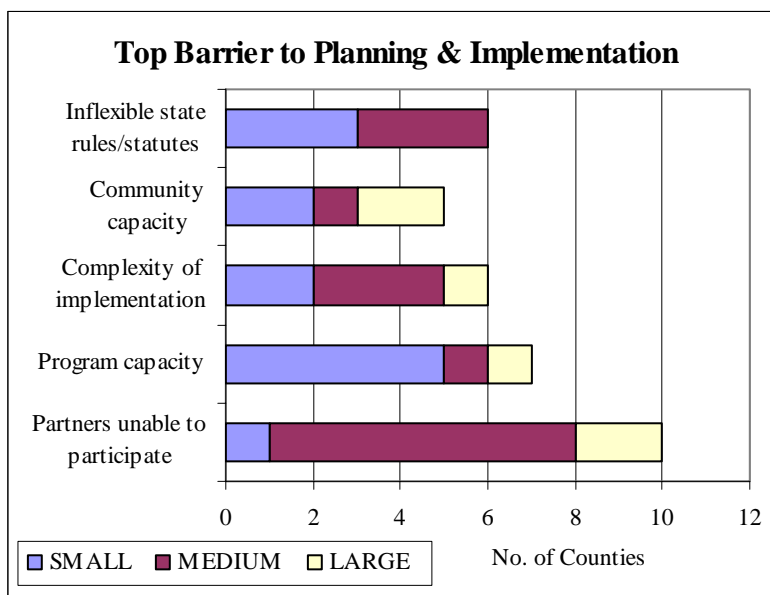
Local progress in collaboration is shown as only nine counties report partners *unwilling* to participate. (The assumption is that this number was much higher in Phase II.) This figure compares with 23 counties that reported that partners are *unable* to participate. However, collaboration cannot proceed without all essential partners, so the less obvious impact of budget cuts as evidenced in this barrier is

that future local collaborative progress will be impaired, making it hard for counties to sustain momentum.

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

**Results:** In the Plan Update questions, counties were given the same list of 11 barriers as in Question 5 a. The top five barriers emerged; zero counties identified six of the potential barriers as being the top barrier.

As the chart below shows, when asked to pick the most significant barrier excluding financial resources, “partners unable to participate” was the one selected most frequently. “Complexity” is a major barrier regardless of county size.



**Small/Medium/Large:** Looking at the results based on county size, it is the middle size counties that strongly responded to the “partners unable to participate” barrier. Small counties more often selected capacity barriers—either community or program. It is an issue in large counties, too, with two of the six large counties indicating participation as the top barrier. “Complexity” is a major barrier regardless of county size. Program capacity is the biggest barrier in five small counties. It is interesting that two of the smallest and two of the largest counties identified “community capacity” as the top barrier. “Inflexible state rules” was also selected as the top barrier by three small counties, including two of the very smallest, and three middle sized counties.

**Discussion:** PCF may want to investigate further the issue in medium sized counties of partners unable to participate. As already discussed in Question 5 a., the issue of participation has implications on existing and future collaborative work.

**5.c.) From the list in question 5.a. above, are there barriers that state agencies could resolve or reduce? If so, please list in the following table and tell your thoughts about what needs to be done.**

PCF currently is reviewing this information to organize and focus their efforts to address those barriers. The final list will be added as Appendix C. (See “Phase III Updates Early Findings”)

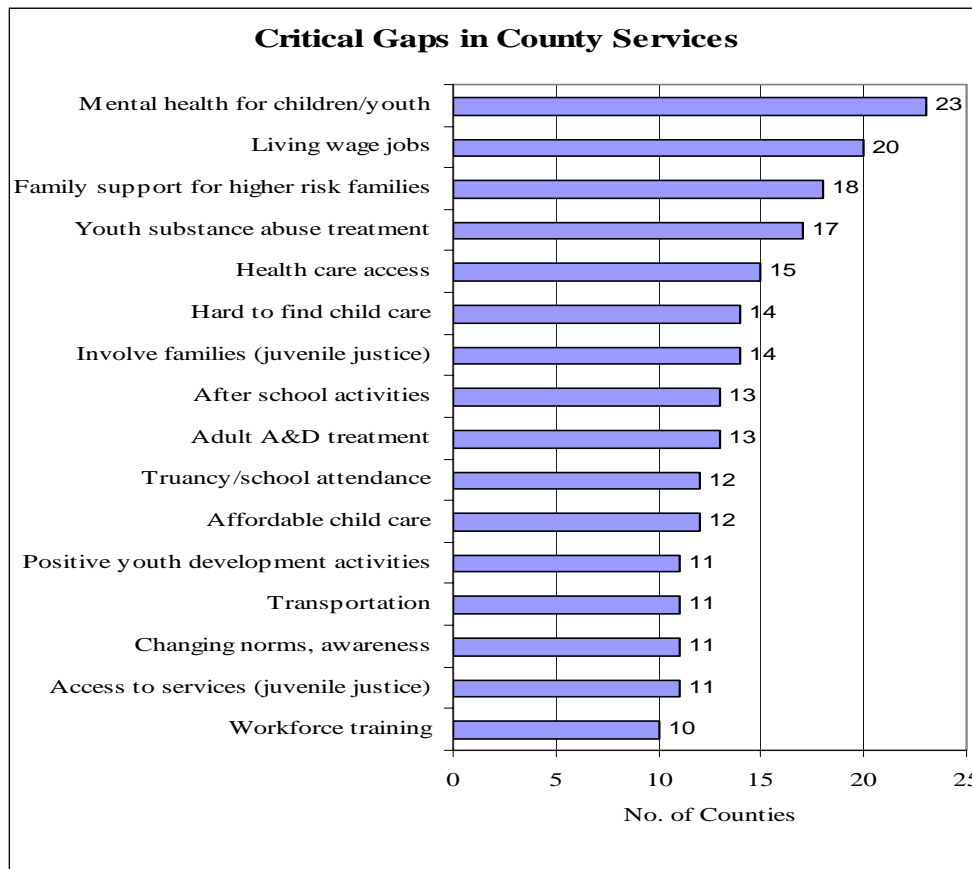
**6. Impacts of local plans for state agency 2005-07 budgets.**

6.a.) **Which of the following areas have gaps that are the most critical to fill in your county in order for your county to achieve the plan outcomes? Please limit the number checked to ten. Add any additional areas relevant to your county’s continuum of services, but avoid listing specific programs.**

Results are shown first combined by all areas and then by individual partner area. The results include 31 counties.<sup>2</sup> Four counties, including two large counties, did not answer this question. (Wasco, Linn, Lane, Jackson)

**Combined Gaps**

**Results:** When all identified gaps are combined, regardless of services area, children’s mental health services, jobs for parents and services for higher-risk families are the top gaps..



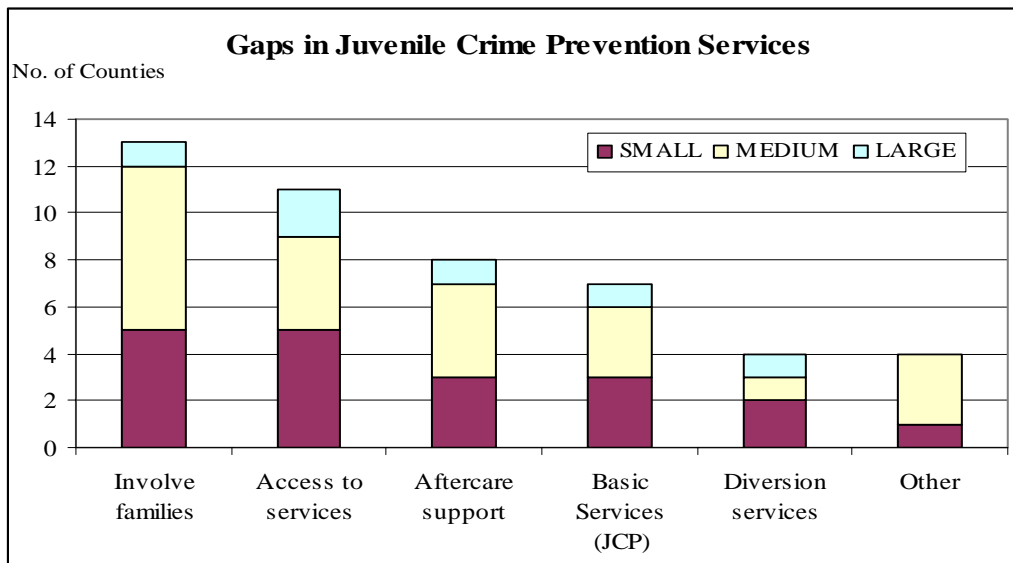
<sup>2</sup> A cautionary note: the identification of significant gaps was done through discussion among participants in each county with a limit of 10 gaps, and not by a formal needs assessment of each subject area without limits. It is intended as a way of assessing where resources are most noticeably falling short in allowing counties to achieve the vision in their plans. Because a gap was not mentioned in the top ten by a county does not mean it doesn’t exist there. For example, “gap #11” may also be significant to the county but was just below the cut-off.

**Gaps by Service System**

In the update guidelines, a list of potential gaps was given that was organized by the three service systems named in SB 555 and then all other service areas. The following information breaks down the overall compilation and reports on the gaps associated with each of those systems.

**Juvenile Crime**

**Results:** Services for juveniles that involve their families is the most frequently listed gap, regardless of county size. The “other” category includes out-of-home options such as foster care and specialized residential treatment and treatment programs for fire starters and sex offenders.

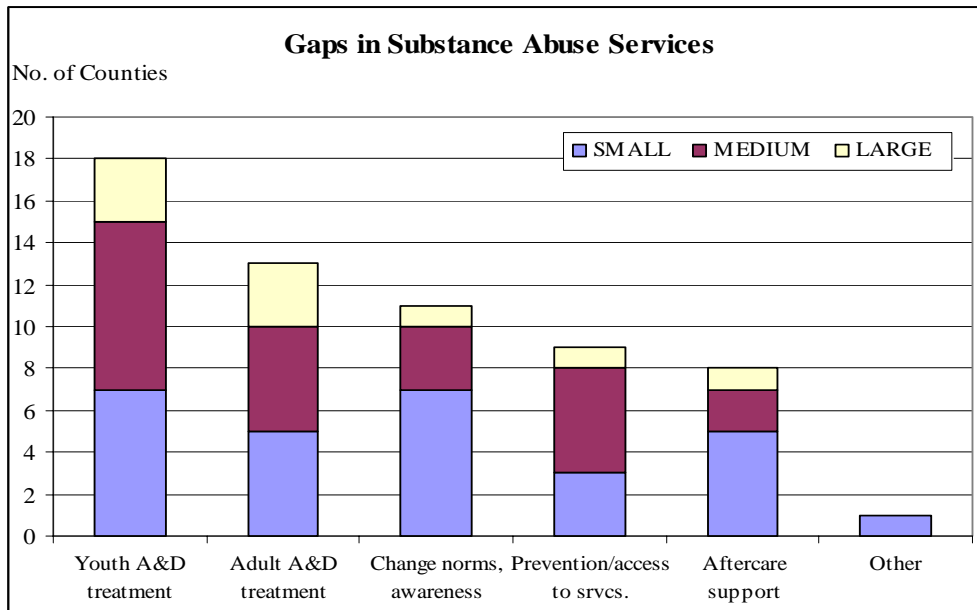


**Small/Medium/Large:** Gaps in juvenile crime prevention services exist regardless of county size. Seven of the medium size counties identified “involving families” as a service gap. Access to services is a significant problem in two large counties, four medium and five small.

**Discussion:** Five counties listed no significant gaps in juvenile justice services, as compared to the other service areas. Of those five, three are among the smallest counties, one medium and one large. (Grant, Lake, Wallowa, Deschutes, Multnomah)

**Substance Abuse**

**Results:** Many counties identified gaps in substance abuse services, with gaps in treatment services for youth and for adults most frequently mentioned. Prevention and aftercare both were additional significant gaps. The “other” category in the chart below is treatment services for the uninsured and counselors in schools.

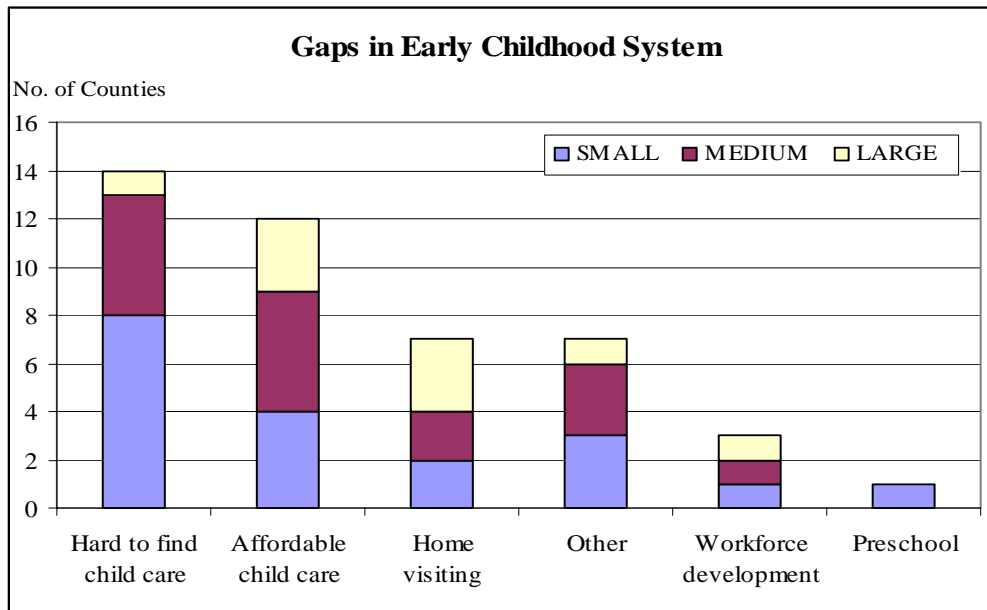


**Small/Medium/Large:** There are some significant differences in gaps according to county size. For middle-sized counties, “youth substance abuse treatment” is listed by 8 of the 13 middle size counties that responded to the question. For small counties, youth substance abuse treatment is a gap, but an equal number of small counties need resources for changing “community norms/increasing community awareness”. Six of the seven counties that listed “changing norms/awareness” as a gap are the smallest-sized counties. All of the five counties that listed aftercare support as a gap are the smallest in size.

**Discussion:** Two counties reported no significant gaps in the substance abuse area, as compared to the other service areas. (Douglas, Tillamook) The smallest counties again listed changing norms and increasing awareness as a gap, as they did in Phase I. PCF could consider whether there might be an opportunity to assist in that by seeking targeted federal funding for combined awareness efforts in those rural, eastern counties.

### Early Childhood

**Results:** Hard-to-find and affordable child care are significant gaps in counties, regardless of size. Hard-to-find refers to non-traditional hours, sick child, multilingual providers, etc. “Other” in the chart below includes child care quality, early childhood socialization opportunities, parenting education, early literacy and transition supports to children entering kindergarten.

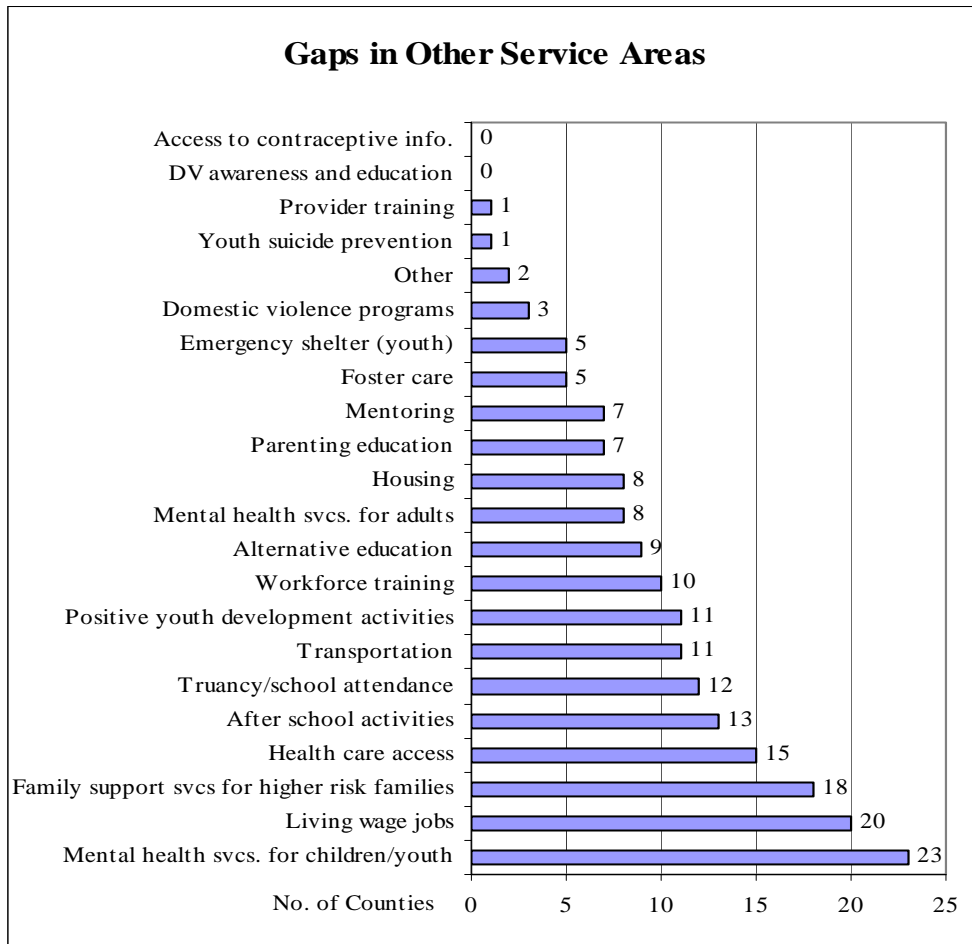


**Small/Medium/Large:** Of the seven very smallest counties, 100% listed “hard to find child care” as a gap (7 out of 8 small counties in total.) However, significant “hard to find” and “affordable” child care gaps exist regardless of county size.

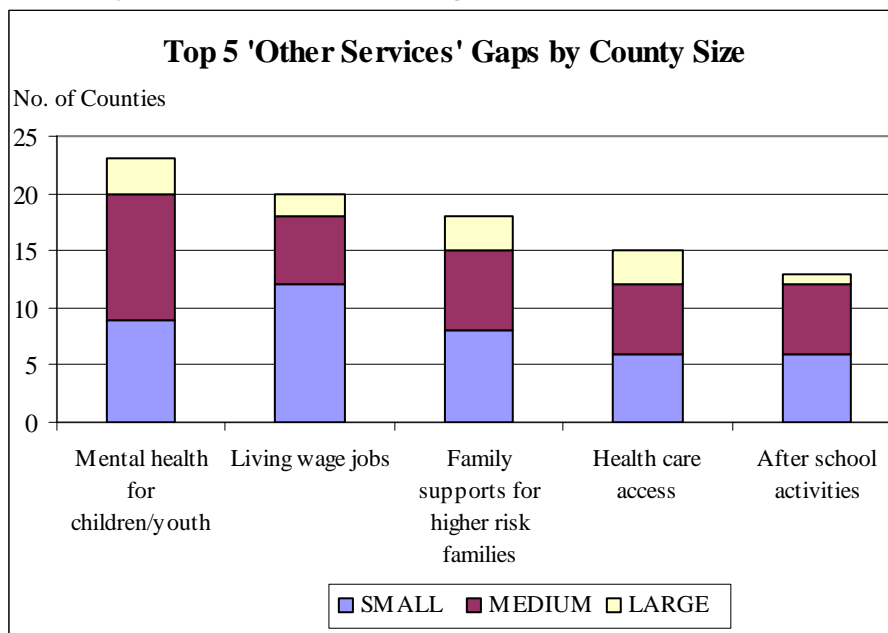
**Discussion:** Hard-to-find child care remains an intractable gap. Three counties reported no significant gaps in the early childhood system area, as compared to the other service areas. (Hood River, Klamath, Josephine.)

**Other Systems and Cross-system Supports**

**Results:** Children’s mental health, jobs for parents and services for higher-risk families are the top three gaps in the “all other” category. Included in the gap called “mental health services for children and youth” is services for their families, as well.



**Small/Medium/Large:** As the following chart shows, mental health services was more frequently listed by medium and large counties, while the small counties more frequently listed “living wage jobs”. Six of the seven counties listing “living wage jobs” are the smallest counties. However, that gap also was identified by six medium and two large counties.



**Appendix A - Table of Participation in Plan Update Process**

	<b>TOTAL</b>
___ Juvenile departments	35
___ Early childhood team representatives	35
___ County human services agency	33
___ Public health departments	33
___ Head Start/Oregon PreKindergarten	32
___ Abuse and neglect	32
___ Prevention coordinators	32
___ Local mental health authority	32
___ Early Intervention/Early Childhood Special Education	32
___ Domestic violence organizations	30
___ Child Care resource and referral	30
___ Food, cash, housing (including non-DHS)	29
___ Other county government entity	29
___ Safety Net	28
___ Police	28
___ School district	26
___ A & D Service providers	25
___ Educational Service District	25
___ Youth	25
___ Parole/probation	25
___ General population	24
___ Juvenile Justice Service providers	24
___ After-school programs	24
___ Groups of diverse populations	23
___ Faith	23
Community	23
___ Community Action Agency	23
___ Mental health organizations	22
___ Other DHS-related Service providers	21
___ Clients/consumers	20
___ Advocacy group	19
___ Child care providers	19
___ Specific schools	19
___ Disability services	16
___ Alternative schools	16
___ Community Partnership Teams	14
___ Businesses	13
___ Service Clubs	13
___ People with special needs	12
___ Neighborhood coalitions	12
___ Tribal governments	10
___ Chamber of Commerce	9
___ School Board	6
___ Parent teacher associations	1
Other:	
Community College	3

Summary of County Plan Updates

---

Jobs Council	3
CASA	3
Literacy Program Representative	2
Eastern Oregon University or Distance Education Advisor	2
Drug Free Communities Coalition	2
United Way	2
Hispanic Outreach	2
Hispanic Interagency Committee	2
City Government	2
Local CCF board	2
Parks/Recreation districts	2

**Appendix B**  
**A Sample of Results of Comprehensive Planning (Question 4.b.)**

*Expand available resources*

**Hood River**

A reduction in state tobacco prevention funding jeopardized community prevention efforts. Prevention Coordinator wrote a successful drug-free communities grant to expand prevention efforts via the faith community. This collaboration is extending prevention training into the community, plus building in sustainability with grant writing training and teaching about the benefits of collaboration. Churches are attending agency trainings, sharing resources and looking for additional ways to work together to provide positive activities for children and their families.

*Improve coordination of services*

**Harney**

Even with the difficulties we are experiencing, the comprehensive planning process has begun to pay dividends in Harney County. Numerous providers routinely meet to discuss service delivery and programs. Examples of coordination include the CAT, a consortium of agencies and community members who work on major issues affecting children and families in the county. Each group member committed to provide the effort, resources, and support needed to impact key goals. Another example is the common staffing of cases among DHS, Harney Behavioral Health, schools and the Early Childhood Center.

*Improve services*

**Klamath**

Klamath County has had significant improvement in services and supports for our diverse populations as a result of partnership efforts. There have been significant improvements in the area of Alcohol and Drug services and Community Action Agency Services, which addresses poverty issues. There are examples of other types of progress in the Mental Health and Health Department Plans.

*Eliminate duplication of efforts*

**Douglas**

Following completion of the Phase II comprehensive plan for children and families, the local commission convened a task force on cultural competency in county services for children and families. They discovered that DHS had organized a similar group which was looking at the same issues. The two committees merged and are now working as a coalition.

*Respond to community needs and conditions*

**Washington**

A strong commitment to multi-agency collaboration in the county has increased the ability of partners to respond to emerging needs and issues. For instance, in the past year, there has been a significant influx of Somali refugees into Washington County. A grassroots Somali family support network recently approached a community-based agency for assistance in meeting the unique needs of this immigrant population. This agency then approached several county agencies to discuss how to approach the emerging population, and in late May a meeting was convened with key state and county agencies to begin to develop strategies to address these needs, with representatives from six state, county and community-based organizations in attendance.