

EXECUTIVE SUMMARY

“We have to find ways to address the challenges facing our children, youth and families at risk, and to support all children, youth and families. We know the value of a child who is encouraged, supported, and helped to become a successful citizen. Our challenge is to develop actions and strategies that will make children feel safe and cared for and hopeful about the future.”

Rosalynn Carter

We ask what can be done to reclaim the one child in four who is in jeopardy of school failure. And we ask how other, often highly interrelated problems that place children and families at risk – poverty, premature parenthood, substance abuse, unemployment, and homelessness – can be addressed so that children can learn. What is required to create communities where learning can happen?

The hope for answers to these and other compelling questions lies within the intent of Senate Bill 555. In 1999, the Oregon Legislature adopted Senate Bill 555 (SB 555), legislation, which declares that *“Communities provide the context for healthy children and families, and strong families and healthy communities are interdependent”*. This legislation directs state agencies and local communities to plan together to provide coordinated services and supports in each county. It further specifies that local Commissions on Children and Families are responsible for coordinating and facilitating countywide, comprehensive, coordinated planning processes that address the needs, strengths, and assets of all children, prenatal to 18 years, and their families; and the continuum of services from prevention to treatment to aftercare.

SB 555 Phase I planning provided resource mapping and identification of barriers, gaps, and overlaps in services and supports. Phase I was completed December 1, 2000, approved by the Lane County Board of County Commissioners, submitted to the Oregon Commission on Children and Families, and distributed countywide.

SB 555 Phase II planning brings together agencies and individuals to continue building on existing work, to collectively decide on priorities and strategies, and to recognize the importance of cultural competence and gender specific needs. Phase II is guided by the locally developed community Vision and Value statements. These statements provide the common thread for weaving together a comprehensive net of services and supports for Lane County’s children and families.

Community Vision

A caring and engaged community that promotes, supports, and enhances a healthy, nurturing, and safe environment within which all Lane County children, youth, and families thrive.

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Community Values

Accountability

Result based accountability that tracks and measures outcomes, and uses effective proven practices as the foundation for services and supports.

Diversity

Respect for diversity that honors the culture and value systems of all children, youth, and families including cognitive and literacy levels, gender, sexual orientation, religion, race, ethnicity, economics, language and communication skills, physical abilities, and geographic location.

Family Centered

Family centered practices that recognize and value youth and family as equal partners in planning and evaluation, and address the needs of all family members.

Partnerships

Effective partnerships that share a common vision, and facilitate access to a comprehensive system of services and supports for all children and families.

SB 555 is further guided by planning principles adopted by the five lead state agencies: Department of Human Services Office of Alcohol Drug Abuse Programs (OADAP), Oregon Health Division (OHD), Oregon Commission on Children and Families (OCCF), Criminal Justice Commission Juvenile Crime Prevention Advisory Committee (JCPAC), and Oregon Youth Authority (OYA). These commonly shared planning principles help unify planning partners and focus the direction of the planning process.

SB 555 Phase II Planning Principles

- Create a community-based, holistic approach
- Assure family-centered processes
- Establish and maintain effective partnerships
- Utilize a balanced approach of strengths, weaknesses, opportunities, and threats
- Include data
- Implement research-based accountability
- Promote innovation
- Reflect and incorporate diversity

Local planning partners further defined the Planning Principles with the addition of local quality assurance concepts. These principles were used in developing this plan and will help guide measurement of local outcomes. The Planning Principles with local input are included in the plan as Appendix A, *Principles for Planning and Implementation*.

High-Level Outcomes

Phase II is also guided by nineteen (19) high-level outcomes. Figure 1 illustrates the high-level outcomes, how they are measured, and how well Lane County is doing.

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How are we doing?

😊 = better 😐 = about the same/unclear ☹️ = worse NA = not applicable/not available

High Level Outcomes and Measures	Data time-frame	County relative to State	County Trend
1. Reduce adult substance abuse, as measured by the percentage of adults who abuse or are dependent on alcohol or other drugs	97-00	😐	☹️
2. Reduce domestic violence, as measured by the number of reported cases of domestic violence per 1,000 Oregon adults	94-99	😐	😐
3. Reduce poverty, as measured by the percentage of Oregonians with incomes below 100% of the federal poverty level	90,93, 95,97	☹️	😐
4. Reduce child maltreatment, as measured by the number of children who are abused or neglected per 1,000 persons under age 18	90-00	☹️	☹️
5. Improve prenatal care, as measured by the percentage of babies whose mothers received early prenatal care	90-99	😐	😊
6. Increase immunizations, as measured by the percentage of two-year olds who are adequately immunized	94-99	😐	NA
7. Reduce alcohol, tobacco, other drug use during pregnancy, as measured by the percentage of infants whose mothers used alcohol, tobacco, or other drugs during pregnancy	90-99	😐	😊
8. Increase child care availability, as measured by the number of child care slots available for every 100 children under age 13	90-98	😊	😊
9. Improve readiness to learn, as measured by the percentage of children entering school ready to learn	97,00	😐	😊
10. Decrease teen alcohol use, as measured by the percentage of eighth grade students who report using alcohol in the previous month	98,00	😐	☹️
11. Decrease teen drug use, as measured by the percentage of eighth grade students who report using illicit drugs in the previous month	98,00	😐	😊
12. Decrease teen tobacco use, as measured by the percentage of eighth grade students who report using tobacco products in the previous month	98,00	😊	😊
13. Decrease juvenile arrests, as measured by the number of juvenile arrests per 1,000 juveniles in Oregon	90-00	😐	😐
14. Maintain OYA bed use, as measured by compliance with the discretionary bed allocation at Oregon Youth Authority	01	NA	😊
15. Reduce juvenile recidivism, as measured by the percentage of juveniles with a new criminal referral to a county juvenile department within twelve months of the original criminal offense	94-98	😐	☹️
16. Reduce teen pregnancy, as measured by the pregnancy rate per 1,000 females 10-17	90-00	😐	😊
17. Decrease youth suicide, as measured by the number of suicide attempts by minors per 1,000 youth age 12-19	90-99	☹️	☹️
18. Reduce high school dropout rate, as measured by the percentage of public high school students who drop out of grades nine through twelve in any given year	97-00	😐	☹️
19. Increase community engagement, as measured by percentage of Oregonians who feel they are part of their community	NA	NA	NA

Figure 1. High-Level Outcomes and Analysis of County Trends

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High-Level Outcomes direct the continued assessment of needs, strengths, and assets; and underscore the primary local issues facing children and families. In addition to the nineteen required High-Level Outcomes, Lane County has identified “decreased youth homelessness” as a future High-Level Outcome for Lane County.

Diversity, Gender Differences, and Cultural Competency

Lane County has remained dedicated to culturally competent and gender appropriate services and supports. The Lane County Strategic Plan identifies diversity as a guiding Principle; the Lane County Commission on Children and Families specifically includes diversity as a core value; and SB 555 community partners who contributed to this plan have also identified diversity as an essential community value for planning, implementation, and measurement.

Ensuring that Lane County’s services and supports are provided in a manner that respectfully addresses cultural and gender differences is a primary focus of the existing planning groups and SB 555 planning groups. Culture and gender-specific needs are mentioned in each section of this plan; and, will be used as the primary filter through which outcomes will be measured. Whenever possible, trends and performance at the community level will be tracked. In order to provide another layer of input and review regarding the cultural appropriateness of the Lane County plan, a cultural competency consultation group has been formed specifically to review data trends, priorities, and strategies. This group will be making recommendations to the Lane County Steering Committee that will be incorporated in a set of scheduled July 2002 revisions.

Local Planning Process

The Lane County Commission on Children and Families (LCCCF) coordinated the development of the SB 555 coordinated planning as required by statute.

ORS 417.775

(3) *“The local commission shall lead and coordinate a process to assess needs and identify county or regional outcomes to be achieved....”*

(4) *“Through the process described in subsection (3) of this section, the local commission shall coordinate the development of a single plan for coordinating programs, strategies, and services for children who are 0 to 18 years of age and their families...”*

LCCCF brought community groups, government agencies, private providers, and other interested parties together to work collaboratively in this strategic planning process. These groups will continue to meet to develop community measurements as Phase II continues. Additionally, planning will not stop with the completion of Phase II. In order for the coordinated plan to remain dynamic, flexible, and of use to the community, it needs to continue to be updated and needs to reflect current knowledge and practice.

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SB 555 Phase II incorporates local planning group Priorities and Strategies into a single coordinated plan. It does not replace local implementation plans, but rather, it provides connection between planning efforts and overall coordination of local services for children, prenatal to 18 years, and their families, based on the needs, strengths, and assets of individual families and the community.

Inclusiveness in Planning

This document represents the combined efforts of the large number of committed individuals, throughout the community, who worked to ensure that the process was coordinated, comprehensive, and reflective of the community.

- Representatives of existing planning groups submitted priorities and strategies, reviewed concepts and ideas, and provided vital input.
- Representatives of agencies, organizations, and committees, and other interested individuals, provided community input and support, guidance, and a common vision.
- All worked to address a common vision of a *“Caring and engaged community that promotes, supports, and enhances a healthy, nurturing, and safe environment within which all Lane County children, youth, and families thrive”*.

Individual representatives and their specific involvement in and contribution to the planning process are included in the plan as Appendix B, *Inclusion Matrix*.

Priorities and Strategies

The Priorities and Strategies included in this coordinated plan were developed through community input, are built on existing planning efforts, and represent community commitment to focus on specific areas.

- Priorities were selected to address required high-level outcomes and are the links between required outcome measures and community needs and preferences. Within the body of the plan, the rationale for the selection of specific priorities is discussed in detail.
- Strategies that were selected to be included in this coordinated plan were also developed through community input and build on existing planning efforts. They represent community preference for actions to address selected Priorities. Both the research basis for strategy selection, and the way in which strategies address culture and gender appropriateness are discussed in detail within the plan.

Priorities and Strategies were chosen to address the needs of children, prenatal to 18 years and their families, to ensure the commitment to cultural competence and gender appropriateness, and to bridge the continuum of services and supports from prevention to treatment to aftercare. The priorities for each high-level outcome are listed below, with the complete text of priorities and strategies summarized in the section “Priorities and Strategies” on page 35.

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Priorities to Address High-Level Outcome 1: Reduce Adult Substance Abuse

- A) Reduce the impact of alcohol and drugs on the community
 - B) Stabilize the A& D system with essential services ranging from prevention through treatment
 - C) Incorporate “strength-based” approaches to services across the continuum of prevention and treatment services
 - D) Increase knowledge and access to services for very high risk and/or inadequately/underserved segments of the county’s varied population(s).
- * All strategies listed here require additional or stabilized funding to implement**

Priorities to Address High Level Outcome 2: Reduce Domestic Violence

- A) Enhance and increase the effectiveness of interventions with domestic violence victims, perpetrators and child witnesses
- B) Increase understanding of the dynamics of domestic violence.
- C) Increase collaborative solutions through community collaboration.

Priorities to Address High Level Outcome 3: Reduce Poverty

- A) Reduce the impact of poverty and hunger on children, families, and the community
- B) Strengthen partnerships in support of health, well-being, self-sufficiency, and safety of low-income, disabled, and disadvantaged residents
- C) Address the high rate of poverty among single mothers

Priorities to Address High Level Outcome 4: Reduce Child Maltreatment

- A) Increase parent-child attachment by increasing parenting skills and nurturance
- B) Increase capacity and accessibility of community based supports for families
- C) Enhance child safety in family settings

Priorities to Address High Level Outcome 5: Improve Prenatal Care

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

Priorities to Address High Level Outcome 6: Increase Immunizations

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

Priorities to Address High Level Outcome 7: Reduce ATOD Use During Pregnancy

- A) Increase knowledge of the importance of prenatal health and healthy behaviors

Priorities to Address High Level Outcome 8: Increase Childcare Availability

- A) Increase quality of currently available childcare slots
- B) Increase availability of high-quality, safe, accessible, affordable childcare

Priorities to Address High Level Outcome 9: Improve Readiness to Learn

- A) Increase opportunities for appropriate early childhood learning environments
- B) Increase family literacy

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Priorities to Address High Level Outcomes 10, 11, & 12: Decrease Teen Alcohol Use; Decrease Teen Drug Use; and Decrease Teen Tobacco Use

- A) Reduce youth use of alcohol, tobacco and drugs
- B) Stabilize the A&D system with essential services ranging from prevention through treatment
- C) Incorporate “strength-based” family-focused approaches to services across the continuum of prevention and treatment services

Priorities to Address High Level Outcomes 13, 14, & 15: Decrease Juvenile Arrests; Maintain OYA Bed Use; and Reduce Juvenile Recidivism

- A) Identify youth at high risk of committing their first crime and identify juvenile offenders at risk of future delinquency – these high-risk youth have multiple risk factors in the area of acting out behavior, negative peer association, family issues, school issues, and alcohol and other drug use (AOD).
- B) Increase opportunities for positive skill development by increasing protective factors that place these youth at increased jeopardy of criminal activity. In addition, for the offender population, provide these risk reduction/protective factor strategy in balance with a graduated sanctions approach. In all instances, intervene as early as possible.
- C) Provide an effective, safe learning environment
- D) Do our work together, more effectively, by being leaders in sharing information for decision-making and identifying best practices with community members, partners, and staff on what works to prevent juvenile crime and routinely evaluate effectiveness.

Priorities to Address High Level Outcome 16: Reduce Teen Pregnancy

- A) Provide a community wide and comprehensive effort to assist in making decisions that lead to positive outcomes.

Priorities to Address High Level Outcome 17: Decrease Youth Suicide

- A) Increase community awareness of suicide risk factors
- B) Increase early identification of youth at risk and response to suicidal behavior
- C) Increase community resources for adequate interventions in suicidal youth

Priorities to Address High Level Outcome 18: Reduce High School Dropout Rate

- A) Provide alternative education opportunities to allow students to complete high school
- B) Promote emerging best practices for dropout prevention

Priorities to Address High Level Outcome 19: Community Engagement

- A) Strengthen opportunities for involvement in community-based partnerships and activities
- B) Increase “volunteerism” by both youth and adults

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