

GOAL I: STRONG, NURTURING FAMILIES

"To be responsible citizens we have to understand that how people raise their children is not just a matter for the family but for all of society – and we have to accept some responsibility as a society for how children are raised. We have to deal with this resistance that we have, that children are only the responsibility of their parents, period. And we have to ask communities and individuals in communities to accept the collective need that exists to support parents in their care giving."

Kathryn Barnard

Indicator Summary

Goal I Indicators	Data Source	Oregon Benchmark	County Relative to State	County Trend
HLO #1: Reduce adult substance abuse	OADAP		☹	☹
Adults in treatment program	OADAP		☺	☺
Adult alcohol-related arrests	OPB (LEDS)	✓	☹	☺
Adult drug-related arrests	OPB (LEDS)	✓	☹	☺
HLO #2: Reduce domestic violence	LEDS		☺	☺
Domestic disturbance arrests	LEDS		☺	☺
Crimes against family	LEDS		☺	☹
Victims of domestic violence	survey		NA	☹
HLO #3: Reduce poverty	OPB (US Census)	✓	☹	☺
Rent burden	HUD		☹	☺
Oregon health plan participation	AFS		NA	☺
Families with children on TANF	AFS		☺	☺
Average monthly food stamp users	AFS		☺	☺
Free and reduced lunch program	ODE		☺	☺
Community meal programs	FfLC		NA	☹
State urban vs. rural poverty	OPB (US Census)	✓	NA	☺
Children in poverty	US Census		☹	☺

☺ = good, positive trend ☹ = about the same, neutral, unclear trend ☹ = bad, negative trend NA = not available/not applicable

GOAL I: STRONG, NURTURING FAMILIES

Local Factors Affecting the Data or Planning Analysis

Local Labor Force

The skills of the local labor force often do not match the skills needed in some of the higher paying jobs, e.g., high-tech manufacturing. As a result employers recruit outside the area, and local residents in need of jobs are not able to fill the positions, despite the benefit of job growth.

Employment Sector Growth

The sectors that are expanding, and are expected to continue expanding, are lower-paying jobs, i.e., not family wage jobs. Therefore, despite the job growth over the last decade, some families are finding it difficult to succeed financially.

Rural Issues

The size and terrain of county makes it difficult to access services. In addition, some remote areas of the county enhance the sense of social isolation.

HLO#1 REDUCE ADULT SUBSTANCE ABUSE

STRENGTHS AND ASSETS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

Family/Community

- Universal risk screening
- Community Safety Net program
- Assessment and therapy
- Alcohol and drug residential care for pregnant women and women with children
- Intensive case management

Gender

- Support services for postpartum depression
- Career counseling and support for women

Cultural

- Services to Latino children and parents

GAPS* AND BARRIERS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

Children

- Universal risk screening for subsequent births
- Affordable postpartum/newborn follow up
- Home visitation for subsequent births

Family/Community

- Family-friendly ATOD treatment programs
- Mental health services for postpartum depression
- Workplace support for parents
- Community norm that people should help themselves
- Changing requirements of OHP
- Waiting lists for services

Cultural

- Culturally appropriate services
- Limited availability of translation services, materials

Gender

- Mental health services for women

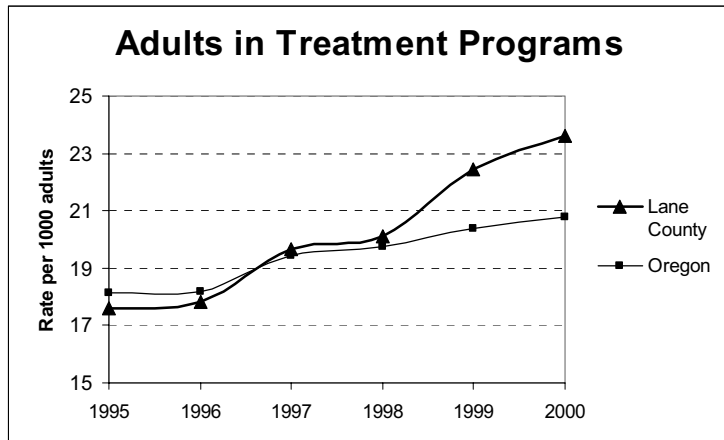
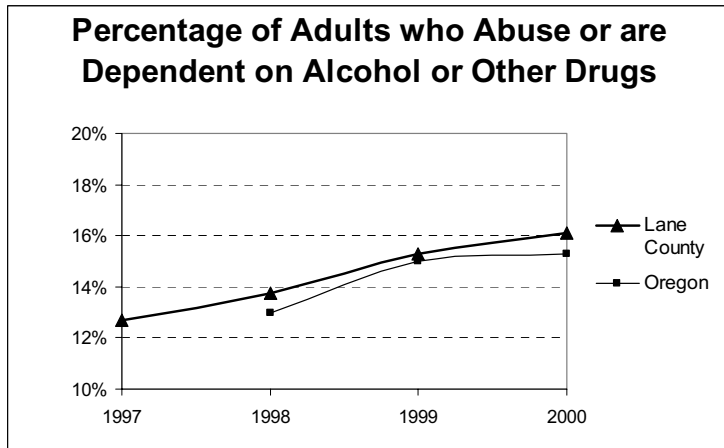
Rural

- Location of services

**Gaps in services exist to varying degrees, either because they need to be developed, or in most cases because they need to be enhanced or expanded.*

HLO#1 REDUCE ADULT SUBSTANCE ABUSE

DATA



ANALYSIS

#1: Percentage of adults who abuse or depend on alcohol or other drugs. *Source: Oregon Office of Alcohol and Drug Abuse Programs – Oregon Household Treatment Needs Survey*

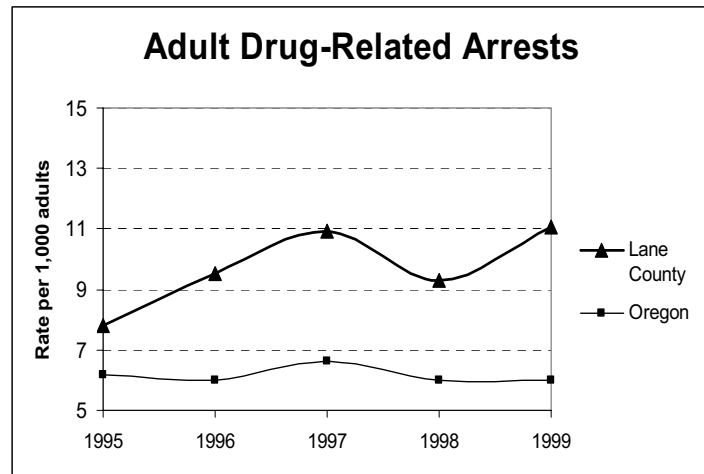
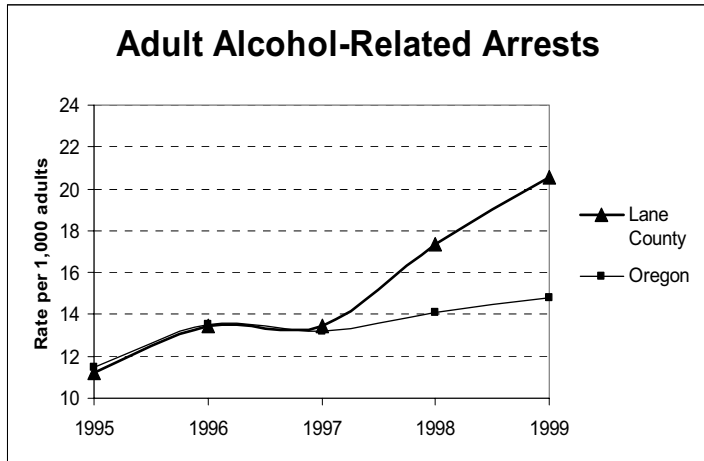
- This outcome measure was not used in Phase I. The main source of data is the Oregon Household Treatment Needs Survey. This survey was first done in 1995 and again in 1999. Estimates are made by OADAP in between survey years but were not readily available.

Other Relevant Data

Adults in Treatment Programs

- Reported as the rate of adults who are actively enrolled in a substance abuse treatment program per 1,000 adults. There has been a relatively steady increase in the rate over the last six years.

HLO#1 REDUCE ADULT SUBSTANCE ABUSE



Adult Alcohol-Related Arrests

- Reported as the rate of adults arrested for alcohol-related crimes (DUII, liquor law violations, drunkenness) per 1,000 adults. The rate in Lane County was similar to the state rate in 1995 through 1997, but diverged in 1998 and 1999.

Adult Drug-Related Arrests

- Reported as the rate of adults arrested for drug-related crimes (narcotics, marijuana, other dangerous drugs) per 1,000 adults. The state rate has been relatively flat since 1995, while the county rate has increased overall.

- Adults in treatment programs as well as the alcohol and drug related arrests increased.
- The rate of increase for alcohol and drug treatment and arrests has risen more significantly than the rate of drug and alcohol abuse. Although cause and effect cannot be implied without further research, it is possible that arrests are linked with treatment, and that dependency may have increased more dramatically without the increase in treatment and arrests.

HLO#1 REDUCE ADULT SUBSTANCE ABUSE

PRIORITIES	STRATEGIES ¹	RATIONALE
<p>A) Reduce the impact of alcohol and drugs on the community</p>	<p>A1) Strengthen and build upon existing prevention and treatment initiatives and services.</p>	<p>A) Drug addiction is a complex disorder involving a range of biological, psychological, and often-environmental factors. Often a chronic, relapsing disorder, treatment works when those who abuse drugs can be engaged and retained in treatment and when other needed services can be integrated with drug treatment itself and delivered to help clients resolve the range of problems that accompany their drug use." (White Paper Report: Treatment Protocol Effectiveness Study, Executive Office of the President, Office of national Drug Control Policy, March 1996.)</p>
	<p>A2) Support community norms and laws change regarding the use of alcohol.</p>	
	<p>A3) Increase health care integration of prevention and treatment.</p>	
<p>B) Stabilize the A& D system with essential services ranging from prevention through treatment</p>	<p>B1) Increase the flexibility of funding to help clients have access to different levels of care</p>	<p>B) "Three decades of scientific research and clinical practice have yielded a variety of effective approaches to drug addiction treatment. Extensive data document that drug addiction treatment is as effective as are treatments for most other similarly chronic medical conditions. In spite of scientific evidence that establishes the effectiveness of drug abuse treatment, many people believe that treatment is ineffective. In part, this is because of unrealistic expectations. Many people equate addiction with simply using drugs and therefore expect that addiction should be cured quickly, and if it is not, treatment is a failure. In reality, because addiction is a chronic disorder, the ultimate goal of long-term abstinence often requires sustained and repeated treatment episodes."-- Alan I. Leshner, Ph.D. Director, National Institute on Drug Abuse, <i>Principles of Drug Addiction Treatment A Research-Based Guide</i>, Printed October 1999, Reprinted July 2000</p> <p><i>The Future by Design: A Community Framework for Preventing Alcohol and Other Drug Problems Through a Systems Approach</i> (1991) BK189</p> <p><i>Frequently Asked Questions about Preventing Alcohol, Tobacco, and Other Drug Problems</i> (1993) Center for Substance Abuse Prevention</p>
	<p>B2) Stabilize the service provider system with longer term contacts and funding (<i>not services supported by "soft" dollars</i>)</p>	
	<p>B3) Increase funding rates for women's and youth residential adult and youth drug free outpatient, adult methadone outpatient and adult detoxification treatment services as well as A&D diversion programs (<i>requires additional funding to implement</i>).</p>	
	<p>B4) Increase funding for prevention services to support the Center for Substance Abuse Prevention, CSAP, strategies for effective prevention: information dissemination, education, problem ID and referral, positive alternative activities for youth, supporting community-based coalitions, and environmental or community norms and laws (<i>requires additional funding to implement</i>).</p>	

HLO#1 REDUCE ADULT SUBSTANCE ABUSE

<p>C) Incorporate “strength-based” approaches to services across the continuum of prevention and treatment services</p>	<p>C1) Promote strength-based treatment models across the continuum of youth and adult treatment services. Specific service priorities include funding for case management services that help the client/family access needed services and family skills enhancement/development strategies</p>	<p>C) Berg, I.K. (1994). Family –Based Services: A Solution-Focused Approach. New York: Norton</p> <p>Saleeby, Dennis, ed. (1992) The Strength Perspective in Social Work Practice. New York: Longman</p> <p>Session One: The Power of Strengths Approach—Program Design Implications; Institute for Strengths in Juvenile Justice; Dr. Laura Nissen</p>
<p>D) Increase knowledge and access to services for very high risk and/or inadequately/un derserved segments of the county’s varied population(s). * All strategies listed here require additional or stablized funding to implement</p>	<p>D1) Improve the effectiveness of and access to services reaching varied high risk populations including but not limited to cultural and ethnic minorities, homeless, and sexual minorities.</p> <p>D2) Enhance treatment engagement and treatment completion for clients in the criminal justice system with A&D abuse/dependency problems.</p> <p>D3) Improve the capacity of our A&D system to address the unique clinical needs of elders, partner and child abuse/trauma victims and perpetrators.</p> <p>D4) Enhance specialized services for individuals with co-occurring disorders including but not limited to developmental disabilities and/or cognitive impairment, A&D dependency/addiction, mental health and pathological gambling.</p>	<p>D) “The Consensus Panel concludes that failure to address domestic violence issues among substance abusers interferes with treatment effectiveness and contributes to relapse. Therefore, the Panel recommends that substance abuse treatment programs screen all clients for current and past domestic violence, including childhood physical and sexual abuse. When possible, domestic violence programs should screen clients for substance abuse.”-- Substance Abuse Treatment and Domestic Violence</p> <p>Treatment Improvement Protocol (TIP) Series 25; DHHS Publication No. (SMA) 97-3163, Printed 1997</p> <p>Center for Substance Abuse Treatment. Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System. Rockville, Maryland: Center for Substance Abuse Treatment, U.S. Department of Health and Human Services publication SMA 94-2076; 1994 a. Treatment Improvement Protocol (TIP) Series 7.</p> <p>Center for Substance Abuse Treatment. Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse. Rockville, Maryland:</p>

HLO#1 REDUCE ADULT SUBSTANCE ABUSE

<p>D5) Develop common understanding and guidelines across programs and professionals</p>	<p>Center for Substance Abuse Treatment, U.S. Department of Health and Human Services publication SMA 94-2078; 1994 b. Treatment Improvement Protocol (TIP) Series 9.</p>
<p>D6) Cross train A&D and other experts, including Domestic Violence.</p>	<p>Center for Substance Abuse Treatment. Combining Substance Abuse Treatment With Intermediate Sanctions for Adults in the Criminal Justice System. Rockville, Maryland: Center for Substance Abuse Treatment, U.S. Department of Health and Human Services publication SMA 94-3004; 1994 d. Treatment Improvement Protocol (TIP) Series 12.</p>
<p>D7) Develop interventions that address co-occurring issues.</p>	

¹ *Priorities and strategies are based on the Lane County Alcohol and Drug Plan.*

HLO#2 REDUCE DOMESTIC VIOLENCE

STRENGTHS AND ASSETS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

Family/Community

- Risk screening for first births
- Community safety net program
- Assessment and therapy
- Intensive case management

Gender

- Career counseling and support for women

GAPS* AND BARRIERS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

Children

- Universal risk screening for subsequent births
- Affordable postpartum/newborn follow up
- Home visitation for subsequent births

Family/Community

- Workplace support for parents
- Community norm that people should help themselves
- Waiting lists for services

Cultural

- Culturally inappropriate services
- Limited availability of translation services, materials

Gender

- Mental health services for women

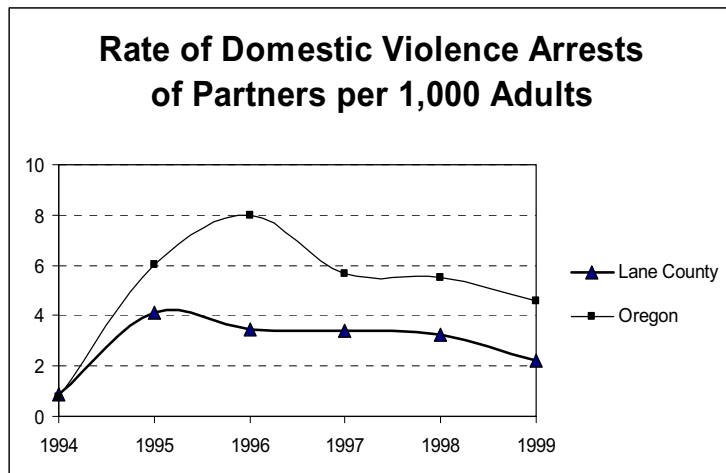
Rural

- Location of services

**Gaps in services exist to varying degrees, either because they need to be developed, or in most cases because they need to be enhanced or expanded.*

HLO#2 REDUCE DOMESTIC VIOLENCE

DATA



Domestic Violence Victims in Lane County

	1997	1999	2001
Sometime in their lives	24%	28%	29%
Within last year	3%	5%	4%

RMC Research Corporation, July 2002

ANALYSIS

- The 1998 Oregon Domestic Violence Needs Assessment found “more than 1 in 8 Oregon women are estimated to have been victims of physical abuse ... in the past year.”¹ A random phone survey of Lane County residents in 2001 found 29% of respondents indicated that they had been victims of intimate partner violence at some time in their lives – 4% within the last year.² Twenty-five percent of Oregon’s children are living in abusive households, the majority of them witnessing the abuse. Of the children who witness abuse, “one-half were under 5 years of age the first time they saw or heard the abuse.”¹
- Domestic violence arrests represent only a subset of the incidence of domestic violence. Arrests generally occur as a result of a report to police of physical assault or the threat of an assault or the violation of a protective order. Many reports do not result in an arrest, and far more incidents of abuse are not reported to law enforcement at all. In the Needs Assessment, 35% of victims sought support or protection from police who were the second most frequently sought source of help after friends or family. However, victims who did call police described them as unlikely to provide information on services or to offer immediate help.¹
- There is significant disparity between trends in domestic violence arrest rates, crimes against family offenses (Phase I Plan Core Area 2 Indicator), and the prevalence findings of recent assessment and survey findings. These differences need explored further in the context of recent statutory and policy/practice changes and linked to trends in child abuse and neglect reports, founded cases, and policy/practice changes.
- Additional data trends identified in Phase I planning will directly impact efforts to reduce domestic violence and its impact on children and families in Lane County. The rapid growth of Hispanic, Asian/Pacific Islander, and rural populations must be addressed in all priority areas. Domestic violence related responses have not been

HLO#2 REDUCE DOMESTIC VIOLENCE

accessible nor adequately addressed the needs of marginalized and underserved victims and communities.³ Appropriate, helpful services may become even more limited as populations increase.

- Domestic violence toward women is common and frequently witnessed by children.
- Disparity between arrest rates, offenses, and prevalence findings of recent assessments and surveys requires further exploration and analysis.
- Domestic violence related responses for marginalized and underserved victims have been inadequate while Hispanic, Asian/Pacific Islander, and rural populations are growing rapidly.

¹ Glick, Barbara, PhD, Johnson S., and Pham, C. of Oregon Health Division and Multnomah County Health Dept., *1998 Oregon Domestic Violence Needs Assessment: A Report to the Governor's Council on Domestic Violence* (1999)

² RMC Research Corporation (2000) "Evaluation of the Lane County, Oregon, Coordinated Community Response to Prevent Intimate Partner Violence."

³ *Listening to Survivors: Assessment of the Needs of Domestic Violence Victims in Oregon.: A Report by the Governor's Council on Domestic Violence* (2001) Criminal Justice Services Division.

HLO#2 REDUCE DOMESTIC VIOLENCE

PRIORITIES	STRATEGIES ¹	RATIONALE
<p>A) Enhance and increase the effectiveness of interventions with domestic violence victims, perpetrators and child witnesses.</p>	<p>A1) Strengthen community-based services and advocacy for adult victims and child witnesses by a) increasing availability of core advocacy and support services and b) using advocacy approaches that acknowledge the diversity² of each families' circumstances, resources, and interests.</p>	<p>A1) Family Violence: Emerging Programs For Battered Mothers and Their Children (1998). Reno, NV: National Council of Juvenile and Family Court Judges</p> <p>Glick, Barbara, PhD, et al. of Oregon Health Div. & Multnomah Co. Health Dept., 1998 <i>Oregon Domestic Violence Needs Assessment: A Report to the Governor's Council on Domestic Violence</i> (1999), pg 31-32.</p> <p><i>Listening to Survivors: Assessment of the Needs of Domestic Violence Victims in Oregon. A Report by the Governor's Council on Domestic Violence</i> (2001). Criminal Justice Services Division, pg 5, 13, 19.</p> <p>Schechter, S. (2000) <i>Expanding Solutions for Domestic Violence and Poverty: What Battered Women with Abused Children Need from Their Advocates</i>. Building Comprehensive Solutions to Domestic Violence. National Resource Center on Domestic Violence.</p> <p><i>Toolkit to End Violence Against Women</i> (2001). Washington DC: National Advisory Council on Violence Against Women and the Violence Against Women Office, Chapter 1.</p>
	<p>A2) Improve the identification of domestic violence by expanding screening protocols and practices across multiple disciplines.</p>	<p>A2) In Harm's Way: Domestic Violence and Child Maltreatment. (1999) Washington, DC: National Clearinghouse on Child Abuse and Neglect Information, pg 4, 6. Toolkit, chapter 2.</p>
	<p>A3) Increase access to batterer intervention programs which include education on the effects of domestic violence on children and enhance supervision and sanctions of batterers</p>	<p>A3) Anderton, E. (2001) Study of Batterer Accountability in Lane County, Oregon. Eugene, OR: Coordinated Community Response Project, pg 30, 34-37.</p> <p><i>Emerging Programs</i>, several emerging programs.</p> <p>Schechter.</p>
<p>B) Increase understanding of the dynamics of domestic violence.</p>	<p>B1) K-12 prevention programs (domestic violence, bullying, healthy relationships, and related topics)</p>	<p>B1) <i>Emerging Programs</i>, several emerging programs</p> <p>Glick, et al., pg 31-32.</p>

HLO#2 REDUCE DOMESTIC VIOLENCE

	B2) Training for professionals working directly with domestic violence victims, perpetrators, and child witnesses.	B2) Anderton pg 12, 18. Glick, et al., pg 31-32. In Harm's Way, pg 4, 6. Listening to Survivors, pg 7-8, 10, 21. Toolkit, chapters 2, 4, 7, and 8.
	B3) Community engagement and awareness media campaigns	B3) Glick, et al., pg 31-32. Listening to Survivors, pg 21. RMC Research Corporation (2000) "Evaluation of the Lane County, Oregon, Coordinated Community Response to Prevent Intimate Partner Violence" Portland, OR Toolkit, chapters 10, 11, and 13.
C) Increase collaborative solutions through community collaboration	C1) Stabilize funding for the Domestic Violence Council	C1) <i>Emerging Programs</i> , several emerging collaborations and coordination programs. RMC Research, pg 32-36, 115-123. Toolkit, chapter 9.
	C2) Enhance and expand joint service delivery models and multi-disciplinary case coordination.	C2) Anderton, pg 23, 29. <i>Emerging Programs</i> , several emerging programs. <i>In Harm's Way</i> , pg 4, 6-8. <i>Listening to Survivors</i> , pg 13. Schechter and Edleson, pg 57, 77, 103, and 105. Spears, L. (2000). Building Bridges Between Domestic Violence Organizations and Child Protective Services. <i>Building Comprehensive Solutions to Domestic Violence</i> , National Resource Center on Domestic Violence. <i>Toolkit</i> , chapters 1 and 9.
	C3) Increase responsiveness to marginalized and underserved victims and communities ³ .	C3) <i>Emerging Programs</i> , several emerging programs. Listening to Survivors, pg 13, 17-19. Toolkit, Chapter 1.

¹ Priorities and strategies identified here reflect the shared priorities articulated in the following four community plans regarding domestic violence – the Lane County Domestic Violence Council Long Range Plan and 2002 Workplan (DVC), Coordinated Community Response Logic Model and Workplan (CCR), Family Violence Response Initiative 2002 Logic Model and Workplan (FVRI), Lane County Domestic Violence Council Children and Family Violence Committee's Family Violence Response: The Model (2002) (CVF).

² The Domestic Violence Council identified improving services and system responses to the following communities as priorities for 2002-3; women of color, survivors who choose to stay with their partners, survivors with mental health issues, single women, elders, gay/lesbian/bi/trans, women with sons 12 and older, women without children, low-income women, youth survivors of domestic and dating violence, rural residents, and Latinas.

³ For 2002-3, the Domestic Violence Council prioritized increasing diversity of the Council's participants with respect to: race/ethnicity, class, age (youth and elders), religious affiliation, gender, survivors, rural residents, gays and lesbians, any unrepresented or underrepresented constituencies.

HLO#3 REDUCE POVERTY

STRENGTHS AND ASSETS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

- Employment and training opportunities provided by the workforce network
- Urban and rural food banks
- Community gardens
- County extension services
- Shelter care programs
- Women's safe houses
- Prenatal care for the uninsured
- Health care for uninsured children
- Counseling for low income youth
- Public transit access for persons with disabilities
- School-based assistance programs
- Teen parent services
- Highly educated workforce
- Community recreation programs

GAPS* AND BARRIERS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

Children

- There is not an adequate safety net for children who are identified as neglected, but are not identified as being abused.
- In this age group, there are few social supports other than the juvenile court system

Youth

- In this age group, there are few social supports other than the juvenile court system

Family/Community

- Inability for some families to benefit from economic growth
- Lack of workers with skills that meet existing workforce needs
- Family-wage jobs
- Affordable housing
- Rural transportation
- Loss of timber revenues
- Inability to pay
- Waiting lists
- New programs that are not linked with existing programs

Cultural

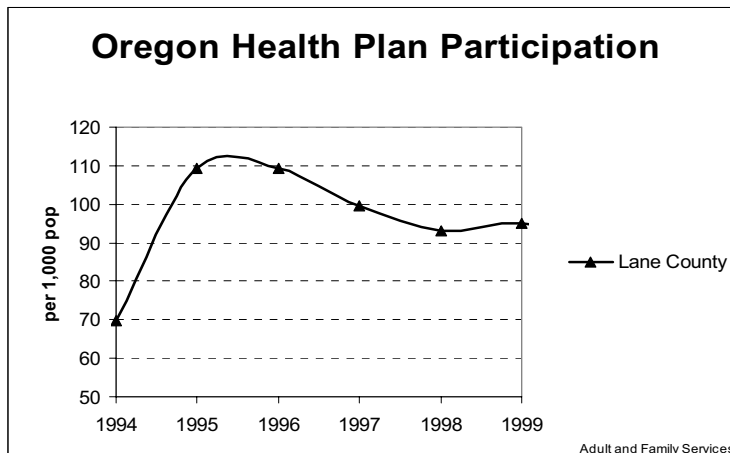
- More poverty among Hispanic segment of population
- Equitable, accessible, culturally-sensitive services in Spanish

**Gaps in services exist to varying degrees, either because they need to be developed, or in most cases because they need to be enhanced or expanded.*

DATA

**Eligible Households without Renter Assistance
as a Percent of Total Households**

	1990		2000	
	Number	Percent	Number	Percent
Lane County	13,134	11.9%	16,579	12.7%
Oregon	104,843	9.5%	129,011	9.7%



ANALYSIS

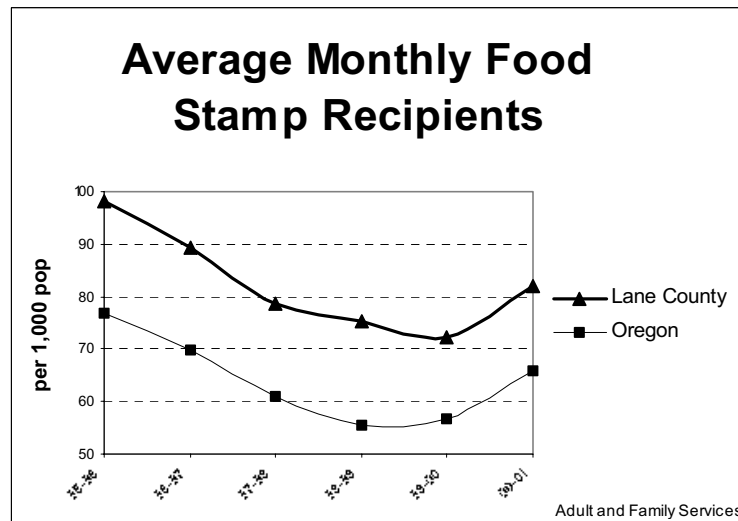
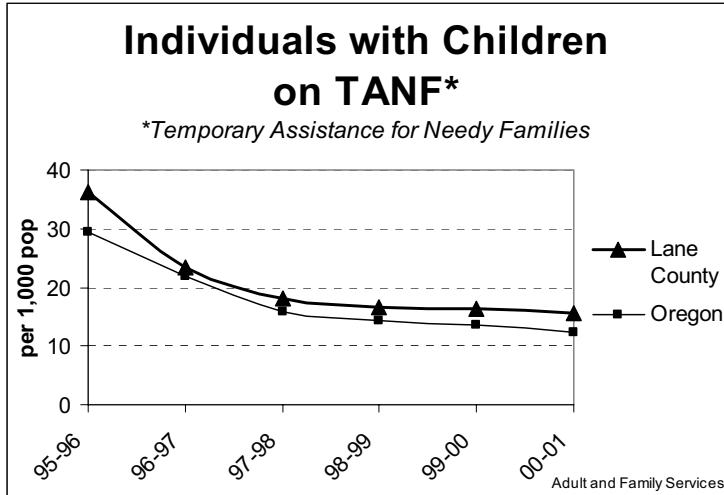
Rent Burden

- The Department of Housing and Urban Development (HUD) tracks households eligible for rental assistance. The number of households that are eligible for assistance and are not receiving it gives an indication of unmet need. The Portland district office of HUD has estimated that 79 percent of eligible individuals in Lane County are not receiving rental assistance. This is the 10th highest need of the 36 counties in Oregon. Of the total households in Lane County, about 13 percent were eligible and not receiving assistance in 2000.

Oregon Health Plan

- This trend is difficult to interpret because several factors may be impacting the trend that do not infer a diminished need for service: (a) eligibility criteria – both in terms of income and covered care – changed each year, and (b) people who are unable to pay the minimal premiums consequently become ineligible for coverage.

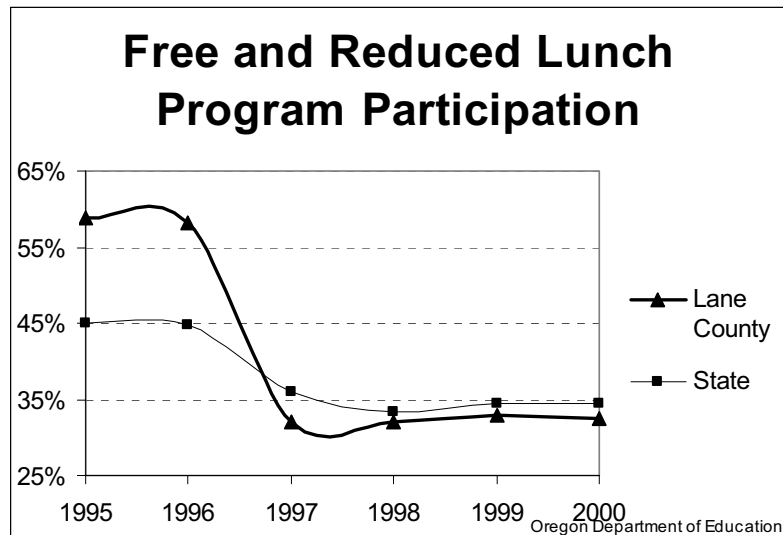
HLO#3 REDUCE POVERTY



Federally Funded Assistance Programs

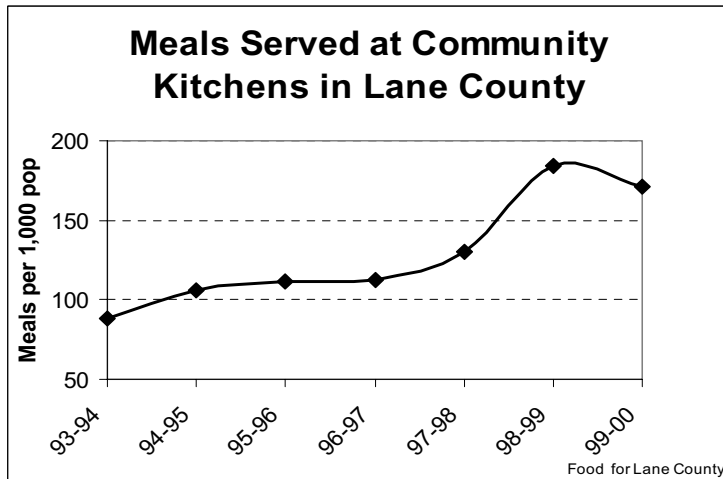
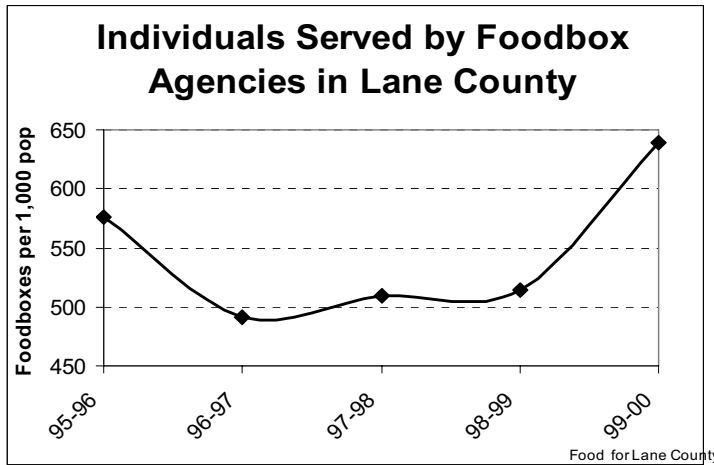
- Since fiscal year 1995-96, the data for food stamp recipients and families with children on Temporary Assistance for Needy Families (TANF) indicate an overall downward trend until fiscal year 1999-2000 when the rate for food stamps began to increase. These trends are difficult to interpret. On the one hand, the economy had been improving as the rate decreased; on the other hand, the federal welfare reforms had changed the period of coverage as well as the eligibility criteria – making it more difficult to participate. And now that the economy has slowed down, the incidence of poverty is expected to increase.

HLO#3 REDUCE POVERTY



School Lunch

- The Free and Reduced Lunch Program Participation rate in schools also has decreased overall since 1995. This program is directly affected by participation in the food stamp program, as well as TANF, because households already participating in these programs are automatically eligible for the school lunch program. Now, if a family is no longer participating in the TANF or food stamp program, they need to provide monthly income information to the local schools. The other criteria for participation relate to the federal poverty level. For all these reasons, it is difficult to say whether the downward trend is a good thing (less need) or a bad thing (need not being met).



Local Meal Programs

- *Food for Lane County* tracks meals served in community kitchens as well as individuals served by food box agencies. There has been an overall increase in the number served per 1,000 population. Some of the fluctuations could be due to changes in funding for the meal programs.
- More information needs to be gathered to explore this possibility. The 1999 USDA study of hunger and food insecurity (*Prevalence of Food Insecurity and Hunger by State, 1996-1998*) identified Oregon as having the highest incidence of hunger in the nation at the time of the study.

HLO#3 **REDUCE POVERTY**

United Way Household Survey

The survey identified the problems experienced in respondent households. Nine of the top ten problems were money-related.

The top ten (out of 26) problems most frequently identified were:

1. Having a lot of anxiety, stress, and depression
2. Finding it difficult to budget
3. Not having enough money for doctor or medication
4. Not able to afford recreation activities
5. Not being able to get medical insurance
6. Not being able to afford legal help
7. Not having enough money for clothes
8. Not being able to pay utility bills
9. Not having enough money for housing
10. Not having enough money for food

HLO#3 REDUCE POVERTY

PRIORITIES

A) Reduce the impact of poverty and hunger on children, families, and the community

STRATEGIES

A1) Increase access to primary health care by: a) increasing connection of existing eligible individuals and supporting the Governor's plan for expanded eligibility to the Oregon Health Plan; b) supporting the creation of a federally qualified health center; c) local safety net clinics through function of billing system for Medicaid and Medicare eligible clients; d) work with local health care organization to increase primary care physicians who accept Oregon Health Care clients; and e) work with school based health centers to increase the number of children who receive school health physicals.

A2) Increase housing stability by: a) restoring the Emergency Assistance program to prior levels; b) supporting increase of low income utility programs; c) increasing access and utilization of household budget educations; d) increasing access and support for legal services to address landlord/tenant issues; e) increasing support for housing stabilization program, including making local money available for matching funds to support transitional and permanent housing; f) increasing support to Housing Policy Board and Human Services commission; g) increasing access and support for drug and alcohol free housing and housing for disabled populations; and h) expanding eligibility for safety net programs, such as the Earned Income Tax Credit, Food Stamps, the Oregon Health Plan, and childcare and housing subsidies, including advocating for increases in federal housing subsidies.

RATIONALE

A) Oregon has been identified as having the highest incidence of hunger in the nation. Federally funded assistance programs are underused in Lane County in relation to the local poverty level.

Citations:

Welfare Restructuring, Work and Poverty.

Policy Implications from Oregon, Policy Matters #2. Authors are Joan Acker, Sandra Morgen, and Lisa Gonzales, Center for the Study of Women in Society, University of Oregon, May 2002.

Manpower Demonstration Research Corporation, 2002 National Evaluation of Welfare-to-work Strategies. Improving Basic Skills: The Effects of Adult Education in Welfare-to-Work Programs.

Oregon Food Bank. 2000. Profiles of Poverty and Hunger in Oregon 2000. Portland, OR: Oregon Food Bank

Oregon Labor Market Information System. 2002. Oregon Unemployment Rates. Oregon Labor Market Information System

U.S Census Bureau. 2000 Profile of Selected Economic Characteristics:2000: Lane County, Oregon.

HLO#3 **REDUCE POVERTY**

A3) Increase adult basic skills, education, job skills by: a) better coordination and participation between low income families and the workforce system and economic development to create career ladders within the employment system; and b) linking of financial incentives to local economic community for creation of opportunities for low income families.

A4) Increase access to affordable quality childcare through: a) increased support to childcare resource and referral program for outreach, recruitment and training; b) expansion of Employment Related Daycare through reduction in co-pay and expanding eligibility level; c) expansion of available childcare options provided outside normal work hours and for special needs children and rural areas.

A5) Increase access to hunger relief services by: a) maintaining current expanded eligibility requirements for families and individuals to the Food Stamp Program; b) increasing support for food distribution through food bank system and related nutritional and food preparation classes, and self help programs such as gleaning and gardening.

HLO#3 REDUCE POVERTY

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

B1) Increase service integration through a) increasing education of community providers to existing resources and services; b) enhancing opportunities for community resource forums; c) braiding funding streams among community partners; and d) grant writing and resource investing to support the above strategies.

B1) Promising approach for targeting resources across the continuum.

C) Address the high rate of poverty among single mothers

C1) Remove barriers to access to services by (a) better coordination of existing services; and (b) Increasing support to RAPP, JOBS program and educational opportunities, Teen Housing, and Teen Parent Program

C1) Best practice.