



Children First
for Oregon

2010

PROGRESS REPORT



THE STATUS OF CHILDREN IN OREGON

Presented by:



CareOregon



2010 PROGRESS REPORT



THE STATUS OF CHILDREN IN OREGON

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Since 1991, Children First for Oregon has been working to make long-term, systemic change by advocating for policies and programs that keep children healthy and safe, and strengthen families. By speaking out on their behalf, we give voice to the thousands of Oregon children who need access to quality, comprehensive health care, every child in foster care, children who are victims of abuse, neglect or threat of harm and all of the children and families who live in extreme poverty.

Children First has a vision for Oregon's future, and a roadmap for getting there. Vision 2020 is a set of realistic, achievable goals designed to keep our work focused on the areas where we can make the most significant impact, while moving us towards our vision to make Oregon a place where all children are healthy and safe, and their families have the support they need to thrive.

Our Vision 2020 Goals are bold. They include:

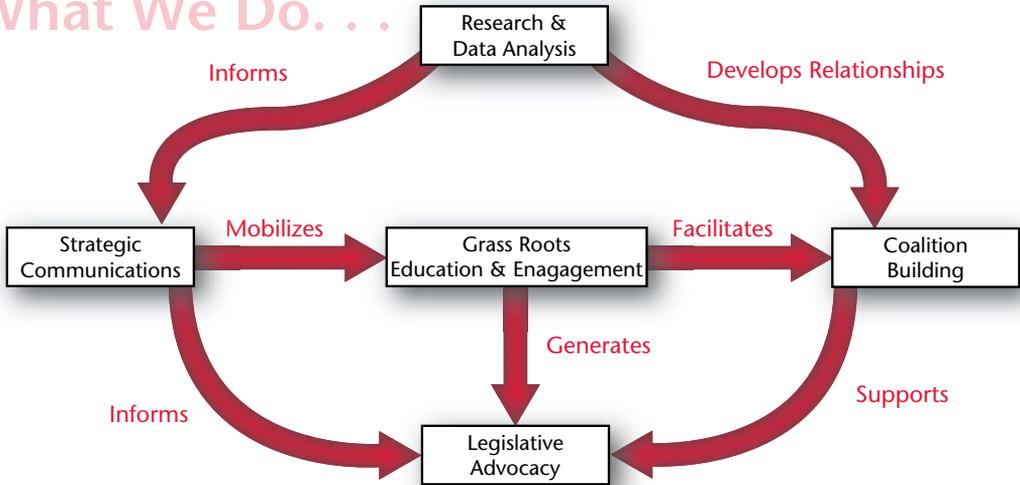
- ▶ Ensuring all Oregon children have health insurance, and access to quality health care.
- ▶ Safely reducing the number of Oregon children living in foster care by 50%.
- ▶ Reducing the number of Oregon children living in extreme poverty by 50%.

As a data driven advocacy organization, Children First is committed to the facts. Gathering and analyzing accurate, comprehensive data about children is our expertise. In this year's report you'll see newly developed data indicators that best measure progress in the areas we influence. We will use these new indicators as our means of tracking progress against, and holding ourselves accountable to, our Vision 2020 goals.

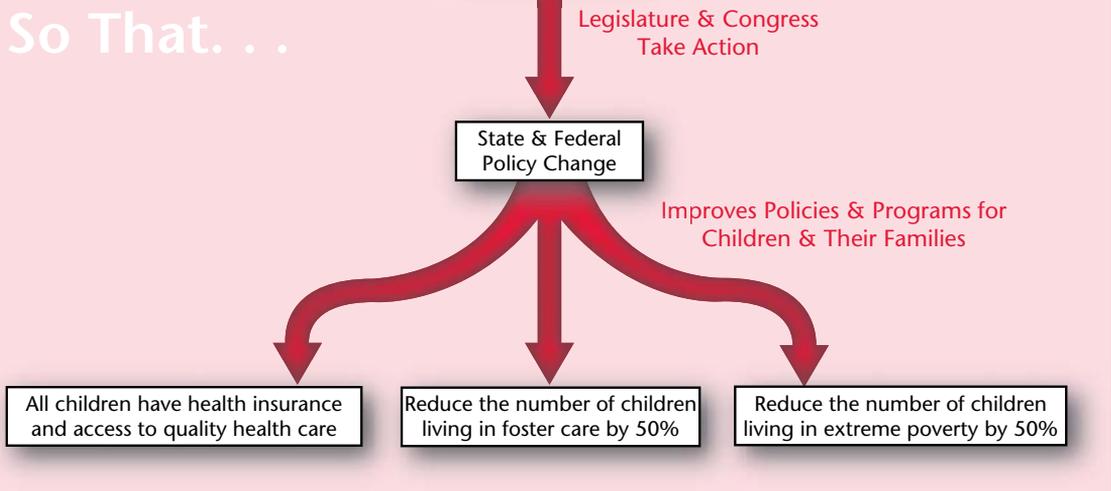
Because hard data often does not keep pace with real change, it by itself is an insufficient measure of progress. By reporting on our specific efforts to improve policies and programs that keep children healthy and safe, and strengthen families, we hope to illustrate the critical influence our advocacy agenda has on reaching our goals.

HOW CHILDREN FIRST IMPROVES THE LIVES OF CHILDREN

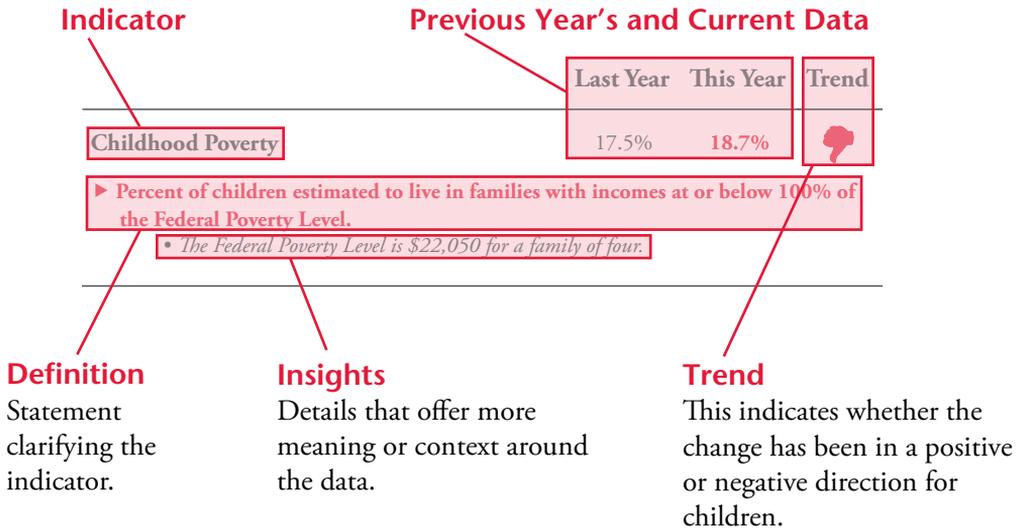
What We Do...

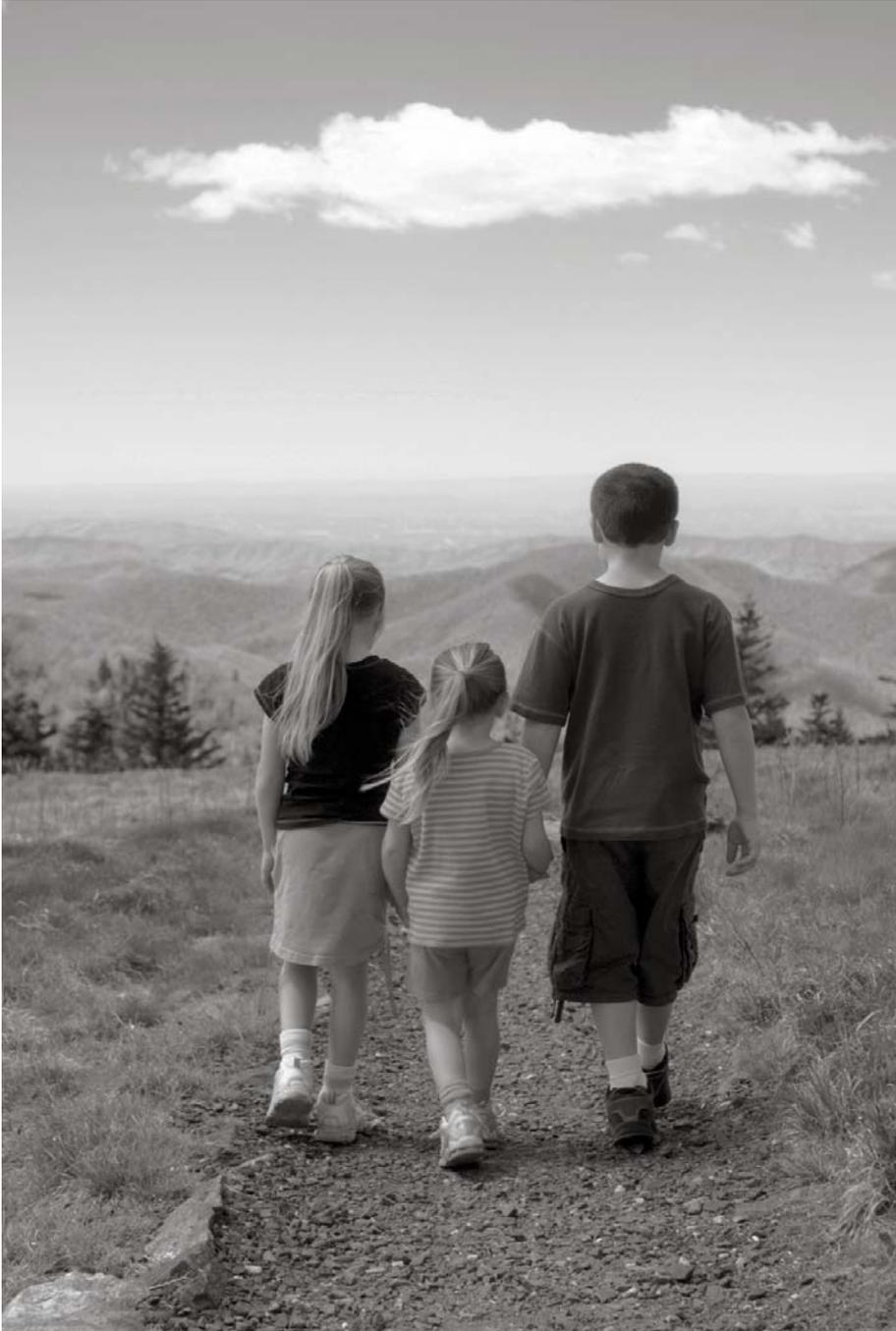


So That...



This year's report is meant to establish the baseline from which we will measure progress in future years. There are several indicators that do not report last year's data. In these instances, data was not available because this is the first year these indicators are being measured. In some instances where there is not data for the current year, Children First is working with state administrators to establish a better system of data collection and reporting.





KEEPING CHILDREN HEALTHY

Every child should be able to count on good health care 365 days a year. Neglecting the basic health care needs of children can multiply health problems and costs as they grow into adults. We work to ensure that every child has access to quality, affordable health care and can see a doctor when they need to. Covering children is also cost-effective. When kids have consistent health care, common childhood illnesses don't turn into chronic health problems and kids don't need costly emergency room care. Insuring kids is a win for kids, their families, and for Oregon.

	Last Year	This Year	Trend
Uninsured Children	13%	10.6%	
▶ Percent of children ages 0-18 estimated to be without health insurance.			
Pended Health Insurance Applications	—	TBD	—
▶ Percent of applications for Healthy Kids that are awaiting approval because they are considered incomplete.			
<ul style="list-style-type: none"> • <i>Enrollment should be easy and not impose additional barriers to healthcare.</i> • <i>No data available for 2010. Children First is working with the Office of Healthy Kids to establish a better system of accountability where number and reasons for pends and denials are regularly reported.</i> 			
Well-Child Exams	—	52.6%	—
▶ Percent of 8th grade students who report not having a medical or physical exam in the last 12 months.			

	Last Year	This Year	Trend
Immunizations	77.4%	77%	
<p>▶ Percent of two-year-olds who are up to date on their 4:3:1:3 immunization series.</p> <ul style="list-style-type: none"> • <i>Childhood immunizations protect against: diphtheria, Haemophilus Influenza, Pertussis (whooping cough), Tetanus, Mumps, Measles, and Rubella</i> 			
School-Based Health Care	8.1%	8.1%	—
<p>▶ Percent of students who have access to a certified school-based health clinic in their school.</p> <ul style="list-style-type: none"> • <i>In many Oregon communities, a school-based health center is the closest health care provider kids have access to.</i> 			

HOW DO WE KEEP CHILDREN HEALTHY? CHILDREN FIRST FOR OREGON. . .

- ▶ Monitors implementation of Oregon Healthy Kids and promotes effective outreach strategies through local childcare centers.
- ▶ Co-Chairs the Healthy Kids Steering committee to reduce barriers to enrollment, increase access, and influence the development of Oregon’s Health Insurance Exchange.
- ▶ Collects stories from families newly enrolled in Healthy Kids to monitor and report on the success of the program.
- ▶ Helped pass Oregon Healthy Kids, which expanded coverage to 80,000 additional children. (2009)
- ▶ Advocated for \$1.4m towards the expansion of School-Based Health Centers. (2009)
- ▶ Passed 12 month continuous enrollment for children enrolled in Oregon Healthy Kids. (2008)



“These last few years have been stressful for our family, but like any parents, we want the very best for our kids.”

REBECCA'S STORY

“With health insurance premiums rising through the roof over the last decade, my husband’s employer finally had to drop employee health benefits 5 years ago. Since then, my husband, our six kids and myself have all gone without health care coverage. Until now, we haven’t qualified for state assistance because we made just \$200/month too much. Even with my husband working 10 hours a day as a warehouse manager and me doing childcare from our home, we couldn’t afford to buy a plan on the private market either.

These last few years have been stressful for our family, but like any parents, we want the very best for our kids. With two children suffering from asthma, we saved our pennies for each new inhaler. When it came time for back-to-school physicals, we prepared months in advance to pay out of pocket so that our children didn’t lose out on opportunities to play sports. We wanted to make sure they had every opportunity to succeed. But, as the beginning of the school year approached, I used to dread all the colds and flu that my kids would inevitably bring home. I didn’t know where I would take them if they got sick or how we would afford an emergency.

I was so relieved to learn about Healthy Kids. With health coverage through Healthy Kids, I will no longer have to dread the seasonal outbreaks of illness or accidents on the playground. Working parents like us will now know our children will get the care they need when they need it.”

Rebecca, Salem

KEEPING CHILDREN SAFE

A safe and stable home is critical to the healthy development of a child. Compared to children who grow up in foster care, children who remain safely at home have better emotional and physical health outcomes and are more likely to succeed in school. Oregon can do better for abused and neglected children. We work to strengthen families so that kids can stay safely in their homes if possible. When foster care is necessary, we ensure that the experience does not increase risk of future problems. For youth that have grown up in foster care and age out at 18, we work to make sure they have the support they need to successfully transition to adulthood.

	Last Year	This Year	Trend
Foster Care	15,060	13,291	
<p>▶ Number of children who spent at least one day in substitute care during a year.</p> <ul style="list-style-type: none"> • <i>Substitute care involves temporary, out-of-home placement for children who are experiencing abuse or neglect.</i> 			
Foster Care Placement Stability	57.2%	60%	
<p>▶ Average percent of children in foster care with two or fewer placement settings in a year.</p>			
Domestic Violence	30.7%	31.7%	
<p>▶ Percentage of confirmed abuse/neglect/threat of harm victims where domestic violence was cited as a stress factor.</p>			
Substance abuse	41.2%	41.2%	—
<p>▶ Percent of confirmed abuse/neglect/threat of harm victims where substance abuse was cited as a family stress factor.</p>			

	Last Year	This Year	Trend
Shelter Availability	—	19,506	—
▶ Number of requests for shelter denied due to lack of shelter space, where domestic violence was reason for request.			
Addictions Treatment	22%	11%	
▶ Percent of parents with children in out-of-home placement who need alcohol or drug treatment but are unable to access services.			
Relative Placement	24.1%	33%	
▶ Percent of foster children who were living with a relative in June 2009.			
Independent Living Program (ILP) Services	37.8%	40.5%	
▶ Percent of eligible foster youth who have access to ILP services.			
<ul style="list-style-type: none"> • <i>Percentage reflects capacity of ILP services to serve eligible youth.</i> • <i>ILP services are intended to help youth leaving foster care achieve independence, and include services such as classes on budgeting, housekeeping, cooking, and career or higher education preparation.</i> 			
60 Day Mental Health Assessments	—	61.3%	—
▶ Percent of children entering foster care that receive a mental health assessment within 60 days of being placed in state custody.			
Psychotropic Medication Assessments	—	TBD	—
▶ Percent of children in foster care receiving mental health assessments before being placed on more than one psychotropic medication or any antipsychotic medication.			
<ul style="list-style-type: none"> • <i>House Bill 3114 passed in 2009, requiring regular and more comprehensive oversight of children in foster care receiving psychotropic or antipsychotic medications.</i> 			

Racial Disproportionality

- **Percent of African American / Native American children in out-of-home placement compared to the percent of African American / Native American children in Oregon's population.**

Race	Last Year		This Year		Trend
	% of all Children	% of Foster Children	% of all Children	% of Foster Children	
African American	2.3%	7.3%	2.4%	8.3%	
Native American	1.3%	10%	1.3%	8.8%	
Asian	3.7%	0.9%	3.6%	0.9%	NA
Caucasian	70.6%	61.1%	69.2%	62.5%	NA
Hispanic (any race)	17.6%	9.9%	19%	12.8%	NA
Pacific Islander	0.3%	0.4%	0.3%	0.5%	NA
Two or more race groups	4.2%	NA	4.3%	NA	NA
Unknown / Not Recorded	NA	10.4%	NA	6.4%	NA

HOW DO WE KEEP CHILDREN SAFE? CHILDREN FIRST FOR OREGON. . .

- ▶ Serves on the Child Safety Workgroup, Foster Care Safety Team, and Child Welfare Advisory Committee.
- ▶ Created and facilitates the Oregon Foster Youth Connection (OFYC), a group of current and former foster youth whose mission is to improve the Oregon foster care system through advocacy, activism, and leadership. (2008- present)
- ▶ Acts as a resource for the implementation of Fostering Connections to Success and Increasing Adoptions Act of 2008.
- ▶ Expanded health insurance coverage up to age 21 for youth who leave foster care at 18. (2010)
- ▶ Secured \$5.47m in funding for programs that help kids stay out of foster care and return home faster. (2009)
- ▶ Expanded access to driver's education for teens in state custody. (2009)
- ▶ Secured \$10m in substance abuse prevention for parents with children in the child welfare system and \$4.8m to provide financial assistance to relative foster parents. (2007)

CHRISTINE'S STORY

“My use of methamphetamines and alcohol led to my children’s removal and placement into the foster care system. After many failed outpatient treatment programs, I ended up spending two years in prison. It wasn’t until then that I received the quality residential treatment I needed. I got my kids back after that. My children are better off now, no longer shuffled from one foster home to another. Thanks to the accessibility of treatment, I’ve recently graduated with a Bachelors of Social Work and have worked as a Parent Mentor helping others who find themselves in the same position I was once in.”

Christine, Portland



STRENGTHENING FAMILIES

All Oregon children should have a chance to live up to their full potential regardless of where they begin. A financially stable family gives children the best chance at a healthy, safe, and successful life. Children lose out when their families experience financial instability. Growing up in poverty puts children at increased risk for a variety of negative outcomes, such as limited access to preventative health care, chronic health conditions, death, food insecurity or hunger, learning disabilities, and low educational attainment. Implementing measures to help struggling families will help us build a better future for our children, and strengthen Oregon's economy.

	Last Year	This Year	Trend
Affordable Child Care	—	30.7%	—
<p>▶ Percent of all Oregon households spending 10 percent or less of household income on child care.</p> <ul style="list-style-type: none"> • <i>The US Department of Health and Human Services defines "affordable" childcare as an expense that does not exceed ten percent of household income.</i> 			
Free or Reduced Lunch	—	86.1%	—
<p>▶ Percent of children eligible to receive free or reduced-price lunch that are eating these lunches (2008-09 school year).</p> <ul style="list-style-type: none"> • <i>186,653 students are eating school lunch compared to the 265,110 who are eligible.</i> 			
Food Insecurity	—	13.1%	—
<p>▶ Percent of households that report reduced quality, variety, or desirability of diet or uncertainty about having enough food for all household members.</p>			
Hunger	—	6.6%	—
<p>▶ Percent of households that report multiple instances of disrupted eating patterns and reduced food intake.</p> <ul style="list-style-type: none"> • <i>Reduced food intake includes skipping meals, reducing portions, or going without food for whole days.</i> 			

	Last Year	This Year	Trend
Childhood Poverty	17.5%	18.7%	
<p>▶ Percent of children estimated to live in families with incomes at or below 100% of the Federal Poverty Level.</p> <ul style="list-style-type: none"> • <i>The Federal Poverty Level is \$22,050 for a family of four.</i> 			
Homeless Children	—	22,688	—
<p>▶ Number of children who are without a decent, safe, stable, and permanent place to live that is fit for human habitation.</p>			

HOW DO WE STRENGTHEN FAMILIES?

CHILDREN FIRST FOR OREGON. . .

- ▶ Led the *Save ERDC* campaign to protect Employment Related Day Care (ERDC) for 13,000 children of working parents. (2010)
- ▶ Advocated to protect \$12.7m to maintain eligibility for ERDC and \$3.8m to minimize proposed increases to parent co-pays and reductions in provider reimbursement rates. (2009)
- ▶ Secured \$2.3m in new funding to provide free school breakfast for 3,436 low-income kids. (2009)
- ▶ Protected \$12.5m in funding for two-parent households on Temporary Assistance for Needy Families (TANF). (2009)
- ▶ Advocated for \$25.8m in new revenue for TANF and \$39.9m for ERDC. (2007)

NINA'S STORY

“As a single mother, I work hard to provide everything my 3 children need. For the last 2½ years, I have worked 9-hour days as a medical assistant, while my children, ages 2, 4 & 6 spend 11 hours each day in day care. I am grateful that my kids have a safe and nurturing environment to be while I am at work and the day care they attend has definitely played a key role in the success of my family.

However, without the help I receive from Employment Related Day Care (ERDC), I wouldn't be able to afford the \$2,350/month it costs me to keep my kids in child care. Even though I make \$2,860 each month as a medical assistant and have full benefits, there is no way in the world I would be able to afford day care without help. Without a safe place to leave my children, I wouldn't be able to work. By helping me afford the high cost of child care, ERDC enables me to be a productive member of society and provide for my children. I don't know what I would do without it.”

Nina, Portland



“Without a safe place
to leave my children, I
wouldn't be able to work.”

HOW THE RATING SYSTEM WORKS

For the past 16 years, Children First has released a Report Card on the Status of Oregon's children. The new format is intended to provide a more clear measure and comparative analysis of how Oregon's children are doing currently, and compared to the past. Each metric is made up of the following, distinct parts:

Indicator: The label for the datapoint.

Previous Year's and Current Data

Definition: Statement clarifying the indicator.

Insights: Details that offer more meaning or context around the data.

Trend: This indicates whether the change has been in a positive or negative direction for children.

KEEPINGS KIDS HEALTHY

UNINSURED CHILDREN Percent of children ages 0-18 estimated to be without health insurance. Source: U.S. Bureau of the Census, American Communities Survey (2008, 2009).

PENDED HEALTH INSURANCE APPLICATIONS Percent of Healthy Kids applications submitted to the Department of Human Services that are put on hold because they are considered incomplete. Source: DHS, Children, Adults, and Families Division.

WELL-CHILD EXAMS Percent of 8th grade students who report not having a medical or physical exam in the last 12 months (2007-2008). Source: Oregon Healthy Teens Survey.

IMMUNIZATIONS Percent of two-year-olds who are up to date on their 4:3:1:3 immunization series (2008). Childhood immunizations protect against: Diphtheria, Haemophilus influenza, Pertussis, Tetanus, Mumps, Measles and Rubella. Source: ALERT Immunization Info. System, Oregon Immunization Program, DHS.

SCHOOL-BASED HEALTH CARE Percent of students who have access to a certified school-based health clinic in their school. (Number of children in schools with certified clinic divided by number of

students enrolled during academic year.) (2009-2010) Source: Oregon School-Based Health Care Network.

KEEPING KIDS SAFE

FOSTER CARE Number of children who spent at least one day in substitute care during the year (FFY 2009). Substitute care involves temporary, out-of-home placement for children who are experiencing abuse or neglect. Out-of-home care includes relatives, emergency shelter, group-home care, therapeutic foster care, respite care, and residential treatment. Source: DHS, Children, Adults, and Families Division.

FOSTER CARE PLACEMENT STABILITY Average percent of children in foster care with two or fewer placement settings, of those children who have been in foster care less than 12 months from the time of the latest removal (FFY 2009). Definition of "placement stability" corresponds to federal guidelines. Source: DHS, Children, Adults, and Families Division.

DOMESTIC VIOLENCE Percent of confirmed abuse/neglect/threat of harm cases where domestic violence was cited as a family stress factor. There usually are several family stress factors where child abuse/neglect is present, and may include substance abuse, inadequate housing or parent involvement with law enforcement. Source: DHS, Children, Adults, and Families Division (2009).

SUBSTANCE ABUSE Percent of confirmed abuse/neglect/threat of harm cases where substance abuse was cited as a family stress factor. There usually are several family stress factors in families where child abuse/neglect is present, and may include domestic violence, inadequate housing or parent involvement with law enforcement. Source: DHS, Children, Adults, and Families Division (2009).

SHELTER AVAILABILITY Number of requests for emergency shelter denied due to lack of available shelter space, where domestic or sexual violence was the reason for request. Note that this number may include some duplicates when victims are denied from multiple shelters. Source: DHS, Children, Adults, and Families Division (2009).

ADDICTIONS TREATMENT Percent of parents, with children in out-of-home placement, who need alcohol or drug treatment but are unable to access services. Source: Human Services Research Institute. Analysis of Oregon's A&D Treatment and Prevention System. (December 2008)

RELATIVE PLACEMENT Percent of foster children who were living with a relative on first episode/first placement as of June 2009. Source: DHS, Children, Adults, and Families Division.

INDEPENDENT LIVING PROGRAM (ILP) SERVICES Percent of eligible youth accessing ILP services with a ILP provider. To be eligible, youth must be at least 14 years of age, currently in foster care, or in care for 180 days after age 14, and under age 21. ILP services are intended to help youth leaving foster care achieve independence, and include services such as classes on budgeting, housekeeping, cooking, and career or higher education preparation. ILP can also offer housing or post-secondary education funding if the youth qualify. Source: DHS, Children, Adults, and Families Division. 2009 Child Welfare Data Book. (2009).

RACIAL DISPROPORTIONALITY Percent of Native American/ African American children in out-of-home placement compared to the percent of Native American/African American children in Oregon's population. Disproportionality is when a group makes up a proportion of those experiencing some event that is higher or lower than that group's proportion of the population. Source: DHS, Children, Adults, and Families Division. 2009 Child Welfare Data Book.

60-DAY MENTAL HEALTH ASSESSMENTS Percent of children entering foster care that receive a mental health assessment within 60 days of being placed in state custody. Source: DHS, Children, Adults, and Families Division Dashboards. (December 2009- March 2010).

PSYCHOTROPIC MEDICATION ASSESSMENTS Percent of children in foster care receiving mental health assessments before being placed on more than one psychotropic medication or any antipsychotic medication, as required in 2009 HB 3114. Source: DHS, Children, Adults, and Families Division. Baseline data will not be available until full implementation has been completed.

STRENGTHENING FAMILIES

AFFORDABLE CHILD CARE Percent of all Oregon households spending 10 percent or less of household income on child care. Median income for households with children in childcare is at or below \$50,371. Source: Oregon Child Care Research Partnership (2008).

FREE OR REDUCED LUNCH Percent of children eligible to receive, and who are eating, free or reduced-price lunch (2008-09 school year). Income eligibility levels are 130% of the Federal Poverty Level (FPL) for "free" and 185% FPL for "reduced-price." Average number of children served a free or reduced-price lunch on a school day (2008-09 school year). Source: Oregon Department of Education.

FOOD INSECURITY Percent of households that report reduced quality, variety, or desirability of diet or uncertainty about having enough food for all household members. Source: Oregon State University, Rural Studies Program (January 2010) and U.S. Department of Agriculture, Economic Research Service.

HUNGER Percent of households that report multiple indications of disrupted eating patterns and reduced food intake, including skipping meals, reducing portions, or sometimes going without food for whole days. Source: Oregon State University, Rural Studies Program (January 2010) and U.S. Department of Agriculture, Economic Research Service.

CHILDHOOD POVERTY Percent of children estimated to live in families with incomes at or below 100% of the Federal Poverty Level (\$22,050 for a family of four). Most recent available poverty rates are reported (2009). Sources: U.S. Census Bureau, American Community Survey. Calculations by the Center on Budget and Policy Priorities.

HOMELESS CHILDREN Number of children who are homeless at a specific point in time. Homelessness is defined by Oregon's Ending Homelessness Advisory Council (EHAC), as being without a decent, safe, stable, and permanent place to live that is fit for human habitation. Source: National Center on Family Homelessness. Retrieved from www.HomelessChildrenAmerica.org. (2009).



The Mission of Children First for Oregon is to make long-term, systemic change by advocating for policies and programs that keep children healthy and safe, and strengthen families.

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This report is made possible by a generous grant from the Annie E. Casey Foundation, KIDS COUNT project.





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for Oregon

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