

2010

Update to 6-Year Plan for Improving Outcomes for Marion County Children and Families



Submitted by
the Marion County
Children and Families Commission
to the Oregon Commission
on Children and Families



Approved by the Marion County
Children and Families Commission
March 11, 2010

Approved by the Marion County
Board of Commissioners
March 31, 2010

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Marion County Children and Families Commission

Hon. Pamela Abernethy (*ex officio*)
Circuit Court Judge
Marion County Circuit Court

James Ryan Allbritton
Regional President
U.S. Bank

Eduardo Angulo
Chairman
Salem/Keizer Coalition for Equality

Deputy Chief Debbie Baker
Salem Police Department

District Attorney Walt Beglau
Marion Co. District Attorney's Office

Gladys Blum
Gladys Blum Group

Gayle Caldarazzo
Executive Director
United Way Mid-Willamette Valley

Dr. Rod Calkins
Administrator
Marion County Health Department

Commissioner Janet Carlson
County Commissioner
Marion Co. Board of Commissioners

Craig Christoff
Woodburn Together Community
Progress Team

Teresa Cox
Executive Director
Mid-Willamette Valley Community
Action Agency

Mike DeRochier
Vice President
AmeriTitle (ret.)

Linda Craven
Program Chair and Faculty Member
Chemeketa Community College

Marilyn Dedrick
Silverton Together Community
Progress Team

Donalda Dodson
Executive Director
Oregon Child Development Coalition

René DuBoise
SDA 3 Manager
Oregon Dept. of Human Services

Faye Fagel
Director
Marion County Juvenile Department

Randy Franke, Chair
Founding Principal
Open Doors Consulting

Terri Frohmayer
Principal
First Commercial Real Estate Services

Dr. Connie Green
Consultant

Norman Gruber
Chief Executive Officer
Salem Hospital

Ron Hays
President
Marion Polk Food Share

Dr. Sandy Husk
Superintendent
Salem-Keizer Public Schools

Charles Lee
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Blanchet Catholic School

Dr. Matthew Lucas
Provost
Corban College

Pete McCallum
Councilor
Woodburn City Council

Sheriff Jason Myers
Marion County Sheriff's Office

Lindsay Partridge
Attorney at Law
Marion Co. Juvenile Advocacy
Consortium

Gregg Peterson
Owner
Broadway Café

Hon. Tracy Prall
Circuit Court Judge (Juvenile)
Marion County Circuit Court

Luz Rivera
Director
Juntos Podemos Centro Para Familias

Dr. Cheryl Roberts
President
Chemeketa Community College

Neil Sherwood
South Salem Connectors
Community Progress Team

Steve Silberman
President and Publisher
Statesman Journal

Tim Sinatra
Executive Director
Boys & Girls Club of Salem,
Marion and Polk Counties

Sam Skillern
Executive Director
Salem Leadership Foundation

Bill Winter
President
Silverton Hospital

Sen. Jackie Winters
State Senator
Oregon State Senate

Dick Withnell
Owner
Withnell Motor Corporation

Alison S. Kelley, Director
Children and Families Department

Executive Summary

GENERAL OVERVIEW OF MARION COUNTY

Of all the counties in Oregon, Marion County is without doubt one of the most amazing. The striking natural beauty alone - the scenic wilderness areas, waterfalls, valleys and farmland - provide a rich environment to live, learn, work and play. But there is more to this county than the land. What makes Marion County great are the people who live here. We are simply the latest in a long line of unique people: generations of Native Americans, pioneer settlers and newcomers from all over the world have settled in this region and contributed to its success.

Marion County is rich in assets. Demographically, Marion County has seen consistent population growth over the last ten years. The current population of over 314,000 reflects 1.5% growth since 2007 and 37% growth since 1990. The county is experiencing increasing cultural diversity with over 56 languages represented in the Salem-Keizer School District alone. Approximately 20% of Marion County residents hold a Bachelor's degree or higher and 61% own their own homes. A substantial percentage of residents in Marion County volunteer and are engaged in their communities. All over the county, sophisticated networks of highly functioning public and private nonprofit agencies, faith communities, and business community members participate in creative and strategic collaborations to address important community issues.

The years 2008 and 2009, however, brought rising socioeconomic distress to Marion County as a result of the most significant macroeconomic downturn since before World War II. Unemployment peaked at 12.1% in early 2009 and had settled at approximately 11% by early 2010. The economic conditions produced a surge of need for a variety of social supports. Nutritional insecurity rose dramatically; the percentage of children eligible for free or reduced lunches soared to 58%, with some school districts in the county reporting 85% of their students eligible. Statewide, the path to economic recovery is projected to be slow. Economists predict at least three years, and possibly up to seven years, before consistent gains and job growth are achieved.

THE BIENNIAL UPDATE PROCESS

The Biennial Plan Update process began informally with strategic planning in the summer of 2008 and was officially launched at the October 2009 Marion County Children and Families Commission (CFC) meeting. Activities included a broad range of strategies to gain community-wide input.

The process included opportunities for input from CFC members, CFC Consortia and Action Team members, key community partners, and the general public, and this updated plan includes extensive input from the following groups:

- **CFC Members.** Meetings were held with all CFC members to identify issues and recommendations for the 2008 CFC Strategic Plan. In October of 2009, CFC members and members of the general public who were present at the CFC meeting held small group discussions to brainstorm issues for the Comprehensive Plan update, and several issues were carried forward from the 2008 Strategic Plan. Throughout the process, issues were grouped by theme and incorporated into the new drafts. CFC members reviewed and provided input to preliminary drafts during their January and February 2010 meetings. CFC Chair Randy Franke and Marion County Commissioner Janet Carlson were instrumental in facilitating group discussions and providing feedback on this plan update.
- **Family Preservation Action Team (FPAT).** FPAT meets monthly and is the umbrella for all efforts relating to foster children in Marion County, including efforts to safely reduce the numbers of children entering foster care, recruit foster parents, assist with retention of foster parents through respite, and assist with the transition of youth out of foster care. FPAT also includes the Marion County Casey Family Grant project and the community-wide Fostering Hope project, designed to provide intensive wrap around services to high needs neighborhoods.
- **Family Systems Investment Consortium (FSIC).** FSIC meets monthly and is a voluntary association of health, social service, public safety, and education leaders who collaborate to improve systems of care for children, families and communities of Marion County and provide policy recommendations to the CFC. FSIC members' recommended focus for this plan is the reduction of poverty.
- **Great Beginnings Consortium (GBC).** GBC members meet monthly and provide a forum for professional networking and development; recommend policies, priorities, strategies, and evidence-based practices to the CFC, provide guidance for the implementation of Goal #2 of the Coordinated Comprehensive Plan for Children and Families in Marion County (*Healthy, Thriving Children (0-8)*), and develop and advance Great Beginnings' strategic plan, including the Early Intervention/Early Childhood Special Education (EI/ECSE) Local Interagency Coordinating Council plan. In August, September and October of 2009, input was sought from the partners of the GBC and two public meetings were held to solicit input relating to the development of a comprehensive system of supports for all births in Marion County, including the first births served by the Healthy Start program.
- **Guido Caldarazzo Cultural Consortium (GCCC).** The GCCC meets monthly and works collaboratively to facilitate a range of culturally competent social services for children, youth and families in Marion County, and provides policy advice to the Marion County Children and Families Commission. Objectives include strengthening children, youth and families of all colors and cultures to succeed at home, in school, and as community members; promoting student success; identifying and addressing barriers to success, and fostering dialogue and building relationships and partnerships across all sectors in the community in order to model the positive changes we want to see in our communities.

- **Joint Marion Ad Hoc Committee (JMAC).** JMAC met from August through December 2009 and addressed six strategic issues relating to youth. JMAC was an ad hoc committee formed subsequent to the first-ever joint meeting of the CFC and Marion County's Local Public Safety Coordinating County (PSCC) in July of 2009. Members identified issues common to both groups and developed strategies to address those issues. Those issues have been incorporated into this update.
- **Marion County Community Progress Teams (CPTs).** Marion County's eleven CPTs represent nearly all of Marion County's urban and rural areas¹. These groups consist of community members who come together to support children and families and to establish healthier and safer communities. In August and September of 2009, three summits were held for the CPTs; during those summits, CPT members identified critical community issues that formed the basis of their strategic plans and which are incorporated into this plan update. CPT strategic plans and investments informed the CFC's comprehensive planning update process.
- **Marion County Public Safety Coordinating Council Town Halls (PSCC).** Beginning in December of 2008, the PSCC and its Chair, Marion County Commissioner Patti Milne, facilitated a series of Town Hall Meetings in fourteen communities throughout Marion County. Several members of the CFC along with its Director participated in these sessions that were well-attended by members of the general public. A substantial number of issues related to children, youth and families were identified during those meetings and have been incorporated into this update.
- **Reading for All Action Team (RFA).** The RFA Action team meets regularly and has been instrumental in launching and sustaining the community literacy effort designed to promote student success in Marion County. With support, input and encouragement from Marion County Commissioner Sam Brentano, literacy is beginning to become a priority across the county and will be instrumental in breaking intergenerational cycles of poverty. Information from RFA partners has been incorporated into this plan.
- **Youth Consortium (YC).** The Marion County Youth Consortium includes over thirty youth-serving agencies and organizations. Its purpose is to promote connections, support and synergy among youth-serving organizations; advocate for the needs and interests of young people (ages 8-18); and to provide awareness, education and resources for youth and adults in Marion County. The full Consortium meets every other month, and its six subcommittees meet in between. In 2009 YC members identified an extensive list of issues facing youth in Marion County. These issues mirrored issues identified by the GCCC, CPTs, JMAC, and communities in which Town Halls were held.

Information from these diverse groups all across Marion County began to emerge as recurrent themes. These themes are represented by the six "Strategic Issues" that appear beginning on page 14 of this plan.

¹ Cascade, French Prairie, Friends of the Family, Jefferson Together, Keizer United, McKay Area, North Neighborhoods, Santiam Canyon Youth Commission, Silverton Together, South Salem Connectors, and Woodburn Together, serving over twenty communities throughout Marion County.

Input was also sought from the general public. A draft plan update was presented to the Marion County CFC on January 28, 2010, simultaneously posted on the CFC website and sent to a comprehensive list of community partners and stakeholders. A web-based method of soliciting input for the plan update was provided. Input from the CFC and the public has been incorporated into this draft.

This plan was approved by the Marion County Children and Families Commission via its Executive Committee by delegated authority on March 11, 2010, and will be presented to the Marion County Board of Commissioners on March 31, 2010.

INCLUSIVENESS OF PARTICIPATION

Consumers, youth and families from a range of cultures and colors represented in Marion County contributed information that has been incorporated into this plan. The integrated nature of the work will allow for continued participation of local partners named in SB 555. Formal and informal partners are engaged in the development and implementation of strategies to address the identified issues.

Since 2008, the GCCC has accomplished regular targeted outreach to all communities of color and culture in Marion County, including our Latino, African American, Asian, Pacific Island (Marshallese), and Native American communities. The GCCC has held its monthly meetings at over ten different high school and alternative education sites as well as at Chemawa Indian School. In 2009 the GCCC convened a series of Youth Summits to provide an avenue for youth in Marion County to voice their opinions and experiences; their feedback has been incorporated into this plan. Additionally, ongoing and integrated partnerships with the Salem-Keizer Coalition For Equality, Mano a Mano Family Center, Farmworker Housing Development Corporation, Juntos Podemos Together We Can Family Center, the local chapter of the NAACP, and the Even Start program assure that we will continue our success in identifying and addressing the needs of our diverse communities.

The Marion County District Attorney and Juvenile Department Director are members of the CFC. Their departments are currently participating in a collaboration with the Department of the Interior, the Bureau of Indian Education, the United States Attorney, the Oregon Attorney General, the Marion County Sheriff's Office, and Marion County Legal Counsel to develop a unique, multi-agency protocol for handling of offenses involving students at Chemawa Indian School. Strategies will involve a coordinated approach to helping students continue their education and get connected to supportive services so that they do not have to leave school for minor transgressions. Strategies will also include developing a peer court. The overall goal is to reduce juvenile delinquency and improve school and community safety. This effort is an excellent example of the integration of systems to improve outcomes for youth.

All over the county, many faith communities and their members work energetically to support children, youth and families. These groups participate in CPTs, run out-of-school-time programs, and work tirelessly to support collaborative projects and leverage additional resources. Salem Leadership Foundation and its extensive network of partners participate in

multiple strategic collaborations and emphasize a neighborhood-based approach to strengthening communities. Habitat for Humanity and the Interfaith Hospitality network provide additional examples of important local efforts. A significant number of foster parents have been recruited from faith-based organizations, and these partners also incorporate community literacy into their priorities. Feedback from our faith community members has been incorporated into this plan.

Marion County business community leaders contribute energetically to efforts that support children, youth and families. Input from our business community has been incorporated into this plan. Healthy, thriving and successful children, youth and families have greater capacity to contribute to their communities, and are a key ingredient to a healthy economy and sustained economic development. Countywide, our supporting and contributing business leaders are too numerous to name, but representatives who serve on the CFC are named on the inside front cover of this plan. Key partners who have worked extensively to advance specific projects and ideas include the Statesman Journal, US Bank, and Withnell Motor Corporation. We are proud to acknowledge the relentless advocacy of Dick Withnell, who now serves as Chair of the Oregon Commission on Children and Families.

COMMUNITY ISSUES

Based upon extensive community input, the list of thirty *Community Issues* has been reorganized and expanded to reflect the changes in Marion County since 2008. New issues include nutritional insecurity; insufficient parenting and family management supports; lack of advocacy, assets, resources and services for youth; and poverty in addition to the issues identified in the 2008 plan.

PROGRESS TOWARD FILLING GAPS; CHANGES IN LIST OF GAPS

Progress has been observed in the areas of Student Success, including a slight but statistically significant countywide increase in 3rd and 8th grade reading scores and a decrease in high school dropouts. This progress is critically important. However, there remains an achievement gap between economically disadvantaged students, students of color, and the achievement of students who fall outside those categories. Progress has been observed in a slight decrease in the overall numbers of runaway and homeless youth in Marion County.

PROGRESS TOWARD LOCAL BARRIERS; CHANGES IN LIST OF BARRIERS

In 2008, a local barrier included issues faced by those re-entering society following incarceration because of the high percentage represented in Marion County and the effects upon their families. In 2009, Marion County Commissioner Janet Carlson was successful in securing over \$500,000 in federal grants to launch the Marion County Re-Entry Initiative, which provides wraparound mental health/addiction, career/technical and additional social supports to increase the likelihood of successful reentry. The CFC will play a role in supporting the success of the Marion County Re-Entry Initiative.

New barriers include local economic downturn, lack of jobs for youth, insufficient primary medical care for low income/uninsured/underinsured families, and lack of parent knowledge about child development and health needs.

UPDATES OF EXISTING FOCUS ISSUES

Progress has been observed in the areas of Student Success, including a slight but statistically significant countywide increase in 3rd and 8th grade reading scores and a decrease in high school dropouts. This progress is critically important. The targeted investments school districts made in innovative programs and practices to support student success, the launching and consistent investment in *Reading for All*, and a range of community volunteers and supports likely all contributed to the rise in scores. Generally, when *Reading for All* was launched in the summer of 2007, it was not anticipated that any upward progress in key benchmarks would be seen for at least five years. That we are seeing progress after only three years points to the great efforts of our schools, communities, families, and volunteers. This is momentum on which to build.

Although progress has been made, there remains an achievement gap between economically disadvantaged students, students of color, and the achievement of students who fall outside those categories. Additionally, we are examining issues related to high school completion; data measurement is in the process of being revised to include more detail about high school completion opportunities and statistics.

Progress has been observed in a slight decrease in the overall numbers of runaway and homeless youth in Marion County.

The focus issues of Student Success and runaway and homeless youth will be retained. An additional focus issue will include supports for parenting and family management.

STRATEGIC ISSUES

This list of “Strategic Issues” beginning on page 15 reflects the themes synthesized from input received from the community. A new strategic issue of positive youth development contemplates a two-fold approach: a global strategy of adding assets and resources for youth (Issue 1(a)), and specific strategies addressing key issues involving youth our community members have identified (Issues 1(b), (c), (d), and (e)). Additional new strategic issues include increasing parenting supports (Issue 3(a)) and reducing poverty (Issue 5). The new CFC 2010 Strategic Plan will be developed based upon these strategic issues. Runaway and Homeless Youth (Issue 1(c)), Parenting supports (Issue 3(a)), and Student Success (Issue 4) are “Focus Issues” for purposes of reporting progress to the Oregon Commission on Children and Families.

NEW FOCUS ISSUES: DOCUMENTING THE NEED

Marion County is adding the focus issue of increasing parenting supports to the 2010 Biennial Plan update. Over the past eighteen months, every Marion County community that provided input identified the lack of supports and resources for parents of children ages 0-18 as a significant and critical issue to address.

Parents of preadolescent and adolescent children need support in communicating effectively with children, understanding adolescent brain development, and strengthening skills for effective and positive family management. Increasing parenting capacity is important because adolescents from high conflict families are at greater risk for school failure, dropping out, gang criminal activity, drug and alcohol use, and teen pregnancy.

Parents are the primary influence in the development of young children. The attachment developed between parent and child promotes not only social and emotional development, but directly contributes to physiological growth of the brain.

Adverse childhood experiences are linked to many poor life outcomes, including adult physical and mental health. Maximizing the parenting capacity of parents of young children will result in improved outcomes for children throughout their lives.

It is anticipated that by enhancing supports and resources to parents over Marion County, the capacity for enhanced parenting and family management will be improved. Information relating to data gathering, measurement and trends will be informed by the work of the Common Outcomes Workgroup.

NEW FOCUS ISSUES: IMPLEMENTATION AND INTENDED RESULTS

The new focus issue of increasing parenting supports will be implemented by integrating a wide range of strategies and resources including public awareness, classes and workshops, and the provision of materials and supports that families can access easily. Specific intermediate level outcomes and intended results will be developed collaboratively with key partners.

DISCONTINUED FOCUS ISSUES: RATIONALE

All prior focus issues will be continued.

Community Issues

STRONG NURTURING FAMILIES

1. **Affordable housing:** the current capacity does not meet the demand.
2. **Domestic violence:** this continues to be a significant issue in Marion County. There is greater awareness of the impact of domestic violence on children who witness the behavior. Service providers are working to address the impact.
3. **Food and nutritional insecurity:** the lack of food availability or one's access to it. A household is considered food insecure when its members have limited or uncertain access to enough food to live a healthy and active life. Nutritional insecurity refers to a lack of nutritious food.
4. **Fragile families:** high rates of children entering foster care; insufficient number of and supports for foster homes to meet need; poor outcomes for children in foster care.
5. **Health care:** lack of equity for minorities, low income and/or uninsured persons.
6. **Homelessness:** generally, more children, youth and families are at risk because of increasing homelessness due to the macroeconomic downturn.
7. **Insufficient parenting supports:** lack of parenting and family management supports and resources for all families.
8. **Methamphetamine use:** this continues to have a negative effect on the well-being of families and children.
9. **Poverty:** an increasing rate of families living at or below the federal poverty line.
10. **Prenatal care and women's health services:** Marion County needs additional capacity to provide services. The percentage of pregnant women who receive prenatal care in the first trimester of pregnancy has decreased and infant mortality is increasing.

HEALTHY THRIVING CHILDREN

11. **Child abuse and neglect (maltreatment):** high rates of child maltreatment persist, especially in families with alcohol and drug addiction, mental illness, or who live in poverty. Children are experiencing extremely high levels of verbal and emotional abuse, as well as physical and sexual abuse.
12. **Child care access:** current capacity does not meet the demand; costs are prohibitive.
13. **Child care quality:** there is a persistent need for high quality child care in order to provide for the social, emotional and cognitive development of young children.

14. **Early childhood development:** one in four children ages 0-5 years are at significant risk; difficulty in coordinating/providing services from pre-pregnancy to kindergarten (ages 0-5); increasing numbers of children are developmentally delayed due to lack of cognitive stimulation.
15. **Immunizations:** Local pediatricians emphasize the need for prioritizing immunizations for children 2 years old and under to assure proper prevention of communicable diseases.
16. **Insufficient reporting of fetal deaths:** this issue, identified by the Marion County Health Department, is important in light of the rise in infant mortality and the decline in prenatal care during the first trimester.
17. **Limited access to dental care:** this issue has been identified by the Marion County Health Department and targeted by the Family Systems Investment Consortium as a critical need.
18. **Need for WIC nutrition services:** eligible families would benefit from more knowledgeable, appropriate to client needs services which, promote nutritional health and improve breastfeeding outcomes.

POSITIVE YOUTH DEVELOPMENT

19. **Adolescent-focused services:** lack of advocacy and recognition of needed services, resources, mentoring, and other supports in the continuum of care.
20. **Behavioral health services:** mental health, substance abuse and family support for justice involved youth and their families (ages 0-18+): increased demand.
21. **Cultural competency and opportunities:** youth from minority cultures continue to experience barriers to success.
22. **Increase in gang-related criminal activity:** generally, many communities in Marion County are reporting an increase in gang-related criminal activity.
23. **Lack of positive, low-cost activities for youth:** insufficient availability, including before and after school options and mentoring.
24. **Mental health services:** needed by increasing numbers of low income children, youth and adults.
25. **Pregnant and parenting teens:** Marion County's teen pregnancy rate is worsening while the statewide rate is improving; Marion County has the 4th highest rate of teen pregnancy in Oregon.
26. **Runaway and homeless youth:** need continued work on developing an integrated system of supports to connect RHY to safety, services, and education (i.e. integrated system of prevention, intervention, case management, accountability, and goal-directed options).

27. **Student success and literacy levels (K-12):** driven by high rates of poverty and need for second language acquisition, Marion County continues to lag behind established state standards although progress has been achieved since 2007.
28. **Substance abuse:** prevention needed to combat teen alcohol, tobacco and other drug use; addiction services needed by increasing numbers of low income youth and adults; increased need for funding.
29. **Transition from school to community:** youth are not well-prepared; youth lack job and volunteer opportunities.

A MOBILIZED COMMUNITY

30. **Volunteering and community awareness:** ongoing need to increase awareness and mobilize the community in strategic ways to address issues affecting children and families.

Identified Gaps and Barriers

Marion County has reviewed current service delivery systems related to the previously identified Community Issues and identified gaps related to these community issues. In some cases, gaps are a result of the diverse population or sheer numbers being served. Others result from lack of awareness or advocacy regarding the issues at hand. Still others are an outcome of existing program limits, lack of resources or current capacity constraints.

GAPS

1. **Academic achievement:** the numbers of students in Marion County achieving the state standards are too low and the number of students dropping out of school is too high.
2. **Advocacy for youth:** assets, resources and services for youth, including mentoring, low-cost recreational and out of school time activities, career development and job availability.
3. **Availability of resources to meet the needs of children and youth in foster care:** safe reduction of numbers of children in foster care; recruitment and retention of foster parents, assistance for youth transitioning out of foster care.
4. **Community awareness:** public awareness of issues, resources and opportunities to engage in sustainable solutions.
5. **Cultural competency:** accessibility and safety for children, youth and families of color.
6. **Health, mental health, and substance abuse services:** availability and access to for low income, uninsured, or underinsured families.
7. **Parenting and family management:** assets, resources and supports to promote effective parenting and family management.
8. **Self-sufficiency:** access to food, affordable housing and health care to facilitate family self-sufficiency.
9. **Social-emotional development:** parents and professionals knowledgeable about how to optimize the social-emotional and cognitive development of young children.
10. **Training and workforce development:** availability of well-trained child care providers.

BARRIERS

State Barriers and Solutions

State Barriers	Solutions to State Barriers
<p>OHP plan eligibility that allows children to be eligible for OHP at the same time that their parents are not eligible for coverage.</p>	<p>Advocacy for expansion of the OHP to cover parents of children who are eligible for OHP. Advocacy for legislation that allows for suspension vs. termination of health care coverage during incarceration and that immediately resumes upon release for jail or the prison. Advocacy for increased State funding of indigent drug treatment services.</p>
<p>Lack of adequate funding to provide in-home visiting and maternity case management services for pregnant women and their families.</p>	<p>Advocacy for increased funding for OHP maternity case management services that are more in line with actual cost to deliver service.</p>
<p>Lack of a statewide foster care recruitment effort. Lack of resources and materials to disseminate to potential foster families. Lack of budget for foster care recruitment activities.</p>	<p>Initiate a statewide recruitment effort for foster families on which local recruiters can build – television advertising, newspaper and radio spots. (The Heart Gallery is an example of such an effort, though it is geared toward adoption.)</p>
<p>Progress Board data measurement. When the Oregon Progress Board was eliminated in 2009, the state lost a valuable asset in the centralized collection and reporting of crucial data.</p>	<p>We urge the Legislature to reinstate a method of centralized collection of data, and to implement a growth model of measurement. A growth model would measure whether a county is demonstrating improvement and at what rate.</p>
<p>Authorization of Treatment. Oregon Health Plan authorization is required prior to a rehabilitative therapy such as physical therapy or speech therapy. As families are moved among plans within the Oregon Health Plan, the authorization does not follow them. Providers are not notified of the change of status. Prescheduled appointments are precluded from occurring, delaying services for the clients and resulting in down time for the providers.</p>	<p>Possible solutions include: allowing providers to obtain a secondary authorization between OHP plans (which private insurers allow); or notifying providers with current authorization when the insurance coverage changes status.</p>

State Barriers	Solutions to State Barriers
<p>Early Intervention Therapies and Treatment. Oregon Health Plan fails to cover early treatment of some conditions, which later treatment takes longer and is more costly. Example: Oregon Health Plan will not cover treatment of a child with torticollis (a neck muscle issue related to in utero or birth process). Torticollis can usually be successfully treated in less than 8 visits. The Oregon Health Plan will pay for treatment of plagiocephaly, which often results from not treating torticollis early enough. Plagiocephaly treatment often involves the child wearing a helmet and can take months.</p>	<p>Review Oregon Health Plan benefits to include treatment of torticollis and other early intervention therapies and treatments.</p>

Local Barriers and Solutions

Local Barriers	Solutions to Local Barriers
A higher than average county population of parents involved in the criminal justice system who have no benefits or who have lost benefits for mental health or substance abuse treatment due to their incarceration and who experience significant challenges upon release from incarceration.	Full implementation of the Marion County Re-Entry Initiative, which provides community based (non-profit) transitional services and family supports at the time of release from jail or prison including career/technical training, supported housing, child care, employment services and coordination of indigent mental health and substance abuse services.
Lack of diversity in the mental health and healthcare workforce, and a shortage of culturally competent workers.	Incentives to increase recruitment of bilingual/bicultural health, mental health and substance abuse workers so that the workforce mirrors the demographics of the community.
Local economy suffering from the effects of the most significant global, macroeconomic downturn since before World War II. High unemployment.	Focused and strategic economic development and recovery, including increased net job growth, increased availability of living wage jobs, increase in post-high school career/technical and educational attainment.
Lack of jobs for youth.	Explore options to incentivize hiring of youth.
Insufficient primary medical care for low income, uninsured and underinsured families; insufficient number of obstetrician/gynecologist practitioners.	Increased range of options for primary medical care for low income, uninsured and underinsured families; increase number of obstetrician/gynecologist practitioners.
Lack of Marion County population based system that assures all pregnant women with medical and social needs are identified and connected with services, including maternity case management by public health nurses.	Develop a population-based system for identifying and connecting all pregnant women with needed case management services and WIC (Women, Infants, and Children) services. Increase home visiting staff.
Lack of parent knowledge about child development and health needs. Lack of dissemination of implications of recent research on early development to broad community of providers serving families.	Provide education to parents and providers regarding factors increasing the healthy development of young children.

Strategic Issues

The *Strategic Issues* that follow have been selected based upon information received from individuals, partners, organizations, and groups from all over Marion County. These *Strategic Issues* were developed to support and strengthen children, youth and families in our community. The CFC and its extensive networks of community partners and stakeholders will address these *Strategic Issues* to the greatest degree possible over the next two years. While we will measure our progress with respect to all the issues, the *Strategic Issues* marked with an asterisk represent the “Focus Issues” that will be reported to the State of Oregon.

SELECTED STRATEGIC ISSUES

1. Positive Youth Development

- (a) Increase assets, resources and services for youth and their families (including but not limited to mentors and accessible out-of-school-time activities)
- (b) Facilitate youth transition to adulthood (job readiness, career/technical education, participation in community and four-year college)
- (c) Enhance and integrate runaway and homeless youth services*
- (d) Develop community-based teen pregnancy prevention approach
- (e) Develop community-based gang criminal activity prevention

2. Healthy Development of Young Children

- (a) Promote early childhood social/emotional development
- (b) Improve cognitive development and readiness to learn
- (c) Prevent and reduce child maltreatment

3. Family Strengthening and Preservation

- (a) Increase parenting supports* (including public education, mobile resources, web-based resources, and community-based resources)
- (b) Continue foster care improvements (safe reduction of numbers of children in foster care; foster parent recruitment and retention; assistance for youth transitioning out of foster care)
- (c) Increase availability of neighborhood-based centers and resources

4. Reading for All: Community Literacy & Student Success

- (a) Increase third grade reading skill level achievement*
- (b) Increase eighth grade reading skill level achievement*
- (c) Improve high school completion rates; reduce high school dropout rates*
- (d) Increase community and adult literacy

5. Poverty Reduction

- (a) Reduce food and nutritional insecurity
- (b) Increase post-high school career/technical and educational attainment
- (c) Increase per capita personal income
- (d) Increase net job growth
- (e) Increase community-wide financial literacy

6. Health Care Access and Availability

- (a) Increase percentage of women who receive prenatal care in 1st trimester
- (b) Reduce infant mortality
- (c) Increase numbers of children receiving immunizations
- (d) Increase access to mental health services

** Focus Issues for purposes of state reporting; to be addressed and measured for six years.*

Status of Selected Issues

STRATEGIC ISSUE ONE: POSITIVE YOUTH DEVELOPMENT

I(c) Enhance and Integrate Runaway and Homeless Youth Services

The Marion County Children and Families Commission and key local partners continued the successful implementation of the state Runaway and Homeless Youth grant. The Youth Consortium launched an integrated service delivery approach, facilitating involvement of Community Action Agency's HOME Youth and Resource Center, Neighbor to Neighbor Community Mediation Center, Northwest Human Services' HOST program, the Salem-Keizer School District, DHS, and the Salem Police Department. Potential new partners include the YWCA.

This project facilitated more than 1,700 contacts with youth; family mediation and reunification and re-connection to education for RHY receiving case management.

Runaway and Homeless Youth Local Outcome Measures:

Education. 100% of runaway or homeless youth receiving case management services during the school year will be enrolled, actively seeking enrollment in, or addressing barriers to becoming enrolled in a school or an educational program.

Target: 100% Result: 100%

Attending school (either traditional or alternative school) is a high priority of the runaway and homeless youth project. Youth who are not in school when case management services are initiated, are quickly assisted to return to education.

Family Stabilization. 50% of families in crisis with youth on the run or at risk of running will be stabilized or reunited after participating in family mediation.

Target: 50% Result: 100%

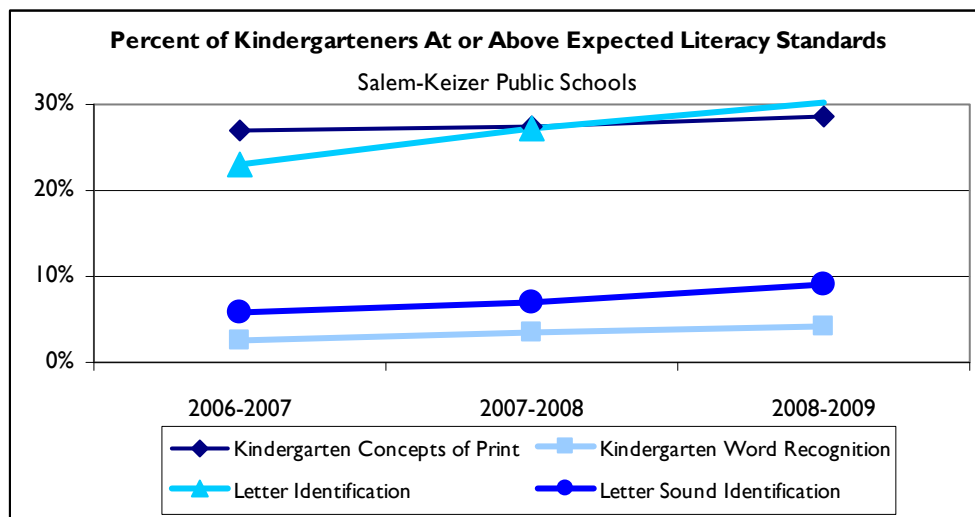
Safety. 80% of runaway and homeless youth in temporary shelter will go to a safe environment when they exit the shelter.

Target: 80% Result: 86%

STRATEGIC ISSUE TWO: HEALTHY DEVELOPMENT OF YOUNG CHILDREN

2(a) Promote Early Childhood Social/emotional Development

- 100% of "Family, Friends and Neighbors" providers attending classes and receiving home visits report changed practices
- 50% of "Family, Friends and Neighbors" providers attending classes and receiving home visits report changed practices.
- 90% of home visitor training participants report they learned new knowledge or skills in working effectively with families of young children.



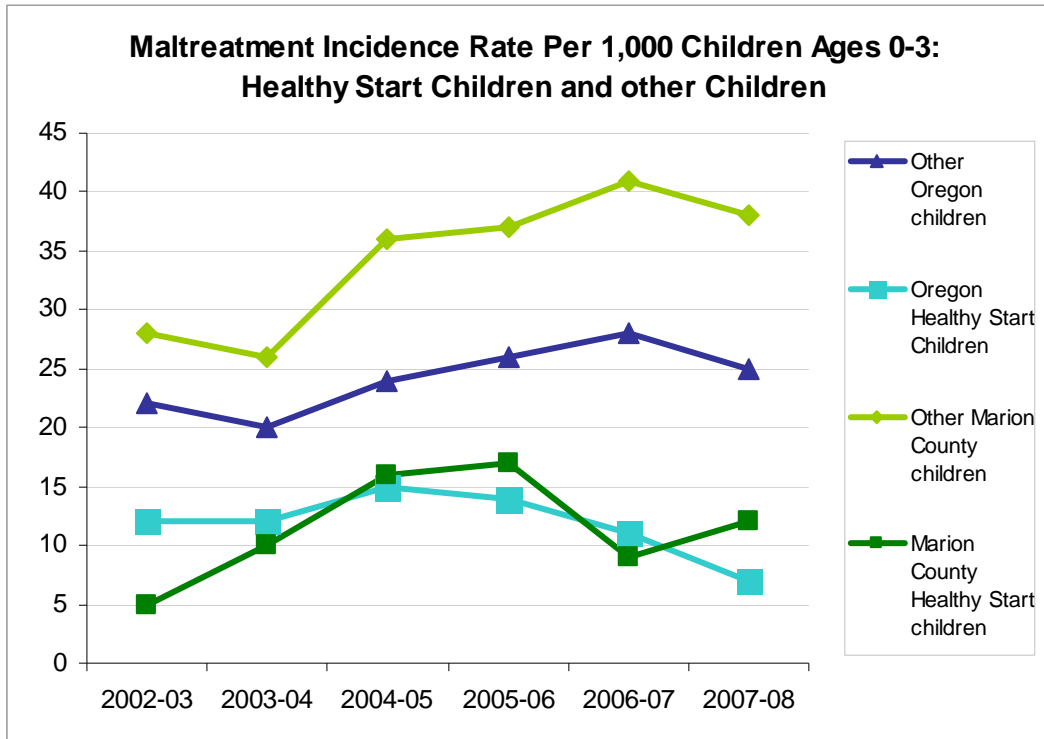
Data Source: Salem-Keizer Public Schools, Testing and Evaluation Coordinator. Primary Literacy Assessment of student performance is conducted by Salem-Keizer Public Schools in September.

2(c) Prevent and reduce child maltreatment. In addition to the community mobilization and service integration efforts of Great Beginnings, three key programs contribute to reduction of child maltreatment:

CASA Research shows that children with a CASA

- Receive more appropriate services,
- Are in fewer homes while in state care,
- Spend less time in foster care overall, and
- Are half as likely to return to foster care.
- Children not rejoining their parents are more likely to be adopted if served by a CASA.

Healthy Start. Healthy Start is Oregon’s largest child abuse prevention program, providing screening and referral services to at-risk families. Healthy Start demonstrates positive outcomes for Oregon’s highest risk families, including documented lower rates of child maltreatment and supporting children’s readiness for school.



	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Other Oregon children	22	20	24	26	28	25
Oregon Healthy Start Children	12	12	15	14	11	7
Other Marion County children	28	26	36	37	41	38
Marion County Healthy Start children	5	10	16	17	9	12

Relief Nursery. In Marion County, the Relief Nursery is Family Building Blocks. A report of Oregon Relief Nurseries published by NPC Research, indicates that:

- 98.4% of Relief Nursery children had no subsequent involvement with child welfare
- Families who read to their children increased from 19% at intake to 65% after 12 months
- Use of emergency room services decreased by 27% for those who participated at least 12 months.

STRATEGIC ISSUE THREE: FAMILY STRENGTHENING AND PRESERVATION

3(a) Increase parenting supports (including public education, mobile resources, web-based resources, and community-based resources).

Over the past eighteen months, every Marion County community that provided input identified the lack of supports and resources for parents of children ages 0-18 as a significant and critical issue to address.

Parents of preadolescent and adolescent children need support in communicating effectively with children, understanding adolescent brain development, and strengthening skills for effective and positive family management. Increasing parenting capacity is important because adolescents from high conflict families are at greater risk for school failure, dropping out, gang criminal activity, drug and alcohol use, and teen pregnancy.

Parents are the primary influence in the development of young children. The attachment developed between parent and child promotes not only social and emotional development, but directly contributes to physiological growth of the brain.

Adverse childhood experiences are linked to many poor life outcomes, including adult physical and mental health. Maximizing the parenting capacity of parents of young children will result in improved outcomes for children throughout their lives.

It is anticipated that by enhancing supports and resources to parents over Marion County, that capacity for effective parenting and family management would be improved.

The 40 Developmental Assets will serve as a conceptual framework for a wide range of strategies that will be deployed to increase parenting supports. These strategies are expected to include:

- Working with the Health Department to enhance funding for the evidence-based Strengthening Families parent training program.
- Launching a public awareness campaign, including a multimedia website, social networking tools, visual images, and key family management tips.
- Hosting community-wide parenting conferences.
- Develop mobile, traveling parenting resources.

All interested community organizations and groups will be welcome to participate in development and implementation.

Intergenerational Criminality Illustrates the Need to Break the Cycle.

Seventy three percent of inmates surveyed in the 2007 Marion County Jail Survey responded that they had children. Over 15 percent of the parents said that their children had been in foster homes. Thirty percent of the parents answered in the affirmative when asked if any of their children had ever been arrested.

Inmates surveyed in the 2007 Marion County Jail Survey responded that 44 percent of their fathers and 19 percent of their mothers have been in jail. Fifty four percent of inmates were arrested as a juvenile; of those inmates, 46 percent were arrested before 15 years of age.

Oregon youth with foster care experience are four times more likely to be early start delinquents than youth with no foster care experience. Youth with a family member convicted of a felony are two times more likely to be early start delinquents than youth with no family felony.¹

STRATEGIC ISSUE FOUR: READING FOR ALL. COMMUNITY LITERACY & STUDENT SUCCESS

Marion County identified student success and community literacy as local priorities and, in 2007, launched the *Reading for All* Initiative. We note an overall improvement in student success since 2007 as measured by an increase in 3rd and 8th grade reading scores and a decreasing high school dropout rate.

The CFC continued integrating community literacy as a priority into every aspect of the its work, including Community Progress Teams. In many parts of Marion County, school districts and communities have joined together and launched local activities to promote community literacy.

The CFC developed an innovative partnership with The Oregon Community Foundation (OCF). Through its Regional Action Initiative, OCF invested \$1 million to support *Reading for All* in Marion County and to roll it out in Polk and Yamhill Counties through their local Commissions over three years. As a result of the grant, Marion County CFC hired a *Reading for All* Community Facilitator to assist in building community capacity.

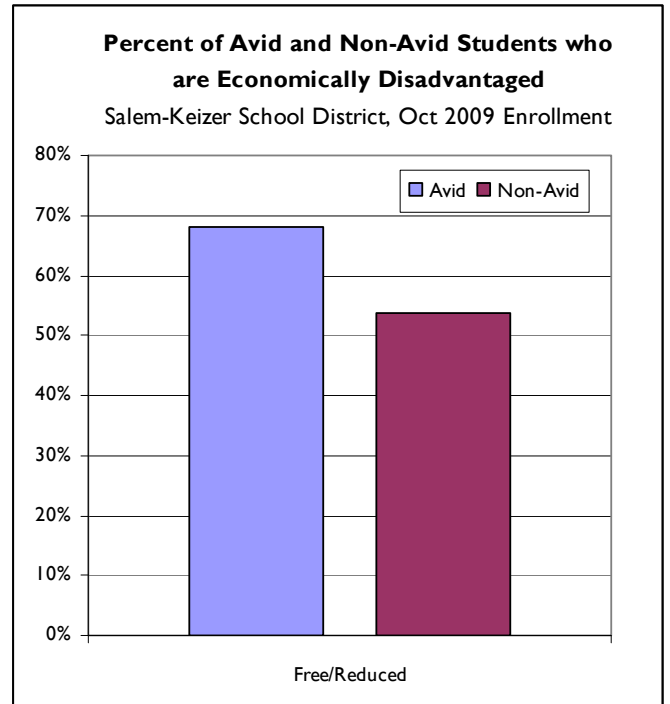
In partnership with the Statesman Journal, the CFC launched a county-wide 2009 Holiday Book Drive and received over 32,000 donated high-quality children's books from the public; distributed those books to over 400 people at the 2010 For the Love of Literacy Conference and to more than 30 partner organizations throughout the spring of 2010.

School districts throughout Marion County are making strategic investments to improve student success.

AVID: One Strategic Investment of One District: A Snapshot of Success

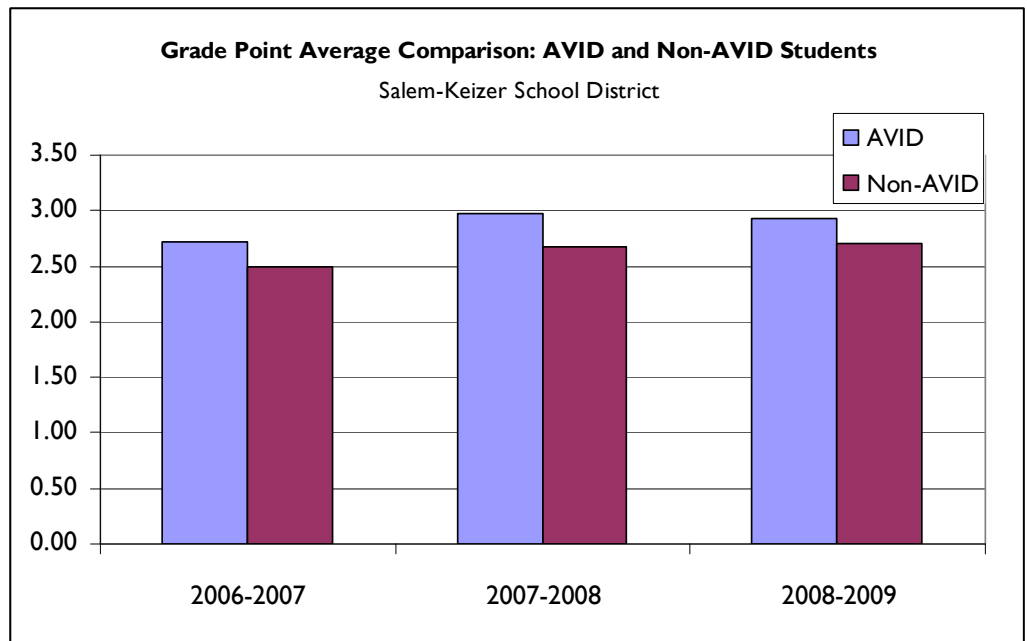
Salem-Keizer Public Schools implemented AVID in twelve middle schools and high schools to boost student achievement. According to the AVID website, AVID stands for *Advancement Via Individual Determination*. AVID prepares students in the academic middle for four-year college eligibility, bringing out the best in students and closing the achievement gap.

“AVID targets students in the academic middle - B, C, and even D students - who have the desire to go to college and the willingness to work hard. These are students who are capable of completing rigorous curriculum but are falling short of their potential. Typically, they will be the first in their families to attend college, and many are from low-income or minority families. AVID pulls these students out of their unchallenging courses and puts them on the college track: acceleration instead of remediation.”



AVID is successfully narrowing the achievement gap. Generally, economically disadvantaged students are less successful academically than students who are not economically disadvantaged. For example, in 2008-09, 72 percent of Salem-Keizer students met or exceeded established skill levels in reading and literacy, compared to 62 percent of economically disadvantaged students.

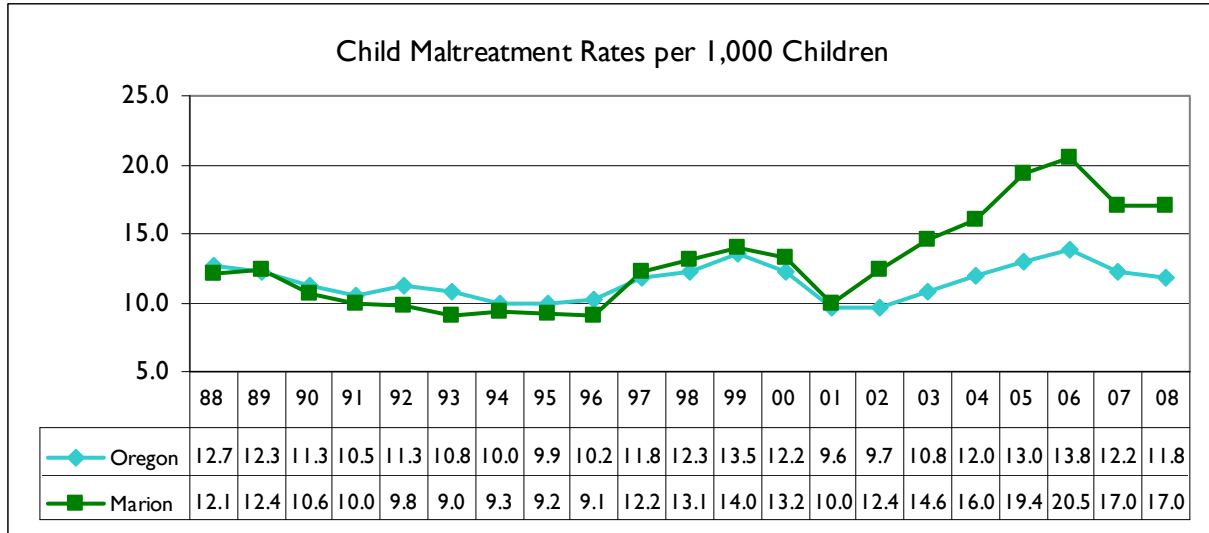
AVID data indicate that although the students enrolled in AVID include a higher percentage of economically disadvantaged students than the overall student body, the grade point average of AVID students exceeds that of the overall student body.



Appendix A: Data

Reduce Child Maltreatment

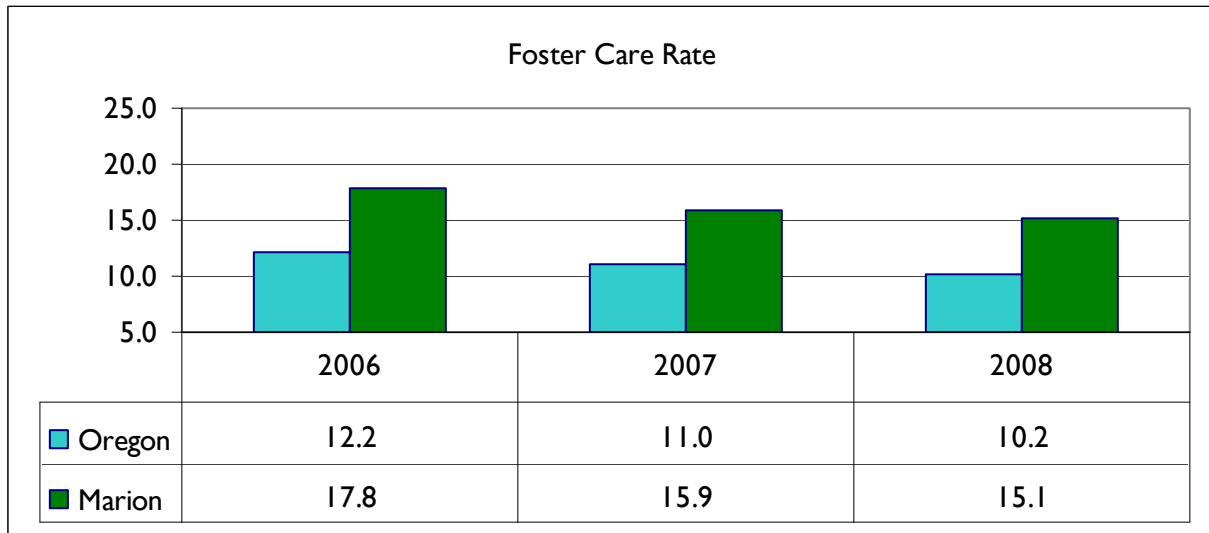
Reduce child maltreatment, as measured by the number of children, per 1,000 persons under age 18, who are abused or neglected or at risk of abuse or neglect. (Oregon Progress Board benchmark #51)



Source: Department of Human Services, "The Status of Children in Oregon's Child Protection System".

Reduce Foster Care Rate

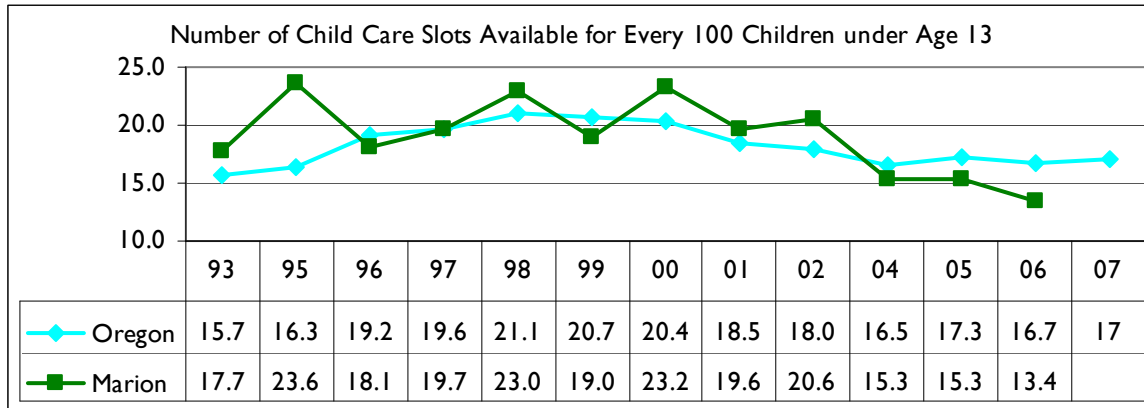
Reduce foster care rate per 1,000 children.



Source: Department of Human Services, "The Status of Children in Oregon's Child Protection System".

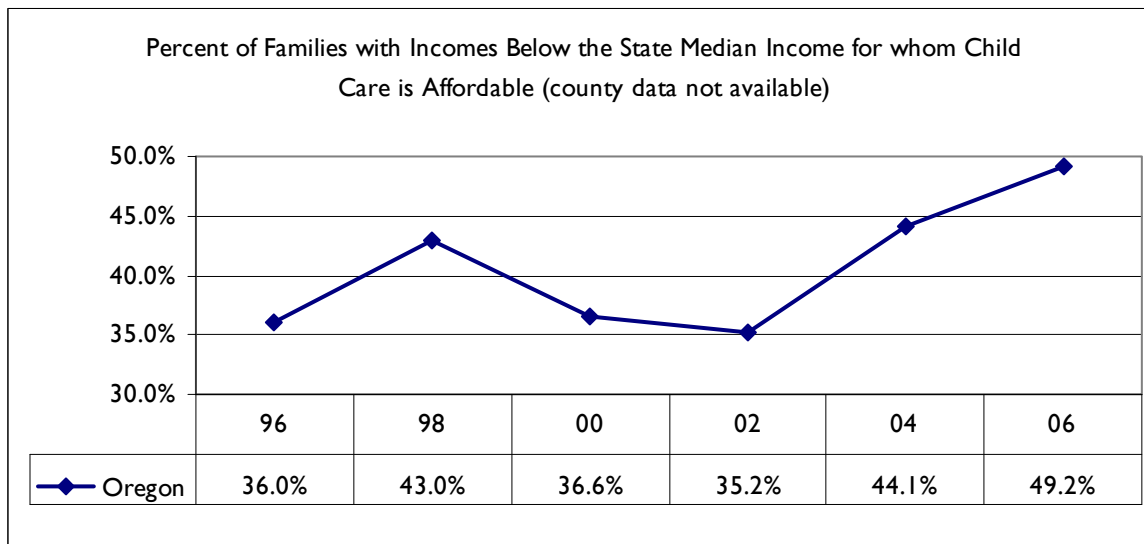
Child Care Availability

Increase child care availability, as measured by the number of child care slots for every 100 children under age 13. (Oregon Progress Board benchmark # 47)



Child Care Affordability

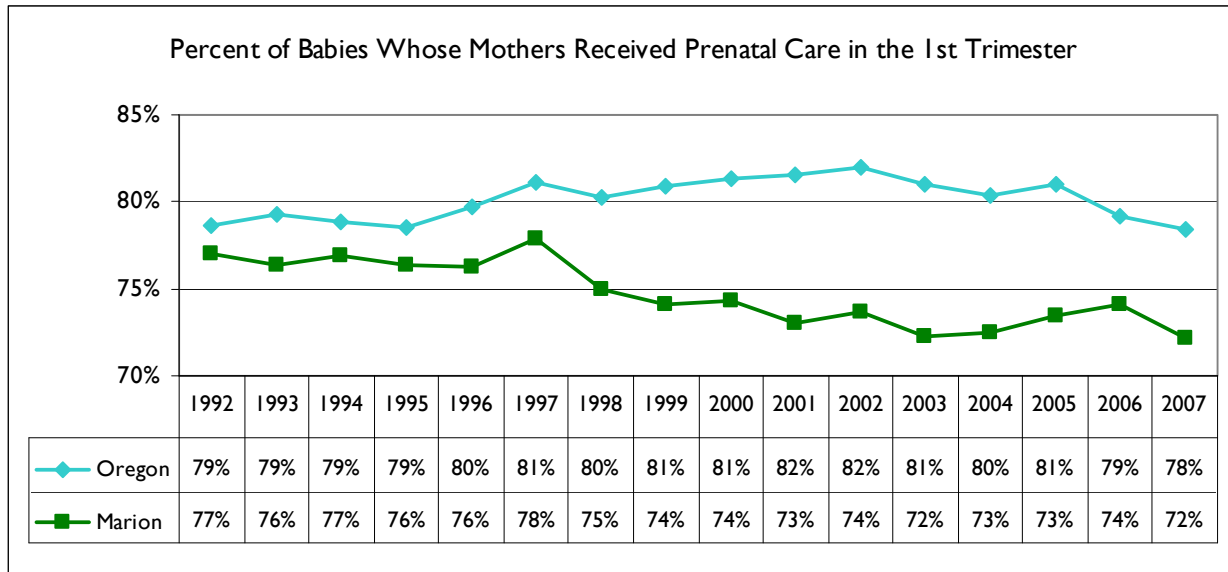
Increase child care affordability, as measured by the percent of families with income below the state median income for whom child care is affordable. Affordability is defined as spending less than 10% of household income on child care. (Oregon Progress Board benchmark # 47)



Source: Oregon Progress Board

Improve Prenatal Care

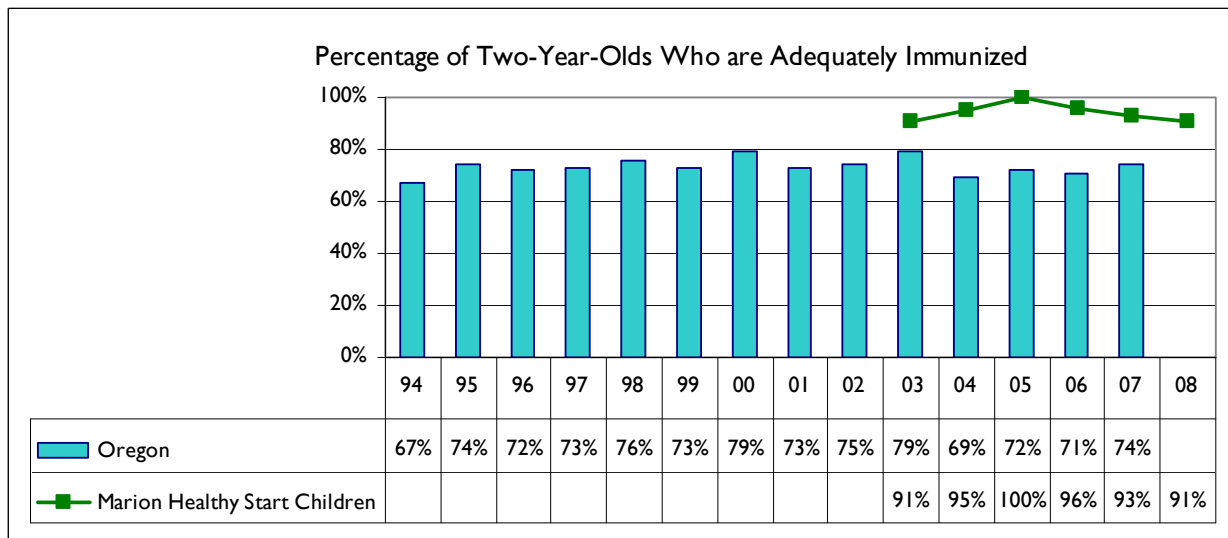
Improve prenatal care, as measured by the percentage of babies whose mothers received early prenatal care. (Oregon Progress Board benchmark #40)



Source: Oregon Department of Human Services, as reported by the Oregon Progress Board

Increase Immunizations

Increase immunizations, as measured by the percentage of two-year-olds who are adequately immunized. (Oregon Progress Board benchmark # 42)

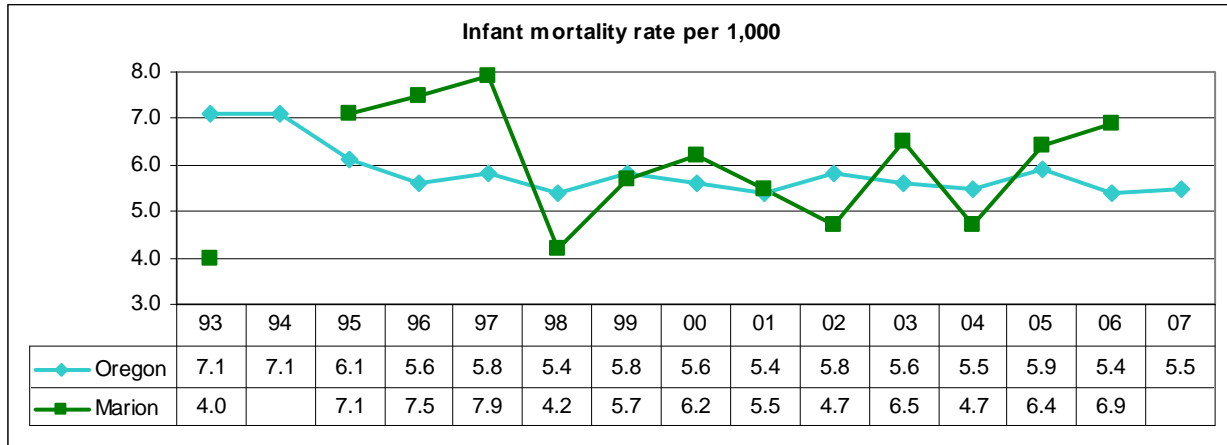


Sources: Department of Human Services (Oregon data) and NPC Research (Healthy Start data)

Countywide immunization data is not available. However, Healthy Start / Healthy Families, a home visiting program serving at-risk first birth families, tracks and reports immunization status for families it serves. That data is reported here. The Healthy Start/ Healthy Families population is not considered to be representative of the population at large for purposes of immunization, as the program promotes positive health practices for the families it serves.

Reduce Infant Mortality

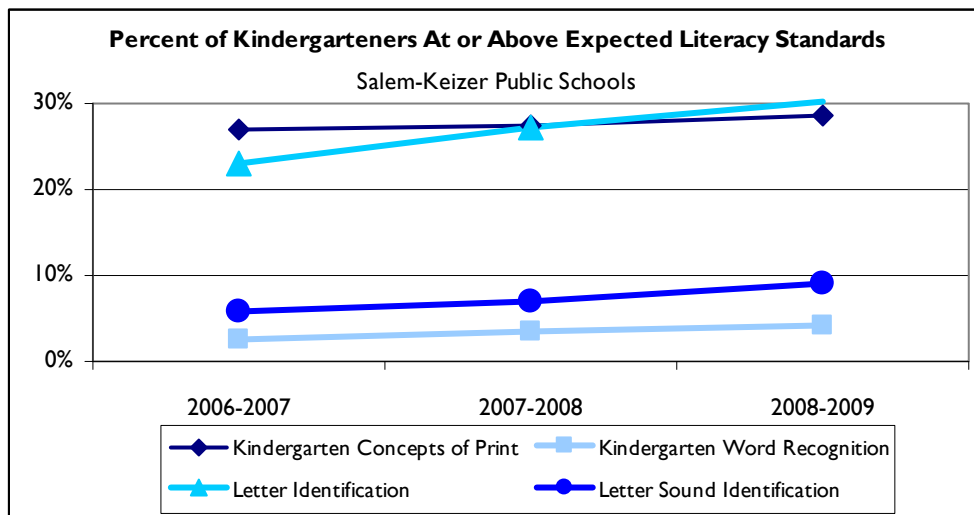
Infant mortality rate per 1,000. (Oregon Progress Board benchmark #41)



Source: Oregon Progress Board

The number of infants (<365 days old) who die in a given year per 1,000 resident live births during the same calendar year

School Readiness

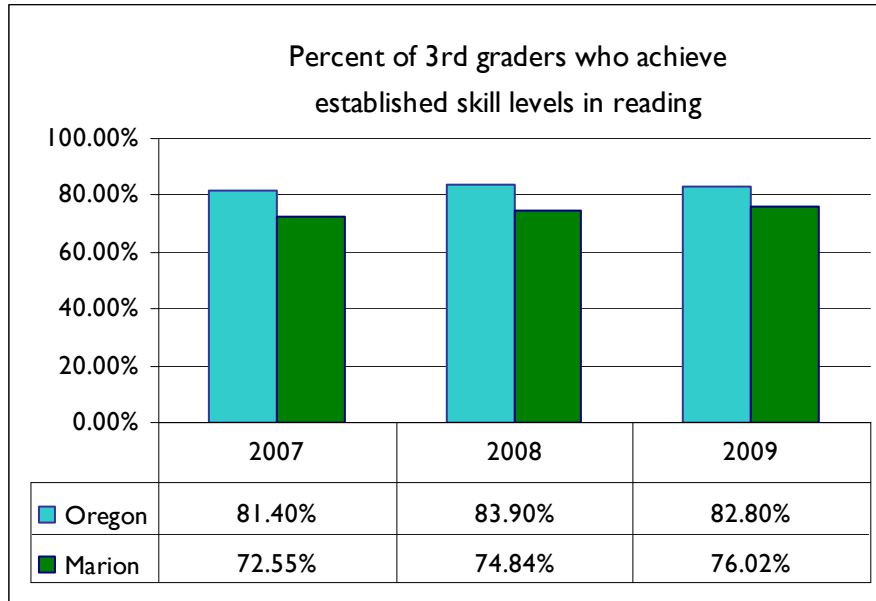


Data Source: Salem-Keizer Public Schools, Testing and Evaluation Coordinator. Primary Literacy Assessment of student performance is conducted by Salem-Keizer Public Schools in September.

Data are from the Primary Literacy Assessment of student performance. The assessment is conducted in September of each year, to see how far students are from the standard expected by the end of kindergarten.

Improve 3rd Grade Reading

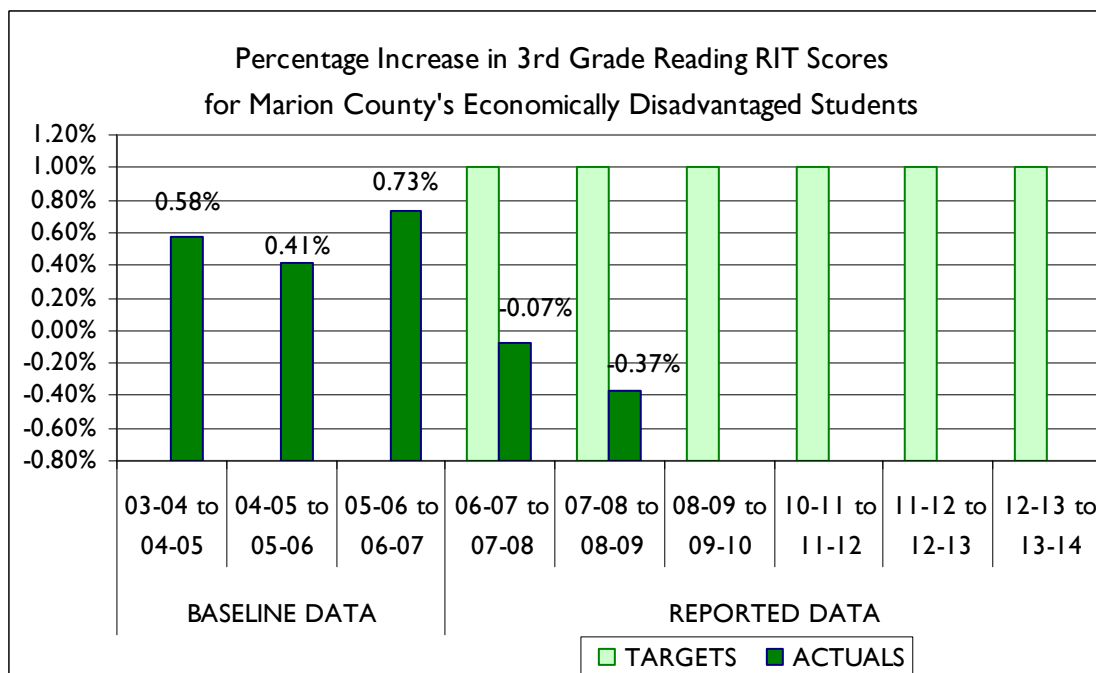
Improve 3rd Grade Reading as measured by the percent of third graders who achieve established skill levels in reading. (Oregon Progress Board benchmark #19a)



Source: Oregon Department of Education

Due to the change in Oregonians' expectations for students, the percent of students meeting the standard in 2006-07 and subsequent years is not comparable to previous years' results.

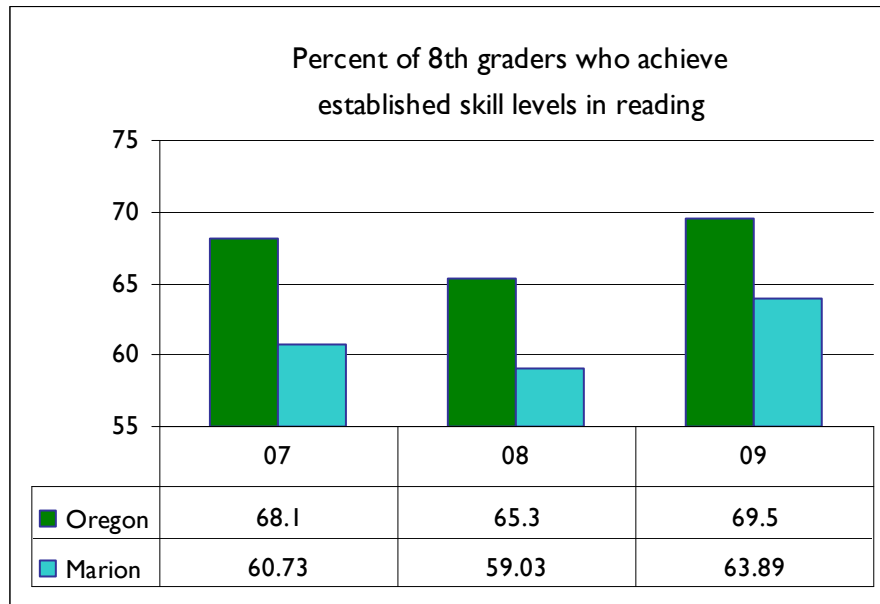
Improve 3rd Grade Reading Scores of Economically Disadvantaged Children



Source: Willamette Education Service District

Improve 8th Grade Reading

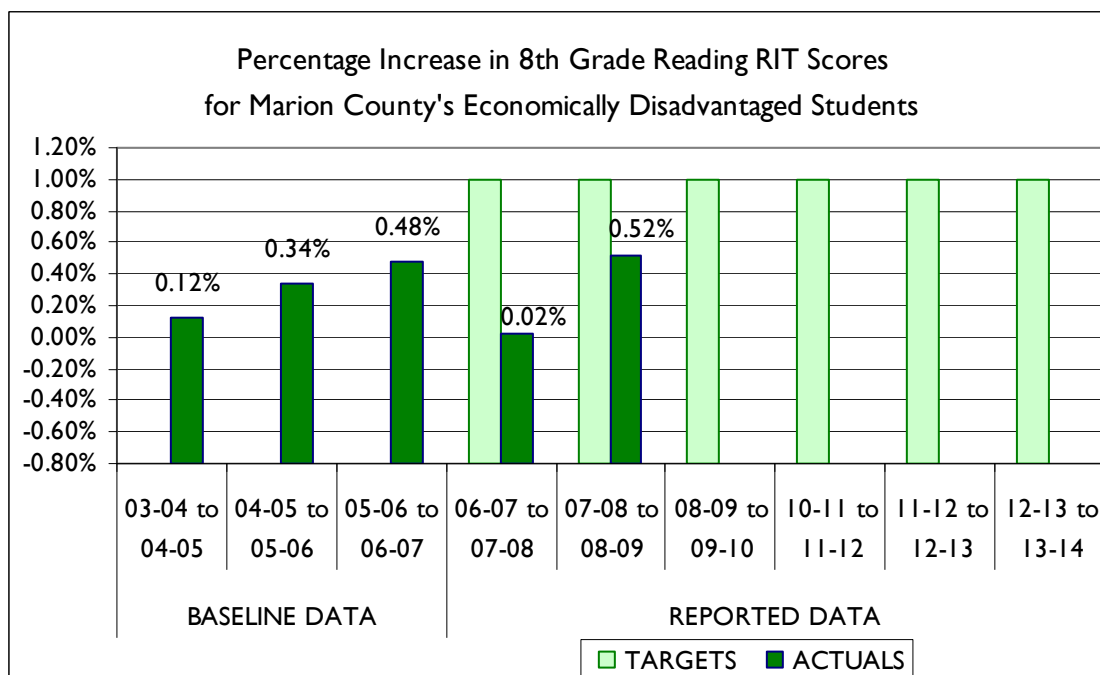
Improve 8th Grade Reading as measured by the percent of eighth graders who achieve established skill levels in reading. (Oregon Progress Board benchmark #20a)



Source: Oregon Progress Board

Due to the change in Oregonians' expectations for students, the percent of students meeting the standard in 2006-07 and subsequent years is not comparable to previous years' results.

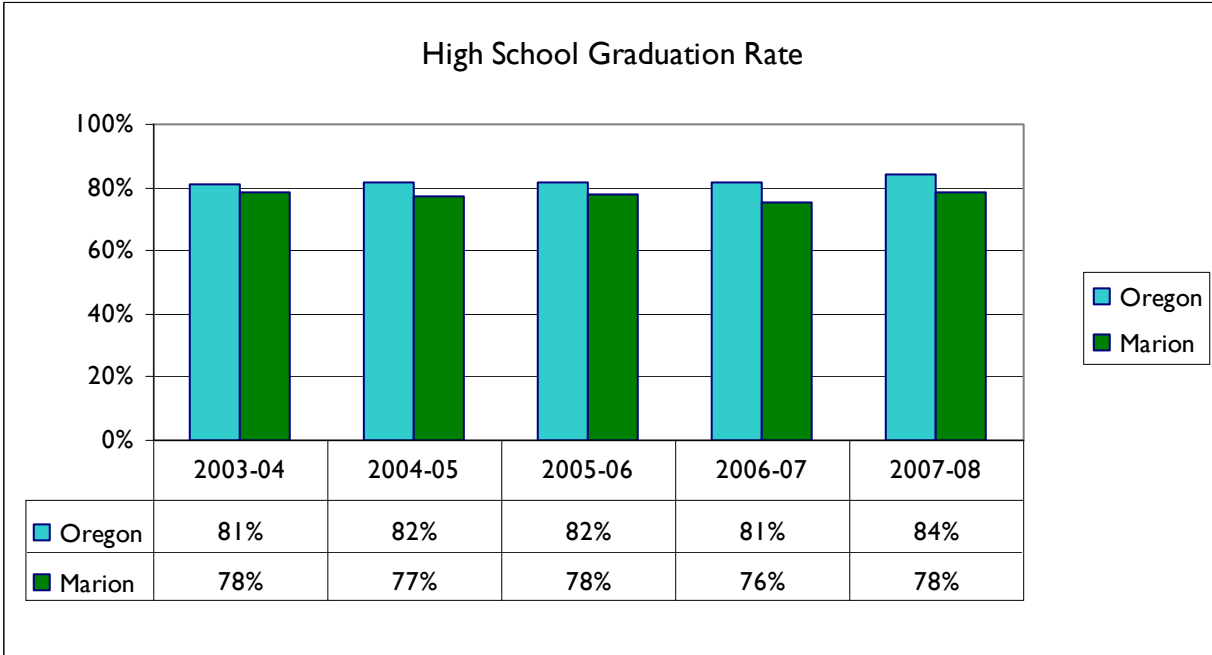
Improve 8th Grade Reading Scores of Economically Disadvantaged Children



Source: Willamette Education Service District

Increase High School Graduation Rate

Improve the high school graduation rate as measured by the percent of students (those receiving diplomas and those who dropped out) who receive a regular diploma.



Source: Oregon Department of Education

Students who receive a GED are not included in the graduation rate calculation. By Oregon law, students who receive a GED are not dropouts, but are considered non-graduates.

Salem-Keizer School District reports that of all students who graduated in 2007-08, 7 percent spent more than 4 years working toward their diploma.

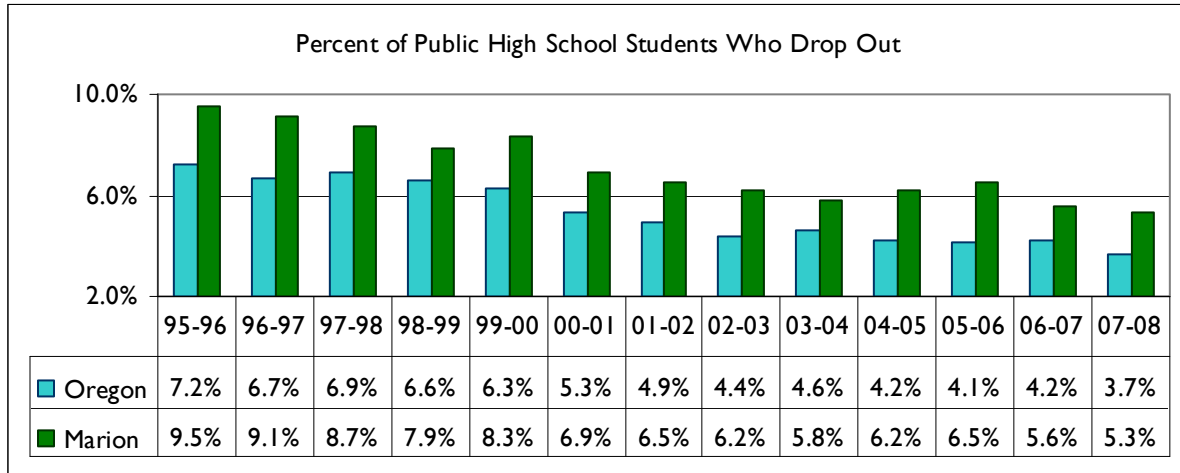
High school completers are those students who completed four or more years of high school, plus those students who earned a diploma in less than four years.

Completers who did not receive a diploma include those who finished their senior year but did not earn a diploma, as well as GED recipients and special education students who have not earned a modified diploma or who have earned a certificate of attainment.

Source: Oregon Department of Education and Salem-Keizer Public Schools Testing and Evaluation Coordinator

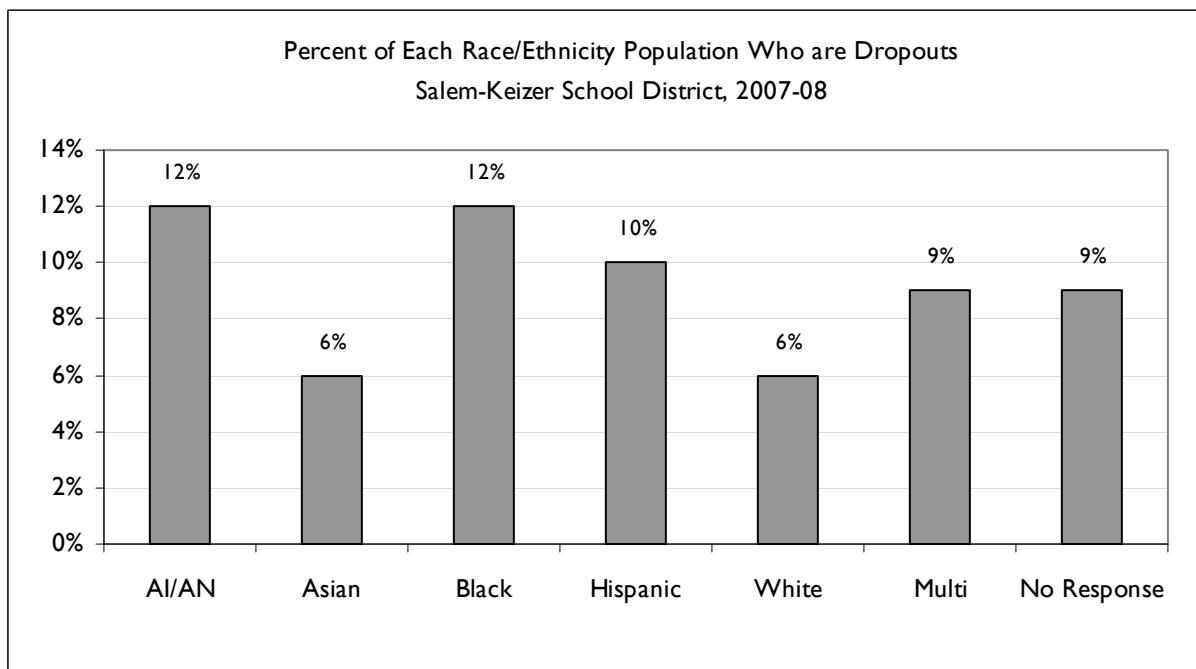
Reduce High School Dropout Rate

Reduce the high school dropout rate, as measured by the percentage of public high school students who drop out of grades 9 through 12 in any given year without receiving a high school diploma or GED. (Oregon Progress Board Benchmark #22)



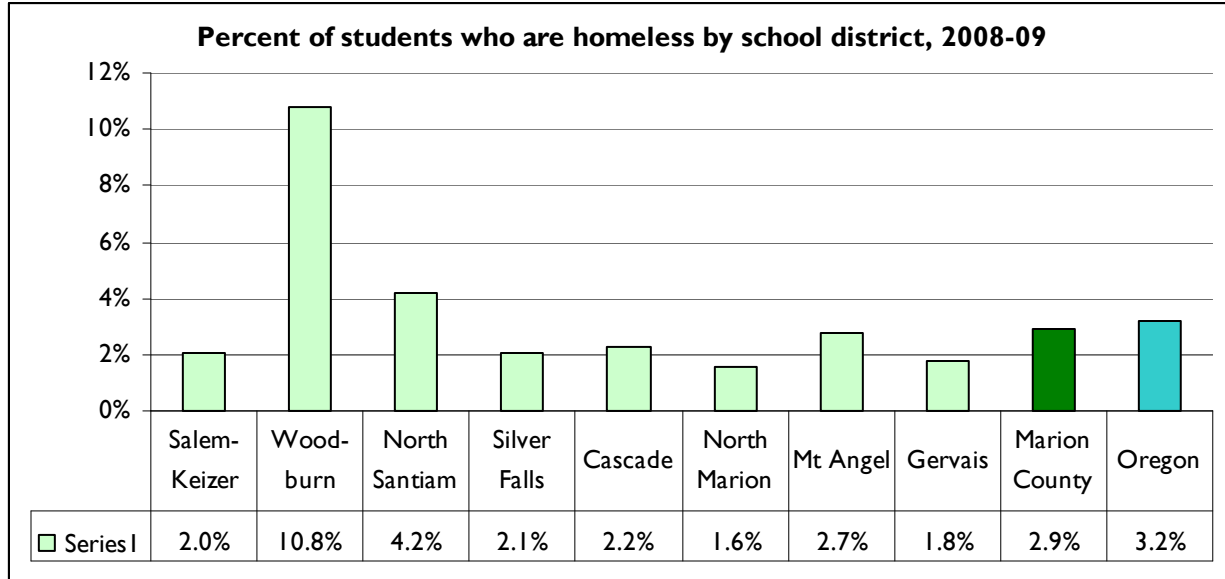
Source: Oregon Department of Education

Salem-Keizer School District reports that their dropout recovery specialists brought 731 dropouts back to school in 2007-08 and 834 in 2008-09.



Source: Salem-Keizer Public Schools, Testing and Evaluation Coordinator

Homeless Students



Source: Oregon Department of Education (8 of 10 districts represented. Not shown: Jefferson & St. Paul).

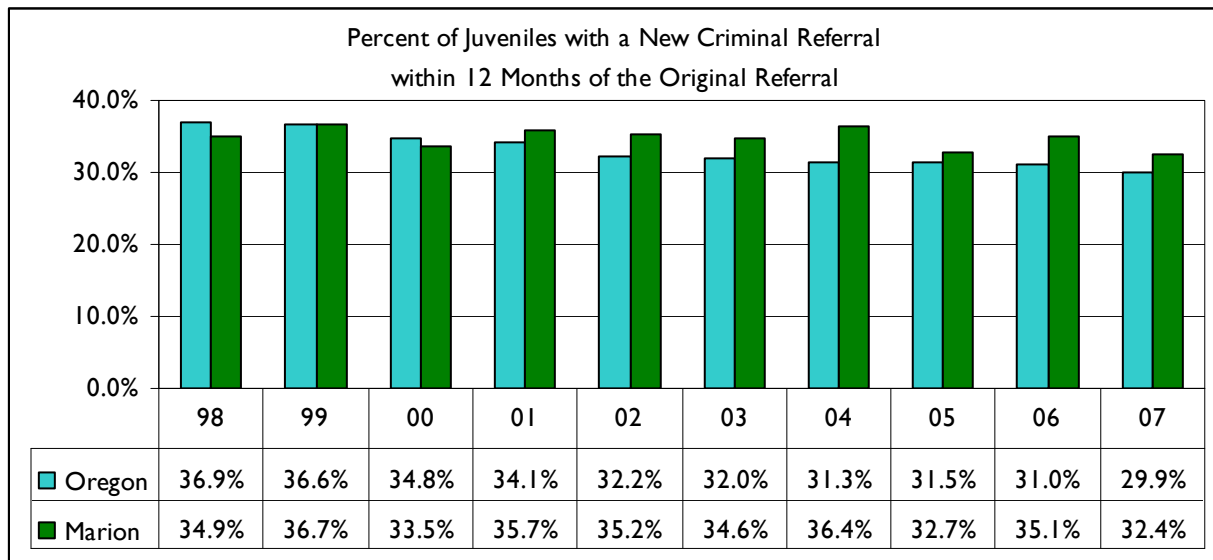
In 2008-09, 1,676 Marion County students were homeless at some point during the school year. In Salem-Keizer and Woodburn, 815 and 564 students were homeless respectively.

Homeless students are minors who lack a fixed, regular, and adequate nighttime residence. The numbers also include unaccompanied homeless youth, who are on their own – runaway and abandoned youth, including youths who are sharing housing due to loss of housing, economic hardship or a similar reason. Nineteen percent of Marion County homeless students and 17 percent of Oregon homeless students are unaccompanied.

Reduce Juvenile Recidivism

Reduce juvenile recidivism, as measured by the percentage of juveniles with a new criminal referral to a county juvenile department within 12 months of the original criminal offense.

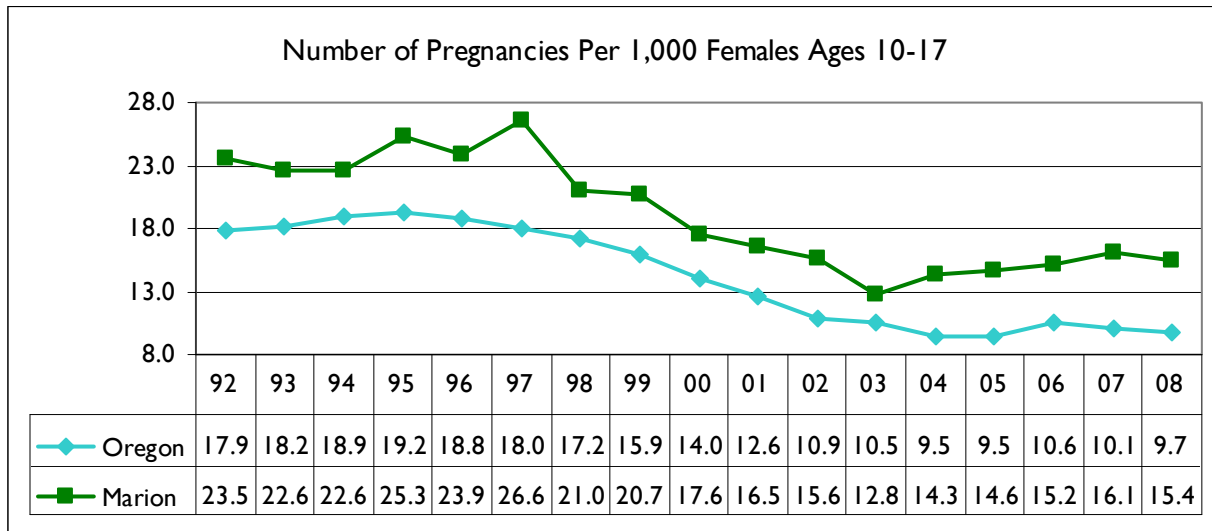
(Oregon Progress Board benchmark #66)



Source: Oregon Youth Authority, Juvenile Justice Information System

Reduce Teen Pregnancy (Ages 10-17)

Reduce teen pregnancy, as measured by the pregnancy rate per 1,000 females 10-17.
(Oregon Progress Board benchmark #39)

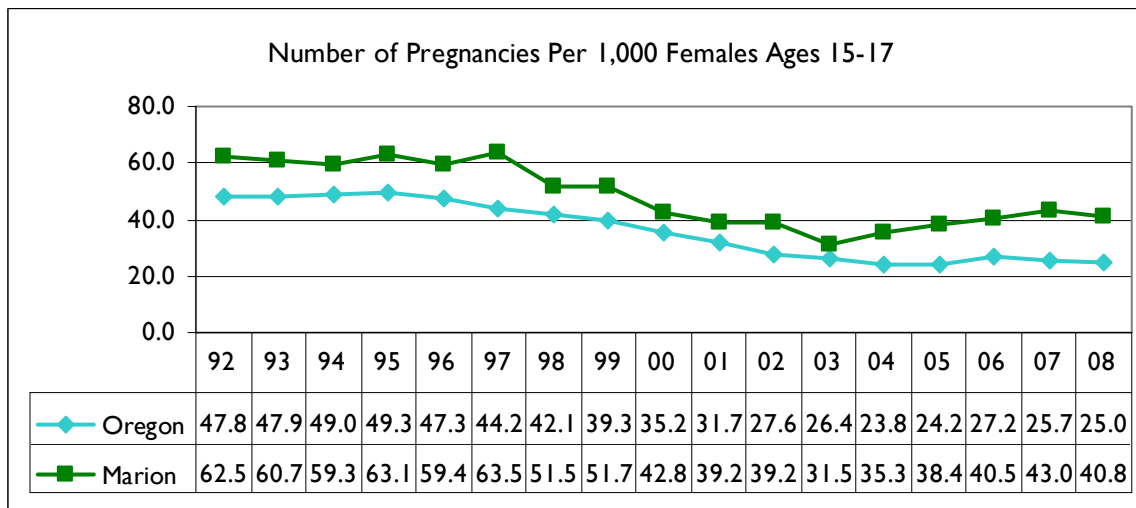


Source: Department of Human Services, Center for Health Statistics

Of the 583 teens ages 10-17 that were pregnant during the years 2005 through 2007, 26 were 14 years old or younger.

Reduce Teen Pregnancy (Ages 15-17)

Teen pregnancy, as measured by the rate per 1,000 females age 15-17.

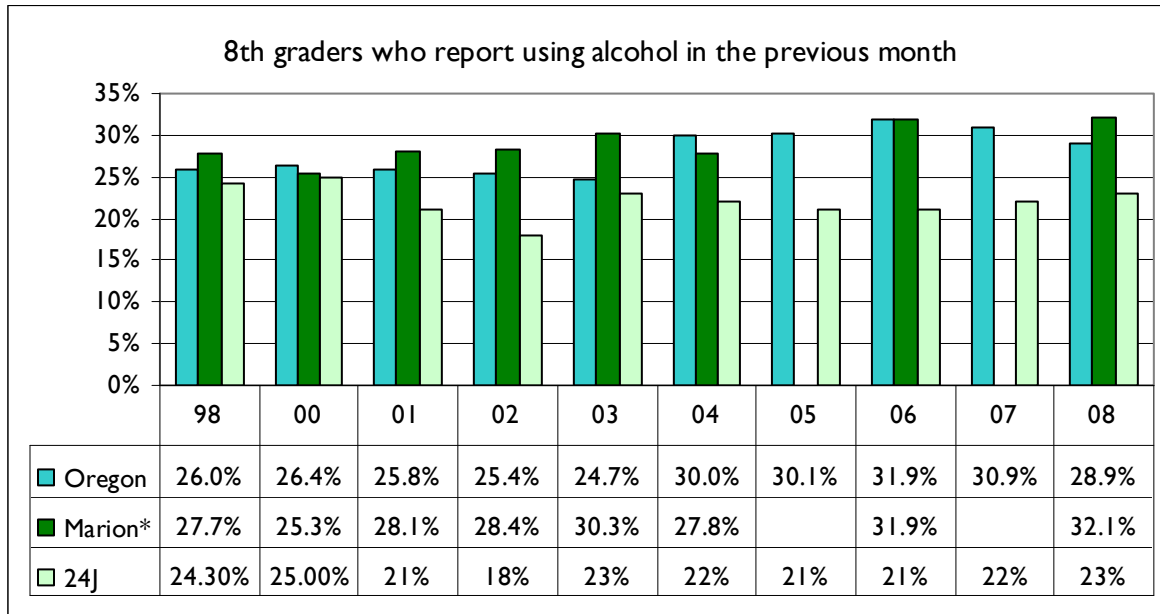


Source: Department of Human Services, Center for Health Statistics

Of the 557 Marion County teen pregnancies (ages 15-17) during the years 2005 through 2007, 16 percent (88) were the teenager's second or subsequent pregnancy. Three percent (15) were the teenager's third or subsequent pregnancy.

Decrease Teen Alcohol Use

Decrease teen alcohol use, as measured by the percentage of 8th grade students who report using alcohol in the previous month. (High Level Outcome #10)

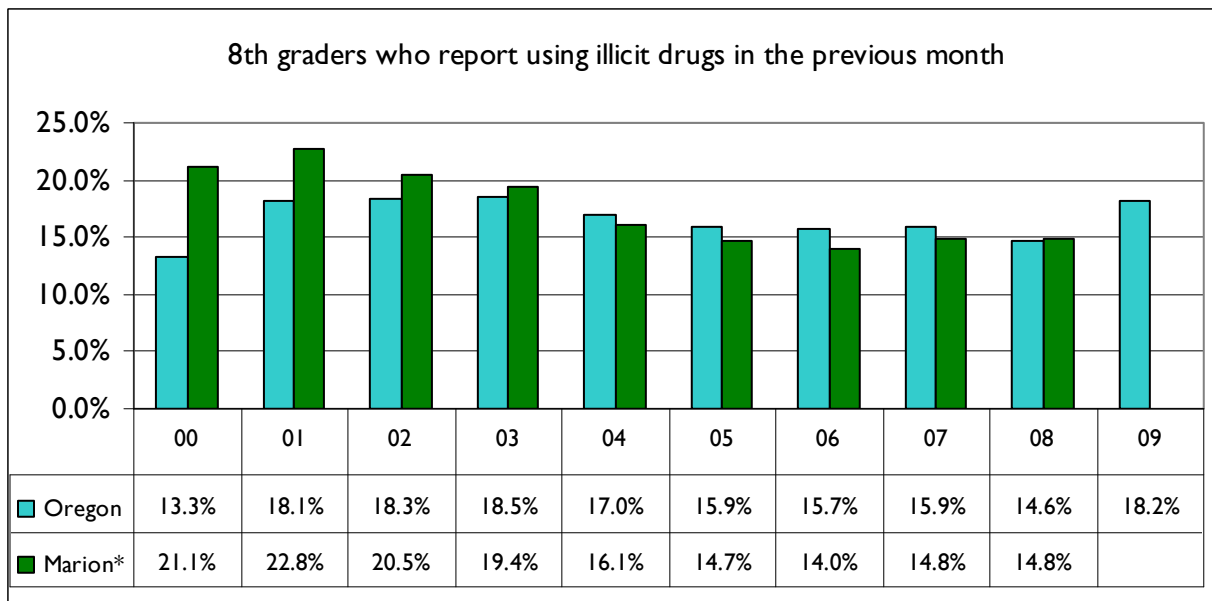


*Marion County data does not include Salem-Keizer Public Schools district 24J

Source: Oregon Progress Board, Oregon Healthy Teens Survey and Salem-Keizer Public Schools 24J

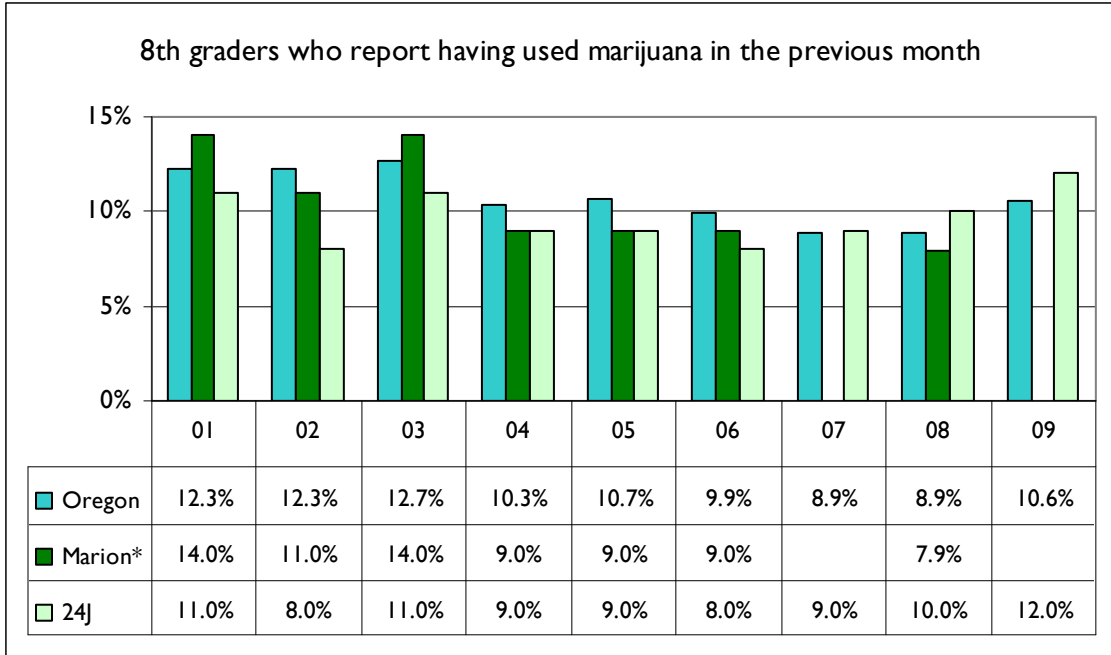
Decrease Teen Drug Use

Decrease teen drug use, as measured by the percentage of 8th grade students who report using illicit drugs in the previous month. (High Level Outcome #11)



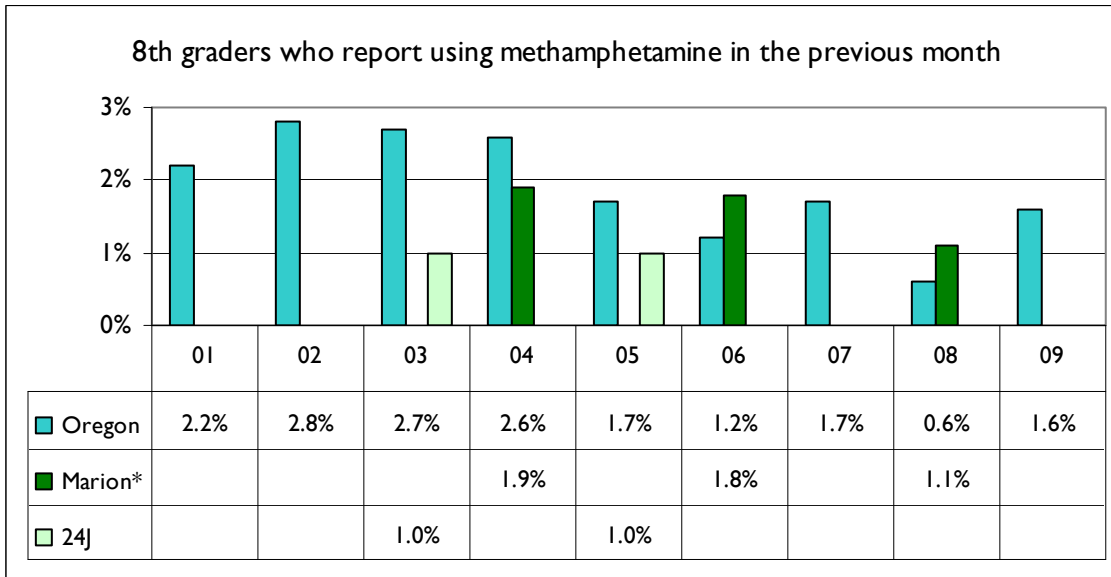
*Marion County data does not include Salem-Keizer Public Schools district 24J

Source: Oregon Progress Board and Oregon Healthy Teens Survey



*Marion County data does not include Salem-Keizer Public Schools district 24J

Source: Oregon Progress Board, Oregon Healthy Teens Survey and Salem-Keizer Public Schools 24J

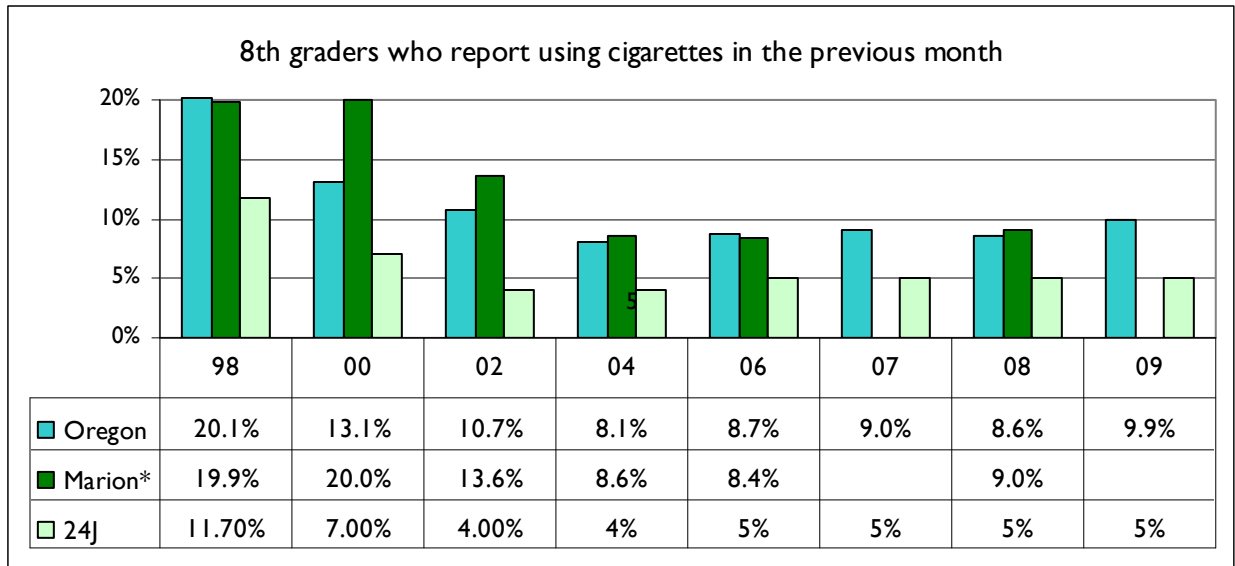


*Marion County data does not include Salem-Keizer Public Schools district 24J

Source: Oregon Progress Board, Oregon Healthy Teens Survey and Salem-Keizer Public Schools 24J

Decrease Teen Tobacco Use

Decrease teen tobacco use, as measured by the percentage of 8th grade students who report using cigarettes in the previous month. . (High Level Outcome #12)

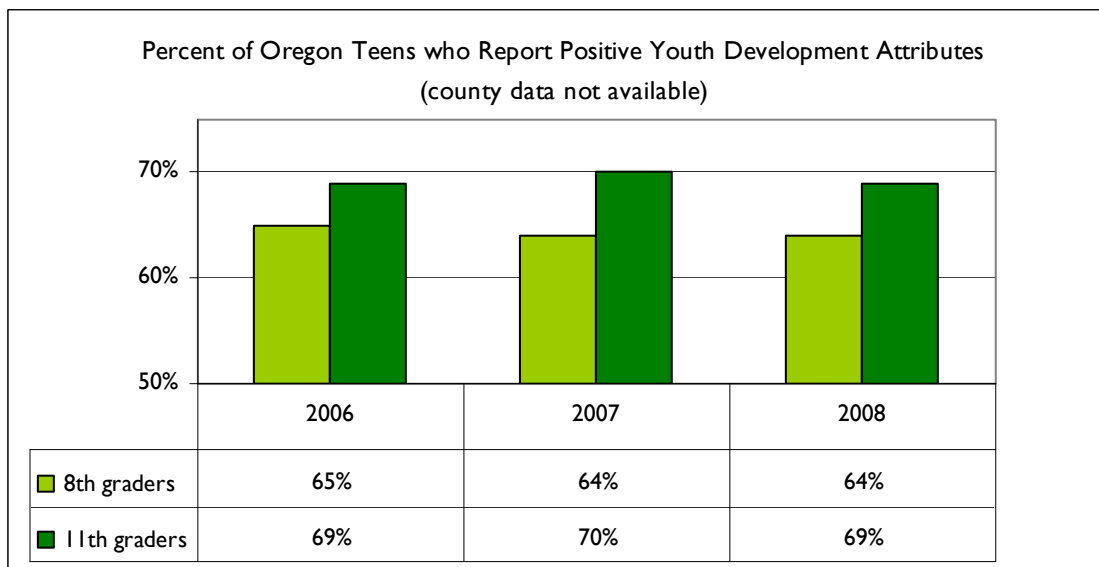


*Marion County data does not include Salem-Keizer Public Schools district 24J

Source: Oregon Progress Board, Oregon Healthy Teens Survey and Salem-Keizer Public Schools 24J

Increase Positive Youth Development

Increase positive youth development, as measured by the percentage of Oregon teens who report positive youth development attributes. (Oregon Progress Board benchmark #99)

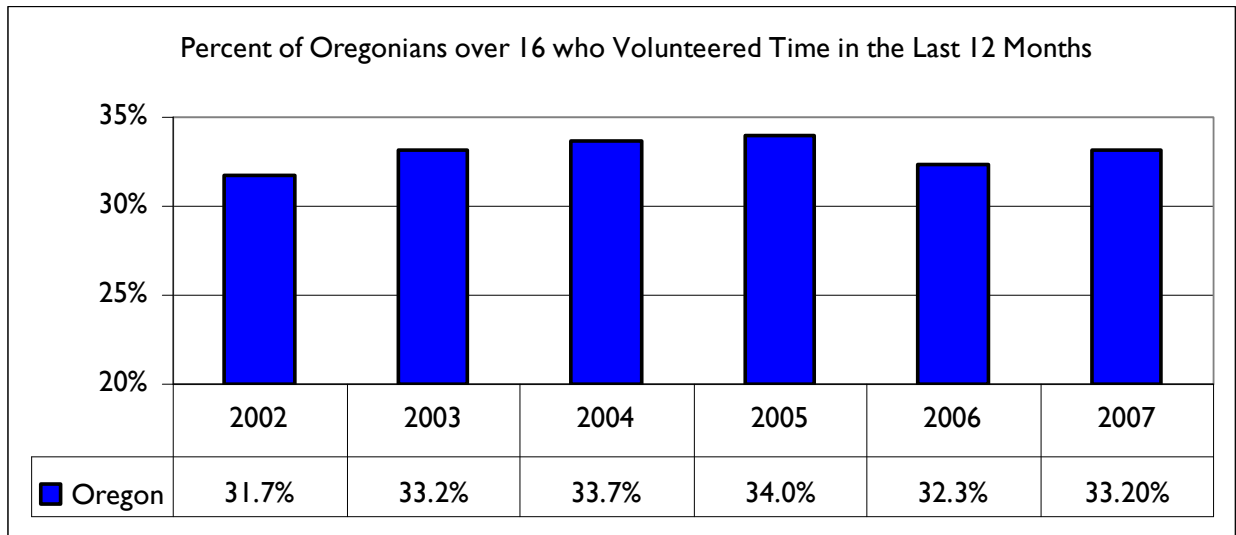


Source: Oregon Progress Board

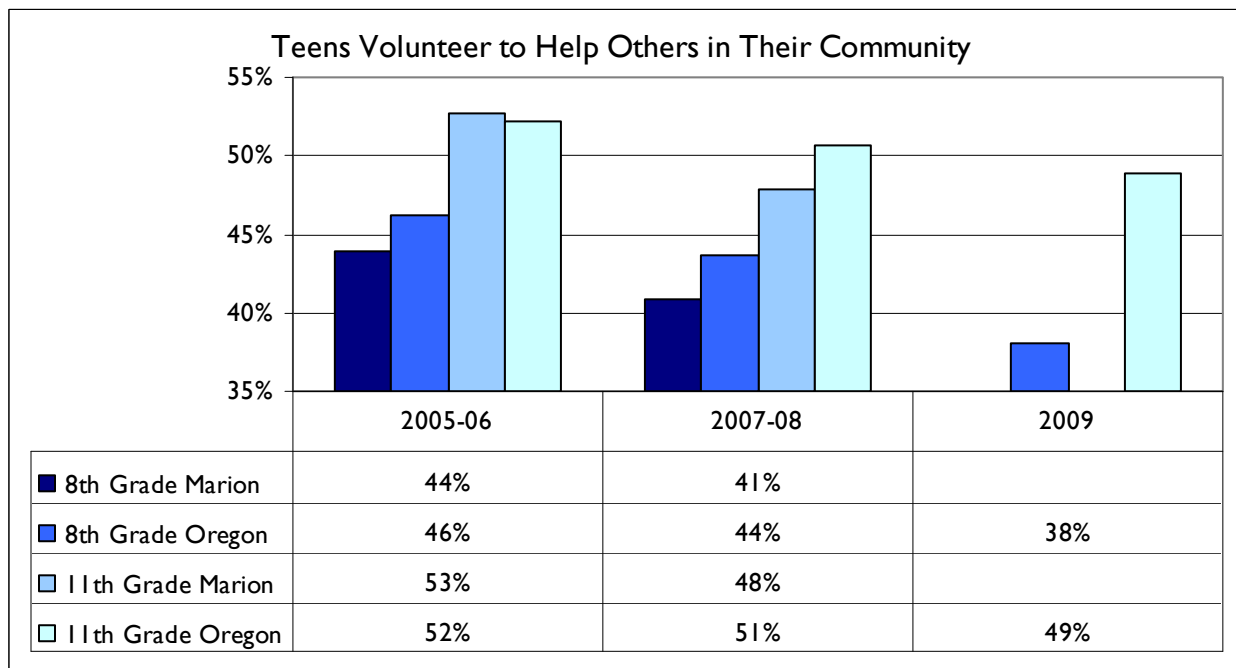
Data represent the percent of respondents to the annual Oregon Healthy Teens Survey who answered at least five of six positive youth development questions in the survey positively. The benchmark is based on a framework of positive youth development that embraces both an individual wellbeing and a social connectedness component. The individual wellbeing component reflects self-assessed self confidence, emotional, mental and physical health. The social connectedness component reflects whether there is a caring adult in the individual's life in the school setting and whether the individual volunteers in some way to the community.

Increase Volunteerism

Increase volunteerism, as measured by the percentage of Oregonians over age 16 who volunteered time in the last twelve months. (Oregon Progress Board benchmark #30)



Source: Oregon Progress Board

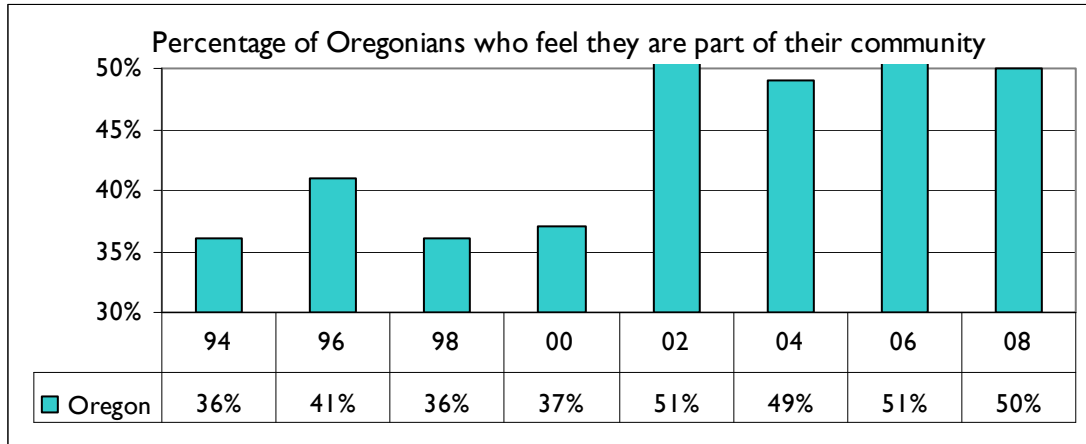


Source: Department of Human Services, Oregon Healthy Teens Survey

Note: Marion County data includes only rural areas. Salem-Keizer does not participate in the survey.

Increase Community Engagement

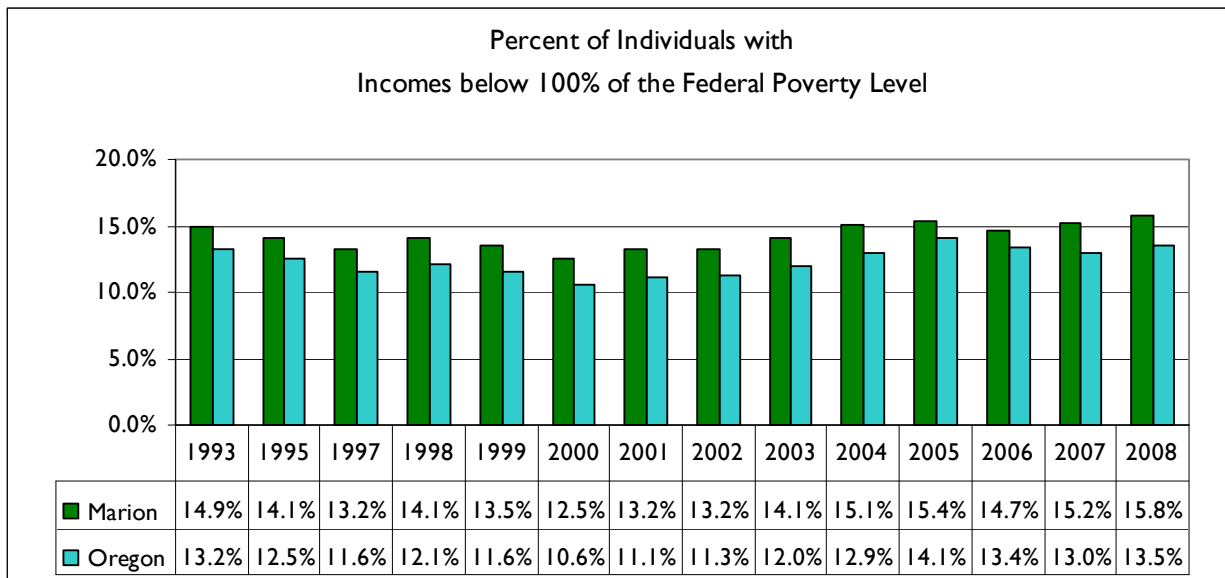
Increase community engagement, as measured by the percentage of Oregonians who feel they are part of their community. (Oregon Progress Board benchmark #32)



Source: Oregon Progress Board

Decrease Poverty

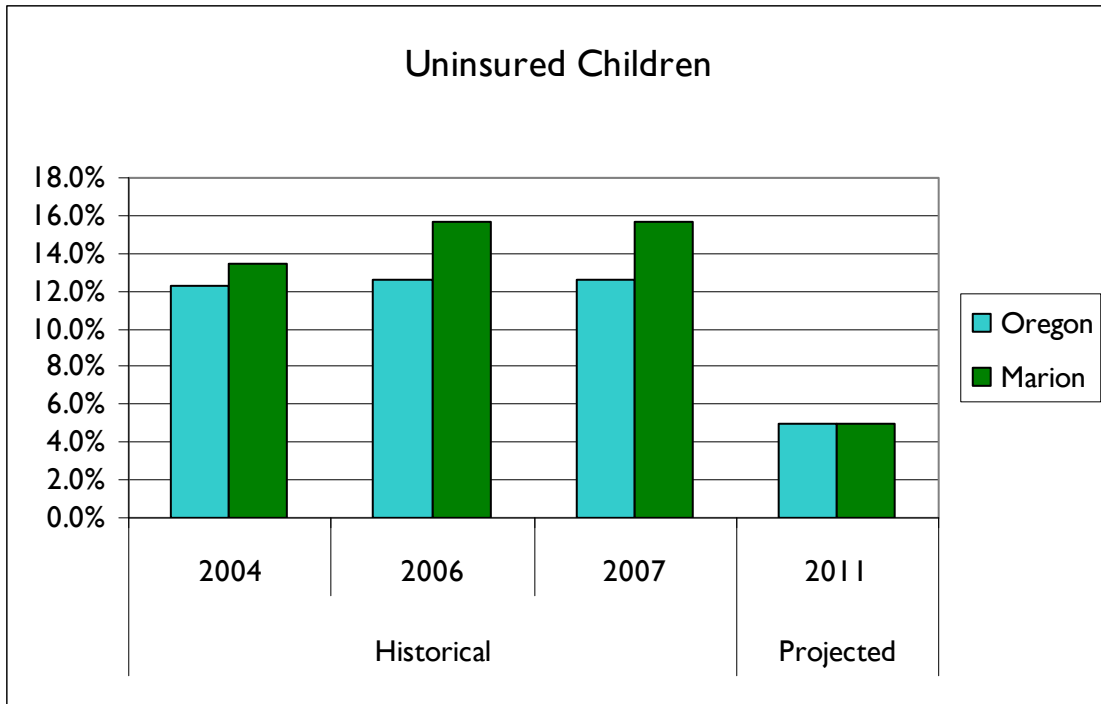
Poverty as measured by the percent of Oregonians with household incomes below 100 percent of the federal poverty level. (Oregon Progress Board benchmark #54)



Date Source: US Census Bureau, Small Area Income & Poverty Estimate (SAIPE)

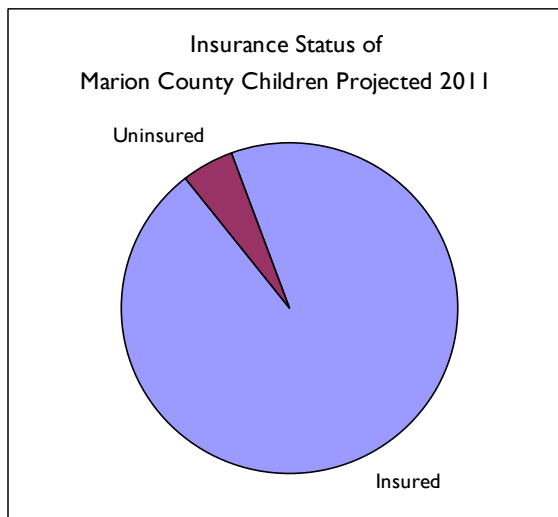
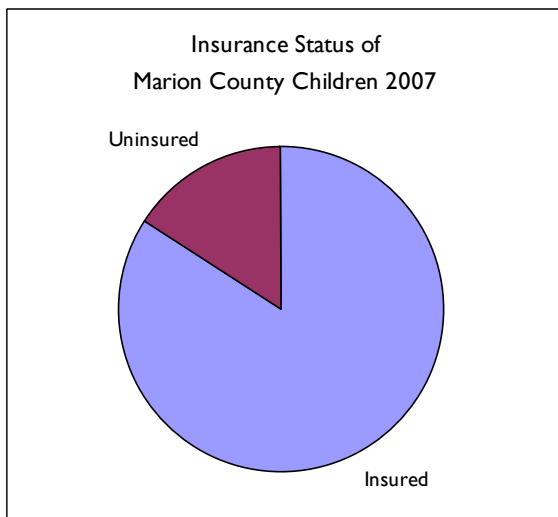
Uninsured Children

Percent of children ages 0-17 estimated to be without health insurance



Source of historical data: KIDS COUNT Data Center

Source of projected data: Children First for Oregon

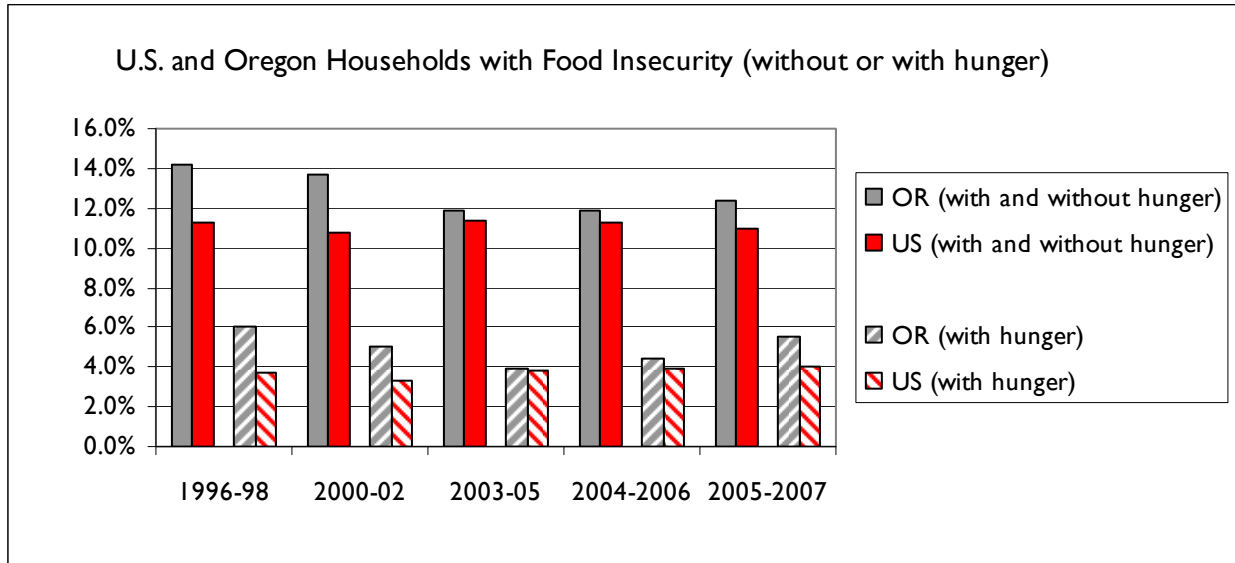


Source of historical data: KIDS COUNT Data Center

Source of projected data: Children First for Oregon

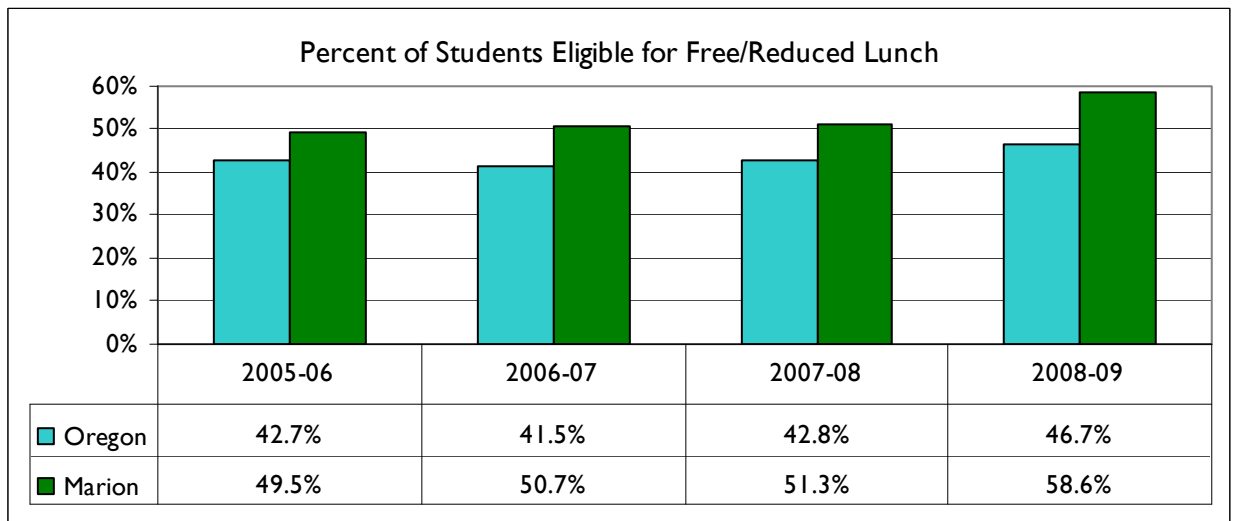
Increase Nutritional Security

Nutritional Security as measured by Oregon's rank for percent of households that are food insecure and/or food insecure with hunger. (Oregon Progress Board benchmark #58)



Source: Economic Research Service/USDA, Household Food Security in US

Hunger is defined as "at least one member who sometimes must go hungry because there is not enough money for food." Food insecurity is defined as "have limited or uncertain access to enough food for all household members to live a healthy and active life." (Oregon Progress Board, 2005 Benchmark Report)

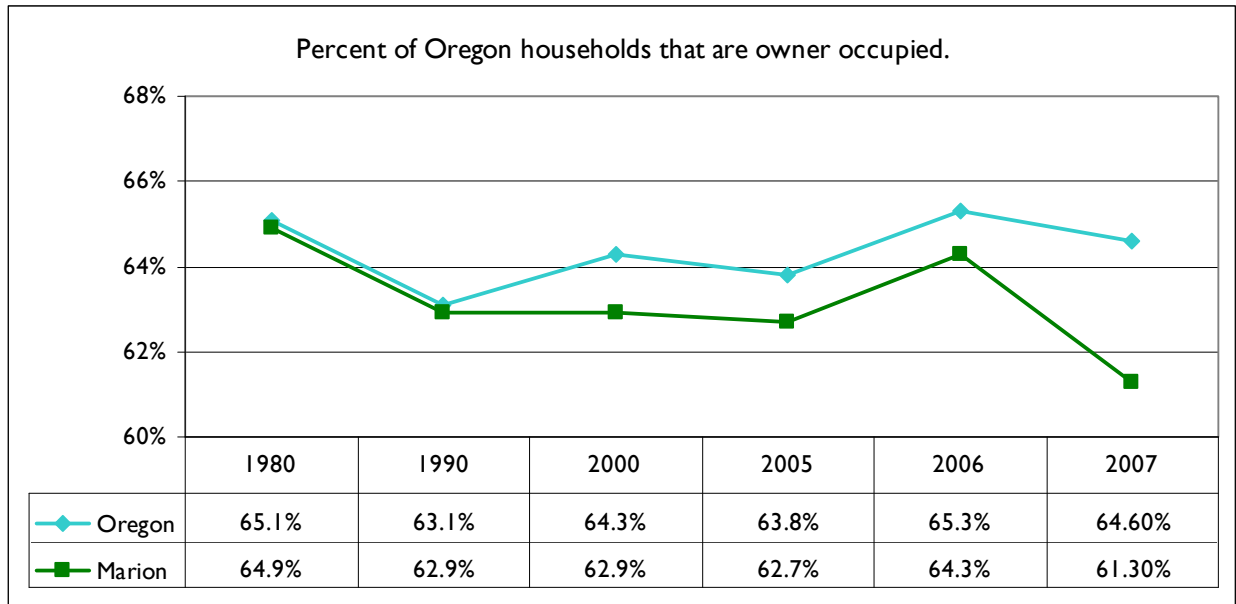


Source: Oregon Department of Education

Marion County saw an 18 percent increase in the number of students eligible for free and reduced lunches from 2005-06 to 2008-09. During the same period, Oregon saw a 9 percent increase.

Increase Home Ownership

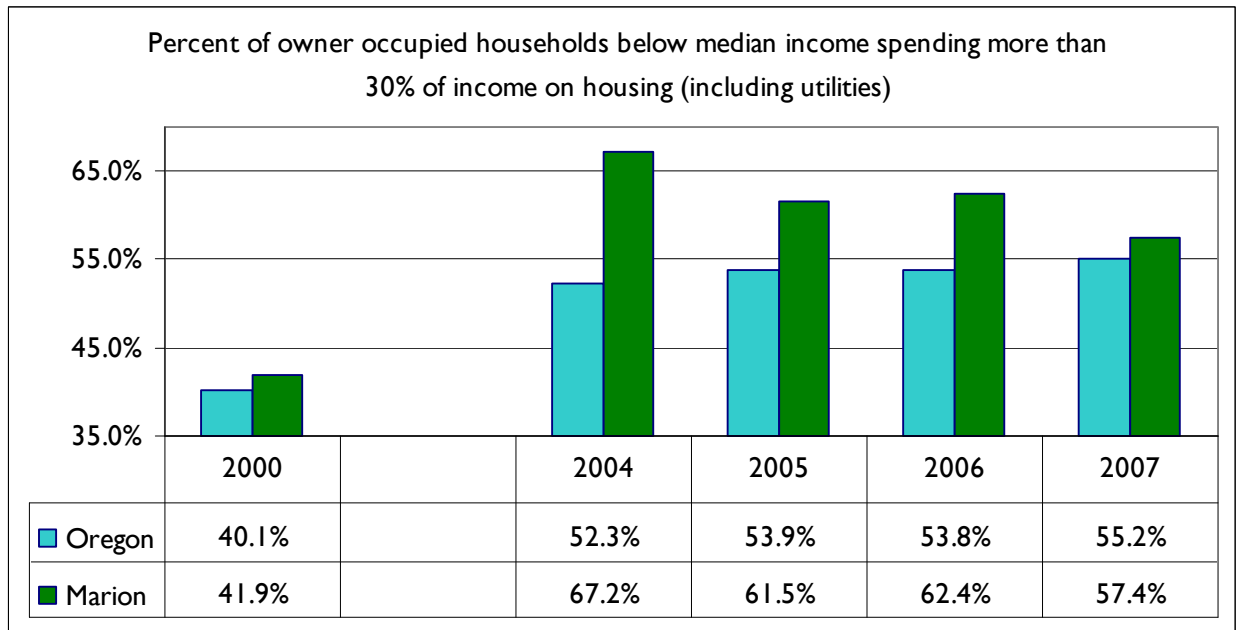
Home Ownership as measured by the percent of Oregon households that are owner occupied.
(Oregon Progress Board benchmark #73)



Source: Oregon Progress Board

Increase Affordable Housing

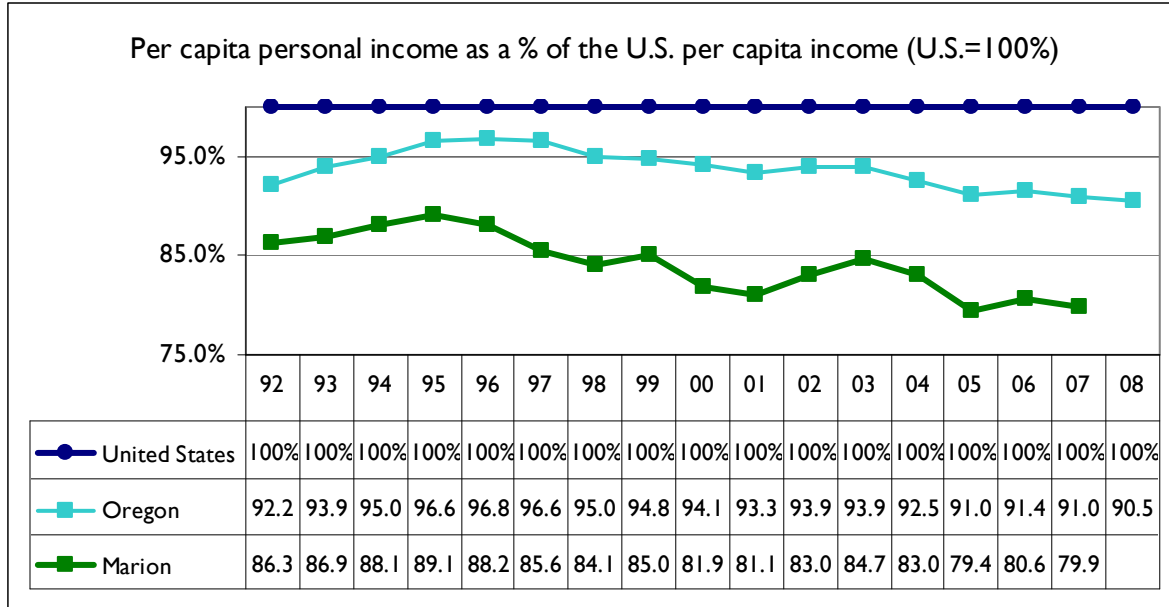
Affordable Housing as measured by the percent of owner occupied households below median income spending more than 30% of income on housing (including utilities). (Oregon Progress Board benchmark #74)



Source: Oregon Progress Board

Increase Per Capita Personal Income

(Oregon Progress Board benchmark #11)

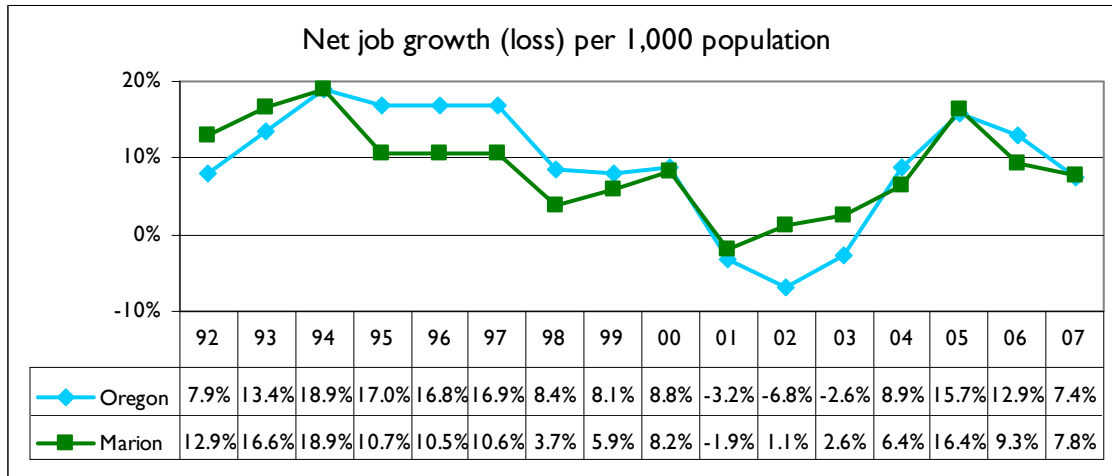


Source: Oregon Progress Board and Oregon Employment Department

Per capita personal income is total personal income divided by the total population.

Net Job Growth

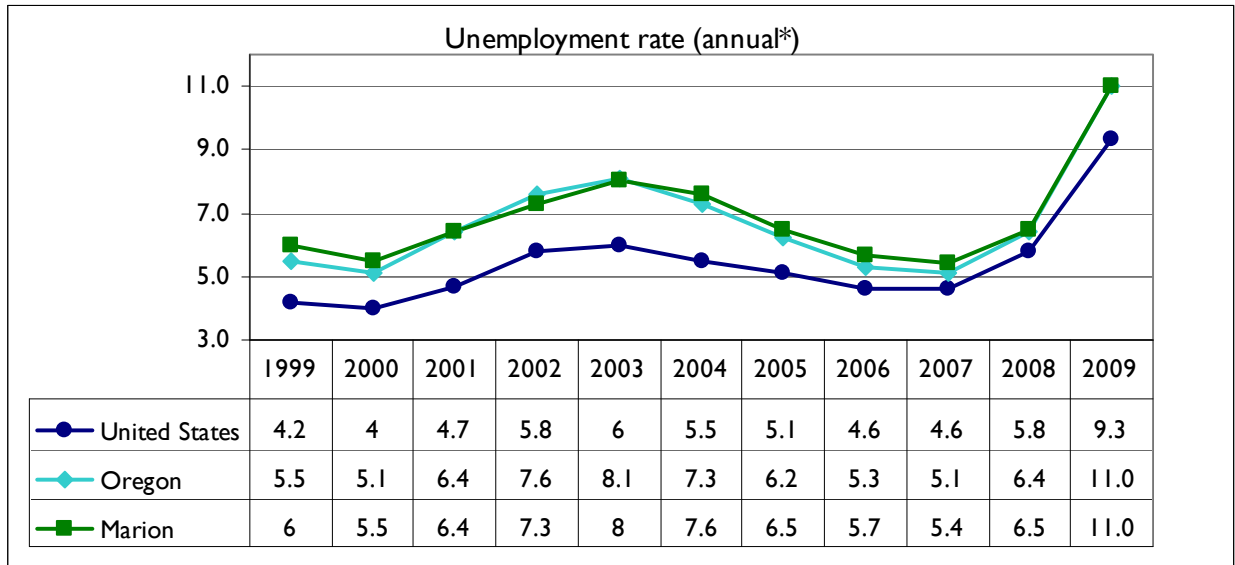
(Oregon Progress Board benchmark #4)



Source: Oregon Progress Board

Reduce Unemployment

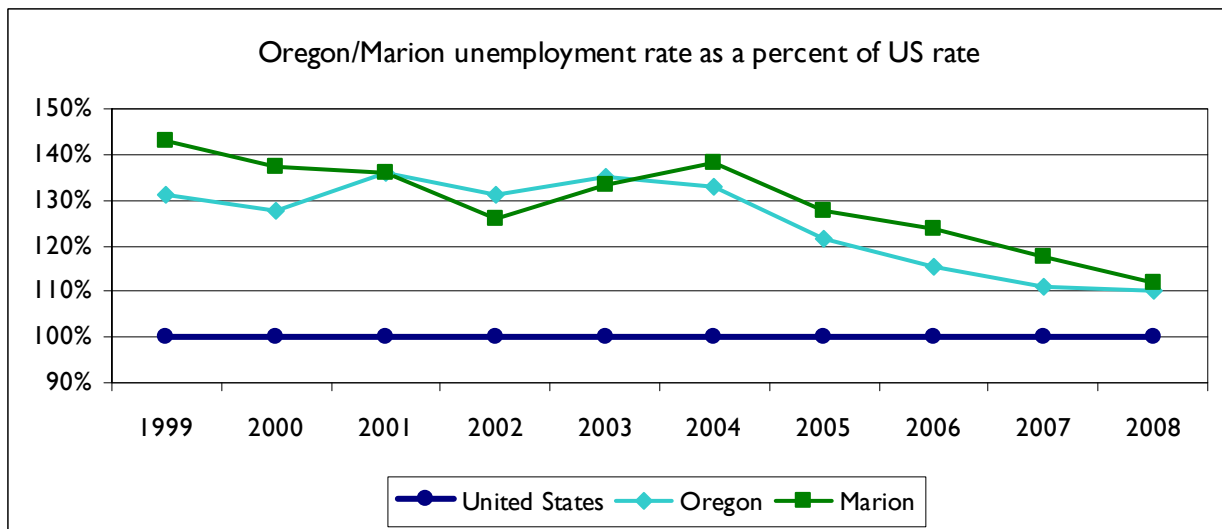
Unemployment rate, annual.* (Oregon Progress Board benchmark #15a)



Source: Oregon Employment Department, Oregon Labor Market Information System

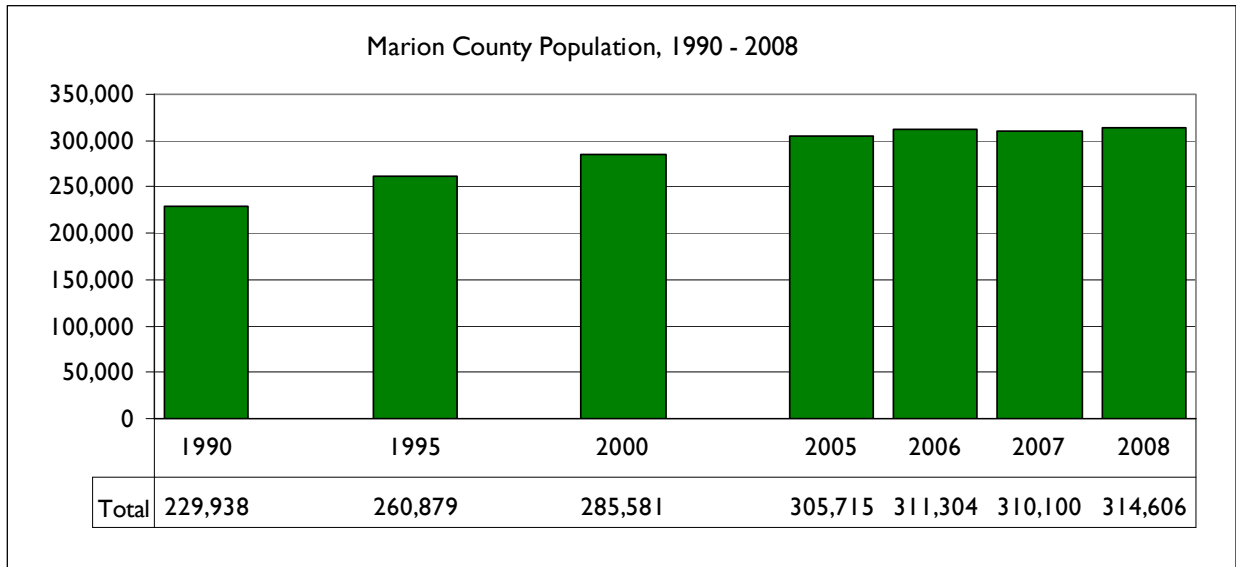
* 2009 data for Oregon and Marion County the monthly rate for December 2009) instead of the annual rate, as the annual rate has not yet been published.

Unemployment rate as a percent of U.S. unemployment rate. (Oregon Progress Board benchmark #15b)



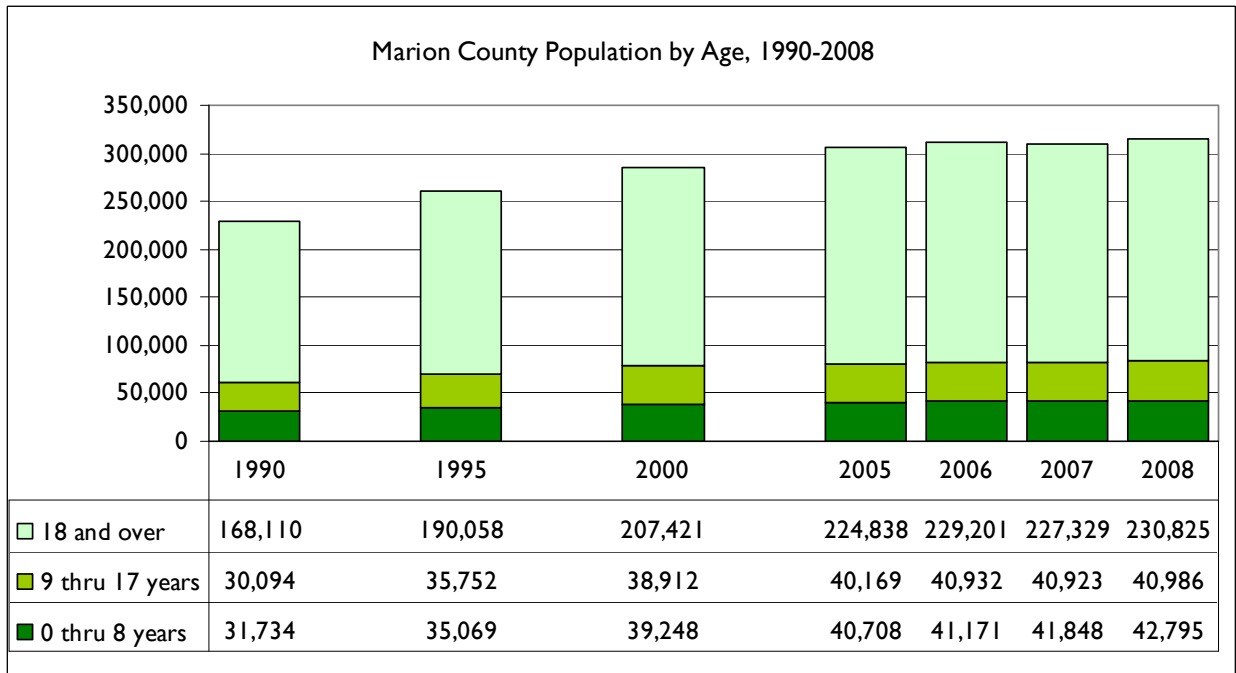
Source: Oregon Employment Department, Oregon Labor Market Information System

Marion County Population



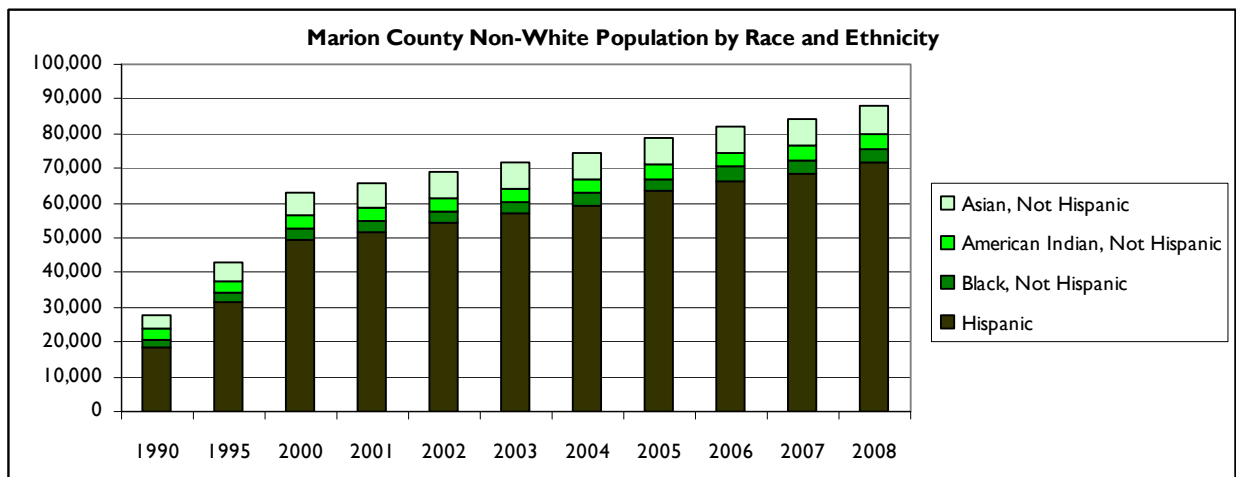
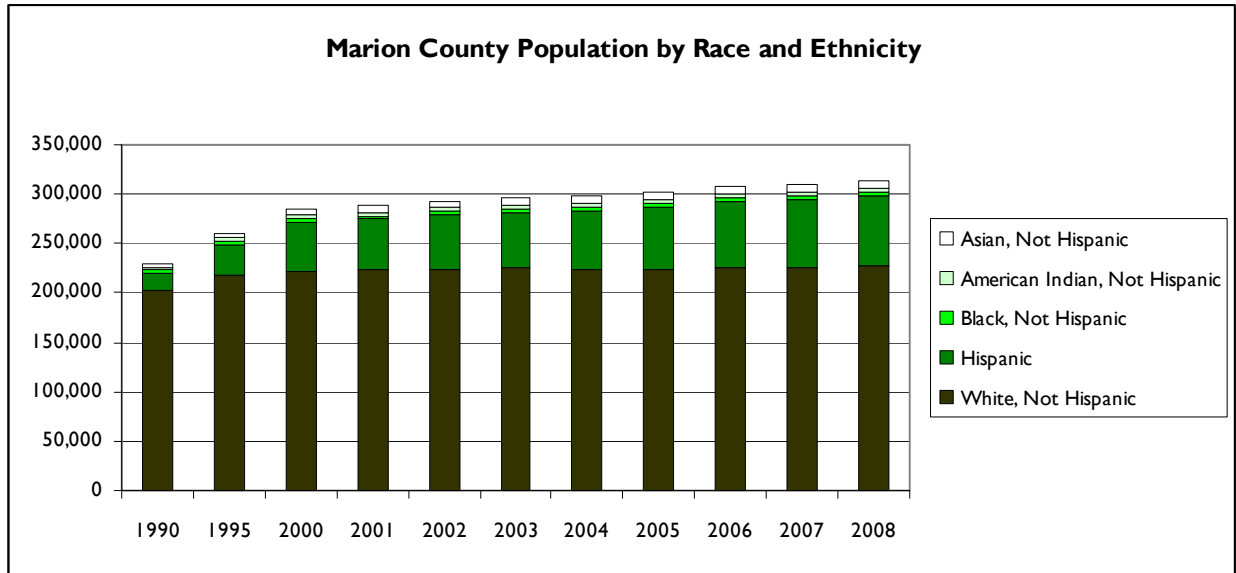
Puzzanchera, C., Finnegan, T. and Kang, W. "Easy Access to Juvenile Populations" Online.

Marion County Population by Age



Puzzanchera, C., Finnegan, T. and Kang, W. "Easy Access to Juvenile Populations" Online.

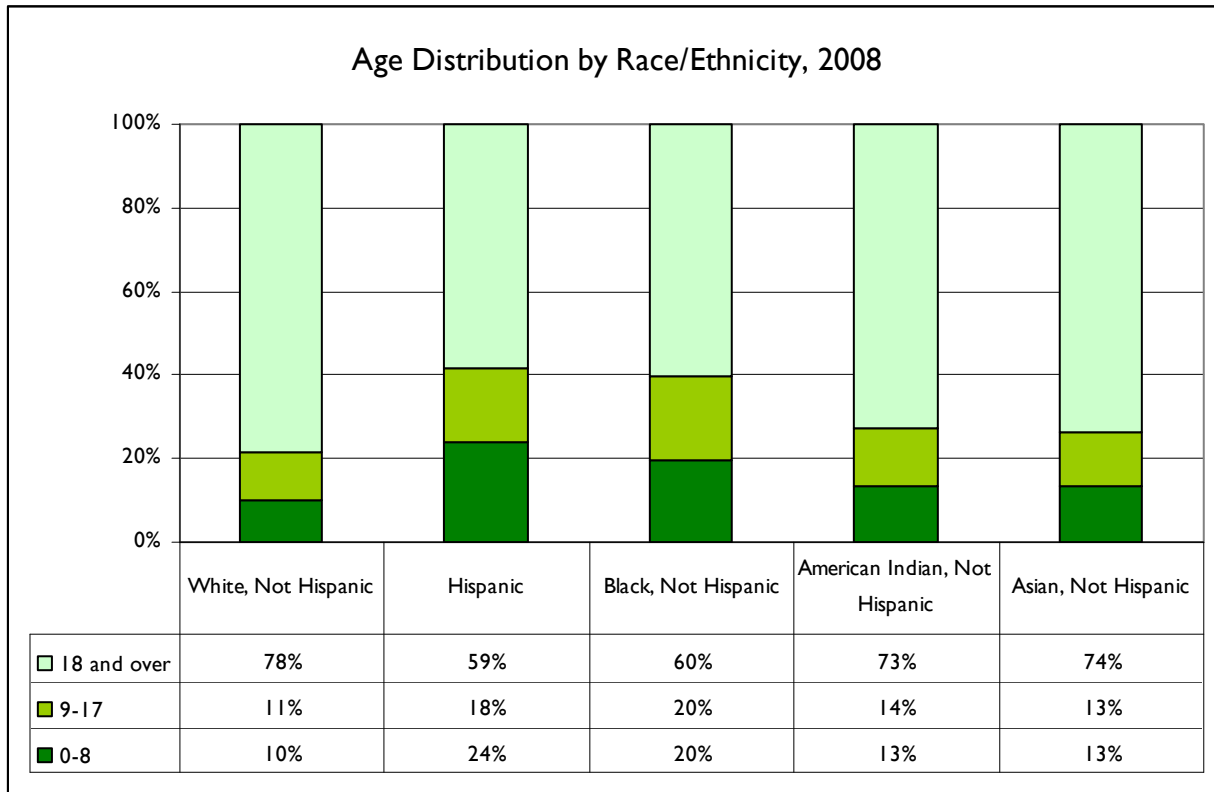
Marion County Population by Race and Ethnicity



	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008
White, Not Hispanic	202,249	218,015	222,636	223,242	224,701	224,913	224,407	224,311	225,172	225,715	226,723
Hispanic	18,621	31,506	49,394	51,412	54,219	56,879	59,306	63,337	66,546	68,413	71,609
Black, Not Hispanic	2,061	2,470	3,090	3,210	3,443	3,538	3,672	3,753	3,859	4,016	4,180
American Indian, Not Hispanic	3,042	3,551	3,939	3,954	3,958	3,923	3,984	4,001	3,954	3,945	4,030
Asian, Not Hispanic	2,680	3,707	4,751	4,964	5,208	5,304	5,479	5,583	5,734	5,870	5,928
Total	228,653	259,249	283,810	286,782	291,529	294,557	296,848	300,985	305,265	307,959	312,470

Puzzanchera, C., Finnegan, T. and Kang, W. "Easy Access to Juvenile Populations" Online.

Marion County Population by Age and Race/Ethnicity



Puzzanchera, C., Finnegan, T. and Kang, W. "Easy Access to Juvenile Populations" Online.