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

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Executive Summary

Marion County cares about its children and families. We are an innovative and creative community of doers, working collaboratively to accomplish our shared goals. Several years ago, our community rallied in response to the methamphetamine crisis. Drug users were jailed and children put into protective custody at an unprecedented rate – creating an unforeseen crisis in the child welfare system. The community again rallied in response to a call for more foster parents. It soon became apparent, however, that law enforcement and child welfare could not solve the problems created by meth. So the community dug deeper, examining root causes and finding creative ways to address them.

As the community addressed these issues, unusual partnerships emerged: law enforcement agencies working alongside parent trainers and early childhood providers, local business leaders partnering with the Department of Human Services (DHS) and the faith community. The collaborative relationships continue, as we continue to work toward our shared goal of healthy and thriving children, youth, families and community.

The community response to the unintended consequence of the meth crackdown coincided with implementation of the Children and Families Commission's goal to engage the business community. In the fall of 2005, the commission was restructured to include influential business and community leaders. The commission adopted an ambitious, action-oriented strategic plan. The action teams formed to implement the plan engaged members of the broader community.

Marion County's efforts are focused on ensuring that

- Families are preserved and strengthened;
- Parents, including those in the criminal justice system, learn the skills to parent and provide for their children;
- Babies are born drug free, into homes with capable and caring adults;
- Young children have the opportunity for healthy development – socially, emotionally and physically;
- Children and youth are successful in school;
- The community provides and supports positive opportunities for youth;
- Youth are provided with skills and supports for a successful transition into adulthood; and
- High risk youth have opportunities to not only be accountable for choices, but also to develop skills to make sense of their worlds and take hold of their futures.

Two years into implementation of the commission's strategic plan, when much has been accomplished and even more remains to be done, it is time for all local children and families commissions to develop new six-year plans per ORS 417.775. Rather than start over, this six-year plan began with the Marion County Children and Families Commission's existing strategic plan and built upon it by drawing on the plans and priorities of other partners. This plan

identifies the strategies employed in Marion County to address the problems and issues facing our community's children and families.

As a part of the planning process, we reviewed successes to date. Some of those successes are written in story form and incorporated into this plan.

It is important to note that this plan is not all encompassing; there are many programs, initiatives and plans not mentioned that are doing important work for the benefit of Marion County children and families. This plan highlights selected issues and gaps, and focuses on areas that can be documented and measured for the required six-years. It addresses issues with strategies that are focused, solutions that are driven by the community, and accountability for achieving positive outcomes.

The plan includes data that documents the social, cultural and economic diversity of our county. Much of our data has been drawn from the Oregon Progress Board's high-level outcomes and benchmark data. We will continue to use these to gauge our community's health and well-being. Additionally, our focus areas drill into local data points to determine measurable outcomes that are representative of the strategies designed to focus the work.

Our planning process included a review of the identified issues, gaps, barriers and focus areas by a variety of stakeholders and community groups. Feedback from these groups was incorporated into the plan, helping to shape it and further develop its strategies.

Focus Areas. The plan includes five focus areas, each with outcomes that will be measured for six years.

The **Runaway and Homeless Youth** focus area addresses unmet needs of runaway and homeless youth. We need and will develop an integrated system of prevention, intervention, case management, accountability, and goal directed options to ensure that runaway and homeless youth are safe and not living on the streets. Through a comprehensive approach utilizing multiple strategies to affect system change, we will close gaps and coordinate the services provided to youth and their families by various agencies.

Extensive collaborative efforts, including the state-supported 10 year plan to end homelessness, are driving the work to improve coordination between service providers, integrating services where it is an option, and developing system-wide training to achieve the needed systems change. Law enforcement, educators, public health providers, the District Attorney, Juvenile Department, Department of Human Services, the business and faith communities, and youth and families are all working together in various partnerships to develop and implement a model with the ultimate goal of a community in which all youth are connected positively with adults in a residence, or living independently, and no youth are homeless.

The **Healthy Development of Young Children** focus area aims to increase educational opportunities and support for child care providers, to better equip them to promote healthy growth and development of young children.

Through Great Beginnings, collaborative partnerships and Family, Friends and Neighbors, stakeholders are leading the charge to provide integrated early interventions with child care providers. Increasing child care provider knowledge while simultaneously providing skill development and practical application will improve outcomes for children.

This work will have long lasting impacts resulting from the enhanced social and emotional development of Marion County children. Further funding assistance from the State would provide in-home visiting and maternity case management services to address the health and social/emotional needs of the family.

The **Student Success** focus area demonstrates that through community efforts we will increase students' success in school and in life. Since 2003, Marion County has ranked 35th or 36th of Oregon's 36 counties on the Oregon Progress Board's Education Index.[1] The education index considers third and eighth grade reading and math scores as well as high school drop out rates. Our county's poor ranking on this index prompted the commission to adopt a Student Success initiative. This initiative will mobilize the community to promote reading and therefore improve performance in measures of student success. Marion County will demonstrate its success by measuring the degree to which reading scores increase and dropout rates decrease for economically disadvantaged students.

Evidence-based practices indicate that involving mentors in the educational process increases the likelihood of student success in the areas in which they have been involved. The student success initiative will increase public awareness and reshape community values, build on existing efforts, promote volunteer reading and mentoring for students, and solicit involvement focusing on both personal relationships and academic support for students.

The **Access to and Availability of Health Care Services** focus area addresses parents, youth and children having improved access to health insurance, and improving access to primary medical care as well as mental health and substance abuse services. When examining why the health care situation in Marion County was so dire, it was determined that high rates of poverty, substance abuse, institutionalized and incarcerated individuals, and homelessness have developed a serious drain on existing resources to the point that they can no longer meet the demand placed on them.

Marion County will build awareness of key leaders on health service gaps and limited funding supports. It is hoped that building Legislative advocacy through collaboration of Association of Oregon Community Mental Health Programs (AOCMHP) and the Children and Families Commission will result in securing additional funding for increasing healthcare program capacity. Additionally, as more local decision makers and organizations are engaged in building capacity, they will be motivated to action, leading the charge for increased healthcare coverage for all families.

Current limitations of the Oregon Health Plan will be addressed by advocating for increased funding for drug and mental health treatment and for a policy change so coverage for parents of

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[1] 35th in 2003, 36th in 2005, 35th in 2007.

children who are eligible for the Oregon Health Plan (OHP) will be suspended instead of terminated during incarceration, to avoid a lapse in coverage following release.

The **Family Preservation** focus area aims to support children in the context of families – families of origin when possible, and foster families when necessary. By increasing services to high-risk families, including those affected by incarceration, we will increase the number of children who can safely live with their own parents. By developing supports for foster care families, including expansion of respite care and more foster parent nights out, we will increase retention of foster families and therefore continuity of care for children. By mobilizing the community to recruit new foster parents, we will build system capacity to meet the burgeoning need.

The focus area will also address improving long term foster care solutions by expanding programs that lead to more stability in the lives of children and their families. By developing additional long term foster care resources through expansion of the Community Homes for Children program and improving support to DHS foster parents who want to provide long term care but struggle to cope with children's emotional and behavior problems, we will address both the behavioral and emotional needs of the children and the support needed by families caring for these children.

Additionally, we will work to expand the new Family Finders program, which connects children in the foster care system, or those that may be at risk for entry into the foster care system, with healthy, caring relatives who are able to provide safe, secure, and nurturing long-term relationships.

To the greatest extent possible the focus areas that Marion County has chosen have been established using a community-based holistic approach. These focus areas reflect and incorporate diversity and address gender and culturally competent components where relevant. In all cases, the focus areas were developed to support and strengthen children, youth and families in our community. We believe that through the targets and measured outcomes within these focus areas, we will document gains for Marion County's children and families over the next six years.

Community Issues

1. **Poverty**: a high rate of families living in or near poverty.
2. **Methamphetamine use**: significantly impacts the well being of families and children.
3. **Safe, affordable housing for low-income families**: current capacity does not meet the demand.
4. **Child abuse and neglect**: high rates, especially in meth-affected families.
5. **Immunizations**: children 2 and under need proper prevention of communicable diseases.
6. **Safe, qualified child care services**: current capacity does not meet the demand.
7. **Developmental, behavioral and social delays**: one in four children 1-5 years old in Oregon are at significant risk.
8. **Culturally appropriate/ sensitive child care providers**: increased need for.
9. **Services from pre-pregnancy to kindergarten** (ages 0-5): difficulty in coordinating/providing.
10. **Transition from school to community**: youth are not well-prepared.
11. **Student success** and literacy levels (K-12) in Marion County are impacted by high rates of poverty and need for second language acquisition.
12. **Behavioral health services** (mental health and substance abuse) and family support for justice involved youth and their families (ages 0-18+): increased demand for.
13. **System to ensure runaway and homeless youth do not live on the streets** (i.e. integrated system of prevention, intervention, case management, accountability, and goal-directed options).
14. **Substance abuse and addiction services**: needed by increasing numbers of low income adults and youth; increased need for funding.
15. **Prenatal care and women's health services**: Marion County needs additional capacity to provide services.
16. **Health care disparity**: lack of equity for minorities, low income and/or uninsured persons.
17. **Mental health services**: needed by increasing numbers of low income adults and youth.
18. **Foster care capacity**: insufficient number of homes to meet increased abuse and neglect rates.
19. **Volunteering and community awareness**: Marion County wishes to expand.
20. **Adolescent-focused services:** Advocacy and recognition of needed services, resources, and supports in the continuum of care.

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. **Mental health and substance abuse:** Availability of services for low income, uninsured or underinsured families.

2. **Self-sufficiency:** access to services, food, and housing security.

3. **Health services:** access to for low income, uninsured, or underinsured families.

4. **Social-emotional development:** parents and professionals knowledgeable about how to optimize the social-emotional development of young children.

5. **Child care provider training** and workforce development.

6. **Mentoring**

7. **Out of school time** activities.

8. Availability of **Foster Homes.**

9. **Academic achievement** gap.

10. **Advocacy and recognition of need for adolescent-focused services**, resources, and supports in the continuum of care.

State Barriers and Solutions

State Barriers	*Solutions to State Barriers*
OHP plan eligibility that allows children to be eligible for OHP at the same time that their parents are not eligible for coverage.	**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.
Lack of adequate funding to provide **in-home visiting and maternity case management** services for pregnant women and their families.	**Advocacy** for increased funding for OHP maternity case management services that are more in line with actual cost to deliver service.
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.	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.)
Progress Board data measurement. Although the Progress Board's Education Index served a useful purpose in catching the attention of the Marion County Children and Families Commission, we find that ranking counties against each other is an unsatisfactory method of measurement.	We urge the Oregon Progress Board to move away from county rankings and move toward a **growth model of measurement**. A growth model would measure whether a county is demonstrating improvement and at what rate.
Education measures. When counties are ranked against each other in measurements of academic achievement, those rankings put the scores of low poverty and English language learner counties alongside counties at the other end of the spectrum.	We encourage the Oregon Progress Board and Oregon Department of Education to develop the **statistical means to equitably measure academic success** in a way that factors in poverty and native language so equitable comparisons can be made.

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. A higher than average population of Hispanic families including young children. A workforce shortage of bilingual/bicultural Spanish speaking mental health professionals.	Incentives to increase recruitment of bilingual/bicultural mental health and substance abuse professionals. Increased community based (non-profit) and funded culturally focused transitional services and family supports at the time of release from jail or prison such as supported housing, child care, employment services and immediate access to indigent mental health and substance abuse services.
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. 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.	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. Provide education to parents and providers regarding factors increasing the healthy development of young children.

<u>Focus Areas to be Addressed and Measured for Six Years</u>

To the greatest extent possible the Focus Areas that follow have been established using community based holistic approach. These Focus Areas reflect and incorporate diversity and address gender and culturally competent components where relevant. In all cases, the Focus Areas were developed to support and strengthen children, youth and families in our community. We believe that through the targets and measured outcomes within these focus areas we will demonstrate influential information over the next 6 years that will assist our State partners in policy, practices and budgetary development.

Five Selected Focus Areas

1: Runaway and Homeless Youth

2: Healthy Development of Young Children

3: Student Success

4: Health Care Access and Availability

5: Family Preservation

Focus Area 1: Runaway and Homeless Youth

Focus Issue	Marion County needs an integrated system of prevention, intervention, case management, accountability, and goal directed options to ensure that runaway and homeless youth are not living on our streets.
Goal Area	Youth
High Level Outcome	Positive Youth Development
Objective Statement	The needs of youth will be better met when system partners intervene in an integrated way so youth no longer live on community streets.
Strategic Approach	System Change
Strategies	• Improve coordination • Improve the continuum • Integrating services • Multiple agency networking • Overall quality improvement
Strategy Description	**Improving coordination** • Support and build on early childhood initiatives, prevention, and family preservation • Increase system providers' knowledge of services and options available and how to access these resources from agency partners • Develop coordinated outreach efforts utilizing teams of service providers from different agencies working together • Develop relationships with agencies providing employment skills and job opportunities, as well as housing, and independent living skill development • Develop inter-agency agreements between partners for coordinated service delivery

	Improve the Continuum • Prevention: Identify and increase availability of family supports (communication training, mediation) to prevent youth from running away from home • Develop a model of system interventions and supports to get runaway and homeless youth off the streets • Identify the gaps and provide solutions to resolve gaps: o Bed capacity o Outreach o Family counseling, parent support o Parent-teen mediation o Triage system, including immediate face-to-face case management o Wrap-around follow-up services o Housing o Job skill development and employment o Supports for students to stay engaged in the education system o Alcohol and other drug assessment and treatment o Mental health assessment and services o Develop services for youth within their own community **Integrating Services** • Every door is the right door. Establish system partnerships so that wherever a youth goes, they can be linked to the right services to address their needs • Each youth-serving agency provides services within their own areas of expertise, and facilitates youth access to services outside their areas of expertise • Create written partnerships with agencies to support youth and remove barriers to families receiving services **Multiple Agency Networking** • Establish regular opportunities for system partners to come together to address issues, provide support, evaluate system service delivery, and continue to advance solutions

	Overall quality improvement • Support the completion of Community Action Agency's 10 Year plan to end homelessness in Marion County • Develop and implement a model to address runaway and homeless youth, by bringing partners together to identify gaps, solutions, system coordination, and outcomes • Research and implement evidenced-based and promising practices addressing runaway and homeless youth; emphasize goal-directed services that do not perpetuate the incidence of youth living on our streets.
Intermediate Outcomes Baseline Data, Targets and Timeline	**1. Increased attendance at school by youth identified as runaway or homeless.** *Willamette ESD is gathering baseline data.* Our goal over the next six years is to increase supports to the youth and families in this situation so that they are able to increase overall attendance at school by ______% each year. **2. Reduce the average period of time to clear runaway reports.** *Oregon State Police is gathering baseline data.* Our goal over the next six years is to reduce the amount of time it takes to clear runaway reports by ____% each year. This should occur as a result of increased agency responsiveness and coordination.
Data Source	1. Willamette ESD district attendance data 2. Oregon State Police, Law Enforcement Data System (LEDS)

Strategic Approaches and Strategies to Address the Focus Area

According to Oregon Department of Education, there are at least 1,168 students enrolled in Marion County schools who are runaway or homeless.[2] From September 2007 through December 11, 2007, 432 students enrolled in Salem-Keizer schools were identified as homeless/unaccompanied. During the 2006-07 school year, Salem-Keizer identified 662 homeless/unaccompanied youth.

The issue of runaway and homeless youth is a community issue of:

- Poverty
- Abuse and neglect
- Parental abdication of responsibility

[2] Data provided by ODE 10/24/07.

- High conflict families
- Laws regulating consequences for status offenses
- Magnetic draw to street life without familial rules and expectations

Community Action is charged with completing the 10-Year Plan to end Homelessness. The Children and Families Commission has charged an action team to address the issue of runaway and homeless youth in our community. These collaborative efforts are designed to impact the continuum of runaway and homeless youth, adults, and families in our community. A collaborative system model integrating prevention, intervention, case management, accountability, and goal directed options to ensure that runaway and homeless youth are not living on our streets is required to address youth and their family systems.

To date system providers have met at an initial summit to review service delivery, identify gaps and barriers, focus interventions to address gaps and barriers, support individual agency needs to improve efficiency, and formalize collaborations. A comprehensive look at the issues is underway, considering perspectives of law enforcement, educators, public health, system providers, District Attorney, Juvenile, Department of Human Services, faith community, and youth and families.

A second summit was held to identify a model of service delivery for our community that addresses runaway and homeless youth.

As the model evolves, it will be implemented through agency support, partnerships, agreements, collaboration with the business community, and coordination through state, county and private non-profit organizations.

Target Population Information: Summary of general information about this population:

- HOME reported that they served 455 unduplicated youth from July 1 2005 - June 30 2006
- Marion – Polk League of Women Voters reported: Statistics showed anywhere between 1086 and 1206 runaway and homeless youth in Marion County alone and 300 to 400 unaccompanied youth in Salem-Keizer schools
- The Statesman Journal reported on September 13, 2007 that 662 Salem-Keizer students had no permanent home last year, 63 more than the previous year.

Agreement with Cited Numbers: There is mixed agreement that the county number is accurate, with some to strong indication that it could be low. There is unanimous agreement that the school district counts were an underreported number. Given the transient nature of the population, inconsistent definitions, and the lack of a data system, there is no firm number of runaway and homeless youth. There is majority agreement that organizations serving this population are currently unable to meet the need and could serve twice as many youth if they had the capacity and resources.

Cultural Competency and Gender-Specific Issues:

- Although initial review indicates that youth seeking services are primarily Caucasian, it is important to identify to what extent minority youth run or are homeless and what specific services need to be targeted to their needs.
- The need for bilingual and bi-cultural providers far exceeds the existing resources including: counselors, therapists, psychiatrists, medical services, parenting support, and system providers.
- Young women living on the streets have unique vulnerabilities, risks, and needs, and require interventions and opportunities that are specific to young women. Pregnant young women living on the streets pose a significant generational concern for the mother and the healthy development of the baby.
- Young men living on the streets have unique vulnerabilities, risks, and needs, and require interventions and opportunities that are specific to young men.

There are both formal and informal community supports and resources that will enable us to address the issue with more breadth, depth, creativity, and adequacy.

- Collaborative process of bringing together system partners and community for ownership of the problem and solution.
- Efforts supported by the State to create the 10-Year Plan to End Homelessness.
- State RFP for allocation of funds to support county efforts to address youth runaway and homelessness.
- Department of Human Services and Juvenile Department commitment.
- The Children and Families Commission created and charged and action team with addressing this issue.
- Existing collaboration with runaway and homeless service providers.

Our ultimate goal is for a community, in which all youth are connected positively with adults in a residence, or living independently, and no youth are living on the streets.

Focus Area 2: Healthy Development of Young Children

Focus Issue	Healthy Development of Young Children
Goal Area	Children
High Level Outcome	Quality Child Care
Objective Statement	To strengthen the education and support for child care and early education providers, so they in turn can more effectively nurture the healthy development of children in their care.
Strategic Approach	System Change
Strategies	• Multi-agency networking • Improving coordination • System-wide Training
	Multi-agency Networking • Through Great Beginnings collaborative partnerships, increase education opportunities and support to childcare and early education providers: 1. Joint trainings of home visitor program staff twice a year 2. Friends, Family & Neighbors (FFN) – Provide ten training sessions and at least one home visit per provider, offer ongoing technical assistance and mentoring supports. Through a strength-based approach FFN care providers will obtain needed resources, skills, training and materials to provide developmentally appropriate, relationship-focused care. 3. Interagency collaboration within the Great Beginnings collaborative partnerships to develop strategies to increase public awareness of the critical importance of early brain development and early bonding and attachment for the infant and young child. • Blend funding and professional resources to support FFN Project
	Improving Coordination • Utilize Early Childhood Consortium (ECC) and/or Great Beginnings members to resolve gaps and barriers that emerge from work with childcare and early education providers.

	System-wide Training • Annual training regarding early childhood brain development and the impacts of abuse and neglect on brain development.
Intermediate Outcome (Baseline Data, Targets and Timeline)	**Targets:** • Joint training of home visitor staff in which at least four different home visitor organizations participate at each semi-annual training, and by 2014, 90 percent of staff attending report that they learned new skills in working effectively with families with young children. • FFN will provide at least ten classes and at least one home visit per provider per year. By 2014, 100 percent of FFN project care providers will report they learned new knowledge or skills to provide developmentally appropriate, relationship focused care and 50 percent will indicate they have changed something in their childcare services as a result of the FFN consultation. **Baseline Data:** • On July 1, 2008, we will report baseline data of the percentage of participating home visitor staff reporting that they learned new skills in working effectively with families with young children. • On July 1, 2008, we will report baseline data of the percentage of participating FFN project care providers reporting that they learned new knowledge or skills and the percentage of those that changed their practices as a result.
Data Source	Evaluation conducted by Western Oregon University Teaching Research.

Strategic Approaches and Strategies to Address the Focus Area

Probably the most important period in everyone's life is one they cannot remember (Balbernie, 2005). This is a crucial time in a child's life.

Marion County is home to 22,695 children ages birth through four (2006 Oregon Population Report, PSU Population Research Center). The Early Childhood Longitudinal Study, Birth Cohort, collected information on over 10,000 children born in the United States in 2001. Half of the children were in some kind of regular non-parental childcare arrangement at nine months of age. Of children born in 2001, 26 percent were in relative care (often with grandmothers) at nine months, fifteen percent in non-relative care (either in their own or another family's home – i.e., family child care), and nine percent in center-based care. Clearly, the responsibility to meet the intense needs of children's early development rests not only with parents, but also with formal and informal child care providers, with whom many babies spend more than ten hours a day.

The environment provided by the child's first caregivers has profound effects on virtually every facet of early development, ranging from the health and integrity of the baby at birth to the child's readiness to start school at age five (Shonkoff & Phillips, 2000). When a child spends ten hours per day in childcare, the environment provided can either create risk or resilience in the child. The research on risk factors shows that babies who might likely have adverse developmental pathways through life because of stresses in their initial relationship with their parents, can be identified early by trained and qualified professional childcare providers. Most importantly, early interventions can reverse the trajectory by assisting in the development of attachments.

Building on the premise that the earliest relationships are the most important, child care professionals must be equipped to support parents in setting the "…foundation of three protective factors that mitigate against later aggression: the learning of empathy or emotional attachment to others; the opportunity to learn control and balance feelings, especially those that can be destructive; and the opportunity to develop capacities for higher levels of cognitive processing" (Karr-Morse & Wiley, 1997). Currently our childhood care and education providers are not well equipped nor trained to identify children with serious risk factors.

Child Care:

To strengthen the education and support for childcare and early education providers who are outside of the formal monitoring systems (i.e. Friends, Families and Neighbors care – child care that is legally exempt from licensure). Child care providers that are paid by the Department of Human Services (DHS) to care for children of DHS clients are often friends, families and neighbors – and are exempt from licensure. These environments are often temporary or deemed temporary by the friend or family caregiver. For this reason there is often no emphasis on child development or creating learning environments for these children in their early stages of life. However, poverty is the single most important broad risk factor that predicts later maladjustment since it amplifies and concentrates all other risks (Brooks-Gunn, et al., 2000; Halpern, 1993). By focusing on DHS listed and unlicensed child care providers (friends, family, and neighbors) many children with this primary risk factor will be influenced positively by strengthening the training and environmental support available for their caregivers, indirectly increasing resilience.

1 Provide a training program utilizing incentives

A targeted and specifically designed training program will improve the quality of care children receive in family, friend, and neighbor care. This training program will involve a series of opportunities to impart valuable information to caregivers, many of whom are providing informal care. Training topics include navigating the DHS subsidy program for quick payments, brain development/child development, infant care, nutrition, social/emotional development, reading and language development, toddler care, preschool guidance, stress management, and child care as a business.

2. Provide a single visit for non-licensed child care providers newly listed with the Department of Human Services

A childcare visitation program for newly DHS listed family, friend and neighbor caregivers offers a site visit to provide mentoring and support. During the visit the mentoring professional:

- Provides a connection with the Direct Pay Unit (DPU) of DHS and answer questions about the system, including forms and troubleshooting any payment problems;
- Subtly observes the environment in the home, looking for safety issues as well as positive nurturing and learning opportunities the caregiver provides;
- Observes the caregiver's interactions with the children;
- Provides training and technical assistance one-on-one;
- Offers information on mandatory reporting;
- Offers information on the USDA food reimbursement program;
- Provides other resources as needed to strengthen the relationship between parents and caregiver and between the children and the caregiver.

Home-Based Services Collaborative

In Marion County, there are many home-based services supporting expectant families and new parents, beginning prenatally or shortly after the birth of the child. These services are delivered within the family's home and are tailored to the child and family's needs. Home-based family service philosophy promotes delivery of services to families in their homes in order to achieve permanence for children, while maintaining and strengthening family integrity.

Through the Home-Based Services Collaborative, we will look at opportunities for collaboration, which may lead to some service integration. The Urban Institute researchers provide a description of the difference between service integration and coordination/collaboration: "Integration is characterized by features such as common intake and 'seamless' service delivery, where the client may receive a range of services from different programs without repeated registration procedures, waiting periods, or other administrative barriers. In contrast, coordinated systems generally involve multiple agencies providing services, but clients may have to visit different locations and re-register for each program to obtain services (Pindus, Nancy, Robin Koralek, Karin, Martinson, and John Trutko, "Coordination and Integration of Welfare and Workforce Development Systems," Washington, D.C.: Urban Institute, 2000, p. 4.)

Through the Collaborative, access to other services is expected to increase by working closely and communicating with different agencies and as staff members become more knowledgeable about resources available for clients. The Collaborative is built upon a collaborative model of combining resources, such as staff and facilities, to minimize duplication (trainings, tools, etc) and may allow participating agencies to stretch their funding further. Finally, by referring clients to other agencies for additional services, integration allows each agency to specialize in particular strengths (Martinson, Karin, "Literature Review on Service Coordination and

Integration in the Welfare and Workforce Development Systems," Washington, D.C.: Urban Institute, 1999.)

1. *Provide semi-annual training and networking opportunities for home-based service providers.*

   The Home-Based Services Collaborative is new for Marion County and will be facilitated by at least five organizations; Marion County Health Department, Catholic Community Services' Healthy Start, Family Building Blocks, Willamette Education Service District and the Marion County Department of Children and Families. Bringing together home-based service providers offers an opportunity for providers to explore and establish relationships with other home-based service providers and furnishes scheduled dialogue and learning opportunities. Though each home-based program provides unique services to meet the varying needs of families, many concerns, experiences and approaches are very similar.

   Many home-visiting providers use similar approaches to help inform decisions on how to improve services and supports and ultimately lead the family to have better outcomes. The facilitating team will scan for emerging issues that touch many organizations, i.e., safety practices, cultural sensitivity and best-practices, in-take protocols, risk and protective factor screens, etc.

Focus Area 3: Student Success

Focus Issue	Student Success: Increasing student success through community support.
Goal Area	Youth
High Level Outcome	The following high level outcomes are most-directly related to student success. - 3rd grade reading growth - 8th grade reading growth - High school graduation rate increase
Objective	Community efforts will enable students to be more successful in school and in life.
Strategic Approach	To mobilize the community to engage in proactive efforts to promote school and lifelong success.
Strategies	**Increase public awareness and reshape community values** through assessment of community attitudes, development of messages, endorsement by elected officials and community leaders, media coverage, events such as the annual No Child Left Behind Conference, and other efforts. **Build on existing efforts** to promote literacy and student success through support, mentoring, leverage, and connections. Identify and address gaps. **Promote volunteer reading and mentoring** for students, focusing on both personal relationships and academic support. **Promote focused early literacy** and school readiness efforts through Marion County's center-based and home visiting programs that serve high risk families of infants and young children. **Solicit involvement** of community and business organizations.

Intermediate Outcome (Baseline Data, Targets and Timeline)	**1. Achievement Progress.** The degree to which Marion County's students who are economically disadvantaged make progress in meeting the state's achievement standards in reading. For 3rd and 8th grade reading, the average performance of Marion County's economically disadvantaged students on the state's achievement scale will increase by 1% per year.

	BASELINE DATA		
	03-04 to 04-05	04-05 to 05-06	05-06 to 06-07
Percentage increase in 3rd grade RIT scores	0.58%	0.41%	0.73%

	FUTURE TARGETS					
	06-07 to 07-08	07-08 to 08-09	08-09 to 09-10	10-11 to 11-12	11-12 to 12-13	12-13 to 13-14
Percentage increase in 3rd grade RIT scores	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

	BASELINE DATA		
	03-04 to 04-05	04-05 to 05-06	05-06 to 06-07
Percentage increase in 8th grade RIT scores	0.12%	0.34%	0.48%

	FUTURE TARGETS					
	06-07 to 07-08	07-08 to 08-09	08-09 to 09-10	10-11 to 11-12	11-12 to 12-13	12-13 to 13-14
Percentage increase in 8th grade RIT scores	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

	2. Graduation and Dropout Rates. The degree to which graduation and dropout rates improve for Marion County's economically disadvantaged students. The Oregon Department of Education is just beginning to track this information for economically disadvantaged students. Targets will be established when baseline data is available.
Data Source	Oregon Department of Education and Willamette Education Service District

Strategic Approaches and Strategies to Address the Focus Area

The Oregon Progress Board’s 2005 Education Index ranked Marion County the lowest of all Oregon counties. This rating prompted the Marion County Children and Families Commission to tackle the issue of student success.

The commission learned from local education experts that Marion County’s high poverty rates and large population of English language learners directly affect our county’s educational achievement. However, the ranking is unacceptable to those in Marion County who are concerned about our children and families and our county’s future vitality.

In response, the Children and Families Commission launched a Student Success Initiative, which aims to increase student success. The initiative will engage the community to support student success through public education, changing community norms and values regarding reading, and mobilizing volunteers as readers and mentors. The commission’s initiative will support and build on existing efforts to improve student success, such as the McKay Area Coalition for Student Success and the Juvenile Department’s education programs.

Focus Area 4: Health Care Access and Availability

Focus Issue	Access to and availability of health care services for parents, children, youth and adults is limited by lack of health insurance and inadequate state funding.
Goal Area	Families / Increase Community Mobilization
High Level Outcome	Increase Community Engagement
Objective Statement	Parents, youth and children will have universal access to health insurance, thus improving access to primary medical care as well as mental health and substance abuse services.
Strategic Approach	Community mobilization
Strategies	• Promotion and awareness building of key leaders on health service gaps and limited funding supports for Marion County children, youth, and parents. • Promotion and building awareness through use of individual survey on attitudes regarding support for and need for universal access to health care for children, youth, and parents. • Building capacity through education and engagement of local decision making bodies and organizations motivating them to action. Support increased healthcare coverage for all families. • Building Legislative advocacy through collaboration of Association of Oregon Community Mental Health Programs (AOCMHP) and the Marion County Children and Families Commission.
Intermediate Outcome (Baseline Data, Targets and Timeline)	Parents, youth and children will have universal access to health care. The data source for measuring this focus area is yet to be identified.
Data Sources	To be determined

Strategic Approaches and Strategies to Address the Focus Area

Local funding for health services to economically disadvantaged children, youth, and parents is limited at best. Current services are stretched thin causing great strain and the need for capacity building to increase local funding through key leaders and Legislative action. With greater advocacy by key leaders for such services, we will develop local community based solutions with a higher profile awareness and education of the broader community. The ultimate end result will be increased funding for health services to indigent families eliminating lack of funding as a barrier for care. Community mobilization towards policy change is an evidence-based practice for community change. (Hawkins, Catalano 1989)

Focus Area 5: Preserve Families

Focus Issue	Preserve Families
Goal Area	Families
High Level Outcome	Reduce child maltreatment
Objective Statement	Marion County will support parents/caregivers to prevent removal of children from the home, support parents/caregivers to reunite children who have been removed from the home, and strengthen support for children and families involved in or at risk of becoming involved in the child welfare system.
Strategic Approach	Community Mobilization
Strategies	Focus on prevention through parent education and the provision of intensive support for high risk families through home visiting and family support programs like Babies First!, Healthy Start, Early Intervention, Family Building Blocks, and Head Start. Recruit and retain foster parents to meet the need, thereby improving the quality of care received by children in care of the state. Expand availability of Foster Parents Nights Out, other respite care and supports to assist in retention of active foster parents. Improve support to DHS foster parents who struggle to cope with children's emotional and behavior problems. Support family restoration through programs targeting families affected by incarceration. Develop additional long-term foster care resources by expanding the Community Homes for Children program. Connect foster children with healthy, caring relatives through the Family Finders program. Develop the resources to recruit and maintain a corps of CASA volunteers sufficient to provide CASA representation in juvenile court to every child needing a CASA.

Intermediate Outcome (Baseline Data, Targets and Timeline)	

1. Number of Foster Homes. Increase the number of foster homes by 5 percent per year until there are enough foster homes to meet the need.

	BASELINE DATA				
	2002	2003	2004	2005	2006
Number of homes	461	401	439	575	546
Increase from prior year		-13%	9%	31%	-5%

Number of certified foster homes on September 30 each year

	FUTURE TARGETS						
	2007	2008	2009	2010	2011	2012	2013
Increase from prior year	5%	5%	5%	5%	5%	5%	5%

Number of certified foster homes on September 30 each year

2. Rate of Increase. Increase the number of foster homes at a rate at least one percent higher than the rate of increase of number of children in foster care.

The number of children in foster care is growing at a faster rate than the number of foster homes, in spite of targeted recruitment of foster homes. This target aims to reverse the trend and increase the number of homes at a faster rate than the children.

	BASELINE DATA				
	2002	2003	2004	2005	2006
Number of **homes**	461	401	439	575	546
Increase from prior year		-13%	9%	31%	-5%
Number of **children** in foster care	1076	1142	1333	1507	1443
Increase from prior year		6%	17%	13%	-4%
How much faster is the number of homes increasing than the number of children?		-19%	-7%	18%	-1%

Number of certified foster homes and children in foster care on September 30 of each year

	FUTURE TARGETS						
	2007	2008	2009	2010	2011	2012	2013
How much faster is the number of homes increasing than the number of children?	1%	1%	1%	1%	1%	1%	1%

3. Connections to Relatives. Increase the number of foster children connected to relatives through Family Find.

	BASELINE DATA	FUTURE TARGETS						
	2007	2008	2009	2010	2011	2012	2013	2014
Number of foster children connected to relatives through Family Find	4*	50	55	61	67	73	81	89

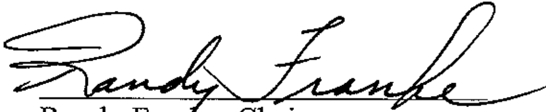
Number of children connected to a relative each calendar year
*Year to date January through October 2007

For purposes of this measure, a foster child is considered connected to a relative if the child is offered the opportunity to contact one or more relatives.

APPROVAL - Marion County Children and Families Commission

Marion County Comprehensive Planning, Implementation and Measurement
Due January 14, 2008

Marion County Comprehensive Plan for Children and Families, January 2008 was approved by the Chair of the Local Commission on Children and Families on December 13, 2008, and is recommended for approval to the Board of County Commissioners.



Randy Franke, Chair
Local Commission on Children & Families

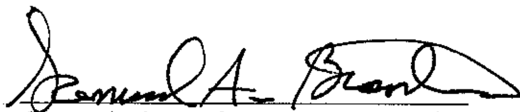
APPROVAL - Marion County Board of Commissioners

Marion County Comprehensive Planning, Implementation and Measurement
Due January 14, 2008

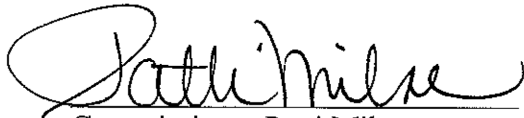
Marion County Comprehensive Plan for Children and Families, January 2008 was approved by

the Board of County Commissioners on January 9, 2008.

Board of County Commissioners:



Commissioner Sam Brentano, Chair



Commissioner Patti Milne

Commissioner Janet Carlson

Appendix A: Data Analysis

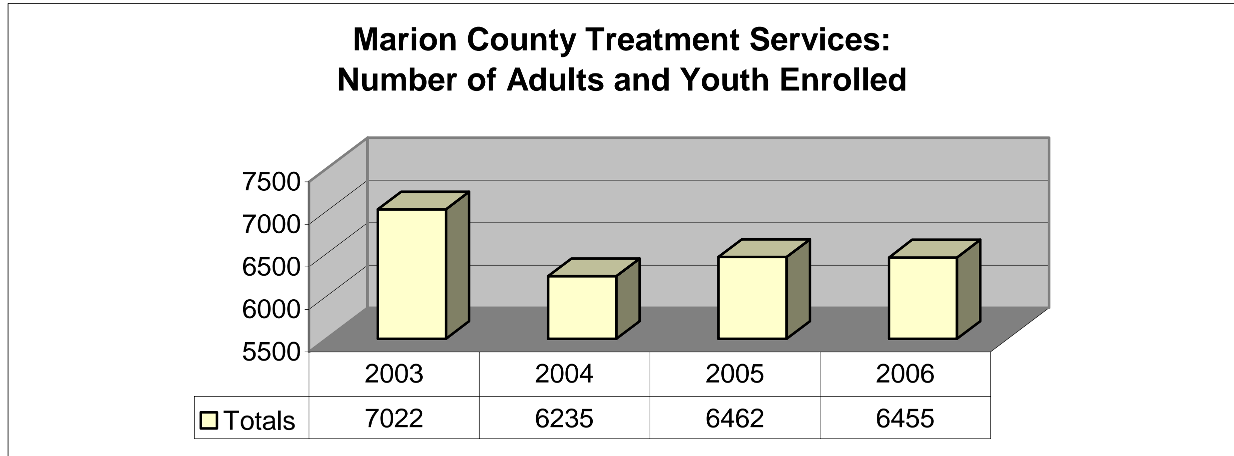
High Level Outcomes and Oregon Benchmark Data

List of Benchmarks and Data Content Areas

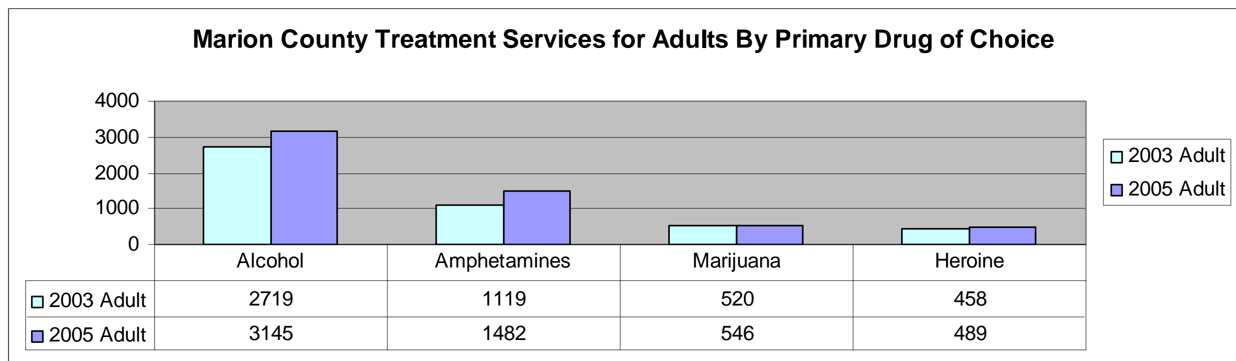
- Reduce Substance Abuse
- Reduce Child Maltreatment
- Improve Prenatal Care
- Increase Immunizations
- Reduce Alcohol Use During Pregnancy
- Reduce Tobacco Use During Pregnancy
- Reduce Illicit Drug Use During Pregnancy
- Increase Child Care Availability
- Improve Readiness to Learn
- Decrease Teen Alcohol Use
- Decrease Teen Drug Use
- Decrease Teen Tobacco Use
- Decrease Juvenile Arrests
- Reduce Juvenile Recidivism
- Reduce Teen Pregnancy
- Reduce High School Dropout Rate
- Increase Community Engagement
- Increase Job Growth
- Increase Per Capita Personal Income
- Reduce Unemployment
- Improve 3rd Grade Reading
- Improve 3rd Grade Math
- Improve 8th Grade Reading
- Improve 8th Grade Math
- Increase Volunteerism
- Reduce Infant Mortality
- Increase Positive Youth Development
- Increase Food Security
- Increase Home Ownership
- Increase Affordable Housing
- Decrease Poverty
- Population Demographics

Reduce Substance Abuse

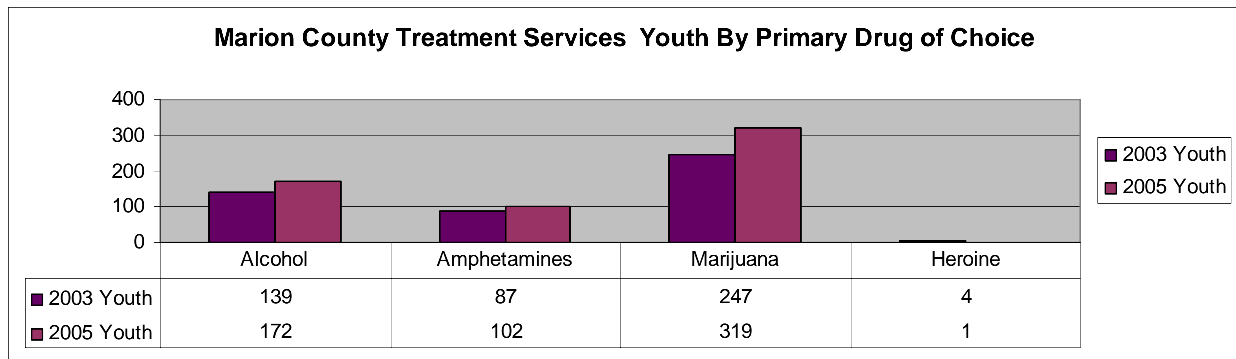
Reduce adult substance abuse, as measured by the percentage of adults who abuse or are dependent on alcohol or other drugs.
(Oregon Progress Board benchmark #53)



	2003	2004	2005	2006
Totals	7022	6235	6462	6455



	Alcohol	Amphetamines	Marijuana	Heroine
2003 Adult	2719	1119	520	458
2005 Adult	3145	1482	546	489



	Alcohol	Amphetamines	Marijuana	Heroine
2003 Youth	139	87	247	4
2005 Youth	172	102	319	1

Source: DHS Addictions and Mental Health Division

The data shown is reflective of adults and youth who were enrolled in state funded substance abuse treatment services provided in Marion County. This is not reflective of out-of-pocket or private pay treatment programs for adults and youth in Marion County or a completion rate with consideration for the status of their recovery.

Oregon Health Plan (OHP) funding was cut from late 2002 and onward. The impact of the cuts was delayed because the largest insurer for chemical dependency treatment for the Oregon Health Plan (the

Marion Polk Community Health Plan) opted to keep people in treatment and pay for them to finish. The budget was backfilled from other sources. It is hard to say specifically how the numbers were affected by this decision, but the general consensus is that about 60% of publicly funded chemical dependency treatment was lost due to the OHP cuts. The increase in numbers treated in 2005 was most likely due to ancillary funding from Corrections and a small portion from DHS. These two populations are the most impacted by losses in coverage, which continues to this day. The funding decline should begin reversing itself to a small degree due to additional funds for DHS-involved parents from the 2007 legislature.

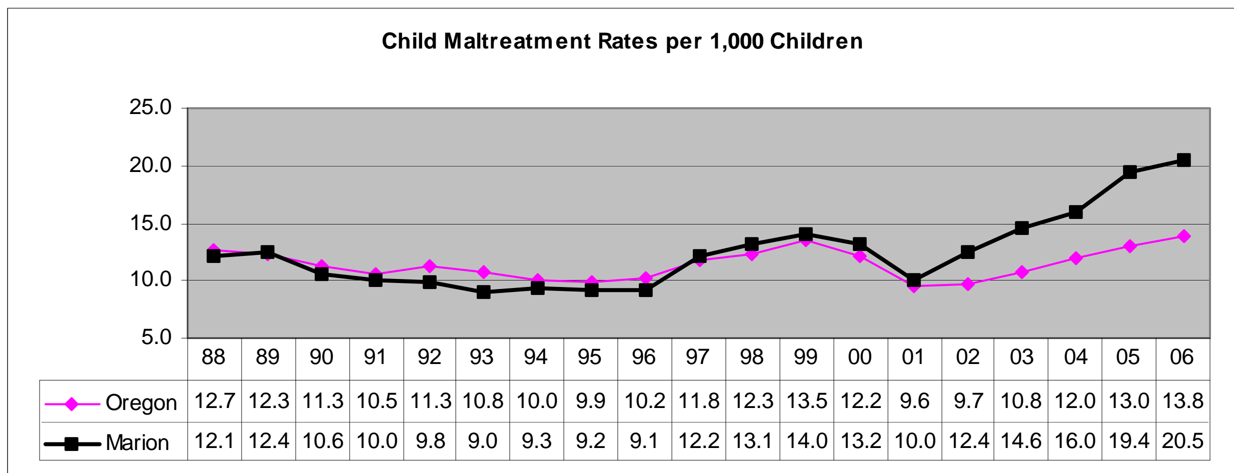
In comparison to the treatment numbers above, aggregated figures from 2002, 2003 and 2004 indicate that an estimated 7.4% (17,993) of Marion County residents 12 and older abused or were dependent on alcohol and met DMS-IV criteria that indicated they needed treatment. During the same time period, about 2.9% (7,168) of Marion County residents 12 and older abused or were dependent on drugs and met DMS-IV criteria that indicated they needed treatment. These estimates are based on the most recent results from the National Survey on Drug Use and Health. (DHS Addictions and Mental Health Division, 2007)

According to DHS-Addiction and Mental Health Services Program, treatment statistics indicate that the number of parents with alcohol and other drug issues and children in foster care who received treatment services fell from 73% to just over 52% since the start of Oregon Health Plan cuts. However, in some instances parental Oregon Health Plan eligibility has been preserved when children are involved. Another issue is that individuals entering jail who are in need of substance abuse treatment lose their OHP eligibility due to incarceration. This adds to the already growing uninsured population and unmet needs for treatment overall. (DHS Addictions and Mental Health Division & Child Welfare, 2007)

With specific regards to youth, Latino youth have a higher rate of substance abuse problems than their peers. There is also a growing concern for youth with low risk attitudes towards prescription drugs, perceiving they are safer to use/abuse than street drugs.

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)*



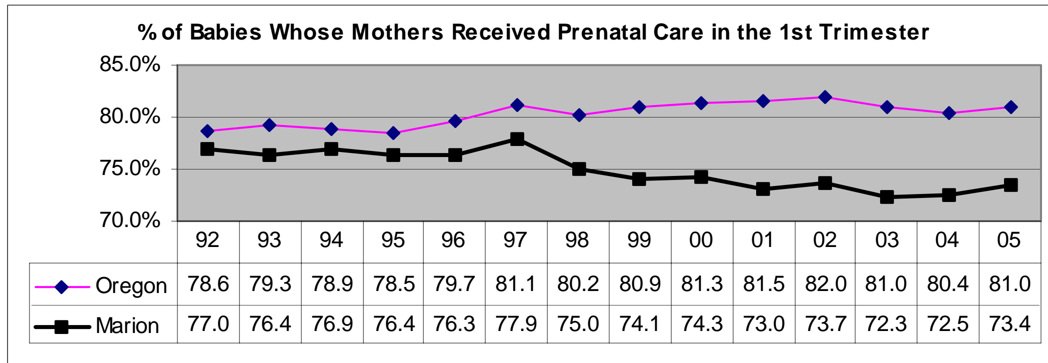
	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06
Oregon	12.7	12.3	11.3	10.5	11.3	10.8	10.0	9.9	10.2	11.8	12.3	13.5	12.2	9.6	9.7	10.8	12.0	13.0	13.8
Marion	12.1	12.4	10.6	10.0	9.8	9.0	9.3	9.2	9.1	12.2	13.1	14.0	13.2	10.0	12.4	14.6	16.0	19.4	20.5

Source: Department of Human Services, "The Status of Children in Oregon's Child Protection System".
Reported Marion County cases of child maltreatment have doubled since 2001. During the same period, the state rate also increased, but at a lower rate.

Possible contributing factors for Marion County include the increase of children brought into child protective services due to parent/guardian drug abuse, most especially meth. DHS child welfare staff informally state that close to 95% of all child neglect/abuse cases are due to parent/adult substance abuse.

Improve Prenatal Care

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



	92	93	94	95	96	97	98	99	00	01	02	03	04	05
Oregon	78.6	79.3	78.9	78.5	79.7	81.1	80.2	80.9	81.3	81.5	82.0	81.0	80.4	81.0
Marion	77.0	76.4	76.9	76.4	76.3	77.9	75.0	74.1	74.3	73.0	73.7	72.3	72.5	73.4

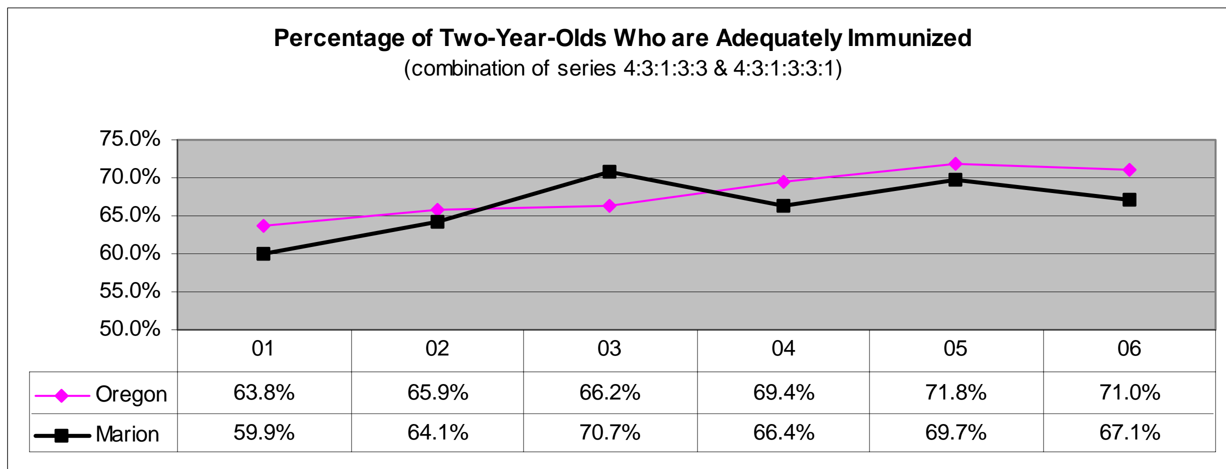
Source: Oregon Department of Human Services, as reported by the Oregon Progress Board

According to a 2005 Department of Human Services report, Marion County ranks 31st out of 36 counties regarding the percent of babies whose mothers receive adequate prenatal care in the first trimester. The 2004 report stated 41.8% of Marion County births are to minority mothers (racial and ethnic minorities). That rate is the 5th highest in the state. The statewide rate is 28.7%.

According to the same report, inadequate prenatal care rates run 5.8% for the total statewide population. The rate for Hispanic moms statewide is 8.7%, which is 150% higher than the rate for the total statewide population.

Increase Immunizations

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



	01	02	03	04	05	06
Oregon	63.8%	65.9%	66.2%	69.4%	71.8%	71.0%
Marion	59.9%	64.1%	70.7%	66.4%	69.7%	67.1%

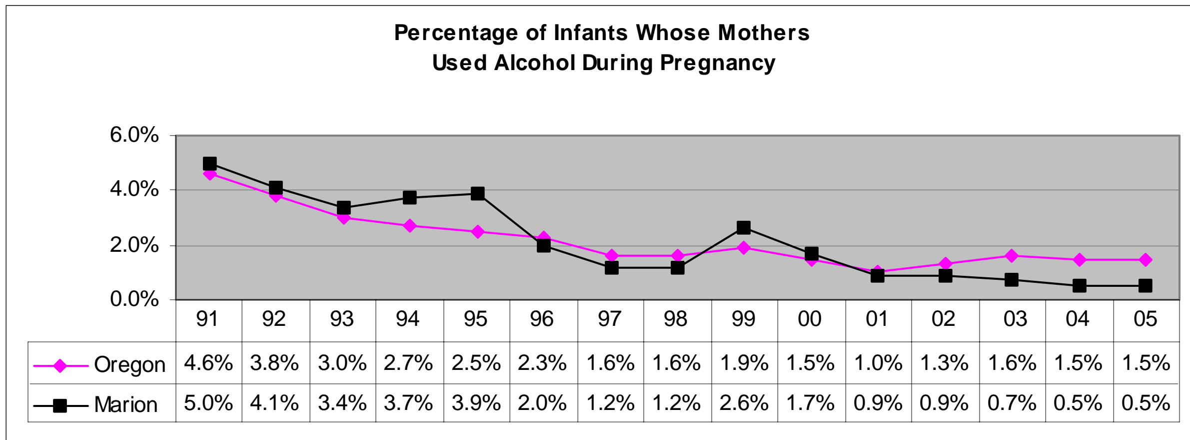
Source: Oregon Progress Board, Marion County Health Department

Marion County's immunization rate shows steady improvement starting in 2001 through 2006 with 123% increase in the number of 24 month old infants who are fully immunized for Dt ap (Diphtheria, Tetanus, Pertussis), Polio, MMR (Measles Mumps Rubella,), Hib, Hepatitis B, and Varicella. In 2005 the state average was 72%, which has Marion County at a slightly lower rate.

In 2006, the State changed their formula for calculating these percentages, which impacted Marion County's rate showing a lower percentage from 2005 to 2006. Based on the prior formula, Marion County's rate did increase from 2005 to 2006.

Reduce Alcohol Use During Pregnancy

Reduce alcohol use during pregnancy, as measured by the percentage of infants whose mothers used alcohol during pregnancy.
(Oregon Progress Board benchmark #53)

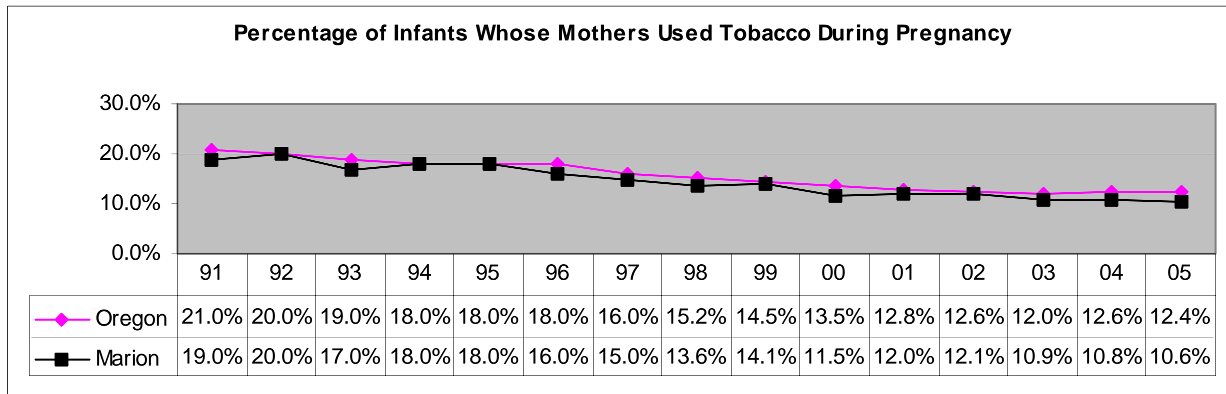


	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05
Oregon	4.6%	3.8%	3.0%	2.7%	2.5%	2.3%	1.6%	1.6%	1.9%	1.5%	1.0%	1.3%	1.6%	1.5%	1.5%
Marion	5.0%	4.1%	3.4%	3.7%	3.9%	2.0%	1.2%	1.2%	2.6%	1.7%	0.9%	0.9%	0.7%	0.5%	0.5%

Source: Oregon Department of Human Services, Center for Health Statistics
By 2005 the rate of pregnant mothers in Marion County using alcohol was 29% lower than in 2000. However, the percent of pregnant mothers using illicit substances increased during the same period. In addition, Marion County's use rates among pregnant mothers was lower than the state average between 2001 and 2005.

Reduce Tobacco Use During Pregnancy

Reduce tobacco use during pregnancy, as measured by the percentage of infants whose mothers used tobacco during pregnancy. *(Oregon Progress Board benchmark #53)*

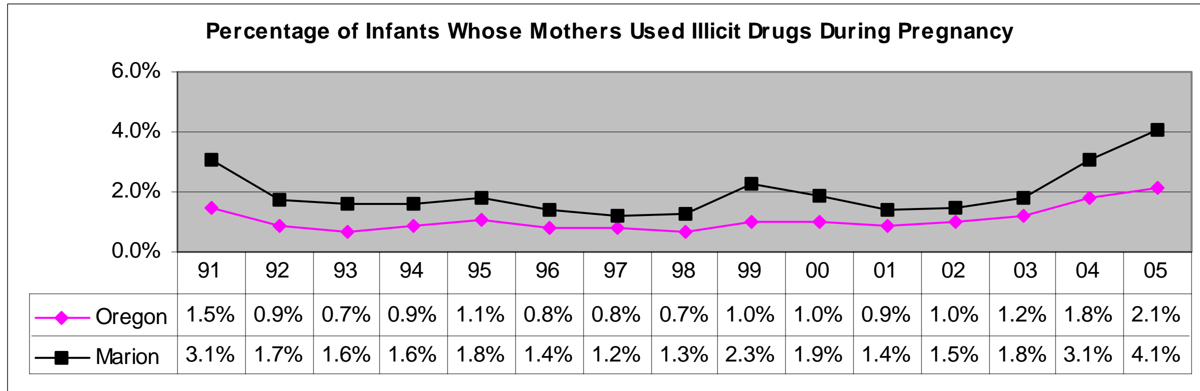


	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05
Oregon	21.0%	20.0%	19.0%	18.0%	18.0%	18.0%	16.0%	15.2%	14.5%	13.5%	12.8%	12.6%	12.0%	12.6%	12.4%
Marion	19.0%	20.0%	17.0%	18.0%	18.0%	16.0%	15.0%	13.6%	14.1%	11.5%	12.0%	12.1%	10.9%	10.8%	10.6%

Source: Oregon Department of Human Services, Center for Health Statistics
In 1997, Measure 44 was passed and implementation of a comprehensive Tobacco Prevention Program began. The increased taxes funded several programs targeted at pregnant mothers to prevent/reduce tobacco use during pregnancy. Marion County's rate shows a continual decline paralleling the state's rate.

Reduce Illicit Drug Use During Pregnancy

Reduce illicit drug use during pregnancy, as measured by the percentage of infants whose mothers used illicit drugs during pregnancy. *(Oregon Progress Board benchmark #53)*



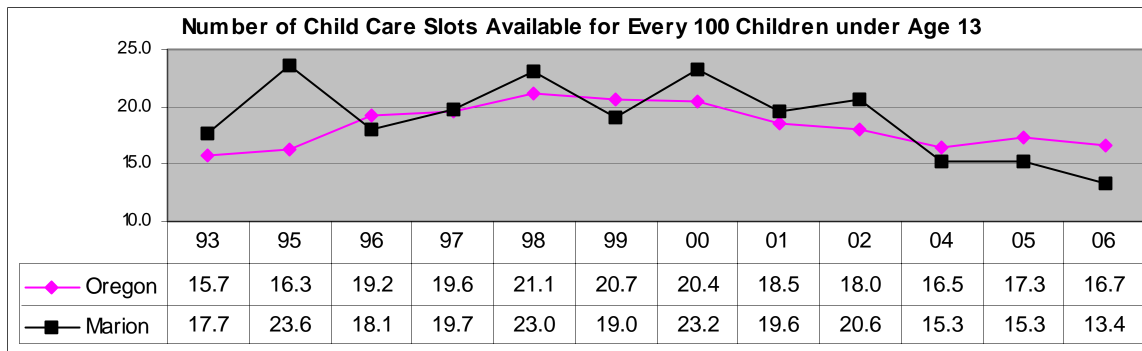
	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05
Oregon	1.5%	0.9%	0.7%	0.9%	1.1%	0.8%	0.8%	0.7%	1.0%	1.0%	0.9%	1.0%	1.2%	1.8%	2.1%
Marion	3.1%	1.7%	1.6%	1.6%	1.8%	1.4%	1.2%	1.3%	2.3%	1.9%	1.4%	1.5%	1.8%	3.1%	4.1%

Source: Oregon Department of Human Services, Center for Health Statistics

From 2000 to 2005 pregnant mothers using illicit drugs in Marion County continued to increase more than doubling in percentage rate. Marion County's rate is almost two times (195%) the State rate for 2005.

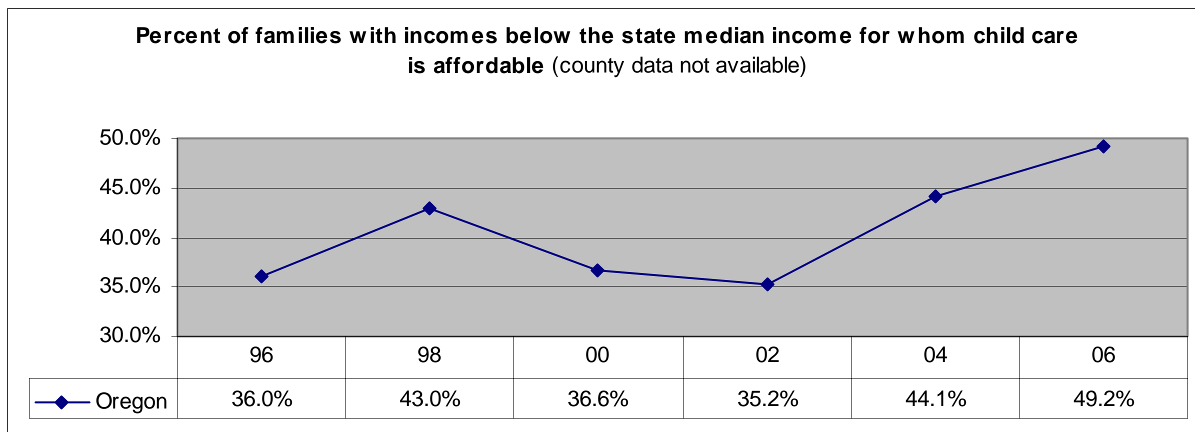
Increase Child Care Availability

Increase child care availability, as measured by the number of child care slots for every 100 children under age 13. *(Oregon Progress Board benchmark #48)*



	93	95	96	97	98	99	00	01	02	04	05	06
Oregon	15.7	16.3	19.2	19.6	21.1	20.7	20.4	18.5	18.0	16.5	17.3	16.7
Marion	17.7	23.6	18.1	19.7	23.0	19.0	23.2	19.6	20.6	15.3	15.3	13.4

Source: Oregon Progress Board

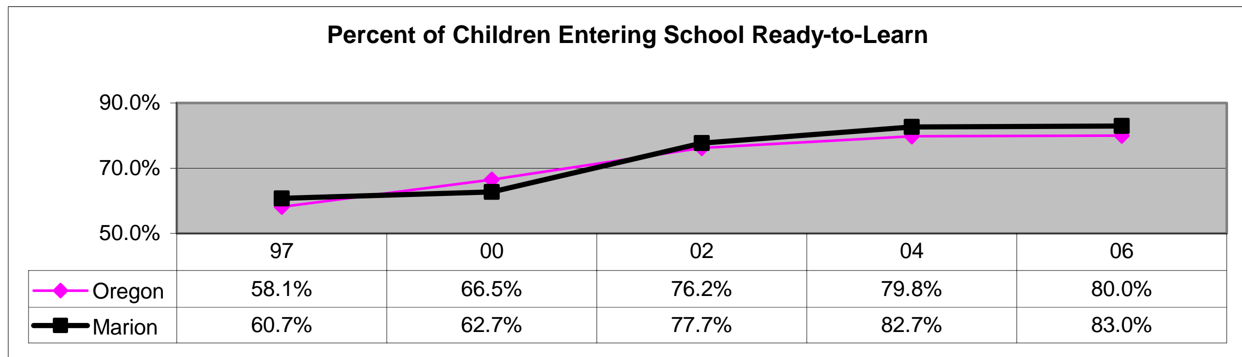


	96	98	00	02	04	06
Oregon	36.0%	43.0%	36.6%	35.2%	44.1%	49.2%

Source: Oregon Progress Board

Improve Readiness to Learn

Improve readiness to learn as measured by the percentage of children entering school ready to learn. *(Oregon Progress Board benchmark #18)*



	97	00	02	04	06
Oregon	58.1%	66.5%	76.2%	79.8%	80.0%
Marion	60.7%	62.7%	77.7%	82.7%	83.0%

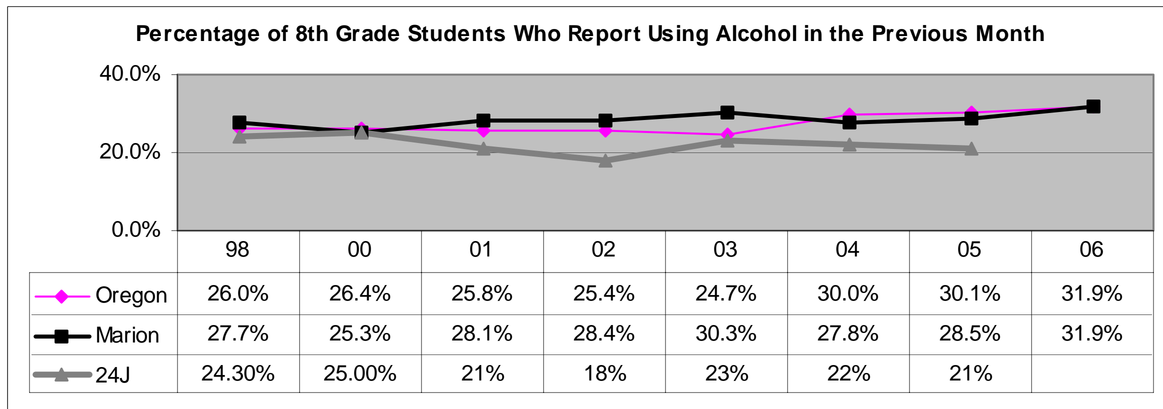
Source: Oregon Progress Board

Marion County's percentage of children "Ready to Learn" improved by 137% from 1997 to 2006. Marion County ranked 16th amongst other Oregon counties. Marion County's 3-year average is 82.8% for 2002, 2004, and 2006.

This data is collected by Oregon Department of Education from local school districts. The Oregon Progress Board has compiled these percentages for each county.

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. *(Oregon Progress Board benchmark #50)*



	98	00	01	02	03	04	05	06
Oregon	26.0%	26.4%	25.8%	25.4%	24.7%	30.0%	30.1%	31.9%
Marion	27.7%	25.3%	28.1%	28.4%	30.3%	27.8%	28.5%	31.9%
24J	24.30%	25.00%	21%	18%	23%	22%	21%	

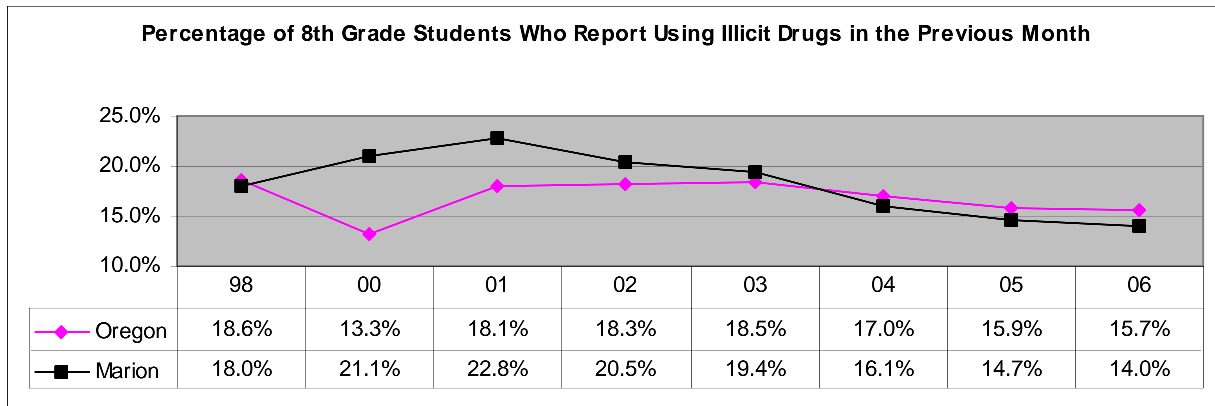
Source: Oregon Progress Board, Oregon Healthy Teens Survey

Marion County data does not include students from the Salem-Keizer School District 24J.

Rural Marion County 8th graders report drinking alcohol at a slightly higher rate than Salem-Keizer students. Marion County's 2005 Oregon Healthy Teens survey results state that 43.2% of rural 8th graders have never drank alcohol. In addition, of those 8th graders who drank in the past month, 87% do not "binge drink (more than five alcohol drinks in one event)". Only 6.2% reported one day/event where they "binge drank".

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. *(Oregon Progress Board benchmark #50)*



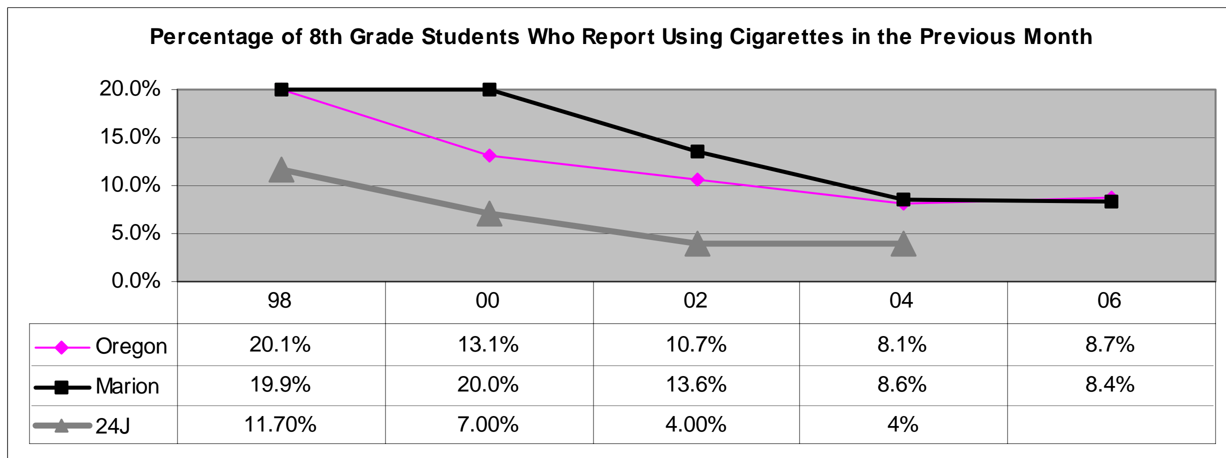
Source: Oregon Progress Board, Oregon Healthy Teens Survey
Marion County data does not include Salem-Keizer School District 24J.

Illicit drug use includes marijuana, inhalants, prescription drugs, stimulants, cocaine, heroine, ecstasy, and/or LSD. Illicit drug use data is not available for Salem-Keizer School District. According to the Oregon Healthy Teens survey for 2005, in Marion County gender plays no difference in reported monthly illicit drug use amongst 8th graders.

Methamphetamine use amongst Marion County 8th graders is measured separately with 1% of students reporting use in the past 30 months and 98.2% reporting NEVER having used meth. Marijuana use rates are much higher, with 9% of Salem-Keizer and Rural Marion County 8th graders reporting use in the past month.

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. *(Oregon Progress Board benchmark #50)*



Source: Oregon Progress Board, Oregon Healthy Teens Survey
Marion County data does not include Salem-Keizer School District 24J.

Rural Marion County 8th grade students report smoking cigarettes during the past month at a slightly higher rate than Salem-Keizer students. Oregon Healthy Teens survey for 2005 states in Marion County 79.8% of 8th graders "NEVER smoked" and the age of on-set for experimentation with cigarettes is 13 years old (3.5%).

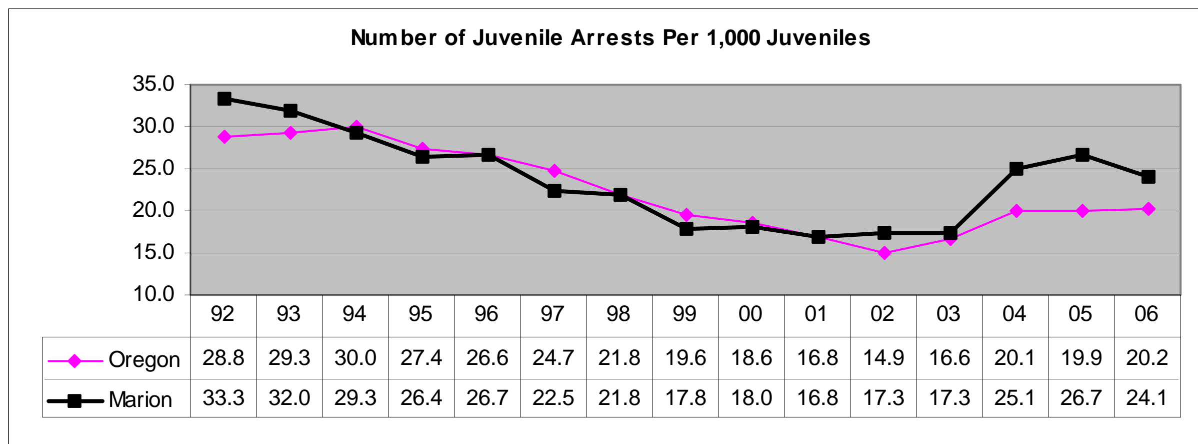
The age at which youth first smoked a whole cigarette is a critical point for prevention. Marion County's 2005 survey results show two primary ages of experimentation (onset of use) with cigarettes. They are 1)

13 years old (5.3%) and 2.) 12 years old (3.5%). This is an improvement over the age of onset with regard to alcohol.

This provides key insight into future potential substance abuse prevention efforts focusing on delaying the age of onset and preventing tobacco use all together. It takes a greater community effort addressing community norms, policies, and parenting practices to impact this High Level Outcome area.

Decrease Juvenile Arrests

Decrease juvenile arrests, as measured by the number of juvenile arrests per 1,000 juveniles in Oregon. *(Oregon Progress Board benchmark #63)*



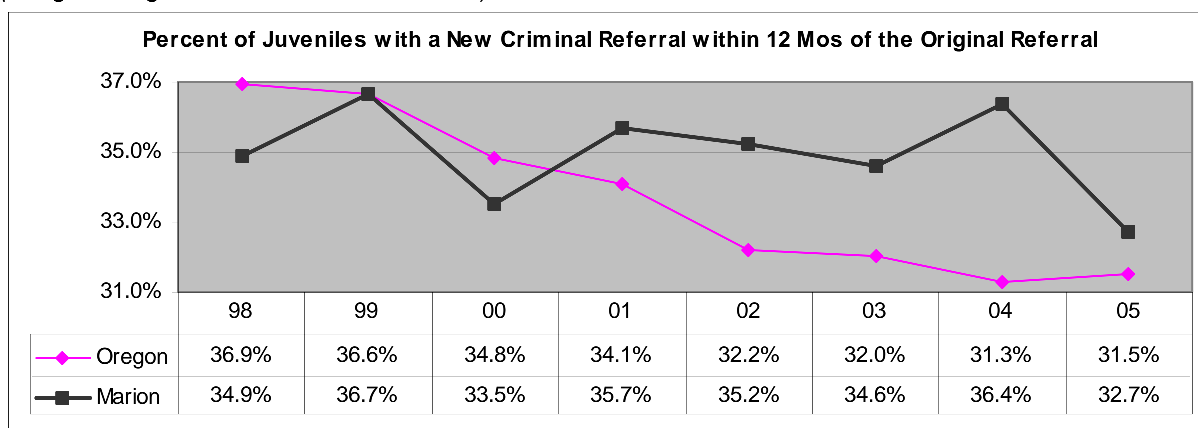
	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06
Oregon	28.8	29.3	30.0	27.4	26.6	24.7	21.8	19.6	18.6	16.8	14.9	16.6	20.1	19.9	20.2
Marion	33.3	32.0	29.3	26.4	26.7	22.5	21.8	17.8	18.0	16.8	17.3	17.3	25.1	26.7	24.1

Source: Oregon Progress Board, Marion County Juvenile Department

The number of juveniles arrested in 2006 is 43% higher than in 2001. Marion County's arrest rate has been significantly higher than Oregon's rate since 2004. Marion County's juvenile arrest rate ranks 15th out of Oregon's 36 counties.

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)



	98	99	00	01	02	03	04	05
Oregon	36.9%	36.6%	34.8%	34.1%	32.2%	32.0%	31.3%	31.5%
Marion	34.9%	36.7%	33.5%	35.7%	35.2%	34.6%	36.4%	32.7%

Source: Juvenile Justice Information System, Data & Evaluation Reports: "Juvenile Recidivism by County (2003, 2004, & 2005)" and "Oregon's Statewide Report on Juvenile Recidivism 1998 through 2002"

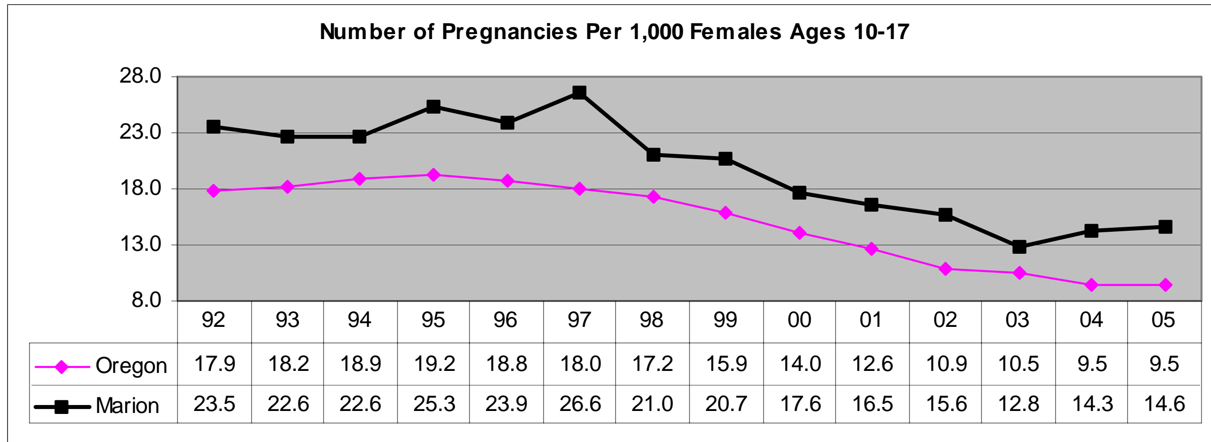
Marion County's recidivism rate declined by 3% from 2001 to 2005.

The chronic recidivism rates for Marion County were 6.9% (04) and 6.4%(05). These rates paralleled the State with 6.3% (04) and 6.2% (05). Chronic recidivism is having 3 or more subsequent referrals within a 12 month calendar year.

The Juvenile Justice Information System, Data & Evaluation Reports measures recidivism as a way of gauging community safety.

Reduce Teen Pregnancy

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



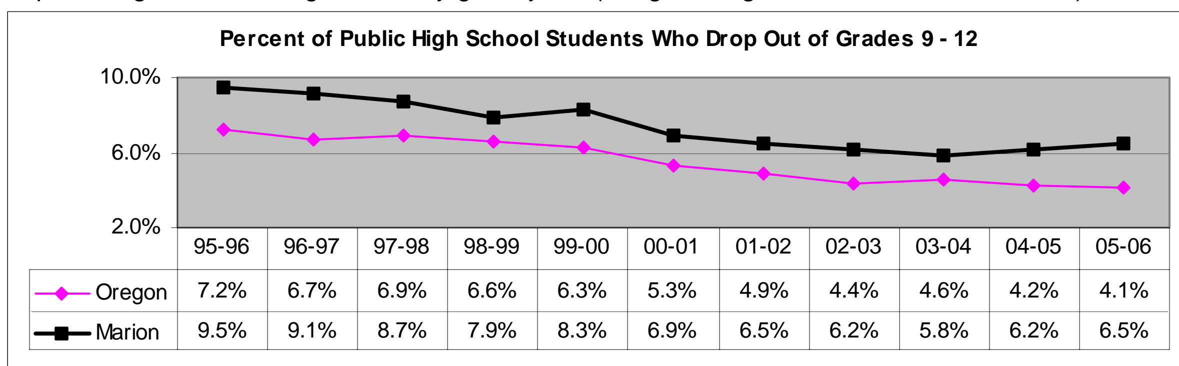
	92	93	94	95	96	97	98	99	00	01	02	03	04	05
Oregon	17.9	18.2	18.9	19.2	18.8	18.0	17.2	15.9	14.0	12.6	10.9	10.5	9.5	9.5
Marion	23.5	22.6	22.6	25.3	23.9	26.6	21.0	20.7	17.6	16.5	15.6	12.8	14.3	14.6

Source: Oregon Progress Board

In 2005, Marion County's teen pregnancy rate is 14% higher than it was in 2003, but is still 17% lower than it was in 2000. Marion County's rate is consistently higher than the rest of the state ranking 31 out of 36 counties.

Reduce High School Dropout Rate

Reduce 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. *(Oregon Progress Board benchmark #22)*



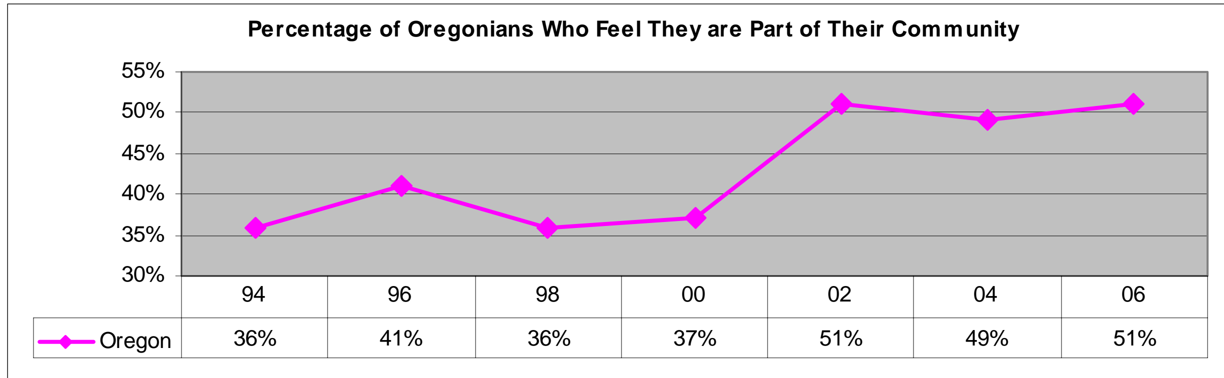
	95-96	96-97	97-98	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Oregon	7.2%	6.7%	6.9%	6.6%	6.3%	5.3%	4.9%	4.4%	4.6%	4.2%	4.1%
Marion	9.5%	9.1%	8.7%	7.9%	8.3%	6.9%	6.5%	6.2%	5.8%	6.2%	6.5%

Source: Oregon Progress Board, Oregon State Dept. Of Education

In the Progress Board's 2007 county data rankings, Marion County ranks 33rd among Oregon's 36 counties.

Increase Community Engagement

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

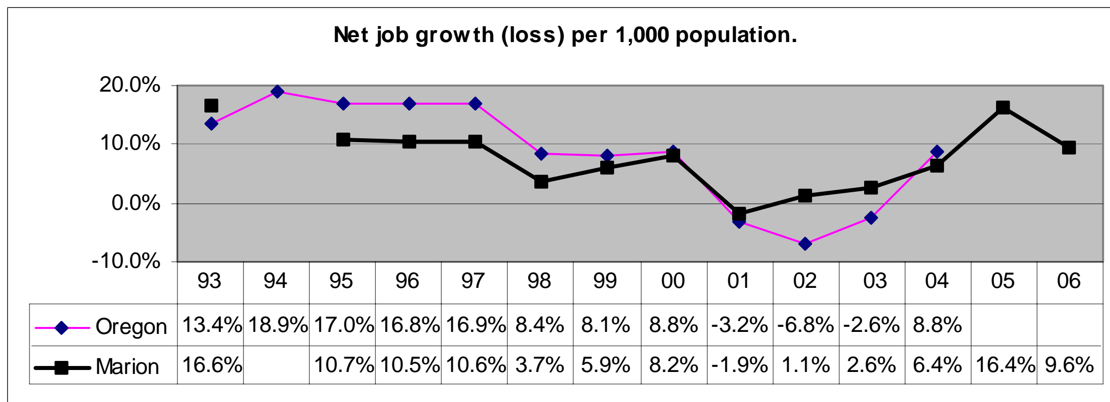


Source: Oregon Progress Board

The Oregon Progress Board defines community engagement as one being attached and "linked to many positive outcomes including child welfare, neighborhood quality and personal well being." Both the 2004 and 2006 data show Oregon well above the 2005 target of 45% and well on the way to meeting the 2010 target of 60%. County level data is not available.

Increase Job Growth

Increase net job growth (loss) per 1,000 population. *(Oregon Progress Board benchmark #4)*

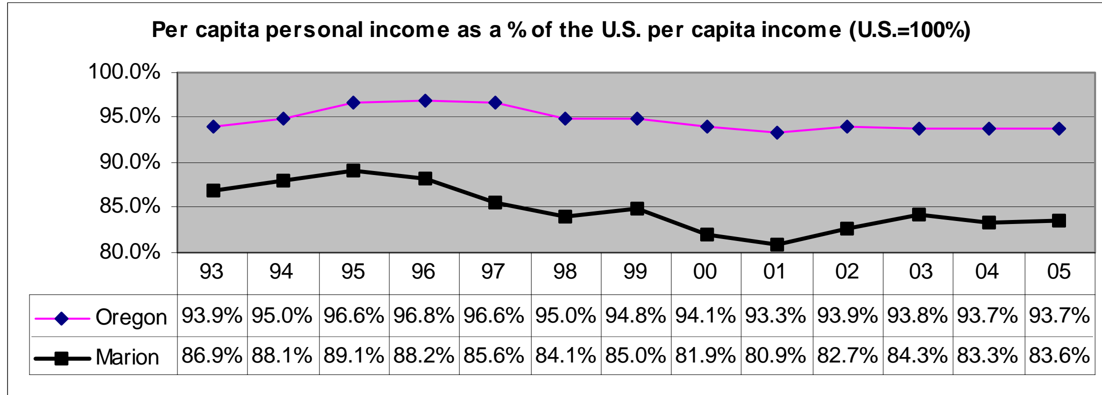


Source: Oregon Progress Board

Marion County ranked 15th amongst Oregon's 36 counties.

Increase Per Capita Personal Income

Per capita personal income as a percent of the U.S. per capita income (U.S.=100%).
(Oregon Progress Board benchmark #11)



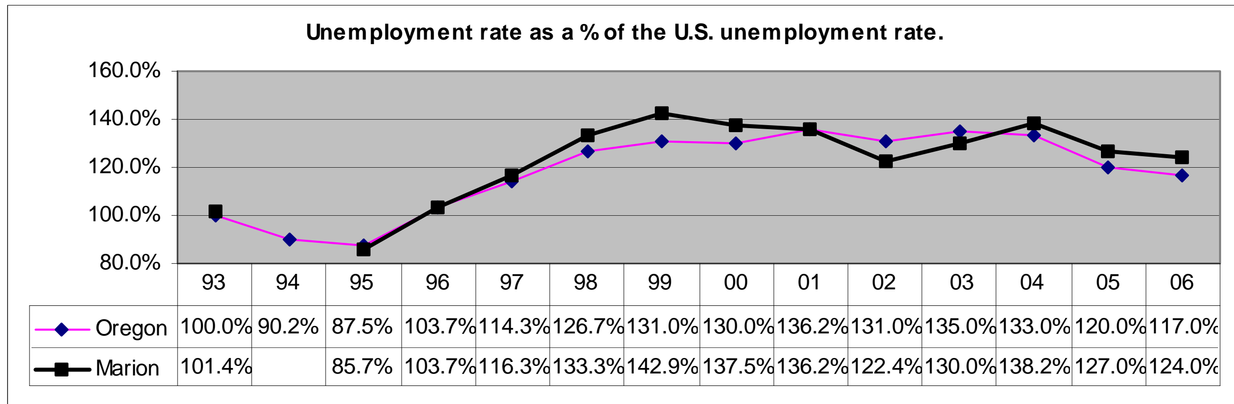
	93	94	95	96	97	98	99	00	01	02	03	04	05
Oregon	93.9%	95.0%	96.6%	96.8%	96.6%	95.0%	94.8%	94.1%	93.3%	93.9%	93.8%	93.7%	93.7%
Marion	86.9%	88.1%	89.1%	88.2%	85.6%	84.1%	85.0%	81.9%	80.9%	82.7%	84.3%	83.3%	83.6%

Source: Oregon Progress Board

In 2005 Marion County ranked 11th amongst Oregon's 36 counties.

Reduce Unemployment

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



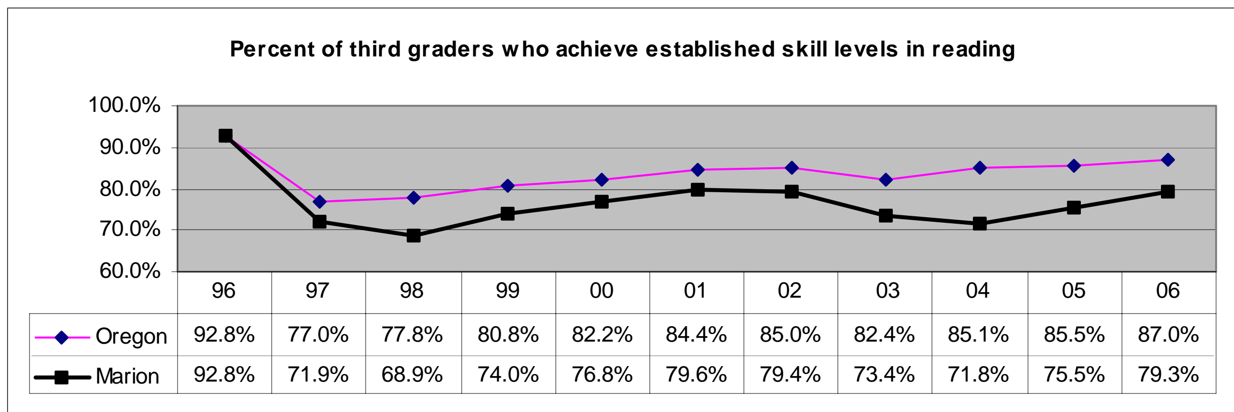
	93	94	95	96	97	98	99	00	01	02	03	04	05	06
Oregon	100.0%	90.2%	87.5%	103.7%	114.3%	126.7%	131.0%	130.0%	136.2%	131.0%	135.0%	133.0%	120.0%	117.0%
Marion	101.4%		85.7%	103.7%	116.3%	133.3%	142.9%	137.5%	136.2%	122.4%	130.0%	138.2%	127.0%	124.0%

Source: Oregon Progress Board

In 2006 Marion County ranked 15th amongst Oregon's 36 counties.

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)*



	96	97	98	99	00	01	02	03	04	05	06
Oregon	92.8%	77.0%	77.8%	80.8%	82.2%	84.4%	85.0%	82.4%	85.1%	85.5%	87.0%
Marion	92.8%	71.9%	68.9%	74.0%	76.8%	79.6%	79.4%	73.4%	71.8%	75.5%	79.3%

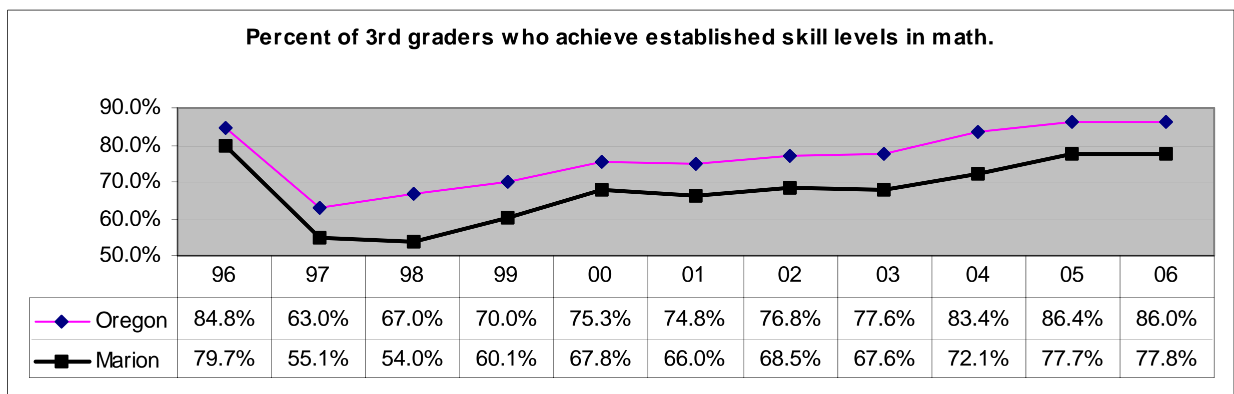
Source: Oregon Progress Board

In 2005 Marion County ranked 36th amongst Oregon's 36 counties.

Notes about changes in data series: Performance standards from 1996 were adopted by the Oregon State Board of Education in 1997, therefore making earlier data not comparable. In 2003 the No Child Left Behind Act required all English Language Learners (ELL) and Special Education students taking alternate or modified assessments be included in the overall scores, making the data not comparable to earlier years.

Improve 3rd Grade Math

Improve 3rd grade math as measured by the percent of third graders who achieve established skill levels in math.
(Oregon Progress Board benchmark #19b)



	96	97	98	99	00	01	02	03	04	05	06
Oregon	84.8%	63.0%	67.0%	70.0%	75.3%	74.8%	76.8%	77.6%	83.4%	86.4%	86.0%
Marion	79.7%	55.1%	54.0%	60.1%	67.8%	66.0%	68.5%	67.6%	72.1%	77.7%	77.8%

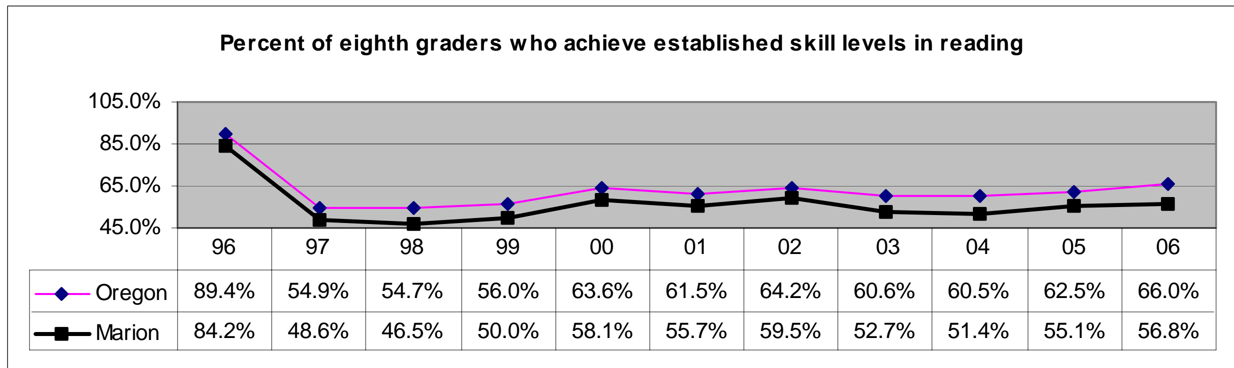
Source: Oregon Progress Board

In 2005 Marion County ranked 33rd amongst Oregon's 36 counties.

Notes about data series: Performance standards from 1996 were adopted by the Oregon State Board of Education in 1997, therefore making earlier data not comparable. In 2003 the No Child Left Behind Act required all English Language Learners (ELL's) and Special Education students taking alternate or modified assessments be included in the overall scores, making the data not comparable to earlier years.

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)*



	96	97	98	99	00	01	02	03	04	05	06
Oregon	89.4%	54.9%	54.7%	56.0%	63.6%	61.5%	64.2%	60.6%	60.5%	62.5%	66.0%
Marion	84.2%	48.6%	46.5%	50.0%	58.1%	55.7%	59.5%	52.7%	51.4%	55.1%	56.8%

Source: Oregon Progress Board
In 2005 Marion County ranked 33rd amongst Oregon's 36 counties.

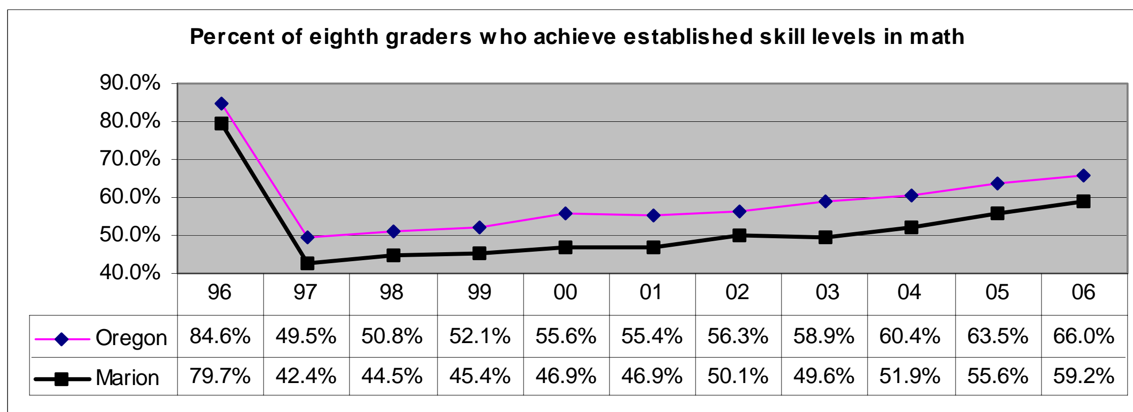
Notes about changes in data series:

Performance standards from 1996 were adopted by the Oregon State Board of Education in 1997, therefore making earlier data not comparable.

In 2003 the No Child Left Behind Act required all English Language Learners (ELL's) and Special Education students taking alternate or modified assessments be included in the overall scores, making the data not comparable to earlier years.

Improve 8th Grade Math

Improve 8th Grade Math as measured by the percent of eighth graders who achieve established skill in math. *(Oregon Progress Board benchmark #20b)*



	96	97	98	99	00	01	02	03	04	05	06
Oregon	84.6%	49.5%	50.8%	52.1%	55.6%	55.4%	56.3%	58.9%	60.4%	63.5%	66.0%
Marion	79.7%	42.4%	44.5%	45.4%	46.9%	46.9%	50.1%	49.6%	51.9%	55.6%	59.2%

Source: Oregon Progress Board

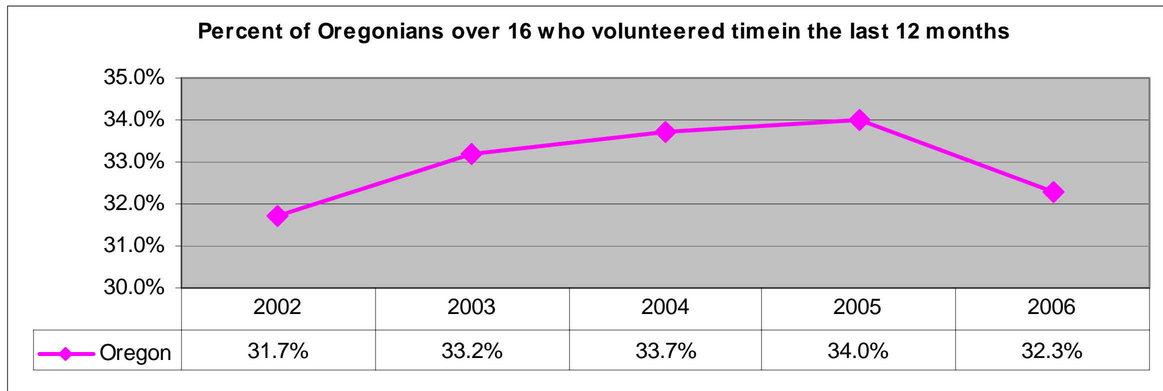
In 2005 Marion County ranked 31st amongst Oregon's 36 counties.

Notes about changes in data series: Performance standards from 1996 were adopted by the Oregon State Board of Education in 1997, therefore making earlier data not comparable.

In 2003 the No Child Left Behind Act required all English Language Learners (ELL's) and Special Education students taking alternate or modified assessments be included in the overall scores, making the data not comparable to earlier years.

Increase Volunteerism

Increase volunteerism, as measured by the percentage of Oregonians over 16 who volunteer time to civic, community or nonprofit activities in the last 12 months. *(Oregon Progress Board benchmark #30)*

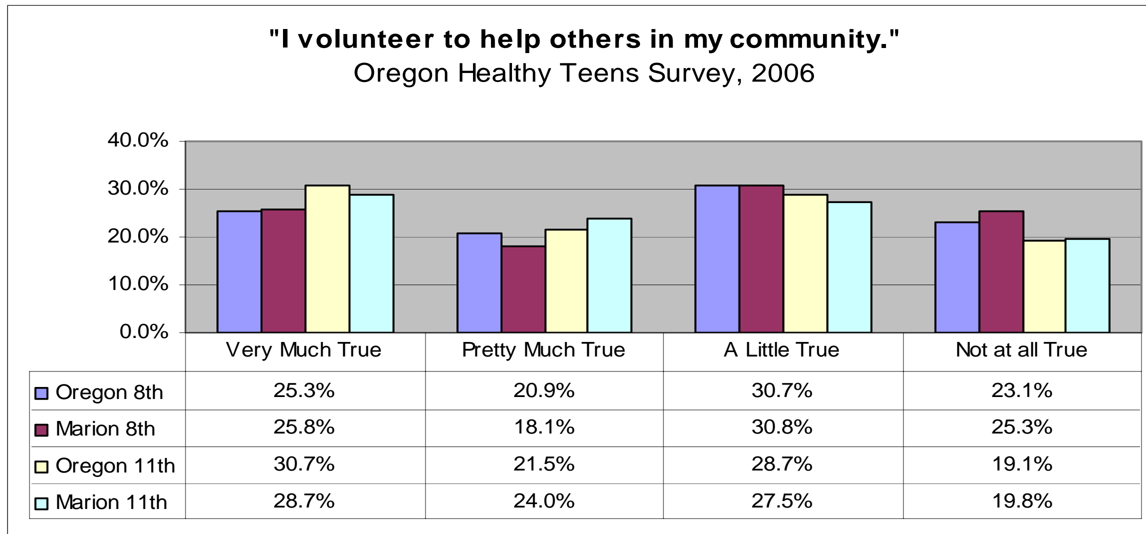


	2002	2003	2004	2005	2006
Oregon	31.7%	33.2%	33.7%	34.0%	32.3%

Source: Oregon Progress Board

In Marion County there is renewed energy and resources being put forth into increasing volunteerism with the development and launch of a Volunteer and Mentor Center in October 2007. This will provide new baseline data, as well as an opportunity to measure local volunteer efforts.

Below are responses from Marion County 8th and 11th graders from the Oregon Healthy Teens Survey in 2006. The 8th grade question was added on in 2006. These percentages do not include Salem-Keizer School District students. They are representative of Marion County rural school district survey participants.

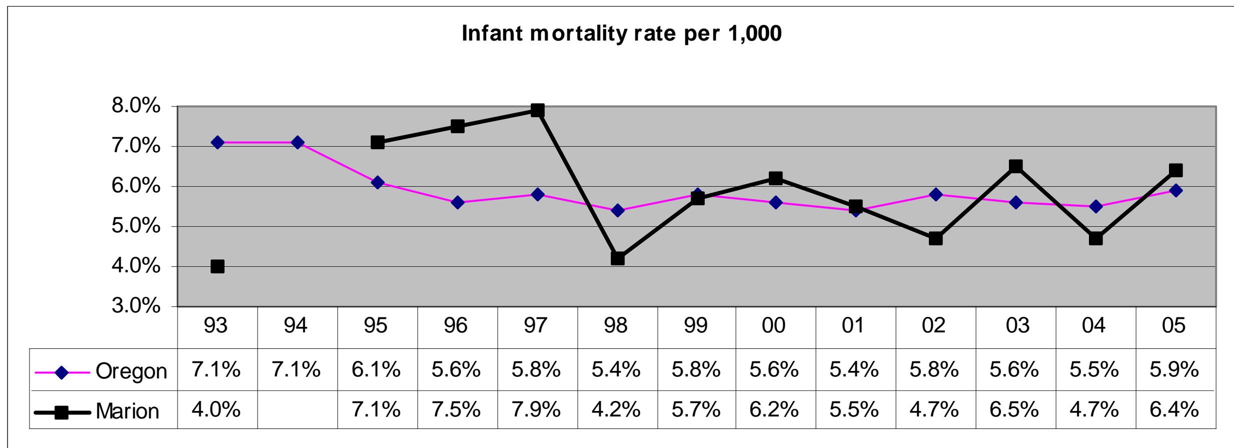


	Very Much True	Pretty Much True	A Little True	Not at all True
Oregon 8th	25.3%	20.9%	30.7%	23.1%
Marion 8th	25.8%	18.1%	30.8%	25.3%
Oregon 11th	30.7%	21.5%	28.7%	19.1%
Marion 11th	28.7%	24.0%	27.5%	19.8%

Source: Oregon Healthy Teens Survey, 2006

Reduce Infant Mortality

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



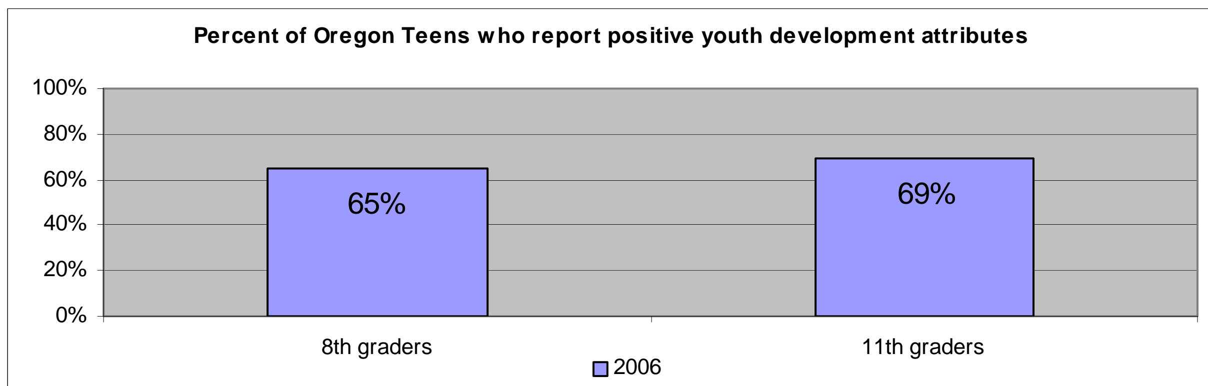
	93	94	95	96	97	98	99	00	01	02	03	04	05
Oregon	7.1%	7.1%	6.1%	5.6%	5.8%	5.4%	5.8%	5.6%	5.4%	5.8%	5.6%	5.5%	5.9%
Marion	4.0%		7.1%	7.5%	7.9%	4.2%	5.7%	6.2%	5.5%	4.7%	6.5%	4.7%	6.4%

Source: Oregon Progress Board

Marion County ranks 19th among Oregon's 36 counties, a slight improvement from the 2005 when Marion County was ranked 13th.

Increase Positive Youth Development

Positive Youth Development as measured by the percent of Oregon Teens who report positive youth development attributes *(Oregon Progress Board benchmark #49)*



Data Source: Oregon Health Teens Survey.

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 and mental health and
- Physical health.

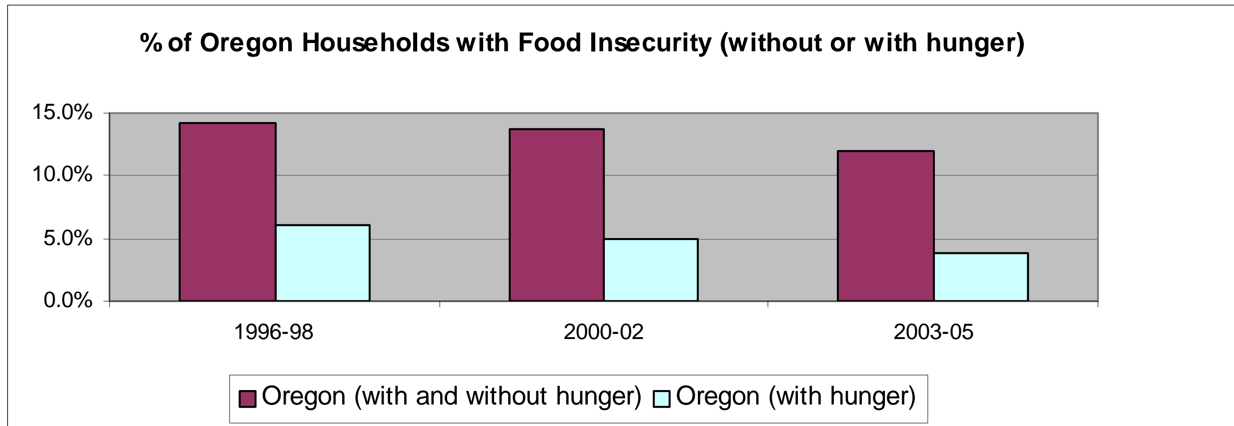
The social connectedness component reflects whether

- There is a caring adult in the individual's life in the school setting and
- The individual volunteers in some way to the community.

Targets: The Progress Board will set targets based on expert input when adequate baseline data are available.

Increase Food Security

Food 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)*



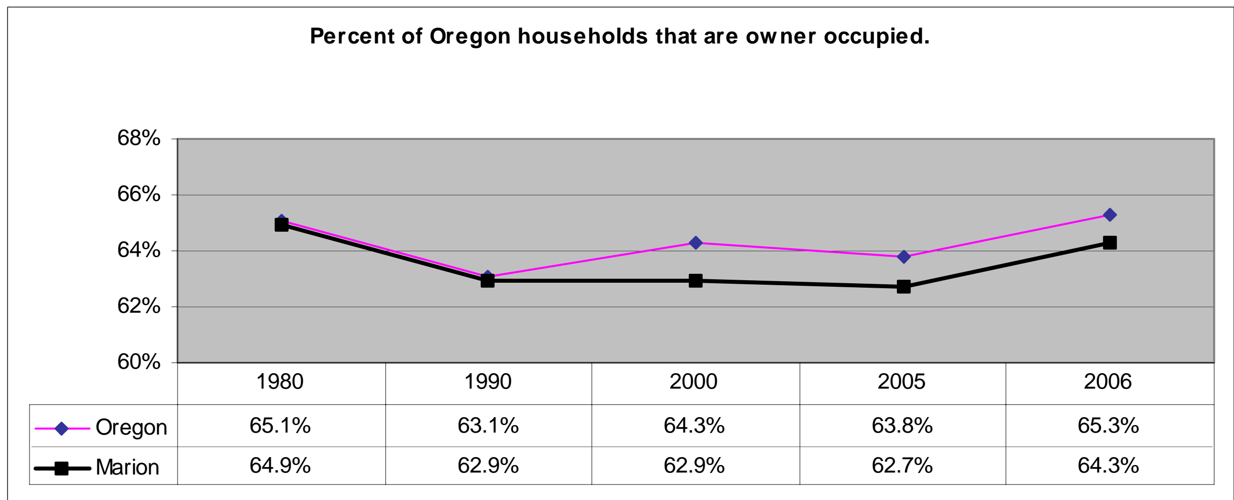
Source: Economic Research Service/USDA, Household Food Security in US, 2005

Oregon is one of four states with prevalence rates for food insecurity, which declined from 2000 to 2005. Although one person in every 25 households remains hungry (Oregon Progress Board, 2005 Benchmark Report). However, concerning households with children 2.5% are food insecure after taking into account household and State-level characteristics. "In Oregon, State-level factors (economic characteristics, policies, and programs) accounted for most of the State's above-average prevalence of food insecurity, while household-level characteristics played no measurable role." (What factors account for state-to-state differences in food security, Bartfield, Dunifon, Nerd, Carlson, 11/2006)

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)

Increase Home Ownership

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



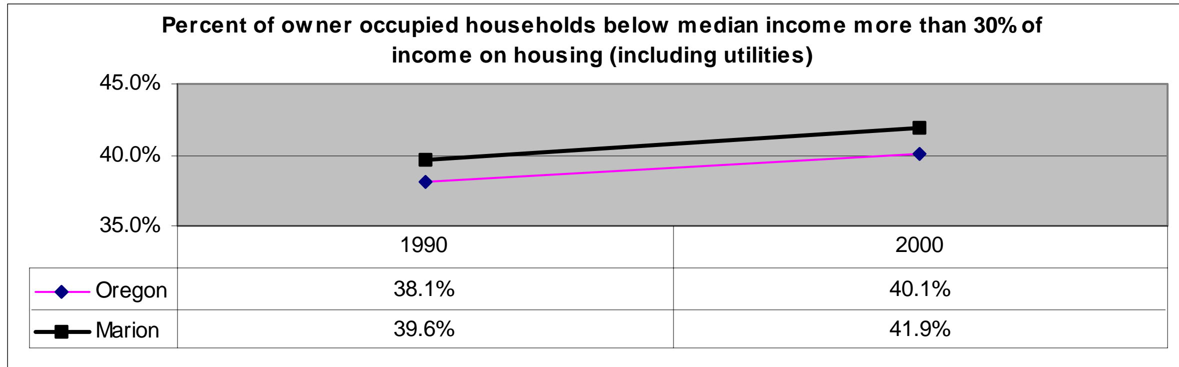
	1980	1990	2000	2005	2006
Oregon	65.1%	63.1%	64.3%	63.8%	65.3%
Marion	64.9%	62.9%	62.9%	62.7%	64.3%

Source: Oregon Progress Board

In 2005 and 2007 Marion County ranked 32nd amongst Oregon counties.

Increase Affordable Housing

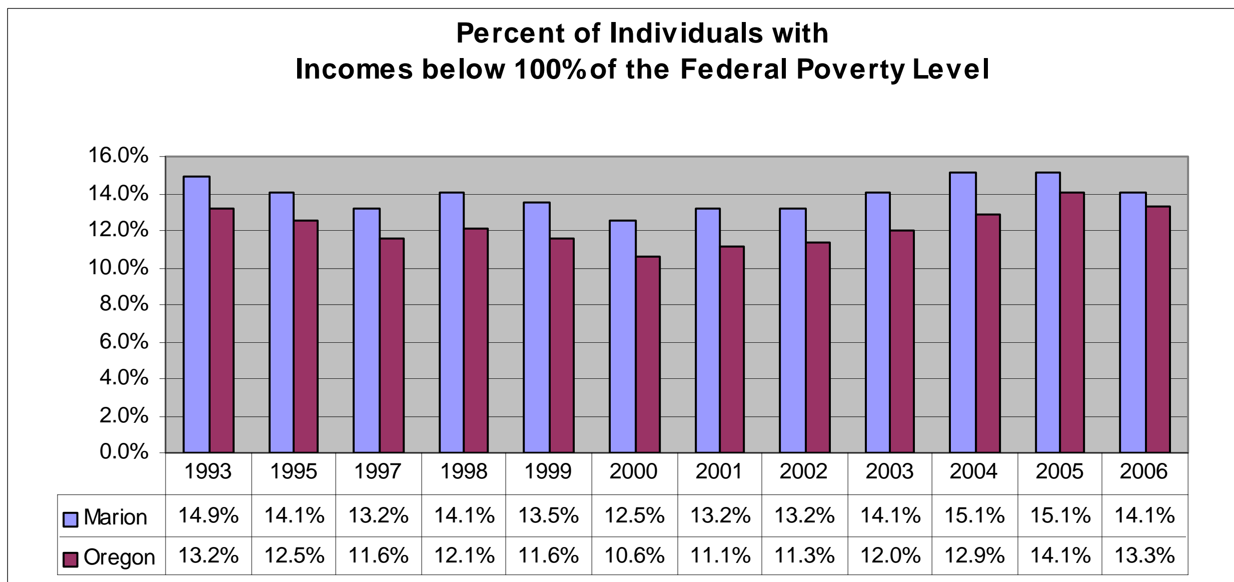
Affordable Housing as measured by the percent of owner occupied households below median income more than 30% of income on housing (including utilities). *(Oregon Progress Board benchmark #74)*



Source: Oregon Progress Board
Marion County ranked 31st amongst Oregon's 36 counties.

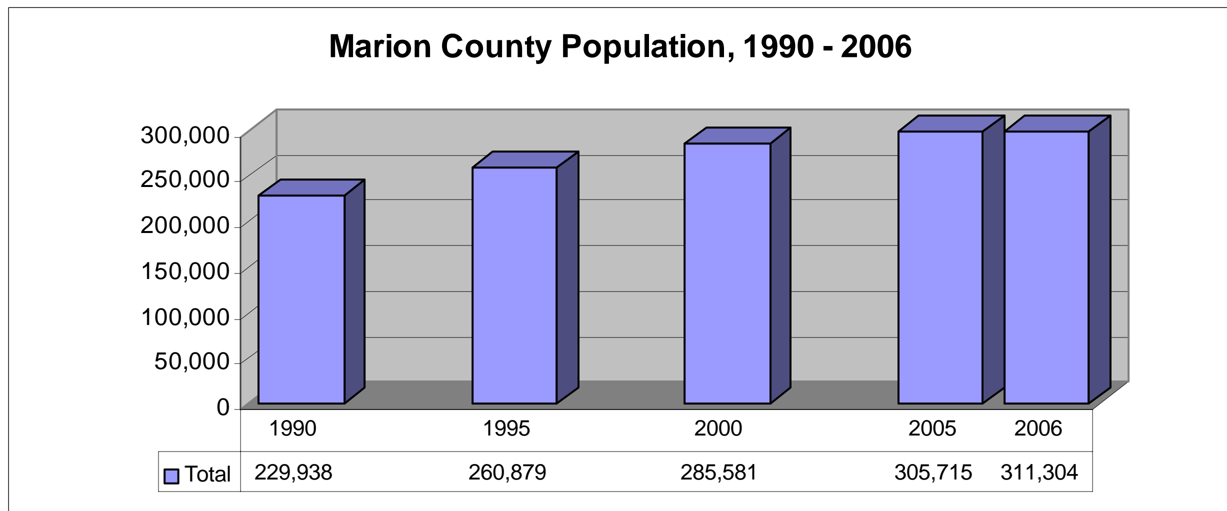
Decrease Poverty

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

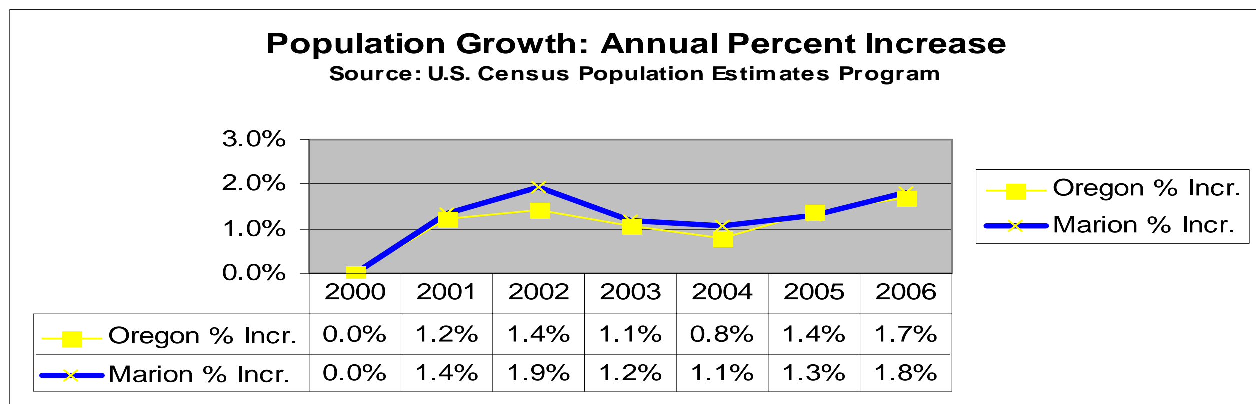


Date Source: US Census Bureau, Small Area Income & Poverty Estimate (SAIPE) except 2005 & 2006 from American Community Survey

Marion County Demographics

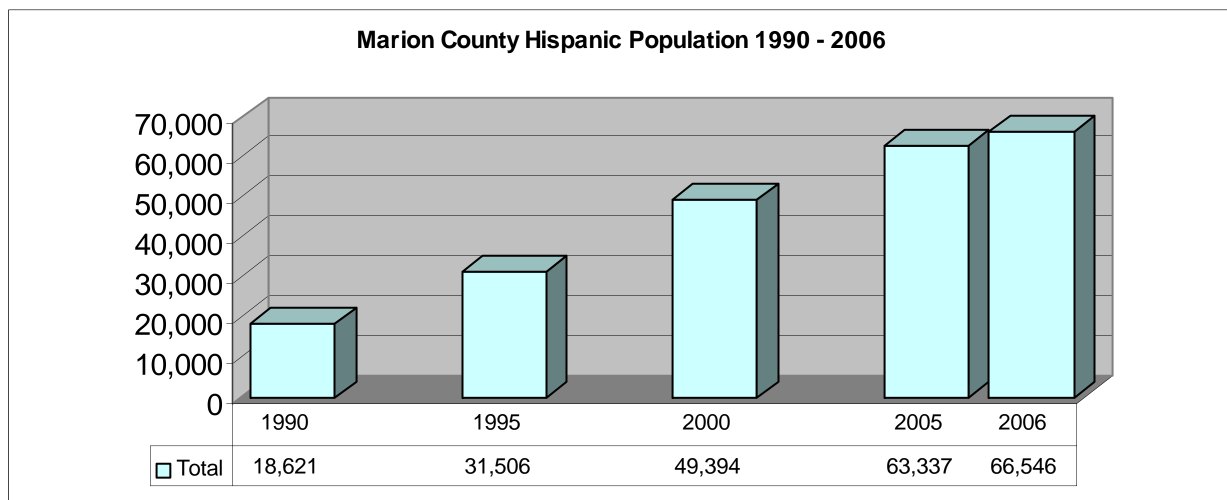


Puzzanchera, C., Finnegan, T. and Kang, W. (2007). "Easy Access to Juvenile Populations" Online. Available: http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/



	2000	2001	2002	2003	2004	2005	2006
Oregon % Incr.	0.0%	1.2%	1.4%	1.1%	0.8%	1.4%	1.7%
Marion % Incr.	0.0%	1.4%	1.9%	1.2%	1.1%	1.3%	1.8%

Source: U.S. Census Population Estimates Program



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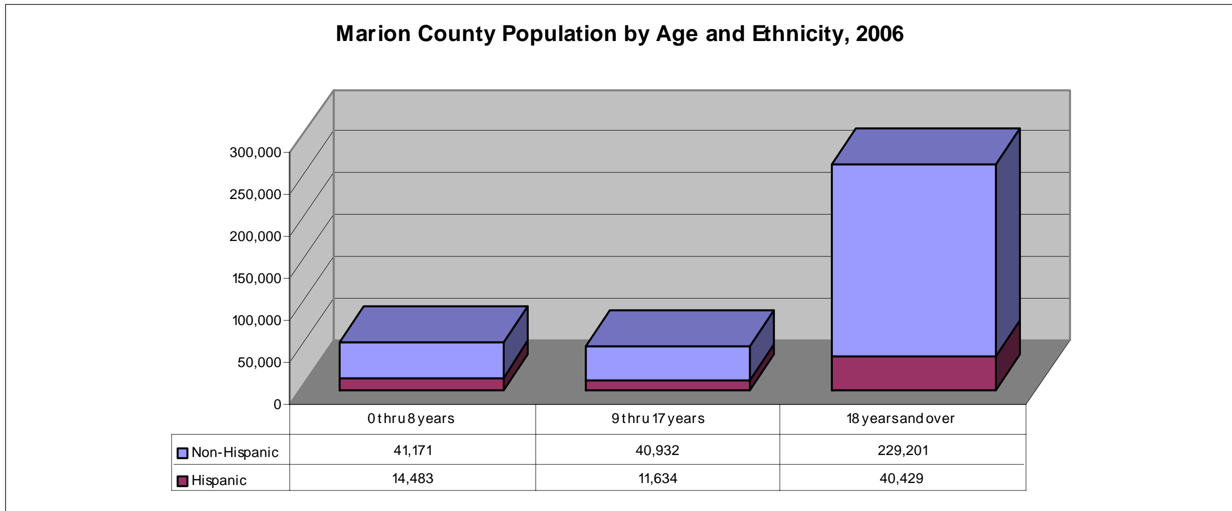

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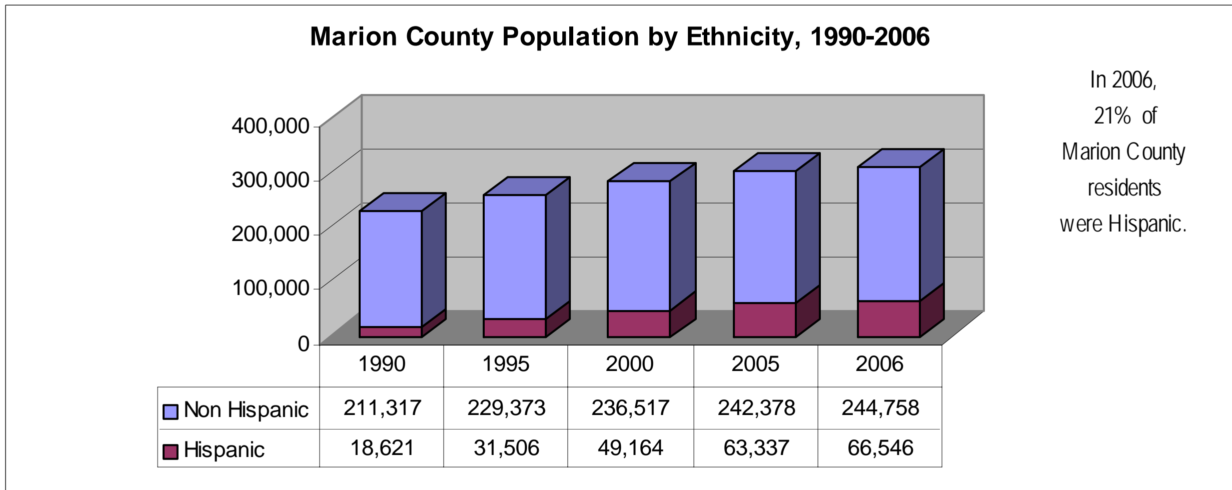

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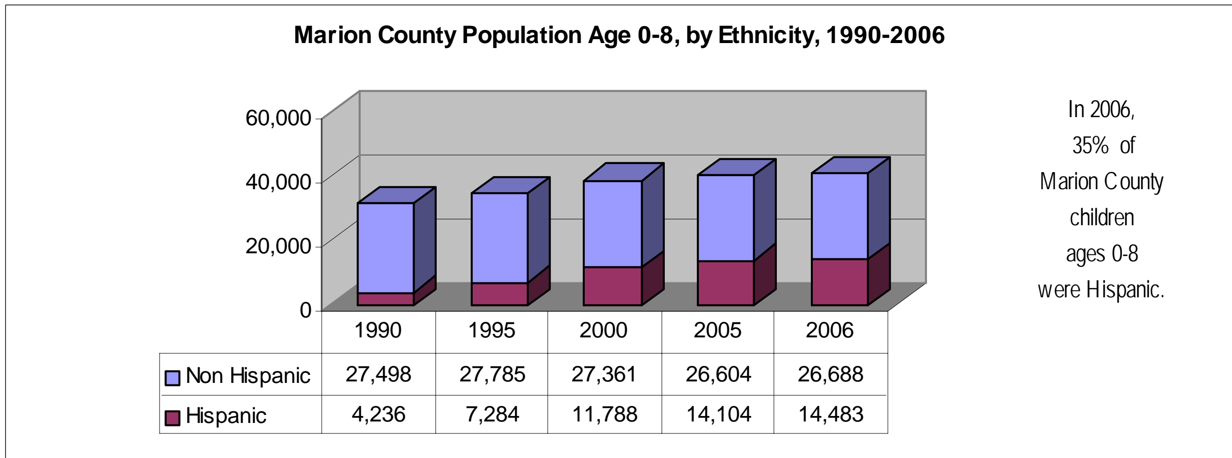

Puzzanchera, C., Finnegan, T. and Kang, W. (2007). "Easy Access to Juvenile Populations" Online. Available: http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/

Appendix B: Connections to Targeted Planning

Key stakeholders have coordinated to identify and gather the relevant local plans and information sources discussed with the intent of identifying current or recently completed information, which address the issues of interconnectivity between the partners and services provided in Marion County. In the Data Analysis section we have provided data, charts and narrative from the state and our community that supports both our Community Issues and our Focus Areas and to some extent, our Gaps and Barriers. Following the data we provide our descriptive statements about the issues in our community.

Numerous existing plans, guidelines, and strategies have covered issues related to children and family planning in Marion County. The intent of making connections through this document is only to build on existing work. These plans have addressed gaps, needs, existing resources and solutions. All of these plans represent important efforts, provide valuable insight and background, and have influenced the development of this plan. For further information on each plan, please consult the reviewed document in its entirety.

In the Connecting Other Planning Efforts, each information source has been reviewed for relevance to the overall connectivity effort. Each of the relevant planning efforts that have been identified as part of this effort are documented and summarized. Many of the past and ongoing planning efforts are not directly related to this project, as connectivity was not the primary objective of these efforts. While certain plans do address links to others resources and service provisions a full integration of systems has not been completed. Additionally, this process, in some cases, has highlighted opportunities for existing plans to be expanded to take more comprehensive approaches to achieve their goals.

Health Plans: Mental Health, Substance Abuse Prevention, and Substance Abuse Treatment for Adolescents and Adults

The Marion County Health Department provided key information regarding the plans for Mental Health Services, Substance Abuse Prevention and Substance Abuse Treatment for Adolescents and Adults. In each case the strategic approach, strategy and strategy description are the same.

Strategic Approach: Community Mobilization

Strategy for Implementing the Strategic Approach of Community Mobilization: Other: Resource development, promotion & awareness and developing advocacy.

Strategy Description for Community Mobilization:

To improve access to mental health, substance abuse prevention and treatment services for children and adults:

- Develop a public awareness campaign regarding the impacts of poverty on family health and access to health care.
- Conduct community wide efforts for charitable donations specifically to fund mental health and substance abuse services for indigent families. Via United Way, Faith based organizations and other appropriate agencies.
- Develop legislative advocacy to lobby for increased funding of indigent health care services and expansion of the Oregon Health Plan to cover uninsured families.

Early Childhood

Strategic Approach: Systems Change

Strategy to achieve Systems Change: Integrating services

Strategy Description for Service Delivery Improvement: The advisory committee, using the strategic approach of Systems Change, will integrate their strategies of Integrating Services through Great Beginnings, Marion County's early childhood initiative. We will work with two pediatrician offices to screen families through well-child visits using valid and reliable tools to indicate developmental, social and emotional developments (e.g., Ages and Stages Questionnaire [ASQ] and the ASQ – Social and Emotional) and a screen for maternal depression (e.g., Edinburgh Postnatal Depression Scale). The ASQ screen is currently used by early childhood service providers, including early intervention service providers. Clinics would be trained to administer the tools within a clinic setting and those positive-screening families would be referred to appropriate services. The screen would "Follow the family" to eliminate duplication of effort by the family and the service provider. The referral rate will be tracked by clinic coordinators and will meet regularly to discuss opportunities for systems change and improvements.

High Risk Juvenile Crime Prevention

Strategic Approach: Service Delivery Improvement

Strategy to achieve Service Delivery Improvement: Other, Improve family functioning and support through:

- Decrease risk factors and build assets
- Increase educational success
- Increase positive peer associations
- Increase healthy sober activities
- Decrease high-risk behavior and increase pro-social behavior and positive choices

Strategy Description for Service Delivery Improvement: Marion County provides a continuum of services and sanctions through the Juvenile Department to address youth alleged to have committed what would be a criminal act if the youth were an adult. Youth twelve through seventeen are referred by law enforcement and either diverted to community based programs, involved in Formal Accountability Agreements, or formally processed through the Juvenile Court, supervised on probation, and involved in juvenile department work programs, shelter care, counseling services, co-occurring mental health and substance abuse interventions, and/or drug court.

We serve a critical role in providing accountability, interventions, and skill development for youth and families to mitigate risk and increase public safety. Our focus is on both an immediate accountability intervention and long term internalized positive behavior change.

The Juvenile Department mission is:

To improve public safety by working with parents and the community to provide youth accountability and opportunities for positive change.

Marion County is invested in early childhood interventions to ensure that all infants and toddlers are appropriately developmentally supported and optimally equipped for success. Utilizing brain chemistry research, fostering attachment, and strengthening parents' ability to nurture, protect, and care for their children, the foundation is in place to start these kids off right.

Many children and families did not receive the benefit of these support services while growing up, and children have not yet committed crimes that would bring them under the jurisdiction of the Juvenile Department. The Family Support Program bridges this service delivery gap.

Research notes that age at first referral is one of the most reliable predictors of future delinquency. Intervening with younger youth to mitigate at risk behavior has proven significant societal and financial community benefits.

The Family Support Program consists of a team of Family Support Specialists, Mental Health Specialists, Learning Specialists, and an Education Advocate working in partnership with youth, families, educators, social service agencies and other community associates.

Upon referral, the family is assessed for strengths and challenges and a plan is developed to support the family system and address issues. The Family Support Specialists provide case management and referral/liaison to other needed services and ongoing assessment. The counselors provide an array of individual and family counseling including parenting support, parent and youth communication, understanding of childhood and adolescent development and processing of individual trauma issues that impact family system operation.

The Learning Specialist and Education Advocate test and assess youth visual perception, scotopic sensitivity and learning abilities, and provide remediation through Structure of Intellect brain building, vision building, comprehension, memory and evaluation to improve school success. This includes: school performance; regular attendance; educational workshops for youth, parents, and family; advocacy in school settings, transition planning and services; tutoring; and IEP initiation and/or review.

Target Population: Youth 8-13 years of age, with at least three risk factors. These youth are experiencing serious challenges and are at the highest risk for becoming involved in the criminal justice system.

Referral Source:

- School personnel identify youth in the classrooms that are exhibiting concerning behaviors.
- Law enforcement, either school resource officers or in the community, observe or are contacted regarding youth exhibiting high-risk behavior.
- Probation officers who identify concerns regarding younger siblings of youth under supervision, or the youth themselves if they are under 14.
- Intake officers who divert younger youth on a first referral if appropriate.
- Community families who call in seeking resources to address their child's behavior.

Families referred cope with life stresses that include:

- Poverty
- Single parenting
- Childhood trauma
- Domestic violence
- Unstable living situations
- Mental illness
- Neurological developmental problems
- Substance abuse (including methamphetamine)
- Parent incarceration

Services:

- Comprehensive youth and family evaluation
- Intensive, long-term, individualized youth and family support and advocacy
- Educational evaluation, skill development, and support
- Clinical therapy support for youth and family
- Skill building for youth and family to support parenting and improve family functioning
- Increase individual functional life skills and social skills
- Linkages to appropriate community support services
- Inter-agency coordination and collaboration to support youth and family success

Public Health

Strategic Approach: Community Mobilization

Strategy to achieve Community Mobilization: Other: Marion County Health Department (MCHD) will provide education and skills development for parents and technical assistance to schools and community groups for their A & D prevention activities

Strategy Description for Community Mobilization: The advisory committee, in concert with Marion County Health Department will provide parent education and skill development classes (English and Spanish) specific to the developmental, mental health and substance abuse problems of our local children and teens.

The MCHD will also provide technical assistance to schools and community groups on student/youth support needs, evidence based curriculums, training and policy development..

Youth Offender Population 15 and up to 18 years of Age

Marion County has well-established Public Safety Coordinating Council. During this last year, the Council has chosen to focus on the escalating issues of the pervasive impact of methamphetamine on children, adolescents and families as well as the greater community in terms of public safety impacts. Across the continuum of early childhood, adolescent, and adult service coordination and service delivery, the council has explored existin resources, gaps, and greater community mobilization to prevent, intervene, and address this issue.

The Public Safety Coordinating Council reviews both the Juvenile Department Budget and the High Risk Juvenile Crime Prevention strategy. As a partner in the Public Safety service delivery, the Juvenile Department serves youth offenders between 15 and 18 years of age through a continuum of services including accountability for behavior and strategies to mitigate risk. These include both youth skill development and supports to negotiate their life situation, make positive choices and positive actions toward a successful future, and intervention into youth family systems to support family preservation and parenting success. Programs focus on education engagement, counseling, treatment for co-occurring disorders, Drug Court, and employment skill development through work programs.

The Public Safety Coordinating Council shares members who are also involved in coordinated community investments through the effort of the local Children and Families Commission. Marion County's efforts approach public safety issues of mitigating risk to our community citizens, providing skill development for individuals to choose behavior change for a more successful future, and prevention efforts to ensure individuals have the best opportunity as they grow and develop to be successful and positive contributing community members.

Strategic Approach: Community Mobilization

The council held a community breakfast to talk about community strengths and challenges. A major theme that emerged was school attendance, parent accountability for youth, and addressing school drop out rates. At a subsequent meeting, the council met with roughly 100 educators to talk about student success and the impact of methamphetamine.

- A number of agencies met to develop a strategy to address truancy. A plan was developed with agency agreements that outline the process when a youth is located by law enforcement during school hours.
- The runaway and homeless action team is working with community agency partners to support runaway and homeless youth to remain connected and attending school.
- A reading initiative is being developed for a community campaign to value reading and create opportunities for continual access to books.

- The Public Safety Coordinating Council is committed to reducing the impact of methamphetamine on our community. The effort incorporates prevention, intervention, education, treatment, and strategies to be successful such as ability to support oneself through employment, and involvement in healthy life styles and activities as alternatives to substance abuse. Addressing substance abuse issues will assist youth in school success.
- Increase outpatient and residential drug treatment capacity and accessibility.

  During the summer, MCPSCC engaged the business community for a Strike Out Methamphetamine community event at the Volcanoes Baseball game. Over 100 foster care children attended the event along with families, and teenagers.

Strategic Approach: Community Mobilization

The council is concerned about the increasing community public safety risk of youth gangs and associated criminality, graffiti, drug use, and violence.

- Develop a community model of prevention, intervention, and suppression to address high-risk gang affiliation, and membership.
- Increase support for families to provide structure, accountability, and expectations of teenage youth, and family functioning
- Community engagement, ownership, and partnership to address prevention and intervention with gang affected youth.
- Support youth to be successful in school

Strategic Approach: Service Delivery Improvement

The Public Safety Coordinating Council is interested in program and service oversight for cost effective delivery that produces positive public safety outcomes.

- Target criminogenic risk factors
- Assess risk and target interventions to mitigate risk
- Implement research driven and evidenced based programs and principles
- Evaluate cost effectiveness with outcomes achieved.

Youth offenders between 15 and 18 years of age need advocacy and recognition of the need for adolescent-focused services, resources and supports in the continuum of care.

- Recognition of adolescence as an integral part of the service delivery continuum of early childhood, adolescents, and support for adults to appropriately parent their developing children.
- Current adolescents have not had the benefit of the community early childhood initiatives being implemented, yet they come from the same backgrounds. Positive interventions of both accountability and skill development, mentoring, supports, treatment, and engagement in pro-social activities are critical services, and achieve cost effective outcomes.
- Increased capacity for Juvenile Drug Court and expansion to support youth and families.
- Significantly increase resources for family preservation and support including family mediation, skill development and practice, and Family Functional Therapy (FFT).
- Community mobilization on runaway and homeless youth initiative.
- Increase community activities that support wrap around asset building investments for healthy adolescent development.
- Increased mental health assessment and treatment services. Facilitate linkage with community mental health services and support.
- Partnerships with businesses for Juvenile Department work program participants to transition to community employers willing to hire youth.

Appendix C: Success Stories

Foster Parents' Night Out

The Marion County Children and Families Commission has a keen focus on foster care and how to incorporate supports for a heavily burdened system. Within the last year, the Foster Parents' Night Out concept was developed and is now in practice in a few sites in the Salem area. We are working with DHS and other partners to find innovative, doable solutions that can be replicated throughout the County. We are finding that Foster Parents' Night Out is easily replicated and provides a much-needed service to foster families. The below article is both informational and a challenge. Do you have connections that can support foster families and the children they serve?

Article written by Kathi Walker, Foster Parents' Night Out Volunteer:

Foster Parents' Night Out (FPNO) began in response to a call to the faith-based community to help deal with Marion County's ongoing meth crisis, specifically the effect it has on the foster care system. As the numbers of children in state protective care increases, so does the demand for families to care for them. With a critical shortage of foster homes more children are placed in existing foster homes, stretching those families to and beyond their limits. The obvious risk in this already desperate situation is that foster parents will experience burn out and no longer be equipped to provide care. The FPNO concept is that of a partnership between local churches and state officials at the Department of Human Services to support, assist and esteem foster families in Marion County.

Our Savior's Lutheran Church, in cooperation with DHS, launched their Foster Parents' Night Out ministry as a pilot program in the fall of 2006 with a two-fold purpose:

1) To provide foster parents one evening each month to have a break and enjoy some time to care for themselves while trained volunteers care for their children. The hope is that by offering meaningful support, congregations can help retain the foster parents it currently has.
2) To provide foster children the opportunity to build healthy relationships with other adults who care for them in a safe, nurturing environment.

The Foster Parents' Night Out ministry at Our Savior's reaches families in the 97306 zip code area and is provided free of charge. It is funded and operated by church members and currently serves about 10 families, including an average of 42 children each month at its Baxter Road campus. The success of the program is being measured in several ways.

The enthusiastic response by church members to get involved reveals a strong desire on their part to serve in this way. The commitment by DHS staff to provide professional support and guidance has created a bridge of trust between the foster families and the FPNO volunteers, making the program possible.

Foster parents are expressing what FPNO means to them. They are feeling supported and encouraged by people in the community who care about the work they are doing. They feel rested and renewed after a four-hour break and can count on having it regularly. This is a luxury many of them haven't had in years. They share stories about how much their children eagerly look forward to attending each month.

Children are making connections with the volunteers. The simplicity of the program is intentional and allows for the focus of the evening to be on interacting with each child in appropriate, trust-building ways. There are fun activities, kid-friendly meals, and an important emphasis on safety and quality of care. Children are able to see they are not alone in their circumstances. They have a group of people who care deeply about them, will take the time to get to know them and will be there consistently to listen, to play, to laugh and to understand.

Foster Parents' Night Out is a practical way to help meet the needs of foster families in our community. The program works because of a well-crafted design that can be successfully recreated in other congregations. The program is proving to be an exciting example of what tremendous benefit potential there is when people work together to meet common goals.

For more information on foster parenting, please contact Anita Gonzales at the Department of Human Services, (503) 373-1200 ext. 348. To find out more about Foster Parents' Night Out and how to get involved, please contact Brandy Steelhammer or Kathi Walker at Our Savior's Lutheran Church, (503) 399-8601, or Anita Gonzales at DHS.

Volunteer and Mentor Center

The need for a Volunteer Center in the Mid-Willamette Valley was identified in March of 2005 at a summit of 50 community partners. The assembled partners agreed that a central hub was needed, to help match local agencies with individual volunteers and to help those interested in volunteering to find volunteer opportunities.

In the fall of 2005, the Marion County Children and Families Commission developed a strategic plan to tackle the growing critical needs in our communities. The plan included strategies to support the meth-affected families and provide resources to our most needy citizens. One strategy was the development of a virtual volunteer center. The next step was to develop an Action Team charged with carrying the concept to fruition. After a competitive Request For Proposals (RFP) was released, the United Way of the Mid-Willamette Valley was selected to serve as the 501(c)3 non-profit umbrella organization for the Volunteer and Mentor Center. The Volunteer and Mentor Center would be housed within the United Way and would work collaboratively as a vital partner with all programs that use volunteers.

Throughout 2006, the Action Team met regularly to do in-depth research on volunteer centers around the country with the intention of finding out what would work in the Mid-Willamette Valley. With the support of the Volunteer Center Network of Oregon, the Volunteer and Mentor Center became a member of the Points of Light Foundation, a national organization that supports volunteer centers through its Volunteer Center National Network in late 2006. The “Action Team” disbanded and a new Advisory Committee was formed through the United Way.

The GiveBackToday.org website was created, offering an online searchable database of volunteer opportunities. As of November 1, 2007, the database lists 64 partner organizations representing a wide variety of volunteer opportunities. It is growing every week. On October 18, 2007, a “Call To Action” event brought more than 400 people to the Salem Conference Center to hear about the most critical needs in our community and how they can give back through volunteer and mentor opportunities. Employers were asked to allow a follow-up team to come and speak to their employee base. 82 individuals made a personal commitment to volunteer, 35 organizations have invited a team to speak to their employee groups/congregations, and 44 wanted additional information. A Mentor Executive Team will continue to meet, monitor progress generated by the event, and help establish protocols for the Center.

The Volunteer and Mentor Center Action Team and the staff dedicated to the effort have fulfilled the original charge and purpose as defined by the commission. The Center has been launched and will continue to engage partner organizations who will fulfill the role of increasing the capacity of the system to address the critical needs of children and their families as well as increase supports for parents so that they can better care for their own children. The reach of the Center will go beyond this original scope and affect our entire county! Funding to support the Center will remain in the Children and Families 2007-2009 budget and contracts will require monitoring visits as well as regular reporting. This will help to ensure the Center’s continued success.

The action team, having successfully completed its work, has been retired. United Way has expressed their ability to “take it from here.” The Commission has helped to create a great resource to the community and a vital link to the future success of many partner organizations.