

PASSED

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

ORDER
01-2-27-10

-) ORDER AND RESOLUTION/In the matter of approving the Allocation Report of
-) the Lane County Commission on Children and Families for submission to the
-) Oregon Commission on Children and Families for FY 2001-03.

WHEREAS, the Lane County Commission on Children and Families is required to complete an Allocation Report for FY 2001-03 for submission to the Oregon Commission on Children and Families; and

WHEREAS, the Lane County Commission on Children and Families has collected data under Phase 1 of the Coordinated Comprehensive Planning Process and completed the Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders: A Prevention Continuum; and

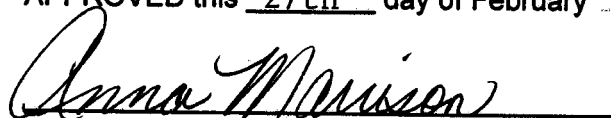
WHEREAS, Strategies for funding with current projected funds have been prioritized by the Lane County Commission on Children and Families and incorporated into the Allocation Report; and

WHEREAS, the Board of County Commissioners as the governing body of Lane County must approve the report for submission to the Oregon Commission on Children and Families;

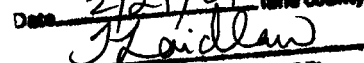
NOW THEREFORE IT IS HEREBY ORDERED that

1. the Board of County Commissioners approves the Allocation Report, attached as Exhibit A,

APPROVED this 27th day of February 2001.



Anna Morrison, Chair
LANE COUNTY BOARD OF COUNTY COMMISSIONERS

APPROVED AS TO FORM
Date 2/21/01 lane county

OFFICE OF LEGAL COUNSEL

IN THE MATTER OF APPROVING THE ALLOCATION REPORT OF THE LANE COUNTY COMMISSION ON CHILDREN AND FAMILIES, FOR SUBMISSION TO THE OREGON COMMISSION ON CHILDREN AND FAMILIES FOR FY 2001-03.

Report on Allocations
2001-2003

1. List the strategies Lane County Commission on Children and Families has prioritized to target for funding for 2001-2003 biennium.

A. Primary universal prevention services to promote healthy family functioning

(Goal 1/Core Area 2: Healthy Family Climate and Supportive Parenting)

Target population: Primary target population for funding is families with children 0-8 years old with. Needs of youth 9 – 17 years old may be addressed with funding targeted to include that age group. Activities may include but are not limited to effective parenting skills through Healthy Start home visiting, and other community based prevention efforts such as Family Resource Centers, Community Safety Net, intensive family support, parent education and support groups and CASA services.

Rationale/Data: This need was identified in both Phase 1 of the Early Childhood Plan under SB555, the Comprehensive Strategy and the current LCCF 5 Year Comprehensive Plan. The data supporting this priority can be found in these plans.

B. Parenting education as a community norm

C. (Goal 1/Core Area 2: Healthy Family Climate and Supportive Parenting)

Target population: Primary target population for funding is families with children 0-8 years old with. Needs of youth 9 – 17 years old may be addressed with funding targeted to include that age group. Activities may include but are not limited to Healthy Start, Family Resource Centers, parent support and education groups, Community Safety Net Activities, and intensive family support.

Rationale/Data: This strategy was identified in all of the planning processes as a gap, need or strategy needing enhancement. It is also identified as a strategy facing barriers under the ECP and SB555. The data supporting this priority can be found in these plans.

C. Increased support of Family Resource Centers

(Goal 1/Core Area 2: Healthy Family Climate and Supportive Parenting)

Target population: Primary target population for funding is families with children 0-8 years old with. Needs of youth 9 – 17 years old may be addressed with funding targeted to include that age group. Activities include sustainability and expansion of Family Resource Centers in ten regions throughout Lane County.

Rationale/Data: This strategy was identified as a need in the ECP, a gap in SB555 and a priority in the Comprehensive Strategy and the LCCF 5 Year Plan. The data supporting this priority can be found in these plans.

D. Increased community awareness of the importance of prenatal care, prenatal behaviors.

(Goal 2/Care Area 3: Healthy Growth and Development and Health Care)

Target population: Primary target population is the general community, and within the community, women likely to become pregnant and those who are pregnant. Activities may include but not be limited to Healthy Start services, and targeted prenatal education efforts in partnership with schools and the health department.

Rationale/Data: This strategy was identified as a need in the ECP, a gap in SB555 and a priority in the Comprehensive Strategy and the LCCF 5 Year Plan. The data supporting this priority can be found in these plans.

E. Additional infant and toddler childcare, nontraditional hour care, care for a sick child, care for children with disabilities, bilingual childcare, low cost or subsidized childcare, employer provided childcare.

(Goal II/ Core Area 4)

Target Population: Primary target population for funding is families with children ages 0 – 13 years old and special needs children 0- 18 years of age. Activities to increase and stabilize the supply and quality of childcare, particularly for low income parents, may include but are not limited to childcare provider training and support, development of childcare services in underserved areas and for underserved populations, and childcare enhancement.

Rationale/Data: This strategy was identified as a need, gap and barrier in the ECP, a gap in SB555, a priority in the Comprehensive Strategy and in the existing LCCF 5 Year Plan. The data supporting this priority can be found in these plans.

F. Social supports other than juvenile court system

(Goal III/Core Area 5)

Target population: Primary target population is families and youth 9 – 17 years. Activities may include but not be limited to shelter for runaway and homeless youth, mentoring activities, resource and referral (e.g. Community Safety Net, Family Resource Centers), mediation and deferment programs (e.g. peer court, community restoration).

Rationale/Data: This strategy was identified as a gap in SB555, and a priority in the Comprehensive Strategy and current LCCF 5 year plan. The data supporting this priority can be found in these plans.

G. Additional positive youth development activities, increased support, increased public funding

(Goal III/Core Area 5 Positive Development – Juvenile Crime Prevention)

Target population: Primary target population is youth ages 9 –17 years old and their families, with funding that is targeted to include that age group. Activities may include but are not limited to Family Resource Centers, developing active partnerships with local park and recreation districts, schools and nonprofits.

Rationale/Data: This strategy was identified as a gap in SB555 and as a priority in the Comprehensive Strategy and LCCF's current 5 Year Plan. The data supporting this priority can be found in these and plans.

H. Additional pregnancy prevention programs and services
(Goal III/Core Area 7 Sexual Behavior and Responsibility)

Target population: Primary target population is youth ages 9 –17 years old and their families, with funding that is targeted to include that age group. Activities may include but not be limited to mentoring, partnering with local schools and health departments and other community education efforts e.g. Planned Parenthood.

Rationale/Data: This strategy was identified as a need and gap in the ECP, a gap in SB555, and a priority in the Comprehensive Strategy and LCCF's current 5 year plan. The data supporting this priority can be found in these and plans.

I. After school programs
(Goal III/Core Area 8 Educational Progress and Success)

Target Population: Primary target population for funding is families with school aged children. Needs of youth 9 – 17 years old may be addressed with funding targeted to include that age group. Activities may include but are not limited to Family Resource Centers, developing active partnerships with local park and recreation districts, schools and nonprofits.

Rationale/Data: This strategy was identified as a gap in SB555 and as a priority in the Comprehensive Strategy and current LCCF 5 year plan. The data supporting this priority can be found in these plans.

J. Expanded services for runaway/homeless youth
(Goal III/Core Area 9 Non-traditional Living Environments)

Target Population: Primary target population is youth ages 9 –17 years old and their families, with funding that is targeted to include that age group. Activities may include but are not limited to shelters for runaway/homeless youth, outreach, and resource and referral.

Rationale/Data: This strategy was identified as a gap in SB555, and as a priority in the Comprehensive Strategy and LCCF's current 5 year plan. The data supporting this priority can be found in these plans.

Note: Although targeted for funding, there is insufficient funding to fully support the selected strategies identified above. That is, given the range of strategies, and the level of *current projected funds*, the committee may recommend funding components of each strategy. The LCCCF will seek to create or strengthen collaborations that will provide additional support these strategies.

Selected strategies that are not targeted for funding.

In addition, the LCCF has prioritized the following strategies that will receive LCCF support through leadership and participation in community partnerships and collaborations, but are not targeted for a funding allocation.

- Effective, affordable rural transportation
- Protection from domestic violence offenders (federal grant received)
- Affordable child/youth health care and insurance
- Expansion of Head Start to all eligible children & addition of Early Head Start
- Vocational opportunities and skill building
- Low cost or subsidized A&D treatment and aftercare for non-offending youth
- School child development specialists, screening and assessment, mental health prevention, particularly in rural areas
- Increased support of social service programs (awareness, support, action)
- Develop child welfare system of children/youth at lower risk of abuse/neglect (partially age related)

2. Describe the decision making process.

The prioritized strategies were developed through several concurrent and progressive planning processes that included a wide range of community representatives from throughout the county. The Early Childhood Planning Process under Phase 1 of SB 555 Coordinated Comprehensive Plan was guided by the *Early Childhood Planning Team* which reviewed data and identified gaps, needs and barriers in the early childhood system in Lane County. The Early Childhood Plan was completed in December 2000. Additional data on resources, gaps and barriers was collected under Phase 1 of the SB 555 planning. Both documents were approved by the LCCF and submitted to the Oregon Commission on Children and Families in December 2000.

The *Prevention and Juvenile Justice Committee* (a joint committee of the LCCF and Public Safety Coordinating Council) and its *High Risk Subcommittee* guided the planning process for the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders: A Prevention Continuum. Approximately 40 citizens and family advocates participated in the initial prioritizing of the strategies based on the data collected as part of the planning process. The LCCF, PSCC and Board of County Commissioners approved the Comprehensive Strategy and it as submitted to the Office of Juvenile Justice and Delinquency Prevention in November 2000.

The *LCCF Planning Committee* then considered the gaps, needs, barriers and strategies identified and prioritized through these public planning processes, sought additional public input on them, and reviewed the funding streams known to be available to the CCF at this time. The planning committee then prioritized strategies recommended for funding as contained in this report.

Members of the *Early Childhood Planning Team* include:

Adult and Family Services	Lane County Department of Children & Families
The ARC of Lane County	Lane County Department of Development Disabilities
Birth to Three	Lane County Department of Health & Human Services
Catholic Community Services	Lane County Healthy Start
Centro Latino Americano	Lane County Public Health
City of Eugene, City Manager's Office	McKenzie River Family Resource Network
Commission on Children and Families	McKenzie Willamette Hospital
Community Safety Net	Network for Immigrant Justice
Consumers, family advocates	Oregon Family Support Network
Cottage Grove High School, school based clinic	Parent Partnership
Domestic Violence Council	Pearl Buck Center
Early Childhood CARES	Relief Nursery
Early Childhood CARES, PACE	Rhododendron Primary School
Eugene Family Resource Centers	South Lane Family Nursery
Eugene Hearing and Speech	Springfield/Marcola Family Resource Center
Head Start of Lane County	United Way of Lane County, Success by 6
Health Assoc. Nurse Midwifery, Peace Harbor Hospital	Unity of the Valley Church
Lane Family Connections	
Lane Council of Governments	

The joint *CCF/PSCC Prevention and Juvenile Justice Committee* members include:

Lane County Prevention Coordinator	Oregon Social Learning Center
Two Lane County Commissioners	Looking Glass Youth & Family Services
Lane County Administration	Circuit Court Judge
Lane County Dept. of Health & Human Services	Lane County Educational Service District
Lane County Dept. of Children & Families	Eugene School District 4J
Commission on Children & Families	Institute on Violent & Destructive Behavior
Mayor, City of Eugene	Domestic Violence Project
Oregon Youth Authority	State Office Services to Children & Families
Lane County Dept. of Youth Services	Citizen
	Commission on Children and Families
	Springfield School District 19
	Lane County Mental Health Advisory Cmt.

The *Public Safety Coordinating Council* members include:

Lane County Sheriff	Juvenile Justice Center
Lane County Board of County Commissioners	Public Defender
Lane County District Attorney	Three Citizen Representatives
Eugene City Police	Domestic Violence Council
Springfield City Manager	State Dept. of Services to Children & Families
Mayor, City of Springfield	Cottage Grove Police Department
Lane County Health & Human Services	South Lane School District 45J
Commission on Children & Families	City of Creswell
Springfield Police Department	Hult and Associates
Mayor, City of Eugene	Oregon State Police
Oregon Youth Authority	Springfield School District 19
Lane County Dept. of Youth Services	Springfield City Council
Public Defenders Office	Springfield Lutheran Church
	Veneta City Administrator

The members of the *Lane County Commission on Children and Families* include:

Bruce Abel, Program Manager, LaneCare
Dianne Burch, Office Manager, Owner, City Councilor, Florence
Donald Crist, Board Member, Oakridge School District & rural representative
Susie Dey, Branch Manager, State Office of Services to Children & Families
Bobby Green, Commissioner, Lane County Board of County Commissioners
Toby Hill-Meyer, Student, Community Advocate
John Kline, School Counselor, Bethel School District
Susie Johnston, Board Member, Pleasant Hill School District, Citizen Review Board
James Mattiace, Teacher, Springfield School District
Dave Perez, Executive Director, Eugene YMCA
Doug Perry, Chair, Division Chief-Fire Prevention, Lane County Fire District #1
Kitty Piercy, Vice-Chair, Public Affairs Director, Planned Parenthood
Skip Rodden, Community Advocate, Retired Marriage/Family Counselor
Freeman Slaughter, Construction Worker
Elaine Walters, Domestic Violence Project
Cindy Weeldreyer, Commissioner, Lane County Board of County Commissioners

3. A. Describe how Phase 1 of the Coordinated Comprehensive Plan informed the selection of priorities and strategies for funding.

As discussed above, the data collected under Phase 1 of the Coordinated, Comprehensive Plan as well as the information collected in the Early Childhood Plan (and the Comprehensive Strategy) was used extensively to inform the selection of priorities and strategies for funding.

All of the specific OCCF programs, Healthy Start, CASA, Family Resource Centers and Crisis Nurseries are supported by Phase 1 of the Coordinated Comprehensive Plan as demonstrated by their inclusion in the above-listed prioritized strategies. They are also supported by the community: The executive summary of Phase 1 cites the United Way household survey in which respondents ranked "ensuring the well-being of children and youth" as the number one social issue.

3. B. Additional Questions regarding OCCF Programs.

- a) N/A-This question applies only to counties not receiving Healthy Start Program funds.
- b) The last completed public process for allocation of Healthy Start funds occurred in February and March 1999. At that time the Healthy Start Community Advisory Board (CAB) and the Priority Workgroup, an ad hoc committee of the CAB, reviewed community needs, program capacity, and strategies to best serve the community; and determined allocation priorities for the FY 1999-01 biennium. In October 1999 the CAB and the Priority Workgroup met to plan for allocation of the increase in Healthy Start funding for the remainder of FY 1999-01 (from 40% to 60% of eligible first birth families). Currently, the CAB and the Priority Workgroup are in the process of establishing priorities for Lane County Healthy Start services for the FY2001-03 biennium. The CAB includes representatives of public and private agencies, healthcare professionals and others interested in early childhood services and consumers.
- c) The CASA (Court Appointed Special Advocate) dedicated funding from the state will be spent by contracting for these services with a local CASA service provider.
- d) Family Resource Centers have been and are a priority in Lane County. Funding for 'FRCs' has been allocated from flexible funding available to the LCCF rather than through dedicated funding from the state. It is unclear at this point in the state allocation process what level of support LCCF can continue to provide to Family Resource Centers.
- e) Crisis Nurseries have been and are a priority strategy in Lane County. The crisis nursery dedicated funding from the state will be spent by contracting for these services with local crisis nursery service providers.

4. Describe how grant streams will fund the selected strategies.

Targeted grant streams will be allocated to fund services for which they are targeted, and will therefore address selected strategies as follows.

- The CASA grant stream will fund CASA services within Strategy A (primary prevention).
- The Healthy Start grant stream will fund Healthy Start services as an activity within Strategies A (primary prevention), B (parent education) and D (community awareness).
- The Crisis Nursery grant stream will fund Crisis Nursery Services as an activity within Strategy A (primary prevention), B (parent education) and D (community awareness).

Flexible grant streams will be allocated to selected strategies as follows.

- The CCDF grant stream will be allocated to Strategy E (enhanced childcare).
- The Youth Investment grant stream will be allocated to Strategies F (social supports alternative to juvenile court), G (positive youth development), H (pregnancy prevention), I (after school programs), and J (runaway, homeless services)
- Juvenile Services and Great Start will be allocated Strategies A (primary prevention), B (parent education), C (Family Resource Centers), D (community awareness), and I (after school programs).

Anna Morrison
Chair, Board of County Commissioners