

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

PASSED

ORDER

99-4-14-7

) IN THE MATTER OF APPROVING AN UPDATE TO THE
) LANE COUNTY COMMISSION ON CHILDREN AND
) FAMILIES' COMPREHENSIVE PLAN FOR THE PERIOD
) JULY 1, 1999 THROUGH JUNE 30, 2001.

WHEREAS, the Lane County Commission on Children and Families (LCCF) submitted a Comprehensive Plan to the Oregon Commission on Children and Families, and;

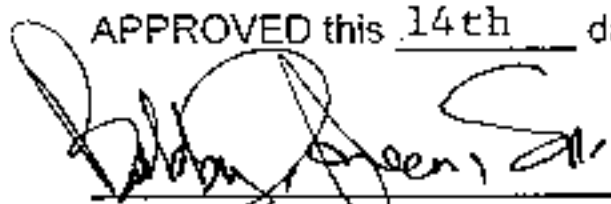
WHEREAS, the OCCF requires that a Plan Update be submitted to OCCF for the new biennium, and;

WHEREAS, the OCCF requires that the Board of County Commissioners review and approve this Plan Update before submission to the OCCF, and;

WHEREAS, the Lane County Commission on Children and Families has submitted a Plan Update to the Board of County Commissioners for approval, and

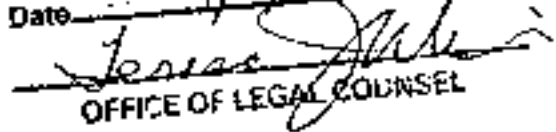
NOW THEREFORE IT IS HEREBY ORDERED that the Board of County Commissioners approve the Lane County Commission on Children and Families' Plan Update for the 1999-2001 biennium attached as Exhibit A.

APPROVED this 14th day of April 1999.


Bobby Green, Sr. Chair
Lane County Board of County Commissioners


APPROVED AS TO FORM

Date 4/6/99 lane county

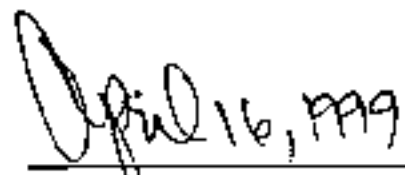

OFFICE OF LEGAL COUNSEL

10. The High Risk Juvenile Crime Prevention Plan for Lane County was developed by the joint Lane County Commission on Children and Families and local Public Safety Coordinating Council Prevention/Juvenile Justice Task Force. As such the LCCF's wellness plan and the Juvenile Crime Prevention Plan are closely interrelated, with the LCCF's plan focusing on the early prevention end of the continuum and the Juvenile Crime Prevention Plan focusing on the higher risk juveniles with more intensive prevention strategies.

The LCCF is engaged in ongoing community mobilization activities, acting as a catalyst for comprehensive, system wide coordination efforts. LCCF is providing leadership in local planning efforts devoted to collaboration and systems change. The commission will continue with its focus on building on the strengths of individuals and families and early prevention efforts. These are continuing initiatives that have been integrated into the comprehensive plan and will be refined over the next biennium.



Bobby Green, Sr.



Date



LANE COUNTY COMPREHENSIVE PLAN UPDATE – Phase 1
1999 - 2001

Introduction

The Lane County Commission on Children and Families' (LCCF) planning committee met regularly during January, February, and March, 1999 to review and update their Comprehensive Five Year Plan and develop a funding plan for the 1999-01 biennium. The recommendations of the committee on the update and funding plan was approved by the CCF at their March 17, 1999 meeting, and will be submitted for review and approval by the Board of County Commissioners at their March 31, 1999 meeting.

Update Requirements-Detail

1. The last **major revision** to the vision statement and mapping occurred in the Fall/Winter of 1998/99. A major component of the review and mapping process was an evaluation of the plan conducted by the Lane Council of Governments under contract with the LCCF (copy attached). The evaluation concluded that "[o]verall, combined benchmark indicators for all goals indicate that wellness for all targeted populations has improved over the past ten years, in fact, reaching the greatest wellness in 1997".

The evaluation process included a survey to obtain perceptions about the effectiveness of the comprehensive plan. The survey was distributed to 234 people on the LCCF mailing list of people interested or involved in providing services to children and families in Lane County. The survey asked about the five-year plan in terms of goals, strategies, and funding, the importance of each goal, and the role that CCF should play in setting policy for service providers in Lane County.

The results of the survey reflect a strong consensus that the goals and strategies of the plan support the creation of a wellness system for children and families in Lane County. In general, LCCF's allocation of funds to goals generally reflects the respondent's opinion of importance of the goals. For example, the highest ranking goal, *Family Preservation and Support Services for Families Most in Need* also receives the most LCCF-allocated funding. None of the goals in the plan were perceived as not important at all.

The LCCF received a three year federal grant from the Center for Substance Abuse Prevention to provide support to community based prevention coalitions addressing substance abuse issues in their communities. The LCCF conducted a Risk Assessment in the County to help the LCCF, local communities and coalitions and other interested parties, determine where to focus prevention efforts. The five key findings of the survey are:

- a) Middle Schools- Youth in eighth grade show a high rate of increase in the use of tobacco, alcohol and other drugs in comparison to sixth-grade and eleventh-grade youth. Many youth in middle school are in less than protective environments and are faced with increased pressure and risk.
- b) Community Norms- There is some indication that norms that support the abuse of alcohol and marijuana exist with segments of the community. There must be a clear message that abuse of alcohol and any use of marijuana is not acceptable within the community.
- c) Who are Responsible- Most adults identify parent as primarily responsible for prevention of substance abuse. There may be a need to further expand perceptions of prevention to the entire community, emphasizing the role adults have for modeling appropriate behaviors for youth, and the need for prevention among adults as well as youth.
- d) Availability of tobacco, alcohol, and illicit drugs- there is a continued need to address the availability of these substances for youth.
- e) Increasing Awareness- There is evidence that youth increase their awareness of the health risks associated with the use of these substances as they get older. Efforts to expand the awareness of health risks and prevention needs to continue.

The LCCF and local Public Safety Coordinating Council have formed a joint Prevention/Juvenile Justice Task Group that developed a Juvenile Justice Plan for 1997-2000. They then developed the High Risk Juvenile Justice Plan in response to a request for such plans from the Governor. The Task Group recently completed a plan for expenditures of Juvenile Accountability Incentive Block Grant Funds as well.

The LCCF also utilized public comment received at Commission Meetings and other forums in which members and staff participate. Local youth provided input at a Commission Meeting focused on youth involvement (see also discussion under youth involvement section). Information contained in concept papers identifying gaps/needs in the system in response to a request from the LCCF as part of an interim funding process was also used as was Oregon's Childhood Care and Education System- a Strategic Planning Guide.

2. The Healthy Start Initiative has been an integral component of the LCCF's wellness plan. As one of the Commission's primary prevention strategies, Lane County Healthy Start (LCHS) has received significant support and resources. Due to the high level of LCCF commitment, LCHS has had the

capacity to provide universal one-time visits to all families accepting this basic service, and intensive home visiting to 75% of first-birth families accepting long-term service. Even with the demonstrated commitment and support of the local commission, funding limits have dictated that 25% of first-birth families seeking intensive home visiting service and all families experiencing more than one birth are not provided access to this effective wellness model.

Building on existing perinatal and other support services, the LCCF established LCHS with a central county office in Eugene and family support workers based at agencies throughout the county. Community agencies linked together to provide services under the LCHS umbrella currently include Birth to Three, Catholic Community Services, CentroLatino Americano, Parent Partnership, PeaceHealth Counseling, and Relief Nursery. Additional collaborative partners include PeaceHealth Medical Center, McKenzie Willamette Hospital, Lane County Public Health, Services for Children and Families, Adult and Family Services, WIC, early intervention services, developmental disability services, and many more.

The LCHS collaborative effort is strengthened by frequent communication between partners and regularly scheduled meetings. Staff meetings are held monthly; include staff from all agencies; and provide an opportunity to share information, maintain effective operation, and provide monthly inservice training. The Coordinating Team, consisting of program management, agency supervisors, and FAWs, also meets monthly to ensure programmatic and service consistency. The Community Advisory Board meets quarterly to provide policy direction and guidance.

Services for Lane County first-birth families are initiated through a hospital record screen. Assessment workers review the screen, determine the need for further evaluation, and assess family strengths and risks in order to offer the most appropriate voluntary services. In 1997-1998, 1263 (83%) of Lane County first-birth families were screened for risk factors. Of those, 606 families were identified at higher risk; 763 families were offered a universal visit; and 497 families at higher risk were offered intensive home visiting.

The universal home visiting component of LCHS is offered by parent volunteers and provides information and support. The intensive home visiting component is provided by support workers and provides longer, more intense education and support. Intensive home visits are structured to respond to family strengths and needs. After approximately one month, an Individual Family Support Plan is developed to help families identify and develop goals. LCHS uses the San Angelo Healthy Families Curriculum plus additional materials and resources as needed. The graduation process follows Healthy Families America recommendations while recognizing family needs. Additional activities and programs offered to families include parent support

and education groups, interactive play groups, various family-oriented social activities and referral to other resources.

Katzev, A. R. & Pratt (1999), C. C. Oregon's Healthy Start Effort 1997-98 Status Report. OCCF, Salem, OR.

Lane County Outcomes

LCCHS higher risk families utilized health-care resources:

- 100% of children had a primary health care provider.
- 94% of children had received regular well-child check-ups.
- 94% of 2 year olds completed the immunization sequence. In contrast, only 73% of Oregon's two-year olds were adequately immunized in 1997.
- 86% of parents in Intensive Service Families had a primary health care provider
- 76% of parents had dental care.
- 85% of Intensive Service Families never used costly emergency room services for routine health care.

LCCHS higher risk families provided better early learning environments:

- 70% regularly read picture books to their 12-month old children.
- 100% regularly read to their two-year old children.

After 18 months of participation, LCCHS families demonstrated:

- 21% decrease in substance abuse.
- 78% decrease in family violence.

Children in families participating in LCCHS were less likely to be maltreated.

- 98.7% of Lane County children in Healthy Start families were free from maltreatment.
- **The child abuse incidence rate for Healthy Start children in 0 to 2 was 14 per 1,000; the child abuse rate for non-Healthy Start children was 27 per 1,000.**

3. The **CASA** program is an integral part of LCCF's comprehensive wellness plan. It is a key strategy for realizing the LCCF's goal of preventing child abuse and ensuring Family Preservation and Support Services for Families Most in Need. LCCF has committed funding resources in addition to those provided by the State, to the program. The program's outcomes and indicators are reported to the commission quarterly, and entered into the state database. The director of the program provides regular information to the LCCF on the program and needs of the children in the court system and has participated in the mapping process. The commission supports volunteer recruitment efforts and invites their participation in local commission mapping and planning efforts.
4. The LCCF referenced **Oregon's Childhood Care and Education System: Strategic Planning Guide** in its planning process. The LCCF has

incorporated all seven of the essential components contained in the planning guide and will continue to do so. The LCCF convened a subcommittee of professionals and interested parties to map childhood care in Lane County and develop a plan for expenditure of CCDBG funds. The plan incorporates the seven components in the following manner: 1. Community Mobilization: LCCF has and will continue to involve the community in developing and sustaining a comprehensive quality childhood care and education system; 2. Continuum of childhood care and education choices: Through a contract with the local child care resource and referral provider, the LCCF is providing information to families on childhood care options and identifying gaps in the system through interaction with families; 3. Best Practices and Quality Assurance Mechanisms: The LCCF promotes children's safety, best practices and quality standards through public information and support of state and local initiatives that address these issues. 4. Professional and Workforce Development: The local child care resource and referral provider under contract with LCCF, offers safety and child development training, as well as training on small business operation to home based child care providers throughout the County, often in conjunction with LCCF funded Family Resource Centers; 5. Adequate financing and resources: Adequate financing continues to be an issue throughout the system. The LCCF recognizes the need for additional resources and provides support through collaborative efforts within the community and state, and building partnerships that enhance the impact of the limited funds the LCCF has to commit to this important goal; 6. Employer involvement and commitment: The LCCF works closely with the local resource and referral provider and statewide organizations to promote employer support and involvement in childhood care. The LCCF cosponsored with Families in Good Company, a recognition and awards ceremony for local employers who have demonstrated a strong commitment to child care for their employees; 7. Consumer Education and Public Engagement: The LCCF, through its own public information campaign and under contract with the local resource and referral agency provides information to parents, policy makers, employers and the general public on the issues surrounding quality childhood care.

The LCCF continues to be committed to these seven essential components as it continues to refine and implement its comprehensive wellness plan.

5. The LCCF has been committed to gender specific and gender appropriate services for girls and young women in its wellness plan and service delivery system. Services funded under the plan are reviewed for gender appropriateness. The plan also includes funding for the CHOICE Program – a program that provides mentoring and activities to at risk middle school aged girls, aimed at building their self esteem and giving them a sense of a future, with the goal preventing teen pregnancy.

The LCCF is providing additional guidance to funded providers on this issue through its draft policy, which is based on the following definition of gender-specific services for girls and young women:

"To provide services that are designed to meet the unique needs of females, that value the female perspective, that celebrate and honor the female experience, that respect and take into account female development and that empower young women to reach their full potential."

Prevention and Parity: Girls in Juvenile Justice, Indianapolis, 1996, p. 24.

The draft policy under consideration by the LCCF is as follows:

It is the policy of the Lane County Commission on Children and Families to assure a gender-fair system of care that acknowledges and incorporates at all levels the importance of gender, the assessment of gender-specific differences, vigilance towards the dynamics that result from gender differences, the expansion of gender-specific knowledge, and the adaptation of services to meet gender-unique needs.

6. The LCCF is committed to the principles of **cultural competency** :
"To be inclusive of and address all families and children in the community comprehensive planning process and to assure access to appropriate supports and services for all children and families."

The draft policy under consideration by the LCCF is as follows:

It is the policy of the Lane County Commission on Children and Families to assure a culturally competent system of care that acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs.

6.1 The LCCF has conducted ongoing mapping in many of the following areas and will continue an inclusive mapping process throughout the biennium: ethnicity, language, age, physical limitations, gender, economic status, sexual orientation/status, urban/rural population distribution, and religion. The LCCF will utilize census information and will work with the other data gathering institutions such as Lane Council of Governments, University of Oregon, and Oregon State University as well as local providers, interest groups and religious organizations to ensure completeness of information.

6.2 The LCCF has bilingual/bicultural staff. All providers are expected to have the ability to provide services to persons who do not speak English. An informal assessment of contracted service providers throughout the system indicates that they have Spanish speaking (predominant language) staff or access to Spanish speaking personnel. The LCCF is reviewing several assessment tools to further refine our information on

service providers' cultural competency and better develop training and technical assistance to them in these areas.

- 6.3 As discussed above in 6.2, the primary language (other than English) is Spanish. The LCCF will use the information gathered from the refined assessment tool to determine where the system needs strengthening and enhancement.
- 6.4 The LCCF works closely with organizations and individuals interested in cultural diversity in the community and will work closely with them in developing mapping activities, and training and technical assistance.
- 6.5 All service contracts contain the following nondiscrimination clause:

"Contractor shall not discriminate against employees or discriminate against or deny service to any person on the grounds of race, color, religion, gender, national origin, marital status, disability, age or duration of residence, except where such discrimination is based upon a bona fide occupational qualification."

The LCCF will be working with contracted service providers to ensure that they have adequate complaint and grievance procedures through its contract monitoring process.

7. **Family Resource Centers** are an integral part of LCCF's comprehensive wellness plan. The plan includes a network of ten Family Resource Center regions throughout the county. All of the Family Resource Centers (FRCs) are closely affiliated with the local school district(s) in their region. They are responsive to their local community needs and as such, their programs and services vary among centers.
 - a. All FRCs engage in community wellness activities, either offering them directly or through partnerships with other organizations. These activities range from support groups for parents of newborns and parents of teens, to positive youth activities such as summer arts programs and garden gleaning projects.
 - b. The FRCs coordinate direct services and supports to families through resource and referral activities and collaboration with other programs such as Healthy Start, the Community Safety Net, Adult and Family Services, non profit service providers etc.
 - c. As discussed above in paragraph 7.b', the FRCs connect families to resources and services in the community through referrals. In some cases FRCs share space with other service providers which facilitates the resource and referral process.

- d. The FRCs are an important part of the LCCF's strategy for systems change. They are the focal point, particularly in rural areas, for a coordinated systematic service system focused on families' strengths.
8. Lane County has developed a **Community Safety Net** through a successful collaboration among LCCF, Lane County Mental Health and the Lane Branch of Services to Children and Families.
 1. The Community Safety Net has a broad based representative and inclusive steering committee. Membership consists of representatives from the required representative organizations.
 2. The Community Safety Net provides an effective mechanism to provide outreach to families referred by SCF that have been either screened out or where a report of abuse or neglect is either unfounded or unable to be determined and the family has significant risk factors for abuse or neglect. Families are referred to local community teams who have signed confidentiality agreements with SCF. They are then reviewed by the local team and contacted initially through a letter and invited to participate in the Community Safety Net. The team, through Family Support Workers (funded by a federal grant to Lane County Mental Health) is successful in contacting and engaging families at least fifty percent of the time. The family is offered information about an array of services and referred to the local Family Resource Center for additional support.
 3. The Community Safety Net accesses existing resources in addition to those offered by Family Resource Centers, including contracted service providers, as well as service clubs, churches, and other community based providers.
 4. The local Community Safety Net is participating in the evaluation process established by the Oregon Department of Human Resources.
 9. The LCCF has two youth slots on the commission as one means of achieving **youth involvement** in the commission's comprehensive planning process: mapping, goal setting, strategies/activities, monitoring and performance measures. Also, LCCF dedicated its June monthly meeting to a facilitated forum with local youth to hear about their needs, concerns, and ideas for the future. LCCF conducted a countywide Risk Assessment/Mapping related to youth, as described in the first section of this plan amendment and have incorporated the findings into the comprehensive planning process.

Service providers have involved youth in design and provision of services, and monitoring performance measures through board membership, advisory committees, and informal discussions. In addition, when youth are recipients of services they are selectively asked to evaluate the services they have received and provide feedback as part of the evaluation process.