

**Lane County's Six-year Priorities for Planning Implementation and Measuring
Results For Children, Youth and Families**
Executive Summary
January 14, 2008

Over the course of 2007, the Lane County Commission on Children and Families completed an intensive and broad-based community outreach effort that has resulted in a focused and detailed plan of action for addressing the needs of children and families. It included the following elements: data collection; community phone survey; extracting focus areas from existing plans and planning staff; broad-based interactive and educational community meetings; agency provider meetings; plan development; approval by Commission on Children & Families and Board of County Commissioners.

The community process helped the Commission to identify where there were gaps in services and which gaps were most critical in the eyes of both the public and professionals. Our outreach efforts demonstrated where there was public support or “traction for action” and the professional community helped flesh out the plan.

In addition to fulfilling the requirements laid out by the planning guidelines developed by Oregon's Partners For Children, we had two additional goals of our own for our year of planning and prioritizing. 1) That the CCF have a greater understanding of our previous plans and their impact and incorporate the current priorities into their workplans; and, 2) That the prioritization and planning process will have had even broader community representation than previous efforts. We believe we have succeeded on both counts.

In past plans, Lane County CCF has presented a broad agenda or vision for improving services for children and families including twenty High Level Outcomes. Following State guidelines, our goal during the 2007 planning process was to narrow the focus to three measurable priority areas. The intent was to create a plan which demonstrated the effectiveness of concentrating efforts on a select group of community supported issues.

Following State guidelines, the focus areas we targeted were: early childhood; mental health; substance abuse treatment; substance abuse prevention; public health; and high risk juvenile crime behavior. Using the work-plans from local planning groups specializing in these six focus areas, we were able to put together a process that could identify the community priorities, and was driven by the best available knowledge from data as well as professionals.

Data collection dominated the first phase of this process. Work-plans from planning teams in early childhood, mental health, substance abuse treatment, substance abuse prevention and high risk juvenile crime behavior were analyzed and issues that needed most attention were pulled out and examined. This part of the process involved effort and involvement from many key local agencies and departments, and built on the working relationships, past collaborative work and mutual respect that CCF has generated since the start of the SB555 process.

Data collection on key high level outcomes in the state were also collected, examined and a Databook for Lane County was created. A working group was formed consisting of representatives from each of the issue areas. This group processed the data about needs and developed a list of

focus areas. At the same time, the community outreach phase of the plan kicked into gear. This included the phone survey and a variety of well attended community meetings.

Balancing the information provided by this more objective statistical data collection, the CCF commissioned a more subjective phone survey of 401 randomized Lane County residents to assess the interest level in the issues the CCF works on (see Attachment G). Following are the four categories on which questions were answered and the issues ranking “very important” for respondents:

- ◆ Children’s Health and Welfare
 - Abused children (97%)
 - Hungry children (94%)
 - Health care (91%)
 - Children in poverty (90%)
- ◆ Children’s Education
 - Dropping out of high school (84%)
 - Children ready for kindergarten (56%)
- ◆ Social Issues
 - Teenage drug use (90%)
 - School violence (89%)
 - Juvenile crime (89%)
- ◆ Economic Issues
 - Unemployment (70%)
 - Affordable Housing (69%)

With regard to connecting in person with the community, we recognized that broad invitations to the public are not always effective, so our outreach plan included a series of contacts to community groups prior to the community-wide meetings. The decision was made to contact a cross-section of community groups in order to encourage their participation in the planning process as well as to educate the community about the process. We made a significant and successful effort to reach out to groups and individuals who may not have known or been previously involved in SB555 planning efforts.

We targeted organizations that served diverse populations in Lane County (Centro Latino, the NAACP and PFLAG), business organizations (Chambers of Commerce), civic organizations (Rotary and League of Women Voters), youth organizations (YAB), religious groups (Religious Response Network) as well as family and children organizations (YMCA, Stand for Children, Family Resource Centers). Contacts, ranging from visits to group meetings to phone contacts, were made with groups representing diverse populations, young people, parents, the business community, the religious community, civic groups, and service consumers. All were encouraged to comment, participate and be involved in the priority setting process in these informal gatherings.

Meetings were held with either leadership or membership of the identified groups. A short explanation about the SB 555 process was presented and members of the groups were invited to attend the community meetings. In this process, community members got a better sense of what the CCF is, what we provide to the community and how individuals could be involved in determining

the future of Lane County's services to children and families. The CCF, in turn, got feedback from a diverse section of the community.

In an effort to reach a wide range of residents in our large county, we facilitated a collection of large community-wide meetings in three distinct geographical areas: Eugene/Springfield, Florence and Oakridge. Effort was made to widely distribute invitations to the public, service consumers and parents and families.

We used an interactive model for these public meetings. Experts representing the key focus areas-early childhood, mental health, substance abuse treatment, substance abuse prevention, public health and juvenile crime- were asked to prepare short presentations. Meeting participants were separated into small groups and given the opportunity to hear from each expert, ask questions and indicate which strategies they felt were most important. Participants were then asked to spend some time discussing what they had heard, if it corresponded to their own experiences and what resonated most strongly with them. They were then asked to prioritize the focus areas based on what they believed were the most significant needs for Lane County.

Following the community meetings, the CCF hosted a meeting for providers which followed a similar pattern. In addition, providers were asked to identify the gaps in services that they saw, paying particular attention to the specific needs of minority populations. The sixty-plus attendees represented many different service providers from all of the focus areas. The providers were also asked to vote on their priorities.

The votes from all of the community meetings, representing over 180 participants, were tabulated and analyzed. There was a clear consensus on the top three community focus areas: early childhood, mental health and substance abuse treatment.

- Early Childhood (22%)
- Mental Health (18%)
- Substance Abuse Treatment (18%)
- Substance Abuse Prevention (18%)
- Public Health (15%)
- Juvenile Crime (15%)

Six focus issues within each of these community focus areas were then winnowed from all the information collected at the community and provider meetings. They were assessed to insure that they were data based, had achievable and measurable outcomes, were Best Practice and impacted multiple focus issues.

The Commission and the BOCC were both given the opportunity to review all the above details and ask questions about the planning process, and they voted on the final 3 focus issues for Lane County:

1. Reduce Child Maltreatment for high risk families
2. Increase quality childcare for 0-3 year olds
3. Transitional services for moderate to severe psychiatrically impaired youth/young adults ages 16-24

Reduce Child Maltreatment for High Risk Families

Lane County's rate of unduplicated victims of child was 110 cases out of 10,000 in 2006.

While child maltreatment in Lane County appears to be declining in recent years, it will always remain unacceptable that children are not safe in their homes. In order to both continue the decrease in child maltreatment cases and to bolster the preventive services, we have chosen to focus evidence-based home visiting. Community support for reducing child maltreatment is very high across all demographic groups. In fact, this focus area received the most support from the community, both during our community meetings and in the phone survey.

We have a strong tradition for home visiting in our community whether it be through Healthy Start, our Maternal Child Health Programs, HeadStart or DHS and Family Support and Connections. We want to strengthen the coordination between these groups and even expand to more innovative collaborative work to better serve families and increase access those at highest risk. Through the very engaged members of our Early Childhood Planning Team, we have already started work mapping all those agencies and providers involved in home visiting and assessing what is offered, to whom and when.

There is consensus that preventive efforts are effective in stopping abuse, supporting and strengthening families and reducing the cost to the state generated by intervention. Home visits are an effective preventive strategy. Currently several agencies in Lane County are doing home visits, however there is a need for coordination and communication between agencies. There is a need to both expand home visiting services and coordinate those services so that we are using resources wisely and reaching the maximum number of at risk families.

Our strategic approach is to increase the number of high risk families who get home visits from agencies using best practice approaches. We will work with our partner agencies to develop methods for coordinating and tracking home visits. This will allow resources to be used more effectively and insure that families are getting evidence based services. The Early Childhood Planning Team will be the point group for this effort.

There will be a 5% increase in home visits to high risk families not currently receiving services by agencies using best practice approaches in Lane County.

Families will receive culturally appropriate information and referrals. Spanish speaking home visitors are available for families who need/prefer to engage in Spanish.

Increase Quality Childcare for 0-3 Year Olds

There is a serious lack of child care slots in Lane County for infants and toddlers, from birth to age 3 years. Lane County has only 20 child care slots available for every 100 children under age 13, and infant/toddler slots are being lost at a greater rate because of the great teacher:child ratio and expenses involved.

Lane County needs to increase the number of childcare slots. Child care is not a highly paid/valued job in our society so increasing the number of and retaining childcare providers can be a challenge. Our choice of strategic approach in providing training combined with wage enhancements is an effective way to encourage providers to stay or enter the field of childcare.

Training is important as our goal is to increase not only the number of slots but to insure the safety and quality of each child in those slots. There is consensus that childcare providers do not get adequate training regarding child abuse and neglect.

We will work with existing groups to evaluate the trainings now available, bring in new trainings and expand the amount of training available to childcare providers. Training not only improves the skills of providers, but professional development can also help with retaining providers. We will couple the trainings with wage enhancements as an incentive.

We will increase infant/toddler childcare slots by 5 %
Additionally we will keep records on providers who complete training and demonstrate increased knowledge and the number of providers receiving wage enhancement will increase.

Outreach to diverse communities will increase the variety of infant/toddlers slots available. Trainings will be held in Spanish and have a strong cultural competency component.

Transitional Services for Moderate to Severe Psychiatrically Impaired Youth/Young Adults Ages 16-24

There is a need for transitional services, including mental health, education, vocational and semi-independent living resources, for the moderately to severely impaired youth/young adults aged 16 to 24 years.

Services for this population are severely lacking. This population often ends up in the criminal justice system or on the streets due to lack of adequate services.

We will work with existing agencies to advocate for services, help coordinate efforts and offer resources when necessary. Three local providers are currently in the development process for residential facilities which may offer beds for the youth population. We will assist with advocacy to ensure that beds are dedicated to the youth population.

There will be an increase in the number of beds available to the youth population. We will advocate to insure that beds are available for both young men and women.
We will advocate for culturally sensitive treatment.

Conclusions

We continue to be pleased with the way this planning process is becoming ever more inclusive and, in this last iteration, more manageable and measurable. We value the opportunity to demonstrate that our collaborative efforts will be successful in implementing strategies we believe will be effective in addressing serious issues for our children, youth and families. The strong partnerships that have been a mainstay of our SB555 process to this point, have grown with much greater active participation from key leaders and advisory groups. Finally, our Commission has embraced the difficult work of narrowing down and then supporting specific focus areas with grace, humor and great commitment. We look forward to some very fruitful years ahead as we make progress in reducing child maltreatment, increasing child care for infants and toddlers and increasing transitional services for youth 16-24 impacted by mental health issues.

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