

# "Imagine Lane County"

A Plan for Achieving  
Caring Communities,  
Strong, Nurturing Families, and  
Healthy, Thriving Children and Youth

"This planning blueprint should act as a beacon for all strategic and other workplans focusing on services to children and families in the County"---Lane County community provider

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Contact: Serafina Clarke, Planner  
Lane County Department of Children and Families  
125 E. 8<sup>th</sup> Avenue  
Eugene, OR 97401  
(541) 682-3020  
[Serafina.Clarke@co.lane.or.us](mailto:Serafina.Clarke@co.lane.or.us)

# Lane County's Comprehensive, Community Plan for Services to Children, Youth and Families

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## Executive Summary

Lane County's Workplan entitled "Imagine Lane County," is a comprehensive, broad-sweeping vision of the web of treatment and prevention services our community would like to see fully funded and implemented. While some counties have limited their plans to "priority" areas, Lane County keeps a more "holistic" set of goals, and consequently our plan is extremely broad and detailed. Our community works in a variety of ways to implement the plan and realize the vision as funds and staffing throughout our varied public and private agencies serving children, youth and families allow.

Lane County's plan comprises twenty (20) High Level Outcomes, in four goal areas (separately targeting families, children 0-8, youth and community). There are a total of 45 priority areas and 194 strategies. Each strategy can only be fully implemented by the combined efforts of multiple service providers, funders, businesses and community members. In many ways, Lane County's plan is the "mother of all plans" from which other more focused planning entities may derive their more targeted efforts.

Lane County's plan for improving the lives of its children and families includes twenty (20) High Level Outcomes:

1. Reduce Adult Substance Use
2. Reduce Domestic Violence
3. Reduce Poverty
4. Reduce Child Maltreatment
5. Improve Prenatal Care
6. Increase Immunizations
7. Reduce Substance Use During Pregnancy
8. Increase Child Care Availability
9. Improve Readiness to Learn
- 10, 11, 12 Reduce Teen Substance Use
- 13, 14, 15 Reduce Juvenile Crime
16. Reduce Teen Pregnancy
17. Decrease Youth Suicide
18. Reduce High School Dropout Rate
19. Increase Community Engagement
20. Decrease Runaway Behavior/Youth Homelessness

The work to develop the original SB555 Workplan and the subsequent ways it is referred to in a variety of community planning efforts has a number of positive results. Community providers and funders are much more aware and educated about the details and the range of services being offered in Lane County. There is better coordination, cross-training and "outstationing" of staff to increase access for families. When grant opportunities arise, potential applicants are quick to survey community partners about their level of interest in applying. More often now, we are seeing either collaborative grant applications being submitted or mini grant-planning sessions will result in a community decision about which agency is the most appropriate candidate to apply. Lane County's

Workplan is often the starting point for subsequent discussions within grant-planning sessions. It assists the participants in developing a more coordinated and thoughtful proposal to address locally identified gaps and needs. It also provide individuals with greater opportunities to understand the breadth of services available to our families (outside their areas of expertise), and the depth of the unmet needs of children, youth and families.

As we bring together consumers, policy makers, service providers, and community partners to improve a system of supports or services, we achieve much more than any one partner could have achieved alone. In monitoring and participating in the work outlined in our SB555 plan, we can see improvements to systems of supports and services, and positive shifts in community norms and priorities. There is a focus on increasing government and government-funded program effectiveness and efficiencies within our community, including: new resources and increased sharing of resources among agencies/programs; delivery of collaborative services; coordinated service delivery and more seamless community responses; more inclusive planning efforts; increased citizen and consumer participation in policy-making; increased provision of evidence-based and innovative, promising practices; increased provision of culturally specific prevention services and more culturally competent service delivery.

Since the last update of Lane County's Coordinated Comprehensive Plan for Services for Children and Families in June 2004, there have been two interconnected themes dominating the thinking and efforts of local policy-makers, decision-makers and service providers: Public Safety and the Methamphetamine Crisis. During the last 18 months, Lane County has been re-assessing its Public Safety system, acknowledging the deep impacts of continual funding cuts, as well as the interdependence of the various enforcement, treatment and prevention components. There is a keen awareness now in Lane County that Public Safety is much more than enforcement. To be effective over the long-term, substance abuse treatment and prevention must be substantial and well-supported pieces of the system. Treatment and, in particular, prevention now both have an important place in the development of a comprehensive Public Safety Strategy being finalized in Lane County. Leadership from the Commission on Children and Families played a key role, as did the comprehensive, cohesive and thoughtful SB555 planning and updating processes.

In addition, there has been an increased awareness of the needs of youth, and in particular the at-risk, neglected, runaway, and homeless youth, who have been severely under-served for so long. Lane County is serving as a pilot for Positive Youth Development, which has had the effect of raising the awareness among policy- and decision-makers, of the needs of youth. Evidence-based strategies and efforts to increase the youth voice in creating solutions have heightened the community's awareness of the power and energy our youth can contribute. There are also growing collaborative efforts between schools and community (service providers, businesses and community members), to bring greater resources and supports to children and families to improve academic and social outcomes for our students. This includes efforts to address the achievement gap, particularly in our urban school districts. Rural districts continue to struggle with the lack of resources and accessible services for its students and their families.

Our last update process completed in June 2004 made significant changes to more than half of the High Level Outcomes in this plan. Many of these changes are still relevant and are being implemented today, with no immediate need for change. Therefore, changes made to our local Plan for Services to Children and Families for this update process focused on those High Level Outcomes 1, 5, 7, and 17 which did not receive as much attention last time. These HLOs either have not received any attention since the original plan was developed in 2002 or there has been significant attention at the local level which demands that the priorities and strategies be reviewed. Decisions in Lane County regarding the provision of services and implementation of strategies to achieve better outcomes for children youth and families, have been increasingly data-driven and evidence-based. So, for example, in the last couple of years there has been increasing focus on suicide prevention, in particular for youth, and efforts to address infant mortality. In both these instances, Lane County has a disproportionately high rate compared to overall state figures.

Youth suicide and infant mortality rates are causing concern to local lawmakers and service providers. Between 1993 and 2003, the rate of youth suicides increased from 132 in 100,000 to 306 in 100,000, a 231% increase<sup>1</sup>. In 2002, the last year of complete fetal and infant mortality data, Lane County's infant death rate was 8.6 as compared to 5.8 for the state as a whole; the neonatal death rate was 5.2 as compared to 3.8 for the state; and the post natal death rate was 3.4 as compared to 1.9 for the state<sup>2</sup>. These data have alarmed our community and efforts have consequently increased to both understand the reasons why, and take steps to address the issues.

Similar to the last update process, instead of convening extra planning meetings purely for the purpose of discussing SB555, this time we also chose to meet with individuals and existing community groups and ask for agenda time for analysis and discussion. Thus we achieved a variety of positive goals which included, 1) Promoting the plan and fostering a sense of excitement about its multiple uses; 2) Receiving community input about the continuing relevance of the Workplan, and making changes resulting in a more viable, usable plan; and, 3) Documenting some key successes and challenges the community has realized in the course of implementing the plan to date.

All of the Commission's community mobilization efforts are tied to our community's comprehensive plan. As we move through the community supporting our partners' efforts to implement our vision for services to children, youth and families in Lane County, we are guided by the commitments set forth in our Workplan. We have encouraged use of our comprehensive plan as the umbrella plan from which more targeted, specific or focused workplans can stem. For example, the Commission's as well as other community partners' plans such as the Domestic Violence Council, Early Childhood Planning Team, Mental Health Advisory Committee, Alcohol and Drug Issues Forum, the Public Health Division, etc. all refer to, and in some cases stem from, our community "master plan".

The SB555 Workplan has also been the catalyst for significant changes to the Commission on Children and Families and the County Department (Children and Families) which supports it. There

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<sup>1</sup> "2005 State of Caring Report—Leading Indicators Report," United Way of Lane County, page 62

<sup>2</sup> Oregon fetal and infant mortality data is housed in a state database and reported in aggregate form and 2002 was the last year of complete fetal and infant mortality data.

now is a very particular and profound commitment to supporting the success of SB555: every project undertaken by staff or Commission members supports the Priorities laid out in our Plan. We provide support to our community's efforts on behalf of children, youth and families in the following five key areas: 1) Advocacy and public awareness; 2) Community resource development, sustainability and stability; 3) Inclusive community planning, collaboration and decision-making; 4) Increased supports, service efficiency, quality improvement and accountability; and, 5) Networking, training and education.

During the last update process, the Lane County Commission on Children and Families chose not to list the ten "most critical areas to fill", but rather to highlight the importance that each of these areas holds for the others. Their thinking was that if services are to be truly family-focused, it is impossible to see one area of service as more critical than another; it all depends on the individual needs of the family and its members. Further, they believed that singling out any ten "most critical" areas, would cause damage to the partnerships and collaborations we as a community have all worked to create and sustain. The issues affecting funding in local communities, in any given area of focus is ever-changing as different funding opportunities (both public and private) wax and wane. The bottom line is that there simply is not adequate funding in any of the priority areas listed, for both prevention and treatment. Prioritizing one over the other is like offering a small bowl of rice to a starving family and asking them to prioritize who gets to eat. It is just not enough.

Lane County's overall population has grown 3.2% since the 2000 Census and trails behind the state average of 4.7%<sup>3</sup>. The population remains predominately white with a definite trend towards increasing pluralism; the Hispanic population in particular has increased by 19% between 2000 and 2004. Lane County's population is increasingly culturally pluralistic. Unfortunately, our current reality is that many public health and social service organizations are not designed or prepared to address the profound change that is underway. Consequently, many socio-demographic subgroups are disproportionately at risk for poor behavioral and physical health outcomes.

Finally, one of the biggest challenges to our system of services is access for people who do not speak, read or write English. Hiring enough bilingual staff experienced in the service delivery system and providing support to people seeking services, is proving very challenging for both the private and public sectors in Lane County. Good translators and interpreters cost money, and costs are expected to be taken out of current operating budgets for services. A true commitment to cultural competence (which includes ensuring equal access to all services for *all* community members) is needed on the part of institutions such as the state or county governments and other funders. This would include additional funds in program allocations specifically to hire translators and interpreters in the absence of experienced bilingual staff to help customers access services. The Commission on Children and Families has allocated a specific pot of money earmarked for translation/interpretation services for HealthyStart providers and it has found agencies hire translators/interpreters more often as a result. This is the result when providers are not faced with having to choose between hiring an interpreter or continuing to be able to pay for staff.

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<sup>3</sup> 2004 Oregon Population Report and the Population Research Center

## High Level Outcome 1: Reduce Adult Substance Abuse

- A) Reduce the impact of alcohol and drugs on the community.
  - A1) **Strengthen and build upon existing prevention and treatment initiatives and services, along the full continuum of care, including peer support and appropriate individualized parenting instruction/support.**
  - A2) **Support change in community norms and laws regarding the use of ATOD.**
  - A3) **Increase health care integration of prevention and treatment.**
  - A4) *Integrate consumer input into system planning and design.*
  - A5) *Increase outreach and information dissemination to all families.*
  
- B) Stabilize the A&D system with essential services ranging from prevention through treatment.
  - B1) **Increase the flexibility of funding to help clients have access to different levels of care including peer support services throughout each level of care.**
  - B2) **Stabilize the service provider system with longer term contacts and funding (not services supported by "soft" dollars).**
  - B3) **Increase funding rates from women's and youth residential adult and youth drug free outpatient, adult methadone outpatient and adult detoxification treatment services as well as A&D diversion programs (requires additional funding to implement).**
  - B4) **Increase funding for prevention services to support the Center for Substance Abuse Prevention, CSAP, strategies for effective prevention; information dissemination, education, problem ID and referral, positive alternative activities for youth, supporting community-based coalitions, and environmental or community norms and laws (requires additional funding to implement).**
  - B5) **Enhance specialized services for individuals with co-occurring disorders including but not limited to developmental disabilities and/or cognitive impairment, A&D dependency/addiction, mental health and pathological gambling.**
  - B6) *Increase the variety of collaborative partnerships to include local businesses and schools.*
  - B7) *Develop pre-treatment support activities for people on waiting lists for treatment slots.*
  - B8) *Support programs and activities which assist recovering addicts in building the skills to meet their basic own needs such as housing, employment, etc.*
  
- C) Incorporate "evidence-based" approaches to services across the continuum of prevention and treatment services.
  - C1) **Promote evidence-based treatment models across the continuum of youth and adult treatment services. Specific service priorities include funding for case management**

**services that help the client/family access needed services, *peer support activities* and family skills enhancement/ development strategies.**

**C2) Promote strength-based prevention models (including universal, selected and indicated strategies) across the continuum of prevention services, including peer support, based on the Institute of Medicine Model (e.g., parenting).**

D) Increase knowledge and access to services for very high risk and/or inadequately/underserved segments of the county's varied population(s). \* All strategies listed here require additional or stabilized funding to implement.

**D1) Improve the effectiveness of and access to services reaching varied under-served populations including but not limited to cultural and ethnic minorities, homeless, elders and sexual minorities.**

**D2) Enhance treatment engagement and treatment completion for clients in the criminal justice system with A&D abuse/dependency problems.**

**D3) Improve the capacity of our A&D system to address the unique clinical needs of people who are abused or have experienced trauma including elders, partners and children as well as perpetrators.**

**D4) Enhance specialized services for individuals with co-occurring disorders including but not limited to developmental disabilities and/or cognitive impairment, A&D dependency/addiction, mental health and pathological gambling.**

## **High Level Outcome 2: Reduce Domestic Violence**

A) Improve safety, access to resources and trauma recovery for child, youth and adult survivors and accountability for perpetrators using approaches that acknowledge the diversity of each families' circumstances, resources, and interests.

- A1) Expand services and supports for children exposed to domestic violence, including those who witness crimes.**
- A1) Increase the availability of core advocacy, victim-centered system advocacy, and informed community support services for adult survivors.**
- A2) Support batterer intervention programs that cover the impact of violence on children and teach non-coercive parenting skills.**
- A4) Increase access to supervised visitation and monitored exchange.**
- A5) Expand civil legal assistance for survivors.**

B) Improve the effectiveness of domestic violence interventions with adult, youth and child domestic violence survivors and perpetrators through a coordinated community response.

- B1) Improve the response to domestic violence by expanding the use of culturally appropriate screening and assessment tools and practices across multiple disciplines.**
- B2) Provide on-going and accessible education on the dynamics of domestic violence for service providers.**
- B3) Provide on-going and accessible cross-training for professionals who routinely work with all types of families affected by domestic violence.**
- B4) Maintain, expand and enhance the Lane County Domestic Violence Council.**
- B5) Maintain, expand, and enhance systems coordination, joint service delivery models and multi-disciplinary case coordination.**
- B6) Strengthen the sanctioning and supervision of perpetrators in a coordinated effort with the justice system, parole & probation, child welfare, assessment services, batterer intervention programs, and supervised visitation programs.**

C) Create and sustain broad-based prevention strategies.

- C1) Develop a comprehensive, collaborative school-based prevention program for ages 3-18, that is developmentally appropriate and involves student curricula, school staff, and parent engagement. Include prevention strategies for domestic violence exposure, dating violence, sexual harassment or assault, bullying, substance abuse, early pregnancy, AIDS, and related topics with a focus on healthy relationships and asset development. Ensure training and support is adequately provided for teachers/school staff around disclosure.**
- C2) Encourage community engagement and media awareness campaigns.**
- C3) Increase awareness of and responsiveness to marginalized and underserved victims and communities.**

### High Level Outcome 3: Reduce Poverty

A) Promote and support strategies to prevent poverty in Lane County

A1) Increase adult basic skills, education, entrepreneurial and job skills by: a) improving coordination among workforce development agencies, Lane Community College and local high schools; b) providing career trend information, training, employment support and job development; c) generally increasing interagency communication and decreasing duplication of services; d) creating financial incentives to local economic community to create family wage jobs; e) working with local economic development agencies such as Lane MetroPartnership, City Governments, and Lane MicroBusiness in long range economic development planning to include the needs of low-income families; f) increased participation between low income families and the workforce system through: i) targeted marketing and outreach; ii) intentional inclusion of low-income families in the planning process to create career opportunities for family wage jobs; iii) follow-up surveys and evaluation of effective strategies; iv) on-going referral and support.

A2) Promote financial planning strategies for low-income families by: a) providing information about the Earned Income Tax Credit program; b) supporting and increasing utilization of financial literacy programs; c) increasing home ownership for low-income families.

B) Reduce the impact of poverty and hunger on children, families, and the community by increasing availability and access to social supports

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B1) Increase access to primary health care by: a) increasing the number of eligible individuals enrolled and using the Oregon Health Plan; b) supporting the Community Health Centers of Lane County; c) increasing the enrollment of eligible children in the State Children's Health Insurance Program (SCHIP); d) increasing the number of physicians (providing preventive and primary healthcare) and dentists who accept Oregon Health Plan clients; e) increasing the number of children who receive health care through school-based health centers; f) supporting initiatives to make affordable healthcare available to all families, such as those families not eligible for OHP and who do not currently have health insurance.

B2) Increase housing stability by: a) advocating at the State level to create efforts to prevent homelessness, such as, restoring the Emergency Assistance program; b) creating more affordable local housing options; c) supporting the increase of low income utility programs; d) advocating for increases in federal housing subsidies; e) increasing access and support for legal services to address landlord/tenant issues; f) increasing support for housing stabilization program, including making local money available for matching funds to support transitional and permanent housing; g) increasing access and support for: drug- and alcohol-free housing, housing for

people with disabilities and their families, and transitional/stable housing for homeless teens.

- B3) Increase access to affordable quality childcare through: a) increased support to childcare resource and referral program for outreach, recruitment and training; b) expansion of Employment Related Daycare through reduction in co-pay and expanding eligibility level; c) expansion of available childcare options provided outside normal work hours, for special needs children and in rural areas; d) increasing training of child care providers; e) supporting programs which tie increased wages and salary supplements to improved quality services offered by child care providers and early childhood educators.
  - B4) Increase access to hunger relief services by: a) advocating at the State level to maintain current expanded eligibility requirements for families and individuals to the Food Stamp Program and increasing the number of eligible families enrolled; b) increasing access to and participation in all the federal food programs, including the school meal program, Summer Food Service Program, and the Child and Adult Care Food Program; c) increasing support for food distribution through food bank system and related nutritional and food preparation classes, and self help programs such as gleaning and gardening.
  - B5) Nurture and strengthen innovative community efforts to create new and more permanent funding sources for services and supports for low income families (e.g., tax levies, etc.)
- C) Strengthen partnerships in support of health, well-being, self-sufficiency, and safety of low-income, disabled, and disadvantaged residents.
- C1) Increase service integration through: a) increasing community awareness of existing resources and services; b) increasing opportunities for coordination and collaboration among service providers; c) enhancing opportunities for community resource forums, especially in partnerships with area schools; d) braiding funding streams among community partners; and e) grant writing and resource investing to support the above strategies.
  - C2) Address the high rate of poverty among single mothers by increasing access to services, including: a) better coordination of existing services; and (b) increasing support to RAPP, JOBS program and educational opportunities, Teen Housing, and Teen Parent Program.

## **High Level Outcome 4: Reduce Child Maltreatment**

- A) Create and sustain broad-based prevention strategies.
  - A1) Increase opportunities for family-centered events and activities that reflect the diversity of families in our community.
  - A2) Promote prevention based media awareness campaigns that increase awareness of individual and collective actions to support children, youth, and families.
  - A3) Promote family friendly workplaces and practices.
  - A4) Create safe and caring neighborhoods where neighbors know one another and take responsibility for monitoring children's well-being.
  
- B) Identify families still at risk of poor childhood outcomes
  - B1) Identify and refer families with high levels of stress and/or other indicators of potential poor childhood outcomes, through a variety of screening and self-reporting methods.
  - B2) Ensure that all institution/agency staff who currently have exposure to children are adequately trained to identify, refer and support children and families
  - B3) Educate diverse communities and professionals on procedures and laws for reporting child abuse and neglect, including the children exposed to family violence.
  
- C) Increase capacity, accessibility and efficacy of community-based supports and services for families
  - C1) Increase support and access to information, advocacy, and respite services for families in high risk situations, such as raising children with special needs, poverty, drug abuse, parents with disabilities.
  - C2) Link families exhibiting risk factors for poor childhood outcomes to services including home visiting, parenting classes, a parent help-line, therapeutic early childhood classrooms, respite childcare, and other community-based services. All such services will be available in Spanish for mono-lingual Spanish-speaking families.
  - C2) Design and expand programs specifically for children exposed to domestic violence.
  - C3) Increase capacity and options for family visits in appropriate settings for children who have been removed from parental care, including supervised parenting time and exchange centers.
  - C4) Increase prevention-focused local collaborative efforts such as Community Safety Nets and Family Resource Centers.
  - C5) Increase mental health resources for children and families, including recovering from parents' own childhood trauma.

## **High Level Outcome 5: Improve Prenatal Care**

- A) Strengthen parental understanding of the importance of prenatal health and health care.
  - A1) Provide parental education about prenatal health and its impact on the unborn child through prenatal home visiting.
  - A2) Enhance community understanding of the importance of early prenatal support/care and its impact on the unborn through public and provider education.
  - A3) Ensure access to prenatal care and education for vulnerable, underserved populations through community collaborations and outreach to minority populations.
  - A4) Enhance current prenatal services for vulnerable populations. Sustainable funding is needed.
  - A5) Increase access to prenatal care for pregnant homeless youth.
  
- B) *Increase understanding of the status and strategies to address the underlying causes of low birthweight and infant mortality in Lane County*

*Strategies under development*

## **High Level Outcome 6: Increase Immunizations**

- A) Improve immunization information available to families and care providers.
  - A1) Increase participation in Oregon Immunization ALERT by Lane County Providers
  - A2) Increase immunization compliance by collaborating with WIC to provide immunization screening.
  - A3) Strengthen parental skills and knowledge through a public information campaign that highlights the importance of early immunizations.

## **High Level Outcome 7: Reduce ATOD Use During Pregnancy**

- A) Increase knowledge of the dangers of ATOD use during pregnancy.
  - A1) Provide parental education, screening and referral about the dangers of ATOD use and its impact on the unborn child through prenatal home visiting, teen parent groups, and other prenatal support activities.**
  - A2) Provide culturally appropriate residential and outpatient services for teen and adult pregnant or parenting women that is available and accessible to all.**
  - A3) Enhance community understanding of the negative impacts of ATOD on the unborn child through public education.**
  
- B) Build the capacity of Lane County's providers to offer more effective prevention efforts and interventions with women of child-bearing years*
  - B1) Collect and disseminate among providers evidence-based information, skills and diagnostic tools to intervene with and prevent women of child-bearing years from using ATOD.***
  
- C) Increase efforts to prevent unwanted pregnancies in adult women.*

*Strategies under development.*

## **High Level Outcome 8: Increase Child Care Availability**

- A) Ensure the availability and accessibility of quality child care.
- A1) Analyze gaps in child care availability.**
  - A2) Ensure there is an adequate number of child care options to meet family needs, including care that is identified as "hard-to-find", such as care for:**
    - Infants or toddlers,
    - Families whose primary language is not English,
    - Children with special needs (including medically fragile), or during:
    - Non-traditional hours and/or days,
    - Out-of-school time for school-age children and youth, or in:
    - Rural or another identified geographic area
  - A3) Ensure that parents who are seeking child care will have timely access to available providers in their geographic area. Services will be offered to culturally and linguistically diverse populations. Referral information will include information such as provider's:**
    - Name,
    - Approximate location (street name),
    - Phone number,
    - Type of care,
    - Regulation status,
    - Times/days available, and environmental factors.
  - A4) Increase retention of child care providers by advocating and supporting wage incentive and professional development programs.**
- B) Improve the affordability of child care by increasing resources to help pay for quality child care options.
- B1) Increase family knowledge and/or use of resources to help pay for child care.**
  - B2) Educate child care providers on how to provide affordability strategies to parents, including the use of the Department of Human Services Integrated Child Care Program payment system.**
  - B3) Advocate for public funding that helps support the cost of quality child care.**
- C) Educate parents, providers, employers and communities on healthy development, safety and well-being of children in child care.
- C1) Increase provider knowledge in early childhood care and education that is linguistically and culturally diverse.**
  - C2) Increase access to technical assistance, training, wage incentive, professional development and professional membership opportunities for child care providers and programs that are culturally and linguistically diverse.**

- C3) Increase family knowledge of the characteristics of high-quality child care that is linguistically and culturally diverse.**
- C4) Increase family knowledge of child development, positive parenting practices, work-family strategies, and resources for meeting family's needs, including families that are culturally and linguistically diverse.**
- C5) Increase employer knowledge and support for quality child care and other work-life issues.**
- C6) Increase community knowledge of issues affecting child care.**
- C7) Improve linkages among early childhood care and education programs and professionals, including programs that serve families that are culturally and linguistically diverse.**

## **High Level Outcome 9: Improve Readiness to Learn**

- A) Ensure that all children have reached levels of physical well-being, language use, social/emotional/motor development, and learning preparedness for successful learning
  - A1) Increase availability and access for children and their families to the following:**
    - a) Food, food programs and nutrition information
    - b) Medical and dental care (with or without insurance/OHP eligibility)
    - c) Child mental health specialists to provide assessment and therapeutic support
    - d) Knowledge and supports for parents to provide a safe, stable, nurturing, appropriately stimulating, home environment
    - e) Knowledge for parents and caregivers of developmentally appropriate expectations for the children in their care
    - f) Books and libraries
    - g) Affordable, accessible and high quality childcare environments
- B) Improve the quality, range, accessibility and availability of community services and family supports to prepare children to learn
  - B1) Expand access to and availability of high quality early childhood learning environments throughout Lane County that meet the needs of families**
  - B2) Improve the identification of children with special needs through a system of early childhood developmental screening and referral**
  - B3) Improve access to adequate training opportunities for early childhood teachers/educators and parents/caregivers**
  - B4) Enhance parental knowledge and skills through home visiting, parenting classes, and other support activities**
  - B5) Strengthen family involvement in educational activities (such as reading) through parent education and support services for all families**
  - B6) Advocate for state funding that addresses improvements for early childhood education environments resulting in developmentally appropriate learning environments and a high quality preschool education for all children**
  - B7) Advocate to expand funding support for legislated, state-funded programs in order to enable them to serve 100% of eligible families. This includes, Oregon Pre-K, Head Start, Healthy Start, ECSE, Family Resource Centers, Crisis Relief Nurseries, the CASA Program, etc.**
- C) Improve schools' readiness for all children
  - C1) Increase the cultural readiness of institutions to provide support to children entering the school system and their parents. Include:**

- a) Cultural sensitivity training and linguistic support for teachers and school administrative staff
  - b) An increase in the range, number and availability of staff development trainings
- C2) Increase community commitment to education by improving mechanisms that bring parents into schools to volunteer, as well as to engage and work with school officials to better support positive outcomes for their children's education
- C3) Increase age appropriate strategies that address the developmental variety seen in children as they enter school, stressing flexibility and inclusion.

## High Level Outcomes 10, 11, 12: Decrease Teen Alcohol Use; Decrease Teen Drug Use; Decrease Teen Tobacco Use

- A) Reduce youth use of alcohol, tobacco and other drugs.
  - A1) Promote substance abuse prevention best practices in schools and communities.
  - A2) Promote and support best practices in substance abuse treatment for specific populations
  - A3) Involve local media to inform community about youth use of ATOD.
  - A4) Enhance community-based prevention coalitions addressing youth ATOD issues.
  - A5) Support community norms and laws change regarding the use of alcohol.
  - A6) Support, enhance or create meaningful and consistent criminal justice responses to youth use of ATOD.
  - A7) Restrict youth access to ATOD.
  - A8) Promote earlier identification of high-risk youth.
  - A9) Create tobacco-free environments by a) recruiting Lane County high school youth to participate in activities to create tobacco free environments; and b) meeting with local media to highlight the problems of secondhand smoke exposure and advocate for change.
  
- B) Stabilize the A&D system with essential services ranging from prevention through treatment.
  - B1) Develop or enhance local treatment options for youth, including detox and residential care for males and females. (requires additional or stabilized funding to implement).
  - B2) Increase the flexibility of funding to help clients have access to different levels of care.
  - B3) Increase funding for prevention services to support the Center for Substance Abuse Prevention, CSAP, strategies for effective prevention: information dissemination, prevention education, community based processes, environmental/social policy, alternative activities and identification and referral.
  - B4) Stabilize the service provider system with longer term contracts and funding (not services supported by "soft" dollars).
  - B5) Increase funding rates for women's and youth residential adult and youth drug-free outpatient, adult methadone outpatient and adult detoxification treatment services as well as A&D diversion programs (requires additional funding to implement).
  - B6) Enhance specialized services for individuals with co-occurring disorders including but not limited to developmental disabilities and/or cognitive impairment, A&D dependency/addiction, mental health and pathological gambling.
  - B7) Increase funding for ATOD services to at-risk, runaway, and homeless youth.
  - B8) Monitor, evaluate, and report on programs by special populations.

- C) Incorporate "strength-based", family-focused approaches to services across the continuum of prevention and treatment services.(requires additional or stabilized funding to implement).
- C1) Promote strength-based treatment models across the continuum of youth and adult treatment services. Specific service priorities include funding for case management services that help the client/family access needed services and family skills enhancement/development strategies.**
  - C2) Promote strength-based prevention models (including universal, selected and indicated strategies) across the Institute of Medicine model continuum of care.**
  - C3) Identify protective factors specific to various socio-demographic groups through research and community forums.**

Note: HLO's 10-18 all address priorities and strategies which seek to address many of the same risk factors.

## **High Level Outcomes 13, 14, 15: Decrease Juvenile Arrests; Maintain OYA Bed Use; Reduce Juvenile Recidivism**

- A) Identify youth at high risk of committing their first crime and identify juvenile offenders at risk of future delinquency--these high-risk youth have multiple risk factors in the area of acting out behavior, negative peer association, family issues, school issues, and alcohol and other drug use (AOD).
- A1) Screen youth in the community identified as high risk\* as well as juveniles entering DYS Intake using the OJCP Screen/Assessment tool. Use the tool to identify those youth with three or more risk factors and aid in determining additional assessment needs, service needs, appropriate placements. Ensure that staff and systems using this tool increase their understanding of risk and protective factors within a complex cultural context. Furthermore, incorporate this understanding into the intake process so that families from all cultural backgrounds are ensured equal access (e.g., use cultural liaisons to assist families with addressing/ responding to screening results).
- A2) Conduct additional assessments as indicated (including, A&D, domestic violence, sex offending, mental health, fire setting, etc.)\*
- A3) Increase identification and control of serious, chronic offenders.**

**\*As of June 2004, funding for these strategies does not support universal or community-based screening**

- B) Increase opportunities for positive skill development by increasing protective factors and reducing the aforementioned risk factors that place these youth, as well as other high risk non-adjudicated youth, at increased jeopardy of criminal activity. In addition, for the offender population, provide these risk reduction/protective factor strategies in balance with a graduated sanctions approach. In all instances, intervene as early as possible. (Following screening and assessment as described in Priority A, B1-12 offer a range of risk reduction/protective factor Strategies.)
- B1) Safe Place crisis response.
- B2) Effective school-based delinquency prevention programs for youth at high risk for delinquency. Programs should be family-focused and work to reduce risk and increase resiliency.
- B3) Family Support and Skill Building--includes: Provide support and treatment for families through multiple contacts per week as needed.
- B4) Peer Court--includes: Referral to Peer Court; Program level screening and assessment as needed; Cases heard by peer jury; Consequences mandated by Court, including treatment compliance as necessary.
- B5) Mentoring--includes: Utilize research based components of effective mentor programs; Screen youth; Screen mentors; Support mentors with training,

assistance, supervision; Provide one-one adult/youth matches; Match youth with mentors.

- B6) Early Intervention and Treatment--includes: Early identification of high-risk offenders and access to immediate responses; Based on screening and assessment, refer youth and family to needed services and purchase services and resources as needed.
- B7) Martin Luther King School--includes: Court mandates youth to attend court school as condition of probation/parole; Provide individualized education plan and services; Help develop and implement transition plan to further education or training or work.
- B8) Treatment Foster Care--includes: Recruit, train, support community foster families; Place delinquent youth with foster families; Provide 24 hour supervision for youth; Skill oriented treatment; Parent training/treatment; Monitoring school attendance, performance.
- B9) High Risk Supervision--includes: Intensive supervision by DYS Court Counselors for high risk youth offenders, minority offenders, sex offenders on Formal Accountability Agreements, probation, and/or in treatment.
- B10) Victim/offender mediation.
- B11) Services and treatment for specific offending populations (e.g., sex offenders, arsonists, weapons violations, etc).
- B12) Mental health prevention and intervention services, including mental health sub-acute and acute care and home-based family intervention.
- B13) Ensure safe living options for youth, including non-adjudicated, who cannot return home (e.g., Shelter care, Treatment Foster Care, Independent living, etc).
- B14) Provide a full spectrum of social supports and crisis services for at-risk youth (including non-adjudicated) who do not qualify for categorical services.
- B15) Provide a continuity of treatment for youth in transition between secure detention and community-based supervision.
- B16) Increase opportunities for youth to make positive use of their time.
- B17) Develop and support a range of effective secure custody responses.

C) Provide effective, safe learning environments.

- C1) Support schools to react effectively to State mandates around violence including, strengthening and developing a range of interventions for early acting out and bullying.
- C2) Strengthen school violence prevention design and systems, in response to "hate" motivated violence including harassment and bullying.
- C3) Increase range of educational supports, opportunities and venues.
- C4) Support teachers and staff in all learning environments as violence is disclosed and/or witnessed, and ensure a full spectrum of community supports and services are easily accessible for referral.

- C5) Provide training in and support for skill-based conflict resolution strategies for children, youth, families and professionals in dealing with conflict, aggression, racism, etc.**
  - C6) Increase family involvement in their child's education, including supporting parents to partner with schools in effectively addressing discipline issues.**
- D) Do our work together, more effectively, through information-sharing and inclusive decision-making
- D1) Identify and utilize "best" or evidence-based practices to prevent juvenile crime and routinely evaluate effectiveness.**
  - D2) Commit to making data-driven decision-making and utilize the most current information at any given time to identify needs in future planning process.**
  - D3) Utilize strength-based practices for dealing with high risk youth in the juvenile justice system.**
  - D4) Develop tools to coordinate services which lead to positive impact on clients.**
  - D5) Create and sustain partnerships between juvenile justice, juvenile court, and treatment providers for addressing community safety and the needs of substance abusing juvenile offenders.**

Note: HLO's 10-18 all address priorities and strategies which seek to address many of the same risk factors.

## **High Level Outcome 16: Reduce Teen Pregnancy**

- A) Provide a community wide and comprehensive effort to assist in making decisions.
  - A1) Delay the onset of sexual activity by providing school based life skill development and comprehensive sexuality education (self esteem, empowerment, goal setting, human growth and development, abstinence, contraception, and refusal skills).
  - A2) Teen parent education and support to delay subsequent pregnancies through home visiting and access to family planning.
  - A3) Provide intensive services to high risk homeless youth in at-risk situations e.g., survival sex.

Note: HLO's 10-18 all address priorities and strategies which seek to address many of the same risk factors.

## **High Level Outcome 17: Decrease Youth Suicide**

- A) Increase community awareness of suicide risk factors.
  - A1) Support comprehensive school-based suicide prevention programs.*
  - A2) Implement a suicide prevention public education campaign.*
  
- B) Increase early identification of youth at risk and response to suicidal behavior.
  - B1) Provide education for professionals in health care, education, and human services.*
  - B2) Provide gatekeeper training to create a network of people trained to recognize and respond to youth in crisis.*
  - B3) Develop parent education component of school-based suicide prevention efforts.*
    - *Conduct focus groups with parents and schools to determine other prevention fields to include in the development of a parent education workshop introducing parents to issues (ex. Depression, suicide, substance abuse and harassment) that their students may face in transitioning from middle school to high school and high school to middle school*
    - *Develop concise curricula focusing on early identification of youth at risk in the family and response to suicidal behavior.*
    - *Work with school-based health centers and family resource centers to develop web site information (resources, networking) regarding these issues facing youth and their parents (e.g., anger management, eating disorders, practitioners with youth expertise, etc.)*
  - B4) Enhance or develop psycho-education for parents of children or teens accessing emergency rooms for suicidal behavior.*
  
- C) Increase community resources for adequate interventions in suicidal youth.
  - C1) Develop a community-based intervention program that focuses on skill development, for depressed youth.*
  - C2) Enhance crisis services for adolescents including a secure adolescent mental health crisis facility.*

Note: HLO's 10-18 all address priorities and strategies which seek to address many of the same risk factors.

## **High Level Outcome 18: Reduce High School Dropout Rate**

- A) Provide alternative education opportunities to allow students to complete high school.
  - A1) Increase availability of alternative education, including mentoring and tutoring components in the rural areas of Lane County.**
  - A2) Stabilize existing alternative education programs, including mentoring and tutoring components.**
  - A3) Enhance credit recovery options for youth returning to school.**
  
- B) Promote emerging best practices for dropout prevention.
  - B1) Gather and disseminate information on dropout prevention best practices with an emphasis on gender and culturally specific strategies.**
  
- C) Promote institutional responsibility for dropouts.
  - C1) Engage students and families, train educators and diversify staff.**
  - C2) Increase linkages between schools, parents, programs and services.**
  - C3) Identify all youth who dropout and develop a systematic support system to reengage youth's reentry into school.**
  - C4) Research and consider the effectiveness of Truancy Programs, including attendance officers.**

Note: HLO's 10-18 all address priorities and strategies which seek to address many of the same risk factors.

## **High Level Outcome 20: Decrease Runaway Behavior and Youth Homelessness**

- A) Increase the availability and range of services for at-risk and runaway youth and families directed toward stability and reunification.
  - A1) Promote early identification and intervention with families in trouble.
  - A2) Offer a range of affordable services including: 24-hour crisis intervention; individual, group and family therapy; case management; skill building; and aftercare.
  - A3) Increase access to prevention/intervention services for: basic needs, education, medical, dental, HIV testing and services, sexual assault, reproductive health, employment, health education, substance abuse, mental health, and dual diagnosis treatment.
  - A4) Provide emergency shelter, housing, and services to ensure youth safety.
  - A5) Increase the availability of positive youth activities that develop better use of leisure time, skill and competency development, youth/adult partnerships, and civic engagement.
  
- B) Increase the availability and range of services for homeless youth.
  - B1) Promote street and other outreach activities to affected homeless youth that informs and encourages youth to seek services.
  - B2) Improve access to services for basic needs, education, medical, dental, HIV testing and services, sexual assault, reproductive health, employment, health education, substance abuse, mental health, and dual diagnosis treatment.
  - B3) Increase access to affordable housing.
  - B4) Increase services of basic needs, daytime access center, case management, advocacy, housing subsidy, mental health and substance abuse treatment, and a range of positive activities.
  - B5) Increase the availability and range of supervised housing options for homeless youth under 18.
  - B6) Increase the availability of positive youth activities that develop better use of leisure time, skill and competency development, youth/adult partnerships, and civic engagement.

Note: this High Level Outcome (HLO) was created by our community in 2004 and does not fit in the overall State SB555 HLO structure (1-19). This is one of our community's solution to the lack of an appropriate "place" in this plan to express the needs of the "Runaway, Homeless Youth" population.

## **High Level Outcome 19: Community Engagement**

- A) Strengthen existing and create more opportunities for involvement in community-based partnerships and activities that promote and enhance asset development.
  - A1) **Work to strengthen Family Resource Centers, Community Safety Nets, and Community Coalitions. Focus on sustainability and developing asset-based strategies.**
  - A2) **Work to strengthen neighborhood associations and increase community-wide participation, in collaboration with cities and other partners.**
  - A3) **Educate and involve community members to contribute resources in a manner that supports children and families**
  - D4) **Engage policy makers and advisory groups to include youth seats/positions on their boards and commissions, and to provide appropriate support and training to both youth and adults.**
  
- B) Increase "volunteerism" by both youth and adults
  - B1) **Focus on strengthening easy entry points for youth and adults to become engaged in volunteering, including partnering with schools for youth opportunities.**
  - B2) **Support a community "Call to Action," publicizing to the community a wide range of ways to become involved in helping the community.**
  - B3) **Enhance retention of volunteers by increasing opportunities for them to experience influence and/or success.**
  - B4) **Increase the number of workplaces who support their employees' ability to take time to volunteer in the community. Engage with other community partners, in particular, the Chambers of Commerce and the Lane Workforce Partnership.**
  
- C) Strengthen all residents' connectedness to the community
  - C1) **Explore culturally relevant welcoming strategies**
  - C2) **Support community-wide events where everyone is valued**
  - C3) ***Advocacy and education are needed to ensure culturally relevant, competent services are available to all families***
  
- D) Develop a county-wide system to engage all youth in civic and leisure activities
  - D1) **Use existing youth groups to establish organizational structure(s) to establish and encourage youth communication and recruitment.**
  - D2) **Reach out to youth from disenfranchised, or marginalized groups and develop strategies to re-engage them in existing or new community activities, and develop non-traditional avenues for youth to engage in and contribute to their community.**
  - D3) **Develop graduated, well-supported leadership opportunities for all youth.**

- D4) Ensure that youth activities are sufficiently and broadly available, affordable, accessible and relevant.
  - D5) Initiate a training and awareness campaign for adults and youth that encourage and improve youth/adult partnerships.
- E) Increase citizens' advocacy on issues affecting children, youth and families at both the local and state levels.
- E1) Increase the community's awareness of political issues and empower community members to effect policies impacting children, youth and families in a positive way.
  - E2) Engage parents, caregivers, and all family supporters, and educate them about the power that their united voices can have on issues affecting children, youth and families.
  - E2) Support advocates in organizing and working with political leaders to craft policy decisions.
  - E3) Support relationship building among elected officials, decision-makers, community members and advocacy organizations.
  - E4) Focus on concrete goals and outcomes, transparency and clear processes which increase the community's trust and understanding of how (tax) monies are spent.
- F) Address the sustainability of needed, identifiably effective services
- F1) Develop and distribute PR/outreach materials, including report cards, community-wide informational campaigns on needs, effective services for children and families
  - F2) Provide and facilitate forums to develop creative funding approaches (e.g. local tax levies, etc.)
  - F3) Partner with other community leaders/funders to establish and pay for a shared community grant-writer
  - F4) Initiate and support efforts to increase the community's capacity to raise needed funds for services (e.g. classes, staff-time to work with agencies on developing materials and information to promote their agencies/services, etc.)
- G) Improve the efficiencies and effectiveness of government and government-funded services so that the community can hold government accountable for making the best use of tax dollars, and consequently meet their obligations regarding the needs of children and families
- G1) Initiate and participate in more collaborative efforts around planning for services (e.g., SB555, Mental Health Planning, Public Health Planning, etc.)
  - G2) Coordinate the development and implementation of common funding application processes
  - G3) Coordinate the development and implementation of standard reporting formats for funders in the community

- G4) Support research and efforts into common data collection methods among funders and providers, ensure that data is collected across a full range of cultural variables
- G5) Create and support opportunities for effective consumer involvement in program planning, development and policy-making at all levels