
Lane County SB555 Biennial Update Report

“This planning blueprint [SB555] 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

Part 1. Plan Update Process and Partnerships

1.a.) Please outline the process you used to complete the plan update in your county. Provide enough detail to show the decision-making process used.

Lane County used a three part process for updating its comprehensive plan for services to children and families: 1) Information gathering; 2) Community review; 3) Approval.

During the first part (beginning in December 2003), we gathered information from the community and partners focusing on the successes and challenges experienced as we all implemented the vision of SB555 since the completion of Phase II in mid-2002. We also asked for analysis of the high level outcomes, priorities and strategies (Workplan) for their continuing pertinence and efficacy.

The methods used for reaching out during this information-gathering phase we believed would foster a better community perception of the plan and its uses, while also reaching out to partners in the least time-demanding fashion. Instead of convening extra planning meetings purely for the purpose of discussing SB555, we chose to meet with individuals and existing community groups and ask for agenda time for analysis and discussion. A key aim was to have the least impact on staff, agencies and individuals already finding they have less time for service delivery due to budget cuts, while still achieving a variety of positive goals. These included, 1) Increasing the number and variety of community members and partners “at the table” contributing to the planning process; 2) Moving away from previous negativity about the plan; 3) Re-engaging people in the process of community-wide, strategic planning; 4) Promoting the plan and fostering a sense of excitement about its multiple uses; 5) Receiving community input about the continuing relevance of the workplan (priorities/strategies), and making changes resulting in a more viable, usable plan; 6) Documenting some key successes and challenges the community has realized in the course of implementing the plan to date.

During the second part of our update process, staff refined the input, updated portions of the workplan and brought the results back to community groups and individuals for further feedback. Commission on Children and Families (CCF) staff facilitated conversations, and managed suggested changes and specific feedback, while also closing the discussion/feedback loop between diverse groups. This is particularly true

of the suggested changes to the priorities and strategies in the workplan, thus creating a more current, usable document and greater community investment. Parts one and two were very dynamic with information gathering and feedback loops occurring simultaneous.

During the final stage, a final review session for all partners and community members in a public meeting was held, followed by the approval of the updated workplan and biennial update report, by the CCF and the Board of County Commissioners (BCC).

This update process has worked well for us. In fact, we found that working with groups in their “comfort zones” and areas of specialization resulted in more in-depth discussions. Meeting with groups with a specific focus, e.g. early childhood, domestic violence, youth, etc. appeared to result in deeper, more substantial discussions of specific needs/concerns issues for particular focus areas. Receiving input from a broader mix of individuals (not just the planners, middle managers or executive staff of community and government agencies), also enriched the conversations. Planners provided in-depth cross-systems analysis and were easier to engage in planning conversations and the importance of continuing to update SB555; service providers and others less familiar with SB 555 or planning in general, asked penetrating questions about the outcomes, usefulness, and made excellent suggestions about outreach and implementation barriers.

The advantages of convening larger planning groups with varied representation are the cross-system/services/population discussions, realizations, connections, and networking. We strove to keep these positive elements by “feeding back” to the separate groups, with input from other community members on “their” areas or specialization. We also held a community-wide public forum where conversations were facilitated across disciplines resulting in increased understandings of gaps, service connections, etc. In earlier planning processes, only one or possibly two representatives of a particular population or service were at the SB555 “planning table” contributing possibly rather one-sided points of view. The turf battles that had ensued previously were also somewhat diminished, as a result of groups raising, and often resolving, issues internally prior to engaging with the broader community partnership.

In addition to increasing the number and variety of individuals involved in this updated planning process we also sought to address some weaknesses in the plan as identified by the community since its completion in 2002. These included:

- The lack of specific priorities/strategies, or an appropriate High Level Outcome under which to collect and address the needs/issues of runaway, homeless youth;
- The lack of comprehensive planning (i.e., planning not attached directly to specific funding) for child mental health issues and services in the community,

and the desire to have a “place” or High Level Outcome in the SB555 plan under which to reflect the community goals;

- The need to expand the priorities and strategies of HLO 19: Community Engagement, to include more grass roots efforts, and advocacy on behalf of children’s issues and services, both locally and at the legislative level;
- High Level Outcome 3: Reduce Poverty needed updating both to address the impacts of the fiscal climate since 2002, but also to include priorities and strategies to *prevent* poverty (i.e. living wage efforts), rather than just strategies to attenuate the issues for people who are already poor;
- In light of recent devastating budget cuts to schools in particular, there is a growing recognition of the need for better coordination/collaboration between schools and social services in order to better support families thus improving outcomes for their children in school and otherwise.

These continue to be areas needing attention and focus as we continue our SB555 implementation efforts.

1.b.) Please indicate by checkmark which partners participated in this Plan Update process.

Community residents:

- General population
- Youth
- Clients/consumers
- People with special needs
- Groups of diverse populations
- County human services agency
- Other county government entity

Juvenile justice:

- Juvenile departments
- Parole/probation
- Service providers

Dept. of Human Services:

- Abuse and neglect
- Food, cash, housing
- Disability services
- Service providers
- Safety Net

Alcohol & drug prevention

- Prevention coordinators
- Service providers
- Public health departments
- Local mental health authority
- Mental health organizations
- Domestic violence organizations

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- Advocacy groups
 - After-school programs
 - Child care providers
 - Child Care resource and referral
 - Early childhood team representatives
 - Early Intervention/Early Childhood Special Education
 - Head Start/Oregon Pre-Kindergarten
 - Businesses
 - Chamber of Commerce
 - Service Clubs
 - Faith Community
 - Tribal governments
 - Police
 - Neighborhood coalitions
 - K-12 education:
 - Specific schools
 - Parent teacher associations
 - School Board
 - School districts
 - Alternative schools
 - Educational Service District
 - Community Action Agency
 - Community Partnership Teams
 - Other _____

1.c.) *What new partners have been added since the 2001 planning process? What is their role? Have any stopped participating? For what reason?*

The Lane County SB555 Cultural Competency Consultation Group (CCCG) was formed in the Spring of 2002 by the Steering Committee of the SB555 coordinated planning effort. This group includes individuals with extensive professional experience addressing the needs of various diverse communities who represent a broad spectrum of organizational affiliations and professional roles. In its initial phase, the main goal of the CCCG was to provide consultative input into Lane County's SB555 comprehensive, coordinated planning process, focusing on the high level outcomes.

More specifically, the CCCG has provided input in the following areas: 1) Availability and quality of data addressing each high level outcome stratified by race, ethnicity, socioeconomic status, gender, exceptionality, sexual orientation, and other relevant variables; 2) Inclusiveness and applicability of individual strategies for diverse and underserved communities; 3) Availability of current county resources to address each high level outcome; 4) Additions of new strategies to the plan that address the needs of culturally diverse communities. As a result of the recommendations made in the

CCCG's report (released in January 2003), CCF has implemented a variety of efforts to improve data collection efforts and provide additional support to community providers on cultural competency for the agencies and staff (see section 4.c) of this report for more details).

Due to the integrated way our community "implements" its plan, we can report that no group or partner has left the process to date. Through their regular agency or other committee work, whether knowingly or not, many/most agencies and individuals providing service or support to children and families have participated in implementing the strategies committed to in SB555. There have been numerous organizational changes as a result of devastating budget cuts, to both private and public agencies providing services and support to children and families in Lane County. Regardless, the same depth and breadth of participation continues, in fact, we believe that participation levels have increased.

Contacts in the community surrounding the plan have increased; the actual work of updating the plan has been touched by a broader range of individuals than we achieved in the creation of the original plan. For example, every project now undertaken by the Lane County Commission on Children and Families and its supporting staff in the Department of Children and Families either supports or directly implements strategies and priorities found in our SB555 plan.

Part 2 – Plan Implementation

2. *Reviewing the plan*

2.a.) *Data and data analysis -- What significant differences, if any, in the county population were shown in the current demographic data?*

No significant differences in the data

The following are the most significant differences in the data. *List significant differences by area and impact (in numbers or percentage or both). List as many as apply.*

- Between 2001-2003, Lane County Economy Index ranking (includes net job growth, per capita income, wages, and unemployment), has dropped from 4th to 7th.
- Between 2001-2003, Lane County Education Index ranking (includes dropout rate, 3rd and 8th grade reading skill achievement and 3rd and 8th grade math achievement), has improved from 11th to 9th.
- Between 2001-2003, Lane County Child Well-Being Index ranking (includes prenatal care, infant mortality, child abuse, pregnant smokers, and teen pregnancy), has dropped from 13th to 21st.

- Between 2001-2003, Lane County Public Safety Index ranking (includes overall crime and juvenile arrests), has dropped from 18th to 29th in 2003.
- Lane County Median Family Income (\$54,300) continues to increase at a faster rate than the state (\$58,600) and national (\$57,500) levels.
- Lane County continues to be one of Oregon's 19 distressed areas with a Distressed Area Index value of 1.30, which exceeds the 1.20 threshold.
- 39% of homes in Lane County are affordable to families with a median income of \$54,300 compared to other areas of the country with housing markets where 85-95% of families with a median level of income can afford to buy homes.

2.b) *Priorities & strategies: After county partners review the current priorities and strategies, list any changes made for 2004-06 or attach copy of revised section(s) with changes clearly indicated.*

- Changes were made to the plan and reported in the table below
- Changes were made to the plan and the revised section(s) from the plan are attached
- Changes already reported on Short Term Plan Update

Most of the High Level Outcomes were revised during our update processes. *The major changes are reflected in italics in the Plan document attached.*

2.c.) *(Step 8 -Measurement) As a result of your plan review, did your county make any changes in the measurement area?*

- No changes at this time
- Changes were made to the logic model or data collection plan: Please attach revised version.
- Changes were made to the targets: List in the following table, or attach revised version.

2.d.) *What other changes, if any, were made to the Plan?*

- No other changes
- Changes made, but already reported in the Short Term Plan Update
- Changes to other parts of the plan, see Addendum A

Community Profile updated, and attached.

3. Progress with Implementation of Priorities and Strategies

3.a.) Which of the following methods do you use to regularly assess your county's progress in implementing the local comprehensive community plan (check as many as apply):

- Regular meetings with partners specifically to discuss progress (or as a specific agenda item at a meeting)
- Work plans/action plans
- Signed Interagency Agreements
- Common data base used by multiple organizations
- Step 8 data collection results
- Presentations to community organizations
- Evaluations
- Other
- Not currently tracked

Lane County "implements" its plan in a very integrated fashion; implementation is not distinct from the every day work of providing services. Whether knowingly or not, most agencies and individuals providing service or support to children and families have participated in implementing the strategies committed to in SB555. We are historically a very process oriented community, with a significant tradition of collaborative planning, funding and provision of services. In other words, the plan itself is not the primary motivator to bring to life the vision articulated in our SB555 plan.

What the plan and the process of SB555 planning *has* done is to 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. The plan provides a visionary, potentially unifying beacon toward which other less broad planning efforts can aim.

Through all of its community mobilizing efforts, Department of Children and Families staff are continually monitoring, promoting and supporting the implementation of the plan. Bringing together consumers, policy makers, service providers, and community partners to improve a system of supports or services achieves 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.

3.b.) *Is the local community mental health plan included in or attached to your county's comprehensive plan?*

- Yes (Addendum D)
 No. If no, when do you anticipate that it will be attached?

3.c.) *Is the local community public health plan included in or attached to your county's comprehensive plan?*

- Yes (Addendum C)
 No. If no, when do you anticipate that will it be attached?

4. What are your successes related to implementation of the plans?

4.a.) *Our county's efforts to better coordinate and improve services have resulted in:*

- No change in programs and services
 Improved coordination with no change in programs or services
 Improved coordination with change in programs or services
 Change in programs or services only
 Other

4.b.) N/A

4.c.) *Many counties have made significant improvements in programs, services and supports for their diverse populations. Please briefly highlight what your county has done in the past two years to improve services to all residents as a result of partnership efforts. Are there things you have done or learned that other counties might find helpful? Who was involved and how did you make it happen?*

As described in section 1.c), the Cultural Competency Consultation Group (CCCG) was convened by the Department of Children and Families (DCF) in the summer of 2002, to review Phase II of Lane County's SB555 Plan. Their task was to assess the relevancy of the plan to diverse populations in our community, and make recommendations for improvements to services and systems in Lane County. In early 2003, they submitted their final report and subsequently, a number of their recommendations have been taken up by DCF and the Lane County's Human Resources Division. This work is being integrated into service delivery and funding processes through the County in the following ways:

- ◆ Findings from the CCCG Report on SB555 will be used as a basis for discussion by the newly convened Diversity Task Force here at the County. Their task is to create Phase II of Lane County's Diversity Implementation Plan, which means

we have an opportunity to imbed many of your recommendations into the expectations and practices of Lane County departments.

- ◆ All service provider contracts through the Department of Children and Families now have a clause which mandates that \$500 of their funding award specifically be spent on activities relating to improving or increasing the cultural competency of their services or staff. This money can be spent on translators/interpreters, staff training, building improvements, etc.
- ◆ This biennium, the Healthy Start Program set aside a pool of money for all Healthy Start providers to access for translation/interpretation needs. We believe that funders should acknowledge and shoulder the additional expenses incurred for increasing access to all populations. It should not be assumed that this expense is the sole responsibility of the service provider. Ultimately, the legislature and federal/state government agencies should also factor these needs into the funding allocations they make.
- ◆ The Department of Children and Families is developing a pilot project with a few community agencies to support evaluation stratified by race, gender, age, and other factors. One of the aims is to work towards collecting data which can be used by agencies currently implementing innovative, promising practices for specific sub-groups of the population, to establish their program as “evidence-based.”
- ◆ Diversity trainings (lead by some of your esteemed colleagues), will be offered at reduced or no cost for community non-profit services providers. They will focus on practical ways to improve the cultural competency of agency staff, service provision and outreach.

5. *What is slowing your progress in implementing the plan?*

5.a.) *What barriers to implementation has the partnership encountered? (Check as many as apply)*

- Community capacity
- Program capacity (waiting lists, etc.)
- Key leader or key staff turnover
- Partners unwilling to participate
- Partners unable to participate/Lack of staff time
- Inadequate financial resources
- Complexity of implementation
- Inflexible state administrative rules or statutes
- Lack of support from businesses and other community organizations
- Ability to fund best practices programs with current funding
- Other _____
- Other _____

5.b.) Besides inadequate financial resources, which one of the following conditions has the most impact on your partnership's ability to achieve plan outcomes? (Check only one)

- Community capacity
- Program capacity (waiting lists, etc.)
- Key leader or key staff turnover
- Partners unwilling to participate
- Partners unable to participate/Lack of local staff time
- Complexity of implementation
- Inflexible state administrative rules or statutes
- Lack of support from businesses and other community organizations
- Other _____
- Other _____

Waves of state and county budget cuts over the last couple of years have devastated Lane County's "community capacity." What initially began as impacts to program capacities, has now progressed to such a point that we are unable to meet the basic health and safety needs of our residents, hence the impact on the community's capacity.

5.c.) From the list in question 5.a. above, are there barriers that state agencies could resolve or reduce? If so, please list in the following table and tell your thoughts about what needs to be done.

Barrier	Proposed Actions
<i>Budget cuts have impacted services to such an extent that community capacity around public safety and well-being has been compromised</i>	Continue presenting compelling evidence to the legislature of the efficacy and cost-effectiveness of prevention, and the need for a greater long-term state support and investment in our schools, social service and public safety systems.
<i>Lack of real integration of Public Health and Mental Health plans into SB555</i>	State agencies need to better coordinate what is being asked in each planning process so that they actually can be connected and ultimately even integrated. Assuming that the intent of connecting the Public Health and Mental Health plans to SB555 is to make planning in communities more efficient and coordinated.
<i>Measurement Plans have proven extremely difficult to complete as outlined in the Step 8 process</i>	Partners for Children and Families oversight group should review the practicalities of implementing measurement plans using the Step 8 process. Revisions should be made that result in measurement processes that are less time-consuming and produce more useful and informative data.
<i>Given the particular High Level Outcome</i>	Provide counties with guidance on how to represent child mental health issues within the SB555 HLO

<i>framework we are using, there is no obvious place in the plan to highlight and specify needs around child mental health issues</i>	framework.
<i>Given the particular High Level Outcome framework we are using, there is no obvious place in the plan to highlight and specify needs of runaway, homeless youth</i>	Provide counties with guidance on how to represent runaway, homeless issues within the SB555 HLO framework.
<i>Budget cuts have impacted the availability of state-collected data on services and consumers</i>	Work towards efficiencies and homogeneity in data collection across state and local agencies. It is also <u>essential</u> to improve data collection practices at all levels so that they include relevant stratifications by meaningful cultural variables.
<i><u>High Level Outcome 14: Maintain OYA Bed Use</u> is not an inspiring goal particularly for lay community members, nor is it an Oregon Benchmark</i>	Review and clarify language to better represent the intent of this High Level Outcome.

6. Impacts of local plans for state agency 2005-07 budgets.

6.a.) *Which of the following areas have gaps that are the most critical to fill in your county in order for your county to achieve the plan outcomes? Please limit the number checked to ten. Add any additional areas relevant to your county’s continuum of services, but avoid listing specific programs.*

Given the recent budget cuts from federal, state and local sources, all areas listed below in this section now have gaps currently not being funded, and most of these gaps are critical to supporting our children and families. Through our work in updating our comprehensive, community vision, we were continually affirmed in our belief that budget cuts have damaged the delicate web of services that provides support to children, youth and families in Lane County.

The power of this coordinated, community planning process has been the networking, collaborating, and increased understandings that have developed between all of our community partners. Despite decreases in funding, we believe our services are more efficient and effective as a result of our community’s planning and collaboration, even while fewer people are now served because of the lack of resources.

The Commission on Children and Families has chosen 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. 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.

Furthermore, we believe that singling out any ten “most critical” areas, will cause damage to the partnerships and collaborations we 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 Lane County Commission on Children and Families has an ongoing commitment to keep abreast of funding needs as they change over time, and holds itself available when the need arises for input on funding decisions. We believe that answering this question in the abstract, would only provide an imprecise snapshot in time (end of June 2004). Worse, we believe it would have an adverse impact on the partnerships that have come together during this update process and developed a belief in and esteem for our community plan.

Juvenile Crime	Alcohol and Drug	Early Childhood	Other Systems and Cross-system Supports
Basic services (JCP)	Alcohol and drug treatment services for adults	Home visiting	Mental health services for adults
Aftercare support	Alcohol and drug treatment services for youths	Child care (hard to find*)	Mental health services for children and youth
Diversion services	Alcohol and drug prevention services – access to services	Child care (affordable)	Health care access
Juvenile crime prevention – access to services	Alcohol and drug prevention – changing community norms, public awareness	Preschool	Access to contraceptive information
Involve families in family therapy and prevention efforts	After care support	Early childhood workforce development	Youth suicide prevention
Other _____	Other _____	Other _____	Emergency shelter
			Foster care
			Family support services to higher risk families
			Domestic violence services
			Domestic violence awareness & education
			After school activities
			Alternative education
			Truancy/school attendance
			Workforce training
			Positive youth development activities
			Mentoring
			Parenting education
			Provider training
			Safe, decent, affordable housing
			Transportation
			Living wage jobs
			Other _____

* Includes infant and toddler, after hours, special needs, match with home culture, etc.

Thank you! This completes the plan update.