Coordinated Comprehensive Plan Update

For Children & Families in Lincoln County

Biennial Plan Update – Phase III

January 2006

Facilitated by the
Lincoln Commission on Children & Families

Index:

Lincoln County Commission on Children and Families
05- 07 Biennial Plan Update
EXECUTIVE SUMMARY
January 31, 2006

Vision: To create a community of families in which children of all cultural and economic backgrounds are protected, educated, supported, and nurtured so that they may achieve their full potential.

Mission: To support, and advocate for the care, protection, and positive development of all children and families within the Lincoln County community.

Lincoln County Commission on Children and Families (LCCF) is required to prepare a Comprehensive plan describing how Lincoln County will address long-term goals for children and families. The State requires the County to prioritize how it will address these goals by selecting "high level outcomes" that it will work toward and by developing strategies it will use to achieve these outcomes. The prioritized high level outcomes identified by the community include:

1. ***Child maltreatment/abuse prevention;***
2. ***Increasing the number of childcare slots and quality childcare options;***
3. ***Drug and alcohol prevention, education and treatment;***
4. ***Positive youth development;***
5. ***Reducing juvenile crime through prevention efforts and provide treatment to youth already in the juvenile system;***
6. ***Reduce drop out by providing intervention to middle and high school students that are identified as "acting out" by school counselors, juvenile department and other local sources;***
7. ***Increasing community engagement.***

Oregon Administrative Rules required counties to conduct a biennial plan update of their coordinated comprehensive plans for children and families. This update provided an opportunity for the Lincoln County Commission to reassess current community conditions; make revisions to incorporate significant changes in funding levels; refine priorities, strategies, and outcomes based on updated information; expand, strengthen, or acknowledge effective partnerships through discussion of priorities and strategies in the plan; and communicate successes and challenges with state and community partners.

In preparation for this update, Commission members were asked if there were areas that they would like more information in order to help them make informed decisions; whether the current selected high-level outcomes were still the Commission priorities; whether there are other areas that the Commission should be focusing on; and how can the Commission improve communication with the community as a whole.

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The final product of the biennial plan update has developed into a working document that captures current information in regards to the identified high-level outcomes for Lincoln County. It is intended to raise awareness, discussion, questions and hopefully action. It is in no way a complete picture of the community's strengths or needs. The Commission welcomes any comments, and/or additional input that would strengthen this document so it can be a useful resource for community planning and action.

Background of the Lincoln County Commission on Children and Families

The Lincoln County Commission on Children and Families (LCCF) is a partnership of agencies, and citizens working together to improve the lives of children and families in Lincoln County. By serving as the lead planning and policy advisory group, the purpose of the LCCF is to connect, energize, and mobilize the community to help increase and sustain its ability and effectiveness in promoting the health and wellness of all Lincoln County's children and their families.

The role and responsibility of the local Commission includes:

1. *Advise* Board of County Commissioners on children, youth and family policies.
2. *Community Mobilization* by advocating for local support and involvement in current issues; creating partnerships of community members and agencies, facilitation and support of local coordinated comprehensive planning for all children ages 0 to 18 and their families, and gather and evaluate information and data to measure progress achieving identified goals.
3. *Coordinate programs* by bringing together local resources with similar goals and outcomes in attempt to impact service delivery and provision and by building and supporting collaborations and service integration. This includes providing technical assistance, developing resources, and facilitating community engagement.
4. *Make* recommendations for funding of local programs with solid outcomes. Requests for proposals, and collaborative contracting, are vehicles used for funding appropriate programs.

The Commission manages state and federal funds that are allocated through LCCF to local programs and projects based on priorities and strategies identified. Programs that receive funds are monitored for program effectiveness by measurable outcomes. Programs that received funding in 2004-05 include:

Lincoln County CASA (Court Appointed Special Advocates) supports volunteer advocates appointed by a judge to speak up for abused and or neglected children in court.
Family Care Connection is a childcare resource and referral program. The program offers childcare provider education and provides information on childcare options to meet family needs (special needs, infant / toddler, etc.)
Healthy Start / Family Home Visiting works to strengthen parenting skills through home visitation and provision of links to basic needs support. The program provides home visiting and parent education for first time parents who screen and assess positive for high risk factors. Family support activities are offered weekly to assist young families with appropriate expectations for their child. Families who meet eligibility requirements are offered regular

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home visits for up to 3 years. These home visiting services focus on relationship-building and problem-solving to enhance family functioning, improve parent-child interaction, and, ultimately, to (1) reduce the risk of child abuse and neglect and (2) increase children's readiness to enter school. An emphasis is placed on early literacy by providing books to families to encouraging reading to very young children.
Childcare Collaborative promotes increased quantity and quality of childcare and increase in infant and toddler slots throughout Lincoln County through a collaboration of childcare providers.
Juvenile Targeted Case Management aims to lower the probability of high-risk youth entering the Juvenile Justice System. The specific target population is non-adjudicated Lincoln County youth, ages 10-17 that are at high risk for commission of juvenile crime.
Alcohol, Tobacco & Other Drug (ATOD) Prevention Collaboration was formed to focus on the development of alcohol and drug-free alternatives during out-of school time through after school activity programs.

Looking at Lincoln County

The coastal region is unique in many ways that present challenges to our various service systems that try to meet the needs of children, families, adults, and seniors.

There are a number of significant factors that are unique to coastal counties and make the task of meeting citizen's needs and protection of their health very different from the rest of the state. Distance from each other and the needs of each coastal county have forced the coast communities to set up east-west service systems, consortia and regions. There is no entity or organization that advocates for the needs on the coast as a region or that is focused on analyzing or articulating them. As a result, the coastal needs are frequently overlooked and not adequately analyzed by our state. Often our data and statistics do not give an adequate picture of the community.

According to the 2000 US Census, more than 25% of the citizens of Lincoln, Tillamook, Coos and Curry Counties were age 60 and over compared to state averages of 16.6%. 48.5% of the citizens of Lincoln County are aged 45 and over compared to a state average of 38.5%. Along the coast and in particular in Lincoln and Coos counties, there is a disproportionately large population of people with disabilities and serious mental illnesses as demonstrated by the number of enrollees in the Oregon Health Plan in these categories. There are a disproportionate number of children in foster care. The number of homeless includes approximately 386 schoolchildren.

One of the factors that significantly impact our social makeup on the coast is the lack of family wage jobs and the absence of universities. Many of our young people leave to go to college, careers and the military. For many who remain there are limited job opportunities, primarily in the tourism and service industries. These jobs tend to be on the low end of pay scales and offer little or nothing in the way of health insurance. Quality and affordable childcare is extremely hard to find. Infant/toddler care is rare and odd-hour care is relatively non-existent. Since a very high percentage of our success-oriented youth head to other places for opportunities, it is little wonder that Lincoln and other coastal counties have historically

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had higher than average rates of teen pregnancy, child abuse, single parent families and alcohol and substance abuse. There is a higher than average proportion of at-risk young people than other parts of the state.

Significant progress was being made in addressing many of our needs prior to the budget crises of the past two bienniums. Teen pregnancy rates and child abuse rates were reducing as a result of community effort and, very significantly, the impacts of the Oregon Health Plan, particularly the mental health carve out. Prior to various budget cuts Lincoln County Health and Human Services (LCHHS) was able to provide a full time clinician at the Children's Advocacy Center to treat victims of child abuse, a fulltime clinician at the Community Corrections to provide assessment and early intervention with probationers and LCHHS contracted with numerous specialist throughout the county to augment the core work of the county mental health department. Over the last biennium the equivalent of five clinical positions were eliminated at LCHHS. Alcohol and Drug Prevention and Treatment monies have been drastically reduced. The number of people needing resources for addiction treatment, especially due to methamphetamine addiction has soared. Many of those in need do not have Oregon health plan resources. More needs to be done, with less and less resources.

Priorities identified by the Commission in 2005 remain the focus for 2006.The priorities identified represent important concerns, but these are not our communities' only priorities. The Commission continues to support the full spectrum of children, youth, young adults and families.

LCCF 2004-05 Identified Priorities, Strategies and /Implementation

Priority 1: Child maltreatment and abuse prevention
Priority 2: Increase the number and childcare slots and quality childcare options

Strategy: Establish extended and odd-hour quality childcare availability

In 2003, the Early Childhood Coordinating Council (ECCC) and an ad hoc work-group were asked to provide information to the Commission to help identify strategies and establish priorities in regards to early childhood issues. The ECCC focused on the quality and access to childcare and the second group focused on child maltreatment. Independently, after analysis of local indications, the two groups found that a significant number of children could be at risk of abuse due to the lack of adequate childcare resources. The joint conclusion was that child maltreatment in Lincoln County could be significantly addressed with the provision of both traditional day care and "odd hour" respite, immediate need childcare and additional infant / toddler slots.

Through the development of a collaboration of childcare service providers the LCCF set a target in 2005 to establish a minimum of 35 new extended and odd hour childcare slots and increase infant and toddler slots. With support and funding from LCCF, Newport Parks and Recreation Department developed weekend programming for infants / toddlers; Newport

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Oceanspray Family Center development weekend programming for school-age children; and in Lincoln City, Samaritan Early Learning Center expanded its schedule to include odd hour programming and increased infant and toddler slots. A total of 60 extended and odd hour, infant / toddler slots were added in the count. The childcare collaborative providers felt that their programs could be self-sustaining in the upcoming biennium. Due to certification requirement the collaborative was unable to provide the identified need for on-call respite care.

The ECCC recommended changing the strategy for the upcoming biennium (2006-08) from increasing childcare slots to quality childcare with the overarching goal of reducing child maltreatment. The increasing need for mental and behavioral health services for young children is an increasing concern that is being investigated by ECCC. There are plans underway for a community Action Plan Day in 2006 to further strategize and plan around this concern. The Local Alcohol and Drug Planning Committee and Mental Health Advisory Board have also identified and discussed the need to investigate the possibility of a relief nursery in Lincoln County.

Priority 3: **Drug and alcohol prevention, education and treatment**
Priority 4: **Positive youth development**

Strategy: **Promote positive youth development activities. Expand after school or out of school time options for youth.**

In 2004-05 the Commission gathered a group of community members and providers to address the high level outcome of reducing youth alcohol and other drug use. A collaboration was formed to focus on the development of an alcohol and drug-free alternatives out-of school-time / after school activity programs. Collaborative members included Community Services Consortium, Toledo Police Department, Siletz Valley Partnership, Newport Parks & Recreation, and South County Youth Center. East County Community Partnership took the role as lead agency. To strengthen youth programs, a part-time coordinator was hired to facilitate trainings for youth programs. Trainings included: 40 developmental assets, drug recognition, emergency preparedness, and drug endangered children. Trainings were held throughout Lincoln County. Staff participates in monthly collaborative meetings, provide technical assistance, provide education/training opportunities, and assist in grant writing.

Commission members recommended continued support of this collaborative group in 2005-06. The collaborative members chose to invite additional members through a request for proposal (RFP) process and a decision was made to eliminate the lead agency and the training coordinator position. Collaborative members and programs for (2006-07) include:

CSC (Returning Partner): Youth Leadership Program is a youth development model. Team members are recruited countywide with the focus on having representation from all Lincoln County communities.
Newport Parks & Recreation (Returning partner): Teen education center provides computers and tutorial services to primarily middle school aged youth.

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Siletz Valley Partnership (Returning partner): Evening parent and youth art classes after school program that focuses on academic improvement.
Toledo Police Department (Returning partner): Challenge Camp is a weeklong summer camp for 30 youth. The camp stresses teamwork, respect and achievement.
Depoe Bay Kids Zone (New Partner): Learning center provides Depoe Bay youth with educational enrichment, citizenship training, and positive recreational activities. Programs include mentoring, tutoring, computer skills training, earth sciences that include the utilization of seismograph equipment located in the center.
The Ridge: (New program) The Ridge exploration team offers youth the opportunity to discover and experience new hobbies and possible career paths.
Seashore Literacy Center (New Partner): After school program that works closely with teachers to determine which students are in need of extra support and tutoring. The center provides a safe, organized environment to learn in.
Yachats Youth & Families Program (New partner): Helping Hands / Senior Youth Council gives youth the tools and skills they need to become healthy functioning members of the community. Through training and hands on projects participants develop skills in communication, decision-making, public speaking, leadership, and teamwork.

Integration with Health and Human Services Prevention programs

Lincoln County Health and Human Service's community based prevention program focuses on information dissemination and community based processes. The goal is to enhance the ability of the community prevention coalitions and out of school time prevention programs in their efforts to effectively address prevention services for substance abuse. This focus includes assisting community coalitions and out of school time prevention programs in addressing prevention needs that are unique to the culture and climate of a rural community.

There is a structured and integrated approach within the Lincoln County Health and Human Services prevention unit to address Lincoln County's Comprehensive Plan strategies and high-level outcomes. The high level outcomes that address school drop out; teen alcohol and substance abuse and community mobilization are prioritized. An overlapping of personnel, support staff and funding streams from the Office of Mental Health and Addiction Services Federal Block Grant (AD70); Office of Juvenile Justice Delinquency Prevention (OJJDP), Rural Communities Incentive Grant for Enforcement of Underage Drinking Laws (EUDL); Safe and Drug Free Schools Grant, Reconnecting Youth; and Lincoln County Commission on Children and Families (LCCF) provide Lincoln County the opportunity to maximize resources and better address community needs.

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Priority 5: **Reduce juvenile crime through prevention efforts and provide treatment of youth already in the juvenile system.**

Strategy: **Targeted case management program that aims to lower the probability of high-risk youth entering the Juvenile Justice System**

In fiscal year 2003/2004 the LCCF recommended to the Board of Commissioners that it partner with the Oregon State University Extension Service to implement a Juvenile Crime Prevention (JCP) funded Targeted Case Management position for at-risk youth in North County. The focus of the project was to concentrate prevention efforts on non-offending juveniles 10-17 years of age and non-adjudicated, high-risk middle school youth ages 10-14. The identified youth that exhibited high-risk behavior had their immediate needs assessed and then the student and family were assisted in accessing available services. This plan worked to initiate and / or maintain "wraparound" services from community and interagency collaboration via the four existing Youth Services Teams.

At the end of the contract, a review committee recommended reissuing an RFP with greater specifications, developing a collaborative process or using funding to strengthen an existing program that fits within JCP guidelines. It was recommended by Commission to reissue RFP's for a Targeted Case Management program.

RFP's were issued and the review committee has recommended that the Board of Commissioners approve funding of a Lincoln County School District Case Management Project. This proposal strengthens the existing work of the Health Service Advocates by increasing their work schedule to full time so they are able to provide case management for an additional 5 cases per school district area. The Health Service Advocates work closely with Youth Service Teams. Discretionary funds will be made available which will strengthen the ability to provide wrap around services for at-risk students.

Priority 6: **Reduce drop out by providing intervention to middle and high school students that are identified as "acting out" by school counselors, juvenile department and other local sources.**

Strategy: **Implementation of Reconnecting Youth Program**

The results of a needs assessment collected in 2003 by LCHHS and LCCF, was reviewed by a subgroup which included LCHHS, Lincoln County Juvenile Department, Local Alcohol and Drug Planning Council, LCCF, ESD, Community Coalitions, and several Youth and Family activity programs. Local issues were prioritized. Suggested strategies focused on opportunities for education improvement, life skill development and resource enhancement. Local school administrators reported personal skills development as the area of greatest common need for local youth. Based on resource assessment there were no indicated school based prevention programs to address these issues currently provided in Lincoln County School District. Toledo and Taft High School were identified as high schools of highest need.

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To address the improvement in school performance a pilot project that utilized portions of the *Reconnecting Youth* health curriculum was provided as a collaborative effort by LCHHS Behavioral Health staff and the LCHHS School Based Health Clinic. This project was piloted in the 2004-05 school year.

The school year of 2005-06 will bring the implementation of the complete curriculum of the *Reconnecting Youth* (funded for the 05-07 biennium through a Safe and Drug Free Schools Grant) program to Lincoln County School District at Taft High School. This curriculum provides personal skill development, social support, and school bonding. Self-monitoring of school achievement, attendance, drug involvement and alcohol use help youth gain awareness of their need for behavior change to chart their progress toward success. Youth exhibiting multiple behavior problems, show signs of poor school achievement or potential for dropping out of high school will be referred to the program. The strength of this project is the support of an interagency collaboration between LCHHS School Based Health Clinic, LCHHS Health Educator, Behavioral Health Counselor, school principles, school-counseling staff, educators, and the Lincoln County Juvenile Department.

Discussion has been initiated with Workforce Investment Board, Community Service Consortium, Georgia Pacific and Centro De Ayuda to look at developing a plan to address the Hispanic population's school success and reduction of the high school drop rate. Language barriers along with a need to address a cultural change have been identified as risk factors. Peer mentoring, family networks and leadership training were recommended as areas to further investigate.

In light of recent devastating budget cuts to schools, there is a growing recognition of the need for better coordination/collaboration between school and social services in order to better support families and thus improve outcomes for the children in school. Members of the Commission have identified the need to strengthen the relationship with the school district for the upcoming biennium. In attempt to improve collaboration members want to learn what concerns the school district sees as priorities and what resources the school district currently has in place.

Priority 7: Increase community engagement

Strategy: Improve community awareness, education and communication

Lincoln County is looked upon as a place where people are remarkably collaborative and innovative. It takes the collective work of many partners towards a variety of intermediate outcome to impact the broader outcomes identified in the Comprehensive plan.

Since 1994, Lincoln County Commission on Children and Families has worked to improve of the system of services for children and families. Efforts have focused on comprehensive planning and improved cross-agency communication. Several collaborations have occurred. The LCCF has taken a role as facilitators and planners within many of these collaborations.

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The Task Force to Reduce Underage Drinking is a collaborative of LCCF, LCHHS prevention staff, OLCC, law enforcement, schools, juvenile department, medical services, faith community, youth and other interested community members. This collaborative group is working to reduce underage drinking through increased retail compliance through provision of vendor training, compliance checks and minor decoy operations. The focus is also on development of controlled party dispersal teams, policy change, increased DUI enforcement; addressing environmental strategies; increase in education and awareness and coalition building.

LCCF works with the Local Alcohol and Drug Planning Committee (LADAPC), which is an active leader in the planning for prevention and treatment of addictive disorders. The LADAPC advises the Board of County Commissioner and also promotes the activities of several local community alcohol and drug prevention coalitions. The coalitions have their own varying levels of participation from youth and adults who are committed to improvements in a drug free lifestyle.

LCCF is working with a collaboration of Lincoln County School District, Healthy Families Project (The Healthy Family Project targets prevention of further involvement of at risk parents in the justice/correction system) Children's Advocacy Center, and LCHHS prevention program to look at developing a consistent system of parenting classes.

LCCF staff are also active participants in regularly scheduled meetings which include: Positive Youth Development Coalition, Partnership Against Alcohol and other Drug Abuse, East County Community Partnership, Siletz Valley Partnership, Interagency Council, Early Child Coordinating Council, Family Home Visiting Steering Committee, Family Care Connection Advisory Board, Public Health Advisory Board, Mental Health Advisory Board, Nurse Consultation Project Advisory Board, Centro de Ayuda Executive Board, and Headstart Health Advisory Board.

Commission works to provide information about the recent addition to Lincoln County of the Network of Care web site. This web site is a resource for individuals, families and agencies concerned with behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features. Regardless of where you begin your search for assistance with behavioral health issues, the Network of Care helps you find what you need - it helps ensure that there is "No Wrong Door" for those who need services. The Commission encourages agencies and community members to use the Network of Care to improve communication about community resources.

At the 2005 LCCF year-end retreat, Commission members identified the need to improve the community's awareness of the function of LCCF and more fully engage the community through education and outreach activities. Commission members also requested an increase in community representation at State Commission meetings and requested to be greater informed of successful activities supported by Commissions throughout the State. LCCF also has recognized the need to focus on youth development and leadership. There is an identified need to focus on more planning with young people rather than for them.

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Rising issues

In December of 2005 the State CCF reported on the issues statewide that were rising to the top of priorities. These issues included:

- Child abuse/neglect prevention
- Lack of foster care
- Children's Mental Health and Human Services access to health care
- Parenting and early childhood needs
- Collaboration and integration of services

Given the limited resources available the County will continue to focus on the highest priorities while monitoring other issues such as:

- Increase in homelessness
- Increased need to help homeless youth gain needed skills to become successful adults
- Need for more positive youth development, leadership development
- Drug endangered environments
- Lack of mentoring- families and peer
- Community asset development
- Lack of stabilization of the current Alcohol and drug treatment and prevention provider system
- Need to expand mental health services for children and families regardless of income level
- Increase in the number of professionals with specialization in infant mental health
- Develop a plan to address school violence and bullying
- Expand the capacity of existing after school programs, including staff training, grantsmanship, and networking
- Identify sustainable funding to expand existing program and to create new programs.
- Increase parent education and support service for parents
- Investigate the possibility of drug court
- Investigate the possibility of a relief nursery

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Purpose of Biennial Plan Update

Oregon Administrative Rules require counties to conduct a biennial plan update of their coordinated comprehensive plan s for children and families. This update provides counties with an opportunity to:

- Reassess the plan to test its relevancy to current community conditions and expectations;
- Revise the plan to incorporate significant changes in funding levels;
- Refine priorities, strategies, and outcomes based on updated information;
- Expand, strengthen, or acknowledge effective partnerships through discussion of priorities and strategies in the plan; and
- Communicate successes and challenges with state partners and community

After reviewing the Coordinated, Comprehensive Plan and Updates, the Executive Summary should be revised and distributed to local users of the plan as well as to the state partners with this update.

1. Due dates, formatting, other technical requirements

    - Completed plan updates are due Tuesday, **January 31, 2006.**
    - Board of County Commissioner signatures on plan updates are required
    - Deliver two complete hardcopies to the OLCCF office.
    - Submit one electronic copy, using the format included in this document, to Pat Pitman, Michael Kurtz, or Peg VanderZanden using the First Class system, or submit your information on a disk.
    - Include any separate plan changes that you did not list directly on the template document.

2. For questions or technical assistance:
   Pat Pitman, Oregon Commission on Children & Families
   (503) 373-1570 (ext. 223)
   Michael Kurtz, Oregon Commission on Children & Families
   (503) 373-1570 (ext. 265)
   Peg VanderZaden, Oregon Commission on Children & Families
   (541) 426-4558 (ext. 234)
   Becky Eklund, Oregon Commission on Children & Families
   Karen Andall, Oregon Youth Authority (503) 373-7234
   Jeff Ruscoe, Department of Human Services (503) 945-5901

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Biennial Update Guidelines

The guidelines have four parts:

- Part 1 – Update Process and Partnerships
- Part 2 – Plan Analysis – Where are we now?
- Part 3 – Implementation and Success – How do we do?
- Part 4 – Priorities and Strategies – Where do we want to go?

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Part 1. Plan Update Process and Partnerships

Please submit an updated Executive Summary and answer the following questions even if there are no changes to the plan.

1.a.) **Please submit an updated Executive Summary of your Coordinated, Comprehensive Plan. Executive Summaries are distributed upon request to interested persons, and need to reflect the most recent version of your plans.**

1.b.) **Attached on page 9 is a list of categories of partners. Please indicate by checkmark, which partners participated in update process.**

1.c.) **Which of the following methods do 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 database used by multiple organizations
- ☐ Step 8 data collection results
- ☒ Presentations to community organizations
- ☐ Evaluations
- ☒ Other: Community Partner Surveys
- ☐ Not currently tracked

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

- ☒ Yes
- ☐ No. If no, when do you anticipate that it will be attached?

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

- ☒ Yes
- ☐ No. If no, when do you anticipate that it will be attached?

1.f.) **An optional questionnaire for assessing partnerships is cited in Appendix A on page 8.**

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Part 2. – Plan Analysis

2. Reviewing the plan – Where are we now?

2.a.) **Where are we demographically? What significant differences, if any, in the county population were shown in the most current population estimates? Include a review of race / ethnicity. (Certified population estimated can be found at** http://www.pdx.edu/prc/annualorpopulation.html

Census 2000 Age Groups and Sex in Lincoln County
The 9,683 children (18 and under represent 21% of the population in Lincoln County

		Total	Male	Female
	Under 5	2,173	1,175	998
	5 to 9	2,461	1,286	1,175
	10 to 14	2,966	1,513	1,453
	15 to 19	2,922	1,517	1,405
	Totals	10,522	5,491	5,031
		Age 0-14	**Total Population**	**% of Population**
Where are the Children?	North County	2,458	15,649	15.7%
	Newport	2,404	12,237	19.6%
	Siletz	625	2,679	23.0%
	Toledo	1,318	5,612	23.0%
	Waldport	932	5,730	16.0%
	Yachats	261	1,729	15.0%
	Totals	7,998	43,686	18.0%

Children Ages 0-14 :
30% live in North County (Depoe Bay and North)
31% live in Central (Newport area)
24% live in East County (Siletz and Toledo area)
15% live in South County (Waldport and Yachats)

East County is demographically different from the other parts of the county. There are more children, more Native Americans, fewer seniors, and fewer Hispanics.

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☐ No significant differences in data
☒ The following are the most significant differences in the data

Lincoln County School District- Number and % of increase of (English Language Learning (ELL) Students

ACADEMIC YEAR (SPRING TO SPRING)	# OF ELL STUDENTS ENROLLED	% OF GROWTH
95-96	70	
96-97	78	11%
97-98	96	23%
98-99	127	32%
99-00	185	46%
00-01	235	27%
01-02	260	11%
02-03	300	15%
03-04	352	17%
04-05	346	-.02%
05-06	353 (As of 12/5/05)	2%

In addition to the 353 students enrolled at this time, there are 2 preschool sites that serve about 40 Spanish-speaking 3-5 year olds.

- The number of births to women of Hispanic origin has increased in the last 4 years. 17% of the births in 2004 (80/465) as compared to 11% of births in 2000 (49/439).
- The Hispanic community is concentrated on the coast, primarily in Newport and Lincoln City.

2.b.) **Where are we in terms of county-specific high -level outcomes?**

☐ No significant differences in data
☒ The following are the most significant differences in the data

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Reviews of the individual Lincoln County high-level outcomes are as follows:

GOAL I: STRONG NUTURING FAMILES

High Level Outcome #1- Reduce Adult Substance Abuse

- Adult substance use (78%) and (15%) abuse or dependency in Lincoln County is equal to state average. There is no updated data since 1999. (2002 *County Data Book- DHS- Office of Mental Health and Addiction Services)*
- Continued increase in reported use of methamphetamine continues to be of concern.
- 70-80% of parents of children in foster care are reported to be involved in drug use. (*Status of Children in Oregon's Child Protection System, 2004)*
- Congressman Greg Walden stated in December 2005 that every case of parental rights termination in Oregon in 2004 was related to methamphetamine abuse.
- Only 15% of Lincoln County residents who need substance abuse treatment receive it. Treated client drug counts for Lincoln County Health and Human Services for 2005 are 904 persons - with alcohol as primary drug of treatment (510), followed by Amphetamines/Methamphetamines (220) and Marijuana (151). (*Oregon Department of Mental Health and Addiction Services-CPMS Reports)*

High Level Outcome #2 – Reduce Domestic Violence

A major factor for children in Lincoln County is their safety.

- My Sister's Place sheltered and provided services to 107 children in 2004 and those children were in shelter on 1320 occasions.

High Level Outcome # 3- Reduce Poverty

2005 Oregon Benchmark – 12% of all Oregonians living in poverty
Lincoln County 3 year average 2000 -2002- 14%

Another factor affecting the general well being of children in Lincoln County is poverty.

- Almost half of the children in Lincoln County, 4,586 of the 9,469, are living in or near poverty. (*Children's First County Data Book-2003-04*)
- One in five is living at the Federal Poverty Level. Children under the age of five have the highest poverty level at 23.9%, which is almost one in four. The impact of poverty on a child is multidimensional. (*Children's First County Data Book 2003-2004)*
- In 2004-12% of Lincoln County adults over 18 were below the poverty level. Nearly 18% of families with children under age 18 were below poverty level.
- In 2004-Lincoln County School District reports that 53% of children enrolled receive free/reduced-price school lunches. In Toledo the rate is 61%. Eligibility is 185% FPL income for the family. (*Local Agency Information*)
- In 2004 about 21% of the county population received Food Share boxes. Even though some of these families receive Food Stamps, at the end of the month they are still hungry. (*Local Agency Information*)

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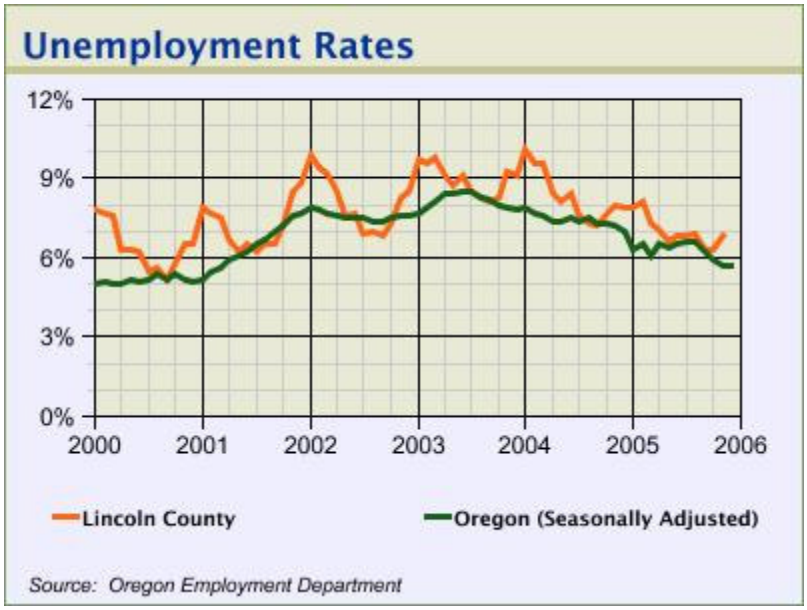
- In January 2003, there were 7,174 participants in the Food Stamp Program. Of these 2,656 were children. (*Oregon Department of Human Services-Data Counts-2005*)
- In 2004, approximately 2000 of the children in our county do not have health insurance coverage. Some medical care for these children is available at the four School Based Health Centers, if they are in high school, and if not coverage is often received at hospital emergency rooms.
- During the period of January 2004 to October 2005- an average of 3,280 children were on Oregon health Plan. (OMAP *database)*
- The poverty level of Lincoln County's population was noted by most all-local agencies interviewed by the League of Women's Voters in 2005 as the biggest barrier to achieving child health services for every child in Lincoln County.
- Unemployment rate has increased from 7.6 in 2002 to 8.6 in 2004. (*Status of Oregon Children-2004)*
- Three year Average wages for 2002-2004 of $26,022 are below both state averages of $35,299 and rural averages of $27,570. State 2005 Target is $30,431. (*Oregon Progress Board- 2005)*
- Trend of unemployment rate as follows:

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual
2005	7.9	8.1	7.3	7.1	6.6	6.8	6.8	6.9	6.3	6.3	6.8	-	-
2004	10.1	9.6	9.6	8.4	8.1	8.4	7.6	7.3	7.2	7.7	8.0	7.9	8.3
2003	9.7	9.6	9.8	9.1	8.7	9.1	8.5	8.3	8.1	8.3	9.3	9.1	9.0
2002	9.9	9.4	9.2	8.5	7.6	7.7	6.9	7.0	6.8	7.3	8.3	8.5	8.1
2001	7.9	7.7	7.5	6.7	6.2	6.5	6.2	6.5	6.5	7.2	8.5	8.8	7.2
2000	7.8	7.7	7.6	6.3	6.3	6.2	5.5	5.6	5.2	5.8	6.5	6.5	6.4



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GOAL II: HEALTHY THRIVING CHILDREN (looking at children 0-8)

High Level Outcome # 4 – Reduce Child Maltreatment

2005 Oregon Benchmark – 6.2% per 1,000
Lincoln County 3- year average 2002-2004- 15.8%

- Lincoln County has shown an improving trend in the number of children who are abused or neglected or who are at risk of abuse or neglect in the last 6 years. There has been, although, an increase in child maltreatment, rising from 12.4 per 1000 reported cases (120 victims) in 2003 to 16.6 per 1000 (157 victims) in 2004.
- 2004- Local Child Welfare Services received approximately 89-100 calls per month or 1200 reports of abuse, neglect and/or threat of harm.
- Children's Advocacy Center (CAC) offers a safe environment for children who have been sexually or physically abused to be interviewed and examined as their situation is investigated for prosecution. Counseling is provided to these children and their families. The CAC offers child abuse prevention services through a Child Mentoring Volunteer program and a Family-Mentoring program. A Safety Net program provides home-based services to families whose children are at risk or being abused, and an intensive home-based program for children and families who have abuse/neglect problems. These programs are time limited and approximately 45 families are receiving services at any one time.
- Statewide statistics show that mothers and fathers are the two most prevalent perpetrators of child abuse/neglect. Statewide they represent 72.9 percent of all perpetrations. (*DHS- The status of Children in Oregon Child Protection System- 2004*)
- 2004 Children's Advocacy Center year-end statistics show that 56% of perpetrators were other known persons, 26% parents, 14% relative and 4% stepparents. 0% were strangers.

Number of children, per 1,000 persons under 18, who are abused or neglected or who are at risk of abuse or neglect (Oregon Progress Board- 2005)

1999	2000	2001	2001	2003	2004	3-yr Average
31.7	22.4	19.2	18.3	12.4	16.6	15.8

- 237 children in the county have been in foster care at least once during the past year. 11.1% of children in foster care experienced placement instability according to federal guidelines, meaning they were moved from three or more foster homes.
- 52% of the victims of abuse/neglect are under age 6. Major family stressors in child abuse/neglect cases are listed as:
    - 57.6% have suspected drug and/or alcohol abuse
    - 44.6% have parental involvement with a law enforcement agency
    - 25% have the head of family unemployed
    - 38% have domestic violence

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Family Home Visiting/Healthy Start: *Below are the key findings for services provided in Lincoln County from July 1, 2003 through June 30, 2004 as prepared and reported by NPC Research on May 2005.*

Family Home Visiting/Healthy Start provides information and support services to all families at the birth of their first child. The program then conducts screening and assessment to identify families at higher risk of poor child outcomes who could benefit from longer-term support services. Families who meet eligibility requirements are offered regular home visits for up to 3 years. These home visiting services focus on relationship-building and problem-solving to enhance family functioning, improve parent-child interaction, and, ultimately, to (1) reduce the risk of child abuse and neglect and (2) increase children's readiness to enter school.

Healthy Families America program guidelines state that 75% of the eligible target population should be identified for screening.

- The percentage of families screened in Lincoln County (75%) was higher than the statewide rate (40%). Lincoln County also offered services to a higher percentage of families (89%) as compared to the statewide rate (55%).
- 76% of all screenings were administered within 2 weeks of the child's birth with an average time to screen of about 16 days, shorter than the statewide average time of about 22 days.
- Information gathered about parenting skills showed that a greater percentage of Family Home Visiting/Healthy Start families showed improved parenting skills and positive parent-child interaction compared to statewide.
- One of the key goals for Healthy Start is to reduce the risk for, and incidence of, child maltreatment. Reports of maltreatment for 03-04 for non-Healthy Start Families was 36/1000, unfortunately the sample size was too small to allow reporting of these data for Healthy Start Families in Lincoln County.

Drug Endangered Children-DEC-

- A 2003 update to the Lincoln County Meth Initiative developed by the Office of Lincoln County Legal Counsel called for the creation of a Lincoln County Drug Endangered Children (DEC) Program. DEC services generally fall into two categories: Level 1 and Level 2.
- Level 1- services are for children removed from a toxic meth lab environment. The District Attorney's Office, with assistance from the Multi-Disciplinary Team, the Lincoln Interagency Narcotics Team (LINT), local hospitals, and many other partners, recently developed a protocol for children found in these toxic meth lab environments. However, recent actions taken to control pseudoephedrine, the key ingredient necessary to make meth, have significantly reduced the incidence of meth labs throughout Lincoln County and Oregon. In Lincoln County, we have not removed a child from a meth lab environment since those regulations went into effect in November of 2004. (*Lincoln County-County Counsel- 2005)*
- Level 2 – services for children removed from home where there was meth use. Despite the progress in a Level 1 services, Lincoln County is seeing an exploding

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increase in children removed from Level 2 environments. (*Lincoln County-County Counsel- 2005)*

- As of December 9, 2005, DEC grant funded services through the Lincoln County Children's Advocacy Center included: 33 forensic interviews with children, 15 medical assessments and counseling for 30 children. As of December 9, 2005 grant funded services through DHS provided replacement clothing and personal affects for 55 children.
- While we successfully protect and rehabilitate many children and families each year, we continue to face increased challenges. The methamphetamine epidemic alone is driving the system in a way that no one could have anticipated.

High Level Outcome # 5 – Improve Prenatal Care

Oregon State Target Benchmark - 85%

Early prenatal care for pregnancies is one critical factor in ensuring a child's optimum health and well-being.

- In 2004, 206 women received services through Oregon Mothers Care. Of the total number of women seen, 23% were Hispanic, 22.3% were under 19 years of age and 40.8% were 20-24 years old.
- Lincoln County exceeded the goal of early entry into care and adequate care for pregnant women receiving Oregon Mothers Care service through department in 2004. 91% of clients entered care in the first trimester or within 2 weeks of being seen in OMC. Statewide average is 84%.
- Of the women who made initial contact with Oregon Mothers Care in their 2nd or 3rd trimester, 63% began care within two weeks.

Year	# Of Births	Adequate Care*	1st Trimester Care
2000	439	92%	83%
2001	417	93%	78%
2002	434	91%	76%
2003	429	91%	76%
2004 (Preliminary)	453	90%	74%
2005 (YTD)	326	92%	74%

**Adequate care is defined as prenatal care that began before the 3rd trimester and included 5 or more prenatal visits.*

High Level Outcome # 6 – Increase Immunizations

2005 Oregon Target Benchmark – 82%

- In 2004- 81.5% of children age 2 and under received their immunizations.
- The number of children excluded from school for lack of immunizations declined from 29 in 2004 to 17 in 2005 on statewide exclusion day. *(LCHHS)*

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High Level Outcome # 7 – Reduce Alcohol, Tobacco and Other Drug Use During Pregnancy

2005 Oregon Target Benchmark – Alcohol Use during Pregnancy- 2%
Lincoln County 3 year average (2002-2004 – 1.7%)

- LCHHS continues to provide the Smoke Free Mother's and Babies "5 A" Counseling Method (Ask, Advise, Assess, Assist, Arrange) education/intervention program.

Self reported use of Tobacco, alcohol and other drugs by pregnancy women in Lincoln County

Year	Total number of births	Tobacco use- number	Tobacco use -%	Alcohol use- Number	Alcohol Use-%	Illicit drugs- number	Illicit Drugs- %
1999	423	101	24%	6	4.7%	32	2.2%
2000	439	101	24%	14	3.3%	-	-
2001	417	94	23%	8	2%	-	-
2002	434	89	21%	11	2.6%	1	.2%
2003	429	99	23%	7	1.7%	5	1.2%
2004	453	100	22%	4	.9%	6	1.3%

High Level Outcome # 8 – Increase Childcare Availability

2005 Oregon Target Benchmark- 25 slots per 100 children
Lincoln County- 2004- 14 slots- 3-year average 15.2 slots

Childcare: *(Information from –"A Report on Child Care in Lincoln County in 2004"- Oregon State University- Family Care Connection).*

- In the *Report on Childcare in Lincoln County in 2003* it was reported that there were 16 slots per 100 children. (1056) These include childcare centers and family childcare providers.
- In 2004 Lincoln County had 14 slots per 100 children.
- While there had been slight progress in the last few years Lincoln County lost a total of 192 childcare slots between July 1, 2003 and July 1, 2004. Most of this loss was due to a net loss of family childcare providers. Many leave the field due to financial reasons and many move out of the county for what we can often only assume are economic reasons.
- The largest percentage of care is needed for children age 2 and under. Family Care Connection estimates there were approximately 152 slots available for infants and toddlers while they received requests for care for 289 children in this age range.

The total need for childcare is a reflection of the total population of children age 12 and under. The demand for childcare is highest for working parents with young children, especially children ages 6 and under. As children start school the demand for full-time care decreases however the need for part-time after-school care increases.

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According to population estimates there were 6,366 children age 0-12 in Lincoln County as of July 1, 2004.

- 2,192 children age 0 –4 years
- 2,421 children age 5-9 years
- 1,753 children age 10-12 years

The supply of childcare known to Family Care Connection as of June 30, 2004 is as follows:

- 84 Child Care Providers:
- 874 child care slots

Family Care Connection receives calls from parents looking for childcare, which represents part of the need for childcare. The requests for care do not however reflect the children already in existing child care slots. As of June 30, 2004 the requests for care show the following:

Ages of Children needing care	Number of children	% Of children needing care
Infant/toddler- Ages 2 and under	289	46.4%
Preschool – Ages 3 through 5	201	32.3%
School age – Ages 6 and over	133	21.3%

- Percent of requests for care during weekends 49%
- Percentage of requests of care during evening hours 32%
- Household earnings less than $25,000 per year (who responded) 60%
- Households with only one adult present 48%

Lincoln County consistently has a high number of employers from the hotel/motel, restaurant, retail sales, tourism related, and healthcare fields that require their employees to work evenings and weekends. The very small numbers of providers that offer care during these hours are usually full. Lincoln County continues to leave many of our families without good option for their children.

Lincoln County Health Consultation Demonstration Program-The Child Care Health Consultation Demonstration Program is broad-based and tries to reach as many childcare providers as possible. The main goal of the program is to insure quality childcare and a good early experience for children.

- During the first year 132 providers were served.
- The most common issues addressed were child development and provider health.
- In post immunization rates, 81% of the records were found to have up-to-date immunization records.
- 94% of children were known to have a medical provider, an increase of 73%.
- 37% of children were known to have a dental provider, an increase of 28 %.

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High Level Outcome # 9 – Improve Readiness to Learn

2005 Oregon Target Benchmarks		Lincoln County 2005 Benchmarks	
3rd Grade Reading	**90%**	**3rd Grade Reading**	**82.7%**
		3-year average	**79%**
3rd Grade Math	**81%**	**3rd Grade Math**	**83%**
		3-year average	**80%**
8th Grade Reading	**71%**	**8th Grade Reading**	**58%**
		3-year average	**57%**

- Headstart- an education program for three, four and five year olds whose family income is at the FPL Level has two locations in Lincoln County- Lincoln City and Toledo, which also serves Newport. The Waldport program was cut in 2003 due to a cut in funding. 2004 - 61 children were enrolled in Lincoln City, and 75 children in Toledo. 20% of the enrolled children in Lincoln City speak only Spanish.

2005 Oregon Progress Board Benchmark Data:

- Percent of children entering school ready to learn *increased* from 72.1% in 2002 to 74.3% in 2004. Statewide average for 3 years is 74.2%
- Percent of 3rd grade student who achieve established skills in reading *increased* from 78.2% in 2004 to 82.7% in 2005. Statewide average for rural areas is 86.6%
- Percent of 3rd grade students who achieve established math proficiency is 82.8% an *increase* from 77.6% last year. Statewide average for rural areas is 84.8%
- Percent of 8th grade students who achieved established skills in reading *increased* from 53.1% to 58.2% in 2005, exceeding state average for rural areas by .2%
- Percent of 8th grade students who achieved established skills in math *increased* from 50.6% to 58.5%, falling below state average for rural areas by .2%.

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Kindergarten Survey- County Data
Individual Developmental Readiness Areas
% Of Children Meeting Readiness Areas
State Average: children Meeting All Readiness Areas: 79.8%

Physical Well Being	2000	2002	2004
State Average	94.5%	97.8%	98.0%
Lincoln County	90.0%	96.0%	97.8%↑

Language Use	2000	2002	2004
State Average	89.5%	91.6%	92.8%
Lincoln County	86.4%	86.6%	91.0%↑

Approach to Learning	2000	2002	2004
State Average	92.4%	94.3%	94.8%
Lincoln County	92.7%	94.5%	91.8%↓

Cognition/General Knowledge	2000	2002	2004
State Average	84.2%	89.9%	92.8%
Lincoln County	74.5%	88.6%	87.7%↓

Motor Development	2000	2002	2004
State Average	85.6%	86.6%	90.2%
Lincoln County	85.5%	89.1%	88.4%↑↓

Social Emotional Development	2000	2002	2004
State Average	83.9%	91.4%	93.3%
Lincoln County	73.6%	88.1%	83.2%↑↓

GOAL III: HEALTHY THRIVING YOUTH-

Positive youth development focusing on older children

High Level Outcome #10 – Decrease Teen Alcohol Use

2005 Oregon Target Benchmarks- 21%
Lincoln County Benchmark – 2004- 26%, 2005-n/a

Statewide substance abuse among 8th graders has decreased, except alcohol use, which is increasing.

Lincoln County School District does not participate in the Oregon Health Teen survey. Available data regarding substance abuse is obtained through Juvenile Department and local school district survey. This local survey is not comparable to statewide data, in that it does not survey the same age ranges.

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- Minor in Possession (MIP) of alcohol offenses increased from 110 in 2003 to 172 in 2004. Education and law enforcement efforts have increased with receipt of EUDL (Enforcement of Underage Drinking Laws), a grant received by Partnership Against Alcohol and other Drug Abuse and Newport Police Department. The increased efforts are reflected in this data. (*Juvenile Department)*

Lincoln County Juvenile Department Minor in Possession of Alcohol (under 18 years old)

2004	2003	2002	2001	2000
172	110	121	158	129

Lincoln County School District, through the National Evaluation of the Safe and Drug Free School's, implemented 7th grade student surveys in 2002 and 2004 and to student survey to 10th graders in 2005 only. The following are survey trends and findings:

Positive Trends of improvement from LCSD Survey Trends and Finding 2002-2005
7th Graders

- Drinking alcohol on school property has decreased in the last two years. 7.3% of students in 2004 consumed one or more drinks the previous days compared to 11.3% in 2003.

Trends of Concerns as reported in the LCSD Survey Trends and Findings 2002-2005
7th Graders

- Alcohol consumption has increased- in the previous 30 days, 26.7% of students reported having one or more alcoholic drinks in 2004, a significant increase from the 19.7% in 2002.
- 13.8% of students in 2004 report consuming five or more drinks in a row one or more times in the previous 30 days in contrast to 9.25% in 2002.
- More kids are riding in vehicles driven by someone who had been drinking alcohol. 25.3% of students in 2004 report during the previous 30 days riding in a vehicle one or more times by someone who had been drinking versus 19.1% in 2002.
- Access to alcohol was perceived as being easier. 46% of students report that it would be fairly easily or very easy for them to get alcohol if they wanted some in 2004 versus 40.7% in 2002. They also reported an increase in solicitation on school property.
- The wrongness of alcohol use by students has decreased. 14.8% of students in 2004 believed they would only be in a little trouble or no trouble at all if they were caught at school possessing or drinking alcohol in contrast to 11.8% in 2002. However the majority believed their parents would feel their alcohol use was wrong.

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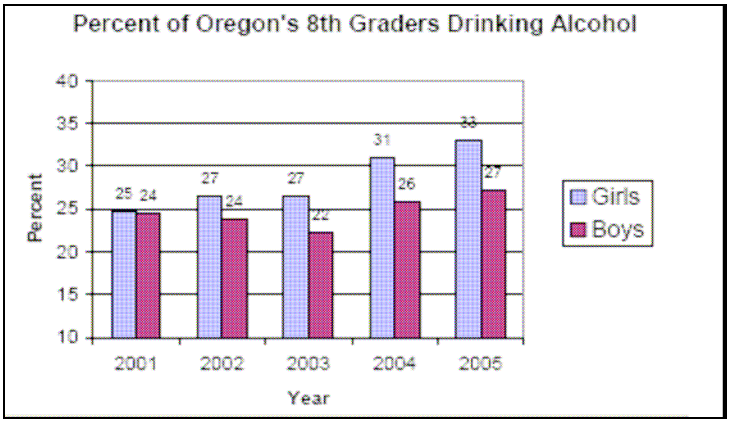
High School Survey Findings for 2005- 10th Graders

- 36.5% of students report having at least one drink of alcohol during the previous 30 days.
- 22.6% indicate they had five or more drinks of alcohol in a row.
- 22.1% of students state that they rode in a car or other vehicle driven by someone who had been drinking alcohol during the previous 30 days.
- 74.8% of students believed if would be fairly easy to very easy for them to get alcohol if they wanted some.
- 46.6% of students believed it was only slightly wrong or not wrong at all for someone their age to drink alcohol.
- Only 68.4% of student thought they would be in a lot of trouble if they got caught at school possessing or drinking alcohol.

2004-05 Regional and state data:

- Regional data shows 8th grade use of alcohol in the previous 30 days at 23%.
- Underage drinking is increasing nationally for both boys and girls (Institute of Medicine. Reducing Underage Drinking, National Academy Press, 2004)
- In Oregon, drinking rates are up among 8th and 11th graders.
- In Oregon, the underage drinking rate for girls is increasing twice as fast as the rate of boys.
- In Oregon, 2005, 58% of 8th grade boys and girls said that alcohol was "very easy" or "sort of easy" to get. Girls are far more likely to get alcohol from friends than boys. Friends are the main source of alcohol for both genders.



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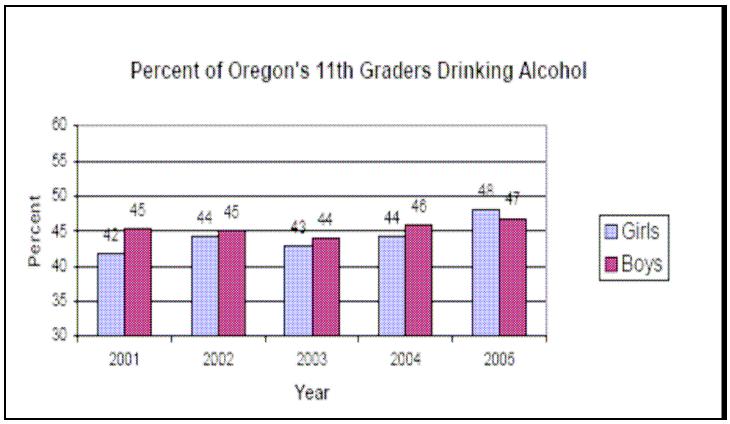

High Level Outcome # 11 – Decrease Teen Drug Use

2005 Oregon Target Benchmarks- 15%
Lincoln County Benchmark – 2004-13%, 2005-12%

- During the 2004-2005 school year, four schools participated in a methamphetamine awareness project (MAP). Students produced 12 television commercials and two documentaries. Five of the commercials are currently being shown on television stations throughout Oregon, as well as having been sent to other states and Canada. One was featured on ABC World News Tonight.

Positive Trends of improvement from LCSD Survey Trends and Finding 2002-2005-7th Graders

- While marijuana use has slightly increased overall since 2002, the district showed some improvement between 2003-2004. 10.4% of students in 2002 indicate having smoked marijuana at least one or more times the previous 30 days compared to 15.6% in 2003 and 12.7% in 2004.

Trends of Concerns as reported in the LCSD Survey Trends and Findings 2002-2005-7th Graders

- Solicitation of illicit drugs on school property has increased 50% in the last two years. 5.6% of students report selling an illegal drug over the previous 12 months in 2002 versus 13% in 2004.
- Use of inhalants has increased substantially. 15.5% of students in 2004 indicate they sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high during the previous 30 days compared to 5% in 2002 and 14.2% in 2003.
- Students perceived access to marijuana was more available to them.
- 120% increase in the number of students who are unaware that help is available to them at school. In 2004, 58% of students either did not know or did not think their school provided a counselor or other person for them to discuss their problems with alcohol, tobacco or other drugs compared to 26% in 2002.

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- With the increase in consistent drug use, ironically fewer students believe they need special help or treatment for alcohol, tobacco or other drugs. In 2004 only 6.2% of students believe they needed help versus 11% in 2002.

High School Survey Findings for 2005- 10th Graders

- 28.4% indicate that somebody has offered, sold, or given them an illegal drug on school property during the previous 12 months.
- Only 73% of students thought they would be in a lot of trouble if they got caught at school possessing or using an illegal drug.
- 25.7% report that they had smoked marijuana during the previous 30 days.
- 63.9% of students believed it would be fairly easy to very easy for them to get marijuana if they wanted some.
- 37.3% of students believed it was only slightly wrong or not wrong at all for someone their age to smoke marijuana.
- 45.3% of students either do not believe or do not know that their school provides counselor or other person at school for them to discuss their problems with alcohol, tobacco, or other drugs.

High Level Outcome #12 – Decrease Teen Tobacco Use

2005 Oregon Target Benchmarks- 16%
Lincoln County Benchmark – No data since 2000

- 2000 regional data showed 21.8% of 8th grade students reported cigarette use in the previous 30 days. No current data available. (*Oregon Progress Board)*
- Minor in possession (MIP) of Tobacco offenses increased from 15 in 2003 to 27 in 2004. (*Lincoln County Juvenile Department)*
- 2004-LCHHS and Siletz Indian Health Service collaborated to provide a 10-week NOT- No on Tobacco classes at Newport High School. 16 students enrolled, and nine completed program. Six of these youth continued attendance at 3 booster sessions.

Trends of Concerns as reported in the LCSD Survey Trends and Findings 2002-2005-7th Graders

- Students believe access to cigarettes was easier.
- Perception of the wrongness of cigarette use by students has decreased, 18.9 % of students in 2004 believed they would only be in a little trouble or no trouble at all if they were caught at school possessing or smoking a cigarette in contrast to 11.8% in 2002. The vast majority, (93%) in both 2002/2004, believed their parents would feel that smoking cigarettes was wrong.

High School Survey Findings for 2005- 10th Graders

- 21% of students report smoking cigarettes during the last 30 days.

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High Level Outcome # 13,14,15 – Decrease Juvenile Arrests, Maintain the Oregon Youth Authority Bed Use, Reduce Juvenile Recidivism

2005 Oregon Benchmarks- Juvenile Arrests-Person- 4.4
Juvenile Arrests- Property- 15.5

- 2005 Data shows Lincoln County ranking last in the state according to Oregon Progress Board Public Safety Index. This index takes into account overall crime and juvenile arrests. (*Ranking 36/36*)

2004 Lincoln County Juvenile Department annual report states:

- Overall reported crimes rose from 140/1,000 in 2002 to 185/1,000 in 2003. Reported crimes against person also rose from 14/1000 to 19/1000. Property crimes rose from 70/1,000 to 98/1,000 and behavioral crimes rose from 56/1,000 to 79/1,000.
- 2004 saw a small decrease in unduplicated allegations when compared directly to 2003. 854 allegations verse 885 in 2003.
- The 417 unduplicated youth dealt with in 2004 versus the 375 in 2003 reflects a small increase in the overall number of individual youth referred to crimes committed during the year 2004.
- Rate of unduplicated allegations received for crimes against persons slightly decreased in 2004. There were no homicides attributed to juveniles in 2004.
- Property crimes showed a significant decrease in the total number of unduplicated allegations received and a smaller decrease in unduplicated individuals involved. This is in part a function of modifications made within the database that re-assigned misplaced allegations to more closely conform to how property crimes are tabulated in the adult system. For the year 2004, non-felony criminal mischief showed the largest decrease, while none-residential burglary showed the largest increase.
- Juvenile detention placement for 2004 decreased to 189 versus 201 in 2003. Shelter placements in 2004 increased to 110 versus 92 in 2003. Based on historical data the juvenile department states that it appears that overall facility utilization may have reached bottom and it is anticipated that both shelter and detention utilization will significantly increase over the next several years.
- The number of females referred to teen court has continued to rise in the last three years. From 56 in 2002, 64 in 2003 to 81 in 2004. The number of Males has stayed relatively the same, 72, 73 and 86 respectively.

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Teen Court referral by geographic area

Year	East	South	Central	North
2000	*55*	*15*	*45*	*87*
Male	29	10	33	50
Female	26	5	12	37
2001	32	36	30	48*
Male	14	22	22	21
Female	18	14	8	22
2002	*24*	*24*	*29*	*38*
Male	8	13	23	23
Female	16	11	6	15
2003	*37*	*17*	*31*	*41*
Male	17	9	14	26
Female	20	8	17	15
2004	*52*	*20*	*44*	*34*
Male	29	6	27	18
Female	23	14	17	16

*Some duplicated cases

Positive Trends of improvement from LCSD Survey Trends and Finding 2002-2005
7th Graders

- More 7th grade students report feeling safe at school, fewer kids avoid extra curricular activities because they thought someone might attack or harm them (down from 15% in 2002 to 8% in 2004) and fewer kids avoided classes because they thought someone might harm or attack them (down from 12.4% in 2002 to 7.5% in 2004).
- Because students are feeling safer, they are skipping school less. 25.8% of kids skipped at least 1 day in 2002 because they felt they would be unsafe at school or on their way to school versus 11.75% in 2004.

Trends of Concerns as reported in the LCSD Survey Trends and Findings 2002-2005
7th Graders

- Increase in unwanted hitting and physical contact in our schools.
- Increase in knives and sharp weapons.
- Increase in staff verbal and emotional abuse of students.
- Theft has increased in our school.
- More students report fellow students being verbally or emotionally abused by other students.
- Increase in gang membership and desirability.
- Fights have increased.

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High School Survey Findings for 2005- 10th Graders

- 6% of students in 2005 are gang members and 6.8% want to be gang members.
- 29.8% of students surveyed in 2005 indicate that they feel unsafe at school some days, most days or every day.
- 76% stated that they had seen other students being kicked or pushed by peers at school one or more times.
- 52.1% of students reported in the previous 12 months they were verbally or emotionally abused.
- 45% claim to have seen somebody badly beaten up at school one or more times during the previous 12 months.

High Level Outcome #16 – Reduce Teen Pregnancy

No Benchmark established

- Teen parent status is a key indicator of potential risk for poorer child outcomes.
- Teen pregnancy rate continues to decline from 18.3%/1,000 in 2001 to 9.4/1,000 in 2004. (*Oregon Progress Board*)
- Students Today Aren't Ready for Sex (STARS), a peer taught abstinence based program was delivered to 355 sixth graders. Estrella, the Latino version of STARS was implemented for the first time in 2004. (*LCHHS*)

Teen Pregnancy Data- Lincoln County
(*Oregon Vital Statistics report*)

Year	**2000**	**2001**	**2002**	**2003**	**2004**	**2005** (**Rolling data-not complete**)
Total number of births	439	417	434	429	453	326
Percent of unmarried	44%	45%	45%	50.9%	51.7%	55.5%
Births to 10-17 year olds	29	40	26	13	14	15
Percent of total births	6.6%	9.5%	6%	3%	3%	4.6%
Births to 18-19 year olds	70	50	58	33	41	28
Percent of total births	15.9%	12%	13%	7.6%	9.0%	8.6%

High Level Outcome # 17 – Decrease Youth Suicide

No Benchmark established

Number of Suicides Among Lincoln County Youth
(*Oregon Vital Statistics report)*

2000	**2000**	**2001**	**2001**	**2002**	**2002**	**2003**	**2003**
≤19 and	**20-24**	**≤19 and**	**20-24**	**≤19 and**	**20-24**	**≤19 and**	**20-24**
0	0	1	1	0	0	0	1

- 5 Teen Suicide attempts in 2003. (*Oregon Health Division- Vital Statistics*)

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

2005 Oregon Target Benchmarks- 5.4%
Lincoln County Benchmark – 2004- 5.1%

- Lincoln County dropout rate is the lowest it has been in over 10 years at 5.1%. State average for rural areas is 3.7% (*Oregon Progress Board*)
- Lincoln County dropout rate continues to decrease: 7.6% (2001), 6.0% (2002), 5.9% (2003) and 5.1% in 2004. 3 year average – 5.7% (*Oregon Progress Board*)
- School dropouts comprise 79% of the adult prison population in Oregon.
- Reconnecting Youth- Dropout prevention program piloted in Toledo High School through Lincoln County Behavioral Health in school year2004-05. A Safe and Drug Free Schools Grant was awarded to Lincoln County Health and Human Services to implement program in 2005-06 school year.
- Commission on Children and Families Biennial Plan workgroup is interested in increasing LCCF relationship with LCSD. This workgroup is interested in what support services are available within the LCSD to help improve academic success.

High School Dropout rates for 2001-02 6.0%
Total number of Students 125

School	Total # students	Dropout rate	# Of student dropouts
Newport High school	699 students	7.3%	51 students
Taft High School	573 students	4.7%	27 students
Toledo High School	456 students	5.9%	27 students
Waldport High School	284 students	2.8%	8 students
Lincoln City Career Tech	64 students	15.6%	10 students
Eddyville High School	50 students	4.0%	2 students

Hispanic: 12 Native American: 16 (Career Tech reported ethnicity)

High School Dropout rates for 2002-03 5.9%
Total number of Students 121

School	Total # students	Dropout rate	# Of student dropouts	# Of graduates	Graduation rate
Newport High school	705 students	6.5%	46 students	147 graduates	76%
Taft High School	569 students	6.5%	37 students	102 graduates	73%
Toledo High School	466 students	3.4%	16 students	75 graduates	82%
Waldport High School	259 students	4.6%	12 students	55 graduates	82%
Lincoln City Career Tech	71 students	14%	10 students	3 graduates	23%

Hispanic: 8 Native American: 7 (Career Tech did not report ethnicity)

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High School Drop out rates for 2003-04 5.1%
Total number of Students 108

School	Total # students	Dropout rate	# Of student dropouts	# Of graduates	Graduation rate
Newport High School	714 students	4.8%	34 students	157 Graduates	82%
Taft High School	562 students	6.6%	37 students	90 Graduates	71%
Toledo High School	450 students	2.9%	13 Students	82 Graduates	86%
Waldport High School	280 students	2.0%	8 Students	42 Graduates	84%
Lincoln City Career Tech	67 students	22%	15 students	4 graduates	21%
Eddyville Charter	56 students	1.8%	1 students	13 graduates	93%

Hispanic: 13 Native American: 6 (Career Tech did not report ethnicity)

*A dropout is a student who withdrew from school and did not graduate or transfer to another school that leads to graduation. Dropouts do not include students who:

- are deceased,
- are being home schooled,
- are enrolled in an alternative school or hospital education program,
- are enrolled in a juvenile detention facility,
- are enrolled in a foreign exchange program,
- are temporarily absent because of suspension, a family emergency, or severe health problems that prevent attendance at school,
- received a GED certificate,
- received an adult high school diploma from a community college.
-

Leading Factors for dropout:

One of the most significant findings to emerge from research on school dropout is the correlation between children living in poverty and their lack of school success. Young children who live in poverty are at the greatest risk of school failure. Early intervention is vital if they are to be ready for school. The most effective way to reduce the number of children who will eventually drop out of school is to intervene during the early years to reduce the risk factors that can impede their ability to learn and succeed in school.

Data for 2002-2004 from *Oregon Department of Education* for Lincoln County found the leading factors for dropout in Lincoln Country were:

- Family was number one factor for dropout which included: lack of parental support for education (10 students) and dysfunctional life at home (11 students)
- Working more than 15 hours/week- (11 students)
- Too far behind in credits to catch up – (9 students)
- Peer pressure to not achieve – (8 students)
- Substance abuse – (6 students)

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GOAL IV: CARING COMMUNITIES AND SYSTEMS

High Level Outcome #19 – Increase Community Engagement

- LCCF continues to staff the interagency council, which includes many agencies and organizations in the county in an informal sharing once a month.
- Increase in networking between out of school time alternative activity programs through development of Alcohol and other Drug collaborative.
- Support to Lincoln County Health and Human Services Network of Care website. This website is a resource for individuals, families and agencies concerned with behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features
- Supported and participated in second Countywide Meth Summit supported by LCCF. Student produced meth awareness/prevention videos premiered.
- Supported and participated in Homeless Summit.
- LCCF workshops and trainings provided and open to all community members
- Youth recognition banquet with Ty Sells, and "Take the Lead" leadership training.
- "Creating Connections That Count" training for adults working with youth

2005 LCCF year-end commission members' retreat identified the need to improve the community's awareness of the function of LCCF through education and outreach activities. Commission members also requested an increase in community representation at State Commission meetings and would like to be informed of more statewide successful activities. This has been prioritized for 2006-07 along with the other identified high- level outcomes.

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Other Relevant Data:

Oregon Progress Board 2005: According to the Child Well Being Index of 2005 complied by the Oregon Progress Board Lincoln County increased their rating by 6 rankings from 36/36 to 30/36. This index looks at prenatal care, 8th grade alcohol use, child abuse, pregnancy and smoking, teen pregnancy. Greatest improvements were cited in 8th grade alcohol use and child abuse. It should be noted that 8th grade alcohol use is based on regional not local data.

Children First of Oregon: is a non-partisan organization dedicated to improving outcomes for Oregon's children. Research, outreach and public education initiatives are used to speak to the legislature, media and local communities on behalf of Oregon's Children and Families. Each year a report is produced: "Status of Oregon's Children County Data Book." In 2003 the special focus was on Family Financial Stability. In 2004 the focus was on Health and Safety. Lincoln County Information from these data pages for both years follows to emphasize some of the critical facts about the children of Lincoln County:

- 68% of babies are born to mothers with a high school education or less
- 21% of children have no health insurance
- 41% of the total population has no dental care
- 1% of children are in foster care- 100 children at any one time
- 1.5% of children are victims of child/abuse/neglect
- 12% of students changed school districts during the 2002-2003 school year
- There are parts of the county where the poverty rate is over 50%

Healthcare: The Executive Summary from the League of Women's Voters two-year study regarding child health care in Lincoln County revealed the following finding:

- Almost every needed health care service for children is provided in Lincoln county
- There are three areas that are not adequate/available: dental care, mental health care and emergency/crisis child care.
    - Dental care is available on a sporadic basis from private providers in Lincoln County and through the Northwest Medical Mobile Dental Unit.
    - Mental health care for children is very limited; usually only children eligible for OHP or those who have insurance receive services.
    - There is not any therapeutic 24-hour residential or foster home care for those children with serious mental heath needs. In March 2005, 42 children from Lincoln County were in placements outside of the county.
    - There is no emergency/crisis childcare through certified providers.

Approximately 2000 of Lincoln County children do not have health insurance coverage. Some medical care for these children is provided through the county's four School Based Health Centers, or local emergency rooms. Most of these children would be eligible to receive coverage through the Oregon Health Plan (OHP), Child Health Insurance Program

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(CHIP), or the Family Health Insurance Access Program (FHIAP) if applications were made and available providers accepted new clients and OHP. Accessibility is the issue.

The League of Women's Voters recommended that the consensus address LWVLC support for adequate funding of health and safety services also including food and shelter for all children in the County. Specifically support for the widest inclusion for families in the OHP is also recommended.

The consensus also support the development of a crisis center for children and families, for dental care, and a 24-hour therapeutic care facility for Lincoln County children, and expanding mental health services for children and families regardless of income level.

In 2005, funding was appropriated for Lincoln County Health and Human Services for a federally qualified health clinic (FQHC) and there are currently waiting for the final approval of the federal budget. The FQHC would stabilize the funding for the four School Based health Centers and clinic in Newport and Lincoln City. If funded, three clinics will provide primary care services, mental health, and dental services to about 6,000 residents.

2.c.) In spring of 2004, Local Commissions on Children and Families conducted an informal survey about homeless and runaways. The survey sought input on three categories of information: estimates of Oregon's homeless and runaway populations, community perceptions of homeless and runaway youth, and recommended actions regarding the homeless and runaway population. Since that time:

a) **What changes in demographics have occurred?**

Lincoln County has become extremely popular for the retired population & people looking to build vacation homes. This real estate boom has made home ownership next to impossible for many Lincoln County Families. Families are unable to locate affordable housing and are forced to live in tents and trailers. Many families are doubling and sometimes tripling up in small homes and apartments.

b) What are your county's greatest concerns regarding the homeless and runaway population?

It has been very difficult to collect actual data for the number of homeless adults in Lincoln County. Hope Rising has surveyed almost 100 homeless men and women in 2004-05. Another survey effort is currently being carried out. Cascade West Disability Services Office states that approximately 4% of the Lincoln County client caseload is homeless which accounts for a total of 50 clients. Shelter resources for single homeless adults are very limited. There are a few allocated shelter spaces or occasional funds for a night or two at a local motel.

Homelessness among Lincoln County children & youth is increasing. An average of 20 children are in the Samaritan Homeless Shelter at any time. There is always a waiting list. As of May 2004 the Lincoln County School District reported 300 children from kindergarten through high school as homeless. As of November 2005 that number has risen to 393

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students. This breaks down to 180 Elementary students, 2 Middle School students and 141 High School students. Based on the population of 5,875 Lincoln County school district students, this would place the current percentage at 6.6%. The statewide average rate of homeless and runaway children in Oregon was 2.4% based on a survey conducted in spring of 2004 by the Local Children and Families Commissions.

The majority of youth (196) were reported as "doubled" up or "couch –surfing"—staying with friends or relatives, generally a short term solution. Children without a home are in poor health twice as often as other children, and also experience more mental health problems. They are twice as likely to experience hunger, and four times as likely to have delayed development. At Samaritan House family shelter, the average ratio of residents is 59% children to 41% adults. According to the national reports, children are among the fastest growing homeless populations, between 36 – 39% of the total.

At the Homeless Summit in October 6, 2005, it was reported by the Lincoln County School District Homeless Advocate that it is not a substance abuse issue; poverty is the number one reason for homelessness

c) **What recommendations are most critical for the statewide system of services to consider?**

Dedicated funding to address the problem.

d) **What would your county recommend for a new High Level Outcome regarding the homeless and runaway population?**

To date there has not been dedicated discussion in regards to this population. LCCF plans to have conversation with homeless youth in the community to help determine and prioritize needs.

2.d.) **Where are we in terms of 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 on the table on the next page to ten. Add any additional categories relevant to your county's continuum of services, but avoid listing specific programs.**

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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 infants, toddlers, children and youth**
Diversion services	Alcohol and drug prevention services—access to services	**Child care (affordable)**	**Access to health care, dental services**
Juvenile crime prevention	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
		Medical Homes	Literacy programs
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/caregiver training
			Safe, decent, affordable housing- Homelessness
			Transportation
			Living wage jobs
			Other: Drug Endangered Environments
			Other Emergency Shelter, Relief Nursery

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

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Part 3 - Implementation and Successes

Implementation - How did we do?

3.a.) How did we do in addressing our priorities and strategies? Provide specific examples.

LCCF 2004-05 Identified Strategies/Implementation and Successes:

1.Establish extended and odd-hour quality childcare availability

In 2003, the Early Childhood Coordinating Council (ECCC) and an ad hoc work-group were asked to provide information to the Commission to help identify strategies and establish priorities in regards to early childhood issues. The ECCC focused on the quality and access to childcare and the second group focused on child maltreatment. Independently, after analysis of local indications, the two groups found that a significant number of children were at risk of abuse due to the lack of adequate child care resource. The joint conclusion was that child maltreatment in Lincoln County could be significantly addressed with the provision of both traditional day care and "odd hour" respite, immediate need childcare and additional infant / toddler slots.

Through the development of a collaboration of childcare service providers the LCCF set a target in 2005 to establish a minimum of 35 new extended and odd hour childcare slots and increase slots for infants and toddlers. With support and funding from LCCF, Newport Parks and Recreation Department developed weekend programming for infants and toddlers; Newport Oceanspray Family Center development weekend programming for school-age children; in Lincoln City, Samaritan Early Learning Center expanded its schedule to include odd hour programming. A total of 60 extended and odd hour slots were added in the count. The childcare collaborative providers felt that their programs can be self-sustaining in the upcoming biennium. Due to State certification requirements the collaborative was unable to provide on-call respite care. The ECCC recommended changing the strategy for the upcoming biennium from increasing childcare slots to increasing the quality of childcare with the overarching goal of reducing child maltreatment. The increasing need for mental and behavioral health services for young children is an increasing concern and is being investigated by ECCC. There are plans for a community Call to Action Planning Day in 2006 to further strategize and plan around this concern.

2. Decrease alcohol and other drug use by increasing out of school time activities

In 2004-05 the Commission gathered a group of community members and providers to address the high level outcome of reducing youth alcohol and other drug use. A collaboration was formed to focus on the development of an alcohol and drug-free alternative out-of school-time / after school activity programs. Collaborative members included Community Services Consortium, Toledo Police Department, Siletz Valley Partnership, Newport Parks & Recreation, and South County Youth Center. East County Community Partnership took the role as Lead Agency. To strengthen youth programs, a part-time Coordinator was hired to facilitate trainings for youth programs. Trainings included: 40 Developmental Assets, Drug Recognition, Emergency Preparedness, and Drug Endangered Children. Trainings were held

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throughout Lincoln County. Commission members recommended continued support of this collaborative group in 2005-06.

3. Reduce Juvenile Crime

In fiscal year 2003/2004 the LCCF recommended to the Board of Commissioners that it partner with the Oregon State University Extension Service to implement a Juvenile Crime Prevention (JCP) funded Targeted Case Management position for at-risk youth in North County. The focus of the project was to concentrate prevention efforts on non-offending juveniles 10-17 years of age and non-adjudicated, high-risk middle school youth ages 10-14. The identified youth that exhibited high-risk behavior had their immediate needs assessed and then the student and family were assisted in accessing available services. This plan worked to initiate and / or maintain "wraparound" services from community and interagency collaboration via the four existing Youth Services Teams.

At the end of the contract, a review committee recommended reissuing an RFP with greater specifications, developing a collaborative process, or using funding to strengthen an existing program that fits within JCP guidelines. It was recommended by Commission to reissue RFP's for a Targeted Case Management Program.

4. Increase community engagement

LCCF staff activity participates in regularly scheduled meetings which include: Positive Youth Development Coalition, Partnership Against Alcohol and other Drug Abuse, East County Community Partnership, Siletz Valley Partnership, Enforcement of Underage Drinking Task Force, Local Alcohol and Drug Planning Committee, Interagency Council, Early Child Coordinating Council, Family Home Visiting Steering Committee, Public Health Advisory Board, Mental Health Advisory Board, Nurse Consultation Project, Centro de Ayuda, Family Care Connection Advisory Board, Headstart Health Advisory Board.

5. Reduce Dropout rate/Increase student success

The results of a needs assessment collected in 2003 by LCHHS and LCCF, was reviewed by a subgroup which included LCHHS, Lincoln County Juvenile Department, Local Alcohol and Drug Planning Council, LCCF, ESD, Community Coalitions, and several Youth and Family activity programs. Local issues were prioritized. Suggested strategies focused on opportunities for education improvement, life skill development and resource enhancement. Local school administrators reported personal skills development as the area of greatest common need for local youth. Based on resource assessment there are currently no indicated school based prevention programs to address these issues provided in Lincoln County School District. Toledo and Taft High School were identified as high schools of highest need.

After several planning sessions, a pilot project, which utilized portions of the *Reconnecting Youth* health curriculum as a collaborative effort with a treatment program coordinated by LCHHS Behavioral Health staff in and the LCHHS School Based Health Clinic, was developed. This project was implemented in the 2004-05 school year.

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The school year of 2005-06 will bring the implementation of the complete curriculum of the *Reconnecting Youth* program to the Lincoln County School District at Taft High School and Lincoln City Career Tech. This curriculum provides personal skill development, social support, and school bonding. Self-monitoring of school achievement, attendance, drug involvement and alcohol use help youth gain awareness of their need for behavior change to chart their progress toward success. Youth exhibiting multiple behavior problems, show signs of poor school achievement or potential for dropping out of high school will be referred to the program. The strength of this project is the support of an interagency collaboration between LCHHS School Based Health Clinic, LCHHS Health Educator, Behavioral Health Counselor, school principles, school-counseling staff, educators, and the Lincoln County Juvenile department.

Discussion has been initiated with Workforce Investment Board, Community Service Consortium, Georgia Pacific and Centro De Ayuda to begin discussion on developing a plan to address the Hispanic population's school success and reduction of the high school drop rate. Language barriers along with a need to address a cultural change have been identified as risk factors. Peer mentoring, family networks and leadership training were recommended as areas to further investigate.

3.b.) Based on the Step 8 data collected so far, how is your county doing in achieving its output and outcome targets for children and families? (Counties may refer to the Progress Board review of local plans' Step 8 data, to be released in September of 2005.)

The Step 8 data collection outcomes reporting was put on hold by State Commission, December 2005 due to late release of the local plans Step 8 data.

Implementation - What is slowing your progress in implementing the plan?

3.c.) **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
- ☐ Lack of support from key leaders
- ☐ 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

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3.d.) **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

3.e.) **From the list in question 3.c. 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
	.

Implementation - What are your successes related to implementation of the plans?

3.f.) **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 _____

3.g.) **Describe any specific improvement made in the early childhood system as a result of the efforts of the Early Childhood Team.**

Refer to 3.a. - Implementation and success

3.h.) 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?

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With the increasing Hispanic population in Lincoln County, Joaquin Varo from Centro de Ayuda was recruited to join LCCF. In 2005, Joaquin was elected to Vice Chair. LCCF coordinator has been an active board member of Centro de Ayuda for five years and is currently President.

3.i.) Explain how the community has been mobilized by the implementation of the plans. Provide specific examples.

Refer to 3.a. - Implementation and success

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Part 4 - Priorities and Strategies

Priorities and Strategies - Where do we want to go, and how?
At commission retreat in December 2205, LCCF members agreed to continue focusing on two priorities identified in 2003-05.

Priority One: Reduce child abuse and maltreatment.
The Early Childhood Coordinating Council is currently planning an early childhood social and emotional health community call to action day. ECCC wants to look at strengthening the services and supports that promote emotional health in early childhood settings.

Priority Two: Decreases youth ATOD use:
LCCF is continuing financial and technical support of the Out of School Time Activities Collaboration. Staff is assisting in the development of an After School Program start up manual and best practice guide.

At the 2005 LCCF year-end retreat, commission members' identified the need to improve the community's awareness of the function of LCCF and more fully engage the community through education and outreach activities. Members expressed need to increase community outreach and awareness to the private sector including local businesses, Chamber of Commerce's, service clubs, faith community, and community coalitions. Commission members also requested an increase in community representation at State Commission meetings and requested to be greater informed of successful activities supported by Commissions throughout the State. LCCF also has recognized the need to focus on youth development and leadership. There is an identified need to focus on more planning with young people rather than for them.

4.a.) **Considering answers from questions #2 through #4, list any changes made for 2006-08 or attach a 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 is attached
☒ No significant changes in the priorities or strategies

High Level Outcome	Change in Priority and/or Strategy	Comments (optional)
HLO #6 Decrease 8th grade tobacco use	*Delete: strategy 6.1.a. Public awareness campaign* *Add: 6.1.a. Life skills curriculum offered in after school programs for 6th & 7th graders*	

4.b.) ***(Measurement- Step 8)*** **As a result of changes in priorities and strategies, did your county make any changes in the measurement area?**

☒ No changes at this time.
☐ Changes were submitted with latest submission of Step 8 data.
☐ Changes were made to the logic model or data collection plan: Please attach revised version.

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4.c.) **What other changes, if any, were made to the Plan?**
Not applicable

4.c.) What other changes, if any, were made to the Plan?

☒ No other changes
☐ Changes to other parts of the plan: Describe, or attach revised section(s)
Describe plan changes other than priorities and strategies here, or attach the revised section(s) from the plan

Thank you! This completes the plan update. One optional question to enhance the information, and the participant list are on the next pages.

Appendix A - Optional Question and Participant List

Plan Update Process and Partnerships
(Optional) Counties that want to assess their group functioning, service delivery coordination, and progress in collaboration can use questions from a past survey of the early childhood system and expand it to other systems. Relevant portions of that questionnaire are available at www.oregonpcf.org/ourwork. Click on Biennial Update Optional Survey.

Question 1.b. – Checklist of Plan Update participants
Put a check beside any of the following people or organizations that participated in the plan update in some way. Check as many as apply. Additional categories may be added as needed.

Community residents:
- ☒ General population
- ☐ Youth
- ☐ Clients/consumers
- ☐ People with special needs
- ☐ Groups of diverse populations

Local Governments
- ☒ County human services agency
- ☒ Law Enforcement
- ☒ Tribal governments
- ☒ Juvenile departments
- ☒ Parole/probation
- ☒ Service providers
- ☒ Other county government entity

Dept. of Human Services:
- ☒ Abuse and neglect
- ☒ Food, cash, housing
- ☐ Disability services
- ☒ Service providers
- ☒ Safety Net
- ☐ Community Partnership Teams

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Alcohol & drug prevention
- ☒ Prevention coordinators
- ☐ Service providers

Health
- ☒ Public health departments
- ☒ Local mental health authority
- ☐ Mental health organizations
- ☐ Health Maintenance Organizations
- ☐ Hospitals
- ☐ Other Health Care Providers

Community Providers
- ☒ Domestic violence organizations
- ☒ Community Action Agency
- ☐ Public Housing Authorities
- ☒ Other affordable housing providers
- ☒ Advocacy groups
- ☒ After-school programs
- ☒ Childcare providers
- ☒ Child Care resource and referral
- ☒ Early childhood team representatives
- ☒ Early Intervention/Early Childhood Special Education
- ☒ Head Start/Oregon Pre-Kindergarten

Private Sector
- ☐ Businesses
- ☐ Chamber of Commerce
- ☐ Service Clubs
- ☐ Faith Community
- ☒ Neighborhood coalitions

K-16 education:
- ☐ Specific schools
- ☐ Parent teacher associations
- ☐ School Board
- ☒ School district
- ☐ Alternative schools
- ☐ Community Colleges
- ☐ Educational Service District
- ☐ Workforce Providers

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