

Part 1 - 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 the local plans.

EXECUTIVE SUMMARY

BENTON COUNTY COMPREHENSIVE PLAN UPDATE

Benton County, established in 1847, was the seventh county to be organized in territorial Oregon. The county encompasses 679 square miles in the heart of the Willamette Valley. Compared to other Oregon counties, Benton County is ranked the third smallest in total size, although it has the eleventh largest population.

Benton County is one of nine Oregon counties governed by a Home Rule Charter, adopted by Benton County voters in 1972, for the purpose of providing local authority over local matters. The charter describes the organization of the county government. It allows for the election of three full-time county commissioners with the power to enact ordinances, enter into contractual agreements, appoint non-elected officials, and administer county affairs.

Incorporated urban centers of Benton County are Corvallis (the county seat), Adair Village, Monroe, and Philomath, while the unincorporated areas are: Alpine, Alsea, Wren, Kings Valley, Bellfountain, Blodgett, Summit, Irish Bend, and North Albany.

Oregon State University is a land, sea, and space grant university located in Corvallis. The university serves as the largest employer in Benton County, followed by Hewlett-Packard, Samaritan Health Services, and other industry such as manufacturing, government, trade, services and agriculture.

Benton County's population composition is primarily Caucasian making up 89.2% of the citizenry. Ethnic populations represented in Benton County include 5.9% Asian American, 4.7% Hispanic, 1.2% African American, and 1.7% American Indian/Alaska Native

Vision and Inclusion Statement

This is our vision of Benton County.

This is what we long to see.

Our community needs a family feel,

Where we support each other with care and a zeal.

Parents are committed and educated. They know how to love.

Children are wanted, nurtured and always thought of.

Schools should be centered and given priority.

With small classes and good teachers for children of all minorities.

Youth centers are available for work and play.

Schools keep variety to hold interest during the day.

Health centers in schools will provide protection,

When problems arise, there is early detection.

*When protection fails and mothers are teens,
They need support, cause life is harder than it seems.*

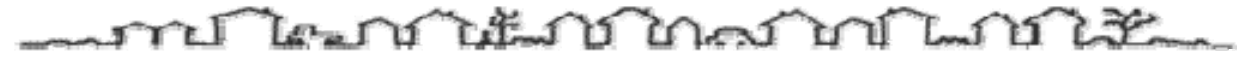
*Graduates will be matured, learned and drug free.
And ready to join the real world, wherever they may be.*

*Every individual will have a strong voice,
So we can work together in making the best choice.*

*No matter what the set backs, our community will thrive,
To make life worth living, not just try to stay alive.*

*So this is our vision for Benton County
Of children, youth, teens and parents – the best they can be.*

Benton County residents were surveyed to assess perceptions of the availability, accessibility, and quality of services for parents and their young children. The Commission on Children and Families' Task Forces which include the Early Childhood Team, Positive Youth Development, and the Youth Commission along with other planning and advisory groups in the community such as the Voz Estudiantil Latina en Accion and the Linn-Benton Hispanic Advisory Committee, reviewed services, supports, gaps, barriers, and strengths related to children and families in Benton County. Participants included parents of young children, teens, community leaders, key stakeholders, agency representatives, ethnic groups, as well as members of faith-based and other targeted communities. Results of these activities identified schools, faith communities, and health services as strong community supports. Family, friends and neighbors continue to be perceived as the top sources of support and information about community resources. Lack of awareness of the existence of services was cited as the major barrier to receiving help. Lack of affordable housing, employment opportunities, and alternative childcare that meets family needs were major identified problems. Given the high reliance on family, friends, and neighbors it is clear that a successful county plan will work with faith communities and other local groups to engage ever increasing numbers of citizens in active support of parents and their children.



SUMMARY OF HIGH LEVEL OUTCOMES

Priorities, Strategies, Rationale

In order to address community needs and identified gaps, a comprehensive approach must be taken to develop the priorities and strategies for Benton County. The Commission on Children and Families has a history of engaging community members through the use of task forces and subcommittees in which studies that focus on critical community issues are conducted. Other approaches to involve citizens by the Commission on Children and Families have been community forums, community meetings, community summits, youth summits, conferences, trainings and focus groups. The Commission on Children and Families has partnered with other county commissions and boards, community organizations, businesses, and Oregon State University to determine what supports and services are needed create a healthy community. These efforts have resulted in a shared vision and a plan of action that is an on-going process in the county. The community has taken a broad look at services across the continuum based on age and high level outcomes. The CCF and community partners concluded that prioritization of services and supports for one population over another is not feasible. We have also concluded that services cannot be developed or supported in light of the current financial status of Oregon and Benton County. We continue to struggle as a community to truly implement the comprehensive plan as resources decline each biennium. It is unreasonable to expect high returns on positive outcomes for children and families when the investment is so small and fragmented. Families' needs and supports are across the continuum thus services and supports should be designed and paid for in that fashion.

The goal for Benton County is reflected in the mission statement: "Advocate, facilitate and work collaboratively with the community to maximize resources and create a healthy and safe environment that improves the lives of children and families in Benton County".

The Phase III planning process and update in Benton County was led by a team of agency and community leaders. Early childhood, juvenile justice, and alcohol and drug are the three areas that are required under Senate Bill 555 that communities must address within the plan. The Early Childhood Team, the Positive Youth Development Committee and the Youth Commission have been reviewing and updating sections of the Comprehensive Plan. These groups worked in conjunction with other community task forces, subcommittees, and residents to examine issues, synthesize data, and provide information to the writing team. Other community plans such as the High Risk Juvenile Crime Prevention Plan, the Benton County Prevention Plan, The Alcohol and Drug Plan, the 40 Developmental Assets Report, Benton County Child Abuse Study, Benton County Substance Abuse Study, the Benton County Mental Health Study, United Way of Benton County Needs Assessment, Benton County 2003 Juvenile Crime Data Report, and workplans from task forces and subcommittees are sources for the priorities and strategies in the plan. Surveys, focus groups, and community meetings were used to prioritize the High Level Outcomes at various stages throughout the planning update process.

High Level Outcomes – Gaps/Barriers

High Level Outcome

#1) Reduce adult substance abuse, as measured by the percentage of adults who abuse or are dependent on alcohol or other drugs

Gaps/Barriers

- Transportation for rural communities
- Culturally appropriate services
- Child care while clients are in treatment services
- Denial of the extent of the problem in the community
- Aging population who need specialized services
- Community norms accepting ATOD use
- Stigmatization of clients in treatment
- Parenting classes are not highly used by this population
- Detox in-patient services unavailable
- Local residential in-patient treatment services unavailable

High Level Outcome

#2) Reduce domestic violence, as measured by the number of reported cases of domestic violence per 1,000 Oregon adults

Gaps/Barriers

- More overall services are needed for victims and batterers
- Age appropriate services are needed for victims and batterers
- Culturally appropriate and language specific services are needed for victims and batterers
- Outreach to rural areas

High Level Outcome

#3) Reduce poverty, as measured by the percentage of Oregonians with incomes below 100% of the Federal Poverty level

Gaps/Barriers

- No food bank in some rural areas
- Lack of the reduced and free lunch program in Alsea schools
- Soup kitchens unable to serve families daily
- Transportation
- High housing cost particularly in Corvallis
- Food stamp program under-utilized
- Lack of stable employment opportunities in the county
- No industry to replace Alsea Ranger Station
- Gaps between “haves” and “have-nots” are extreme

High Level Outcome

#4) Reduce child maltreatment, as measured by the number of children who are abused or neglected per 1,000, under the age of 18

Gaps/Barriers

- Parent education that meets multiple needs
- Child abuse prevention education
- Respite care services
- Accessibility of services
 - Languages and cultures
 - Rural
 - Countywide
 - Parents don't know what exists
- Parenting support
- Additional CASA volunteers are needed

- Respite care not available countywide
- Child Safe-sexual abuse referral services need to be increased and accessible

High Level Outcome

#5) Improve prenatal care, as measured by the percentage of babies whose mothers received early prenatal care

Gaps/Barriers

- Services in rural areas is limited
- Uninsured women not accessing Oregon Health Plan
- Minimal services provided in languages other than English
- More outreach efforts needed for Hispanic/Latina women

High Level Outcome

#6) Increase immunizations, as measured by the percentage of two-year olds who are adequately immunized

Gaps/Barriers

- Services available in rural areas are limited
- Uninsured women not accessing Oregon Health Plan
- Minimal services in languages other than English
- More outreach efforts needed especially for Hispanic/Latina women

High Level Outcome

#7) Reduce alcohol, tobacco and other drug use during pregnancy, as measured by the percentage of infants whose mothers abused substances during their pregnancy

Gaps/Barriers

- Transportation for rural communities
- Need additional ethnic mentors
- Additional respite care for families
- Denial of the extent of the problem in the community
- Lack of information, particularly on marijuana
- Addiction prevention and substance abuse and prevention services needed
- Screening of pregnant women for ATOD use
- Multidisciplinary team outreach to pregnant women
- School health curriculum on ATOD effects on pregnancy

High Level Outcome

#8) Increase childcare availability, as measured by the number of childcare slots available for every 100 children under the age of 13

Gaps/Barriers

- High quality, affordable child care
- Consistent caregivers
- Infant and toddler care
- Part time care particularly for infants and toddlers
- Alternative hours, weekend, and evening care
- Care for children with special developmental and emotional needs
- Care for children whose primary language is not English
- Care for children from ethnically and racially diverse populations
- Care for children of teen parents at public schools
- Child care, before and after school care in rural Benton County
- Insecure leases on facilities for Head Start and other early childhood programs
- Minimal training requirements
- Services to families
- Transportation
- Resources to make quality care affordable

- Affordable, accessible, and quality respite opportunities for families of children with special developmental and emotional needs
- Full-day kindergarten options
- Resources for care of sick children
- Awareness of referral services
- Services to adults who work with children
- Lack of support and technical assistance
- Serving mixed age groups
- Children ages 0-8 with special developmental and emotional needs
- Isolation and limited support for family child care providers

High Level Outcome

#9) *Improve readiness to learn, as measured by the percentage of third graders achieving an established reading level skill*

Gaps/Barriers

- Education in home languages
- Education that is culturally sensitive
- Too little home visiting
- Too little parent education
- Too little parent education in rural areas
- Transportation to services
- Lack of capacity to help homeless families
- Insufficient respite services
- Limited resource and referral services
- More low cost training
- Financial support and access for pursuing college classes
- More training and support for adults working with special developmental and emotional needs, mixed age groups of children, low income children, children dealing with violence, abuse, and neglect, children with limited language skills, children from different races and ethnicities, and children who don't speak English
- Incentives to stay in the field
- Providing consistent care to children
- Before and after school care is limited outside of Corvallis and Philomath
- Resources are needed to make after school care affordable for all families
- Full day kindergarten available for all children
- Psychiatric day treatment and education options for children ages 0 to 8
- Uncertainty of availability of Head Start and other early childhood facilities
- Positive activities for kids
- Therapeutic early childhood programs for children 0-5 years of age

High Level Outcomes

#10), #11), #12) *Decrease teen alcohol, tobacco, and other drug (ATOD) abuse, as measured by the percentage of eighth grade students who report using ATOD in the previous month*

Gaps/Barriers

- ATOD prevention and education have been somewhat limited in the rural areas
- Benton County needs more after school and summer programs offered in schools or agencies to serve youth
- Benton County youth report they need ATOD treatment for parents
- ATOD prevention education for parents – outreach and engagement strategies need refinement
- Need for more ATOD trained counselors and prevention educators in schools
- Support services for youth in recovery
- Ala-teen groups for youth

- Research-based ATOD prevention education beginning at a younger age
- More information for parents in multiple languages
- No local TV station – need community-wide public serve announcements
- Need outcome measurement points regarding youth ATOD use prior to 8th grade
- Expand school-based and after school activities that provide opportunities to engage all youth (art, music, physical ed, manual arts/crafts, vocational/technical)

High Level Outcomes

- #13) *Decrease juvenile arrests, as measured by the number of juvenile arrests per 1,000 juveniles in Oregon*
- #14) *Maintain OYA bed use, as measured by compliance with the discretionary bed allocation at Oregon Youth Authority*
- #15) *Reduce juvenile recidivism, as measured by the percentage of juveniles with a new criminal referral to a county juvenile department within twelve months of the original criminal offense*

Gaps/Barriers

- Lack of substitute care alternatives including foster homes, shelter care, and residential care.
- Lack of specialized services for fire setters, sex offenders, and special needs youth
- Steady decline in state funding to ensure program effectiveness
- Insufficient mental health services to chronic and serious offenders
- Need day treatment program
- Need specialized residential program for girls
- Increase capacity to provide emergency medical and dental care
- No local de-tox program
- Increase access and availability of psychological exams
- Lack of structured independent living program
- Lack of intensive community-based programs
- Expand alternative educational programs
- Lack of wrap-around services
- Lack of cultural competency in service delivery systems
- Increase access to short term psychiatric hold/treatment
- Increase employment/vocational opportunities for at-risk youth
- Lack of out-of-home placements ranging from respite, shelter, foster, proctor/mentor homes to residential facilities designed to treat delinquent youth
- Insufficient mental health services for youth
- Several youth serving non-profit organizations have closed
- Community denial of youth problems especially around substance abuse
- Lack of consistent use of wrap-around services for youth & families
- Need for additional school counselors and behavioral specialists within the schools
- The family coordinator model needs to be established in all schools
- Additional alternative educational programs are needed for at risk youth
- Lack of truancy programs
- Transportation to services continues to be an issue for many families
- Paid employment opportunities for youth are very limited
- Culturally competent and gender-specific services need further development and implementation
- Government revenue for funding prevention, intervention, and treatment programs is inadequate and may be declining

High Level Outcome

- #16) *Reduce teen pregnancy, as measured by the pregnancy rate per 1,000 females 10-17*

Gaps/Barriers

- Need to provide positive activities for youth
- Need more youth involvement in the RAPP Coalition
- More programs targeted for male responsibility
- Need a School Based Health Clinic located in a Benton County high school

- Need comprehensive sexuality education and life skills programs in schools
- Need culturally sensitive programs and approaches to teen pregnancy
- Need more connection with faith communities
- Transportation, particularly in rural areas
- Need more support services in rural areas
- Needs of special populations should be addressed
- Parent education programs needed to address needs of parents
- Need to coordinate support services between the school and local agencies
- Need to address language needs of non-English speaking residents
- Need low-cost services for uninsured citizens that do not qualify for the Oregon Health Plan

High Level Outcome

#17) *Decrease youth suicide, as measured by the number of suicide attempts by minors per 1,000 youth age 12-19*

Gap/Barriers

- Lack of adequate bilingual and cultural competent staff among county and private providers
- Mentoring programs for youth are limited with the loss of a non-profit program
- School counselors are not available in all schools, particularly the elementary schools
- Lack of community awareness about youth suicide and issues related
- More positive programs for youth development
- Lack of 24 hour crisis services
- No suicide warm line
- Additional shelter care services for homeless and runaway youth

High Level Outcome

#18) *Reduce High School Dropout Rates, as measured by the percentage of public high school students who drop out of grades nine through twelve in any given year*

Gaps/Barriers

- Youth leadership and involvement and after school and weekend programs should be increased.
- Life skills training and education need to be incorporated into the school curriculum
- Increase the number of alternative education programs need to be increased
- Lack of follow up program to determine reasons for drop outs
- Music, art, physical education, and manual arts/vocational technical in Benton County public schools with activities extending beyond school hours and with linkages to colleges/universities
- Focus on participation, not just performance – find ways for every child to have success at school

High Level Outcome

#19) *Increase community engagement, as measured by the percentage of Oregonians who feel they are part of their community*

Gaps/Barriers

- Need more people of color involved in policy boards and commissions
- Outreach to rural communities
- Opportunities for younger children to volunteer
- Lack of awareness of community programs
- Need more bilingual services
- Gap between the “haves” and the “have-nots”

High Level Outcome

#20) *Decrease antisocial behavior and emerging mental health problems in early childhood and elementary age youth*

Gaps/Barriers

Respite care for families.

- Expand day treatment options.

- Therapeutic foster care with attendant skill trainers.
- Readily available psychiatric, psychological and therapeutic services for children residing at home.
- Expand mental health assistance for school districts through the addition of more school counselors and the expansion of ACIST.
- Better identification and educational services within schools for children with mental health issues.
- Transitional services for older adolescents with mental health issues to include vocational training, job exploration and placement and independent living skills.
- Multi-faceted treatment for adolescent sex offenders.
- Intensive home based treatment.
- Short term crisis intervention and stabilization.

High Level Outcomes – Strategies/Activities

HLO #1 Reduce adult substance abuse as measured by the percentage of adults who abuse or are dependent on alcohol or other drugs

- ♣ Increase awareness of the importance of Alcohol and Drug Treatment services
 - alcohol and drug treatment availability for adults in the community
 - a continuum of care that is culturally competent and language appropriate
 - prevention outreach to the aging population
- ♣ Implement a public awareness campaign focusing on denial and stigmatization of alcoholism and drug addictions
- ♣ Provide additional services for parents of children with drug and alcohol problems

HLO #2 Reduce domestic violence as measured by the number of reported cases of domestic violence per 1,000 Oregon adults

- ♣ Increase the number of domestic violence intervention resources
 - programs that reduce domestic violence
 - trained volunteers to support victims of domestic violence
 - a continuum of care that is culturally competent and language appropriate
- ♣ Increase the awareness of the effects domestic violence has on young children and teens
 - Family Violence Council insure protocols for domestic violence are implemented
 - services for parents (including adoptive and foster parents) of children with behavior problems
 - services for parents of children who are victims of abuse

HLO #3 Reduce poverty, as measured by the percentage of Oregonians with incomes below 100% of the Federal Poverty Level

- ♣ Increase services for low-income and just-over-poverty level families
 - social services support will be available for families of young children
 - services supports will be available for families to reduce hunger in the community
 - social services support will assist homeless families
 - mentoring programs to enhance community social supports for others
 - outreach to rural communities
 - services for non-English speaking families
- ♣ Promote the availability of food stamps for qualifying individuals
- ♣ Educate and involve Faith Based and Community Organizations in community food security activities
 - federally funded school meal program in rural Benton County
 - low income families with infant(s) to access free meals
 - summer lunch programs
 - supplemental food programs are needed in rural Benton County
 - food stamp awareness for low income families
 - support a summer long federally funded meal program in all qualified schools

HLO #4 Reduce child maltreatment, as measured by the number of children who are abused or neglected per 1,000 under the age of 18

- ♣ Increase supports to families at risk including:
 - Dedicated Commission projects: CASA, Healthy Start, Relief Nursery
 - Services for specific populations
 - Services with promising delivery methods
- ♣ Increase social services for public school aged children and families
- ♣ Increase accessible parent education including:
 - Culturally and language relevant services
- ♣ Increase child abuse prevention education
- ♣ Decrease barriers to participation in supports including:
 - Transportation
 - Childcare

HLO #5 Improve prenatal care as measured by the percentage of babies whose mothers received early prenatal care

- ♣ Increase early prenatal care
- ♣ Increase the number of prevention services for non English speakers
 - A continuum of care that is culturally competent and language appropriate
 - Additional social service supports to connect families to current services
 - early identification and referral services
- ♣ Increase the number of school based health clinics
 - Follow up visits or phone calls after Doctor appointments

HLO #6 Increase immunizations as measured by the percentage of two-year olds who are adequately immunized

- ♣ Increase services for low income families
- ♣ Increase services for children with special needs
- ♣ Increase services for non English speakers
- ♣ Provide more low cost services

HLO #7 Reduce alcohol, tobacco, and other drug use during pregnancy as measured by the percentage of infants whose mothers abused substances during their pregnancy

- ♣ Increase education for families about issues related to second hand smoke
 - Sustain efforts to have businesses comply with the Oregon Smoke-Free workplace law and Benton County Ordinance
- ♣ Implement a crisis relief nursery
- ♣ Increase family social support
 - Continue and expand parent education programs that address substance abuse prevention in all areas of Benton County while refining outreach/recruitment strategies to engage more parents
 - Continue to expand youth substance abuse prevention education programs in the rural areas of Benton County
 - Continue to expand Latino prevention outreach through the Promotora program and other county activities
 - Explore drug and alcohol screening and education for all pregnant women
 - Screening for children from non English speaking families
 - Culturally and language relevant services
- ♣ Implement school based health education regarding ATOD use and pregnancy
- ♣ Develop a multidisciplinary team to provide outreach and services to pregnant women

HLO #8 Increase childcare availability as measured by the number of childcare slots available for every 100 children under the age of 13

- ♣ Increase the availability of high quality affordable child care including:
 - infant and toddler care
 - children with special developmental and emotional needs
 - mixed age groups
 - children of teen parents at public high schools
 - therapeutic care options for children ages 5 - 8
 - part time care, alternate hours, weekend and evening care
 - summer care
 - after school options
 - rural areas of Benton County
 - care that is culturally sensitive and in home language
 - Develop intensive day treatment services
- ♣ Maintain and increase supports to providers including:
 - decrease turnover in child care workforce
 - living wage
 - technical assistance and support, in particular to family child care providers
 - affordable, on-going training
 - affordable and accessible formal early childhood education
- ♣ Provide assistance to families dealing with issues related to child care such as:
 - awareness of referral services regarding child care
 - respite care for children with special developmental and emotional needs
 - transportation

HLO #9 Improve readiness to learn, as measured by the percentage of third graders achieving an established reading level skill

- ♣ Increase affordable parenting education opportunities throughout the county
 - on a range of topics for parents of children prebirth – 8 years
 - for all parents and adults serving as parents
 - using various methods for providing parent education

- ♣ Increase the likelihood that parents will take advantage of educational opportunities
 - offering parenting education at low or no cost
 - removing barriers to participating
 - taking parent education to parents

- ♣ Increase affordable training for adults working with children 0-8 years of age

- ♣ Increase affordable activities that support children’s cognitive, language and literacy development
 - Before and after school and summer services
 - Full day kindergarten
 - Adding slots to Head Start, Even Start, and other preschool programs

- ♣ Support services that enhance children’s health and well-being
 - programs to meet basic needs
 - programs to increase prenatal and physical health
 - programs to increase mental health

HLO #10,11,12 Decrease teen alcohol, tobacco, and other drug (ATOD) abuse, as measured by the percentage of eighth grade students who report using ATOD in the previous month

- ♣ Maintain ACIST (A Community Integrated Service Team) in Grades K-5 and expand to grades 6-12
- ♣ Sustain Benton County Mental Health and private providers involvement and support in public schools
 - support school based interventions for high risk youth
 - Include school personnel in recurring strategic meetings for juvenile parole and probation collaboration and coordination planning
 - Sustain and expand evidence based school-based prevention education
- ♣ Sustain public health by increasing private providers, parents, merchants, school district employees, law enforcement officers, faith community, and community member's involvement and their support in the Positive Youth Development Committee and the Alcohol and Drug Mental Health Advisory Committee (ADMHAC)
- ♣ Continue funding community mobilization projects addressing ATOD prevention
 - Support development of additional school-based and after school activities that provide opportunities to engage all youth (art, music, physical ed, manual arts/crafts, vocational/technical)
- ♣ Refine parent program outreach and engagement strategies to improve parent participation in education programs
- ♣ Sustain the Corvallis/Philomath partnership with Oregon Liquor Control Commission and local law enforcement regarding merchant education
- ♣ Establish smoke free areas in parks and recreation areas of Benton County
 - Reduce point of purchase advertising at tobacco retailers
- ♣ Support school districts in implementing the basic elements of a comprehensive tobacco-free policy
- ♣ Maintain mobile services for rural Benton County
- ♣ Support family centered planning and treatment services
- ♣ ATOD prevention focused on the transitions years (5th-6th and 8th-9th grades)
 - Alcohol, tobacco and other drugs (ATOD) prevention/education materials at all school events to increase awareness

HLO #13 Decrease juvenile arrests as measured by the number of juvenile arrests per 1,000 juveniles in Oregon

HLO #14 Maintain OYA bed use as measured by compliance with the discretionary bed allocation at Oregon Youth Authority

HLO #15 Reduce juvenile recidivism as measured by the percentage of juveniles with a new criminal referral to a county juvenile department within twelve months of the original offense

- ♣ Provide graduated sanctions and services such as community service, work crew, restitution, mediation and victim services
- ♣ Provide community based programs as an alternative to commitment to youth correctional facilities
 - Family support services, skill building groups, intensive supervision, and educational/vocational services
 - Community service and employment/vocational opportunities for at-risk youth
- ♣ Ensure adequate and timely psychological evaluations are available for the target population.
 - Mental health services for youth in the juvenile justice system.
 - Residential services for youth such as therapeutic foster care
 - Transition programs for youth returning to the community following residential or correctional placement
- ♣ Encourage and support community and school based interventions for high risk youth.
 - Support mentoring programs for at-risk youth
 - After school and summer activities for youth
 - Prevention outreach programs to middle school youth
 - Peer mediation services in the schools
- ♣ Include school personnel in recurring strategic meetings regarding juvenile offenders to increase coordination and collaboration of planning and service delivery
- ♣ Encourage and support the development of interagency partnerships to enhance coordination and service integration for at-risk youth
 - Support wrap-around services for youth.
- ♣ Expand parent education to parents of high-risk youth
- ♣ Provide a continuum of care that is culturally competent and language appropriate

HLO #16 Reduce teen pregnancy as measured by the pregnancy rate per 1,000 females 10 – 17

- ♣ Expand after school and summer activities for youth
- ♣ Increase the number of school counselors in Benton County public schools
- ♣ Encourage and support community and school based interventions for high risk youth
 - Adequate funding to assure the continuance of Plain Talk for Kids and Teens thus providing services in the elementary and middle schools
 - Restore music, art, and physical education in Benton County public schools
 - Mentoring programs to serve at-risk youth
 - Peer mediation services in Benton County public schools
 - Prevention outreach focused on middle school youth
 - Education addressing sexuality
 - Gender specific services to all girls
 - Culturally appropriate services to all youth of color
- ♣ Support and promote school and community life skills development, by mentoring programs for youths age 10-17 and who are pregnant or parenting
- ♣ Create a media campaign that will raise awareness about resources, services, and needs for children, youth, and their families
- ♣ Increase sexual health outreach and education to males age 13-25
- ♣ Make available pro-social programs that include skill building, after school and recreational activities, mentoring services, mental health, ATOD treatment, that target high-risk youth with an emphasis on girls

HLO # 17 Decrease youth suicide as measured by the number of suicide attempts by minors per 1,000 youth age 12 - 19

- ♣ Enhance educational support for parents of the target population through multiple delivery systems: classes, consultations, mentoring, and linking parent/family education with other services being secured by the family
- ♣ Support Family Connections to ensure easy access to services for families
 - Publicity, a toll-free telephone number
 - Coordination of referral services
 - Reduction of related costs for support services
- ♣ Wrap around services for families that include case managers for children afflicted with severe behavioral problems, child abuse, and/or alcohol and drug issues
- ♣ Expand Family Services Coordinator model so that each neighborhood has a family services coordinator who facilitates the integration of services provided by schools, private providers, state and local agencies.

HLO #18 Reduce high school dropout rates as measured by the percentage of public high school students who drop out of grades nine through twelve in any given year

- ♣ Expand after school and summer activities for youth
- ♣ Increase the number of school counselors in Benton County public schools
- ♣ Encourage and support school based interventions for high risk youth
 - Music, art, and physical education in Benton County public schools
 - Mentoring programs to serve at-risk youth
 - Peer mediation services in Benton County public schools
 - Outreach focused on middle and high school aged youth
 - Gender specific services to all girls in the target population
- ♣ Support and promote school and community life skills development, by mentoring programs for youths age 10-17 and who are pregnant or parenting
- ♣ Create a media campaign that will raise awareness about resources, services, and needs for children, youth, and their families
- ♣ Provide culturally appropriate services to all youth of color
- ♣ Make available pro-social programs that include skill building, after school and recreational activities, mentoring services, mental health, ATOD treatment, that target high-risk youth with an emphasis on girls

HLO #19 Increase community engagement as measured by the percentage of Oregonians who feel they are part of their community

- ♣ Increase implementation of the 40 Developmental Assets
- ♣ Increase outreach to people of color to serve on policy boards and commissions
- ♣ Increase outreach to rural communities for services and support systems
- ♣ Increase youth involvement in boards and commissions
- ♣ Coordinate and collaborate services with non-profit agencies
- ♣ Create a media campaign that will raise awareness of resources, services and needs for children, youth and families
- ♣ Increase neighborhood organizations and neighborhood centers
- ♣ Encourage volunteerism
- ♣ Increase awareness of community cultural events
- ♣ Increase support for city and county initiatives

HLO # 20 Decrease antisocial behavior and emerging mental health problems in early childhood and elementary age youth

- ♣ Develop a county wide approach to identify children who need services and supporting those who respond
- ♣ Expand First Steps to all schools
- ♣ Develop mechanism for screening young children for emotional/behavioral disorders
- ♣ Develop outreach and wrap-around services to families
- ♣ Improve parenting support – develop a warm line
- ♣ Require and provide training for teachers dealing with young students who have behavior disorders and emotional disturbance
- ♣ Develop sustainable funding
- ♣ Advocate for services/interventions that are school and family based and keep kids in our community

Benton County Commission on Children and Families
Priority of High Level Outcomes 2005

Juvenile Justice -Priority - 1 <i>HLO - #4</i>	Reduce Child Maltreatment as measured by the number of children who are abused or neglected per 1,000 under the age of 18
Early Childhood -Priority - 1 <i>HLO - #9</i>	Improve readiness to learn, as measured by the percentage of third graders achieving an established reading level skill
Alcohol & Drug Prevention - Priority -1 <i>HLO -#10,11,12</i>	Decrease teen alcohol, tobacco, and other drug abuse as measured by the percentage of eighth grade students who report using ATOD in the previous month

Juvenile Justice -Priority -2 <i>HLO - #20</i>	Decrease antisocial behavior and emerging mental health problems in early childhood and elementary school aged children
Early Childhood -Priority-2 <i>HLO - #8</i>	Increase childcare availability as measured by the number of childcare slots available for every 100 children under the age of 13
Alcohol & Drug Prevention -Priority-2 <i>HLO - #7</i>	Reduce alcohol, tobacco, and other drug use during pregnancy as measured by the percentage of infants whose mothers abused substances during their pregnancy

Juvenile Justice -Priority-3 <i>HLO - #10, 11, 12</i>	Decrease teen alcohol, tobacco, and other drug abuse as measured by the percentage of eighth grade students who report using ATOD in the previous month
Early Childhood - Priority-3 <i>HLO - #4</i>	Reduce Child Maltreatment as measured by the number of children who are abused or neglected per 1,000 under the age of 18
Alcohol & Drug Prevention -Priority-3 <i>HLO - #18</i>	Reduce high school drop out rates as measured by the percentage of public high school students who drop out of grades nine through twelve in any given year

Juvenile Justice - Priority -4 <i>HLO-#18</i>	Reduce high school drop out rate as measured by the percentage of public high school students who drop out of grades nine through twelve in any given year
--	--

1.b.) Attached on page 8 and 9 is a list of categories of partners. Please indicate by checkmark which partners participated in this Plan Update process.

1.c.) Which of the following methods do you use to regularly assess your county's progress in implementing the local comprehensive community plan? (Check as many as apply).

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

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? (date) _____

1.e.) Is the local community public 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? unknown

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

Part 2 – Plan Analysis

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 estimates can be found at <http://www.pdx.edu/prc/annualorpopulation.html>.)

- No significant differences in the data
- The following are the most significant differences in the data.

2.b.) Where are we in terms of county-specific high level outcomes? (Note: The 2003 Oregon Benchmark County Data Book is posted at http://www.oregon.gov/DAS/OPB/obm_pubs.shtml#Benchmark_County_Data_Books. The Progress Board will release the 2005 Oregon Benchmark County Data Book in the fall of 2005.) Include a review of race/ethnicity in the review of High Level Outcomes.

- No significant differences in the data
- The following are the most significant differences in the data.

Based on the Oregon Benchmark County Data Book 2005, Benton County has seen some significant improvements in the area of child-well being by meeting or exceeding state benchmarks. Teen pregnancy is 3.8 per 1000, tobacco use during pregnancy is 7.2%, eighth grade students' use of tobacco is at .01%, third grade math has improved from 84.5% in 2004 to 86.2% in 2005 as well as third grade reading from 85.4% in 2004 86.1% in 2005. Juvenile Arrests have dropped to 11.5 per 1,000 from 15.6 per 1000 and child abuse remains well below the state level at 4.3 per thousand.

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?

There are no changes in demographics at this time.

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

Benton County’s greatest concerns focus on a continuum of care for runaway and homeless youth. Although we have Jackson Street Youth Shelter that provides services and supports for this population, there is still a need for outreach and drop-in services.

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

Benton County is participating with the League of Women’s Voters review of homeless and runaway services for youth. Once their report is complete we can make an informed recommendation for a statewide system.

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

Benton County will recommend a new High Level Outcome regarding homeless and runaway youth once the report from the League of Women’s Voters is complete.

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.

Juvenile Crime	Alcohol and Drug	Early Childhood	Other Systems and Cross-system Supports
Basic services (JCP)	Alcohol and drug treatment services for youths	Child care (hard to find*)	Transportation (Rural Benton County)
Juvenile Crime Prevention	Alcohol and drug prevention – changing community norms, public awareness	Early childhood workforce development – training	School Resource Officers
			Foster parents for children with mental health issues
			Family support services to higher risk families

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

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.

Benton County has been addressing our priorities and strategies by focusing our funding, resource development, and community mobilization based on the Comprehensive Plan. As a community, services and supports to reduce child abuse, improve children ready to learn, reduce alcohol, tobacco, and drug use among youth, reducing juvenile crime, and improving children mental health are considered Benton County priorities. Benton County provided funding to Healthy Start home visiting services through a public and private partnership to reduce child abuse; Jackson Street Youth Shelter to support runaway and homeless youth mental health and alcohol and drug treatment needs; Parent Enhancement Program to reduce teen pregnancy and reduce juvenile crime; Rural Parenting Initiative to provide parent education to families in Philomath and Monroe; and Linn-Benton Community College to offer childcare training and education to providers. The Early Childhood Team worked within the community to support parent education, childcare provider training, and community awareness to increase children entering school ready to learn. Several projects, events, and activities were implemented to encourage youth to resist alcohol, tobacco, and other drugs. This included the 8th Annual Teen Summit, Life Skills Training curriculum in all Benton County Public Schools, Second Steps Program in Corvallis and Philomath Schools, the 2nd Annual Teen Maze, 2nd Annual Teen Idol Contest, and four community forums.

However, due to a drastic reduction in funding, the areas that were identified as gaps in service in the Comprehensive Plan continue in all areas with additional services being reduced or eliminated. For example, the reduced funding to Juvenile Crime Prevention has resulted in the Victim Offenders and Mediation Program (VOMP), which is housed at the Benton County Juvenile Department, being reduced from 1.0 FTE to .5 FTE. This has also caused the elimination of the VOMP as of June 30, 2006. School Resource Officers are no longer operating in schools throughout the county. Parent education in Alsea no longer exists. There is no treatment available for juvenile sex offenders. As a community we continue to struggle to maintain our low level of child abuse rates through home visiting with the reduction of Healthy Start, Cacoan, and Baby's First funding. Child Care offered during non-traditional times continues to be a major gap for the community as well as weekend and respite care.

- 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.)

Deferred until further direction from OCCF.

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 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: Too many required partners in some instances

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
Mandates from state agencies that are not accompanied by the funding needed to carry out the required tasks.	The Oregon Commission on Children and Families should advocate to the legislature to ensure that funding is available to fully support 2 FTE as required by law.
Changes in Oregon Administrative Rules that impact the work at the local level.	The new rule for families receiving Safety Net services available to families on Temporary Assistance to Needy Families impacts the ability for communities to do outreach to all families in need of Safety Net services. This rule should be changed.

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 program 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.

The Early Childhood Team has worked together to improve the early childhood system for children and families in Benton County. As a team they have developed and implemented a two-year work plan that included resource development, training, and community awareness. This has resulted in Linn-Benton Community College receiving federal funding to continue training for childcare providers after the Child Care Development Fund Expansion Grant ended. The team also supported the state mental health grant for Old Mill Center for Children and Families to provide treatment for young children. Old Mill Center has partnered with the Children's Farm Home to ensure that the highest risk families receive mental health services. Good Samaritan Regional Medical Center continues to provide additional funding for Healthy Start home visiting services so that all new parents have an opportunity for a "Welcome Baby Visit" and support if needed. The Early Childhood Team has developed a media strategy to inform the community of services, supports, needs, and gaps for children 0-8 in Benton County.

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?

Benton County continues to make strides in services and support for all families living in the community. Benton County as an organization is committed to cultural competency by establishing a policy in 2001 that requires all employees to attend at least one Cultural Competency Training per year. In addition the Benton County Human Resources Department is charged with finding numerous such training each year so that department heads and managers have multiple opportunities to participate in training. The Linn-Benton Hispanic Advisory Committee plays an important role in reviewing services provided to Spanish speaking families. The LBHAC offers feedback to community plans, policymakers and key stakeholders in each community. The LBHAC conducts an annual La Fiesta event that offers workshops and resource tables that have information on services and supports available in the community. The membership of the LBHAC includes local and state agency representatives, non-governmental organizations, and residents. The Community Alliance For Diversity is another organization that works to ensure that all families in Benton County have access to resources and services. The CAD Board provides training to agencies and organizations to

increase cultural competency among their employees. CAD also provides community forums to raise awareness of issues that impact the communities of color. The CAD Board consists of membership from the public and private sector as well as concerned residents.

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

In order to implement the Comprehensive Plan, many community forums and focus groups have been conducted throughout the community. During 2005 the Commission on Children and Families in partnership with Oregon State University conducted six focus groups with high school aged youth and adults to determine if the results of surveys from local, state, and national organizations reflect what is happening in Benton County. Results of the focus groups indicate that risk factors continue to decline among children, youth, and families in Benton County. This information was then presented to decision makers and advisory boards to help prioritize services for children and families. The CCF has partnered with other community advisory groups to hold community forums to review successes and gaps that exist in the community. Forum topics included child abuse prevention, domestic violence, youth violence, methamphetamine use, and children of incarcerated parents.

Part 4 - Priorities and Strategies

Priorities and Strategies - Where do we want to go, and how?

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.

See Logic Model for Alcohol and Drug.

- 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)
<i>HLO #6 Decrease 8th grade tobacco use</i>	<i>Delete: strategy 6.1.a. Public awareness campaign Add: 6.1.a. Life skills curriculum offered in after school programs for 6th & 7th graders</i>	

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

Deferred until further direction from OCCF.

- 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.

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

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
- Child care 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

Other _____

Attachment A

A&D Logic Model

Priority and related high-level outcome(s)	Strategy	Rationale for its selection, including research basis	Output(s) and their Target(s), with rationale	Intermediate outcome(s) and their Target(s), with rationale	Related high-level outcome(s)
Decrease teen alcohol, drug, and tobacco use.	Implement a research based substance abuse prevention curriculum in Benton County public schools.	Research conducted by Botvin indicates that systemic integrated like skills curriculum reduces ATOD and other health risk behaviors among youth.	All students attending Benton County public schools will receive research based substance abuse prevention curriculum.	The number of students who attend public schools that receive research based substance abuse prevention curriculum.	Decrease teen alcohol, drug, and tobacco use. Decrease teen pregnancy. Decrease high school drop out rate. Decrease juvenile arrest.