

Lincoln Commission on Children and Families  
Six Year Comprehensive Plan  
**EXECUTIVE SUMMARY**  
January 14, 2007

Local coordinated, comprehensive plans provide a means for communities to coordinate the many programs, strategies and services for children ages 0 through 18 and their families and to focus local efforts for improved results. Local Commissions on Children and Families have the responsibility for leading, coordinating and facilitating the development of the plan. The plan represents the vision, priorities and strategies of the community.

The Executive Summary of the Commission on Children and Families Six Year Comprehensive plan captures a snapshot of Lincoln County. It is designed to be more than a planning document for the community. This summary is intended to raise awareness of the identified priorities and issues, open community dialog, which will hopefully result in increased community support. It is by no means 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.

**Introduction**

In 1999 the Oregon Legislature adopted Senate Bill 555, which established a state policy requiring state agencies to work in partnership with local communities to plan, coordinate, and provide services accordingly for Oregon's children and families. It defined the role for the state and local commissions on children and families in coordinating and facilitating community-based comprehensive planning. The 2002-2008 Six Year Comprehensive Plan for Lincoln County adopted the following high level outcome focus areas: child maltreatment/abuse prevention; increasing the number of childcare slots and quality childcare options; drug and alcohol prevention, education and treatment; positive youth development; reducing juvenile crime through prevention efforts and provide treatment to youth already in the juvenile system; reduction of drop outs by providing intervention to middle and high school students that are identified as "acting out" by school counselors, juvenile department and other local sources and increasing community engagement.

Lincoln Commission on Children and Families has been charged with the development of the next step of the Senate Bill 555 Comprehensive planning, implementation and measurement process. The development of the 2009-2014 Comprehensive Plan again included involvement from representatives from government/nongovernmental agencies, non-profits, formal and informal partners, and private citizens including youth. The Commission reviewed several written documents, held key informant interviews, participated in or convened community forums, and gathered information from existing committees,

community groups and agencies. There was representation of local cultural diversity throughout the planning process including the following cultures: homeless, Hispanic, Native American, those living in poverty, recovering addicts, and those living with mental illness. Commission collected, analyzed, updated data, and collected input from community groups at their regular meetings. All of the above assisted the commission in developing a list of the greatest issues for our local families. Many of the issues remain consistent with the last biennial prioritized high-level outcomes.

Of the many issues identified in the community process, the following were repeated themes. To address these issues; strategic approaches around system change, community mobilization and service delivery are to be addressed:

1. Identified need to increase networking, communication, community engagement and coordinated community involvement. Increase authentic youth engagement, which includes increased youth involved planning efforts
2. With the rapidly growing number of homeless youth, there is a great need for increased coordinated services and supports in order for RHY to gain needed skills to become successful adults. An identified immediate goal: support for academic success. Long-term goal: homeless youth shelter/home.
3. Identified in several arenas was the need for increased mental health services for youth, especially elementary school age children. There is a need to expand mental health services for children and families regardless of income level. An increased need for professionals with specialization in early childhood mental health was identified. Access to mental health for all ages remains an issue. Limited resources were one of the many barriers identified.
4. There is high adult and youth substance abuse and the subsequent lack of sufficient prevention, education and treatment resources. Alcohol and drug prevention activities in schools and communities have decreased. Transportation and childcare remain barriers to accessing Mental Health and ATOD services. Initial need is to stabilize the current alcohol and drug treatment and prevention provider system. Community norm change is needed in regards to substance abuse, particularly in regards to underage alcohol and other substance use. Community interest is high to pursue development of a relief nursery, which would provide comprehensive family services in quality environments to children under age six in families who are experiencing numerous stresses linked to abuse and neglect.
5. A need to provide additional opportunities for positive youth development, and leadership was identified by local youth. Need for increased community asset development. In many areas the lack of parenting skills, parental involvement and parental support was noted. Need to increase resources, parent education and support service for parents. Provide an adult for all youth where parental support is absent. Expand support to children and families through mentoring programs.

6. Strengthen community partnerships to support academic success. Personal skills development was reported as the area of greatest need for our local youth to succeed. Develop new and expand the capacity of existing after school programs. Address school violence and bullying to assist in providing safe school environments
7. Reduce teen pregnancy by supporting Community Health Improvement Partnerships (CHIP) comprehensive community plan to enhance parent/child communication programs; expand abstinence and mentoring programs, improve sex education school curriculum and improve access to school based health center services.
8. Increase child safety to reduce child abuse and maltreatment by boosting the education and awareness efforts regarding child predators, recognition and reporting of child abuse. Augment support for at risk families.
9. Lack of childcare slots, affordable, quality childcare and odd hour options remain a priority. Infant/toddler care is rare and odd-hour care is relatively non-existent. Support Early Childhood Coordinating Council, Child Care Resource and Referral and other community groups in the promotion that childcare is an economic development issue. Build awareness that early childhood is the most critical developmental period for children and quality early learning experience is crucial to the healthy growth and development of young children. Establish extended and odd-hour quality childcare availability.

Two of the main underlying problems noted, which contribute to all of the identified community issues in Lincoln County, are the high rate of poverty and substance abuse.

### **Community focus**

With a primary goal to support, advocate for the care, protection and positive development of all children and families in Lincoln County and ensure that children have the assets and competencies necessary to be ready to learn, ready for work, ready for life- the Commission's role in the community is to:

*Advise* Board of County Commissioners on children, youth and family policies; *Mobilize the Community* by advocating for local support and involvement in current issues; strengthen existing and create new partnerships of community members and agencies, facilitate coordinated comprehensive planning, gather and evaluate information and data to measure progress achieving identified goals; *Assist in the Coordination of 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 and *Make* recommendations for funding of local programs with solid outcomes.

The Lincoln 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. The healthy development of children and youth begins prenatal and continues through

childhood and adolescence into adulthood. With the passage through these states come the acquisitions of personal and social assets that are needed for a successful transition. Children do not make this transition alone. They must have families and communities that provide the supports for their positive development.

Everyone in the community has a role. Children do not travel alone through the developmental stages to adulthood. They travel with their families, friends, neighbors, and a host of other individuals in education, faith organizations, governmental agencies and community organizations that have their well being in mind. All system and settings- formal and informal, public and private that touch young people's lives must be involved in assisting children and youth on this journey. There is a role for every community member. A community's investment in its youth impacts not only the future of the young, but also that of the community itself.

The number one focus area for the Commission will be to build a circle of partners around community needs to identify solutions and develop strategic action plans. The need for increased collaboration, partnerships, communication, awareness, was a unified message heard through this planning process. It will take the collective work of many partners working towards a variety of intermediate outcome to impact the broader identified issues. The community has learned through a strong history of successful partnerships they can do more together than they can on their own. Lincoln County is a community where people are remarkably collaborative and innovative when there is focused leadership. In efforts to strengthen collaborations, the Commission in a leadership role has acknowledged the need to build strength in the local Commission system. The following strategies have been identified:



*Lincoln County's focused priority is to build a circle of partners around community needs to identify solutions and develop strategic action plans.*

---

Strategy 1: Improve community awareness, education, communication and understanding of children and families issues among the general public, community partners and stakeholders to increase community engagement.

Strategy 2: Increase communication, multiple agency networking and the number of collaborative partnerships.

Strategy 3: Build participation in Commission to include diverse partners. Increase membership by 50%.

Strategy 4: Increase funding opportunities to support implementation of County priorities.

Strategy 5: Develop strategic approaches to prioritized issues.

The LCCF has embarked on a collaborative partnership with Linn/Benton/Lincoln United Way to build a more comprehensive assessment process and community engagement. The Comprehensive Plan is just the beginning of an ongoing inclusive community based and informed community needs assessment. Information from this plan will be shared with both formal and informal community groups to both inform and engage them into action. The Commission has had a history of acting as a “United Way”. Community partners often viewed the Commission as a source of funding as opposed to looking at the Commission as a resource to drive community mobilization. The initial focused investment of LCCF will be to raise awareness, encourage dialogue, build consensus around identified issues and subsequently strengthen ongoing partner involvement. A community campaign to build support around highlighted issues, along with recruitment to build a stronger commission will be the initial role of the Commission in this community plan. Strengthening the commission will help to build the infrastructure which will help move the community forward to address the many ongoing and emerging issues.

An initial Community focus will be to address the growing concerns around Runaway and Homeless Youth. From the voices of the youth themselves some of the prioritized needs that have been identified include; a place to live until their life has stabilized, help finding a job, financial assistance, support accessing needed services, and the ability to continue their education and receive a high school diploma or equivalent.

At 6% of the total student population, Lincoln County School District ranks highest among all Oregon counties for the percentage of runaway and homeless K-12 youth. The Lincoln County School District Homeless Liaison estimates that by the end of the 2006-07 school year, there were 498 homeless youth. Within the first seven weeks of the 2007-08 school year, an astounding 258 homeless students, some with parents some with not, have been identified and contacted by the LCSD Homeless Liaison. Limited services are available for the homeless and runaway youth, especially those aging out of the foster care system, aged 17-20 years old.

With the establishment of a Runaway and Homeless youth coalition, the community has shown it is ready for change and there is growing capacity for implementation. The RHY Coalition currently includes members from Lincoln County School District, Community Services Consortium, Juvenile Department, and Children’s Advocacy Center, Lincoln Commission on Children and Families, and Lincoln County Board of Commissioners. The Coalition has chosen to begin its efforts in moving toward a more coordinated effort at reaching out to and providing services to the RHY population. This will play a twofold role of bringing efficiency into the emerging system while decreasing duplication of services. Although there are many areas of service that the Coalition is interested in expanding, of initial and primary importance’s are:

1. Decreasing gaps in service delivery and identify existing supportive resources;
2. Increasing community response to need; and
3. Centralizing the coordination of activities and service delivery to foster efficiency and reduce duplication of services.

The coalition will begin its efforts by expanding the number of active participants. Funding is being sought to hire a part time coordinator to support the expansion and direction of the coalition.

These additional resources will support the existing homeless Liaison in connecting RHY to resources, increase the continuity of education, and provide for improved safety.

Strategy 1: Connectivity to Resources: Increase resources to existing Homeless liaison by hiring part-time RHY coordinator through Community Services Consortium, along with four RHY youth liaisons. Liaisons will provide outreach, referrals and provide input to Coalition. An inventory of services will be catalogued. Pocket resources guides will be developed and distributed. Efforts will be made to improve coordination of service providers and increase access to services to four areas of the county.

Outcomes: 300-500 RHY will obtain resource cards. 200 will be provided increased basic services.

Strategy 2: Continuity of Education: Increase number of youth who receive advocacy service to connect them into the most appropriate learning environment. Increase access to Life Skills/employment training through Community Services Consortium.

Outcome: The number of RHY youth who remain connected to school will increase by 20%.

Strategy 3: Improved Safety: Increase opportunities for Case management to provide RHY with opportunities to reunite or make safe exits. Locate short-term emergency housing. Increase knowledge and access of available School Based Health Center services for RHY

Outcomes: Increase the number of youth in safe living situation. Increase the number of youth accessing School Based Health Center service by 25%.

Strategy 4: Coalition Building: Existing coalition will actively recruit partners to meet regularly to coordinate, expand, and stabilize services to RHY population. Increase community response to RHY needs. Long term identified need- youth shelter.

Outcomes: Expand existing Coalition by 50%. (From eight members to sixteen members) Include RHY youth in Coalition. Resources and needs will be catalogued in efforts to increase community support and resources.

**Lincoln Commission on Children and Families**  
**Six-Year Comprehensive Plan**  
**January 14, 2008**

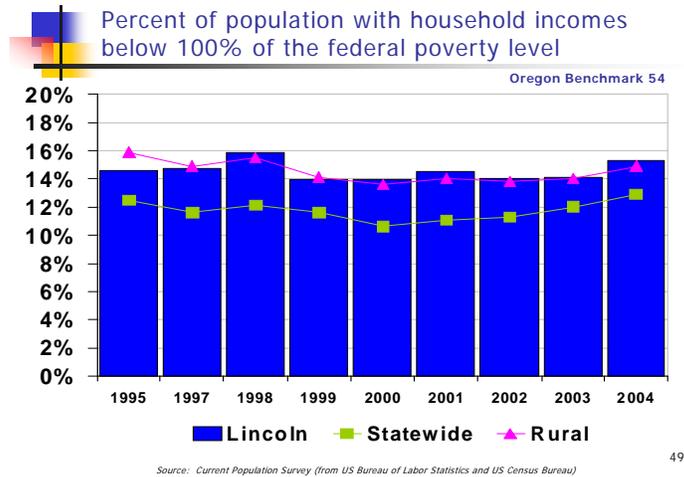
**A Look at Lincoln County**

Oregon Pacific Area Health Education Center conducted a 2007 Health Needs Assessment. Data analyzed from multiple sources completes a comprehensive picture of Lincoln County's health needs based on social, epidemiologic, behavioral and environmental indicators. The key findings of this assessment showed... "the health of Lincoln County residents is impacted significantly by socioeconomic disparities. Approximately 51% of the population of Lincoln County is living at or below 200% of the Federal Poverty Level (FPL) compared to only 31.5% statewide. 19.5% of the children are living in poverty, and nearly half of the children are living at 200% of the FPL. 51% of public school children are eligible to receive free or reduced price lunches during the school year compared to 39% statewide on average 1,969 children eat free and reduced lunches during the school year, while only 282 children receive free lunch during the summer months. More than 16% of Lincoln County residents (compared to 10% statewide) live without health insurance coverage. 9% of children are without health insurance. Lincoln County represents a dental health care shortage area for those of low income. 41% of the population does not have dental insurance coverage. The unemployment rate is approximately 9%.

Various indicators point to family stressors and behavioral choices as primary concerns in Lincoln County. Family stressors reflect social health needs. Only 57% of child support payments are collected. Domestic violence is responsible for 38% of child abuse and neglect cases, while 58% is connected to suspected drug and /or alcohol abuse. Lincoln County is designated as a mental health care shortage area due to geographical reasons. Almost 20% of the population is dependent on alcohol or other drugs, compared to approximately 15% statewide. Less than 21% of the population has obtained a Bachelor's degree or higher. The average in United States is 25%.

Of all mothers who receive prenatal care (PNC), 9.1% begin PNC in their third trimester and receive less than five PHC visits, compared to 5.8% statewide. Over 23% of mothers report smoking cigarettes during their pregnancy, compared to 12% statewide. Pregnancy rates for children aged 10-17 is at 13.2% in Lincoln County. Only, 62% of teen mothers receive early prenatal care, compared to 78% of all mothers with in Lincoln County. The infant death rate is 18.4 per 1,000 live births; this is more than 3 times higher than the statewide rate of 5.6 per 1,000 live births". (Contact LCCF for full report/data sources- Oregon Pacific Area Health Education Centers, 2007 Health Needs Assessment)

## Income



<http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/Lincoln.ppt>

[http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/2007\\_CountyDataSnapshot.pdf](http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/2007_CountyDataSnapshot.pdf)

In Oregon and nationwide, children are more likely to live in poverty than are adults or seniors. From 1999 to 2004, Oregon's poverty rate among children increased at a faster rate than for other age groups. Oregon's child poverty rate is right at the national average of 17.7%; Lincoln County's rate is 19.5%.

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. (<http://www.lwvor.org/documents/HomelessYouth2006.pdf>) In the 2006 Report on Poverty for Lincoln County, ([http://www.oregon.gov/OHCS/docs/PovertyReport2006/Poverty\\_Report\\_Lincoln.pdf](http://www.oregon.gov/OHCS/docs/PovertyReport2006/Poverty_Report_Lincoln.pdf)), Community Services Consortium prioritized the needs of the low-income population in Lincoln County as follows:

- Affordable housing
- Housing maintenance- protect existing homes through weatherization and rehabilitation
- Homelessness-assistance and advocacy
- Emergency needs- utility/energy assistance
- Child concerns- Head Start and child care services
- Hunger prevention- food collection, storing and distribution
- Rural service delivery
- Employment training for youth, adults, dislocated workers
- Information and referral

In 2005, Lincoln County was identified by the Oregon Economic and Community Development Department (OECDD) as an entirely Distressed County due to a combination of socio-economic variables. The recently printed 10 Year Plan to End Homelessness-“*At Home in Lincoln County*”(<http://www.lincolntenyearplan.org/10-Year%20Plan.htm>), portrays a picture of a County dominated by absentee landlords, very limited affordable housing and rising rents in a slowing economic environment where reliance on natural resources particularly fishing and forestry have declined over the past several years. The Plan notes “*families with children are the fastest growing population of homeless. The common cause of their homelessness is poverty.*” The Plan also prioritized the need for Lincoln County to make sure “*that children can stay in school independent of their living situation*”.

The “*At Home in Lincoln County*” plan was developed after many meetings with a variety of local agencies; business’s and local government entities, interviews with the community’s homeless population, and a review of compiled information and data .The plan outlines an ambitious list of action steps to help combat homelessness in the County. The plan was kicked off with the County’s first *Project Homeless Connect*, which served over 125 persons. Subsequent *Project Homeless Connect* activities are planned.

At 6% of the total student population, Lincoln County School District ranks highest among all Oregon counties for the percentage of runaway and homeless K-12 youth. The Lincoln County School District Homeless Liaison estimates that by the end of the 2006-07 school year, there were 498 homeless youth. Within the first seven weeks of the 2007-08 school year, an astounding 258 homeless students, some with parents some with not, have been identified and contacted by the LCSD Homeless Liaison. Limited services are available for the homeless and runaway youth, especially those aging out of the foster care system, aged 17-20 years old.

Through the federal McKinney-Vento Act, the school district is required to have a Homeless Education Program and Homeless liaison in the schools. Besides facilitating school enrollment, these liaisons serve as homeless student advocates to see that the students receive needed services including extra tutoring, school transportation, referrals for shelter, health care, and counseling. They also act as an emergency contact if there is not other adults acting in a supervisory role in their lives.

The most often heard comments the homeless youth in Oregon made to League of Women Voters members was “*the need for support to receive an education and a connection to a significant and appropriate adult.*” A Homeless and Runaway Coalition has recently formed in Lincoln County to aggressively address these same needs of the County’s homeless youth. Grant funds have been applied for through the Oregon Commission on Children and Families to support these efforts.

#### **Highlighted Current efforts:**

- **Family Literacy Centers-** Family Literacy Centers in support families in Lincoln County. The Seashore Family Literacy Center in South County is a non-profit

organization founded in 1992 that provides services to the immediate community. The second site, opened last fall is located in North County and is currently funded by the LCSD, both are volunteer driven. A third is in the planning stage in East County (Toledo). Homeless youth and families are among the community members that utilize the many services provided through these centers. The centers are volunteer-driven and most programs are provided to participants at no cost. The Seashore Literacy Center promotes literacy and education through numerous programs, including youth and adult tutoring, parenting classes, preschool and after-school activities, summer camps, and community bicycles. The Centers also act as distribution centers for area resource information, food, health care, clothing, shelter and transportation needs.

- **Green Bikes** - the community bicycle program of the Seashore Family Literacy Center offers free, unlimited use of bicycles. Youth apprentices, under the guidance of adult volunteers, restore and maintain over 100 community bicycles. Volunteers help repair and maintain the collection of bicycles. The program premise is simple: Find a bike and use it for fun and transportation. When done, leave the bike in an accessible spot for the next rider. Youngsters use the bikes to tool around town; adults use them for their work commute, while tourists enjoy the novelty of experiencing the coast on two wheels.  
<http://www.lincoln.k12.or.us/SectionIndex.asp?SectionID=1033>
- **Food Security-Community Gardens** -In cooperation with Lincoln County Master Gardner program, Food Share operates a community garden at the Newport headquarters. Families are encouraged to come and use the garden. Community gardens are also located at the Seashore Literacy Center and Ridge apartments in Lincoln City.  
[http://www.oregonfoodbank.org/ofb\\_services/statewide\\_services/regional\\_food\\_bank.html?keyname=NEWPORT](http://www.oregonfoodbank.org/ofb_services/statewide_services/regional_food_bank.html?keyname=NEWPORT)
- **Food Bank/Lincoln Public Schools Back Pack Program**- In response to seeing too many hungry children, the family advocate at Oceanlake Elementary School organized a backpack program. The program provides nutritional meals and snacks to youth whose primary source of food is the school cafeterias. By providing a backpack with food items to help sustain them until return to school for a meal, their nutritional, mental, and over all well-being needs are met. The program relies on volunteers, along with financial or food contributions.

## **Health**

In 2003, the Community Health Improvement Partnership (CHIP) suggested investigating Federally Qualified Health Center status after a community assessment process. FQHC would provide a stable funding source for the School Based Health Centers, and increase health access to the community's uninsured, Medicaid patients, homeless and students. Two primary care sites and four school based health center clinics currently are providing

services. Nearly half of the patients using FQHC services are uninsured. Expansion of the School Based Health Centers brings an increased availability of nursing time and dental services to students. Capacity has been expanded at the Newport Clinic with the addition of providers, increased access to financial and other resources through outreach staff. The Lincoln City office, near completion brings a co-location of primary health care and behavioral health services to Lincoln County. The integrated model of behavioral and primary health care is being developed by a cross-functional team. The Newport site saw 2,455 patients during the first year. Approximately 1,500 patients additionally were served in Lincoln City and 800 in the four school clinics, totaling 4,700. The Clinics anticipate by the end of the next calendar year that total number of patients will be approaching 6,000.  
<http://www.lincolncountyhealth.com/HC/LCHCindex.htm>

With Lincoln County being identified as a Dental health shortage area, the LCHC is currently identifying and pursuing additional revenue streams and potential partnerships to meet the critical needs of dental care in the community.

The Chronic Care Committee, which also evolved out of the CHIP process, is addressing community health and has developed a strategic plan titled “*A Wellness Plan and a Healthy Environment for Everyone*”. The strategic plan recommends implementation of the chronic care model throughout the health care delivery system, strengthen and expand patient education, self management training, patient support services, expansion of disease prevention and wellness support services and support for all county residents to have their own wellness plans. Prevention objectives include the development of a partnership to offer evidence-based alternatives to childhood obesity prevention.  
[http://lincoln.or.networkofcare.org/contentFiles/Chronic\\_Care\\_Strategic\\_Plan\\_Executive\\_Summary\\_1.4b.pdf](http://lincoln.or.networkofcare.org/contentFiles/Chronic_Care_Strategic_Plan_Executive_Summary_1.4b.pdf)

## **Mental Health**

In October 2007, Lincoln County Behavioral Health and Oregon Pacific AHEC gathered input through community forums on mental health and addictions issues and concerns. In these forums the three most important mental health and addiction issues identified were: lack of services for mental illness and addiction, cost of treatment, and apathy by community members towards substance abuse and mental health. These were followed by the concern over the increase in underage drinking.

It is estimated that between 12-22% of Oregon youth suffer from a serious emotional disturbance. In Lincoln County this would translate to 1,083 to 1,987 youth. Of those in need of services statewide, approximately 35% are served. The 2006-2007 Oregon Healthy Teen Survey showed that 17% of the 8th grade students in Lincoln County reported having emotional/mental health care needs that were not met and 20% reported consideration of an attempt of suicide.

With declining resources, the message clearly articulated at the community forums echoed those of other community assessments: need for improved communication, outreach and education. In regards to behavioral health this need translates into improved communication

among service providers, improved education of partners (judicial, law enforcement and legal system and others), and improved outreach and education of availability and access to county mental health and addiction services. Clearly noted was the need for expanded mental health and addiction services for all youth in Lincoln County, regardless of their funding status. Along with the need for therapy services was an expressed need for prevention-focused groups, particularly in middle schools.

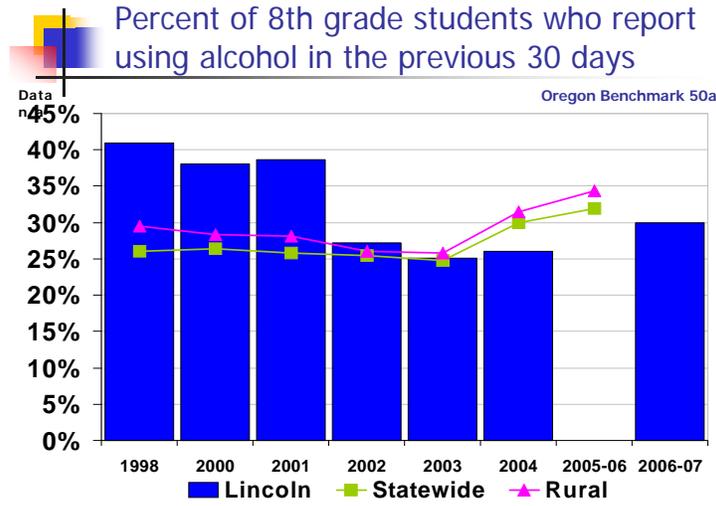
Mental health disorders affect one in every five adults. It is estimated that 5.9% of adult Oregonians or 2,049 residents in Lincoln County suffer from serious mental illness, of which only 44% of adults in Oregon are served. 30% of people with mental health disorders also experience a co-occurring substance abuse disorder, also known as dual diagnosis.

A recent Oregon partnership has been chosen for a national consortium to focus on improving children's preventative services. According to a recent federal study, the need is clear; one of every four Oregon children under age 5 is at significant risk for developmental, behavioral or social delays. Thirty-eight percent of Oregon parents are concerned about their child's development. Early detection can provide children with the best chance for a successful, independent future and significantly reduce long-term costs. Mental health services are associated with reduced crime rates, increased employment, improved housing status, and better school function. Through early detection and screening, more serious mental health concerns can be prevented and managed.

#### **Highlighted Current efforts:**

- **Babies First** – a program through Lincoln County Health and Human Services Department is a developmental screening program for children at risk of developmental delay. It targets children birth to three. In 2006- this program served 455 clients, with 1,984 encounters- an average of 4.3 visits per clients. According to staff there is inadequate staff to serve all the children identified for services. <http://www.lincolncountyhealth.com/PH/BABIESFIRSTpage.htm>
- **Olalla Center** -began operating a new program in the 2007/08 School year called TYKE- Treatment for Youth in Kindergarten Environment. The program is designed for children who have evidence of a serious ongoing problem that prevents them from normal participation in Head Start, Kindergarten or private preschools. The program features individual and group therapy as well as normal preschool activities. Each child and his/her family consults with a child psychiatrist and has the benefit of in home services that encourage the family in skill building. The program is designed to move the child closer to regular attendance in a public school setting.
- **Oregon Family Support Network**- was established in 1991. OFSN has group meetings all over the state of Oregon, including Newport, Toledo, and Lincoln City. Support groups provide information for families or caregivers along with activities for youth. Most of those involved in OFSN have children with disabilities. [www.orsn.org](http://www.orsn.org)

## Substance Abuse



Source: 1990-2000: Oregon Public Schools Drug Use Survey, for Office of Alcohol and Drug Abuse Programs; 2001 & forward: Oregon Healthy Teens Survey, by Oregon Office of Mental Health & Addiction Services and DHS Center for Health Statistics 42

<http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/Lincoln.ppt>

[http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/2007\\_CountyDataSnapshot.pdf](http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/2007_CountyDataSnapshot.pdf)

Almost 20%, or approximately 7,000 adults in Lincoln County are dependent on alcohol or other drugs, compared to approximately 15% statewide. It is estimated that 7.14% of Oregonians needing alcohol treatment services go without. This translates to 2,526 Lincoln County residents alone.

Alcohol is the number one drug of choice for children and adolescents in our county. Research has shown that persons who reported they first drank before the age of 15 are five times more likely to report dependence or abuse than those who wait until the age of 21 or older. Of the Lincoln County teens that report consumption of alcohol, 49% started before age 15. Sixteen percent of 8th graders who drink state they consumed alcohol before age eight.

According to the 2007 Oregon Healthy Teens Survey, 33% of 8<sup>th</sup> grade boys and 40% of 8<sup>th</sup> grade girls reported drinking alcohol in the past 30 days. 65% of 8<sup>th</sup> graders also reported that alcohol is easy to access, particularly at parties. Bear in mind these are 12 and 13-year-old children. Over 50% of Lincoln County's 11th graders reported drinking alcohol during the past month. Highly disturbing is the fact that 14% of them obtain alcohol from their parents, with permission. Youth report hard liquor as the liquor they most often drink, and drinking more than 5 drinks at one time, or binge drinking is common.

Marijuana remains the most widely used of all of the illicit drugs, although there has been a decline in use according to the 2007 National Monitoring the Future (MTF) report.

[www.monitoringthefuture.org](http://www.monitoringthefuture.org). According to the 2007 Oregon Healthy Teen Survey, 30% of Lincoln County's 8<sup>th</sup> graders have tried marijuana,. Fifty-three percent of Lincoln County's 11<sup>th</sup> graders have tried marijuana with over 25% reporting regular use in the last 30 days. National prevalence rates for marijuana use stand at 10% for 8<sup>th</sup> graders, 25% of 10<sup>th</sup> graders and 32% of twelve graders.

While most of the illicit drugs have shown considerable declines in use over the past decade or so, most of the prescription psychotherapeutic drugs did not. Prescription painkiller drugs are the second largest category of abuse, only behind marijuana according to the National Monitoring the Future report. Use of drugs such as OxyContin have become of increasing concern. It is estimated nationwide that at least one in every twenty high school seniors has at least tried OxyContin. There is also evidence of increased use of over the counter cough and cold medications containing the cough suppressant dextromethorphan. Local treatment providers have reported the same concerns of increased use.

Despite the near elimination of Meth labs, methamphetamine use has not declined. Due to the reduction in local toxic meth labs, many of the impacts on children and the environment have been diminished, making neighborhoods and communities safer for families. The rate of meth use however remains problematic and underscores the need for continued prevention education and programs to help teens and young adults make healthy choices to avoid beginning methamphetamine use.

Alcohol and other drug prevention has remained a priority for Lincoln County. The Commission has prioritized the reestablishment of a Prevention Team to increase networking and collaboration of prevention efforts.

For more local youth data, Oregon Health Teen Survey Data for Lincoln County School District is to be posted on the State of Oregon Department of Human Services website soon. <http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/index.shtml>

## **Positive Youth Development**

Based on the results of the 2006-2007 Oregon Healthy Teen Survey, 16% of 8<sup>th</sup> grade students and one-third of Lincoln county 11<sup>th</sup> grade students report a strong commitment to volunteering in the community to help others. 48% of the 8<sup>th</sup> graders and 55% of the 11<sup>th</sup> graders responded that there was at least one teacher or other adult in their school that really cared about them. Numerous opportunities are available in Lincoln County to engage youth, but this is an area that could benefit from expanded efforts.

Youth development is defined as the ongoing process in which all young people are engaged and invested. Through Positive Youth Development (PYD), young people attempt to meet their basic physical and social needs and to build the competencies necessary to succeed in adolescence and adulthood.

The PYD approach suggests that helping *all* young people achieve their full potential is the best way to prevent them from becoming involved in risky behavior. Youth development

strategies focus on giving young people the chance to build skills, exercise leadership, form relationships with caring adults and help their communities. The youth development approach acknowledges both that youth are resources in rebuilding communities and that helping young people requires strengthening families and communities.

### **Highlighted Current Efforts:**

- **EUDL- Enforcement of Underage Drinking Laws** -The Task Force to Reduce Underage Drinking is a collaboration of LCCF, LCHHS prevention staff, OLCC, law enforcement, LCSD, Juvenile department, medical services, faith community, youth and other interested community members. This collaborative group is working to reduce underage drinking through several strategies which include: increased retail compliance through provision of vendor training, compliance checks and minor decoy operations, the development of controlled party dispersal teams, policy change, increased DUI enforcement, increase in youth and adult education and awareness and coalition building. Lincoln County EUDL received National recognition for their work. Local efforts have recently been shared at the National Enforcement of Underage Drinking Conference and in a small group meeting with Attorney General Moritsugu. A current campaign is underway in attempts to change community norms, increase support from other adults in the community, and increase number of adult volunteers working with law enforcement. A Lincoln County Enforcement of Underage Drinking Policies and Procedures manual is available on the LCCF website. <http://www.lincolncountyccf.com/>
- **Youth Development Coalition** - is dedicated to positive development of youth of Lincoln County. The coalition represents countywide youth providers each of whom has a goal of providing safe, supportive, education environments for youth. The Coalition supports each other's efforts by bringing quality standards and best practices to programs, assuring consistent messages, avoiding duplication of services, providing training, looking for collaborative funding and acting as a voice for direct providers. YDC works to promote a Positive Youth Development approach, using the 40 Developmental Assets ([www.searchinstitute.org](http://www.searchinstitute.org)) framework.
- **The A/D Collaborative** - was established in 2004 by the Commission to assist in the promotion of positive youth development activities and provide support (financial and other) to expand after school or out of school time options for youth. Collaborative members include Community Services Consortium, The Ridge- Community Development Consortium, Seashore Family Literacy Center, Yachats Youth and Families Program, and Newport Parks & Recreation. Commission Staff convene regular collaborative meetings, provide technical assistance, education/training opportunities, and assist in grant writing. Meetings are often held in conjunction with the Youth Development Coalition. <http://www.yachatsyouth.org/>
- **LCHHSD Prevention/Parent Network** - Lincoln County Health and Human Service's community based prevention program focuses on information dissemination and community-based processes. LCHHSD has initiated *Parent Network* in Newport

in effort to provide education for parents, increase communication among parents, and assist parents in establishing reasonable guidelines for their children's behaviors. The goal is to build a network of parents who support substance free environments. Plans are to expand countywide and build an interactive Internet based communication network.

<http://lincoln.or.networkofcare.org/contentFiles/Lincoln%20County%20Prevention%20Team%20Services1.pdf>

- **PAADA (Partnership Against Alcohol and other Drug Abuse, ECCP (East County Community Partnership) SVP- Siletz Valley Partnership** - community coalitions working to reduce substance abuse among youth and adults, change community norms, build network of individuals and groups who plan and implement prevention activities. <http://www.paada.org/>, <http://www.oregon.gov/DHS/addiction/docs/community-coal.pdf>
- **CEDARR- Community Efforts Demonstrating the Ability to Rebuild and Restore** - Confederated Tribes of Siletz Indians CEDARR coalition's mission is to work together as an entire community to utilize resources to eradicate and prevent the use of all illegal drugs, prevent underage drinking, decrease abusive use of alcohol, delinquency, and community violence. CEDARR works in partnership with other prevention groups to achieve these goals through information dissemination, training, organized support and networking. [http://ctsi.nsn.us/Prevention\\_Program.html](http://ctsi.nsn.us/Prevention_Program.html), <http://ctsi.nsn.us/CEDARR.html>
- **MAP** - The Methamphetamine Awareness Project (MAP) is an innovative youth drug abuse prevention program that combines education with the art of filmmaking. In 2005, four schools participated in the project and produced 12 television commercials and two documentaries. In 2007, three more schools participated in MAP. The school produced three television commercials and a "No Meth Not Here" banner for the Lincoln County Meth Initiative. In 2007/08 four schools are undertaking an underage drinking awareness film project. <http://www.co.lincoln.or.us/meth/map.html>
- **Thugz off Drugz (TOD)** - A community based organization that provides support housing and other resources to recovering addicts. TOD is not a treatment program but provides recovery support services. Accountability is the number one key to support for success. TOD effectiveness is based on four principles: 1) dealing with addicts seeking recovery reduces crime; 2) addicts will respond best to those who are recovered addicts, 3) immediate intervention and reinforcement are effective approaches to long term recovery, 4) support from the community is critical to long term success.

TOD partners with law enforcement, local governments, churches, service organizations, community, social service agencies, business, corrections and individuals. An important step to recovery is to provide opportunities to TOD clients to give back to the community. TOD currently has four locations in Lincoln County which include: facilities in Lincoln City (houses nine individual men); Lincoln Beach

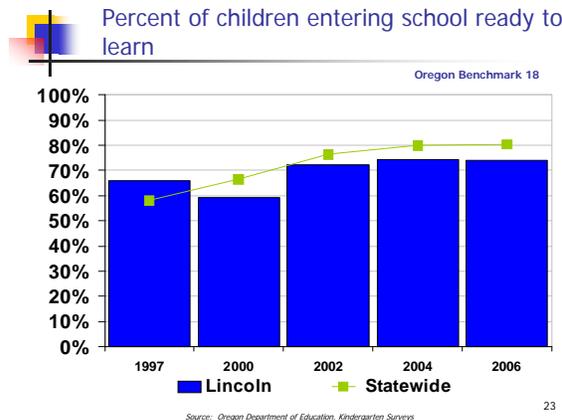
(houses 10 individual men, Newport (houses eight single women, and Newport (housing 4 individual women with children).

TOD is looking to expand to a permanent recovery center facility, increase financial stability to pay salary to local Director, expand employment program and provide daycare in Newport. Literacy support has been identified as an important family recovery piece, and Mother Reads, Father Reads, and GED programs are being added to the TOD comprehensive recovery process.

<http://www.thugzoffdrugz.com/>

- **Drug Courts-**The Lincoln County Drug Court Program is a drug treatment court, utilizing evidence based best practice, to help drug addicted mother, pregnant women, and others become a sober and responsible caregiver; thus helping drug endangered children be healthy and safe from neglect and abuse. The program is a part of a comprehensive strategy begun in 2000 known as the Lincoln County Meth initiative ([www.co.linocln.or.us/meth](http://www.co.linocln.or.us/meth)). Partners in Drug Court, including the Local Alcohol and Drug Planning Committee referred to as APARC – Addiction, Prevention and Recovery Committee, Mental Health Advisory Board have all identified the need to pursue a Relief Nursery in Lincoln County.

## Education



<http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/Lincoln.ppt>

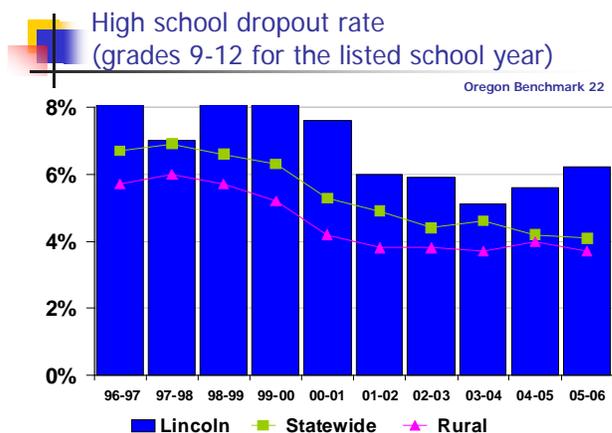
[http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/2007\\_CountyDataSnapshot.pdf](http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/2007_CountyDataSnapshot.pdf)

This measurement of children entering school ready to learn uses data from kindergarten teachers' completion of the Oregon Kindergarten Readiness Survey. Teachers assess students' ability to meet six developmental dimensions gauged to determine young children's readiness for school: physical well being, language usage, approach to learning, cognition/general knowledge, motor development, and social/emotional development. Data

indicates the percentage of kindergartners meeting all six dimensions. The Kindergarten Survey showed that the percent of children meeting all readiness areas in Lincoln County is 74% as compared to the state average of 79.8%.

<http://www.ode.state.or.us/search/page/?id=1356>

Scientific research tells us that the early years—birth to five – are absolutely critical to brain development. Children are learning to learn. There is considerable research that shows that investing in early childhood education and in kindergarten programs reduces the number of students who need more costly remediation later in school.



Source: Oregon Department of Education, Early Leaver Fall Report

28

According to 2007 Oregon Benchmarks, Lincoln County ranks 32 out of 36 in the education index. Despite this low ranking, improvements were seen from 2005-2007 in 3<sup>rd</sup> grade reading and math levels, and 8<sup>th</sup> grade reading and math levels. High school dropout rates remains a concern as it has continued to increase since 2004, currently reaching 6.2%. This rate measures the percentage of students each year who leave the public K-12 school system from grades 9-12 before receiving a high school diploma or GED.

<http://www.ode.state.or.us/search/page/?id=1>

The three primary reasons for dropout are: too far behind in credits to catch up; dysfunctional home life, and working more than 15 hours per week. This was followed closely by lack of parental support and not being able to speak English well or at all.

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.

One of the most valuable resources for improving academic success and schools are the students themselves. Students can provide insight into everything from instructional methods to school climate or curriculum. There is a growing recognition of the need for better coordination/collaboration between schools, social services, business community, youth and individuals in order to better support families and thus improve outcomes for the children in school.

### **Highlighted Current Efforts:**

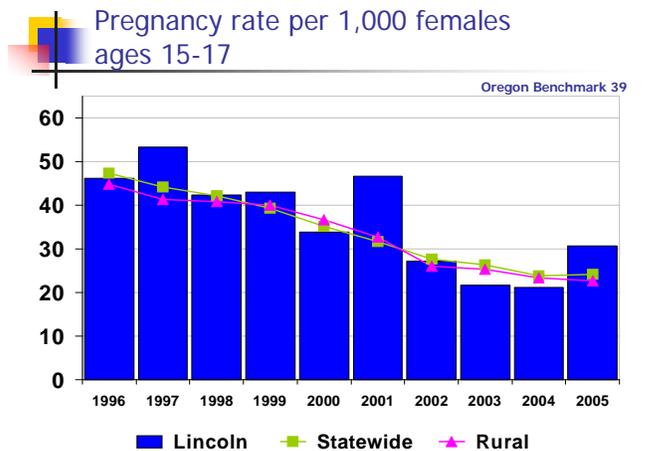
- **Literacy-** 2007/08 Lincoln County Head Start has an Ameri-corp Vista working as a Family Literacy Coordinator. Focus will be to establish partnerships in the community to help support awareness of the importance of early Literacy.
- **Volunteer literacy programs** – Seashore Family Literacy Center and Oregon Coast Community College provide volunteer literacy program.  
Seashore Family Literacy Phone: 563-7323 (563-READ) [melemck@teleport.com](mailto:melemck@teleport.com)  
[Oregon Coast Community College Volunteer Tutor Program](#) Tutor Coordinator  
574-7102,265-2283 x102, [cdavis@occc.cc.or.us](mailto:cdavis@occc.cc.or.us)
- **Community partnerships-**Lincoln County School District has focused its efforts to boost academic success through collaborative community based efforts. The class of 2007 instituted more rigorous standards to graduate, including career- related learning standards. To graduate, students must exhibit appropriate work ethic and behaviors, apply decision-making and problem solving techniques, and demonstrate effective communication skills to give and receive information and demonstrate effective teamwork in school, community, and workplace. With each of these areas, lie opportunities for mutually beneficial school-community partnerships. Exploration of equitable community partnerships include the creation of internships and apprenticeships, identifying and subsequently increasing volunteer opportunities, job shadowing, support from business to underwrite costs of books, computers, or instructors and the provision of learning experience inside and outside classroom that puts emphasizes on proper work ethic and transition to life beyond school.  
<http://www.lincoln.k12.or.us/Page.asp?NavID=2239>
- **21<sup>st</sup> Century Community Learning Centers** - have been established in all four areas of the county to provide safe, caring, learning environments during out of school hours. The programs have three purposes: 1) Provide opportunities that support academic enrichment to help students meet state and local academic achievement standards in core subjects; 2) offer students a broad array of other services, programs, and activities designed to reinforce and complement the regular academic program of participating students; and 3) offer families opportunities for literacy and related educational development.  
<http://www.lincoln.k12.or.us/Page.asp?NavID=2036>
- **Community Services Consortium- Head Start** - CSC's Lincoln County Head Start program received a community development block grant for the purchase of land and

construction of a third Head Start facility in the county. The new site is located in Newport and will join schools in Lincoln City and Toledo. Head Start projects that the building will be ready for students in the spring of 2008. Exploration has also begun to return Head Start programs to Waldport.

[http://www.csc.gen.or.us/head\\_start.htm](http://www.csc.gen.or.us/head_start.htm)

- **Insight School of Oregon Online Charter School**- was approved by the Lincoln County School District Board of Directors in 2007. Insight School of Oregon is seeking to serve those youth that have not found success in a traditional classroom. Insight School of Oregon will not be of interest to students that are succeeding in a traditional district high school. Insight School of Oregon will serve youth that need to work full-time, or stay at home to care for their family (parents or children). It is also a good fit for youth that don't feel like they fit in, or has health issues. There may even be a few home-schooled students that might find access to a large curriculum and certified teachers a plus. <http://www.insightor.net/>
- **Donate 2 Educate** - is a secure school donation website serving schools in Oregon, including Lincoln County schools. This website, sponsored by local business provides an opportunity for teachers to ask for items and activities that will assist in improving educational opportunities. Principals review the request and once approved they are listed on the Donate 2 Educate website. When money is donated, 100% of the donation goes to the selected program or activity. [http://www.donate2educate.com/donation\\_search.php](http://www.donate2educate.com/donation_search.php)

## Teen Reproductive Health/ Teen Pregnancy



Source: Oregon DHS, Center for Health Statistics, Oregon Vital Statistics Annual Report. Population estimates by Portland State University Population Research Center

<http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/Lincoln.ppt>

[http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/2007\\_CountyDataSnapshot.pdf](http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/2007_CountyDataSnapshot.pdf)

The recent rise in teen pregnancies lead to community response. In January 2007, over 30 community members attended a pregnant and parenting teens Round Table Discussion facilitated by Lincoln County School District. The need for improved collaboration and communication among service agencies and partners to assist the School District in identifying teen parents and their needs, improve coordination of services, and streamline process to receive services were identified. Initial unmet needs identified at this meeting included: need for child care; teen parent advocates in each school area; mentoring; transportation; increased prevention efforts; development of teen pregnancy task force; teen parent coordinator; parent center; mental health/addictions worker on home visits and increased access to birth control. Prior to this meeting, two teen parents were identified by the school district to receive services. As of December, 2007- over 20 teen parents are currently being served through the newly developed teen parent program at Taft High School. Services include teen parent mentoring, childcare, transportation assistance and parenting classes.

The Public Health Advisory Committee, which advises Lincoln County Health and Human Services on issues related to the advancement of public health, has identified teen sexual health and school wellness, which includes the school wellness policy and obesity prevention as areas of priority.

Through support from the Public Health Advisory Committee, Area Health Education Center (AHEC) is currently facilitating the development of a comprehensive adolescent sexual health plan through the CHIP (Community Health Improvement Partnership) process. An Adolescent Sexual Health Forum was held in March 2007. The forum attended by over 125 youth and 40 adults provided an overview of community needs. A committee of over 25 members has reviewed data, forum results and other community input in preparation of the comprehensive sexual health plan. The committee members have prioritized the following areas to work on: enhance parent/child communication programs; expand abstinence and mentoring programs, improve sex education school curriculum and advance access to school based health center services.

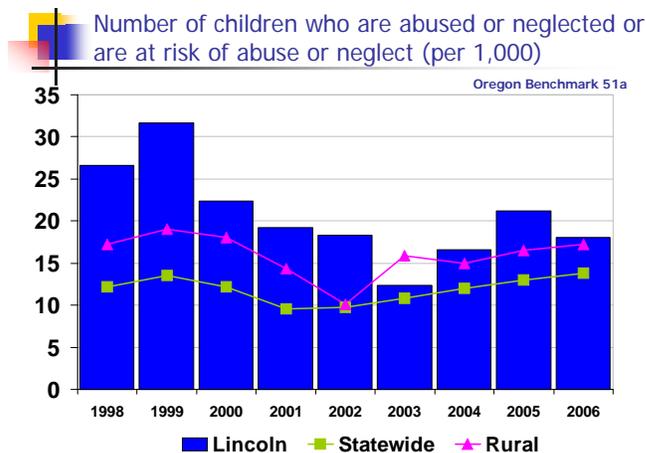
### **Highlighted Current Efforts:**

- **STARS program**-Students Today Aren't Ready For Sex, is a peer taught abstinence based program that is delivered by LCHHSD. In 2006-07, 362 sixth grade students received the STARS program through 50 teen leaders. ESTRELLA, the Latino version of STARS was offered at Newport Middle School to 15 students by 4 bicultural teen leaders. It has been identified that this program would be strengthened by an eighth grade refresher course.  
<http://www.lincolncountyhealth.com/HP/STARRS.htm>
- **Parenting teen program** –Taft High School. In efforts to increase services for parenting teens in North County, a half time person has focused efforts on providing support and removing barriers to promote academic success.  
<http://www.lincoln.k12.or.us/SectionIndex.asp?SectionID=1033>

## Child Safety/Child Abuse

Oregon endured a significant increase in the rate of substantiated child abuse or neglect in 2006. The rate has increased steadily over the last 3 years causing the benchmark to miss its 2005 target. Recent improvements in the state's ability to assess safety and intervene suggest that the state may be able to overcome this recent trend. For example, state officials report a significant decrease in the rate of re-abuse in 2006. The state's ability to serve the treatment needs of families with substance abuse issues will also affect the results of this benchmark.

Lincoln County's Children's Advocacy Center (CAC) is a day-use child abuse assessment and intervention facility for children who have been victims of abuse. The CAC provides a neutral, safe and child-friendly place to begin the healing of abuse. In 2006, 136 children were served for assessment, intervention, advocacy and mental health services. Seventy three percent were victims of sexual abuse, 14% were drug endangered children, seven percent were victims of physical abuse and six percent were a witness to violence. Of significant note, the child knew all perpetrators of sexual abuse. There were no strangers.



Source: Oregon Department of Human Services, CAF Program Performance and Reporting Research Unit

45

<http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/Lincoln.ppt>

[http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/2007\\_CountyDataSnapshot.pdf](http://www.oregon.gov/DAS/OPB/docs/CoData/07CoData/2007_CountyDataSnapshot.pdf)

### Highlighted Current Efforts:

- **Family Home Visiting/Healthy Start** - Lincoln County has an excellent Family Home Visiting/Healthy Start program. Research data shows this program is effective in reducing the risk for and incidence of child maltreatment. According to LCHHSD-77 clients were served with 1,132 visits. Healthy Start staff provides an average of 14.7 visits per client. This countywide parenting education and support program for first time parents offers home visits to strengthen families, promote healthy childhood growth and development. The program services families with children birth to three..

A half time mental health counselor is being added to the Home Visiting team.  
<http://www.lincolncountyhealth.com/PH/HealthyStartpage.htm>

- **Parents as Teachers (through Family Home Visiting)** - provides high quality parent education to develop and strengthen the skills parents need to enhance the development of their children from birth to age three. The program provides families with intensive, targeted education and support from the third trimester of pregnancy through the child's third year, with continued limited service and support through age five. <http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272119>
- **Making Parenting a Pleasure** - is a new 10-week parenting curriculum class that is available for parents with newborns, one-year and two year olds. Two classes are to be held each year. LCHHS staff has identified a need to designate staffing for this program. They feel it is an important program that has great potential. They also see a need for classes/support groups that focus upon post partum depression.  
<http://www.birthto3.org/>
- **My Sisters Place (MSP)**- provides shelter for women and children who are attempting to end the cycle of domestic violence in their families. MSP also provides trained peer counseling and information and referral services to any Lincoln County resident who needs assistance with personal or family stresses or crises through a 24-hour Crisis line. In 2006, MSP sheltered 72 women and 32 children, turning away 34 women and children. Collaborative partnerships and grant writing have provided an expansion to new facility, which will increase service capacity.  
<http://www.mysistersplace.us/>
- **Goof Girls- Domestic Violence Prevention-** Girls of our Future, program through My Sister's Place, aims to create unity among teens by promising respect, compassion and kindness. Primary focus of the program is education on dating violence, girl's nights out and mentoring of peers.  
<http://lincoln.or.networkofcare.org/contentFiles/My%20Sisters%20Place%20GOOF%20brochure.pdf>
- **Parents Anonymous** - Weekly meetings guided by trained leaders offer support in dealing with the frustration and worries that come with parenthood. Sessions are currently being sponsored by Children's' Advocacy Center (CAC) in Newport and CAC and YFAP in Yachats/Waldport. Using the "Positive Parenting Model", cognitive restructuring, this project targets high-risk parents involved with the correctional system who exhibit the generational cycle of abuse. The structured 12-week curriculum, parenting support groups, weekly home visits, and the project seek to reinforce positive parenting behavior and perceptions.  
<http://www.parentsanonymous.org/paIndex1.htm>
- **CASA-Court Appointed Special Advocates'** mission is to speak for the best interest of abused, neglected children in court. Its goal is to provide each child a safe, permanent, nurturing home. There are currently has 129 kids in foster care, 81 of

them have CASA's. There were four trainings last year and 15 new CASA's were added. Last year there were 27 CASA's, this year it has grown to 41.

<http://www.casalincolncounty.org/>

- **Children's Advocacy Center** - in partnership with Commission developed a community training to address sexual abuse awareness and prevention. Twenty six community partners including law enforcement, the district attorney and many community members have made a two year commitment to provide the community program "How to Protect your Children: Advice from Child Molesters". Approximately 200 School District employees have participated in training and 150 community members. This program is in its second year and is looking to double this amount of adults.

[http://www.oprah.com/tows/pastshows/tows\\_2002/tows\\_past\\_20020426.jhtml](http://www.oprah.com/tows/pastshows/tows_2002/tows_past_20020426.jhtml)

[http://www.oprah.com/tows/pdfs/tows\\_20020426\\_abuse.pdf](http://www.oprah.com/tows/pdfs/tows_20020426_abuse.pdf)

## **Childcare**

Lincoln County is in a childcare crisis. Oregon's goal is to have 25 visible slots for every 100 children. Lincoln County has 17 slots per 1,000. During 2006, 121 slots were available for infant toddlers. Requests were made to Family Care Connection for 296 slots.

In many respects the search for childcare in Lincoln County is harder work than the search for a job. Newport does not have a certified childcare center for infants and toddlers, or one that is operated during non-traditional hours. The demand for childcare is highest for working parents with young children, especially children ages 6 and under.

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 options for their children. Need remains for non-traditional hours. Of parents calling Family Care Connection in 2006, 54% needed care during early morning, evening, overnight and weekend hours on a regular basis. It is suspected that child maltreatment in Lincoln County could be significantly addressed with the provision of both traditional day care and "odd hour" respite and immediate need childcare.

Family Care Connection also reported in 2006 that 47% who called for services stated there was only adult in the household and 52% who responded to an income question stated that their household income was less than \$25,000 per year. Significant progress was made during the 2007 legislative session that will increase the Employment related Day Care (ERDC) Program subsidy payments available to low-income families through the Department of Human Services (DHS).

To address childcare supply, local partners, including Family Care Connection Child Care Resource and Referral, are working to establish a certified center in Newport and Toledo for

all ages with extended hours. In Lincoln City, Family Care Connection has teamed with the Chamber of Commerce and others to establish a nonprofit to build local child care supply. <http://extension.oregonstate.edu/lincoln/familycare/fcc.php>

### **Highlighted Current Efforts:**

- **Lincoln County Health Consultation Demonstration Program**-tries to support as many childcare providers as possible. The main goal of the program is to insure quality childcare and a good early experience for children. In 2006- 94 trainings provided 201 hours of training credit, with 345 childcare providers participating. <http://extension.oregonstate.edu/lincoln/familycare/ChildCareHealthConsultation.php>
- **Children’s Advocacy Center- Childcare Mental Health Consultant** – a mental health consultant is contracted through the Children’s Advocacy Center to provide consultation services to childcare providers and parents on specific behavior management issues as well as provide consultation services to promote healthy social/emotional development of young children. The consultant provides on-site assessment of children. This service is not only helping children and their families to address difficult behavioral issues it has also provided great support to childcare providers. <http://www.co.lincoln.or.us/cac/>
- **Newport Child Care Committee** - and the non profit Lincoln County Association for Family and Community Education produced a DVD in 2006 titled- “*Making the Case in Newport and Lincoln County: Child Care is a Fundamental Workforce Issue*”. This DVD is being show in the community to tell the story of how important child care is to the whole community, raise awareness and build support for a child care center in Newport.

### **Juvenile Crime Prevention**

Juvenile crimes against persons are the category of crime that causes the most dramatic impact on individual. Rates of unduplicated allegations received increased from 72 referrals in 2005 to 106 in 2006. The increase was in misdemeanor assaults and possibly due to the county’s zero tolerance for any form of violence. Juvenile property crimes showed a substantial decrease in the total number of unduplicated allegations received and a decrease in unduplicated individuals involved. For the year 2006, non-residential burglary, unauthorized use of a motor vehicle and minor theft showed the largest decrease. After showing a decrease in 2005, the number of other juvenile crimes and offenses increased. Of note, the number of admissions to the Juvenile Detention facility, 69 of the 156 were from mother only living situations. Of the 108 placed in shelter homes, 37 were also from mother only living situations.

### **Highlighted Current Efforts:**

- **Case Management Project (Juvenile Crime Prevention)** -The Juvenile Crime Prevention grant has continued to support case management service to at risk youth 10-17 years of age. Health Services Advocates each carry a limited caseload of middle and high school students. The students set goals for personal and education successes as they meet regularly with the HSA's and other school based health center team members. In 2006-2007, 32 students participated.
- **Teen Court** - remains a vital component in the juvenile continuum. Teen Court provided a meaningful consequence in 2006 for 110 youth referred for the first time for non-criminal law violations, shoplifting, and trespassing and minor vandalism. In 2006, the greatest numbers of youth (49) were referred for Minor in Possession.  
<http://www.osbar.org/publications/bulletin/05apr/teenchoice.html>