

**Lincoln Commission on Children and Families**  
**Biennial Update to the**  
**2008-2013**  
**Comprehensive Plan for Children and Families**  
**April 2, 2010**

**INTRODUCTION**

Lincoln County's Comprehensive Plan for children, youth and families for 2008-2014 was submitted in January of 2008. Oregon Administrative Rules for the Oregon Commission on Children and Families (OCCF) system require counties to update their coordinated comprehensive plans each biennium to capture plan modifications and progress toward implementation.

This document begins with a brief overview of the County, discusses the biennial update process and provides information on community participation in the process. Community issues, as they correlate to the OCCF system's high level outcomes are revisited to provide updates on progress, along with identified gaps and barriers. Progress on our focus issue of homelessness is highlighted at the end of this report.

Commission Staff have attempted to prepare a snapshot of Lincoln County's children and families. We have no doubt that we may have skipped, not adequately covered, or spent too much time on certain issues. We therefore ask for your feedback, input and suggestions, so that we may continue to improve our Comprehensive Plan for Children and Families of Lincoln County.

**LINCOLN COUNTY OVERVIEW**

According to 2008 US Census, Lincoln County's population was 45,946, which represents a 3.35% population change from years 2000 to 2008. The Hispanic population has shown the greatest increase. In 2000, 4.81% of the population was identified as being of Hispanic origin, while in 2008 this number rose to 7.6%. Lincoln County School District (LCSD) continues to see a dramatic increase in the Hispanic population. Oregon Department of Education (ODE) reports an average of 13.6% Hispanic youth for the 2009-10 school years. Several schools in Lincoln County had a higher than state average of 19.6%. These schools include Newport's Sam Case Elementary (K-3) with 23.7%, Newport Intermediate School (grades 4-6), at 29.6%, Newport Prep Academy (grades 7-8) at 26.2%, and Lincoln City's Taft Elementary (K-6) at 25.6%. <http://www.ode.state.or.us/data/reports/toc.aspx>

The county continues to lose families with children. Census data for 2008 showed a decrease of 18.9% in persons less than 18 years of age compared to 22.9% statewide. In the last 10 years LCS D has seen a decrease of 1,246 students. This continued decrease has directly impacted the State revenue received by the school district. The number of persons 65 years old and over (19.7%) continues to be higher than the State average (13.3%). By many, this population is considered a potential untapped resource.

Lincoln County continues to also have an increasingly higher than state average poverty rate. According to 2008 data from the U.S. Census Bureau, Lincoln County has a 16.8% overall poverty rate. This translates to almost 8,000 people in our community living below the poverty line. Almost one quarter of those under the age of 18 live below the poverty line (23%). This poverty rate is reflected by the 58.3% of public school children eligible for free or reduced lunch in school year 2008/09. This number has increased from the 2007/08 rate of 51%. The statewide rate is 39%. Taft Elementary School has a free and reduced rate of 76.9%; Siletz schools 74%, and Waldport High School 62.5%. On an average 2,526 children (up from 1,969) eat free and reduced lunches during the school year. The summer rate has increased from 300 in 2007 to 1,122 in 2008.

[www.ode.state.or.us/sfda/reports](http://www.ode.state.or.us/sfda/reports)

[http://www.cffo.org/site/download/county\\_data\\_books](http://www.cffo.org/site/download/county_data_books)

The number of people who received food stamps increased to 8,046 in February 2009. This was the highest usage rate since January of 2008. This rate, 179.9 per thousand was higher than the state rate of 141.1 per thousand.

Lincoln County residents living without health insurance coverage increased to 20.7% in 2008, from 15% in 2006. Lincoln County represents a dental health care shortage area for those of low income. 41% of the population does not have dental insurance coverage. [www.indicators.nwaf.org](http://www.indicators.nwaf.org) .

After peaking at 11.2% in early 2009, Lincoln County's seasonally adjusted unemployment rate has averaged about 9.5 percent for the past year, according to the latest figures released by the Oregon Employment Department. This rate was below the state average of 10.5%. As prescribed by Oregon law, the County remains an economically distressed area. The highest employment rates for 2008 remained in leisure and hospitality (4,350 persons) and government (4,170). Average wage for Lincoln County is \$29,281, which is \$11,205 less than the Oregon average wage. The median household income in 2009 was \$50,000, which is 23% lower than the state median. Two and one-half percent per 1,000 people filed for personal bankruptcy in 2008, a 97% increase since 2006.

Lincoln County ranked 28<sup>th</sup> out of 33 counties in overall health, according to the recent University of Wisconsin Population Health Institute study released in February 2010. This came at no surprise to those working in the public health field, and is now drawing overall community concern.

The study looked at four factors in determining the health ranking: physical environment, social and economic indicators, clinical care and health behavior. Forty percent of the rankings were weighted on social and economic factors, access to quality health care accounted for 20%, health behaviors such as tobacco use, diet, and exercise, alcohol use and unsafe sex influences 30% and physical environment was 10% of the score.

In regards to health behavior factors, Lincoln County ranked 29<sup>th</sup>. It comes at no shock that more affluent areas rank higher in overall health than rural counterparts. Fewer than 21% of Lincoln County residents are college graduates which has a direct correlation with health behaviors. This is evident by the 28% of adults in Lincoln County who smoke or chew tobacco, compared to the state average of 19%.

The Lincoln County Public Health Department is utilizing the ranking to mobilize community leaders to develop solutions that would improve overall health. Upon its initial release, the Public Health Advisory Committee has drawn particular attention to both the tobacco use rates and the childhood obesity rates.

### **BIENNIAL UPDATE PROCESS/ PARTICIPATION**

The development of this Biennial Update of the Lincoln County Comprehensive Plan included involvement from representatives from government/nongovernmental agencies, non-profits, formal and informal partners, and private citizens including youth. Commission staff and Commission members reviewed several written documents, held key informant interviews, and gathered information from existing committees, community groups and agencies. There was representation of local cultural diversity during the planning process with the inclusion of the following cultures: Hispanic, Native American, those living in poverty, homeless, recovering addicts, and those living with mental illness.

Commission staff collected, analyzed, updated data, and collected input from community groups during their regular meetings. Commission staff participates in over thirty planning and advisory boards/councils, coalitions, and/or other committees. At each of these tables throughout the year community issues are discussed and addressed. Members of these groups include a wide representation of the community's diverse demographics. A complete listing of meetings, their mission/purpose and meeting schedules is posted on the Commission on Children and Families website. Community members are encouraged to participate and should contact the Commission for more information. [www.lincolncountycf.com](http://www.lincolncountycf.com)

All of the above assisted in updating the list of communities' greatest issues.

## **COMMUNITY ISSUES**

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

Of the many issues identified in the 2007 community comprehensive planning process, the following were repeated themes. This report correlated community issues with the twenty-one State Commission high level outcomes. Changes that have occurred in the various issue areas since the plan was completed in 2007 have been identified. There are some high level outcome areas that the community has not identified in this plan as priority issues. To work towards improvement around identified issues; strategic approaches around system change, community mobilization and service delivery continue to be addressed.

Oregon Commission on Children and Families high level outcomes focus on these four basic goals:

- 1) Strong, Nurturing Families
- 2) Healthy, Thriving Children
- 3) Positive Youth Development
- 4) Caring Communities

### **Goal 1: Strong, Nurturing Families**

#### **High Level Outcome 1: Reduce Adult Substance Abuse**

*Identified Community Issue 2007: There is high adult and youth substance abuse and the subsequent lack of sufficient prevention, education and treatment resources. Initial need is to stabilize the current alcohol and drug treatment and prevention provider system.*

Alcohol is the most widely used addictive substance in Oregon. More men drink than women, men are 2 ½ times more likely to binge-drink, and are much more likely to die of alcohol-related causes. Based on Oregon Behavioral RISK Factor Survey, 2002-2005 adult use in Lincoln County was higher than the State rate. Female- 58% compared to 54%, and Male- 77% compared to 66%. Male binge use (five or more drinks within a couple of hours) was 27% as compared to State rates of 22%. Heavy use by males (more than two drinks per day) was dramatically higher, with 18% as compared to 6% statewide. Lincoln County also has the highest density of liquor licenses per capita in the state.

Problem solving courts have been implemented in Lincoln County to remedy the revolving door of justice, reduce recidivism, and improve public safety. The Lincoln County Drug Court was the first Problem Solving Court implemented in Lincoln County.

It has been operating for four years. In 2009, the last remaining and required steps to implement what are known as the 10 key Components of Drug Court, thus ensuring the continuing viability and funding for the program. Beginning in 2010 a HOPE (Help and Opportunity through Probation with Enforcement) court was implemented. HOPE Court is very similar to Drug Court with some key difference: Because HOPE Court deals primarily with property offenders (property crimes driven by addiction), rather than the drug offender, a key focus is on victim restitution. Also, sanction for violations are even more swift and sure.

Lincoln Commission on Children and Families (LCCF) supported the successful Drug Free Communities application for the community coalition- Partnership Against Alcohol and Other Drug Abuse (PAADA). The Commission Director acts as Executive Director and fiscal agent for this 5 year, \$125,000 a year grant. PAADA's mission is to encourage and empower youth and adults to make healthy decisions to reduce the use and abuse of alcohol, tobacco, and other drugs; and to extend this mission throughout Lincoln County in a comprehensive and long term plan.

PAADA's long term plan includes the following goals:

- Develop a structured media marketing campaign;
- Reduce the abuse of prescription drugs by youth;
- Reduce adult approval of substance abuse and underage drinking;
- Create consistent and sustainable enforcement efforts;
- Increase and strengthening the number of businesses that have Drug Free Workplace policies;
- Create a consistent and coordinated response to minor in possession (MIP) violations;
- Impact school prevention education and policy.

Community Efforts Demonstrating the Ability to Rebuild and Restore, (CEDARR), a community coalition supported by the Siletz tribal community currently focuses on information dissemination , designing prevention resources for drug endangered children, increasing community awareness , and building community support to reduce alcohol and drug use among tribal community . CEDARR is working to build partnership with other prevention coalitions in Lincoln County. PAADA is currently acting as mentor while CEDARR pursues a Drug Free Communities grant for the Siletz community. The two coalitions are working together to determine where the communities intersect in their prevention strategies in efforts of integrating the focused efforts.

CEDARR engaged in a White Bison strategic planning process in 2009, under the direction and facilitation of Don Cohyis. Community strategies identified through this strategic planning include:

- Increase the awareness of tribal traditions and culture;
- Enhance the quality and quantity of communications within the community;
- Achieve 90% sobriety within the community;
- Promote emotional, physical, mental, and spiritual wellness within the community;
- Increase graduation rate for high school students;

- Increase involvement of family, youth and elders in community cultural and spiritual activities;
- Increase community involvement in civic and government activity;
- Implement Wellbriety Movement across the community.

The Addiction, Prevention and Recovery Committee (APARC) of Lincoln County is currently chaired by Commission Director. Along with its other mandated roles, this committee works to advocate, advise, inform and educate regarding substance use and abuse and the lack of sufficient resources.

As of July 1, 2009 the Alcohol, Drug and Gambling services provided under SE70/80 have been transferred from Lincoln County Health and Human Services (LCHHS) to LCCF. These services currently include a variety of evidence based practices to prevent substance abuse, gambling and its associated effects.

2009 adult tobacco use prevalence for Lincoln County was 30.7%. Despite the high adult tobacco usage rate, access to free cessation is very limited. The state reach rate for state supported cessation resources is .75% while the County's reach rate is only .16%. From July 2009 to December 2009 only 18 persons living in Lincoln County accessed the State funded QUIT LINE. The tobacco prevention program funds are used to reduce tobacco use and tobacco industry influence at the community level. The Lincoln County Tobacco Coordinator has been instrumental in assisting Oregon Coast Community College in taking its campus tobacco free in fall of 2009.

<http://www.oregon.gov/DHS/ph/tobacco/docs/countyfacts/linfac.pdf>

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

My Sister's Place is a domestic, sexual and dating violence prevention and intervention program. In 2008, they opened a new 5,100 square foot facility which increased the ability to house more victims. The new shelter can serve up to 20 guests. The facility is expecting to break ground on the addition of a pet kennel to house the animals of domestic violence victims at the shelter.

My Sister's Place domestic outreach programs include: Hispanic outreach, *Girls of Our Future* which aims to create unity among teens, and *Cut It Out*, which is a program dedicated to mobilizing salon professionals and others to fight the epidemic of domestic abuse. The *Cut It Out* program builds awareness of domestic abuse through materials displayed in salons and through the training and education of salon professionals to share awareness through caring conversation. A male teen group is currently in development.

The Domestic Violence Council (DVC) coordinated Lincoln County's proactive response to domestic violence, including the Lincoln County Domestic Assault Response Team (DART) and the new Lincoln County Domestic Violence Court. In 2009, plans were solidified to implement a DV Court. The goal of the DV Court is to provide for a relatively uniform response to domestic violence, as well as a coordinated and rapid

disposition of cases to enhance safety for victims, rehabilitation of offenders, and reduction of recidivism. DHS Self Sufficiency is also active in domestic violence programs and support services.

In 2008, Lincoln County received 893 calls regarding domestic violence, 116 sexual assault calls and 103 others. 473 women, 2 men and 12 teens received services outside of the program for domestic violence. Seventy one adults utilized the shelter, 28 children under six, ten children between ages six and twelve and five teens.

[http://www.oregon.gov/DHS/abuse/domestic/dvdata\\_pub.shtml](http://www.oregon.gov/DHS/abuse/domestic/dvdata_pub.shtml)

### **High Level Outcome 3: Reduce Poverty**

In 2008, at 16.7 percent, Lincoln County faced one of the states highest poverty rates. This rate was substantially higher than the rate in 2000. An estimated 7,571 people live below the poverty level in the county. The 2008 analysis in the OHCS Poverty report found that “a family with two parents and three children needed an annual income of \$55,920 in Lincoln County. Even if both parents worked full time at such jobs as nursing aides, secretaries, or retail sales, they could not cover basic living expenses.” In 2007, more than half of the single mothers, 52%, had incomes below the poverty level, up dramatically from 35% in 2000. The number of children in poverty, increased to 26.4%.

The local chapter of Stand for Children created a poverty task force in 2008. Out of this task force came the decision to advocate for a Children’s Trust of Lincoln County in efforts to create a property tax base to support programs such as childcare, early childhood education, health and nutrition, child abuse prevention, out-of-school enrichment, mentoring and homeless support. The task force is currently working on a tax levy feasibility study.

As stated previously, poverty and substance abuse are two of the main underlying problems to the many issues, and much of the work that has been addressed in this report.

[www.indicators.nwaf.org](http://www.indicators.nwaf.org) , [www.csc.gen.or.us](http://www.csc.gen.or.us) - OHCS Poverty Report 2008

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

Several of the issues identified in the 2008 County Comprehensive Plan were connected to the high level outcome of reducing child maltreatment and improving adult and children’s mental health. These are two areas that LCCF has invested time in community panning and financial resources.

*Identified Community Issue 2007: Need to augment support for at risk families to increase child safety and to reduce child abuse and maltreatment.*

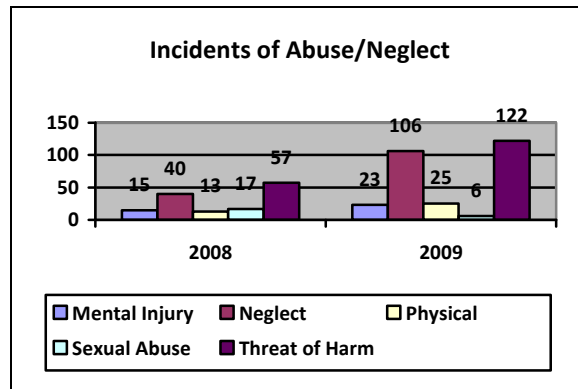
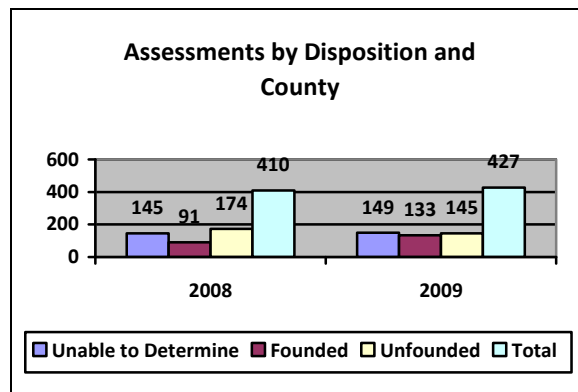
*Identified Community Issue 2007: Recognized need to boost the education and awareness efforts regarding child predators, recognition and reporting of child abuse efforts to increase child safety.*

*Identified Community Issue: 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.*

*Identified Community Issue 2007: Need to provide an adult for all youth where parental support is absent.*

*Identified Community Issue 2007: Expand support to children and families through mentoring programs.*

There has been an alarming increase in the number of Department of Human Services: Children, Adults and Families Division investigations and assessments as well as the number of incidents of abuse and neglect from 2008- 2009.



<http://www.oregon.gov/DHS/abuse/publications/children/2009-cw-data-book.pdf>

A strong resource in the community is the Children’s Advocacy Center (CAC), 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. In 2009 the Children's Advocacy center serviced 146 children for assessment and intervention. The following statistics are based on 103 assessment and advocacy services:

- 70% of those served at the center were seen for sexual abuse
- 20% physical abuse
- 3% were drug endangered children
- 3% were a witness to violence.
- 43% were six years of age or younger.
- The greatest numbers of children are coming to the center from North County.
- Twelve percent of the sexual perpetrators were classified as unknown to the victim. This is a significant change from 2006 when none of the perpetrators were classified as unknown.

Community interest remains high to pursue the development of a relief nursery for families who are experiencing numerous stresses linked to abuse and neglect. A relief nursery would provide comprehensive family services in quality environments to children under age six.

In the past year, Lincoln County's Early Childhood Coordinating Council (ECCC) followed Oregon's framework for a statewide birth-through five early childhood system, "Early Childhood Matters" as a framework for the local Early Childhood Plan. The Early Childhood Matters model was used to guide the partners in the development of an accessible, quality system framework built around three focus areas:

***Health Matters:*** Health, Social/Emotional Development and Mental Health

***Family Matters:*** Safety, Family Support and Parent Education

***Early Learning Matters:*** Early Care and Education

ECCC made a comprehensive list of assets, gaps, and barriers in the three areas in the framework, and broke these lists down by age groups. Through this process members determined the following ECCC priorities:

1. Improved access to Mental Health services;
2. Psychotropic medication management for young children;
3. Increased parental support;
4. Development of a Relief Nursery;
5. Increased number of teen parenting programs and overall parent education.

Many providers working in early childhood have voiced concerns over the lack of a local child psychiatrist. Pediatricians and general practice physicians have been charged with the daunting task of psychotropic medication management. Recent changes in DHS regulations and a new policy and procedure will shift looking at psychotropic medication as an ordinary medical intervention to an extraordinary medical intervention. All extraordinary medical interventions such as surgery must have departmental approval. Another recent change is the requirement to have mental health assessments for all children in DHS custody, including those under the age of five.

Lincoln County's Healthy Start program continues to provide excellent services to our most vulnerable families. Healthy Start/Family Home Visiting, managed by LCHHS provides home visiting and parenting education for first time parents who screen and assess positive on a prenatal risk screen. Family Support activities are offered weekly to assist young families with appropriate expectations for their child. A part time maternal child mental health counselor was added to the program through the Mental Health Department last year and had been making about 21 visits per month. This clinician was also bilingual and able to reach out to Spanish speaking mothers who wouldn't normally cross cultural boundaries to seek mental health assistance. Due to the economic downturn and reduced funding these services have been eliminated. There had been at least two mothers that had been considering suicide and after receiving services are currently functioning well.

With the passage of HB 2062 during the 2009 legislative session ORS 339.377 was amended to require all education providers to provide school employees, parents, legal guardians and students training each year on the prevention and identification of child abuse and sexual conduct. LCCF collaborated with the School District to provide the mandatory training for every LCSD staff member in the 2008/09 school year. Cory Jewell Jensen was brought to Lincoln County to train all administrators in the delivery of the program, "How to Protect your Children: Advice from Child Molesters" which addresses sexual abuse awareness. Administrators, along with trained volunteers presented this training to all LCSD staff members in the 2008/09 school year to boost the education and awareness efforts regarding child predators, recognition and reporting of child abuse. This training was also provided to the public at several schools.

Sixty six new child abuse petitions were filed in Lincoln County in 2009. At any given time, Lincoln County has approximately 120 children in foster care due to parental abuse or neglect. Lincoln County experiences a higher than average percentage of children entering the foster care system, and last year exceeded the prior year's abuse petitions by nearly 20%. Some children go through a series of foster care placements and experience fear, chaos, and trauma (again) because of the uncertainty of their futures. According to Children's First data for 2009, 7.1% of children in out-of-home placement were living with relatives. Six youth had aged out of foster care. The good news, in the last quarter of 2009, CASA was able to assign an advocate to all the children who came into foster care.

In the fall of 2009 the Juvenile Court Judge organized a local Model Court Team to review the juvenile court system and investigate areas for improvement. The focus of this group has been to develop a catalog of current resources available for foster youth. These resources will be posted on a website to be accessed by CASA's, Citizen Review Board (CRB), Juvenile Court Judge, DHS and others involved in the positive development of these youth. These efforts will be further coordinated in the future with the development of the 211 system.

Many community groups have identified the need for a mentor program and this has been addressed at length at the model court meetings. The following gaps have been identified:

mentor/tutors for those behind in education, a baby holding/bonding group, assistance with emancipation, college application assistance, and life skills training. In addition, the Juvenile Court Judge has plans to develop a foster child peer mentor program for foster children incoming into the system.

## **High Level Outcome 20: Improve Adult and Children's Mental Health**

*Identified Community Issue 2007 Identified in several arenas was the need for increased mental health services for youth, especially elementary school age children.*

*Identified Community Issue 2007: There is a need to expand mental health services for children and families regardless of income level.*

*Identified Community Issue 2007: An increased need for professionals with specialization in early childhood mental health was identified.*

*Identified Community Issue 2007: Access to mental health for all ages remains an issue. Limited resources were one of the many barriers identified.*

*Identified Community Issue 2007: Transportation and childcare remain barriers to accessing Mental Health and ATOD services.*

The Mental Health subcommittee of the Local Public Safety Coordinating Council (LPSCC), along with presiding Circuit Court Judge has the consistent goal of implementing a Mental Health Court. There is optimism that this court will begin sometime in 2010.

In 2009, the Mental Health Advisory Committee (MHAC) developed a community outreach forum. The Forum functions as an agent to foster awareness and increase communications in Lincoln County on the issues of mental health and addiction. The members of the forum are available to provide information on available resources, offer skills and knowledge as a panel of presenters, or provide a presentation on a requested topic. The MHAC committee has identified that there is an increasing number of Hispanic community members with anxiety, panic attacks, depression and other mental health issues and the subsequent lack of bilingual mental health counselors who are cultural prepared to work with these clients.

The Children's Mental Health Advisory Board was established to advise and assist in the implementation of the Children's Mental Health Initiative (CMHI) / System of Care. The System of Care program was developed to integrate home and community-based services and supports for children and youth with serious mental health needs and their families by encouraging the development and expansion of effective and enduring systems of care. The ultimate goal of providing wraparound services and supports for children with complex mental health needs in their own community. While this program has been very successful in urban communities Lincoln County has struggled to provide wraparound

care as many of the needed services do not exist locally. The group has prioritized the following:

1. The development of a localized group home;
2. Psychotropic med management in children;
3. Restoration of the mental health clinician position working with home visiting programs;
4. Development of a relief nursery.

## **Goal 2: Thriving, Healthy Children (Ages 0-8)**

Healthy Kids for a Healthy Oregon believes every kid in Oregon should be a healthy kid and their goal is to make sure that kids have health coverage. Community Services Consortium and Progressive Options were part of the 27 organizations statewide who received Healthy Kids for a Healthy Oregon targeted outreach grants through June 2010. These organizations are conducting outreach activities for families who face health disparities or are considered “hard to reach”. The goal is to educate about Healthy Kids and help parents complete the Healthy Kids applications. There has been an increase of 10.9% (376) children enrolled in the Healthy Kids program from June 15, 2009 to December 15, 2009 in Lincoln County.

Four School-Based Health Centers are certified and remain in operation in the county. The centers provide easy access to primary and preventive health care services, and minimal behavioral and addiction counseling services.

Preventative dental care for children was identified as an unmet need in the 2008-2011 Public Health Comprehensive Plan. LCHHS is one of four counties chosen for a five year community based “Baby Smiles” research study from the University of Washington. This is a cooperative project of the LCHHS, Oregon Dental Care Organization and the University of Washington. Lincoln County was chosen in part because of a high rate of dental decay is very high combined with limited dental care access. The focus is to improve the oral health of low income pregnant women in order to produce cavity free toddlers. Eligible women are those who participate in the Women, Infants and Children (WIC) program and are enrolled in Oregon Health Plan (OHP). Success of the program will be based on new standards of care to eliminate transmission of disease from mothers to their children and elimination or minimization of any cavities in the child. Dental offices will be asked to schedule pregnant women and children within two weeks from the time of request for appointment. Access to dental services has been limited for low income women, so this research grant will increase access while it is educating the dentists of this critical time for dental care. Along with increased dental access, low income women will receive either counseling intervention or traditional health education during their pregnancy and 3 months after their baby is born.

The Public Health Advisory Committee, which advises LCHHS on issues related to the advancement of public health; identified teen sexual health, school wellness, which includes the school wellness policy and obesity prevention as areas of priority. Childhood

obesity was also identified as an unmet area of need in the 2008-2011 Public Health Comprehensive Plan. Statistics show that in 2008, nearly 44 percent of children in Lincoln County were considered obese or at risk of obesity.

In June 2009, Samaritan Health Services held a Coast to Cascades Collaborative Childhood Obesity Key Leaders Summit. Diverse discussion on both the challenges and opportunities in addressing childhood obesity were explored at this summit. A total of 12 topics were chosen by participants for discussion, idea exchange and brainstorming. Through facilitated discussion, challenges and opportunities facing health care, public health, early childhood providers, schools and the broader community were identified. Nutrition was the number one concern of the participants of the summit with schools identified as a target area for opportunities.

This summit was convened as a starting point for coordinated action to address childhood obesity. A tri-county childhood obesity task force/leadership team will provide the leadership in the development of a regional action plan. This group will also assist in the coordination of efforts between the four working groups and focus on attaining funding to support the activities of the action plan. Samaritan Health Services has received an \$85,000 grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) to develop a plan and networks to address childhood obesity in Lincoln and Linn counties.

The Task Force/Leadership Team is currently being established. Lincoln Commission staff and members will be actively involved.

With concerns regarding adequate nutrition, LCCF applied for and has been awarded an AmeriCorp VISTA for the service time of August 2009-August 2010 to address food insecurity. The VISTA will work to reduce hunger by focusing on the access and availability of food resources. The goals of this project are to increase the access and usage of Lincoln County food programs by children & families (this includes the Back Pack programs), increase community support and awareness of meal sites and to improve communication and resource sharing among new and existing meal sites. The AmeriCorps VISTA will serve not only to coordinate meal sites, but work to increase the number of these sites.

OHSU Community Connections Network (CCN) is a community team process that seeks to improve local care and services for children and young adults, birth to 21, with chronic conditions or disabilities. The team is made up of the family and local health care, education and social service providers, and on some teams, family liaisons who are or may be involved in supporting the needs of the child and family. The teams and families work together, respecting the family's expert knowledge of their child's needs, family culture, values and beliefs. Children are referred to the Community Connections Network team by families, the school, the family doctor, therapists, counselors or public health nurses.

Through a partnership between Community Connections of OHSU and Lincoln County, the Family Ability Center was formed. The Family Ability Center is a resource and

assessment center for families with children with complex medical needs. The center is housed in the Mary Harrison building in Toledo and offers services from a Pediatrician, an Occupational Therapist, Speech and Language Pathologist and a Physical Therapist. All specialists are available on a limited basis but have a local presence and provide an opportunity to fill a huge gap in current services available. The program also offers a Swindells Center lending library, a program of Providence Child Center. The Jean Baton Swindells Resource Center for Children and Families connects families, caregivers and friends of children with disabilities to [resources](#), [information](#) and [training](#) specific to disabilities and conditions. Information on educational, recreational, therapies and other day-to-day issues is provided at no cost.

### **High Level Outcome 5: Increase Early Prenatal Care**

In the 2008 Comprehensive Plan, it was documented that in 2003, of all mothers who received prenatal care (PNC), 9.1% began care in their third trimester and received less than five PHC visits, compared to 5.5 % statewide. Oregon Mothers Care, was integrated with the Federally Qualified Health Center (FQHC) in 2005, and actively works to enroll mothers into early prenatal care. Local data shows that the majority of those who receive inadequate care have either recently moved into the community, are undocumented and/or are avoiding care due to current drug use. Affordable family planning services and prenatal care services are inaccessible to those without birth certificates; thus affecting the high percentage of pregnant undocumented women from accessing care. Lincoln County surpassed the state rate for first trimester prenatal care for the first time in 2009, with a rate of 73.4%, as compared to state rate of 71.6%. On a negative side of trends, after years of being below the state average (6.0%) for low birth rate infants, this rate surpassed the state average in 2009 with 6.7% low birth rate births (31 births).

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

According to Children First data for 2009, the immunization rate, of 78.7% has remained fairly constant. This rate is 2% better than the current statewide rate.

Twice a year the Siletz Community Health Center holds a “Women’s Health Night”. The primary goal is to reach uninsured or underinsured women in the area who would not otherwise have access to healthcare. The event focuses on providing preventive tests and services such as pap-testing, blood glucose, cholesterol checks, self-breast exams, scheduling mammograms, and skin cancer screenings. In May 2009, Siletz Community Health Center held a “Mother-Daughter Tea” to talk about human papillomavirus (HPV) and the HPV vaccine. HPV vaccine was offered at this event.

### **High Level Outcome 7: Reduce Alcohol, Tobacco, and Other Drug Use during Pregnancy**

Since 1993, the percentage of infants born to mothers in Lincoln County who used tobacco while pregnant continues to decrease. Despite this trend, tobacco use during pregnancy remains higher than state average in Lincoln County, with 22% of pregnant woman using tobacco during their pregnancy, compared to 12% statewide.

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

*Community Identified Issue 2007: 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.*

According to Children First 2009 data, the child care supply (slots per 100 ages 0-13) is 15%. This is 12% worse than the rate from the previous year and 17% worse than the State rate.

Family Care Connection worked with the Newport Child Care Committee, the nonprofit Lincoln County Association for Family and Community Education and the Early Childhood Coordinating Council to open a new certified child care center in the vacated Arcadia Elementary School in East County. This center, CCCDC is licensed for 75 slots, and serves both infants and toddlers. The center is available to parents for care during nontraditional hours including evenings and weekends, increasing the availability of high quality child care to children and families.

CCCDC increased enrollment from their start up in September 2009 to serve 21 families with, on average, 24 children being cared for each week. Of those families, 6 are single parents and 14 families have both parents working full time. At the end of 2009, 4 of the children in care were from families with income low enough to be eligible for the child care subsidy program through Oregon Department of Human Services. CCCDC is also providing a significant benefit for parents that work full time. The center currently provides care 7 am – 5:30 pm Monday – Friday, and is only closed on 6 major holidays. This means parents do not have to worry about alternative care during winter break, spring break or during the summer. Also, the center has been able to be flexible with parent schedules and is generally able to work with families regarding a specific care need.

Since 1985, Samaritan North Lincoln Hospital has operated the Samaritan Early Learning Center (SELC), the only specialized childcare facility in north Lincoln County. Because of its critical position in the community, the North Lincoln Hospital Foundation made a major funding commitment to SELC in 2009. Despite financial struggles, Samaritan North Lincoln Hospital has continued its commitment to maintain the center. Plans are currently underway to move this facility into the hospital building. Commission staff have played a role in supporting these efforts and in 2009 participated in an application to fund an early head start facility in collaboration with the SELC. Unfortunately this grant was unfunded.

The Oregon Child Care Resource and Referral Network (OCCRRN) has moved forward with the restructuring of Child Care Resource and Referral service district areas throughout the state. Lincoln County became part of a North Coast Region that includes Lincoln, Tillamook and Clatsop counties. OSU Extension applied for and was awarded lead agency for the North Coast Region as of July 1, 2009. Family Care Connection serves Clatsop, Tillamook, and Lincoln counties. The Advisory Council for Tillamook and Clatsop counties operate much like it did before, with the Early Childhood teams for those counties serving in that capacity.

The Child Care Health Consultation program (CCHC) has been notified that there is funding for another program year. Things will move forward as normal and the CCHC program will stay limited to Lincoln County providers only. Calls to consultants have been down slightly as providers are finding themselves with fewer children due to families losing jobs.

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

Third grade reading and math proficiency rates have both increased. According to Children First 2009 data, the 2009 reading proficiency rate was 83.3% up from 76.9% in 2008. The 3<sup>rd</sup> Grade math proficiency was 78.2%, also up from 71.1% in 2008.

In May of 2009, Community Services Consortium (CSC) celebrated the opening of a new Head Start Center in Newport. Lincoln County Head Start has the capacity to serve 160 children and currently serves children at capacity in Lincoln City, Toledo and Newport. An identified gap of services in South County has generated support to develop a Head Start site in the Waldport/Yachats area. To date CSC is not able to move services to the children in the South part of the County.

Reading for Healthy Families (RFHF) is a partnership of the Oregon State Library and Oregon Commission on Children and Families. RFHF strives to ensure that every child entering kindergarten is ready to learn to read. The project teaches parents how to help their children develop early literacy skills that are critical components of school success. In October, 2008 three Healthy Start Workers and one of the children's library staff in Newport participated in RFHF 2-day training.

2008 Oregon Kindergarten Readiness Survey Report- Readiness to Learn

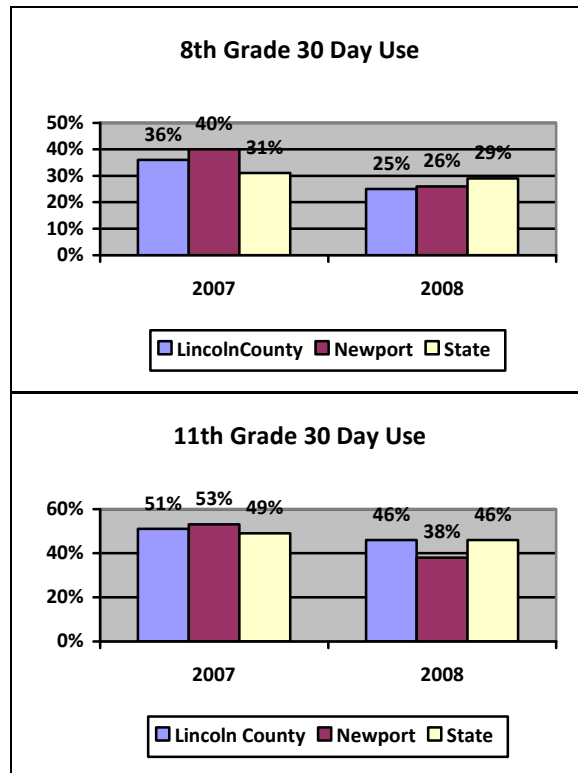
[www.ode.state.or.us/search/page/?id=1356](http://www.ode.state.or.us/search/page/?id=1356)

### **Goal 3: Thriving Healthy Youth (Ages 9-18+)**

#### **High Level Outcomes 10, 11, 12: Reduce Teen Alcohol, Drug, and Tobacco Use**

*Identified Community Issue 2007: Alcohol and drug prevention activities in schools and communities have decreased.*

*Identified Community Issue 2007: Community norm change is needed in regards to substance abuse, particularly in regards to underage alcohol and other substance use.*



LCCF, along with PAADA has been successful with several countywide initiatives in the past six years in addressing the Enforcement of Underage Drinking Laws (EUDL). Efforts have had a greater focus in the Newport area, in collaboration with the Newport Police Department due to a federal grant from the Office of Juvenile Justice and Delinquency Prevention, received by PAADA. Self reported 30-day use by eighth and eleventh graders reflect that efforts are paying off. In October 2009, Addictions and Mental Health issued a certificate to LCCF for having more than 7 in 10, 8<sup>th</sup> grade youth, alcohol and drug free in 2008. Here is a highlight of some of the accomplishments in the past two years:

- PAADA incorporated the EUDL controlled party dispersal volunteer program into the Volunteer in Policy (VIP) program of Newport Police Department.
- In the fall of 2009, Life of an Athlete, developed by the American Athletic Institute was implemented into the Lincoln County School District. This comprehensive school and community approach titled "Pure Performance" included a district policy change that strengthened the consequences to chemical use for both student athletes and students involved in any co-curricular activities. The policy also requires mandatory student and parent meetings regarding

chemical use prior to participation. The program is building a community/school environment that will lead to clear and consistent expectations, enforcement and sanctions. [www.americanathleticinstitute.org](http://www.americanathleticinstitute.org)

- In efforts of delivering consistent evidence based prevention education district wide, a survey was completed to determine the level of prevention education that is currently implemented in each school. A report has been prepared to present to the administrators for further discussion.
- A Community Readiness Survey was completed in 2009. The results of the survey support the need to develop a consistent approach to the Minor in Possession laws and consequences. The survey also clearly identified the need to provide both youth and adult information regarding these consequences and laws. PAADA has developed media and outreach strategies and is currently in the implementation stage.

The Youth Film project, it is sixth year; features drug awareness films and media products that are produced, written and directed by the youth of Lincoln County. The last two years of this project have given clear and consistent messages that prescription drugs are both highly accessible and their abuse rate is rising among youth. The percentage of eleventh grade youth who reported use of prescription drugs in the 2008 Oregon Healthy Teen survey was over twice the state rate with 13% reporting use compared to 6% statewide.

In partnership with the Newport Police Department, members of both the APARC committee and PAADA researched and implemented a Prescription Take Back program in January 2010. The program has been very successful in the first few months of execution. Efforts are underway to extend this program countywide into the Lincoln City Police Department and Toledo Police Department.

The Lincoln County Prevention Program will continue to collaborate with a group of local professionals to focus on working with and connecting with the Latino community. The group, currently called, Almost A Coalition (AAC), began in September 2009. AAC meets monthly to discuss how to better serve the Latino community. Issues include; access to mental health and addiction services, lack of bilingual providers, increase in depression, and limited resource information in Spanish. Members of the Mental Health Advisory Board sit on this committee. AAC continues to expand its efforts to address these and other issues. AAC is bringing the Hispanic peer theater titled, “**Encuentros**” to the community to address issues relating to gangs, alcohol and other drug abuse and healthy relationships, and abstinence. The program is delivered in the Spanish language.

### **High Level Outcome 13, 14 & 15: Reduce juvenile Arrest, Maintain OYA Bed, Reduce Juvenile Recidivism Rate**

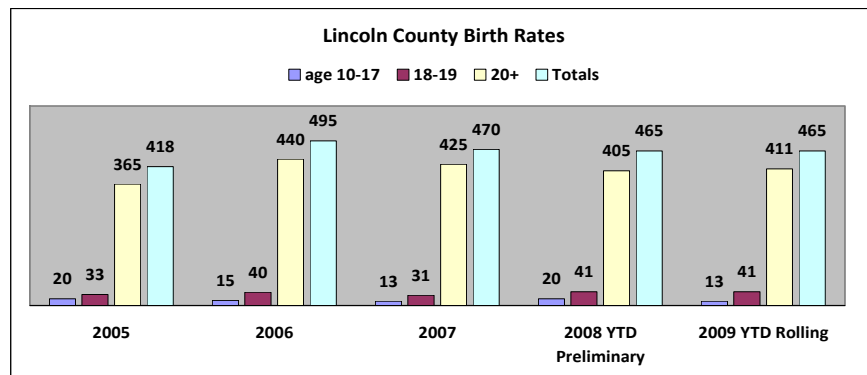
The Lincoln County Teen Court was discontinued in June 2009 due to budget reductions. A subcommittee of PAADA is working to bring this program back to the community.

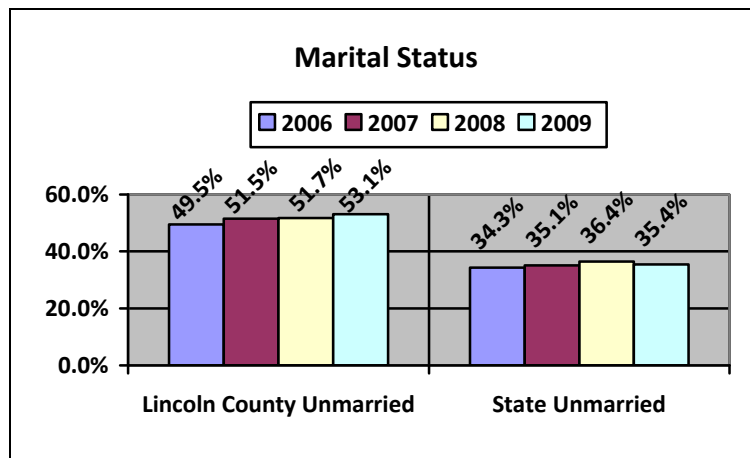
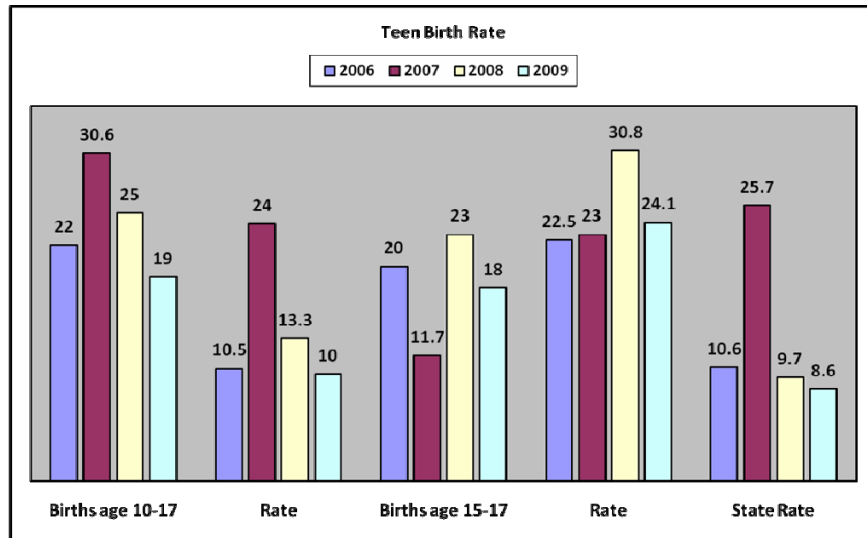
Recent community events have led to concern about a rise in gang activity. This was not identified as an issue two years ago. Despite budget reductions, LCSD continues to fund a fulltime safety coordinator. The coordinator is currently addressing school violence, gang activity and bullying.

For a complete report regarding the High Level outcomes of 13, 14, and 15, see the Juvenile Crime Prevention Report. [www.lincolncountyccf.com](http://www.lincolncountyccf.com)

### High Level Outcome 16: Reduce Teen Pregnancy

Increases in teen pregnancies lead to community response in 2006. A pregnant and parenting teen Round Table Discussion facilitated by LCSD was held in January 2007. Prior to this meeting the school district had only identified two teen parents. By December 2007, over 20 teen parents were identified and served through a newly developed teen parent program at Taft High School. This program suffered fiscal downturns, but due to the increased awareness by the community and School District the program received support and services continue to be offered at Taft High School. Seven parents are currently in the program. With the budgetary cuts received administrators from Toledo High School (East County), Waldport High School, (South County), and Newport High School, (Central County) decided to combine funding to build a program. As of February 2010, this full time program at Newport High is serving twenty parents and infants. Services include teen parent mentoring, childcare, transportation assistance and parenting classes.





Through support from the Public Health Advisory Committee, Area Health Education Center (AHEC) facilitated the development of a comprehensive adolescent sexual health plan using the CHIP (Community Health Improvement Partnership) process. An Adolescent Sexual Health Forum was held in March 2007 with support from the Commission. The forum attended by over 125 youth and 40 adults provided an overview of community sexual health needs. A committee of over 25 members reviewed data, forum results and other community input in preparation of the comprehensive sexual health plan. The committee members 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.

As of January, 2010, Oregon Pacific Health Education Center staff completed the first pilot program to increase parent and child communication around human sexuality. This was a four session curriculum that included sessions on parent’s abilities in influencing teen decision making, teen emotional health, sexual feeling and stress peer pressure and

media. A drama production, entitled Bricks and Roses, sponsored by LCCF is currently in production and has four public viewings scheduled in April. This play reveals how the environment can influence your decision making.

There has been a change in the peer driven abstinence only program, Students Today are Not Ready for Sex (STARS). In 2009, the Public Health Department contracted with the Department of Human Services to implement “My Future, My Choice” in the LCSD. This curriculum takes components from the peer-lead STARS Program and combines it with additional adult-lead lessons creating a comprehensive sexual health education package.

Members from the Public Health Advisory Committee, LCHHS, LCCF and community members worked with LCSD to expand the community school-based health clinics services to increase access to family planning services by pursuing the dispensing of contraceptives on site. The School Based Health Centers at Newport, Taft, Toledo and Waldport currently provide full service family planning access for students with the provision of physical exams, counseling and the dispensing of contraceptives. For the month of September of 2009 there were no positive pregnancy tests, where in the past, the average had been consistently between two to six positives tests a month.

### **High Level Outcome 18: Reduce High School Dropouts**

*Identified Community Issue 2007: Strengthen community partnerships to support academic success.*

*Identified Community Issue 2007: 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.*

*Identified Community Issue 2007: Address school violence and bullying to assist in providing safe school environments.*

LCSD serves approximately 5,125 students from kindergarten through 12<sup>th</sup> grade in 11 regular schools and 4 public charter schools, with a total of 530 employees. The students represent high rates of homeless (9.0%), mobility (33%), and a growing English Language Learning Population 337 (7%). LCSD remains higher than State average for High School Drop Out rates. In the school year 2006-2007 there were 109 drop outs for a rate of 5.25% compared to 4.2% Statewide. In 2007-2008 there were 113 dropouts with a rate of 5.9% as compared to State average of 3.7%.

In February 2010 the District applied for additional support from the Oregon Community Foundation to be used along with Federal Program Title grants to hire a Literacy and Language Improvement Specialist. This specialist will identify, plan, and coordinate resources and trainings designed to result in improved literacy and language instruction for students. The program will begin July 2010.

LCSD has established strong partnership in the community, especially in the areas of Literacy. The Seashore Literacy Center in Waldport has provided a model from which the district is working to duplicate in three other areas of the county. This model is being used to create HELP (Homeless Education Literacy Project) Centers. An integral component of the HELP Centers is to support homeless families in attempt to increase the academic achievement of the students. The District provides transportation to the literacy centers for children after school. Through partnerships with multiple government and civic agencies, meals, clothing, and school supplies are provided for children as needed. More discussion on the development of the HELP centers is found in the section addressing the progress on the focus issue of homelessness.

#### **Goal 4: Caring communities**

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

*Issue: Identified need to increase networking, communication, community engagement and coordinated community involvement.*

In 2008, the Commission identified the high level outcome of increasing community engagement as a priority. Members used the visual of people holding hands in a circle to represent the goal of “building a circle of partners around community needs in order to identify solutions and develop strategic action plans.” The need for increased collaboration, partnerships, communication, awareness, was a unified message heard throughout the initial comprehensive planning process. 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 has acknowledged the need to build strength in the local Commission system. The following strategies were identified as priorities in 2007:

- 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 identified community priorities.

The need for improved communication is heard continuously among community partners. Establishing a 24 hour 211 telephone/web based referral and information line was identified in the Ten-Year Housing plan for Lincoln County. The commission has taken the lead in the investigation and conversation regarding the prospective of building a 211 informational system for Lincoln County, and/or Linn/Bento/Lincoln County. Several organizational meetings have been held, some potential funding has been secured and we are moving into the next phase to discuss the implementation process. [www.211.org](http://www.211.org)

The Commission continues to leverage funds through grant writing and provides technical assistance to many organizations in their funding efforts.

Commission staff understands the need to focus on the organizational development of the commission with a focus on building participation. A plan to outline our resources, stakeholders and factors that will maximize our opportunity to move forward is in progress.

### **High Level Outcome 20: Positive Youth Development**

*Identified Community Issue 2007Issue: Increase authentic youth engagement, which includes increased youth involved planning efforts.*

*Identified Community Issue 2007Issue: Need for increased community asset development.*

*Identified Community Issue 2007Issue: A need to provide additional opportunities for positive youth development, and leadership was identified by local youth.*

By connecting kids and communities through networking and collaboration, the Youth Development Coalition (YDC) is dedicated to the positive development of youth in Lincoln County. In 2009 YDC, with support from LCCF and PAADA, organized a “Communities Coming Together for Youth” networking forum. Representatives from Oregon ASK (Afterschool for Kids) participated in the network day. Youth Service providers throughout Lincoln County convened to share information and resources, begin the process of building networks, and discuss the options to combine and leverage resource to enhance services and sustainability in these economic times.

YDC recently received grant funding to apply for 501 © 3 status along with the construction of a website. The YDC website, [www.ydclc.org](http://www.ydclc.org) , is in the beginning stages. The home page includes links to agencies in YDC as well as links to resources and programs.

### **GAPS/ BARRIERS**

The identified gap, lack of a cohesive, unified alcohol and other drug prevention system is currently being addressed. The current system has been fragmented at best among

County, community coalitions, youth development programs, school district, faith community and other prevention partners. As of July 1, 2009 the County Alcohol, Drug and Gambling services were transferred to the Commission. The Prevention Coordinator has plans to reestablish a countywide prevention team in efforts to increase networking and collaboration of all local and State prevention efforts.

The barrier of transportation, brought up in around many tables of discussion, make programs and services inaccessible to many. This has been a difficult area to make progress in. Lincoln County Transit works well with agencies to assist whenever fiscally possible to reduce this barrier. Through increased community partnerships, there has been some improvement in the awareness of the ability for LC Transit to provide assistance with transportation.

The progress on most of the gaps and barriers identified in the 2008 Comprehensive Plan has been discussed throughout this document. The gaps and barriers in respect to homeless families and youth are to be addressed in the following section.

## **FOCUS ISSUE**

### **High Level Outcome 21: Homelessness**

*Identified FOCUS Issue 2007: 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.*

Lincoln County's 10-year housing plan, with a special focus on chronic homelessness, "At Home in Lincoln County" was completed in 2007. The plan included 10 action steps and 59 tasks to address housing and homelessness issues in the county. Committees are working on permanent supportive housing, community land trust development, workforce housing, rental assistance, family resource centers, Project Homeless Connect and runaway and homeless youth.

In 2007, the Oregon Legislature recognized the effectiveness of Permanent Supportive Housing (PSH) by making \$16 million in lottery-backed bond proceeds available to create at least 150 units of PSH statewide. CSC submitted an application in the spring of 2008 that provided for the purchase and rehabilitation of a six-unit apartment building in Newport now known as Tern House. State officials visited Newport in the fall of 2008 to mark the opening of Tern House, which had the distinction of being the first PSH project funded under this program to open its doors. Tern House has been a success, remaining full since shortly after its opening. CSC youth programs have landscaped the facility. The new tenants are learning to work well as their own community.

In early 2008, CSC submitted an application for a second Permanent Supportive Housing Project, and was again successful. This time, an award of more than \$1.2 million

(supplemented by additional foundation grants) made possible the purchase of a 12-unit apartment building in Newport known as Pelican Place. While all the units in Tern House have single bedrooms, 10 of the Pelican Place apartments are two-bedroom units. This will make it possible to provide homes to chronically homeless families, the fastest growing segment of the homeless population. At the time of this publication, Pelican Place is undergoing renovations. It is expected that the first families will be able to move in sometime in fall 2010.

The committee working on Workforce housing has recently completed a workforce housing toolkit. It is available for review on the County website.

[www.co.lincoln.or.us/workforcehousingtoolkit.pdf](http://www.co.lincoln.or.us/workforcehousingtoolkit.pdf)

The Land trust committee is also making progress with the receipt of a neighborhood stabilization grant by CSC to purchase five homes in foreclosure. An offer for the first house has been accepted and is waiting for final closure. The City of Toledo is currently in deliberation over the potential donation of a three-acre parcel of land to the Land Trust for workforce housing. Habitat for Humanity Restore opened in March 2010 and will perform a valuable community service by diverting large amount of reusable materials from landfills, and providing those products to the public at affordable prices. The ReStore accepts donations form contractors, suppliers, individuals and organizations and resells those goods to the general public to help fund construction of new Habitat houses within the community.

“At Home in Lincoln County” charged the Commission with the development of strategies to address the needs of homeless and runaway youth. The commission partnered with CSC to develop a successful application for a Runaway and Homeless Youth (RHY) project grant. LCCF was one of eight funded for eighteen months through a pilot program established by the 2007 session of the state legislature. A RHY Coordinator was hired by CSC and was successful in supporting the LCSD homeless liaisons work by increasing youth access to basic resources, improving continuity of education, improving safety, expanding partnerships, and increasing community response. Some of the highlighted efforts include:

- Streamlining the physical process for youth to obtain food, medical and TANIF benefits.
- Improved Communication among direct service providers.
- Building strength to RHY Coalition.
- Implementing a successful roundtable discussion to determine and communicate current assets and prioritize needs.
- Out of this roundtable discussion, [www.homelessinlincolncounty.com](http://www.homelessinlincolncounty.com) was created to improve access to resources and create a method of dispersing information.
- Information cards were created by and for homeless youth. 3000 distributed.
- 128 youth service, Ten youth reunited with parents and 15 recaptured back into school

The 2009 Legislature continued funding for the pilot projects, but at a reduced level. Lincoln County's funds were reduced significantly despite the increased need and successful project.

The school district has collaborated with the efforts in the ten-year plan to end homelessness. During the 2008-09 school years, the Lincoln County School District enrolled 484 RHY according to figures submitted to the Oregon Department of Education. This represents nine percent of the school-age population in the county, which is the third highest in the State. The RHY numbers are recounted each new school. In February of 2010, the homeless youth numbers were approximately 340 and expected to continue to climb past 08-09 numbers as more youth are identified.

The Commission, with its strong partnership with LCS D combined resources to assist in the planning and development of the LCS D Homeless Education Literacy Project (HELP). The current McKinney Vento Homeless liaison FTE has been increased from 1.0 to 5.0 with one full time liaison in each area of the community and a full time program coordinator. The coordinator will focus efforts on developing a HELP center in area of the county. HELP centers are used as a one stop center for RHY seeking services and education support. Currently three out of four centers are up and running. The Commission has applied for, and has received a grant to hire an AmeriCorp VISTA this summer to support the work in the HELP centers.

As of August 2009, the current AmeriCorp VISTA has been working to increase public awareness and financial support for this population. The Commission has made application for an additional VISTA for 2010-11 to continue to address the action steps of the 10-year-plan with continued support from the Runaway and Homeless Youth Coalition. Work will continue to identify additional community resources, address gaps in services, and assist the RHY Coalition in providing community education on housing and homelessness issues.

The AmeriCorp VISTA has accomplished much in the short time of service to date. Here are some of the highlights of her work:

A Photo Voice project is currently underway to assist in empowering six homeless youth with "telling their story". Each youth will receive a video/camera and small stipend to capture the story that they want to share. The youth will tell their stories through the art of photography, as well as have the ability to display their work and thereby involve the community in honest discussions about the reality of homelessness in our community. This project will be used to continue to increase awareness of the need to support this population.

The VISTA is also working with Taft High leadership class to support their work on a Homeless Youth summit. The focus is to eliminate the stigma around homeless youth, while working to build the capacity within the student body to increase support and resources.

LCCF has played a lead role, along with Lincoln County Food Share and Samaritan Health Services in organizing and finding financial support for Project Homeless Connect for the past three years. This event continues to grow, attracting more than 170 people at the event October of 2009.

Part of the AmeriCorp VISTA's work plan this year was to develop an organizational manual to help build sustainability of the PHC project in subsequent years. The structure of the manual has redefined the work into subcommittees which will reduce the workload on the committee at large. The Commission has played a lead in chairing this event and the manual has been designed so a non-profit, faith bases or other organization could easily take the lead. This manual has been written not only with specific guidelines for Lincoln County, but can be used to support other rural communities in their work on a PHC event. A launch party is scheduled in April to further engage the community, enlist support and introduce the developed committee structure for this event.

Project Homeless Connect, along with much of the other outreach and education work that has been done in the past few years has increased community engagement around the issue of homelessness. Two new stable fundraisers have emerged in efforts of supporting homeless youth and PHC. The first Lincoln County's Youth Got Talent competition was held in February. The proceeds from this successful event were presented to LCSD for deposit into the discretionary fund for homeless youth that has been created. The Greater Oregon Coast Potluck Off is kicking off on April 17. Along with raising funds for Project Homeless Connect this event seeks to unite different churches together around the common goal to meet homeless needs. Lincoln County was recently chosen as the rural community to be represented in the Neighborhood Partnership, a program with the goal of increasing greater engagement among the faith based community. The Potluck Off event is a perfect stepping of point for further engagement of the faith community.

Early in her work the VISTA identified a volunteer recruitment gap among agencies and nonprofits. A volunteer brochure and commitment card have been developed, distributed in hard copy and posted on the Homeless website. A presentation has been developed for community outreach. A letter has sent to service organizations, faith community, animal clubs and youth groups about homelessness and ways to volunteer. A work plan has been developed in collaboration with Retired Seniors Volunteer that outlines homeless volunteer opportunities, and in particular how to become engaged in Project Homeless Connect activities. This volunteer recruitment plan has recently been presented at the statewide RSVP conference.

In November 2008, a group of volunteers organized to provide an overnight warming center for homeless single adults during a cold spell. The center operated at the main Exhibit Hall of the Lincoln County Fair Grounds. It was staffed entirely by volunteers, who also provided breakfast for those using the shelter. LCCF has been successful in obtaining operating funds from the Siletz Tribal Contributable Funds. A local church in Newport is currently looking at the potential of taking over this much needed program. Work is underway, through the faith community to create an emergency weather shelter in Lincoln City as well.

There remains high interest to investigate the implementation of Host Homes in Lincoln County to support the youth who have runaway, and or have found themselves homeless due to other circumstances in effort to support shelter and mediation.

With all of the activity generated around the focus issue of homelessness, the RHY Coalition has recognized that the community is at a tipping point. The RHY Coalition has identified the need for community training to assist in removing the social stigma attached to the homeless population. With the increased awareness around this population along with the increased need it is felt that the school district, faith community and many individual community members could benefit from cultural training to assist in increasing their engagement. LCCF is working to bring training opportunities to the community.

Please contact the Lincoln Commission on Children and Families with comments, questions, and suggestions regarding this Biennial report. We also welcome your interest in becoming involved with the Commission's work:

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