

**A STUDY OF CHILDREN AT RISK IN THE ROGUE VALLEY
2012
Prepared by**

**THE LEAGUE OF WOMEN VOTERS, ROGUE VALLEY
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CHILDREN AT RISK STUDY, 2012

INTRODUCTION

In the spring of 2012, a committee was formed to study certain aspects of the lives of local children who were deemed “at risk” and what the agencies in the Rogue Valley were doing to make those lives better. At the annual meeting of the LWVRV on May 10, 2012 all the local positions were adopted and the Local Update Study of Children at Risk was approved unanimously. The previous study was in 2006, when the State League of Women Voters (LWVOR) led a study of what these risks were and what was needed to improve the children’s lives. Our Rogue Valley branch of the LWV produced a long list of risks and made some suggestions as to what could be done about them. Some risks are still there, some have changed and other risks have arisen. We will cooperate as much as possible with the LWVOR committee and any relevant information we have found can be incorporated in the State study.

The LWVRV decided to make a local study centered on the children’s agencies of the Rogue Valley - in Jackson County and to a lesser extent, Josephine County. We planned to contact and interview representatives from a variety of prominent agencies which deal with those children, especially those “at risk”. The agencies would be of different types, working with children of both sexes, of different ages and in different situations. Some would be governmental, some non-profit and some private. The agencies interviewed are located from Ashland in the south of the valley northwest to Grants Pass and Cave Junction, in Josephine County. Some agencies have clients even in Northern California because of the specialized treatment offered in our area. We believe readers of this booklet will be surprised and fascinated with the diversity of these agencies and their varied treatment of the children in their care.

Here are some of the methods used by our members in this study:

1. Interviewing of the knowledgeable and skilled staff of these agencies. Many have college degrees, even PhDs. Some have worked in their field of expertise for many years. The questionnaire used was devised by the State Children-at-Risk Committee.
2. Taking tours of agencies when offered. Two of us were shown around the new Maslow Project, donated by the Medford School District and dedicated to helping children and youth currently homeless or in need. Another place visited was the Jackson County Juvenile Justice building where teenage boys are housed and attend school and receive counseling in attractive classrooms.
3. Listening to expert speakers at general meetings - those who head or work in agencies where positive change is being made. LWVRV hosted a panel of speakers from different children’s agencies in Feb. 2012 and our sister organization, Medford American Association of University

also had a public meeting for other agencies in March 2012. We were all impressed by the expertise and enthusiasm of these experts.

4. Gathering information from our own members, many of whom have experience in schools, public fields or have been volunteers in charitable organizations.

5. Two of our committee attended a Community Asset Mapping Workshop on July 30, 2012, sponsored by DHS District 8 and Jackson County Commission on Children and Families. Representatives of many child-centered agencies were invited as well as volunteers from the community from organizations such as LWVRV who are interested in the welfare of children.

The LWVRV Children at Risk committee was basically divided in groups of 1 or 2 who were willing to interview and write up reports on various agencies in the area where they lived. Because of personal interest and knowledge of the agencies and closeness to home, our member volunteers were assigned to interview the agencies they knew best.

These members were at times able to tour the premises used by the agencies and, in some cases, watched the clients being helped and the staff at work. Everywhere we were greeted with politeness and cooperation. The volunteers were able to add to the suggestions for improvement we have compiled at the end of this report. Without them and their skills and acuity, this study would not be as helpful. Our League is very grateful for their assistance. We hope the information we have compiled will be of great help to the agencies and others who have the good of the "at risk" children of the Rogue Valley at heart.

Shiena Polehn, LWVRV

1. LA CLINICA, ROGUE VALLEY

Introduction

The **mission** of this growing organization: to improve the quality of life of the diverse communities we serve by providing culturally appropriate, high quality and accessible health care for all.

Its additional focus is to help those whose poverty impedes their ability to access care.

History

Since its inception in 1988, the organization has strived to improve the quality of life for the diverse communities it serves. Originally called La Clinica del Valle Family Health Center, it was founded to serve the needs of the migrant and seasonal farm worker community in Jackson County, Oregon. Now it is available to the entire community and offers 4 neighborhood health centers, 5 school-based clinics and a multitude of outreach service sites. It has offered dental care for years but recently added a stand-alone dental clinic and a mobile clinic. In Fall of 2012 it will begin operating the health center at Crater High School.

Children at Risk Questionnaire completed by Julie Wurth, interviewed by Mary Sinclair in June, 2012.

The population served is primarily Jackson County, although it also draws patients from around Southern Oregon and Northern California. It provides quality medical, dental and social services to the diverse population within its communities, especially those who face barriers to health care. It is open to everyone. Most recipients have state/federal assistance and/or Medicaid. All children (children of color, different cultures and with/without disabilities and both genders) are welcome.

Services are varied and multiple. Medical, dental and behavioral health care are provided for every member of the family at 11 health centers. The 11 includes Crater, which opens in September (4 community centers, dental clinic, 5 school centers and through use of the mobile center).

It also operates Jackson County's Healthy Start/Healthy Families program, an intensive home visiting program that promotes and supports positive parenting and healthy growth and development for all Oregon parents and their first-born children.

The services to children cover newborns through adolescents, with well-child checkups, immunizations, asthma case management, specialists and many other forms of medical care. The focus is on preventive care and healthy living. La Clinica stays open six days a week, longer than the average neighborhood clinic.

La Clinica employs behavioral health specialists and a psychiatric nurse practitioner to address mental health needs, including addictions. It does not supply food or housing.

In addition the Healthy Start/Healthy Families program mentioned above, it educates patients with chronic diseases and their families through group meetings and a series of classes. Its planned education and support are available for patients through the home visitor program, also dental education through the in-school Happy Smiles program and for pregnant women in its Centering group care program. Our Kids Health Connection program operates in-school care at 8 elementary schools. See also Crater High School above.

The services are available 6 days weekly with the exception of 6 major holidays. Most care is at the health centers, or at the mobile center or in cooperation with the schools. The mobile center operates five (soon to be six) school-based sites that have no interaction with the mobile center, and the mobile center also visits three school sites, which have no separate health centers. There is a 24 hour hot line for medical cases. Length of services depends on the case. All children are eligible for services. Depending on the patient load, new patients may wait up to several weeks to start care. Exceptions are children, pregnant women and people with dental emergencies.

Some La Clinica employees have had training in cultural competency, and the organization intends to extend that training to the remainder of the staff in the coming year. Many of the staff speak Spanish as well as English, and most of our health centers have signs in both languages. When there is a language issue, we offer information in both languages, or sometimes separately, for example, in the Centering pregnancy program and in a series of classes for people with chronic diseases.

Collection of data elements and outcomes varies with the child/families served, and according to the program. Again the reporting of data and outcomes at local, regional, federal and state level depends on the program. In some cases, the public has access to recent outcome reports. Some are reported publicly because La Clinica is a federally qualified health center. The web-site has some information of interest.

In some cases, children are being served concurrently by other agencies and organizations. La Clinica works closely with community agencies in an effort to avoid duplication of services. The funding sources are government agencies, private foundations and donations. A lot of our funding comes from people paying for their health care - we have both private insurance patients and also people who pay directly and on a sliding scale. The annual budget is about \$17 million. In 2011 about \$7.3 million was from state and federal grants and funding, and another \$9.9 million was from patient revenues and private and foundation grants.

Conclusion

Successes are far more numerous than failures. Nearly 60,000 people in Jackson County fall within La Clinica's target population for medical care, and about 96,000 need help with dental

care. La Clinica met just over a quarter of the need for medical care in the community in 2009 and only 5 percent of the dental need. However, this is improving – we have offered dental care for a number of years but just opened the stand-alone dental clinic this year. We are the only provider of comprehensive sliding dental care, however, and that contributes to fulfilling the high level of need in the community.

The need for affordable care is increasing and La Clinica is doing its very best to fulfill that need. In spite of having occasional waiting lists as we do currently, this is not necessarily consistent. The growth of health centers and in-school clinics is helping to meet the needs of the community. The caring, efficient staff is to be congratulated on its success in supplying medical, dental and social services to Jackson County.

Shiena Polehn, LWVRV

2. FAMILY NURTURING CENTER, MEDFORD

Introduction

The **mission** of this unique non-profit agency is to strengthen families so that children can live safely and develop fully in their parents' care.

History

The Family Nurturing Center (FNC) opened in May 2006 as a response to the rise in child abuse in Jackson County. Over the next few years, over 700 children were served. FNC provides therapeutic center-based early childhood education, home-based family work, parent-child interaction education, respite care for parents who have very few options and few financial resources, parenting education, and mental health services as one of the primary providers for preschool children in Jackson County. In a 2011 study, it was reported that 98.6% of families who remain in a Relief Nursery program like FNC for a minimum of 2 years never experience another incident with Child Services. After just 6 months, the percentage of parents who read to their children at least 3 times a week increased from 32% to 52%!

Children at Risk Questionnaire completed by Mary-Curtis Gramley, director, interviewed by C.J.Lipski on 6/4/12

The population served is in Jackson County and consists of children aged 0-5 years old and their families, who are at risk of child abuse and neglect. Many receive federal assistance, and Medicaid. All Relief Nurseries, such as the Family Nurturing Center, in Oregon receive state funding. Recently FNC has begun applying for federal grants and billing Medicaid (no money has been received from Medicaid yet). All high-risk children are welcome, children of color and with disabilities, etc. Attention to gender and cultural differences are incorporated into programs every day.

Services provided relate to the children's mental health. Classes and meetings help parents learn skills: some parents also struggle with addictions, so FNC collaborates with On Track. Breakfast and lunch are provided to morning children. Education consists of pre-school activities, but with a clear emphasis on the emotional, social, and behavioral development of children. Once every two weeks, a volunteer provides pet therapy, for those who will benefit from this activity. (See successes below). Although FNC serves children up to kindergarten age, the agency is working on following their children's progress through kindergarten.

Length of treatment at the Center varies from 12-24 months, some stay for 3 years. It is ongoing and varies from 1, 2 to 4 times a week. One program offered is in-home support. The average duration is 18 months, but can vary with circumstances.

All children are eligible, but this is not free child care. Currently there is a waiting list of 130 children. Present staff is sufficient for the number of children/parents presently served but would have to be increased if children on the waiting list are enrolled. Volunteers are highly valued. Unfortunately, sometimes parents don't show up with the child or fail to attend classes or meetings: they struggle with consistent involvement.

The following data elements are collected on the children/families served: Risk factors, family functioning, child development, demographics of social services being used and/or needed. Program outcomes are measured by specific testing for education, development, and mental health so there is a battery of tests used. The State tracks reduction of referrals to services, ER visits, stable housing and reduction of other risk factors. Data is sent to the State and any agency to which grant application is made. Without this, state funding could be reduced or eliminated. Aggregate data is always public. Some data is on the FNC web site.

Many of the children served are typically served concurrently by other agencies, but without duplication of services. If two agencies are serving the same family, it is because each brings a unique service and expertise that the family needs. Any gaps or delays would be due to shortage of room and programs. All services are currently available: any lacking would be due to space limitations. With the present level of funding, FNC is able to offer the core Relief Nursery services. Additional services such as more home visits would require additional resources.

Funding is from Government sources, private grants and donations. The budget is \$900,000 per year, about 60% of which comes from government sources. 40% comes from other grants and

donations. 80-82% of the budget pays personnel (including health benefits); the remainder goes for food, transportation and classroom supplies.

What **improvements** are needed? FNC would like to have room for all the children in Jackson County who need their programs. They would also like to expand to full-day childcare.

What works **successfully?**

³⁵₁₇ The recurrence of child abuse and neglect went down in 2007; it was 68% better than in 2006.

³⁵₁₇ Only 6 of the 200 children enrolled in the FNC were placed in foster care while participating in the FNC; of these 6, 4 have been reunited with their families.

³⁵₁₇ 9 other children, who were in foster care when they enrolled, went back to their own parents.

³⁵₁₇ Over half of the parents served by the program showed improvement in the way they relate to and discipline their children.

³⁵₁₇ FNC claims a very unusual success with an animal therapy program. Art Lipski, who is a qualified therapist, uses his own pet dog as part of a trained “team” and works with abused or neglected children. 53% of these children are under 6, who are not ready even for pre-school; the program encourages a relationship, a bonding between the child and the dog to overcome the cycle of violence to which they have been exposed.

Many of these children have come from homes where 88% of the pets have also been abused. The children relate to the dog when they hear his story. When Art shows them how to pet the animal, groom him and play with him the children learn that dogs are lovable and reliable and this works both ways.

Art makes the one hour class fun, with pictures of animals, short stories, puppets and games in which values are taught and the child learns to trust and show affection for people again.

The Center staff welcomes Art because of his program which speeds up the recovery from abuse that children have suffered. For safety, the volunteer person/dog teams are evaluated every two years. Art Lipski learned his skills at the Gabriel’s Angels Pets Helping Kids and has many years of experience in Arizona.

When the program is unavailable for some reason, the children are urgently asking for “Barley” the dog. It is the high point of the day’s program for them.

Successes far outweigh failures at the FNC and the agency is well known for its dedication and patience of its staff. Thank you, Mary-Curtis and your caring staff and volunteers.

Shiena Polehn, LWVRV

3. DEPT. OF HUMAN SERVICES, JACKSON COUNTY CHILD WELFARE BRANCH

Introduction

This busy office serves many children and their families from Jackson County. Cases of child abuse and neglect wind up here or in police stations. Those dealing with child safety cases now are dealt with by the Community Justice. The overall agency is the Department of Human Service which serves the State of Oregon and this particular agency is named the Jackson County Child Welfare Branch for primarily those living in Jackson County, and families (regardless of age, sex, race, nationality, religion, sexual orientation, etc.) who come to their attention because of reports of child abuse or by families requesting services for their children.

Mission

One of the goals of the Statewide Children’s Wraparound Initiative which has been introduced all over Oregon is to reduce the amount of time a child is in foster care and is dependent on high cost state services. This can only be accomplished by a multisystem approach to meet the need and capitalize on the strengths of the child and family. They can regain the control of their lives so that they can live independently.

History

The history of Child Welfare Department began with a 1995 legal settlement agreement for the Juvenile Rights Project (JRP) and it was fully implemented by 2003.

There are eight locations to assist clients in the Rogue Valley, 6 in Jackson County and 2 in Josephine County.

“Children at Risk” Questionnaire completed by Leslie Lanier, interviewed by Joan Rogers on May 21, 2012

A wide variety of services is provided for the children to guarantee their safety, health and welfare. These include mental health, addiction recovery, domestic violence services,

parenting, etc. There is a branch that offers child adolescent treatment. There are Developmental Disability services for children needing treatment for disabilities. When the branch is working with families, it will help with food and housing assistance, as needed, if it is necessary to maintain child safety. The WIC (Women, Infants and Children program) supplies special nutritional supplements. The branch is able to access services provided by the state, county agencies, schools and private agencies. The duration of service is dependent on the ability of the parent to find, establish or plan for the safety of their child. The agency works with the families in the branch office, in their home, or in the community. The length of time and frequency of treatment depends on the individual case.

The agency tries to help all children in need but there are some barriers to access of services such as wait lists, staff shortages, lack of client engagement or motivation, funding, or lack of culturally appropriate services. It strives to be inclusive and culturally competent and it works to develop resources that are culturally diverse and unbiased. There are bilingual aides. The staff collects data on all children and family they serve, related to many different aspects of the work done. It collects demographic, child abuse, permanency, contact, adoption and performance measure data, to name a few.

Outcomes are measured by looking at data such as the number of overdue assessments, the number of face-to-face contacts, the length of time a child is in care, the time it takes to achieve a permanency plan, and disproportion in placements and services. There is data available to the public on the internet through the State of Oregon Department of Human Services website. More is available on the Jackson County website.

Children served by this agency are often served by other agencies; however, it works to ensure services are not duplicated. In instances, such as these, it relies on collaboration with the other agency to establish mutual goals and plan for services accordingly. There can be gaps and delays in services. In cases where the family or child may not be eligible for a particular service, but that service is needed in order to provide safety, we can often find ways to fund the need. Funding for all services is dependent on federal dollars and state revenue and when those sources are reduced our ability to provide/fund services is reduced or eliminated.

Conclusion

After visiting the agency, we League members were impressed by the efforts to serve the children kindly and with efficiency. This particular Child Welfare branch would benefit from being situated in the same building where other services to the children and their families are offered. Transportation is often a problem with these needy families with at-risk children. Medford is developing a public bus system but it still is not widespread and frequent enough to make travel easy for these people.

There also appears to be a shortage of funds for more staff, space and equipment and the public frequently has to wait for attention. Perhaps the use of volunteers would help. Sometimes funding for services has to be reduced or eliminated as Leslie states above. However, in these difficult financial times, we feel that this agency is doing its very best to serve the at-risk children of Jackson County to the best of its ability.

4. MEDIATION WORKS

Introduction

The full title of this agency is Mediation Works, a Community Dispute Resolution Center, Inc. Its **mission** is to empower individuals and organizations to resolve their differences peacefully. It provides mediation services, teaches conflict resolution and leadership skills, and offers restorative justice practices, thereby building understanding and respect in our diverse communities.

History

Mediation Works just turned 21. It is one of Oregon's largest non-profit alternative dispute resolution centers serving youth, adults and the community in Southern Oregon and Northern California. It has offered a Victim-Offender Program (VOP) in partnership with the Juvenile Department of Jackson County Community Justice since 1996. In 2008, Mediation Works organized a key conference in Southern Oregon with international connections. With its partnerships with justice professionals and the results of this conference, the newly designed Victim Assistance, Youth Accountability (VAYA) program increased the services provided to crime victims, implemented "best practices" for V/O programs and grounded itself in restorative justice language and values.

The goals of Mediation Works are to:

- ³⁵₁₇ Model and teach effective conflict management skills in these regions.
- ³⁵₁₇ Reduce the number of juveniles involved in the Juvenile Justice System and reduce recidivism through Restorative Justice programs.
- ³⁵₁₇ Save the courts' time and money through the use of alternative dispute resolution processes
- ³⁵₁₇ Create and improve relationships among individuals, organizations and communities.

Children at Risk Questionnaire completed by Cara Walsh, Restorative Justice Program Director, interviewed by Nancy Swan on 6/20/12.

The population served are parents and children, families and individuals of all ages in Southern Oregon and Northern California through various programs as well as communication and mediator training classes. Ms. Walsh, with a Masters degree in Adolescent Development, has 12 years' experience working with at-risk youth in therapy and/or foster care as well as in the juvenile justice system. Currently there are 5 professional staff trained in Restorative Justice. About 60 volunteers are in different phases of training and they serve as surrogate "victims" and facilitators.

Most of the youth in the VAYA (see above) program are usually 14-18 years old and of both sexes. It endeavors to prevent the youth from developing the identity of being a criminal or belief that he/she is a bad person – they made a bad choice. The goals are to reduce recidivism by helping youth offenders recognize choice points and the effect of their action on others. Through a series of 5 classes, trained community members work with the youth in the class. During the sessions the youth tell their stories to take responsibility. They also tell their stories to take responsibility and to help them step into the shoes of the victims. The community impact of the youths’ actions in money, time, physical effects and relationships are discussed. He /she is encouraged “to make it right” with the community. Volunteers also reach out to victims to support them and have them tell their story. 50% of the time they are face to face with the offender. The program also provides surrogate victims if the real one won’t/can’t meet with the offender. The meetings include role playing and a restorative circle. The program encourages the offender to see the costly ramification of his action for himself, others and the community. Hopefully the youth offender will work on making good choices. The Detention Center Program includes twice weekly visits to the Detention Center facility for conflict resolution and community awareness.

Other programs stress prevention through school trainings, workplace and community trainings, conflict resolutions and mediation trainings. School programs include Choice Point – a response to aggressive and bullying behavior in schools which explores social aggression and the result of passive witnessing. Peer Mediations – youth conflict resolutions (schools report that over 85% of their students reach agreements and are very satisfied with the process). There is also intervention through Community, Family, Workplace and Court – Connected Mediations Services, as well as Mediation Services in Spanish. Jackson and Josephine County Circuit Courts contract with Mediation Works to provide mediations services for small claims and landlord/ tenant cases. The Parent/Teen Mediation program gets most of its referrals from the Detention Center. The goal is to increase empathy and communication as well as reduce recidivism .

Duration of service depends on the individual cases. Some take place in schools, homes or in the Detention Center. Mediation Works serves a wide variety of youth and children and in a variety of places.

Some of the clients of Mediation Works are also clients of other agencies, such as Juvenile Justice, but there is little or no duplication of services because of the unique role of Mediation Works.

This successful agency is funded by federal funds, some funds from the Juvenile Dept. State of Oregon, donations from foundations, grants and families. Sometimes Mediation Works on a contract with another agency.

Here is some surprising data that shows the success of the Mediation programs:

Benchmark	Assessment Question	Actual
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		Percentage
Participating crime victims and juveniles show an increase in positive attitude toward the victim.	Which of the following best describes your attitude toward the victim/offender?	92%
Crime victims participating in a victim/offender dialogue will show less anxiety of being re-victimized.	How much anxiety do you feel now about being re-victimized?	72%
Participating offenders will show an increase in responsibility for their actions	How much responsibility do you feel for your involvement in this incident?	74%
Participating offenders will show an increase in empathy.	I have a better understanding of how my behavior affected the victim.	85%
Participants will have an increase in positive feelings toward the criminal justice system.	How satisfied are you with the way the justice system has handled your case so far? How fairly were you treated by the juvenile justice system?	93% (offenders) 96% (victims)
Recidivism	Sample data collection*	72% have not had a new charge since VAYA

Improvements Ms. Walsh would like to see:

³⁵/₁₇ More money! Current funding is not adequate for this expanding agency.

³⁵/₁₇ Changes within the Juvenile System. The ideal model would be the ability to work with a situation before it goes to court – as kind of 1st responders. Restorative Justice has just been able to develop a new program for first time theft offenders!

³⁵₁₇ Find more ways to engage the community.

³⁵₁₇

Successes Mediation Works has had:

³⁵₁₇ Working with So. Oregon University on an extensive data research project.

³⁵₁₇ The pre/post assessment of both offenders and victims

³⁵₁₇ Increased understanding and dialog.

³⁵₁₇ The desire of some adult victims to become mentors to the offenders.

³⁵₁₇ They are told best through stories! The story of youth cleaning up the graffiti in Shady Cove is a great example.

Conclusion

Mediation Works is a very creative agency. In its 21 years of existence, it has grown and served an increasing number of youth and other family members in various communities in Jackson and Josephine counties. Through the skill and patience of its staff members, it has brought together offenders and victims, potential offenders in schools and spread the idea of prevention before harm is done. There is also assistance to the victims by means of interviews and classes to share the impact of the crime against them and to help them recover from the crime. Good luck in the future with your ambitious and thoughtful plans.

Shiena Polehn, LWVRV

5. ROGUE VALLEY FAMILY YMCA

Introduction

Near the center of Medford, and at the heart of many community activities, stands the YMCA, affectionately known as the Y. Singles, couples and whole families go there for “workouts”, swimming, sports and other physical activities, as well as classes based on good health and social outreach. Among them are children of low income families who have qualified for scholarships for classes, day camps and child care. A typical Y **Mission statement** promises, “When we invest in our kids, our health and our neighbors, we strengthen our communities”.

History

One of the Medford Y’s goals since its beginning in 1944 is to strengthen communities through youth development, healthy living and social responsibility. The youth development programs focus on child care, education and leadership, swim, sports and play, and finally, camp.

Children at Risk Questionnaire completed by Brad Russell, Director, interviewed by Normary Barrett in April 2012.

The population served in Jackson County is 5,000 members with 15,000 program participants, including child care. The age is from pre-school to upper elementary for the after-school programs and older youth sports. Racial makeup and children with disabilities are represented about the same as for Jackson County. All races and cultures are welcomed and treated equally. Some slow-learning children really benefit from the Y's classes, particularly autistic children in the swimming classes.

The services to low-income, underserved youth and children are many, with some meals and family support also provided. The Y provides parenting skills /partner programs and food after school (12 schools and HUD), plus summer lunch programs when schools are closed. The duration is from one hour to 6 days a week, 5 days a week for childcare. Service is year round, with trained supervision and mentoring help from volunteers. A ratio of 15 students to one teacher is maintained and most classes are six weeks long. The YMCA is involved in partnerships with many other non-profits & government agencies to provide a wider scope of support to children in after school programs and sports programs. Some members in programs get financial assistance from partner organizations and the Y also offers scholarship based on need. Children rejected by D.H.S. can usually obtain a scholarship from the Y. When the Medford School District closes its schools for a day, because of the current economy, teachers' work days and holidays, the Y is a place for children to go. The Y has a total of 200 employees, mostly part-time employees and 500 volunteers, in all fields. There are currently no staff shortages; the goal is for more additional bilingual employees to be hired. It provides services in conjunction with other children's agencies. If parents are receiving financial aid they are sent to referral partner credit group & evaluated if persons are working towards helping themselves. Their status is reviewed about every 6 months. There is a large day camp for working parents during the summer, in which a variety of age groups and activities are offered.

Evaluations have been done by outside services. Data is reported to the YMCA head office in Chicago, and to a local web site for non-profits called "Guidestar". The public also has access to data on the YMCA's own web site, so the level of visibility is high. Hard copies of data are also available.

Funding is always a challenge, but income from the Pear Blossom Race etc., helped the Y reach its financial goal this year. Members also make donations plus corporate donors. There is a successful funding raising drive yearly. The annual budget is \$2,000,000, 45% of which comes from member dues, 40% from program fees and 15% from donations. Debt reduction has improved over the last 5 years from \$1.3 million to \$650,000.

Barriers to services are estimated at 25-30% financial. Transportation is also a barrier due to lack of vehicles and the cost of gas.

Programs are mostly successful. New and popular classes are added when needed and others dropped if poorly attended. The modernization of the lounge area coffee room has resulted in more socialization and interaction. Children of all economic levels seem happy and are well accepted by the adult members.

Specific success stories:

Hanna, a little 4 year old girl fell into a pool with a wagon falling on top of her. She had taken swim lessons that showed her how to hold her breath & swim from under an object. This may have saved her life.

A father came to the Y to work out & his goal was to regain his strength to lift his child. He met his goal & was very happy.

Conclusion

The Rogue Valley Family YMCA helps the whole community, but its service to low-income children is outstanding. Many of us come to the Y in preference to more “glitzy” gyms because we support the outreach to needy and underprivileged children. These children are given the same loving care, education and stimulation as much as wealthy ones.

The Y’s goals are to serve at-risk and low-income pre-schoolers of which Jackson County has 20,000. About 700 children have been in foster care at least once in the past year. There is definite need for infant care. For the youth from 6-12, there is a need for more after-school programming that focuses on safety, health and addresses obesity. The Y is serving more children with disabilities. Over 90% of survey respondents felt the Y should address childhood obesity and wellness. Many thanks to our local Y for facing and trying to overcome these issues.

Shiena Polehn, LWVRV

6. COGNITIVE BEHAVIORAL TRAINING (CBT), JUVENILE JUSTICE, JACKSON COUNTY, OR

Introduction

The **mission** of this very new program for adjudicated male youth is to provide rehabilitative services in order to further stabilize their behavior for successful transition back into the community.

History

It was started about 1 year ago in the Juvenile Justice Building in Medford, OR. A special 15 bed residential section was started for male youth with medium to serious crime records (felonies). Scott Mickey is the program supervisor, Jean Nicholas is the Program Manager, and Joe Ferguson is the Juvenile Deputy Director. They are largely responsible for its design and successful operation.

Children at Risk Questionnaire completed by Scott Mickey, supervisor, interviewed by Shiena Polehn on 6/13/12.

The population served is in Jackson County and is for boys 12-18 years of age on probation after being arrested for various crimes. Many of the boys are immature and poorly educated. This is mainly due to missing lots of school because of behavior issues. Often the youth in the CBT

program are in detention and have few options for placement. The program is not mandated by the courts. Many boys and their families choose the CBT because it has been successful so far. (Soon boys from Josephine County will be admitted to Jackson County Detention and the CBT program maybe a possible future placement)

Most of the youth in the program are on the Oregon Health Plan and Medicaid (some of the program costs are refunded through behavior rehabilitation service funds). If the boys have mental health issues they are seen by Gayle Hites, the program's mental health therapist. If they need medication they are referred to appropriate agencies. The basic needs of food and housing are provided. Scott authorizes a few treats in addition to the usual "jail food" and there are also some family meals at which all the family share a dinner together.

Education is stressed, with teachers from the Medford School District coming into the well-appointed classroom. Some boys are only at the 4th grade educational level and need the face-to-face instruction with a teacher. Throughout the CBT program the staff to student ratio is about 1 to 5. Some of the youth study for the GED equivalency test. Art has been introduced to give a balanced education and outside field trips are also added. There is a regular vocational training program in place for the boys. Some of the older boys can find work on the outside and even come back to the residence if they are on transition level in the program. Others go back to their school when released and finish their education there. All are offered drug and alcohol education groups and weekly can attend AA or NA groups in the community. Progress in the community or further programming is followed by the CBT staff for a minimum of 90 days after their release.

The minimum length of stay is 120 days in the program, but with the possibility of 160 days if the boys are not ready for release. The eligibility for the boys is they must be medium to high risk on the JCP risk assessment. Currently there are no youth on the waiting lists. Often there is some lack of engagement and motivation when boys first arrive, but this usually improves. The staff makes it a point of having a variety of activities and small inducements through the level system for the boys to cooperate. Some residents are of different cultures with increasing number of Hispanics as that population increases in Jackson County (presently 9%). All boys of different cultures are included and those cultures are respected.

The CBT program has three Case Managers that complete assessments on each youth after 30 days in the program. These assessments are used to look at transition plans at 45 day, 90 day, and 120 day meetings. Case plans that are completed at the intake meeting by the Probation Officers are adjusted at these meetings to match progress or lack of progress by the youth. Testing, observations and the boys' mandatory journals are also used for reporting outcomes. The program is using effective and evidence based practices. Youth receive a minimum of 13 hours of cognitive behavior group work per week. Jackson County and the state are the agencies that receive the reports. The public is able to access hard copies of this data and information in general. The Jackson County Juvenile Justice web site also provides information.

The boys can be served by other agencies when necessary, usually in the residence. There appears to be no duplication of services by these agencies. No service gaps or delays are apparent at the present time. Currently the staff is adequate for 15 boys. The only service gap is for those not on the Oregon Health Plan.

Funding comes from the State and Jackson County. The annual budget for the Juvenile Justice is \$5million with \$1 million going to this CBT program, which indicates a great faith in the program.

Conclusion

What could be improved? Obviously the funding of this program could be better, hopefully there will be no more cuts in the budget. Otherwise, it has been successful so far, with no recurrence of high level crimes for those released, only minor infractions. Also the fact that several of the youth have finished their education and many have found jobs for themselves and are functioning, bodes well for the success of the program. My tour of the building and the residence area, and observance of the boys' behavior showed a well-run, smooth-functioning agency. Well done, Scott and your CBT team.

Shiena Polehn, LWVRV

7. HEARTS WITH A MISSION, MEDFORD

Introduction

History

One man's dream came to fruition on December 21, 2009, when Jackson County's first voluntary youth shelter opened for overnight stays for at-risk children. With a block grant from the City of Medford and generous donations from the community, Kevin Lamson, the founder of Hearts with a Mission (HWAM) was able to renovate a two story house as a licensed Child Caring Agency for Jackson County by the State of Oregon. It houses up to 16 youths, both male & female. Its **mission** is to provide shelter care to youth of families in crisis. Also it helps the youth make wise choices for a future course of action, identifying the problems which precipitated the crisis, and hopefully, resolving inter-family problems.

Children at Risk Questionnaire completed by Kevin Lamson, interviewed by Carol Ingelson on 5/25 /12.

The population served is in Jackson County and the Rogue Valley. Youth receive emergency housing at the shelter and parental consent is obtained for their continued stay within 72 hours, with the goal of uniting with them, unless this is deemed not in the youth's best interest. 90% of the families are in the low-income bracket. Ages are from 10-17 years and both boys and girls of all cultures use the shelter, about 54% female and 46% male.

The shelter usually has up to 16 youth staying overnight, some with disabilities, but those requiring extreme mental health care are referred elsewhere. They are also screened through the Medford Police Department for outstanding warrants, for being listed as runaways, etc. HWAM also does its own assessment to determine appropriate care. The Youth Intake Specialist/Life Coaches screen to help determine a service plan, and the length of stay. Life Coaches are male and female, for appropriate gender help. These professionals work with parents and children and their goal is “Kids need to be in families, not in shelters.”

The shelter provides food as well as housing up to 120 days with no absolute start or finish dates. Length of stay : 2 months+ 20%, 3 weeks to 2 months=28%, 3 days or under = 27%, with the average stay 35 days. As of 5/1/12, Hearts with a Mission had served 208 youth, supplied 7,224 nights of shelter and over 14,500 nutritious meals. There is a family and youth therapist available who works with both the child and the parents. In cases of drug & alcohol addictions, assessment can take up to 30 days, and mental health assessments can take up to 90 days. Drop-in services: youth 10-17 can access basic needs with staying at the shelter (showers, laundry services, meals, hygiene and school supplies, clothing). The shelter provides a 24 hour safe haven.

Participants are required to go to school, continuing in their respective schools and being held accountable. They are coached by the Life Coaches to enable positive coping and resiliency skills. Requiring they do chores, adds a value. Collaboration and aid is available with Rogue Community College, the Job Council, Jackson County facilities, La Clinica, On Track, Maslow Project, Community Works, Community Health agency, Providence, and Asante’s medical care, and the HATS mentor program through Youth for Christ. A relationship with a mentor can be long-term solution.

Sources of income as for all non-profits which all seek the same dollars, are minimal. However, 20% of HWAM funding comes from local Foundations and a Foundation in Portland, but the majority comes from donations: food, clothing, etc. Volunteers work to collect donations etc. In-kind gifts are food, clothes, and services such as yard work, construction, doctors, dentists and hospitals.

Monthly overhead is \$35,000. There is a staff of 15 full and part time, including the Director, Office Manager, Youth & Family Service Manager who reviews initial intake paperwork by Life Coaches, and a Family and Youth therapist. HWAM cooperates with other local agencies for the benefit of the children and family, such as Community Works and others to develop an Exit Plan for the youth to help set up their Oregon Health Plan, food stamps, clothes and shelter. No data base has been developed as yet due to the confidentiality issue. Outcomes are measured by the child’s self evaluation and by observing their strengths and difficulties. Statistics (see booklet, Exit Survey with Children) are used as a guide. Measuring the youths’ outcome is based on “what the youth does, not what the agency does”. The staff hopes to achieve 90% success. The public can find some information on the agency’s web site and obtain a copy of “The Policies and Procedures Manual” which is used by the agency.

Conclusion:

For a relatively new agency Hearts with a Mission is doing well and the organization has been set up carefully. There is a shortage of funds to supply more staff and basic needs of the children. The agency has never been able to afford more than 3 staff on a shift. Also special licensing is required for those clients with mental health problems. A child under the care of the State cannot stay at the shelter. All of these are added costs. There is a need for parenting classes, and special training for foster care, which also increases the costs. The misconception by the public that “someone else is taking care of them” or “It’s not as bad as it’s made out to be” hinders the best outcomes.

Successes have been many – 71% of youth have been reunited with their families or alternate families. HWAM has been able to hire a youth and family therapist, to alleviate the need to contract, or refer for this service. The use of a matrix system “this is what it should look like” helps keep the clients motivated. Well done, Hearts with a Mission!

Shiena Polehn, LWVRV

8. THE MASLOW PROJECT, MEDFORD, OR

Introduction

Medford’s award winning agency which provides services in the Medford School District area is named after Abraham Maslow whose theory it was to fulfill basic needs of people before higher goals are achieved. The director and creator of the project, Mary Ferrell and her staff do that for homeless and at-risk youth, school-aged though 21. There are over 2000 homeless youth in the Medford School District, including more than 350 under the age of 5. The difference in Maslow is that the youth must be enrolled or willing to be enrolled in some program with educational goals. Trained counselors and case-workers guide the students or former students into a High school or some accredited educational or work-oriented program.

Maslow has grown, acquiring larger facilities and providing services in Ashland and Rogue River schools, Jackson County. The facility is open 5 days a week, where drop-in youth can have a hot meal, healthy snacks, receive clean clothes, check their mail, receive counseling and mentoring help for school work, take a shower at the YMCA, and even partake in an art class to raise morale and skills. There are no overnight sleeping quarters available, but Maslow has connections with other agencies. Most importantly, the youth receive a warm welcome from the staff of 9 young people and 35-40 volunteers, who collect supplies, clothes and food as well as repairing and sorting clothes.

Maslow is unusual in that its support comes mostly from the local community in the Rogue Valley. Mary has applied for and receives some grants but most donors are local people and businesses. In 2008, Maslow was spotlighted in the New York Times for its program with the

homeless, including a young local girl pressed into prostitution. This was written up in that newspaper and a heart-breaking video distributed.

Maslow Project's **mission** is to offer every homeless child and youth the probability of success and the opportunity for a better life. We do this by providing resources for basic needs, removing barriers to education and employment, and fostering self-sufficiency in a collaborative and empowering environment.

History

The Maslow Project began in 2007 in response to the growing critical needs of homeless youth in Medford, Oregon and received 501(c) non-profit status in 2009.

It evolved out of the federally-mandated McKinney-Vento Act, which requires all school districts to ensure homeless youth have barrier-free school enrollment, transportation to school, and access to their school of origin regardless of current residence. As the District-appointed McKinney Liaison since 2000, Mary Ferrell founded Maslow Project, leveraging federal education resources to expand funding and services for this vulnerable population's growing needs. Now serving as the Executive Director of Maslow Project, Mary continues to be the Medford District Liaison and has expanded Maslow Project services to provide a wrap-around integrated support model for homeless youth including basic needs, case management, positive youth development and support services. Maslow Project leads the Jackson County McKinney-Vento consortia project, helping to establish resources and services for homeless youth and families throughout the county.

"Children at Risk" Questionnaire completed by Mary Ferrell and Mary Knepp and interviewed by Shiena Polehn on 5/3/12

Population: The Maslow Project targets youth (up to age 21) and their parents and siblings who are homeless or at imminent risk of homelessness and primarily residing in Medford. Homeless is defined in McKinney-Vento Act. Maslow also serves youth in Rogue River School District and Ashland School District through a MOU for case management. For persons not meeting eligibility, we adhere to our "No Wrong Door Policy," which includes one-time help with basic needs and referrals to their home school district and/or appropriate service providers.

It is important to note that Maslow Project focuses not only on homeless unaccompanied teens, but homeless youth 0 through 21 who are in a family unit or living on their own. We understand that homelessness can be caused by a variety of problems, from parental incarceration or drug use to previously middle-class families who have lost their homes due to the economic downturn and lack of living wage employment opportunities.

Services: The Maslow Project delivers services to youth and families in three fields: through a drop-in resource center, school-based programs, and street outreach.

The Resource Center offers a “one-stop” location providing basic needs, emergency assistance, intensive case management, and wrap-around services to ensure stability and success. Individual and family counseling and art therapy are provided on-site.

The Street Outreach Team has three strands of service delivery: schools, agencies, and public locations. Street outreach gets information and supplies to homeless youth and encourages them to seek support through the resource center.

The School-Based Program places case managers in schools to identify youth in need of services. Case managers get immediate needs to youth, track academic and attendance progress, provide mentorship, and refer to services at the resource center and other agencies. In the past year, we have expanded school-based services to include Ashland School District and Rogue River School District.

Last year, we served 2,050 unduplicated individuals amongst our three sites: resource center, school-based, and community-based programs. Youth and families gain improved access to basic needs, increased connectivity to support services, and increased stability and self-sufficiency.

Resources:

Maslow Project provides an integrated service experience to connect youth with a multitude of resources while receiving case management, ensuring a continuum of care. Maslow Project recognizes that a successful goal-oriented program requires both the meeting of basic needs and wrap-around case management. Simply providing food, clothing, and other basic needs will not solve the root of the problem. Conversely, youth cannot set and reach higher level goals without having their basic needs met. Our program encompasses both basic needs and case management to ensure the most comprehensive approach to battling the systemic challenges associated with youth homelessness.

The “heart” of Maslow Project’s program is the goal-based Resource Center for homeless youth and their families, which provides basic and emergency resources, on-site access to services from community partners, positive youth development opportunities, and intensive wrap-around case management. Being a “goal-based” center means that the first time we come in contact with a youth, he or she is provided with the immediate needs required. In order to continue to receive services, he must commit to working with a case manager to develop a goal plan and begin working toward those goals, which are individualized for each youth. In addition to the case management, youth are able to receive a wide variety of additional services:

- ³⁵/₁₇ A Master’s-level mental health counselor provides individual counseling and art therapy four days per week at the drop-in center. Maslow Project has partnered with Phoenix Counseling Services, a local non-profit, to provide supervision.

- ³⁵₁₇ In conjunction with the art therapy, we have begun offering drop-in art studio time for youth. They can work on their own projects or projects that have been set up by the art therapists and/or volunteer artists who run the group. The art studio space has been remodeled, furnished, and equipped by individual donations.
- ³⁵₁₇ Youth who are struggling academically or who have missed a significant amount of school due to the instability of homelessness can access tutoring provided by retired teachers. The teachers may provide guidance on current homework or help them prepare for upcoming testing.
- ³⁵₁₇ Volunteers also provide “life skills” training, including mock interviews to prepare youth for job-seeking. They cover topics including what to wear, what the employer might ask, and how to present their skills and experience in a positive manner.
- ³⁵₁₇ Youth are able to “shop” Jessica’s Closet, our free clothing closet, and receive up to 20 items of clothing per family per month. The closet is stocked by community donations, and gives out an average of more than 1000 items of clothing each month. Volunteers sort through the donations, and only stock the items that are in good condition and relevant to youth. Clothes that are unsuitable for our population are donated to other non-profits. We understand that homeless youth are already facing so many challenges that being set apart from their peers by what they wear is unnecessary and often demoralizing. Youth may also sign up for a laundry time, when they can bring in their dirty clothes to be washed, with all supplies provided.
- ³⁵₁₇ The free food pantry is stocked by a combination of supply drives, individual donations, and reduced-cost purchases from the local Community Action Agency. Youth may access the food pantry by simply filling out one line on a form. They do not need to bring in ID or proof of income, which is frequently a barrier for accessing food. Youth compile their own bag of food, so that they only take what they will eat (reducing waste) and what they are able to prepare. Some young people have access to a kitchen to prepare meals in, while others are limited to only ready-to-eat meals.
- ³⁵₁₇ The drop-in center also offers a study area with internet-accessible computers and a printer. Youth may use this space to do homework, complete job applications, look for housing, or complete other tasks that are relevant to their self-sufficiency goals.
- ³⁵₁₇ A DHS case worker is stationed at Maslow Project two days per week. Youth can drop in during the scheduled time to access food stamp benefits and health

insurance without having to travel across town and wait through long lines in an unfamiliar adult setting.

³⁵₁₇ Maslow Project partners with several agencies to provide free on-site trainings and classes for our youth and families. The Children’s Advocacy Center offers the “Period of Purple Crying” (parenting class), Planned Parenthood provides classes on healthy relationships, the Queer Resource Center brings diversity and cultural competency training, and local public defenders offer “Know Your Rights” workshops to our youth.

The provision of so many resources and wrap-around support in one location is documented as “best practice” by the Health Research and Educational Trust research project titled “Six- and Twelve-Month Outcomes Among Homeless Youth Accessing Therapy and Case Management Services Through an Urban Drop-in Center” (April 2005).

Data & Outcomes:

Maslow Project tracks how many youth and parents are served, as well as the services provided. We also use a Youth Self-Sufficiency Outcome scale which includes sections on basic needs’ stability, mental health stability, school attendance, academic progress, social involvement, home environment, and self-esteem/accountability. Baseline information is collected at initial assessment and again at the end of the year or the end of the case management to demonstrate improvement as measured by input from case managers, school staff, and partnering agency providers.

Expanded Services: In the last year, Maslow Project as an agency has experienced significant growth and changes. In August 2011, we moved to a larger facility with six times the available space. The Medford School District, our landlord, has helped to strengthen our partnership with them by allowing us to be in this space at only the cost of utilities and building upgrades. This means more of our funds go to program and less to facility overhead. With the additional space, we are able to increase a variety of on-site service offerings, including a multi-purpose studio that will allow room for activities including art, yoga and music. The additional space also allows us to better utilize volunteers and community partners with such projects. We are able to extend the hours our Department of Human Services representative is on-site, assisting more youth to get onto Oregon Health Plan and food stamps.

In mid-February we expanded “Jessica’s Closet,” our free clothing closet, and in April we expanded our food pantry. Both of these changes are allowing us to enhance the basic needs services we offer to clients. We were fortunate to have these building improvements sponsored by a local donor.

Our existing mental health counseling program was expanded when we hired a new Master’s level counselor who is also an Art Therapist. In addition to individual counseling sessions, the counselor is offering art therapy through a drop-in art studio program twice weekly.

Obstacles:

Maslow Project continues to build new collaborations to offer more services for our youth while keeping access to services relatively barrier-free. The result has been an unsustainable increase in the number of people wanting to access services at our resource center. To remain focused and deliver the most effective services, we have re-evaluated and further defined our target population at which our services are aimed: homeless youth between the ages of 0-21 meeting McKinney-Vento definition of homeless (including those at-risk for homelessness) and attending the school districts that Maslow is contracted to serve-currently Medford, Rogue River and Ashland (as of February 1, 2012). Several other local districts are also looking at contracting with us in the near future. We will continue to seek financial support to meet the increasing needs of our clients but recognize funding is limited and will therefore seek other creative solutions and partnerships to best respond to the growing demand for our services. The positive result has been the overwhelming response from the community both from clients we are serving and individuals who support us.

SUCCESS STORY

As told by Fallon Stewart, Case Manager

When I first met Stephanie, she was a timid young lady with very few resources or decision-making skills. Her step-father had lost his job, and they were forced to move from their home into a low-quality motel. This arrangement was manageable until her parents divorced. Her step-dad moved out and her mom could no longer afford the motel room, so they were forced to sleep in the car.

At this point, Stephanie realized she was now on her own. She tried staying with a couple of distant relatives but none were able to accommodate her for very long. Eventually, a friend from school took her in, but they struggled with resources for their own family. They didn't have the means to feed another mouth or clothe another body. In the various moves and shuffles and having to carry all of her possessions (and school materials) with her most of the time, Stephanie was very limited in what she owned. She had been wearing the same outfits for days at a time, and borrowed clothes from friends when she could.

I was able to get Stephanie some clothing from Target. She really needed shoes and a jacket - all she had was a pair of flip-flops and a zip-up hoodie, and it was February. Sometimes she didn't come to school because she was embarrassed or simply didn't have clean things to wear. After getting some basic clothing she needed, we focused on other needs.

Through the course of her case management, we identified that one of her goals would be to obtain state assistance for food and medical insurance. This would ensure that some basic needs were met, and would allow her to move on to working on higher-level goals. In order to receive this state assistance, Stephanie needed a copy of her birth certificate. I helped her to apply for a copy of the document. Next, she began searching for employment. She needed an

Oregon Identification Card to be eligible for work, and I assisted her in obtaining that document, as well.

While Stephanie has been dealing with the hardships of being on her own, she knows she doesn't have to worry about her basic needs because we are there to support her so she can reach her goals. She currently is excelling quickly through the GED program and has plans to enter the Transitional Living Program while working and starting some college classes.

At only 16, Stephanie has had to grow-up quickly but now she knows she can break the cycle of poverty in her family and make a life of her own. In the meantime, she knows she has the support she needs to get there.

CONCLUSION

The Maslow Project itself is a success story, continuing to expand its services to children and youth in need in Medford and other cities in Jackson County. It has an excellent reputation in the area and it is well supported with goods and money by the community. Its director wishes that other agencies would cooperate better in joint regional planning, and of course there's a constant need for funds, but on the whole, she is very satisfied with the outcomes of the agency's hard work.

Shiena Polehn, LWVRV

9. LITHIA SPRING SCHOOL, ASHLAND, OR

Introduction

Lithia Springs School is an agency under the wing of Community Works, Medford. It is an accredited middle school and high school program designed to meet the needs of the youth in placement. This school provides a variety of course work in a year-round program that addresses students' educational needs in a day treatment environment. Direct instruction and individualized computer classes are paired with a variety of electives to assist youth in maintaining schoolwork during their absence from their comprehensive school programs. Special Education services are offered to eligible students to support their unique learning needs. Students have the option of earning a diploma or a GED certificate.

Mission

To provide a nurturing and educational therapeutic environment that promotes personal growth and healing for youth 13-18 years of age with behavioral problems and their families. Also, to create a safe, structured, positive, consistent environment and opportunities to foster integrity, self-respect and responsible community living.

History

The school has been operating over 20 years in its present location. Currently there are 28 students at the high school level, and the teacher/student ratio is 1/6.5 students.

Children at Risk Questionnaire completed by Karen Bernard, Interim Director and Director of the Boys' Program and Megan Mitchell, Director of the Girls' Program. Interviewed by Lou Heumann and Vanya Sloan, LWVRV on 6/12/12.

The population served is youth 13-18 years old from all over the State, who are on probation or on parole and referred by the Oregon Youth Authority field offices. The program serves boys and girls with an IQ of 80 or better (with an occasional exception) of all races, and including those with physical, emotional, and behavioral disabilities.

The services provided are long-term residential care to high-risk youth that includes various educational options, such as completing a high school diploma, getting a GED or earning high-school credits. In addition to regular classroom, the school has a music room which allows the youth to make their own C.D.s, an art room and a computer room. Students have individualized programs. Parenting skills are taught to students who have had children.

Basic needs such as food and housing: there is a boys' house and a girls' house in Ashland, with each housing 13 youth. They have State funding for 16 beds. There is one girl in a foster home. Lithia Springs Residential Care provides 24 hour supervision, where youth can experience a safe, caring, stable and structured living environment. Recreation and social activities, vocational services and transition/aftercare services are also provided.

The school has an onsite candle factory, "Mission Candles", which gives students an opportunity to learn job skills, build resumes and earn a minimum wage.

There are about 60 staff members at three locations, the school, and the boys' and girls' houses. Staff includes teachers, case managers, residential care givers, mental health therapists and alcohol and drug therapists. The Community Works of Medford provides one certified Special Education teacher. Translating is provided for non-English speaking students and/or their families.

Lithia Springs Treatment Foster Care is a program for youth offenders and youth in the child welfare system due to neglect and abuse. These youth are 16-18 years old. They are placed in specialized foster homes and attend Lithia Springs School. The treatment foster care families give youth a chance to succeed by offering support and treatment services using evidence-based strategies to help youth move into the community and create a positive life path. The duration of the service is from 9-12 months of residential care and treatment.

Barriers to access for service:

- A. There are always waiting lists, especially for boys.
- B. Youth must be non-violent to self and to others.
- C. They must be willing to make a commitment to the treatment program. Lack of engagement or motivation is abuse for not being accepted into the program, or being permitted to remain in the program and
- D. Sexually reactive or pregnant students are not accepted.

The boys' and girls' housing and classes are separate. They have dinner at their respective houses and lunch together at the school. The youth are taught to respect the other gender and other cultures.

Data and Outcomes

Risk Level Satisfaction Surveys are done every 3 months. All agencies serving the students contribute to the evaluations. There are regular staff meetings with input from teachers and case managers. Outcome measures are done to determine how soon they leave the program, based on the goals set in the beginning. Other data includes evaluating the overall pictures of how many students graduate, length of time in the program and progress made. The data goes to the state and the state reports to the Federal agencies.

Multi- and single agency services

The youth are in the custody of the Oregon Youth Authority while in the school. Service providers include: Jackson County Mental Health and Community Health of Ashland for some psychotropic medication management, and psychiatrists. See also funding (below).

Service gaps

It takes about 30 days to get adapted to the program and get issues addressed (i.e. health issues). About half the children are on psychotropic drugs. Also there are currently 8 students eligible to be in foster care homes, but only one home has been found, as it is difficult to find homes for the students.

Monetary assistance comes from Federal, State, County, local and private funding, Medicaid (Oregon Health Plan), and Oregon Youth Authority. However, there are not enough mental health resources to deal with higher-level mental illnesses. As a result, these youth lose an opportunity to participate in the program at Lithia Springs. The funding is adequate for what services they are able to offer, but they would like to offer more. They would also have a few more people to carry the workload. Social Work is undervalued and underpaid.

Funding Source

The budget is \$1.8 million for 2 years. In addition to those mentioned above, funding comes from Jefferson Behavioral Health and there are some private donations.

There are many success stories. “Anyone who lasts more than an hour benefits in some way”. One young man went on to start his business in Ashland and bought a home. Another has a home and family in Alaska and calls regularly and many “graduates” stay in touch with the school.

Our impressions of the School

The school has many wonderful programs for youth, including the music program in which the students can develop their own music and record it. The art program is illustrated by colorful pictures on the walls. The Talent Library currently has an exhibit of student art. Mission Candles, the onsite candle factory is impressive and teaches the students how to make candles and run a small business. It helps them build resumes. We were impressed with how much the school offers and the commitment of the staff members.

Shiena Polehn, LWVRV

10. ASHLAND EMERGENCY FOOD BANK & FOOD PROJECT

Introduction

The busy Ashland Emergency Food Bank serves families residing only in Ashland and Talent where there are people including many children in need of food. With the poor economy and lack of employment in the area poverty is more widespread than it is realized.

Its **Mission** is that local faith groups, in alliance with the community at large, will provide food to people in the area who would otherwise go hungry and will also endeavor to increase awareness about the problem of hunger in our communities. Ashland Emergency Food Bank relies solely on donations of food and money from local individuals, faith groups, businesses and service organizations as well as grants from private foundations. Ashland Emergency Food Bank & Food Project is a private, independent 501(c) (3) non-profit organization.

History

The Food Bank is now in its 40th year of serving those in the Ashland/Talent area.

Children at Risk Questionnaire completed by Susan Harris, interviewed by C.J. Lipski on 5/4/12.

The population served is in the regional area of Ashland and Talent, both in Jackson County. All family members of all ages and both sexes are eligible, including children of color, and those with or without disabilities. Recipients are not required to be on Medicaid or receiving State of Federal assistance.

The service is basically for food only, although the food bank does provide information about Jackson County agencies. A one-week supply of food, once a month, is given to the families who

apply at the bank. All families are eligible for this amount. There are no differences in the service pertaining to gender or cultural differences. Currently there are no waiting lists or staff shortages.

The Neighborhood Food Project collection program, “the green bags”, is also successful. In 2011 the amount of food collected by this project was 120,000 lbs.

Data on the households served monthly is broken down to number of children under 18 and adults over 65 as well as those from 19-64 years of age. At the present time no data is required by or reported to local, regional or state level agencies, but copies or links are available to the general public.

It is assumed, though not known for sure, that the children served are being served concurrently by other agencies. There are no apparent gaps when these agencies are being served jointly.

So far funding has been adequate and has come mostly from private foundations or donations. The agency recently received its first grant from FEMA. The annual budget was not available at this time. Financial needs for the food bank’s services are the energy costs for building, storage, food and distribution. 45% of the food supplies come from the bimonthly collections in Ashland and Talent; in-kind donations account for 25%, and the remainder comes from cash donations.

The successes with children and youth have been many. Here are two:

A food bank client who is a single mom with health issues has a teenage son who is involved in school sports. Like most boys his age, he is always hungry. Being able to choose the types of food that will keep him full and healthy is important. There are times when little food is found on her pantry shelves or in her refrigerator. This is when she comes to the food bank. Despite the many challenges she faces, this mom has chosen to volunteer at the food bank as a way of giving back.

(Rewritten by permission from an article in the Ashland Emergency Food Bank newsletter, May 2012)

Another success has been the ability to bridge the gap between holidays. In the past, most giving has occurred around Thanksgiving/Christmas when people are actively thinking about charity. That leaves at least 9 months of the year for bare cupboards. Once the Food Bank instituted the use of labeled, green bags with collections being made every other month on a designated Saturday, the gap disappeared. In March 2012, 442 families were served; 20,144 pounds of food were donated in April, 2012.

Conclusion

The fact that the bank recently received its first FEMA grant, a Federal grant, illustrates the respect being shown for the Ashland Emergency Food Bank. Not only is the food distributed

fairly, but collection of food through neighborhood drives, faith groups, businesses and service organizations is efficient and shows the generosity of the public. In 2011, a total of 366,000 pounds of food was collected for distribution, with much going to children-at-risk. This included food brought into the food bank and that collected in the green bags. This food bank is to be congratulated on its fight against poverty and hunger.

Shiena Polehn, LWVRV

11. FAMILY SOLUTIONS

Introduction

Family Solutions is a non-profit agency operating several creative programs in Jackson and Josephine Counties for the benefit of children with mental health problems and their families. Each location has its own specialty; for instance, Grants Pass specializes in treating victims of abuse. The **mission** of all branches is to provide a continuum of community based mental health services for children, youth and their families, using the highest ethical and professional standards.

History

The first program was started in 1971 with others being added since then. The agency was the first day treatment program to open in Oregon. Family Solutions is the result of combining two agencies, Family Friends and Southern Child Study & Treatment Center (SOCSTC) in the fall 2008, successfully producing one organization with an expanded range of services in 2010. The most southerly one is in Ashland and the most northerly is in Grants Pass.

Children at Risk Questionnaire completed by Leslie Kurlan, Clinical Director, interviewed by Shiena Polehn on 6/5/12.

Children and their families are involved in the treatment. Ages of children range from 2-19 years. Most of the families are on Medicaid but some have medical insurance. Both boys and girls are served, including some of color and of all cultures. The staff is very sensitive to different cultures.

The services focus on the mental health of the children, with some individual counseling of the family in parenting skills. There is no housing involved per se, although there is a boys' group home and also one for girls.

1. Outpatient Therapy is provided at Medford and Ashland. School-based Counseling is provided by contract with several school districts offering on-site counseling and support for at-risk students and their families. Counselors work as part of the educational team in participating schools.

2. The Therapeutic Foster Care provides individualized community-based treatment for children and youths with severe emotional and behavioral issues. Children and parents are carefully matched, 1-2 children per home. Children receive individual, group and family therapy; skills training, mentoring and other services in both counties. Also offered is respite care.
3. Intensive Community Treatment to Support (ICIS) is an extension of the Outpatient Program, individualized community-based services to children and families. It is an alternative to a higher level of care.
4. Supervised Visitation: Family Sense. This program is offered in Grants Pass and provides supervised visitation and custody exchanges in a safe and comfortable child-friendly environment. This helps preserve the parent-child relationship while the child is in foster care as parents participate in court-ordered services or when families are going through separation or divorce.
5. Psychiatric Day Treatment: This is an intensive 5-day per week program for children with severe emotional and behavioral issues. It offers individual, group and family therapy, regular and special education services and milieu therapy, and is an alternative to residential treatment. The average length is 12 months, after which most children successfully transition back to their regular schools.
6. Finally, Family Solutions offers Community-based Residential Treatment for adolescent boys and girls with severe emotional and behavioral issues. Youths are involved in milieu therapy in coordination with individual, group and family therapy as well as special education. The program serves 18 youths ages 13-18 in two group homes.

Education for children and youth is provided by the agency's own teachers (7), some of them full time.

The frequency of treatment depends on the child's case. Usually, it is 4-5 hours a day, and for outpatients 6 months - 1 year, with more serious cases requiring 2- 3 years of treatment. The eligibility for services varies depending on the child's problems. 90% of their patients are outpatients. There are some waiting lists, especially for foster group homes and also some staff shortages relating to the financial problems in Jackson County. The County does the referrals and Family Solutions provides the treatment, so financial shortages also affect the agency.

The data collected on the children and their progress is measured by the CGAS intake tests, CASI records, BCRS a scale taken to judge parents' attitudes to the child. Most measures are taken on intake and then again at the end of treatment. Reports are sent to the County and to HMOs when relevant. Funding Source requirements are reported to the State. The public has

access to the agency's web site and hard copies of the patient's reports are available to families, etc.

Most children are served concurrently by other agencies. The link between the County Mental Health Dept. and this agency is particularly close. These agencies try to avoid duplication of services. There may be occasional service gaps and delays which happen in any business. Services to all eligible children, adequate at the present time will be affected when Jackson County's budget is cut.

90% of the funding comes from Governmental agencies, a little from private foundations and grants. Now the staff is beginning to attempt some fundraising. The annual budget is \$5,500,000 which will drop to \$5,000,000.

Conclusion

What the staff would like to see improved is the agency's financial situation, and the avoidance of layoffs of staff and losing staff because of higher pay elsewhere. An increase in outreach, and a reduction in paperwork which now takes 50% of the therapists' time, would be welcome.

Nevertheless, most families served are very pleased with the change in their children and 2011 saw more improvement than failure in the outcomes. The Therapeutic Foster Care program has been particularly successful and children have been seen to be happier and achieving more of their goals. During the past year Family Solutions has served more than 1,600 children, youth and families and is to be congratulated on striving to meet the special needs of children and youth in its care in the least-restrictive setting possible.

Shiena Polehn, LWVRV

12. BOYS AND GIRLS CLUBS OF THE ROGUE VALLEY

This is a national organization with clubs all over America and several in the Rogue Valley, spread over Jackson and Josephine Counties. Their **mission** is "to work to provide positive year-round activities, fun, safe places and programs for all kids, helping them to build self-esteem and develop skills necessary to make right choices, being responsible and productive citizens."

History

Since 1970, Boys and Girls Clubs have served thousands of Southern Oregon youths each year through a diversity of programs in these areas:

1. Clubs – We provide facility-based activities for kids and teens, 6-18 years. We have four program branches located in Cave Junction, Grants Pass, Talent and White City. We are open Monday – Friday, after school during the school year and all day during summer and

other breaks. A wide variety of activities are available in the core areas of arts, education, recreation, leadership development and health. (Served in 2011 – 1,728 members)

2. Team Sports – We give kids the opportunity to participate in an organized league in a fun atmosphere of skill-building and teamwork. Currently offered are: Volleyball (spring and fall), Flag football (spring and fall), and Tackle Football (fall), Mountain Bike Club and Basketball (winter). (Served in 2011 – 1157 sports members)

3. Alternative Learning Center is located at the Cleveland Boys & Girls Club in Grants Pass. This program provides an alternative school for District 7 middle school students who need a change for their regular campus setting. (28 students served in 6th,7th,8th grades)

Children at Risk Questionnaire completed by Megan Servoss (Talent/Phoenix B & G Clubs) and Carrie Beebe, Director of Operations (B & G Clubs of the Rogue Valley) interviewed by C.J.Lipski on 6/12/12

The population served is in Jackson and Josephine Counties. The ages of the children are 6-18 and their families are involved only during special meetings and other information sessions. Parenting skills are introduced during family nights. All children are included of whatever culture or color. The funding is federal, specifically the USDA. (Served in 2011 – 6,042)

There is no housing program but a free breakfast, lunch, snacks and dinner are served to children. (Snacks served in 2011 - 21,738. USDA Dinners served that year – 85,055) Other meals served 21,978. Educationally, a Power Hour provides homework help. Volunteers are welcome to help with this. Grants Pass and Cave Junction locations also offer help in schools.

Talent Club is open M-F, 2:30-6:30pm during the school year, 7:30a.m. - 6:30pm in the summer, 6:30-9:00 pm for teens only; kids can attend every day or sporadically. The hours are decided by the age restrictions; Talent/Phoenix have a 90% retention rate, and the rate varies at the other locations.

All children are eligible. White City has a waiting list. Others have staff shortages which vary with the population (sometimes short-handed when more kids show up than were expected). There is no lack of engagement or motivation with the younger children, some of whom do not want to leave the club when mom or dad pick them up. The teenagers are harder to motivate.

Gender and cultural differences are catered to by offering two programs: “Passport to Manhood” for boys and “Smart Girls” for the girls. For both sexes “Smart Moves” to heighten self esteem and “Youth for Unity” explore cultural diversity.

Data Elements collected on membership applications are: ethnicity, age & date of birth, school they attend, grade they are in, health data for participation purposes, family data (whom the child lives with, family’s income, total number of children and languages other than English spoken in the home).

Program outcomes are measured starting from when they come in, what lessons they have completed (National B &G Clubs send guidelines and programs which are modeled to each location's needs) There is an annual report which comes from the local board and the data and outcomes which is sent to regional, state and national levels of B & G Clubs.

There is some overhead, sometimes as part of the school's total utility bills and of course, supplies. The annual report is available to the public and other information is on the web site.

Other agencies serve our children in a modest way such as reduced cost lunches, food stamps and Y (YMCA) - sponsored sports. There are no duplications of services. White City has service delays from Oct-March which are weather-related. Facilities are needed for the school. What is lacking or not available are more things for the teens to do, that they enjoy. Is the funding adequate to serve all those eligible? No, grants come from National, which must support thousands of these clubs throughout the country.

The funding sources are USDA (federal), private foundation grants which must be applied for and donations in the communities. The annual budget is \$1.6 million of which 58% come from special events, businesses and program grants: 20% comes from program fees (annual membership of \$40), 11% from USDA, 12% other grants: 10% other. The financial needs for our services are Overhead (utilities) and supplies for the various programs.

There have been few failures: lack of motivation by the older children and a few incidences of some of them "playing Hooky" somewhere else in town, while their parents thought they were at the B & G Clubs. Power Hour needs more volunteers, in fact all sites need more volunteers, period.

On the other hand, most children are happy at the Clubs hence the 90% retention rate at Talent and some do not want to leave when their club time is up. The educational programs are popular and successful, with teachers providing homework and other support: also partnering with RCC with field trips, etc., character/leadership programs, and drug/alcohol programs.

(Since this interview, the White City branch has announced that it will be closing due to insufficient funds)

Conclusion

What a blessing it must be for parents to have these Boys and Girls Clubs available for their sons and daughters to have safe care and supervision, while they themselves are at work and especially during the long summer vacation. Here the kids have fun and learn some new skills. Here they can improve academically, sharpen up on team and other sports and master social skills, so important in life.

Shiena Polehn, LWVRV

13. JACKSON COUNTY COMMISSION ON CHILDREN AND FAMILIES

Introduction

This agency has been described as being the “umbrella” over many other agencies in Jackson County, whose work it is to connect them and when possible see that their services do not overlap and duplicate. Mickey Ketchum and I had an interview with Susan Fischer, a skilled organizer and speaker on May 4, 2012. Mickey has had previous experience dealing with the Commission. It is made up of local citizens and professionals appointed by the County Board of Commissioners to work with the community in developing local solutions and partnerships to improve the lives of Jackson County children, youth and families. Its **mission** is “to promote the well being of all children and families as a community responsibility” and its vision statement includes “The Commission on Children and Families mobilizes the community through strategic planning, education, advocacy and funding.”

History

This commission has been working closely with Jackson County agencies for several years and is very familiar with their operations and their staffs. A successful workshop on 7/30/12 was attended by about 50 people from Jackson County to “map the community assets” and get to know each other. Several creative ideas resulted from this workshop involving better communications and scholarship money available.

“**Children at Risk**” **Questionnaire** completed by Susan Fischer, May 4, 2012, interviewed by Shiena Polehn and Mickey Ketchum.

Susan explained that her agency, formed several years ago, does not offer the same direct services as others on our list and they do not deal one to one with children at risk. Hence there will be many questions on the questionnaire that are not relevant to the Commission’s work. Much of its work is contacting the agencies, local organizations and the public and being a liaison between them. It uses what is known as “The Collection Impact Model” to develop and monitor a comprehensive strategic plan to help the entire community work together to address issues faced by local children, youth and families. They coordinate planning with the agencies which deal with children from 0-24 years. Its aim is for less duplication of services and facilities. It is hoped that Jackson County would “shepherd” early learning and be a leader for the state.

The Commission identifies and develops opportunities for members of the public, businesses, churches, clubs, local residents and service providers to help solve problems for children, youth and families. Susan gladly welcomed our committee from the League of Women Voters with much information and printed literature and she is available to help with our study. It is to everyone’s benefit that we understand the children at risk’s position and what is being done for them.

Financially, the Commission members and staff recommend changes in laws and practices to help programs and services to children, youth and families. They also allocate money to finance these improvements. They obtain funding from the State of Oregon, Medicaid and other public funds, seek grants and encourage additional contributions from the community. They establish the parameters for the use of this money and furthermore, monitor the agencies to ensure the money is fairly and carefully spent.

Currently, the goals in Oregon are:

1. To centralize services so that needy families with children can visit the offices of several agencies all in the same location, to lessen the cost and inconvenience of travelling around spread out buildings. For example, the current plan is to move the Department of Human Services for Children Center closer to other agencies under its wing.
2. To coordinate programs, prevent duplication across the community and support increased service efficiency and effectiveness. One of Jackson County priority outcomes is to increase system integration. The Commission's core team is also aiming for accountability between Jackson and Josephine Counties in this field.
3. Currently the Commission is examining the early childhood age, with an eye to prevention of child abuse.
4. To increase community engagement in the care for all children in the area. Reports are available to local and regional and State entities. The public is made aware of data and outcomes in the local press and on the Jackson County web site. This also displays the Jackson County Plan written in 2000. There appear to be no updates at the present time.

Susan was able to approve most of the agencies on our list to be studied and to recommend two additional ones. She also knew the history of these agencies and the key contact persons.

Conclusion

The Commission has just been granted a year's extension in funding lasting to July 1, 2013, which is encouraging news but the future is unknown. Some of the members of this Commission are hoping to continue to cooperate in some sort of entity. Instead of its present form, regional and local hubs are to meet the needs of the clients, but more specific agency functions are to be further determined by the 2013 Oregon Legislature.

This Commission on Children and Families has an outstanding history of improving conditions for low-income and deprived children by itself being a link with many agencies in Jackson County. At this time its staff does not know what their future holds, but we hope that these talented, knowledgeable people will in some way be able to carry on their useful work.

Shiena Polehn and Mickey Ketchum, LWVRV

14. EARLY INTERVENTION/EARLY CHILDHOOD SPECIAL EDUCATION SERVICES

Introduction

The agency I visited in Medford is under the jurisdiction of Douglas Educational Service District (DESD), but Child Development Services (CDS) serves children in Jackson County. The DESD CDS mission statement is, "We are dedicated to children and families. We strive to provide a nurturing environment that supports individuals' efforts to achieve their potential."

History

Early Intervention /Early Childhood Special Education services for children from birth to age 5 are mandated by state and federal law. The state is divided into 9 service areas which represent every county and this agency is in Area 3, which also includes Douglas, Josephine, Lake and Klamath counties.

Child Development Services has been serving children and families in the Rogue Valley for more than 28 years and at no cost to them. It started in the basement of the Rogue Valley Medical Center, serving 48 children with 7 part-time staff. Now it serves 190 children in EI (see below) and 496 in ECSE (below) for total of 686, with a staff of 65. CDS works with birth to 5 year old children with identified delays in development and disabilities by coordinating educational, medical and other community services and also providing direct services to children. I interviewed the supervisor of the early childhood special education (ECSE) program.

Children at Risk Questionnaire completed by Elaine Sands, supervisor, interviewed by Shiena Polehn on 6/14/12.

The population served is in Jackson County and consists of children ages 0-5 years old and their families. DESD Child Development Services (CDS) provides a variety of services to address the needs of identified children in all developmental areas: cognitive, fine and /or gross motor, self-help and communication.

For children from birth –age 3, services are provided in the home. For children ages 3-5, services may occur in Child Development special education preschools, Head Start, other community preschools, or in speech/language groups.

Funding comes from Federal and State sources and it follows the Department of Education regulations on establishing eligibility for children. Each child enrolled has an eligibility meeting and then an Individual Family Service Plan(IFSP) is written by a team to determine what goals the child needs to attain and what services he or she needs.

The families of the children are included in the training and parenting coaching is given. Many of the children are on Medicaid and some are eligible for Social Security. Services are provided to any child who meets the eligibility requirements without regard to income, race or color(the Latino population is approximately 10% of the Jackson County CDS population). The staff does over 1000 eligibility evaluations a year. After 5 years of age, children who continue to need special education services become the responsibility of the local school district.

Services of Early Intervention (0-3years old) are meant to build on the family's strengths to meet the special needs of their child. The staff shows families how to meet these needs at home and helps the family learn how to teach the child new skills. Infant Family teachers (IFTs) and therapists give family members and caregivers ideas for working with the child. This is done in the places where the child spends time learning every day. IFTs typically make home visits for 1 hour twice a month.

Services of Early Childhood Special Education (3-5 year olds) "We believe that PLAY is the work of children" is the slogan of this department. Here the specially designed services address delays in all developmental areas: cognitive, fine and/or gross motor, self-help and communication. This follows each child's IFSP.

Services may occur in Child Development special education preschools, Head Start, other community preschools, or in speech/language groups. Preschool times are typically 2.5 hours twice a week. Speech-Language groups are usually 75 minutes once a week. Some Speech-Language groups serve children who are bilingual in Spanish. Highly trained staff helps children achieve the most positive and effective learning for their specific needs. The staff uses techniques from Positive Behavior Intervention and supports (PBIS) to teach appropriate social skills. Parents are encouraged to share in the planning process for their child during IFSP meetings.

The child is assessed annually to measure his or her progress and the plan is updated every year. Establishing and maintaining frequent contact with family is essential. The staff uses the Assessment, Evaluation, Programming System (AEPS) which is a curriculum-based assessment to establish baseline information on children when they enter the program. That assessment is updated annually to document progress. The results are sent to the State Dept. of Education.

CDS serves all children who qualify, there are no waiting lists. Children receive services based on their identified delays and what they need to learn. Some children may attend preschool while other children may only attend a speech/language group.

CDS works closely with other community organizations to provide services for children. CDS specialists may go to Head Start classrooms or Family Nurturing Center or other community preschools to work with children who are enrolled there. CDS tries to identify who is the best agency to provide the services so there typically is not duplication of services. I was impressed with the close cooperation with these agencies and the way they work and plan together. CDS is a member of the Early Childhood Partnership Team and the coordinator attends meetings where issues related to children and families are discussed.

Sadly, funding is not growing as fast as the need for it due to the expanding population. There is little help from private foundations or donations from the public, in fact, DESD is not well known to the public. The annual budget of approximately \$4 million isn't enough to address the growing number of children served, hence there has been some decline in the level of service.

For instance, statewide the EI service declined from 6.6 hours of service in 2004, down to 2.8 hours in 2010. In ECSE service levels it was down from 24.1 hours of ECSE services per month in 2004 dropping 34% down to 16 hours in 2010.

Conclusion

With more adequate funding, the level of service could be restored with more teachers to serve the growing population of children in need of this treatment.

As to success, in spite of the above, parents are happy with the progress of their children as many of them have blended in with their peers in the regular classroom when they turn 5. The earlier they are discovered and helped, the better are their chances of a normal childhood. It was interesting that the “brain growth” tracking varies according to the child’s development and treatment. The earlier the treatment, the faster and larger the brain grows. The staff’s goals are to enable the child to enter public schools without having the need to being placed in a special needs classroom.

CDS impressed me with their well organized programs, their care for the children and their willingness to cooperate with other agencies for the good of the children. They appear to be close to fulfilling their goals for children in their early years by promoting optimal developmental outcomes for young children, by helping shape the way the brain develops, by minimizing secondary disabilities and finally by promoting parental responsiveness resulting in the children’s enhanced social-emotional functioning and well being. DESD-CDS is an agency we can be proud of.

Shiena Polehn, LWVRV

CHILDREN-AT-RISK STUDY

CONCLUSION and CONSENSUS QUESTIONS

The League of Women Voters, Rogue Valley branch received news about the LWVOR proposed study in the spring of 2012. We became interested in participating in the study when we discovered that the purpose of the 2012 study was to list and evaluate agencies dealing with children at risk and suggest improvements. Our study will be listed as a Local Study, since the State Study (LWVOR) now has a different focus. We hope that our reports on some of the agencies we covered will be useful to the State and that our Local Study as a whole will generate interest in the Rogue Valley. Please note our suggestions at the end of this section.

We used the first version of the LWVOR questionnaire when interviewing representatives of the agencies, adding the mission statement and a short history and closing with successes and what could be improved. After editing, the reports were sent to the interviewees for correction. Finally, the entire report has been edited by one of our members.

The study covered agencies from the geographical area of Ashland, Talent and Phoenix, the Medford area in Jackson County, and north to Grants Pass, Josephine County. Some of the agencies accept clients from as far south as Northern California. The ages of the children varied from 0-21 years old. Most important was the focus of the agency, the children's needs, type of treatment and success rate.

Our committee members were matched with close-by agencies and had the advantage of knowing something about them before they did their interviews.

Children-at-Risk presentations by panels from children's agencies were held in February 9, 2012 by our Rogue River branch of the League of Women Voters (LWVRV) and also in March, 2012 by the Medford branch of the American Association of University Women. These proved helpful to our Children-at-Risk Committee members since they received background information and met some of the staff from the agencies we have chosen.

On July 30, 2012, two of our members were invited to a conference presented by the Jackson County Committee of Children and Families entitled "Community Asset Mapping Session". Susan Fischer from this agency, was the organizer. (see report on this agency)

Planned for the future are two general meetings of the LWVRV open to the public with a "Children-at-Risk" theme: December, 2012 Hearts with a Mission, speaker Kevin Lamson, Exec. Director and in March, 2013 State and Local studies on Children-at-Risk, speaker Petra Berger, co-chair of the State Children-at-Risk Committee, plus local speakers from the Rogue Valley agencies.

Suggestions for improvement from members of our Children-At-Risk Committee and other members of LWVRV:

1. Can programs be coordinated to prevent duplication across the community and support increased service efficiency and effectiveness? One of Jackson County's priority outcomes is to

increase system integration. Another is also aiming for accountability between Jackson and Josephine Counties in this field. We need team work between agencies treating the same children, throughout the Rogue Valley, with monthly meetings of key staff members so that the progress of these children can be discussed. For example, Mediation Works (a non-profit agency) and Jackson County Juvenile Justice (a governmental agency) who cooperate in this respect, have reaped many advantages from this. Better communication among agencies would also save money. Should the services of these Rogue Valley agencies be better integrated to improve their effectiveness?

2. Can some services be more centralized so that needy families with children visit the offices of several agencies all in the same location, thus lessening the cost and inconvenience of travelling around spread out buildings? For example, the Jackson County's plan to move the Department of Human Services, Children's Center closer to other sections under its wing.

3. What can be done to increase community engagement in the care for all children in the area? Reports are available to local and regional and State entities. The public is made aware of data and outcomes in the local press and on the Jackson County web site. Extending this idea, would be to have a Rogue Valley website dedicated to all children's services and help for families.

4. Should we help press for increased funding for successful children's agencies by contacting our Legislative representatives, Federal, State and local? Almost all the agencies interviewed stressed the need for more staff, operating funds etc. because of the increasing number of clients, with the growing population of the area. Some funds have actually been cut because of lowered income. Non-profits which are helping our children should be supported by grants from public and private entities and donations from the public. Can the LWVRV help some of them get the word out on how much good the agencies are doing?

5. How can LWVRV or should LWVRV encourage more people to sign up to be volunteers at some of these agencies, doing simple yet useful jobs? This would free money from salaries to be spent more directly on children's treatment. One area where even an untrained volunteer could help is in dealing with non-English speaking children. If they are Spanish-speaking, volunteers could translate during classes, treatments etc. Several agencies are looking for people with experience with children, to be mentors. This is not a teaching specialty, but just someone the child could relate to and talk to.

6. Should more and better mental health care for at-risk kids in the Rogue Valley be available?

7. Do we support the goal of keeping families together, if at all possible? New Federal and State programs will involve better methods of treatment and not rely on institutional residence. Plans would be persistent and outcome based.

LWVRV Children-at-Risk Committee: Normary Barrett, Lou Heumann, Carol Ingelson, Mickey Ketchum, C.J.Lipski, Shiena Polehn, Joan Rogers, Mary Sinclair, Vanya Sloan, Nancy Swan.

Coordinator: Shiena Polehn polehn@mind.net [541-773-4177](tel:541-773-4177)

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