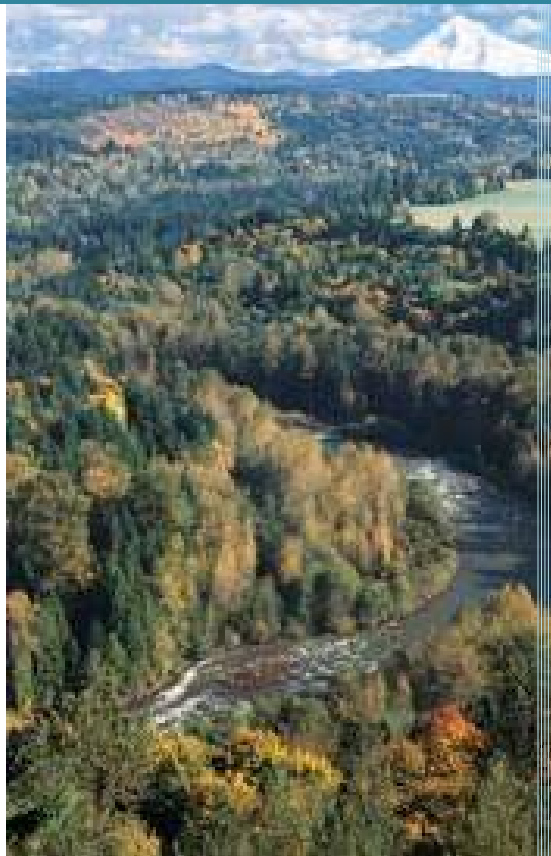


2015

Clackamas County Head Start/Early Head Start Community Assessment



Oregon Child Development Coalition
CULTIVATING OUR CHILDREN'S FUTURE



CESD/Oregon Head Start
Prekindergarten Program

12/22/2015

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THE GOALS OF THIS ASSESSMENT

The Federal Government requires that all Head Start and Early Head Start programs conduct a triennial Community Assessment in order to collect and analyze service area data and promote program development. In accordance with Section 1305.3 of *Head Start Program Performance Standards and Other Regulations*, this assessment will address the following:

Demographic makeup of children and families eligible for Head Start including:

- Estimated number of children
- Geographic location
- Racial and ethnic composition

Other child development & child care programs serving children eligible for Head Start including:

- Publicly funded state & local preschool programs
- Approximate number of children eligible for Head Start served by each program

Estimated number of children with disabilities five years old or younger including:

- Types of disabilities
- Relevant services and resources provided to these children by community agencies

Data for children and their families eligible for Head Start regarding:

- Education
- Health and nutrition
- Social services needs

Education, health & nutrition, and social services needs as defined by:

- Families of children eligible for Head Start
- Community agencies serving young children

Community Resources to address needs of children and families eligible for Head Start, including:

- Availability
- Types

By analyzing this data, Clackamas County Children's Commission (CCCC) and the Clackamas Education Service District Oregon Head Start Preschool Program (CESD OHSP) hope to achieve the following objectives:

- The development of a working document for CCCC and OHSP to cooperatively assess the current needs of the Head Start- and Early Head Start-eligible families.
- A compilation of countywide data to use as a guide for further program development and to help determine each program's philosophy and long- and short-range objectives.
- A reassessment of the type of component services that are most needed and the program options that have been implemented.

- A reevaluation of the recruitment area served by each grantee, confirming that centers and home-based hubs are appropriately located.
- An enhancement of the criteria that define the types of children and families who will be given priority for recruitment and selection.

EXECUTIVE SUMMARY

This Community Assessment represents a collaboration between Clackamas County Children’s Commission (CCCC), which operates a center-based Head Start program, a home-based Early Head Start program, and a consecutive-combination model Early Head Start program, and Oregon Head Start Preschool Program (OHSP), which operates a Head Start program in collaboration with local school districts and community preschools. The two programs, in addition to a Migrant Seasonal Head Start program run by the Oregon Child Development Coalition (OCDC), work together to ensure that there are several options for Head Start- and Early Head Start-eligible families in Clackamas County.

Clackamas County covers a large swath of northwestern Oregon, and is hugely diverse from a geographical and population-density standpoint, containing everything from mountains, forests, and farmland, to suburbs and densely populated urban areas. The majority of residents self-identify as White, but the two Head Start and Early Head Start programs in question demonstrate a higher level of racial and ethnic diversity than the county as a whole, and both the county and the programs are seeing increasing numbers of Hispanic residents/participants.

Clackamas County is the state’s wealthiest county, but, as this assessment aims to show, this statistic fails to portray the complexity of the situation. Given the wildly diverse nature of the region, which demonstrates substantial differences between rural and urban areas in general, as well as between wealthier sub/urban centers on the west side of the Willamette River and less well-to-do towns and cities on the east side, Clackamas County’s status as the state’s most prosperous seems to be a result of the fact that a great deal of wealth is concentrated in the hands of a few. There is no shortage of income- and categorically-eligible children and families for the region’s Head Start programs, as even a brief examination of enrollment and waitlist figures demonstrates.

The county has several other child care options for Head Start- and Early Head Start-eligible children and families, including the aforementioned Migrant Seasonal Head Start, Employment Related Day Care assistance, and Family, Friend and Neighbor Care, but slots are limited. With child care costs rising nation-wide, a large number of the resources to be found through Clackamas County’s Child Care Resource and Referral network are not financially feasible for children and families who are eligible for Head Start and Early Head Start programs. Because slots in affordable child care programs and school

readiness programs are limited, many children spend long periods on waitlists and may not be able to receive services prior to entering kindergarten.

CCCC and OHSP maintain a close working relationship with the Clackamas County Education Services District (ESD), which provides services for children with disabilities. There are a number of resources in the area for children and families experiencing disabilities, and the disabilities percentage for each program is much higher than the federally mandated 10%.

CCCC and OHSP operate centers throughout the county, but it is clear that some areas are better-served than others; an analysis of available slots vs. waitlist numbers for different centers and areas of the county reveals that the farther eastern and western reaches have, comparatively speaking, more children waiting for fewer slots

OVERVIEW OF GRANTEES

CCCC and OHSP have a long history of working together to serve children and families in Clackamas County; their recruitment areas overlap, and they share an unwavering commitment to Head Start's mission. However, there are enough differences between the two, in terms of both geographical reach and program model, to ensure that Head Start services are available across a wide swath of the county and that families have some element of choice as they consider school-readiness options for their children.

CLACKAMAS COUNTY CHILDREN'S COMMISSION

CCCC was incorporated as a Head Start program in 1973, although it had previously served children as a summer-only program. Today, it encompasses three different program options and serves 698 participants all over Clackamas County.

The center-based Head Start program provides preschool services to 612 three and four year-olds at eight sites throughout the county. Children in Head Start attend half-day morning or afternoon classes Monday-Thursday, receiving two nutritious meals or snacks each day, and a balanced educational experience that includes language and literacy, math, science, and creative arts. CCCC makes a special effort to serve children with disabilities, and ensures that individualized attention in the classroom allows each child to thrive while developing respect for self and others, learning to socialize and make choices, exercising problem-solving skills, and developing an appreciation for differences. Head Start is committed to supporting parents in their role as their child's first and most important teacher, and families receive home visits from their child's Teacher, who helps them set educational goals for their child, and from their Family Advocate, who connects them with community resources to meet their needs.

Table 1: CCCC Sites and Child Slots

Site	Head Start Slots	EHS Slots
Barlow Center	77	24
Clackamas Community College Center	38	8
Gladstone Center	80	
Mulino Center	40	
Oregon City View Manor (OCVM) Center	80	
River Road Center	117	
Sandy Ridge Center	60	12
Wichita Center	120	42
Total	612	86

After several decades of providing quality Head Start services, CCCC became aware of the great need for birth-to-three services in Clackamas County. The agency applied for an Early Head Start grant and was able to begin providing EHS services in spring of 2010. The six Home Visitors for CCCC’s home-based EHS program are based out of the Barlow, Sandy and Wichita Head Start centers; together they serve 70 infants, toddlers, and pregnant women across the county. Infants and toddlers receive weekly home visits during which the Home Visitor facilitates parent-child interactions and focuses on child development, health, nutrition, family functioning, and school readiness. Pregnant women receive flexible home visits that suit their schedule and the Home Visitors work with them closely to achieve healthy prenatal outcomes; the baby is enrolled in the Infants and Toddlers program at birth. All participants are encouraged to attend bimonthly socializations at their respective centers.

CCCC’s EHS program also comprises a full-day childcare/consecutive combination program option. The EHS classroom at Clackamas Community College (CCC) provides childcare for students at the college and services are devoted to child development, health, nutrition, and school readiness, and families participate in home visits and conferences with their child’s Teacher. During the summer months, the option becomes a home-based program; the Teacher visits families weekly and facilitates socializations.

With conversion from Head Start to Early Head Start in 2015, EHS added a combination option classroom at Wichita for 8 children. Children attend classes for 3.5 hours on Tuesday and Thursday and receive two home visits by the teacher each month.

CLACKAMAS EDUCATION SERVICE DISTRICT OREGON HEAD START PRESCHOOL PROGRAM

In 1987, Oregon joined the states offering comprehensive preschool services by passing SB 524 and creating the Oregon Prekindergarten Program. The next

year, in May of 1988, Clackamas ESD was chosen to be one of Oregon’s first State Prekindergarten Programs. Clackamas ESD Oregon Head Start Prekindergarten Program (OHSP) was the vision of Janet Dougherty Smith, who saw the need for a comprehensive preschool and family support program that integrates low-income families into neighborhood schools and supplements these educational programs with required health and social services.

Head Start is built upon the understanding that child and family development takes place in a community and effective programs build upon and link families with community resources. For this reason, OHSP is designed to link with schools, social service agencies, health services and childcare services. In this way, OHSP achieves the Head Start mission of supporting families in preparing their children for kindergarten success. OHSP continues to be an innovative Head Start program that combines an intensive home-based model with an enhanced, educationally rich prekindergarten program nested in a local collaborative partnership with school districts and private preschools.

OHSP provides comprehensive services for 209 of Clackamas County’s children and their families.

Table 2: OHSP Sites and Child Slots

Site	Location	Design	Slots
Bolton	West Linn	School District Preschool	8
Trost	Canby	School District Preschool	36
Boones Ferry	Wilsonville	School District Preschool	51
Sandy Grade	Sandy	School District Preschool	54
Logus	Milwaukie	Community Preschool	30
Oak Hills	Milwaukie	Community Preschool	30
Total			209

Enrolled children receive a quality preschool experience in their own community and the family is supported through home visits and offered comprehensive educational, nutritional, health and social services. The program’s funding comes from the state of Oregon. However, OHSP follows all of the Federal Head Start guidelines and standards.

OHSP has many strengths that are enhanced by its unique model. Children and families become part of the larger community when they are connected with school districts, local elementary schools, and community preschools. Kindergarten transition is more comfortable and successful for families and children who historically have been less prepared to access school services. Families are encouraged to become partners with the school in their child’s learning and connect with parents whose children are not enrolled in OHSP.

Because OHSP collaborates with school districts, there are opportunities for the prekindergarten teaching staff work together with kindergarten staff to align curriculum with local kindergarten readiness expectations and well as Oregon Early Childhood Foundations and the Head Start Child Development and Early Learning Framework.

SERVICE AREA DATA

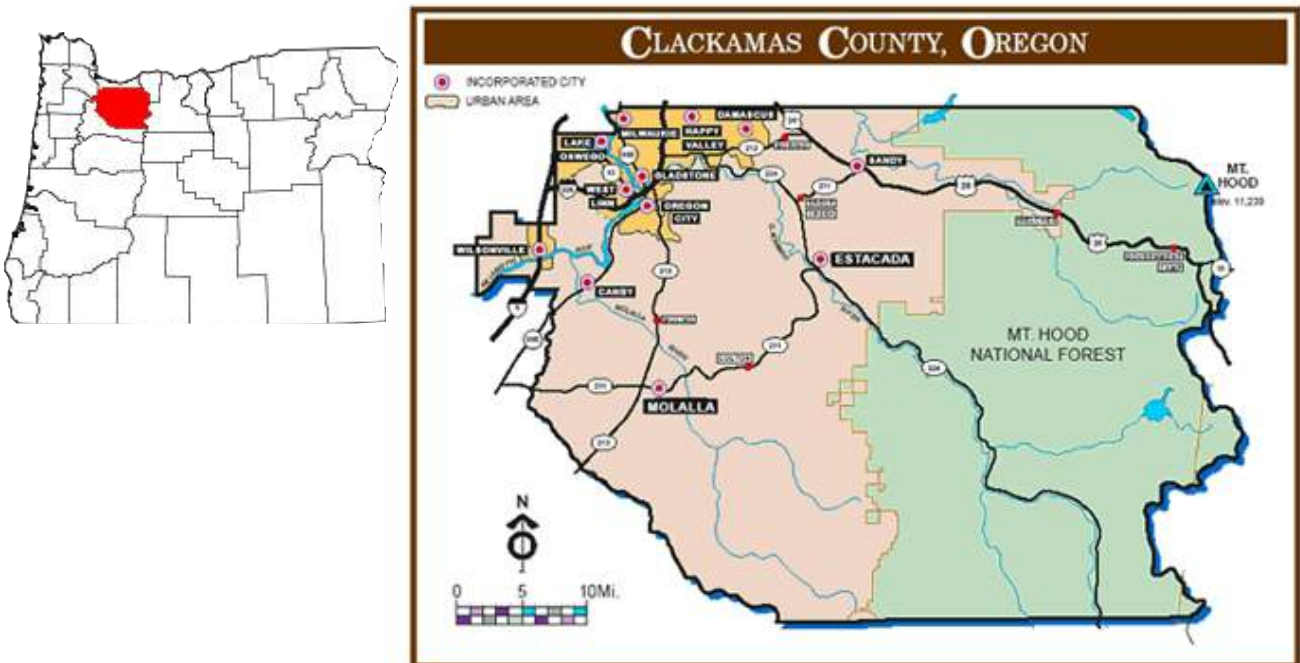
AN OVERVIEW OF CLACKAMAS COUNTY: GEOGRAPHY, INDUSTRY, TRANSPORTATION AND POPULATION

Clackamas "CLACK-uh-mus" County is located in the Willamette Valley and is a significant component to the Portland-Metro area. The county was named after the Native Americans living in the area, the Clackamas Indians, who were part of the Chinookan people.

Currently, Clackamas County is the third-most populous county in Oregon. The county encompasses 1,879 square miles (4,866.6 square kilometers). The county's heavily timbered geographical features include the 11,235-foot Mt. Hood, the Mt. Hood National Forest, the Bull Run Watershed and numerous rivers - including the Willamette, Clackamas, Sandy, Pudding, Molalla and Salmon. Some of Oregon's richest farmland is located in areas surrounding the communities of Canby, Sandy, Boring, Wilsonville and Molalla.

Clackamas County's distinctive composition contains both highly urbanized and very rural areas. This means that residents' access to things like public transport and social services varies widely depending on where they live.

Figure 2: Clackamas County, Oregon



RACE AND ETHNICITY IN CLACKAMAS COUNTY

The 2014 QuickFacts revealed that the majority of Clackamas County residents self-identify as White 90.2% of the total population as compared the state at 87.9%. However, the county’s demographics are shifting: as is the case in the rest of the state (and in the rest of the country), non-White populations continue to grow. The Latino population has experienced a particularly noteworthy spike in recent years. In 2014 the Hispanic or Latino percentage in Clackamas County is 8.4% compared to the state at 12.5%. See Table 4 below for more information.

Table 4: 2014 Racial and Ethnic Percentages

Race	Clackamas County	Oregon
White persons	90.2%	83.6%
Black persons	1%	2%
American Indian and Alaska Native persons	1.1%	1.8%
Asian persons	4.2%	4.3%
Native Hawaiian and Other Pacific Islander	0.2%	0.3%
Persons reporting 2+ races	3.2%	3.6%
Persons of Hispanic or Latino origin	8.4%	12.5%
White persons not Hispanic	84.5%	78.5%

OTHER CHILD DEVELOPMENT AND CHILD CARE PROGRAMS SERVING CHILDREN ELIGIBLE FOR HEAD START

The high costs of regularly priced day care and child development programs are prohibitive for many Head Start- and Early Head Start-eligible families in Clackamas:

Table 5: 2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia¹

Persons in Family/Household	Poverty Guideline
1	\$11,770
2	15,930
3	20,090
4	24,250
5	28,410
6	32,570
7	36,730
8	40,890

¹ “2012 HHS Poverty Guidelines,” accessed April 1, 2012, 2012, <http://aspe.hhs.gov/poverty/12poverty.shtml>

However, families can also search for other child care options through Clackamas County's Child Care Resource and Referral Network, or CCR&R, which works to ensure that all children have access to quality, nurturing environments through information, personalized referrals, and training for both parents and child care providers. It is a part of Oregon's system of childhood care and education and works closely with other public and private organizations to provide essential services and supports for children and families, for providers who want to improve their skills, and for employers who want to enhance workforce stability.

CCR&R maintains a data base of child care providers in the county, provides referrals to parents for child care providers matching the parent's criteria, helps parents with resources to reduce the cost of child care and offers training to providers on topics of interest. A few members of the CCRR team are focused on finding child care options for children with special needs and on improving child care settings so that the needs of children are more immediately met.

In Oregon, over the last few years, the Quality Rating and Improvement System (QRIS) has been instituted. Licensed child care centers, Head Start, and family care are all encouraged to pursue being part of the QRIS rating system, and earn up to 5 stars depending on their proven quality.

Currently, the following statistics represent the various types of child care available in Clackamas County:

Number of Licensed Child Care Centers including Head Start: 104

- Number of Child Care Centers with a Commitment to Quality (C2Q) Rating: 20
- Number of Child Care Centers with a 3 Star Rating: 1
- Number of Child Care Centers with a 5 Star Rating: 1
- Number of each of the above serving children under age 3: 58

Number of Family Child Care Centers: 48

- Number of Family Child Care Centers with a C2Q: 14
- Number of Family Child Care Centers with a 3 Star Rating: 1
- Number of Family Child Care Centers with a 5 Start Rating: 2
- Number or each of the above serving children under age 3; 40

Again, however, the high costs of many of these options make them unattainable for many Head Start and Early Head Start-eligible families. But although the supply of affordable preschool, child care, and child development programs comes nowhere near to meeting the demand, the community does offer several other programs for low-income, high-needs families in addition to the services offered by CCCC and OHSPP. If their parents are migrant and/or seasonal farmworkers, they might have the option of participating in the Oregon Child Development Coalition's (OCDC) Migrant Head Start program. Families can also apply for the Employment-Related Day Care program, which

subsidizes child care costs for qualifying families. The Oregon Legislature recently increased the amount provided for low income working families.

OCDC MIGRANT SEASONAL HEAD START

Migrant Seasonal Head Start (MSHS) is a federal program that promotes school readiness by enhancing the social and cognitive development of children of migrant and seasonal farm workers through the provision of educational, health, nutritional, social and other services to enrolled children and families. MSHS provides grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. They engage parents in their children's learning and help them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local MSHS programs. MSHS serves children aged birth through 5 and kindergarten from low-income families. Family income must be at or below the Federal Office of Management and Budget (OMB) poverty guidelines.²

In 2013, the Clackamas County Migrant Seasonal Head Start served 67 Head Start children, and the Clackamas County Migrant Seasonal Early Head Start served 44 children. These programs are located in community of Mulino.

CHILDREN WITH DISABILITIES

The Clackamas Education Service District (CESD) began providing services for young children with special needs in Clackamas County well in advance of state or federal legislative mandates, and has been delivering high quality special instructional services and parent educational opportunities for more than three decades.

The CESD operates Early Childhood Centers in public schools throughout the county, at which staff members provide services for preschoolers with developmental delays. Additionally, eligible children enrolled in Head Start also receive specialized consultation from ESD staff in their classrooms. Children ages 0-3 receive services in their homes.

Children are referred to programs in the Early Childhood Special Education Department from sources including parents, community preschools, local school districts, physicians, other community service providers, and regional evaluation sources. Staff members administer the ASQ 3 and ASQ SE screenings to determine eligibility. They occur in a comfortable setting, and include observations of the child, in-depth interviews with family members, and an evaluation in all developmental areas of concern.

² "Oregon Child Development Coalition: Programs," accessed March 29, 2012, <http://ocdc.net/>

As of early 2015, the CESD serves 1,030 children ages 0 to 3. This represents just over 5% of the total birth-to-five population in Clackamas County. Clackamas County Children’s Commission serves around 23% children with diagnosed disabilities. The predominant types of disabilities in the county are Communication, Developmental Delays, and Autism.

TITLE I IN CLACKAMAS COUNTY

The federal Title I program supplements instruction for economically disadvantaged populations and, because of the nature of Head Start/Early Head Start’s target population, program graduates are often found in Title I elementary schools. The federal government provides Title I money to specific school districts, which then divide the money among the schools with significant low-income populations. This is often done by considering the number of students on free or reduced lunch.

The numbers of Title 1 schools in Clackamas County have gone up in the past several years. In 2015 there are 35 Title 1 schools compared to 28 in 2008.

Canby	6
Colton	1
Estacada	2
Gladstone	2
Molalla	1
North Clackamas	9
Oregon City	6
Oregon Trail	4
West Linn/Wilsonville	3
Lake Oswego	1

Approximately 9.7% of Clackamas County residents earn less than the Federal Poverty Level. This equates to 37,662 people living in poverty in the county. Approximately 56% of those in poverty in Clackamas County are classified as in the labor force, meaning they are working or looking for work. 40% of those in poverty are actively employed. Children in Clackamas County are impacted by poverty at a greater rate than other age groups. Approximately 12.7% of Clackamas children are in households which earn less than the Federal Poverty Limit. About half of the people in poverty in Clackamas County are considered to be in extreme poverty - meaning they earn less than 50% of the Federal Poverty Limit. 17,240 Clackamas residents live in extreme poverty. 5,700 are children under 18 years old. HUD defines moderately low income as 50% of AMI and low income as 30% of AMI. Approximately 21% of Clackamas households (30,740) are moderately low income (\$34,700 or less). 13% (18,415) are HUD defined low income (\$20,820 or less). The areas of the County with the highest rates of moderately low income and low

EDUCATIONAL DATA FOR CHILDREN AND FAMILIES ELIGIBLE FOR HEAD START

ADULT EDUCATION

Clackamas residents with higher levels of education are less likely to live in poverty than residents with lower levels of education. (Clackamas County Report on Poverty 2014).

Figure 3: Percentage of Clackamas County Residents over age 25 with Poverty Level incomes by Level of Education

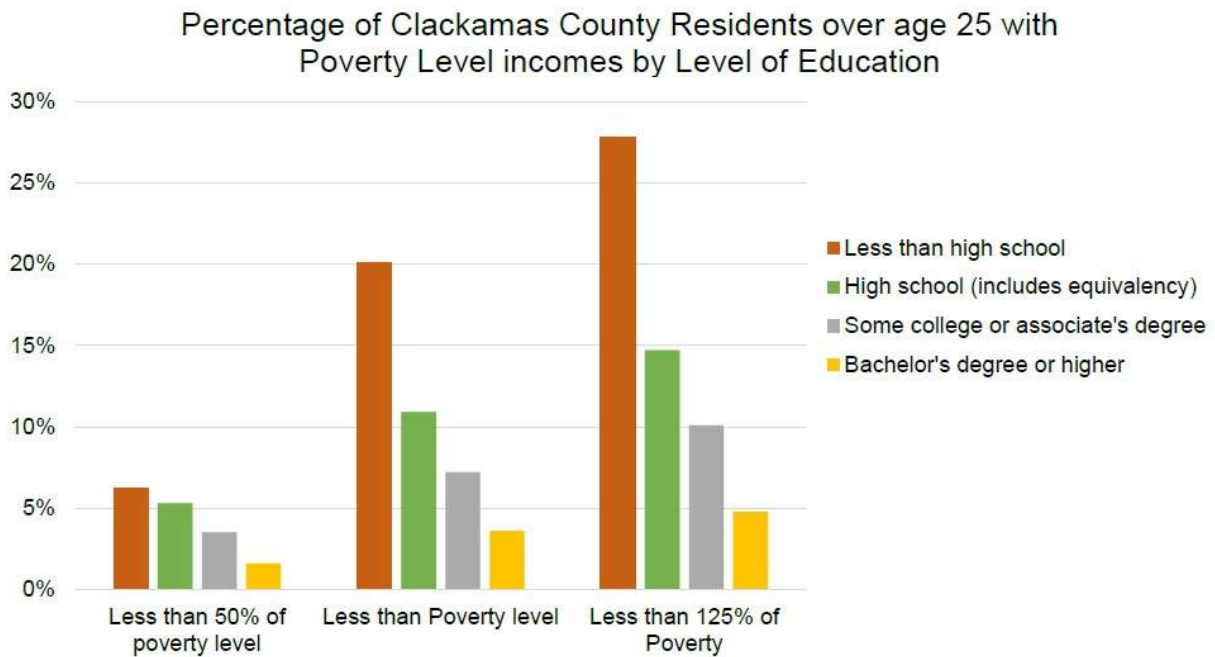
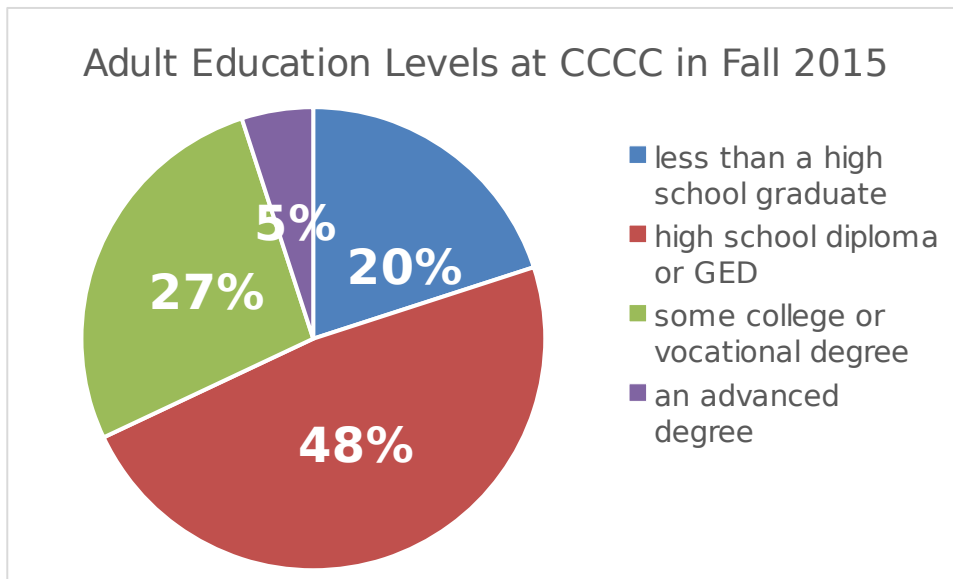
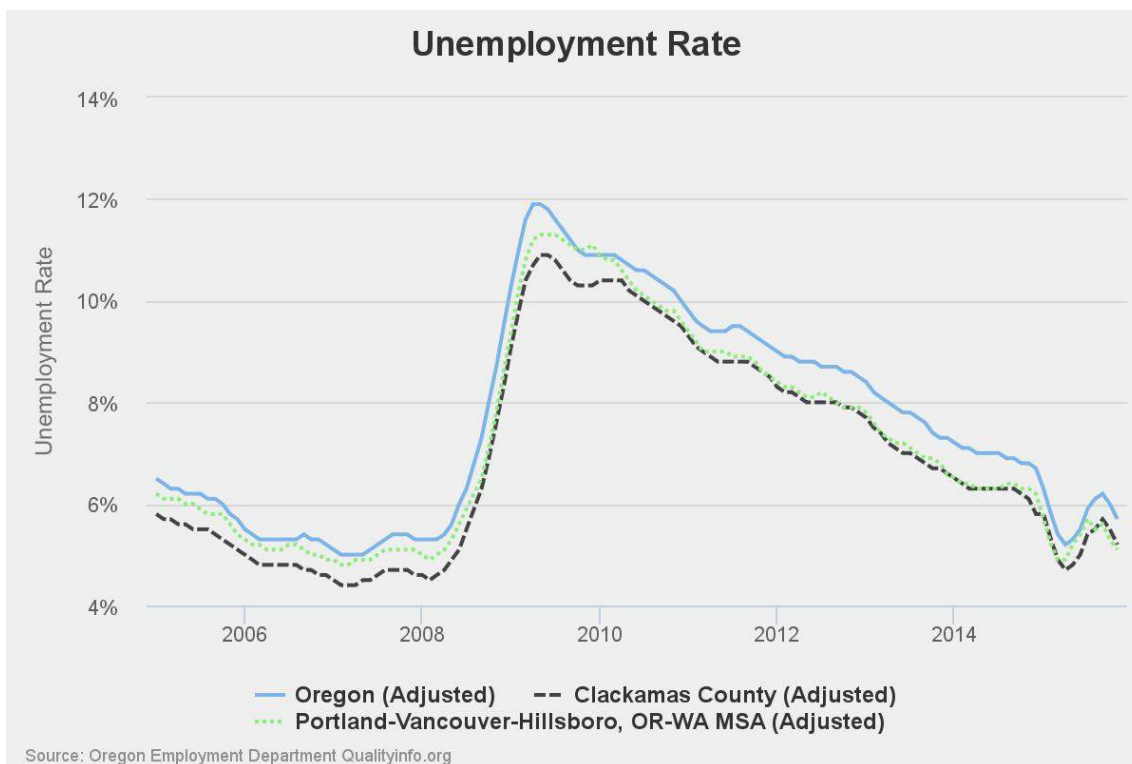


Figure 4: Adult Education at CCCC



UNEMPLOYMENT IN CLACKAMAS COUNTY AND THE REGION The current unemployment rate in Clackamas County is 6.1%. This compares to: Oregon - 7.0% Multnomah County - 6.4% Washington County - 6.0%

Figure 5: Unemployment rate in Clackamas County and Surrounding Areas since 2005



HEALTH AND NUTRITION IN CLACKAMAS COUNTY

PHYSICAL HEALTH

Most Head Start- and Early Head Start-eligible children and families are medically insured through the Oregon Health Plan (OHP), which provides health care coverage to low-income Oregonians. **Coordinated Care Organizations (CCOs)** have been established in Oregon. They are networks of all types of health care providers who have agreed to work together in their local communities for people who receive health care coverage under the Oregon Health Plan (Medicaid). In Clackamas County, Family Care and Health Share are the CCO's.

97% of CCCC Head Start children and 90.5% of OHSP had health insurance in 2015.

The numbers of children considered overweight or obese is concerning

19% of children in CCCC in 2015 were obese (BMI at or above or over the 95th percentile for child's age and sex).

15% of children in CCCC in 2015 were overweight (BMI at or above the 85th percentile and below 95th percentile for child's age and sex).

NUTRITION

In recent years, Oregon has ranked second in the nation in the category of "very low food security," also known as "hunger."³ A 2010 report published by the Oregon Food Bank tells us that 76% of surveyed households did not have enough money to buy food sometime during the previous year. Meanwhile, 30% said they had had to cut their child's meals during the year, and 37% of those said this happened every month.⁴ Recent research into the effects of food insecurity on children indicate that physical health, behavior, and academic performance are all deeply affected by hunger; children experiencing hunger have:

- A poorer overall health status and a compromised ability to resist illness
- Elevated occurrences of stomachaches, headaches, colds, and ear infections
- Greater incidence of hospitalization
- Higher levels of aggression, hyperactivity, and anxiety, as well as passivity
- Impaired cognitive functioning and diminished capacity to learn
- Lower test scores and poorer overall school achievement
- Increased school absences, tardiness, and school suspensions⁵

3 "Profiles of Hunger and Poverty in Oregon."

4 Ibid.

5 "Profiles of Hunger and Poverty in Oregon."

Additionally, fetal under-nutrition can lead to obesity, diabetes, and faltering growth during a child's first year. Along these lines, 250 Clackamas County newborns were of a low birth weight in 2011. Many Clackamas County Head Start and Early Head Start-eligible families experience food insecurity, which has a direct result on children enrolled in Head Start and Early head Start programs. However, there are several programs that families in need can turn to when struggling with nutritional and hunger-related issues.

The first is the Supplemental Nutrition Assistance Program, or SNAP (formerly the Food Stamp program), which is designed to respond to economic changes, expanding or contracting based on need. Recent reports indicate that for one in five Oregonians, SNAP is vital, providing much-needed food and nutrition so that they don't have to choose between paying for rent, utilities, medicine, child care, and food on the table.⁶ In 2015, approximately 48,941 Clackamas County residents participated in the SNAP program each month.⁷ This is an increase in 16% from 2010.

Another heavily used resource in Clackamas County is the Women, Infants, and Children nutrition-focused program (WIC). The number of participants served in 2014 totaled 9,343. Of these, 6,691 were children under five years of age. There were 3,813 families serve by WIC in 2015, and 67% of those are working families.

Other Clackamas County food and nutrition resources include Gleaners, a membership food-gleaning program available only to low-income Clackamas County residents, Emergency Food Assistance, which provides emergency food to families via food boxes and congregate meal sites; the Farm Direct Nutrition Program, which provides coupons for fresh produce from local farms to seniors and WIC families; and Afterschool Meals and Snacks, which serves meals in county schools, Farmers Markets, and Backpack Buddies.

PREGNANCY AND PRENATAL/POSTPARTUM HEALTH

CCCC's Early Head Start program, which includes a prenatal component, has made pregnancy and prenatal care an increasingly important issue for Clackamas County Head Start/Early Head Start as a whole.

As far as teen pregnancies are concerned, percentages have hovered right around 2% during the first decade of the 2000s, although the trend appears to be towards a slow decrease. Clackamas County's overall percentages are lower than Oregon's, though the rates of decrease appear to be roughly similar.

Teen Pregnancy Rates, 2015:

The teen pregnancy rate for Clackamas teen moms ages 10 to 17, is 16.6% in 2015. This is actually a decrease from previous years.

6 "Help When It's Needed Most: SNAP 2010 Participation Report."

7 Ibid.

Clackamas County has implemented the BabyLink program, which connects expecting women and families, as well as the parents of infants and very young children, with a variety of prenatal, postpartum, and other resources. A single phone number and email address links participants with everything from parenting support and home visiting programs to children's health care, playgroups, clothing resources, developmental screens, local family events and more. This has already made huge strides in streamlining the process of obtaining health/social services for pregnant women, expectant families, and families with infants and young children.

In 2015, the Healthy Families program served around 20 teen moms

MENTAL HEALTH

Clackamas County Behavioral Health programs include outpatient services for youth and adults with mental and emotional disturbances; alcohol and drug abuse treatment for youth and adults; treatment for the severely and persistently mentally ill; and 24-hour crisis services.⁸ Although this is a good start, particularly since Clackamas County Behavioral Health represents just one of several pertinent resources in the county, mental health service workers in Clackamas County report that Head Start- and Early Head Start-eligible families face a number of significant barriers to accessing mental health services. These include, but are not limited to, the following:

- Location: Currently, Clackamas County Behavioral Health has four clinics in Oregon City and one in Sandy; one is scheduled to open soon in Happy Valley. Obviously, these clinics are only able to serve a very limited geographical portion of the county, especially given the following.
- Transportation: As we saw earlier, public transportation in the farther southern and eastern reaches of the county is limited. Given rising fuel costs, even families that do have car access may be reluctant to drive long distances to access mental health services.
- Language: Mental health workers report that many families struggle with the fact that services are not offered in their native language.
- Lack of Specific Services: There are currently very few resources, particularly in terms of support groups, for families struggling with perinatal and postpartum mood disorders. There are currently no support groups for mothers with postpartum depression and anxiety.

However, there are some positive developments that have affected Head Start- and Early Head Start- eligible families, including collaborations between Clackamas County Head Start and Early Head Start programs and mental health agencies such as LifeWorks Northwest (which promotes "a healthy community by providing quality and culturally responsive mental health and addiction services across the lifespan"⁹) and Morrison Child and Family services

8 "Behavioral Health," accessed March 19, 2012, <http://www.clackamas.us/behavioral/>

9 "LifeWorks Northwest: About Us," accessed March 19, 2012, <http://www.lifeworksnw.org/AboutUs.aspx>

(a “non-profit organization that delivers specialized services to children, from birth through age 18, and families coping with adversity and trauma”¹⁰). In addition, county mental health providers have recently undergone a year-long training through the Child Trauma Academy with Bruce Perry in the Neurosequential Model of Therapeutics. There are now a number of providers using trauma-informed practicing. Finally, Circle of Security parenting groups, which apply developmental neuropsychology and attachment theory to primary caregiver-child dyads, are being offered to Clackamas County families through CCCC, the County, and Western Psychological and Counseling Services.

SOCIAL SERVICES IN CLACKAMAS COUNTY

POVERTY

In 2015, 9.7% of residents were living in poverty, and 1.1% were on TANF. Unemployment was at 6.1%. All are less than the state percentages. Poverty creates other significant issues affecting residents in Clackamas County.

HOMELESSNESS

The cost of housing is the single greatest expense for most households, and homelessness is a growing problem in Clackamas County. In 2007, the county published *The Ten-Year Plan and Policy to Address Homelessness*, acknowledging that the lack of housing is an ever-increasing concern for residents. The *Plan* describes lack of affordable housing, rental assistance services and living-wage jobs as primary contributors to homelessness, and tells us that “people without homes also face a variety of barriers to escaping homelessness. One of these barriers is invisibility. The invisibility of homeless populations is especially relevant in largely suburban and rural communities like Clackamas County.”

In 2014 and 2015, rental costs have risen dramatically, leaving many low income families without a permanent place to live. Families have been forced to move in with friends or relatives, sleeping on couches, and moving from place to place.

The numbers of homeless families at CCCC are alarming. In 2015, there were 232 families who were experiencing homelessness. The cost of renting an apartment has increased significantly over 2015, making it extremely difficult for low income families to find a permanent residence.

Many families who are experiencing, or are at risk for, homelessness, are candidates for programs administered by the Housing Authority of Clackamas County (HACC). HACC provides housing to families, the elderly, and the disabled, and uses income to determine eligibility; rent is set at not less than 30% of one’s annual adjusted income. HACC’s two primary housing programs

¹⁰ “Morrison Child and Family Services: About Us,” accessed March 19, 2012, http://www.morrisonkids.org/+about+us+_+jobs.aspx

are Public Housing and Section 8 Housing Choice Vouchers; in addition to these, HACC owns and operates one affordable housing complex

Both the Public Housing program and the Section 8 program maintain waiting lists; however, the wait lists are closed, and the wait can vary from three to six years for Public Housing and seven or more years for Section 8. This means that many families who are eligible for HACC's programs may not be able to access them. Additionally, HACC does not provide emergency housing.

FOSTER CARE AND CHILD ABUSE

Another large part of the mission of Clackamas County's Head Start and Early Head Start service providers has to do with assisting children and families that are currently involved with Child Protective Services, or that recently have been. During 2014, DHS received 67,863 reports of suspected abuse or neglect in Oregon.

A total of 29,382 of received reports were referred for investigation. A total of 26,674 investigations were completed, which includes reports that were referred in the previous year¹. Of all completed investigations, 6,485 were founded for abuse or neglect and involved 10,010 victims. Of all victims, 46.4 percent were younger than 6 years old. **Of all types of maltreatment incidences, neglect was the most frequently identified type of maltreatment (44.2 percent), followed by threat of harm (40.8 percent).**

In 2015, children ages 0-17 abuse victims were at 7.8%, which is down from the previous year at 8.5%. This is lower than the percentage in Oregon overall, which is at 11.6%.

The numbers of children in Foster Care in Clackamas County has also decreased from 0.9% to 0.8%, which is also lower than the state at 1.3%.

STRENGTHS AND NEEDS OF CHILDREN AND FAMILIES ELIGIBLE FOR HEAD START SERVICES IN CLACKAMAS COUNTY

Now that we've examined data in the county as a whole, it's time to take a closer look at families eligible for, or currently enrolled in, Head Start services in Clackamas County. For this portion of the analysis, we will examine "snapshot" and year-to-date (YTD) data from CCCC and OHSP program databases as of 2015, as well as from community and family surveys conducted during 2014-15.

ENROLLMENT IN CLACKAMAS COUNTY HEAD START/EARLY HEAD START PROGRAMS

Current enrollment figures for CCCC and OHSP are as follows:

Table 11: 2012 Enrollment Information for OHSP and CCCC

Basic Enrollment Information	OHSP	CCCC Head Start	CCCC EHS
Total Funded Enrollment 2014-15	225	620	86
Total Funded Enrollment 2011-12	191	618	67
Total Number of Children Served 2010-11	163	775	
Total Number of Children Served 2013-14 (YTD)	224	805	
Current Waitlist - Total	120	83	55

With the increase by the state in funded enrollment, the numbers of Head Start children on the waiting lists have decreased from years past. OHSP has 120 students on their wait list, and CCCC has 138 on the wait list.

RACE AND ETHNICITY IN CLACKAMAS COUNTY HEAD START/EARLY HEAD START PROGRAMS

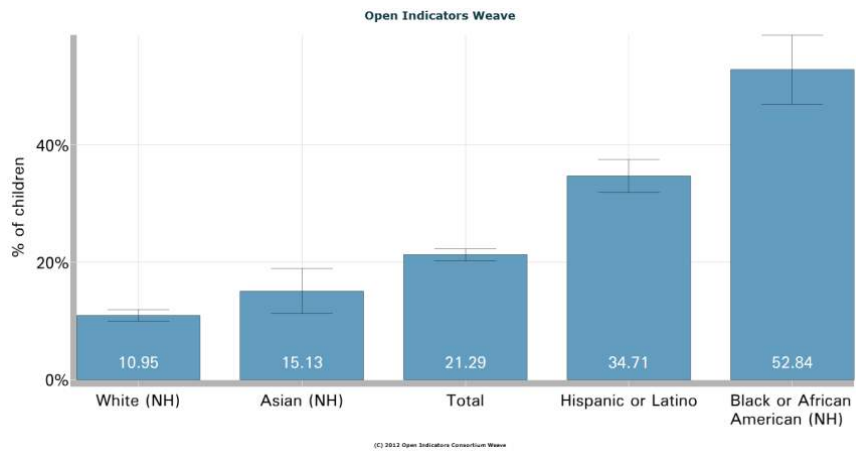
What immediately emerges from a quick comparison of the racial and ethnic data for Clackamas County Head Start and Early Head Start programs to racial and ethnic data for Clackamas County as a whole is the disproportionate representation of participants of color.

Table 16: 2012 Racial/Ethnic Percentages for OHSP and CCCC

Percentage of Children	OHSP	CCCC HS/EHS
White	70.6%	55%
African American	0.8%	.02%
Native American/Indian	0.4%	.005%
Asian/Pacific Islander	0.4%	.02%
Hispanic	33.3%	37%
Multi/Biracial	N/A*	.09%

*Data not tracked at this time.

Figure 6: Children Living in Poverty in Greater Portland in 2012



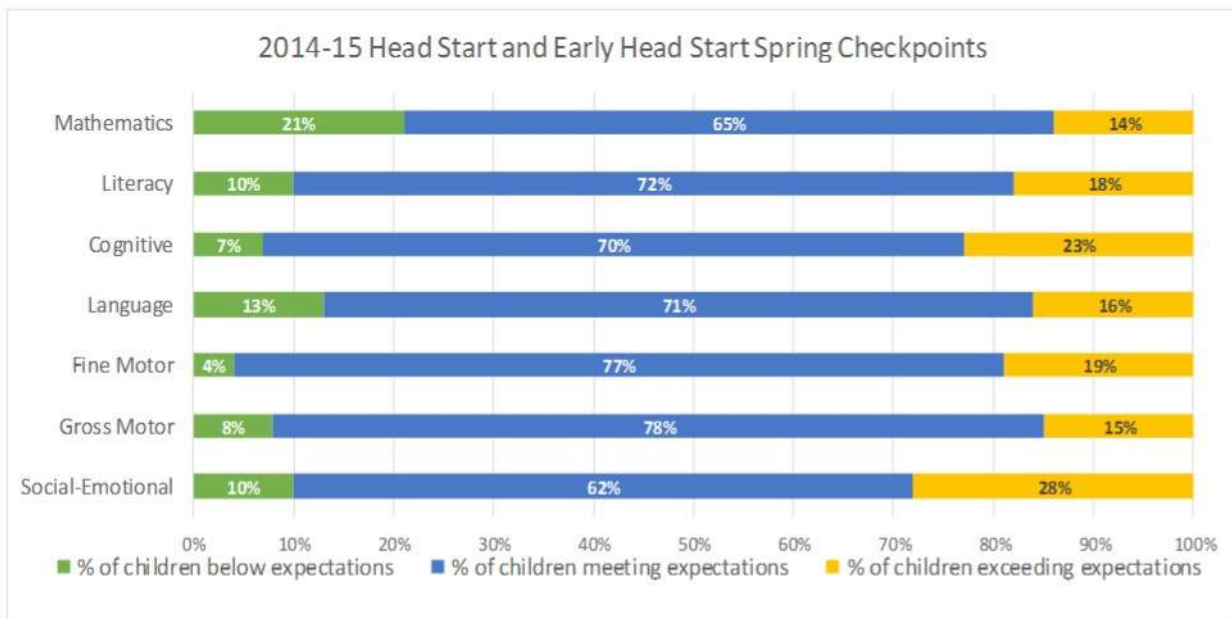
DATA FOR CHILDREN AND THEIR FAMILIES ELIGIBLE FOR HEAD START REGARDING EDUCATION, HEALTH AND NUTRITION, AND SOCIAL SERVICES

EDUCATION

Screenings and Assessments

CCCC and OHSP both use the ASQ as a developmental screening tool, and Teaching Strategies Gold for assessing children three times per year. Positive Behavior Intervention and Support (PBIS) is a method used to provide universal supports to children in classrooms. The Office of Head Start now requires programs to use a teacher assessment tool called CLASS, which assesses the teacher’s skills in Emotional Support, Classroom Organization, and Instructional Support. Progress is tracked TS Gold for each child.

Figure 7: CCCC TS Gold Progress Graph:



Transitions

CCCC has a unique partnership with the Gladstone and Oregon City School Districts that enhances the transition practices from Head Start to Kindergarten. The task force includes teachers and managers from Head Start, principals, and kindergarten teachers. They are determining the essential skills

children need to be successful in school, and determining what information is needed by the kindergarten school the child will be attending.

The CCCC Director sits on the local HUB, and, as part of that committee, actively participates in determining what services are needed to assist at-risk young children in the county. This includes streamlining the transition process between all Clackamas County school districts by aligning the Head Start Early Learning Framework with the State of Oregon Common Core Standards.

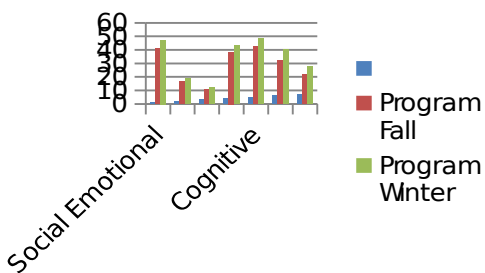
Tracking

CCCC Head Start and Early Head Start have developed school readiness goals and track the progress of children in reaching those goals through the Teaching Strategies Gold software.

The progress children made from the fall to winter checkpoints is outlined in the following graph.

Figure 8: CCCC TS Gold Checkpoints

Program	Fall	Winter
Social Emotional	41	47.3
Physical - Gross	16.6	18.6
Physical - Fine	10.6	11.9
Language	38.4	43.4
Cognitive	42.3	48.5
Literacy	32.1	40.5
Math	22.1	27.4



CHILDREN WITH DISABILITIES

CCCC and OHSP partner with the Clackamas Education Service District to provide services to the children who have diagnosed disabilities.

Table 18: Children with Disabilities in CCCC and OHSP

Current Enrollment Disabilities Information	OHSP P	CCCC HS	CCCC EHS
Total Number of Children Receiving ESD Services	53	170	9
Current Disability Percentage	23.5%	%	13%
Number of Children Served with Autism Diagnoses	0	9	0
Number of Children Served with Emotional Disorder Diagnoses	0	4	0
Number of Children Served with Hearing Diagnoses	0	1	0
Number of Children Served with Orthopedic Diagnoses	1	0	0
Number of Children Served with Speech Diagnoses	20	112	6
Number of Children Served with Vision Diagnoses	0	0	0
Number of Children Served with Non-Categorical Diagnoses	32	43	11
Number of Children Served with Non-Specific Diagnoses	0	0	0
Number of Children Served with Other Health Impairment Diagnoses	0	1	0

HEALTH AND NUTRITION

COMMUNITY PARTNERSHIPS

CCCC is currently partnering with Neighborhood Health Center (NHC; formerly CareOregon) to increase dental care access in Clackamas County for adults and children. NHC and CCCC were awarded a grant to expand services in the county as well as focus on oral health education with Head Start and Early Head Start parents, and conduct advocacy in oral health issues. Through this partnership, NHC provides a dentist and hygienist for dental exams and routine fluoride varnishes.

A second partnership is with Oregon Health Sciences University (OHSU) School of Nursing to utilize nursing students year round to provide case management support for children/families with chronic health conditions including dental decay/oral health, obesity, asthma, and seizure disorders. Students have successfully advocated on behalf of children who were not receiving adequate medical care and evaluation, created and implemented training for staff on issues such as medication administration and kindergarten transition for kids with chronic conditions, and served as a health resource to our center based staff. In addition, the nursing students have provided education and counseling to the parents of children who have particularly complex health care needs. This partnership extends the reach and service that CCCC is able to provide to children and their families on issues of health.

INSURANCE

The vast majority of Head Start and Early Head Start participants in both OHSP and CCCC use Medicaid, including OHP, Healthy Kids, and SCHIP, while a small percentage have private insurance, usually through a parent's employer. This indicates that a large percentage of the children and families served by CCCC and OHSP come from those 600,000-plus Clackamas County residents who receive OHP benefits every month. A small year-to-date percentage of CCCC participants, and roughly a quarter of OHSP's current participants, have no health insurance.

If an uninsured child enters a Clackamas County Head Start or Early Head Start program, the acquisition of health insurance for him/her immediately becomes a primary goal to be worked towards in partnership with the family. Access to affordable health care is one of the chief concerns for Head Start and Early Head Start-eligible families in Clackamas County and, unfortunately, even the procurement of OHP may not immediately solve all problems: there are often long waitlists to see the limited number of Clackamas County providers who accept OHP. Other health and nutrition concerns include limited access to affordable dental care, and increasing rates of childhood obesity.

MENTAL HEALTH

Early childhood mental health has been described as the developing capacity of children birth through age five to experience, regulate, and express emotion; form close, secure, interpersonal relationships; and explore the environment and learn—all in the cultural context of family and community. It is synonymous with general health and well-being and healthy social, emotional, and behavioral development, and is affected by a child's biological predisposition, the child's environment, including access to adequate food, clothing, and safe shelter, and the continuity of nurturing relationships.¹¹

Head Start- and Early Head Start-eligible children and families often experience risk factors that affect their social and emotional well-being. One of the most prevalent of these is poverty. In particular, "multigenerational poverty" has been cited as a factor that puts children at greater risk for mental health problems.¹² Knowing that good mental health is vital for school readiness, Clackamas County Head Start and Early Head Start programs make an effort to address mental health issues early on.

11 "Head Start Bulletin: Mental Health," accessed April 3, 2012, http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/MH2009_FINAL%5B1%5D.pdf

12 "Head Start Bulletin: Mental Health."

CCCC INFORMATION ON MENTAL HEALTH SERVICES IN 2015:

Table 23: CCCC - Mental Health Information

Type of Service Performed by Mental Health Staff	Percentage of Children - Head Start	Percentage of Children - EHS
Consultation with Staff	25%	77%
Three Consultations with Staff	16%	29%
Consultation with Parent(s)/Guardian(s)	15%	20%
Three Consultations with Parent(s)/Guardian(s)	4%	11%
Individual Mental Health Assessment	9%	4%
Referral for Mental Health Service	9%	17%

It is evident from these figures that mental health services are an important piece of Head Start/Early Head Start programs in Clackamas County. The high percentages of children that receive mental health services, particularly in CCCC and even more particularly in CCCC’s Early Head Start program, indicate that they are vital to a comprehensive birth-to-five program.

SOCIAL SERVICES

FAMILY INCOME AND USE OF PUBLIC ASSISTANCE SERVICES

As was evident from our earlier examination of the county as a whole, Clackamas County’s status as the states wealthiest is deceiving, masking the high level of income inequality that exists, particularly between rural and urban/suburban areas.

Currently, nearly 54% of CCCC’s total enrolled participants (including both Head Start and Early Head Start participants) fall under the category of income-eligible; that is to say, their family income falls under the federal government’s federal poverty guidelines. An additional 10% falls under the category of near-poverty, that is, with a family income of 101-130% of the federal poverty guidelines. About 21% of families qualified for enrollment based on the receipt of some type of public assistance. Only approximately 4% of CCCC’s total enrollment has a family income of greater than 130%.

Similarly, approximately 69% of OHSP’s total enrolled participants fall under the category of income-eligible. About 5% are near-poverty, and 21% qualified based on their receipt of public assistance. Fewer than 2% of OHSP’s enrolled participants have a family income of greater than 130%.

In addition, the high percentages of families with children in Head Start/Early Head Start who utilize the county’s need-based self-sufficiency programs bear out the hypothesis that Clackamas County’s prosperous profile has to do with the fact that there is a great deal of wealth in the hands of a few.

Table 24: 2012 Use of Public Assistance/Self-Sufficiency Services in OHSP and CCCC

Type of Service	OHSP	CCCC HS/EHS
Emergency Assistance	20%	65%
Housing Assistance	17.3%	22%
TANF	20%	20%
WIC	49.3%	50%
SNAP	54.2%	63%

HOMELESSNESS IN CLACKAMAS COUNTY HEAD START/EARLY HEAD START PROGRAMS

As we saw in the overview of Clackamas County, homelessness is a growing issue in this region of Oregon. It is one that Clackamas County Head Start/Early Head Start programs have taken special pains to address in recent years, focusing on complying with the McKinney-Vento Act, which was reauthorized as Title X, Part C of the No Child Left Behind Act in January 2002,¹³ and ensures educational rights and protections for children and youth experiencing homelessness. The McKinney-Vento Act defines homelessness broadly, and includes the following pointers:

The term "homeless children and youth" -

A. means individuals who lack a fixed, regular, and adequate nighttime residence...; and

B. includes -

- children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...

¹³ "National Center for Homeless Education at the SERVE Center: Legislation," accessed March 21, 2012, <http://center.serve.org/nche/m-v.php>

- children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).¹⁴

CCCC enrolled 256 children in 2015 based on their categorization as homeless, and OHSPP enrolled 40.

FOSTER CARE

Currently, 38 CCCC Head Start children, and 4 OHSPP children qualified for enrollment based on their status as a foster child.

EDUCATION, HEALTH AND NUTRITION, AND SOCIAL SERVICE NEEDS AS DEFINED BY FAMILIES OF CHILDREN ELIGIBLE FOR HEAD START/EARLY HEAD START

Figures 9-12: In 2014, Clackamas County surveyed families regarding their views of supports in the community and potential parenting classes they might attend. Below are some results.

How true are the following statements about your community's support of families with young children?

#	Question	Not True At All	'	'	'	Very True	Total Responses	Mean
1	My community has many resources and services for families	2.33%	8.90%	22.46%	27.97%	38.35%	472	3.91
2	My community has many activities for families	2.13%	12.13%	24.26%	30.21%	31.28%	470	3.76
3	My community is a good place to raise children	0.42%	3.59%	12.90%	37.00%	46.09%	473	4.25
4	My community offers parenting education programs	1.08%	9.46%	28.39%	25.16%	35.91%	465	3.85

When I need parenting advice, I...

¹⁴ "Who is Homeless?" accessed March 21, 2012, <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family%20and%20Community%20Partnerships/Crisis%20Support/Homelessness/WhoisHomeless.htm>

#	Answer	%
1	Talk to my parenting partner	68%
2	Ask another family member	67%
5	Look for information on the internet	58%
4	Read a book on the topic	51%
3	Ask a friend/neighbor	43%
7	Attend a class	29%
8	Attend a workshop/presentation	20%
6	Talk to a minister, pastor, or spiritual advisor	19%
9	Ask for information from a community agency (list agency below)	14%
10	Other (please specify below)	12%

	White	Non-White	30+	Less than 30
Look for information on the internet	65%	48%	56%	65%
Attend a class	30%	32%	32%	27%

To what extent would you be interested in information on the following topics?

#	Question	Not At All	'	'	'	Very Interested	Mean
5	Fun ways to help my child learn	2.00%	0.40%	6.30%	22.50%	68.70%	4.6
7	Ways to encourage my child	1.50%	1.80%	8.80%	27.00%	60.90%	4.4
3	Positive communication	2.40%	1.80%	10.40%	27.00%	58.40%	4.4
8	Child health	2.00%	2.90%	12.30%	25.80%	57.00%	4.3
2	Positive guidance and discipline	2.20%	2.60%	12.10%	26.80%	56.30%	4.3
4	Reducing Stress	3.50%	3.80%	12.60%	23.80%	56.30%	4.3
10	Child Safety	3.10%	3.30%	14.90%	22.60%	56.00%	4.3
9	Ideas for playing with my child	3.30%	3.70%	14.10%	24.00%	54.80%	4.2
6	Ways to take care of myself as a parent	4.80%	7.30%	15.40%	24.90%	47.60%	4
1	Child growth and development	3.30%	4.40%	17.60%	28.80%	45.90%	4.1

Earlier, in February-April of 2010, CCCC and OHSP conducted a survey of parents and families with children in CCCC Head Start/Early Head Start and/or OHSP Head Start. The purpose of the survey was to gather data related to families' satisfaction with their community and its resources/social services.

Respondents were first asked about their age, the ages of the children in their household, their ethnicity/race, their zip code, and the length of time they'd lived in their community. Next, they were asked to respond to questions having to do with their perception of their community. Short-answer questions in this

section included “How do you like living in your community?,” “Choose five words that describe your community,” “What are the best things about this community?,” “What things about this community would you like to see changed?,” and “What would you be willing to do to help changes this community?” There were also two multiple choice questions in which respondents were asked to rank their level of connection to other community members and their feelings of safety as “Very,” “Somewhat,” or “Not at all” (for the full text of this survey, please see Appendix A.) Following this second section was a section dealing with respondents’ perceptions of the health and social service system in Clackamas County in which they were asked to check off the services they use (Public Assistance, Health Care, Literacy etc.) They were then asked how they pay for the services, and given four choices: private insurance, Medicare, Oregon Health Plan, and Uninsured. In the final section, they were given a series of statements about social services in Clackamas County to which they had to respond “Always,” “Usually,” “Sometimes,” “Rarely,” “Never,” and “Don’t Know,” and one question in which they had to rank the overall quality of the services they use as “Excellent,” “Good,” “Fair,” and “Poor.” Finally, they were given two short-answer questions: “What actions would best improve our services system in your community?” and “Do you think your family is healthy? If not, what are your major health concerns?”

RESULTS

English and Spanish versions of the survey were made available on paper and online via SurveyMonkey, but all respondents completed the survey in hard copy. Results were then entered into SurveyMonkey for analytic purposes. Due to slight differences in the English and Spanish versions, they will, for the most part, be treated separately.

Section 1: About You

Out of 87 total respondents, 71.3% were English-speaking, while 28.7% were Spanish-speaking. The majority of both English- and Spanish-speaking respondents were between 25 and 34 years old, at 45% of English-speakers and 60% of Spanish speakers. The next largest English-speaking age group was the 35-44 group (33.3%), followed by the 18-24 group (15.0%), and, finally, the 45-64 group (6.7%). There were no respondents over 64 years of age. The 18-24 and 35-44 groups tied for second-place among Spanish-speaking respondents, both at 20.0%; there were no respondents over 44 years of age.

Figure 13: Ages of English-Speaking Respondents

How old are you?

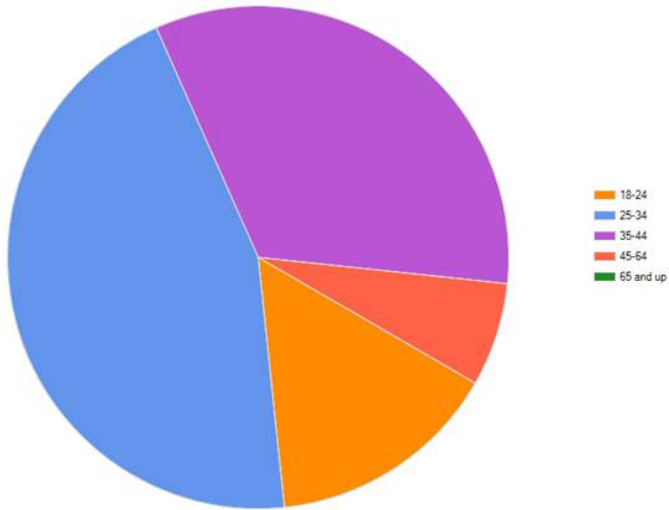
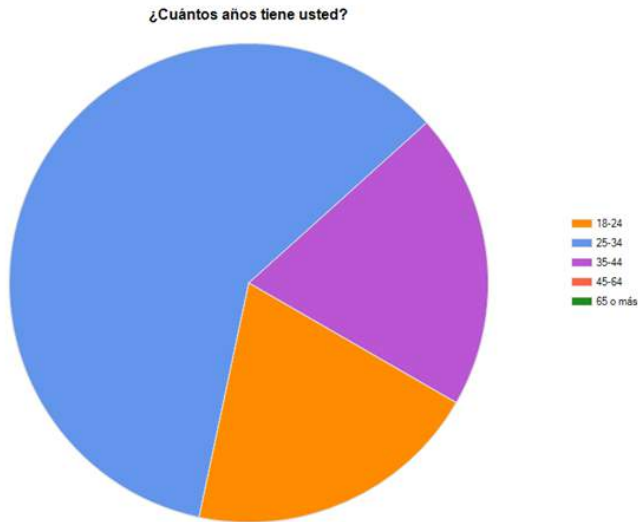


Figure 14: Ages of Spanish-Speaking Respondents



When asked about their children’s ages, most English-speaking respondents reported having four-to-seven-year-olds (77.4%) and/or zero-to-three-year-olds (59.7%). Fewer reported having eight-to-twelve-year-olds (27.4%) and 13-18-year-olds (12.9%). The pattern was similar for Spanish-speaking respondents: 92.0% reported having four-to-seven-year-olds, 52.0% reported having zero-to-three-year-olds, 32.0% reported having eight-to-twelve-year-olds, and 12.0% reported having 13-18-year-olds.

Figure 15: Ages of Children in the Homes of English-Speaking Respondents

If you have children in your household, what are their ages? Please check all that apply.

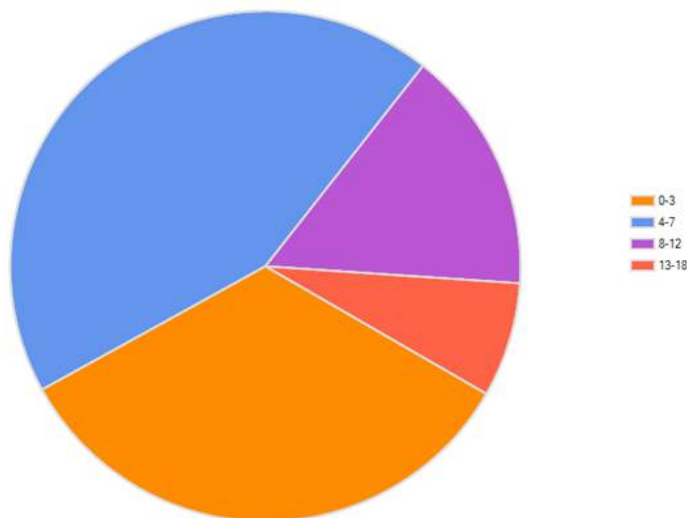
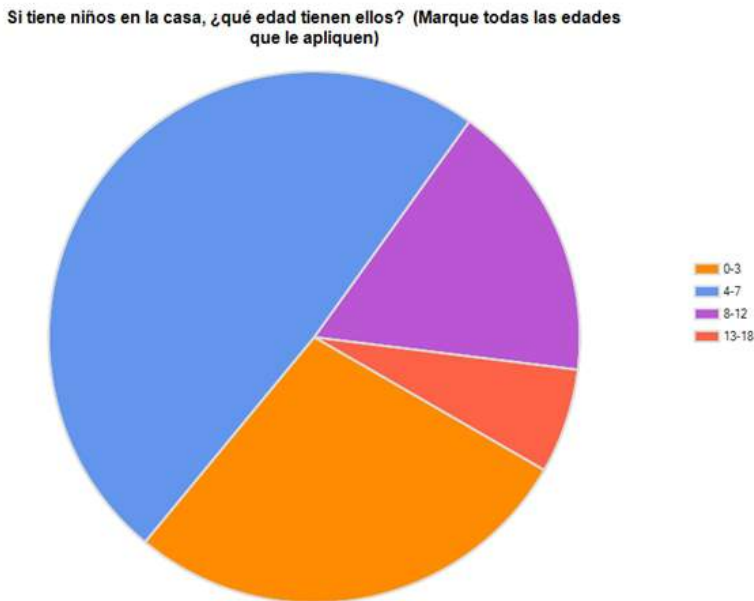


Figure 16: Ages of Children in the Homes of Spanish-Speaking Respondents



The vast majority of English-speaking respondents self-identified as White (68.4%). Seven percent identified as African-American, 21.1% identified as Hispanic/Latino, and 3.5% identified as Native American. All Spanish-speaking respondents self-identified as Hispanic/Latino.

Both English- and Spanish-speaking respondents hailed from all over the county, based on their zip-code responses, and have lived in the county for as short a period as four months to as long a period as 35 years.

Section 2: What Are Your Perceptions of Your Community?

Based on their short answers to the question “How do you like living in your community?,” the majority of English-speaking residents enjoy living in Clackamas County. Answers varied, but many were along the lines of “Good,” “Great,” “Love it,” and “Very nice and welcoming people.” Many respondents reported liking it “okay.” Fewer had negative things to say, but these types of responses included wording such as “Lots of drug problems,” “It’s not an ideal area for children,” and “Don’t like apartment community.” When asked to choose five words to describe their community, common English responses were “friendly,” “safe,” “clean,” “quiet,” “peaceful,” and “tight-knit,” although there were words with negative connotations as well, including “crime,” “drugs,” “dirty,” “poor,” and “disconnected.” Similarly, the majority of Spanish-respondents said things like “Muy bien (very well),” and “Me gusta mucho (I like it a lot)” when asked how they like living in their community, although several said things like “Mi impresión es la falta de más servicios sociales (my impression is the lack of more social services)” and “Un poco ruidoso (a little noisy).” Meanwhile, common words chosen to describe the community included “segura (safe),” “tranquila (calm),” “limpia (clean)” and

“amigable (friendly).” There were no notable negative words chosen. (For a full report of responses, see Appendix A.)

Despite the overall positivity in the first part of Section 2, the majority of both English- and Spanish-speaking respondents reported feeling only “somewhat” connected to other community members (67.7% of English-speaking respondents and 70.8% of Spanish-speaking respondents.) However, while “somewhat” responses in the English survey were followed by “not at all” responses (21.0%) and only then by “very” responses (11.3%), the situation was reversed in the Spanish survey: 20.8% reported feeling “very” connected to other community members, and 8.3% reported feeling “not at all” connected (see Figures 10 and 11 below).

Happily, the vast majority of respondents in both language groups reported feeling “very” safe in their community, at 59.7% of English speakers and 60.0% of Spanish-speakers. Thirty eight point seven percent of English speakers only “somewhat” safe, and only 1.6% felt “not at all” safe. Those respective percentages for Spanish speakers were 36.0% and 4.0%.

When asked about the best things in the community, English and Spanish responses included raves about schools and parks, conveniently-located shops friendly people, helpful social services, the small size, and the bus services. When asked what they’d like to see changed, some respondents reported not being able to think of anything, but many had ideas for improvement, including the addition of more social services of various kinds, more communication among social service agencies, more emphasis on eliminating a perceived drug problem, more stores, and more money allocated for education.

When asked what they’d be willing to do to help change their community, responses varied widely. Some respondents reported being unable to think of anything, some said they would do nothing (although it was unclear whether this meant that they did not see a need for improvement or whether it meant there was nothing they’d be willing to do), and some said they’d do “anything.” Many said they would like to volunteer.

Figure 17: Feelings of Community Connection among English-Speaking Respondents

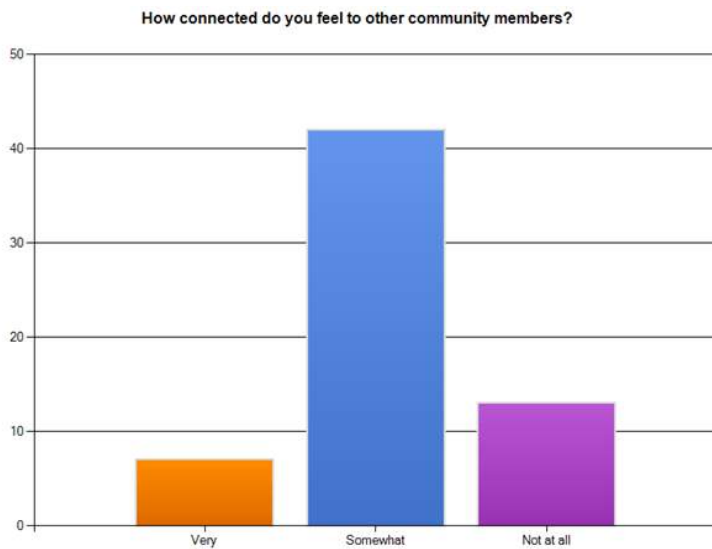


Figure 18: Feelings of Community Connection among Spanish-Speaking Respondents



Section 3: What Are Your Perceptions of the Health and Social Service System in This Community?

In this section, respondents were asked which resources/social services they used. The most common type used by both English- and Spanish-speaking respondents was public assistance, at 79.3% of English-speaking respondents and 57.1% of Spanish-speaking respondents. The next most common types were health and dental care, although more English-speaking respondents reported using health care than reported using dental care (58.6% for health versus 51.7% for dental) while the opposite was true for Spanish-speaking residents (33.3% for health versus 47.6% for dental). See Figures 19 and 20 below for a ranking of the top ten services used.

Figure 19: Ten Most Commonly-Used Resources/Social Services (English-Speaking Participants)

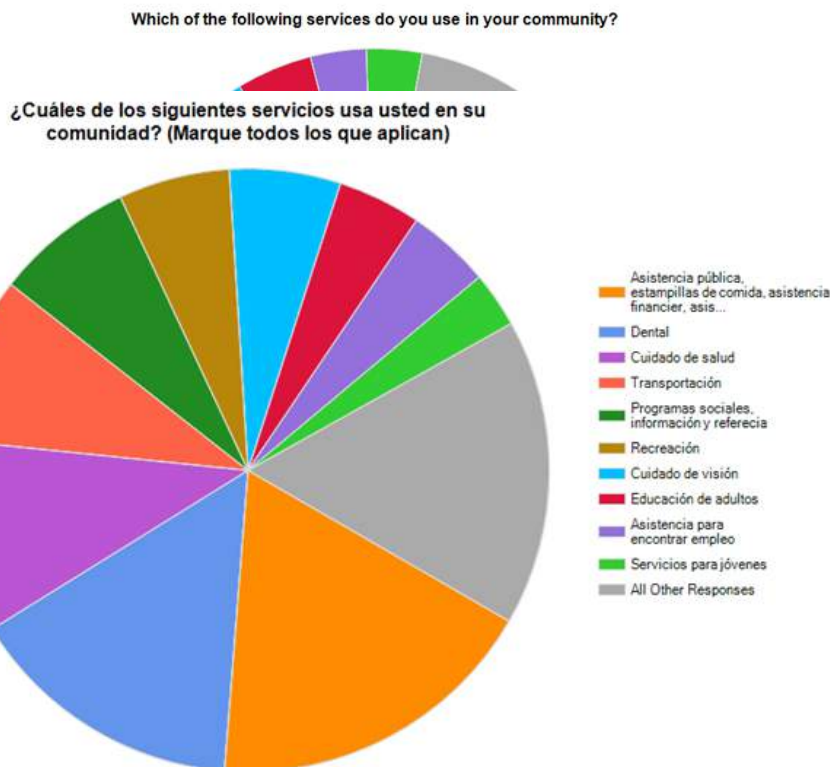


Figure 20: Ten Most Commonly Used Resources/Social Services (Spanish-Speaking Participants)

In terms of payment for these services, 80.0% of English-speaking respondents reported using the Oregon Health Plan, while 10.9% reported using private insurance, 1.8% reported using Medicare, and 7.3% reported having no insurance. Similarly, 66.7% of Spanish-speaking respondents reported using the Oregon Health Plan, while 8.3% reported using private insurance, 12.5% reported using Medicare, and 12.5% reported having no insurance.

Section 4: Please Respond to the Following Questions About Health and Social Services in This Community

In this section, parents were asked to respond to a series of statements about social services in Clackamas County by circling “Always,” “Usually,” “Sometimes,” “Rarely,” “Never,” or “Don’t know.” Some of the statements were “positive” (for example, “Children and families receive adequate services as needed”) and some were “negative” (for example, “Children and families face barriers to obtaining services.”) A response of “Usually” to a “positive” statement means something very different than a response of “Usually” to a “negative” statement; thus, it is impossible to gain a picture of respondents’ opinions of the social services program in general by simply tallying up the total number of “Always” responses, the total number of “Usually” responses etc. Rather, we will have to examine the statements one by one, and will proceed by considering the two most common responses to each.

The first statement was “Children and families receive adequate services as needed.” A slim majority of English-speaking respondents felt that this is “Usually” true, although many felt that it is only “Sometimes” true (at 37.1% and 35.7% respectively). Spanish-speaking respondents felt similarly,

although, as a whole, they expressed a slightly more favorable impression: 41.7% felt that it was “Usually” true and only 29.2% felt that it was “Sometimes true.

As for the second statement, “Programs reach all children and families who need them,” English-speaking respondents were a little more ambivalent. More than half of them (54.1%) felt that this happens only “Sometimes,” while only 26.2% felt that it “Usually” happens. Meanwhile, approximately one third of Spanish-speaking respondents (33.3%) felt it “Usually” happens and 29.2% felt that it happens only “Sometimes.”

The third statement, “Services are easily accessible to families,” was only present on the English survey. Respondents were relatively neutral, with 43.5% choosing the “Sometimes” response and 32.3% choosing the “Usually” response.

Next, participants had to respond to the statement “Services for children and families are well-coordinated.” Nearly half of English-speaking respondents (45.9%) felt that they are only “Sometimes” well-coordinated, while 31.1% felt that they are “Usually” well-coordinated. Meanwhile, Spanish-speaking respondents had a more favorable view: 43.5% reported that they are “Usually” well-coordinated and 21.7% reported that they are “Always” well-coordinated.

The next statement, “Children and families are a very high priority with health/social service agencies” garnered a fairly positive response overall. Thirty-six point seven percent of English-speaking respondents reported that this is “Usually” the case, while 28.3% reported that it is “Sometimes” case. Even more positively, 30.4% of Spanish-speaking respondents reported that it is “Always” the case and 26.1% reported that it is “Sometimes” the case.

After this, respondents were asked to respond to the first “negative” statement: “Agencies have conflicting rules and eligibility requirements.” Respondents were ambivalent. Forty-one percent of English-speaking participants felt that this happens “Sometimes” and 21.3% reported that it happens “Usually,” while Spanish-speaking participants were evenly divided between “Always,” “Usually,” and “Don’t know” responses (22.7% each.)

Next, parents faced the second “negative” statement: “Children and families face barriers to obtaining services.” More than half of English-speaking respondents (50.8%) felt that this is “Sometimes” the case, while 16.4% felt that this is only “Rarely” the case. Meanwhile, Spanish-speaking respondents expressed more ambivalence: 38.1% felt that it is “Sometimes” the case and a full 28.6% felt that it is “Usually” the case.

Finally, participants were asked to rate the foster care system by responding to the statement “The foster care system works.” The vast majority of parents from both language groups expressed ignorance: 61.7% of English-speaking parents and 81.8% of Spanish-speaking parents used the “Don’t know” response. Meanwhile, 20.0% of English-speaking respondents said it works

“Sometimes,” while other Spanish-speaking respondents were split between the “Sometimes” and “Rarely” responses (9.1% each).

Taking into account that some statements were “positive” while others were “negative,” we can group response types into four broad categories: optimistic (“Always” and “Usually” responses to “positive” statements, as in “That good thing always happens,” and “Never” and “Rarely” responses to “negative” statements, as in “That bad thing never happens”); pessimistic (“Never” and “Rarely” responses to “positive” statements, as in “That good thing never happens,” and “Always” and “Usually” responses to “negative” statements, as in “That bad thing always happens”), ambivalent (“Sometimes” responses to either type of statement), and ignorant (“Don’t know” responses to either type of statement.) All told, respondents professed optimism about social services in Clackamas County about 40% of the time and ambivalence about 40% of the time, while they professed ignorance about 13% of the time and pessimism about 7% of the time.

Responses to the next question in the survey, in which parents were asked to rate the overall quality of the services they used, were slightly more optimistic. Sixty-three point eight percent of English-speaking respondents said they were “Good,” while 20.7% said they were “Fair,” and 15.5% said they were “Excellent.” Meanwhile, 50.0% of Spanish-speaking respondents said they were “Good,” while 27.3% said they were excellent, and 22.7% said they were “Fair.”

Table 25: All Results from First Eight Questions in Section 4

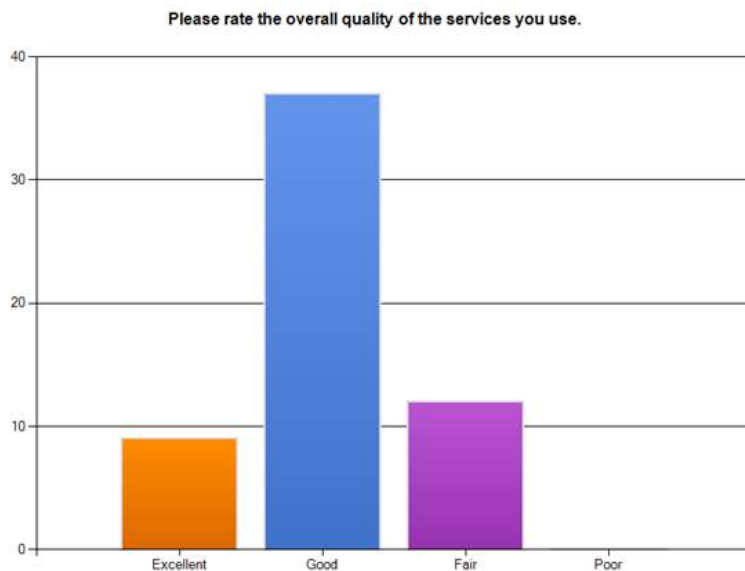
Statement Theme	Always (%)		Usually (%)		Sometimes (%)		Rarely (%)		Never (%)		Don't know (%)	
	Eng	Spa	Eng	Spa	Eng	Spa	Eng	Spa	Eng	Spa	Eng	Spa
Adequate services	14.5	29.2	37.1	41.7	35.5	8.3	1.6	8.3	0.0	0.0	11.3	12.5
Reach all who need	8.2	12.5	26.2	33.3	54.1	29.2	1.6	16.7	0.0	0.0	9.8	8.3
Easily accessible	11.3	N/A	32.3	N/A	43.5	N/A	4.8	N/A	0.0	N/A	8.1	N/A
Well-coordinated	11.5	21.7	31.1	43.5	45.9	8.7	4.9	17.4	0.0	0.0	6.6	8.7
High-priority	20.0	30.4	36.7	21.7	28.3	26.1	5.0	13.0	0.0	0.0	10.0	8.7
Conflicting rules	6.6	22.7	21.3	22.7	41.0	18.2	11.5	9.1	3.3	4.5	16.4	22.7
Barriers to service	6.6	0.0	13.1	28.6	50.8	38.1	16.4	14.3	3.3	9.5	9.8	9.5

Foster care works	1.7	0.0	6.7	0.0	20.0	9.1	10.0	9.1	0.0	0.0	61.7	81.8
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Next, respondents were asked “What actions would improve our service system in your community?” English responses varied widely (see Appendix A for a full listing), but a common theme was the need for more services in general, as well as more clarification/inter-agency communication, with comments like “Access,” “Clearer requirements,” “Additional funding,” “Awareness of services available for families,” “Communicate better,” “If they would ALL work together,” “More places and resources,” and “Agencies work better together—no conflicting rules.” Spanish responses also varied widely, but some included “Más servicios cercanos (more services nearby),” “Ayudando más a la gente que lo necesita y familias (more help to people and families that need it),” “Los servicios en la comunidad se mejorarían revisando el sistema mas frecuentemente (the services in the community would improve by overhauling the system more frequently),” and “Más personas que hablen el idioma español (more people that speak Spanish).”

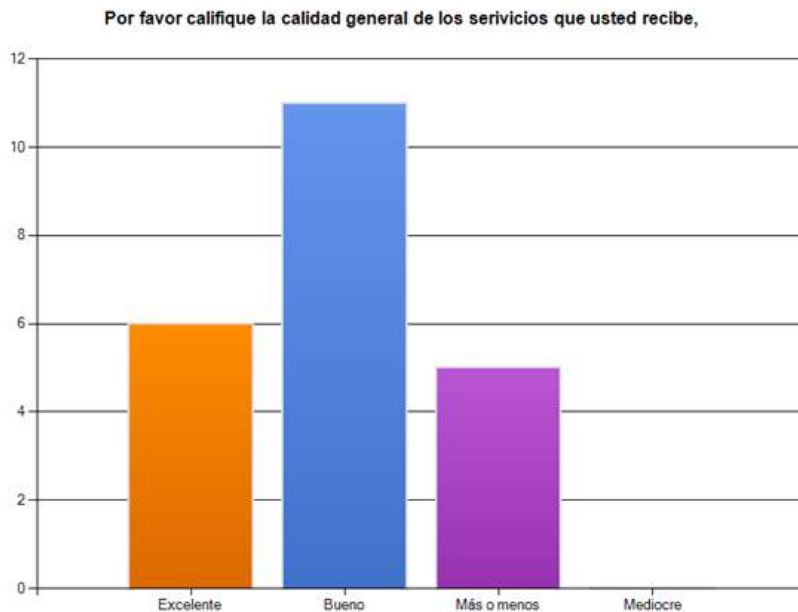
Finally, participants were asked to respond to the question “Do you think your family is healthy? If not, what are your major health issues?” The vast majority of parents from both language groups said that yes, their families were healthy. Of those that felt that their families were not healthy, most expressed concerns about nutrition, weight, and exercise.

Figure 21: Overall Quality of Services Used (English-Speaking



Respondents)

Figure 22: Overall Quality of Services Used (Spanish-Speaking Respondents)



DISCUSSION

It must be remembered that the parents and guardians who participated in this survey hailed from all over the county. It is not within the scope of this discussion to link responses to zip codes and thereby compare how Clackamas County residents in different areas feel about the social service system. Rather, we must acknowledge that people’s experience of the social service system will vary depending on whether they live in urban Milwaukie or rural Estacada (for instance), and then put this in the back of our minds as we attempt to gain an overall picture of residents’ opinions of social services in Clackamas County. Additionally, it is beyond the scope of this assessment to analyze differences between English and Spanish responses in detail, although significant variances will be noted if relevant.

First and foremost, it is comforting to see that the majority of both English- and Spanish-speaking respondents seem content living in Clackamas County, given the overall positive quality of the language chosen in the second section of the survey. Moreover, the fact that the majority of respondents feel very safe in their community is reassuring. However, the lukewarm sentiments of community connection expressed by a majority of respondents in both language groups is unfortunate, indicating that increasing a sense of community spirit might be an important focus for social services agencies in the county. It is interesting to note that English-speaking respondents expressed both a greater sense of safety and less of a sense of community connection than their Spanish-speaking counterparts. While this regrettably seems to indicate that there is not a necessary correlation between strong community connections and feelings of safety, it may be interpreted to say

something interesting about the state of the Spanish-speaking population in Clackamas County, both in terms of its comparatively tight-knit quality and its sense of its own perceived safety (or lack thereof).

Moving on from respondents' general impressions of life in Clackamas County to their opinions regarding the region's social service system, it is heartening to note that, when asked about the "overall quality" of the services they use, the majority of both English- and Spanish-speaking respondents expressed positivity: the vast majority felt that services were of "Good" quality. They were less frequently deemed "Excellent," and were sometimes deemed "Fair," but were never deemed "Poor." What stands out, however, is the fact that responses to previous questions in the fourth section indicated that families were equally divided between optimism and ambivalence regarding social services in Clackamas County. The fact that large percentages of respondents felt that services are sometimes a.) Difficult to access and b.) Poorly-coordinated is cause for concern, as is the fact that many families expressed that they experience barriers to the receipt of services. It is encouraging that most respondents felt that children and families are a high priority with social service agencies, but parents' expressions of frustration with conflicting rules and eligibility requirements are disturbing; large percentages of Spanish-speaking participants in particular reported that there is "Always" or "Usually" confusion in this matter. This cannot help but raise the question of whether social services in Clackamas County are adequately integrated with one another. Additionally, it seems that a further emphasis on Spanish-language resources may be in order. The need for more communication and cooperation between social service agencies was substantiated by many of the short-answer responses to the second to last question, regarding which actions might improve social services in the county; many parents expressed a desire to see social service agencies working together more often.

EDUCATION, HEALTH AND NUTRITION, AND SOCIAL SERVICE NEEDS AS DEFINED BY COMMUNITY AGENCIES SERVING YOUNG CHILDREN

INTRODUCTION

In February of 2012, CCCC and OHSPP conducted a survey of early childhood-oriented organizations in Clackamas County. Each participant was asked to rate a series of county services as "Strong," "Adequate," "Weak," or "Don't know." Service categories included the following:

- Child Care
- Crisis Intervention/Counseling
- Employment and Training
- Family Services
- Physical Health
- Mental Health
- Information and Referral

- Legal Aid and Counseling
- Public Assistance
- Substance Abuse Treatment
- Youth Development
- School-Based/School-Sponsored Programs

RESULTS

The survey was administered online via SurveyMonkey, and there were 39 participants, 33 (84.6%) of which completed the entire survey. All told, the greatest number of responses landed in the “Adequate” rating; out of 2,927 total responses, 984 (33.6%) were “Adequate,” meaning that about one third of Clackamas County social services are considered adequate by early childhood program staff. However, “Adequate” ratings were followed closely by “Don’t know” ratings (835 total responses, or 28.5%) and “Weak” ratings (784 total responses, or 26.8%). “Strong” ratings lagged behind the others, at 324 total responses (11.1%).

There was no single category of social services that garnered more “Strong” ratings than “Adequate,” “Weak,” and “Don’t Know” ratings (see Appendix B for all results). The categories of Mental Health, Information and Referral, Legal Aid and Counseling, and Public Assistance earned the highest percentages of “Adequate” ratings. Services in the categories of Crisis Intervention and Counseling, Employment and Training, and School-Based/School-Sponsored programs were rated “Weak” more often than they were rated “Strong,” “Adequate,” or “Don’t know.” The greatest level of ignorance was expressed regarding the categories of Child Care, Substance Abuse and Treatment, and Youth Development, which all had more “Don’t know” responses than “Strong,” “Adequate,” or “Weak” responses.

In the opinion of early childhood program staff in Clackamas County, the strongest individual social service programs are the Head Start and WIC programs; that is to say, these two services, in the Child Care and Physical health categories respectively, are the only two in which garnered more “Strong” rankings than any other type of ranking.

Meanwhile, Clackamas County early childhood program staff agree that the weakest individual services are crisis counseling and referral, domestic violence shelters, and emergency housing/homeless shelters in the Crisis Intervention/Counseling category; employment services in the Employment and Training category; parent support groups, child safety classes, self-help groups and support groups and parent-and-child enrichment programs in the Family Support category; dental health care in the Physical Health category; family therapy and children’s mental health in the Mental Health category; ERDC, TANF, housing assistance, and energy assistance in the Public Assistance category; prevention in the Substance Abuse and Treatment category; and preparation for parenthood and family life, substance abuse prevention, drop-out prevention, and teen parent programs in the Youth Development category

(note that for both substance abuse prevention and teen parent programs rankings were split evenly between “Adequate” and “Weak.”)

DISCUSSION

What immediately emerges from a quick glance at the data is the lack of services with a “Strong” rating. Although Head Start and WIC services appear to be successfully implemented in the opinion of early childhood program staff in Clackamas County, it is clear that a great deal of work is required in order to create a consistently “Strong” social services system for the county as a whole. Almost as startling as the dearth of “Strong” programs and abundance of “Weak” ones is the high level of ignorance expressed via the heavy use of the “Don’t know” rating; this is particularly surprising in the Child Care category, given that all survey participants were somehow involved in the Clackamas County early childhood sphere. The high number of “Don’t know” responses begs the question of whether the education of social service staff members might be the first step towards a stronger, more cohesive countywide social service program; that is to say, one cannot help but wonder if the situation would improve dramatically were individual social service staff members to gain a greater level of awareness about the types and quality of services available. With more knowledge, social service staff members could more easily educate their clients, make referrals, and provide general information.

COMMUNITY RESOURCES

Clackamas County has a wealth of social services resources. Every year, CCCC provides families with a bilingual Resource Directory filled with information on resources related to the following categories: 24-hour hotlines, abuse prevention, adult education, child care/day care/preschool, clothing and low-cost thrift stores, consumer concerns, dental care, emergency assistance, employment, ethnic and minority services, family services for children, food resources, Head Start, health and nutrition, hospitals, housing, information and referral, legal aid, men’s services, mental health and counseling, substance abuse services, parenting resources, parent support, public assistance, recreation and pets, library resources, senior services, special needs and speech services, single parents, support groups, transportation services, utility resources, toll free numbers, veteran’s services, volunteer services, and youth services. In addition, Clackamas County offers an online Community Resource Guide, which allows residents to search for resources by keyword and program.

Many of these services are easily accessible, while some have limited availability due to lack of funding. However, one barrier that many Head Start and Early Head Start-eligible families encounter when attempting to access social services is lack of communication between agencies. As we saw in the Family Survey, in which parents and guardians expressed dissatisfaction with the lack of cohesion in the social service program as a whole, and in the Community Survey, in which staff members from a variety of early childhood programs expressed a relatively high level of ignorance regarding other social service programs, a greater level of cooperation between agencies might have the potential of facilitating a smoother referral system. This would, in turn,

create more ease for families and young children who are attempting to access community resources.

Following is a selection of Education, Health, Nutrition, Mental Health, and Social Services resources available to children and families in Clackamas County and the greater Portland metropolitan area. The list, designed to portray a sampling of the available services rather than serve as an exhaustive guide, includes private organizations, non-profits, and faith-based agencies that offer assistance to Head Start and Early Head Start-eligible families in the county as they seek to meet their education, health and social service needs.

EDUCATION RESOURCES (INCLUDING RESOURCES FOR CHILDREN AND FAMILIES WITH SPECIAL NEEDS)

Autism Society of Oregon

The local chapter provides public awareness, information and support to families with children that are autistic. Free to families and professionals.

Child Development and Rehabilitation Center (CDRC)

Through the Oregon Health Sciences University programs, CDRC provides medically related services for children physically and developmentally disabled 0-21 years of age.

Clackamas Community College

Clackamas County's community college, with a main campus located in Oregon City

Clackamas Education Service District (ESD)

Early childhood programs including Early Intervention, Special Education, Head Start, Home Schooling and Migrant Services

Disability Compass

Disability Compass provides information and direction to services, providers and special healthcare resources for people with disabilities, their families and those who support them. Through the web page, one can find resources, personal service providers and inclusive child care information.

Easter Seals of Oregon

Services include loaning medical apparatuses at no charge and providing a respite program for families with children experiencing a disability and their siblings. Residential camp is offered during summer for children physically disabled, 7 years or older.

Family and Community Together (FACT)/Family Support and Information Center

Family and Community Together is a family leadership coalition empowering Oregon families experiencing disability. The coalition works to facilitate positive change in policies, systems and attitudes affecting Oregonians with disabilities or chronic health concerns and their families.

Inclusive Child Care

The Inclusive Child Care program of the Oregon Council on Developmental Disabilities in partnership with the Oregon Employment Department Child Care division provides support to families securing child care for a child with high needs.

National Alliance on Mental Illness (NAMI)

NAMI is a member controlled support group for family members of mentally ill persons. Peer support through sharing experiences, resources, and information and coping techniques.

Oregon Advocacy Center

This Center provides legal advocacy for people with disabilities regardless of the ability to pay. Disability rights of Oregon (DRO) is mandated and authorized by law to see that the legal rights of people with disabilities are upheld.

Oregon Commission on Children and Families (OCCF):

OCCF was created by legislation in 1993 to promote positive outcomes for children and families through a local decision making process. This advocacy group is responsible for a local coordinated comprehensive plan; community mobilization; and coordination among community groups, government agencies, private providers and other parties, of programs and initiatives for children 0-18 years of age and their families. Examples of OCCF's influence in Clackamas county can be seen through the work of Healthy Start, through the consultations to child care providers by CCR&R staff and by the Parent resources such as the Family Education and Support network.

Oregon Community Connections

This is a community team process that seeks to improve local care and services for children with chronic conditions or disabilities. Service links DHS clients to health care services.

Oregon Disabilities Commission

Oregon Disabilities Commission is a Governor appointed commission charged with advising DHS and the Legislature on issues related to achieving the full economic, social, legal and political independence of individuals with disabilities.

Oregon Family Support Network (OFSN)

OFSN provides, at no cost, support and educational services for families with children who have emotional, mental, behavioral or related disorders.

P.A.C.E.: Parenting, Academics, Careers, Employment

PACE is the North Clackamas School District's program for pregnant and parenting teens. Students from other districts may enroll with permission from the home district. Typically 35-40 students, ages 13-21, are served every year through PACE. An on-site state certified child care facility is able to care for infants (6 weeks) to 4 year olds.

Y.P.O.P - Young Parent Opportunity Program

Education and support services for pregnant and parenting teens residing in Clackamas County, ages 15-21, including parenting classes, education with high school credits and GED prep, job and skills training, child care, resource and referral, and support groups. This program can only serve 25 teens at a time.

HEALTH AND NUTRITION RESOURCES (INCLUDING MENTAL HEALTH RESOURCES)

Clackamas County Community Behavioral Health (formerly Mental Health)

Programs include outpatient services for youth and adults with mental and emotional disturbances; alcohol and drug abuse treatment for both youth and adults; treatment for the severely and persistently mentally ill; and 24-hour crisis services

Clackamas County Food Basket Program

Supplemental food program for low-income residents living in Clackamas County.

Community Basket

This is a supplemental food program designed to assist families with their food budgets by having a monthly distribution of fresh produce, snacks and condiments, as well as some health and beauty products.

Community Health Clinics

With locations in Oregon City, Gladstone, and Clackamas, these clinics offer a broad range of health services and dental care services to community members regardless of their ability to pay. Community Health provides a variety of services, including primary care, WIC/nutrition, nursing, restaurant inspections, disease outbreak monitoring, immunizations, public pool/spa monitoring, food worker certification, and birth and death certificates.

Gleaners

This organization is composed of teams of volunteers who apply for participation in the program. Once accepted, each member of the various teams must spend at least one (1) hour per month in volunteer time at the center. Each member pays monthly dues - from \$10 to \$15 per month - and must select an adoptee (someone over 62 years of age or a disabled person) with whom they share the supplies from Gleaners.

H.O.P.E. - Help Other People Eat

Families and individuals in need can come to a H.O.P.E. pantry approximately every 30 days and receive a nutritionally balanced three-day supply of food. The number of clients they serve has been steadily growing. They currently feed about 700 families a month. Lately, the number of people coming to their

doors has overwhelmed their resources, and often the last few families each day have been sent away with light boxes of food.

LifeWorks Northwest

A leading non-profit, community-based prevention, mental health, and addiction agency committed to supporting a healthy community. There are currently two centers in Milwaukie where Clackamas County residents can receive services such as intensive community treatment services, family or group therapy, outpatient therapy, and home visits conducted by a specifically trained social services individual.

Local Farmers Markets

Farmers markets have appeared in various towns around Clackamas County. They all accept SNAP.

Morrison Child and Family Services

Morrison Child and Family Services specializes in serving severely traumatized children aged birth through age 18, and their families. Some have been the victims of abuse, neglect and domestic violence. Many have been referred to them by the state or county, through judicial channels or by other treatment organizations. A significant number have been removed from the care of their birth parents. Clients of Morrison Child and Family Services have the right to fair and equitable treatment including the right to receive services in a non-discriminatory manner.

Oregon Food Bank

The Oregon Food Bank (OFB) is a community-based, non-profit organization that is dedicated to combating hunger and its' causes. The vision of the Oregon Food Bank is that everyone should have ready access to affordable food that is healthy and nutritious.

Oregon Health Sciences University

Many programs available, including (1) assessment and treatment of dental problems for low-income school age children to 8th grade who may not have insurance, and (2) Prenatal and Postnatal services for Clackamas County women including childbirth classes, and assistance arranging for delivery and home visits. (3) Other programs at site: AIDS/HIV, Child Health Services, Communicable Disease Prevention, Community Clinics, Immigration Assistance, Women's Health Services. No one is denied service because of inability to pay.

Oregon SafeNet

Free health and dental information and referrals.

Prescription Drug Helpline

Researches availability of free or low cost prescription drugs for those with no coverage. Assists Medicare recipients with drug plan choices

Summer Food Program

A federally funded program provides meals for children and teens this summer

at more than 400 sites across Oregon, including many in Clackamas County. Thousands of children receive free or reduced meals at school, and the program is intended to help fill the same need over the summer. No application or proof of income is needed to participate; all children ages 1 to 18 are welcome. Some sites also offer low-cost (\$2 to \$3 range) meals to adults or free meals to adults who serve as volunteers. The program is through Project Summer, Summer Food for Oregon.

SOCIAL SERVICE RESOURCES¹⁵

Clackamas County Community Development Division

A home rehabilitation loan program.

Clackamas County Housing Rights and Resources Program

Provides support in matters of housing discrimination, landlord/tenant issues, emergency shelter and low-cost housing.

Clackamas County Social Services

The Social Services Division seeks to provide quality services and meaningful opportunities for elderly, disabled, and low-income residents of Clackamas County. Services include aging and disability services, community action services, information and referral, etc.

Clackamas County Weatherization

Provides weatherization assistance for low-income families.

Clackamas Women's Services

Crisis line, shelter, and support services for domestic violence survivors.

Community Service Centers

Emergency food, information and referral, and other services for low-income residents, with locations in Clackamas, Estacada, Molalla, and Sandy.

Family Education and Support Network

A regional network of parenting providers. An on-line network that coordinates parent trainings and informs parents of resources in the community.

Lines for Life (formerly Oregon Partnership)

A statewide non-profit promoting healthy kids and communities through drug and alcohol awareness, drug prevention programs, and 24 hour crisis lines for treatment referrals, support for members of the military and their families, and suicide intervention. The organization works with schools, law enforcement, the military and community coalitions statewide to create public awareness on the dangers of substance abuse.

St. Vincent de Paul Social Services

¹⁵ "Clackamas County Community Resources," accessed May 3, 2012, http://www.co.clackamas.or.us/docs/ss/poster_eng.pdf

A Catholic organization of lay people providing temporary assistance for food, rental assistance, and utility assistance. Provides referrals to other local conferences (local churches).

Veterans' Services, Clackamas County

Provides free counseling and assistance with State and Federal VA benefits as well as entitlements for the veteran, their dependents and survivors.

ISSUES AND RECOMMENDATIONS

As was discussed briefly in the Executive Summary, several issues emerged clearly throughout the course of this assessment. Although lack of funding may make several of the attendant recommendations unfeasible at this time, they are important to consider as CCCC and OHSPP work to enhance the quality of services provided.

DISPARATE NATURE OF CLACKAMAS COUNTY

Earlier in this assessment, we examined the highly diverse quality of Clackamas County, both geographically and fiscally. Its large size and particular physical characteristics means that it contains mountains, farms and fields, densely populated urban centers, and sprawling suburbs. Thus, the strengths and needs of Head Start- and Early Head Start-eligible families will vary widely depending on which portion of Clackamas County they inhabit. For instance, children in the northern and western parts of the county, which tend toward a higher population density, may have more access to social services, transportation etc., but less access to safe outdoor areas, clean air, and fresh, home-grown fruits and vegetables, etc. Meanwhile children in the southern and eastern parts, which tend to be more agriculturally oriented, may have more access to the outdoors and fresh foods, but less access to social service resources and public transportation.

In addition to geographical diversity, Clackamas County demonstrates high levels of income inequality. A comparison of urban and rural areas nation-wide almost always reveals that more money tends to be concentrated in cities. Additionally, with the town of Lake Oswego, located in the western part of the county, ranking as the wealthiest in the state, while the rural areas to the south and east (as well as other, less prosperous urban areas) struggle with poverty, Clackamas County's rates of income inequality are particularly noteworthy.

All of this means that Head Start and Early Head Start programs in Clackamas County must be particularly sensitive to the locations of their centers and home-based hubs, ensuring that they are 1) appropriately situated and 2) responsive to the constellation of strengths and needs of families in their specific recruitment area. An analysis of CCCC and OHSPP waitlists as compared to the number of slots available indicate that the regions dubbed "East County," "West County," and "South County" are comparatively underserved, with more children waiting for fewer slots. Programs should consider options for increasing services in these areas.

LACK OF BIRTH-TO-THREE SERVICES

Even with the addition of Early Head Start children to 86, there is still a huge need that low-income, high-needs infants and toddlers in Clackamas County are dramatically underserved, especially as compared to three-, four-, and five-year-olds. Additionally, although home-based programs are proven to be very effective methods of delivering birth-to-three services, many Head Start- and Early Head Start-eligible families, especially ones in which one or both parents work full-time, express a desire for a center-based option. Since studies show that there is a great deal of value in intervening as early as possible in the lives of children with high needs and/or low incomes (i.e. stepping in during infancy and toddlerhood rather than waiting until preschool), programs might consider options for increasing the number of slots available to zero-to-three-year-olds. Additionally, they might consider the feasibility of adding center-based services for families whose schedule does not permit them to take advantage of home-based services.

LACK OF COMMUNITY CONNECTION

Results from the parent survey indicated that a majority of families feel only “somewhat” connected to other community members in Clackamas County, with an unfortunate percentage reporting that they feel “not at all” connected. The old adage, “it takes a village to raise a child” comes to mind in this instance; the network of relationships in which Head Start- and Early Head Start-eligible children find themselves is vitally important to their growth, development, and future success in school, and it may fall upon school-readiness programs like Head Start and Early Head Start to work towards the strengthening of this network. CCCC and OHSPP might consider implementing new methods to support families in connecting with one another.

CRISIS INTERVENTION AND COUNSELING, EMPLOYMENT AND TRAINING, AND SCHOOL-BASED/SCHOOL-SPONSORED SERVICES

The results of the community survey conducted as part of this assessment indicated that early childhood program staff members consider Crisis Intervention and Counseling, Employment and Training, and School-Based/School-Sponsored services to be among the weakest in the county. Although the survey was intended to gather opinions regarding all categories of social services in the community, and not opinions specifically regarding services provided by CCCC and OHSPP, it still behooves Head Start and Early Head Start programs to pay attention to the results. Although Head Start was one of the survey’s highest-rated individual services, Head Start and Early Head Start programs are nonetheless firmly entrenched in the social services system as whole, which, from a holistic perspective, is only as strong as its weakest programs. Head Start and Early Head Start programs aim to be comprehensive, recognizing that participants’ education, health and nutrition (including mental health), and social service needs are all intimately connected to their overall school-readiness potential. This means that CCCC and OHSPP

should attempt to incorporate the results of the survey into their programmatic decisions to the extent that it is possible, even though their services are not specifically geared towards Crisis Intervention and Counseling, Employment and Training, and School-Based/School-Sponsored programs. For example, the mental health staff members in each agency might attempt to strengthen their partnerships with crisis intervention and counseling agencies so as to better facilitate referrals. Meanwhile social service workers (Home Visitors and Advocates) might consider honing in on issues of employment and training while working with their families. Finally, education component staff members might contemplate developing their collaborations with local school districts in an effort to strengthen the school-based/school-sponsored programs in which Head Start and Early Head Start children will likely participate after their transition into kindergarten.