

Head Start of Lane County 2010-2011 Community Assessment

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Section 1 – General Description

Grantee Description

Geographic Area

Lane County stretches from the Pacific Ocean to the Cascade Mountains, 4,620 square miles in west central Oregon, roughly the size of the state of Connecticut. Lane County is an urban/rural county with more than half the residents living in the Eugene and Springfield area.

Approximately 10 percent of the population lives in small cities and the remaining 30 percent live in unincorporated areas scattered around the county. Eugene and Springfield together compose the second largest urban area in Oregon after the Portland metropolitan area.

Recruitment Area, Location of Centers, Program Options and Services

Head Start came to Lane County in 1967. Since 1979 as a private non-profit, Head Start of Lane County is the sole grantee for Lane County. Enrollment has increased from 225 to 1,023, or 61 percent of eligible families in 2009-10. Early Head Start began in 2010, serving 50 infant/toddlers and pregnant moms. The State and County data on highest poverty areas and information on where basic services are lacking help drive decisions on recruitment areas, locations of centers and type of service offered. Recruitment efforts are focused on the communities with the highest population of eligible children, under served communities and those, which can be served cost effectively. Model options address current community needs:

Early Head Start

Home Base program for pregnant women and children ages 0-3 years. This program offers weekly home visits, parent-infant and toddler socialization groups.

Combination program for children ages 12-36 months. This program offers twice weekly toddler socialization group and home visits.

Head Start

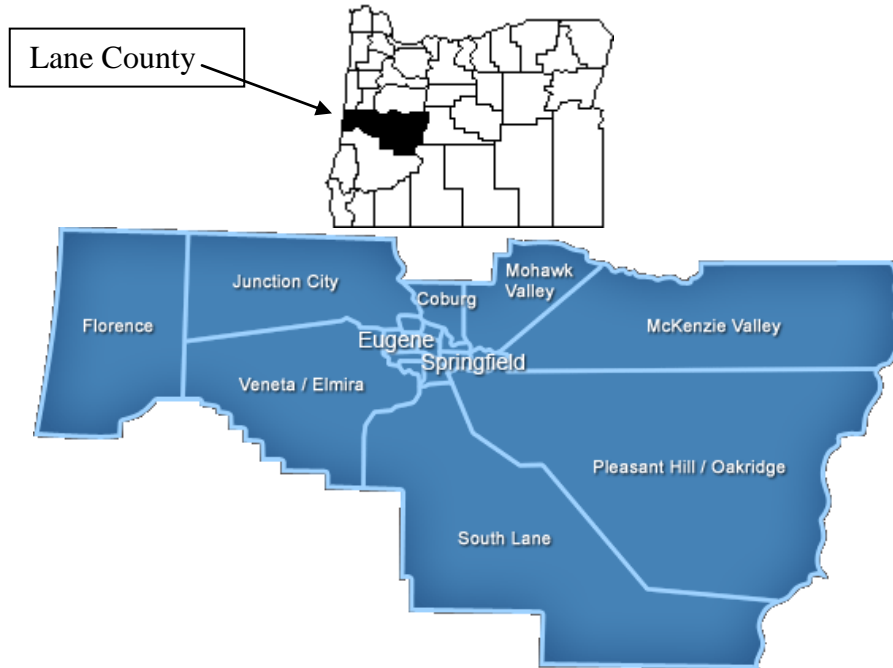
Part Day program for children ages 3-5 in a preschool classroom four days a week for 3 ½ hours a day.

Early Head Start and Head Start Full Day/Year Childcare

This program is for working or student families needing childcare for children ages 6 weeks to 5 years. Classes are 5 days a week. Full day services are offered in a Head Start center or community childcare locations.

The budget supports 49 classrooms at 17 sites and 8 community childcare locations, a staff of 300 educators, support personnel and administrators. The program is divided into nine semi-autonomous regions – this division decentralizes decision-making to best serve the large geographic area. A regional manager and assistant support each region. Content area consultants and specialists, along with early childhood special education consultants and mental health professionals assure all regions provide quality services through technical assistance, monitoring and training.

Oregon Counties



Information from the current United Way Community Assessment, Stand for Children 2009 Status of Oregon Children, Employment data, State Oral Health Plans, Lane County of Governments Regional Trends, and school enrollment data for county demographic is used to further define the recruitment/catchment area in 2010-2011.

The waiting list is also an indicator to use for recruitment efforts and confirmation, including the community profile, that the classroom location proportionally meets the need.

Location	Wait List # Nov 2010	Wait List # April 2010	Wait List # March 2009	Wait List # April 2008	Wait List # February 2007	Wait List # February 2006
Eugene	232 (14 for HS full day & 56 for community childcare)	227	67	133	196	184
Springfield	246 (39 for HS full day & 12 for	296	223	121	112	366

Location	Wait List # Nov 2010	Wait List # April 2010	Wait List # March 2009	Wait List # April 2008	Wait List # February 2007	Wait List # February 2006
	community childcare)					
South Lane	51	30	52	47	20	14
Florence	18	18	5	6	15	2
Junction City	21	21	15	10	11	7
Oakridge	13	11	15	17	3	1
Early HS	290	No Early Head Start program in Lane County				

Lane County Population

According to the Portland State population report Lane County has grown from 345,880 in December 2008 to 347,690 in April 2010. Approximately 61 percent of the county's residents live in Eugene/Springfield, the second largest urban area in Oregon while 29 percent live in unincorporated areas and another 10 percent live in small cities scattered about the county. The population density in Lane County is 100 or more people per square mile, although these numbers reduce in the rural areas of Oakridge and Florence. Populations in the rural areas are dependent on employment opportunities.

According to the *December 2010 Oregon Economic Revenue Forecast Summary Report*, the state's age demographics are changing as the baby-boom generation matures. The rate of adults age 18-24 is expected to decline between the years of 2010-2017, and the growth rate of children under the age of five is expected to remain low with growth after 2014. The growth rate for public school age children is expected to remain low too, translating into a decline in school enrollment.

The County's growth is depicted below:

Area	July 2010	July 2009	Dec 2008	July 2007	Dec 2006	July 2005	July 2004	2000 Census
Oregon	3,844,195	3,791,095	3,791,075	3,745,455	3,641,056	3,628,700	3,582,600	3,421,399
Lane County	348,550	345,880	345,880	343,140	339,740	336,085	333,350	322,963
Eugene	157,845	157,100	154,620	153,690	148,595	146,160	144,640	137,893
Springfield	58,575	58,085	58,005	57,320	57,065	55,861	55,350	52,864
Coburg	1,085	1,080	1,075	1,070	1,075	1,069	1,050	969
Cottage Grove	9,495	9,485	9,465	9,345	9,275	9,108	9,010	8,445
Creswell	4,845	4,790	4,710	4,650	4,525	4,120	4,120	3,579
Florence	9,590	9,580	9,410	8,270	8,270	7,930	7,830	7,263
Junction City	5,670	5,460	5,300	5,135	4,965	4,945	4,910	4,721
Oakridge	3,765	3,755	3,765	3,700	3,700	3,680	3,680	3,172
Veneta	5,035	4,975	4,840	4,640	4,240	3,957	3,660	2,762

Portland State Certified Population

The Federal poverty level for a family of four in 2010 is \$22,050, in 2008 the level was \$21,200; *Children's First for Oregon Status of Oregon's Children 2009 Report* states the childhood (ages 0-17) poverty rate is at 16.7 percent in Lane County compared to the poverty rate of 14.9 percent

in 2008. According to the *2009 Oregon Progress Board Benchmark Report* one Oregon worker in three is at or above 150 percent of poverty for a family of four.

Lane County continues to be an area whose demographics are changing at a rapid pace. The *Centro Latino Americano 2009 Assessment Report* indicates that from 1990-2000, our fastest growing population, Latino, increased 117 percent, a rate six times that of the rest of the country.

Employment

The county unemployment rate has steadily increased throughout 2008 from 7.4 percent in October 2008 to over 12.1 percent in June 2010 and remains at 11 percent in November 2010. All industries have seen a decline in employment. Health care and government jobs are showing new job losses.

The *United Way 2009 Community Assessment Report* indicates that 30 percent of its respondents reported someone in their household was not able to find work; 16.5 percent indicates this as a major problem. It also indicates that many households are teetering on the edge of financial instability.

The top ten Lane County employers are:

1. University of Oregon	2. Peace Health
3. City of Eugene	4. Eugene 4J School District
5. Lane Community College	6. US Government
7. Lane County Government	8. Springfield School District
9. State of Oregon	10. McKenzie Willamette Medical Center

With the top ten employers identified in Lane County, the *Oregon Economic and Revenue Forecast Summary December 2010* identifies seven risks to Oregon's economy:

1. Instability in the financial market
2. Instability in the housing market
3. Periods of deflation or inflation
4. Temporary return of federal timber payments to Oregon counties
5. Extent of global downturn
6. National and regional energy prices
7. Initiatives, referendums and referrals

The *Centro Latino Americano 2009 Assessment* indicates that more Latino households are impoverished than those of any other population group. The average annual income for a two-parent household with two or three children ranges from \$15,000-\$22,000. The most common jobs are called 3D jobs: "dirty, dangerous, or difficult".

The *United Way 2009 Assessment* indicates the economy is affecting more families' ability to provide the basic necessities (housing, clothing, food) and nearly half are ineligible for federal assistance. To broaden the view of what a family needs for a basic family budget, the *Oregon*

Housing and Community Services, 2008 Poverty Report shows the poverty threshold in Lane County:

Basic Family budget/month	1 Adult / 1 child	1 Adult / 3 children	2 Adults / 1 child	2 Adults / 3 children
Housing	\$735	\$1,028	\$735	\$1,028
Food	\$316	\$615	\$512	\$774
Childcare	\$437	\$1,081	\$437	\$1,081
Transportation	\$298	\$298	\$404	\$404
Health care	\$230	\$295	\$325	\$393
Other necessities	\$326	\$509	\$387	\$559
Taxes	\$167	\$601	\$234	\$244
Basic budget needed – month	\$2,509	\$4,427	\$3,034	\$4,483
Basic budget needed – annual	\$30,108	\$53,124	\$36,408	\$53,796
Hourly wage needed	14.48	\$25.54	\$8.75	\$12.93
Poverty threshold	14,291	21,100	\$16,698	\$24,744
% of basic budget	47.5%	39.7%	45.8%	46%

The *United Way 2009 Community Assessment* reports \$32,445 (not including health care costs) is the self-sufficiency standards for a family of three in Lane County. To afford a two bedroom apartment in Lane County \$30,409 is needed, or an hourly wage of \$14.62. The poverty level for a family of three is \$17,346; at 200 percent of poverty, it is \$34,692. Of the United Way respondents, 39 percent of households have an annual income of less than \$35,000 and 53 percent have an income less than \$50,000.

Section 1 Conclusions

- City of Eugene/Springfield ranks second in population.
- Economic hardship is evident in all areas of the County. The poverty rate is 16.7 percent in Lane County.
- Lane County's unemployment rate is 11 percent.
- Job losses continue through all industries. Health care and government job losses are new trends.
- The population is slow to grow with the baby-boom generation aging into retirement.
- The Latino population is more impoverished than any other population group.
- The Head Start wait list is an indicator of where services are needed and confirms current service locations are appropriately placed throughout the County; the Springfield area may be under-served.

Section 2 - Racial / Ethnic Composition, Culture and Language

Lane County Population by Race/Ethnicity

Lane County's racial composition is shown below and remains constant over the years:

Race	2009	2007	2005	2004	2003
Caucasian	86.2%	89%	92%	89.3%	90.6%
Hispanic	10.6%	6%	6%	5.4%	4.6%
Asian/Pacific Islander	3.5%	3%	3%	2.8%	2.2%
Native American	0.3%	2%	1%	1.7%	1.1%
African American	1.7%	1%	1%	1.2%	.9%

The racial composition by number of Head Start children served is:

	Feb 2009 (WebCAF)	2006/07 (PIR)	2005/06	2004/05
American Indian/Native	38	29	24	20
Asian	10	5	6	6
African American	15	20	18	13
White	566	509	461	526
Bi-Racial/Multi-Racial	153	113	83	92
Hispanic	348	245	189	221
Other	107	175	4	

According to the *Oregon Progress Board 2007 Racial & Ethnic Report*, the proportion of Oregon's Hispanic population is three times larger than any racially diverse group in Oregon. American Indian and African American populations have seen little change in its population representation.

Centro Latino Americano continues to be the single largest agency in Lane County serving the Hispanic population. Most of Centro's clients are from Guatemala, El Salvador, Honduras, Peru and other Latin American countries. Some are native speakers of an indigenous language. Head Start of Lane County continues to hire bi-lingual staff and provides translation services in various forms (verbal, written, equipment) to bridge communication gaps and help form partnerships with families.

Centro Latino Americano 2009 Assessment Report indicates the top five needs identified as: employment (need help finding a job); health care (need access to affordable health care); legal assistance (affordable bilingual and bicultural legal assistant); English as a second language training (free or low cost classes) and affordable housing. Other services that would be beneficial would be activities for the older/elder/retired; youth groups; women's group, computer

literacy classes, citizenship classes, childcare for working mothers and a thrift store. As a community, the assessment indicates “cultural maintenance helps communities to gain collective strength which would, in turn assist members in their integration into the largest society.”

Section 2 Conclusions

- Centro Latino Americano is the single largest service agency serving the Hispanic population.
- The top five needs identified are employment, health care, legal assistance, English Second Language training and affordable housing.
- Building cultural awareness is an ongoing process.

Head Start Efforts

Head Start continues to respond to the needs of Spanish-speaking families by increasing interpreter hours, making available bi-lingual forms, translation equipment and hiring bi-lingual staff.

Section 3 - Information on Children with Disabilities

Head Start of Lane County's strong collaboration with Early Childhood CARES (EC CARES) enables each agency to more effectively and efficiently meet their state and federal requirements to serve children and their families. The primary benchmark addressed by both programs is children enter school ready to learn (children ready for school *and* schools ready for children).

Major highlights of the collaboration with EC-CARES are that:

- Both programs have over 10 years of history and experience.
- Both programs serve vulnerable populations: EI/ECSE program serve children with disabilities and developmental delays and HS/OPK serves children from low-income families.
- Both programs are governed by state and federal statutes, rules and regulations.
- Both programs are referenced in each other's statutes, rules and regulations to ensure collaboration.
- If one program is cut and decreases services, the demands and needs increase proportionately in the other program.

EC CARES serve about 1010 early intervention children. EC CARES contracts and provides services to children in 27-30 different preschool sites, with about 86 individual classrooms in these sites. (Some sites have children in more than one classroom). As of February 2009, 195 or 19 percent of Head Start children have an identified disability.

Early Childhood CARES also serves 296 early intervention identified children ages birth to 3. In Early Head Start, 11 children are identified for special education:

- 7 developmental delays,
- 3 hearing, and
- 1 visual

A comparison from the 2009 – 2006 program report shows the following referrals:

Referral	February 2009	November 2007	November 2006
Disabilities	130	157	62
Behavior consultation	14	7	18
Child counseling	72	14	14
Family counseling	26	12	15
Collaboration staffing	55	47	47

Section 3 Conclusions

- Collaboration with Early Childhood CARES is strong – over ten years of working together.
- Both agencies serve the vulnerable population.
- Twenty-five percent of Head Start eligible children receive early childhood special education services.

Head Start Efforts

Head Start of Lane County continues to be the least restrictive placement for ECSE eligible children, serving over 20 percent of the county's eligible population. Head Start and Early Childhood CARES share classroom space to maximize costs and services in local communities.

Section 4 – Unmet Needs for Head Start Families and Related Information

Head Start of Lane County's Program Information Report (PIR) reveals parent requested service help:

Service Description from PIR	2009/10	2007/08	2006/07	2005/06	2004/05
Emergency / Crisis Intervention	174	190	208	118	107
Housing Assistance	256	193	233	140	83
Transportation Assistance	188	245	239	36	26
Mental Health services	279	249	230	109	44
ELL		102	86	28	9
Adult education	354	257	244	148	41
Job training	227	139	123	82	50
Substance abuse prevention/treatment	49	37	47	18	5
Child abuse/neglect	99	100	95	34	9
Domestic violence	72	66	69	30	15
Child support assistance	69	49	43	9	15
Incarcerated individuals	45	172	23	11	76
Health education	670	504	504	191	10
Parent education	765	587	555	303	128
Marriage education	56	47	60	23	0

Recent assessment information indicates economic hardships include more people than seen in 2007. Health and dental care, housing, food, transportation, childcare, and parent education continue to be the highest needs of low-income families. The 2009 *United Way Community Assessment* indicates a community under stress and the number of households has increased that are struggling to maintain economic stability and family well being. The *Fall 2010 DHS and OHA Caseload Forecast* indicates economic conditions may also threaten community agencies abilities to meet agency standards, missions and goals; and build and sustain partnerships. The report also indicates some staff anxiety and fears that budget reductions from several sources (federal, state, local) will threaten the viability of some community partners. This in turn may create anxiety for clients and decrease their access to timely and quality safety net services.

In Lane County:

Pregnancy Rate according to *Lane County Public Health Comprehensive Plan 2010/11* in 2010 there were 3,493 births in Lane County, down from 3,550 in 2009. The teen pregnancy rate for 10-17 year olds was 5.7 percent as compared to the state at 7.1 percent per 1,000 teens. For teens ages 15-17, the rate is 13 percent while the state is at 18 percent. The majority of births were to women in their 20s; 38.2 percent are unmarried.

Prenatal Care/Birth Weight percentage of 76.8 for pregnant women who had first trimester prenatal care is a downward trend from 2007 when 80 percent access first trimester care. The trend is associated with increases in poverty and homelessness and the economic downturn. Low birth weight has gradually trended upward from 5.7 percent of births in 2001 to 6.4 percent in 2010. The *Lane County Public Health Comprehensive Plan 2010/11* also indicates that of the 810 total births from January –March 2011, 41 babies had low birth weight: 5 were less than 1500 grams and 36 were 1,500-2,499 grams.

Infant Mortality Rate in Lane County has seen a slight decrease to 8.25 percent in 2011 from 9.3 percent in 2010. The Prenatal Period of Risk (PPOR) revealed that the most excess deaths occurred in the post neonatal period from one month to one year of age, the second is related to maternal health and prematurity followed by unsafe sleep practices. *The Lane County Public Health Comprehensive Plan 2010/11* indicates that after using the Fetal Infant Mortality Review (FIMR) for three years the issues identified are:

- Lack of pre-pregnancy health
- Health care and reproductive planning
- Significant alcohol, tobacco and other drug use before and during pregnancy
- Lack of understanding of the negative effects of using alcohol, tobacco and other drug on fetal health and development
- Lack of consistent and comprehensive prenatal risk screening and follow up for psychosocial issue, alcohol, tobacco and other drug use, domestic violence and mental health issues
- Unsafe infant sleep practices and co-sleeping practices.

The *Mother Baby Network* report indicates that Lane County's rate of fetal-infant mortality is widespread and statistically significant in all populations regardless of economic, education, geographic, age and cultural status.

Housing is the least affordable. The housing market crashed in 2008 leaving many families homeless, struggling to keep their homes and others co-living with other families in an effort to meet the cost of housing. The *United Way 2009 Community Assessment Report* indicates that the number of homeowners experiencing problems with housing affordability and utility payment has nearly doubled since 2007. The *United Way* report also indicates that one third of households

could pay their bills for one month if they were to lose their primary source of income. Of these households, half are homeowners.

The *Housing and Community Services Agency (HACSA) of Lane County* reports that wait lists for low income housing in outlying areas for a one bedroom apartment is from one month to more than a year; the shortest lists are in Cottage Grove, Junction City, and Creswell. The longest list for a one- bedroom apartment is in the Veneta area and in the Florence area, the wait list is impossible to predict with so few vacancies available on the coast. Two and three bedroom units outside the Eugene/Springfield area are only available in Veneta and Florence and rarely come open. The *Eugene-Springfield Consolidation Plan 2010* reports that as of December 2009, over 3,000 Lane County families are on HACSA combined housing waiting lists; over half of the families on the wait list have children. The average wait time is 18 months. The same report indicates that in Eugene/Springfield 26.1 percent of all homeowners and 47 percent of all renters has a housing cost burden – paying more than 30 percent of income for housing.

The practice by property owners and HACSA, (Housing and Community Services Agency) to require individuals to have no felony convictions may exclude the majority of individuals in early recovery and those whose life history includes criminal activity. For Head Start families, this may create another barrier to housing.

The City of Eugene, Low Income Housing and Homelessness Fast Facts indicates that 20,000 households are eligible for subsidized housing in the Eugene/Springfield area. This doubled since the 1990 census. Only 4,500 households in Eugene/Springfield are receiving a housing subsidy. The average monthly cost for a two-bedroom rental in Eugene is \$626 (pre 1988 house). If the house is a newer two-bedroom, the cost jumps to \$804 or \$967 for a three-bedroom.

The *Eugene/Springfield 2010 Consolidated Plan* lists five housing goals:

1. Increase the supply of affordable housing
2. Conserve and improve existing affordable owner and renter housing stock
3. Increase opportunities for low and moderate-income households to become and remain homeowners.
4. Increase opportunities for low and moderate-income households to become and remain renters.
5. Remove barriers to affordable and supportive housing.

The lack of housing may also affect the continuing success of recovering addicts and those with mental health issues. According to the *Lane County Mental Health and Addictions Implementation Plan 2007-09*, this is a severe need in Lane County. There are six licensed residential treatment programs in Lane County offering 144 beds. The vacancy rate for these beds totals 10, with an average of 20 people waiting at any one time for recovery housing beds.

In January 2010, 3,971 homeless people attended “*Project Homeless Connect*” a community service event focused at providing basic needs (haircuts, clothing, pet care, etc.) and

resources/referrals. Over 9,000 households sought housing help from social service agencies in 2009. Of those seeking assistance, 1,600 actually received emergency shelter or housing assistance. Catholic Community Services reports they were able to provide shelter to 65 families for up to 60 days. *The City of Eugene, Low Income Housing and Homelessness Fast Facts* indicates that 48 percent of Lane County homeless is considered “chronic” homeless or having been continually homeless for a year or more or four episodes of homelessness in the past three years and an unaccompanied homeless person with a disabling condition. Nationally this number is about 10 percent. The *Oregon Department of Education School District Homeless Student 2008/2009 data* indicates that Eugene (743 enrolled homeless) and Springfield (464 enrolled homeless) School Districts fell within the “highest” category of homeless students.

Oregon remains among the top five hungriest states in the nation in 2010. According to *Oregon Food Bank VOICES 2009*, families are making food choices based on cost or quality when knowing that choosing healthy foods may mean not having enough food to last the month. *Food for Lane County Fall 2010* reports that families who have never needed food help before will apply for food stamps for the first time. The *October 2010 food stamp snap shot* for Lane County shows 34,352 households received SNAP (food stamps), an increase of 345 households or a 14 percent increase from one year ago. On a state level, roughly one in six Oregonians receive food stamps. This number is the highest in the history of the state program and well above the national average.

On a weekly basis’s, three semi-truck loads of food are distributed through 96 community partners across Lane County. In acknowledgement of the current economic times and hardships in rural communities a mobile food pantry has started. St. Vincent de Paul provided demographic information for food box recipients:

- 70% are white
- 20% are Hispanic
- 1% are other
- 30% are disabled
- 80% are considered extremely low income
- 75% are female recipients

The average food stamp benefit is \$176 a month or \$1.96/meal, less than the \$2.50/child Head Start is reimbursed. Food stamps are tied to match inflation, but in 2008 the drastic spike in prices kept the annual increase from keeping pace with prices. Sixty-seven percent (67%) of food stamp recipients report that benefits last less than two weeks. The *Addressing Hunger in Lane County, 2009* report indicates that in 2008, 42.9 percent of all students were eligible for the free and reduced price meals in Lane County. If all who were eligible for the free and reduced meals were served, Lane County would have received an additional \$2.8 million in federal dollars a year and fed an additional 6,361 eligible low-income students. Emergency food boxes were provided at 23 congregate meal sites with 79,599 emergency food boxes given to families. Catholic Community Services indicated they gave 1.6 million pounds of food to low income families, making them the largest food distributor.

Women Infant and Children (WIC) served 13,363 pregnant or breast feeding women and children under age five and \$110,910 in coupons were used by WIC participants and seniors to buy fresh produce from the Farm Direct Nutrition program.

Family Relationships are strained. The 2009 *Child Welfare Data Book* profiles family stress factors from 2007-2009:

<i>Stress Factor</i>	<i>2009</i>	<i>2008</i>	<i>2007</i>
Alcohol or drug use	42.1%	41.2%	38.5%
Physical abuse of spouse	31.7%	30.7%	23.6%
Involvement with law enforcement	27.0%	27.7%	25.1%
Head of household unemployed	19.9%	16.1%	13.2%
New baby/pregnancy	13.2%	14.3%	12.6%
Adult has a history of being abused as a child	13.0%	13.3%	11.0%
Inadequate housing	10.0%	11.7%	8.4%
Significant childcare needs	3.6%	4.3%	3.1%

The 2009 report indicates that in Oregon 2,324 child abuse/neglect cases were assessed. The victim rate per 1,000 children increased from 12.4 in 2007 to 13.9 in 2009. *Children's First 2009 County Data Book* reported 912 (799 in 2008) children in Lane County were victims of child abuse/neglect; 12 percent are age five or under.

The program report from current to 2005 shows abuse reports made by Head Start of Lane County:

	Aug-Nov 2010	2009/2010	2008/2009	2007/2008	2006/2005	2005/2004
Physical abuse	9	20	33	17	6	6
Neglect	7	13	12	9	5	2
Domestic violence	4	13	15	8	5	2
Sexual abuse	1	7	8	4	3	3
Abandonment					1	
Multiple abuse	1	6	8			3
Emotional	2	7	5	4	3	
Total	29	66	85	16	26	18

Childcare continues to be a need in Lane County. Information from the County's *Child Care Resource & Referral (CCRC)*, *Lane and Douglas Counties Family Connections*, indicates affordability and access to quality care continues as a concern for the county. The *Oregon Child Care Research Partnership June 2009 reports* in most of Oregon, the price for ongoing childcare exceeds the costs of attending college and availability of infant/toddler care and care for special needs children to be an issue throughout the state; the cost for toddler care is 52.7 percent of a minimum wage workers income in Oregon. The report also indicates that the availability of

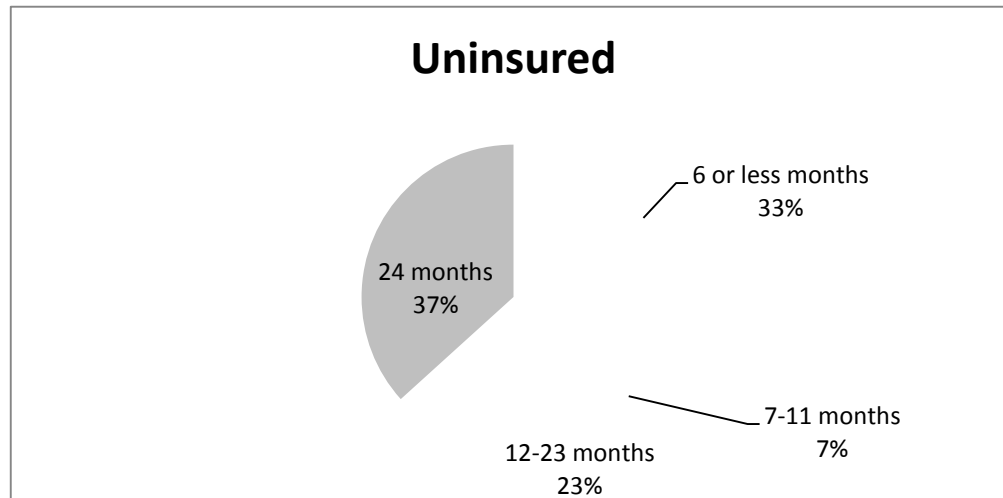
childcare providers is at crisis-level, and the quality of care threatened by low wages, a lack of training and high staff turnover.

The various reports indicate a growing need for well-trained childcare providers who share the same language and culture of the children in their care. Currently, only eight percent of the CCRC enrolled childcare programs have the ability to provide services in Spanish to families. The *Oregon Child Care Research Partnership June 2009* report indicates that there are 7,074 slots in childcare and education centers. There are an additional 2,759 slots in family childcare. Lane County has 19 visible slots per 100 children. The state goal is 25 slots for every 100 children.

The Human Services Sub-Committee of the Emergency-Board took action December 16, 2010 to extend ERDC through June 30, 2011 but at a lower level. Those who are currently on ERDC will be able to stay beyond the February 28, 2011 cut-off through June 2011. However, no new clients will be added except for TANF leavers. It is anticipated to have a caseload of about 7,200 by June 30 2011. The State will be looking to fund this level for the 2011-2013 biennium. Even now, ERDC is no longer available to parents unless they are moving off Temporary Assistant for Needy Families (TANF) cash grant.

Transportation is limited for rural communities. The urban/rural mix creates challenges for providing effective services and treatment countywide. Most social services are in the urban areas of Eugene/Springfield and the need to travel to this area on a regular basis is a serious barrier for families in rural Lane County, and a potential cost barrier for service providers to meet rural needs. Costs are forcing many people to seek alternative transportation; for rural locations this is either unavailable or offered on a limited basis. Without this access, rural families remain isolated from services they need. Ridership on Lane Transit District (LTD) is soaring at a time that LTD is experiencing a reduced operating fund due to economic conditions. LTD plans to do a widespread cut in services and fare increases in 2011.

Health and dental care in Lane County continues to be challenging for many low-income workers. Health care needs are the highest ever, with the most severe problems related to paying for medical care. Oregon has a high number of low-income working families with at least one parent not covered by health insurance (ranked 35th in the nation). The *2009 United Way Community Assessment* gives an indication of the number of people who were uninsured in past two year:



In addition, the assessment indicates hardship is falling upon families earning \$34,000-\$50,000 annually. Changes in the state's health care system, housing costs, rising costs for basic necessities, unemployment, employers dropping coverage and a family's inability to pay the minimal premiums contribute to this need

The majority of Oregonians, regardless of socioeconomic status have inadequate dental care. Twenty-two (22) of 32 counties are experiencing some form of dental professional shortage, with the most in pediatric dentists. Rural residents have fewer dental choices. Low-income children have nearly three times more untreated tooth decay; Oregon ranks seventh in the percent of children with untreated tooth decay. Lane County does not fluoridate the water, a known preventative treatment. Currently, about 75 percent of all money spent on dental care goes towards restoration of teeth and periodontitis.

The Lane Community College Sealant Clinic saw 120 children, applied fluoride varnish, and 264 sealants. In Florence/Mapleton, 43 children received dental service, a \$17,000 value. Bethel School will offer "Dental Day, giving care to 37 patients, valuing over \$21,000 of dental care. At Project Homeless, White Bird provided \$4,000 in services to needy patients.

Additional family mental health services are needed in the county. Two high priorities have emerged according to the *Lane County Mental Health and Addictions Implementation Plan 2007-09*: developing capacity to meet the needs of children between the ages of 0-10 and youth suicide. In Oregon, the numbers are extremely high for children and youth with a diagnosable mental health disorder, ranging from relatively mild and short-term to serious emotional disturbances with extreme functional impairment. The *Lane County Mental Health and Addictions Implementation Plan 2009-2011* prioritized six focus areas for Lane County:

- ---- Early childhood (22%)
- ---- Mental health (18%)
- ---- Substance abuse treatment (18%)
- ---- Substance abuse prevention (18%)
- ---- Public health (15%)
- ---- Juvenile crime (15%)

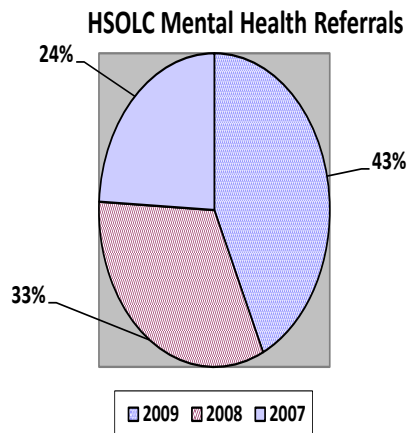
Of the six identified, three focus areas emerged:

- ---- Reduce child maltreatment for high risk families
- ---- Increase quality childcare for 0-3 year olds
- ---- Transitional services for moderate to severe psychiatrically impaired youth/young adults ages 16-24.

The report also indicates potential gaps in mental health services. These include a gap between rural schools and communities and mental health systems; gaps between mental health services for children and families; gaps in available Spanish-speaking counselors and gaps in how preschool age children are diagnosis, overmedicated, including the inability to treat without a diagnosis. The *Fall 2010 DHS and OHA Caseload Forecast* also reports service gaps in communities that may affect the duration and severity of child welfare cases. These gaps include lack of adequate in-home services and crisis intervention; cooperative mental health programs; residential treatment facilities; available foster parents; support for developmental disability adoptions; permanent placement opportunities for long-term foster care youth; and community awareness of available self-sufficiency and health services.

In Lane County, the drug and alcohol treatment rate of 15.3 percent is alarmingly higher than the national estimated need for treatment at 9.8 percent. The *Lane County Mental Health and Addictions Implementation Plan 2007-09 and 2009-2011* identified stabilizing the alcohol and drug system as a top priority followed by securing funding and support for detox and sobering services.

The report indicates State legislation funded intensive treatment and recovery services for parents at risk of losing custody of their children due to addiction problems helped Lane County serve an additional 119 parents annually in outpatient services as well as two additional bed slots for residential treatment and two additional bed slots for dependent children whose parent is in treatment. The two additional bed slots for dependent children do not adequately address this identified need to keep families together during treatment. There are very limited placement options for preschool age children to receive treatment. As seen below, Head Start made referrals have increased over the past three years.



Lane County may risk losing some mental health services if the state general fund cannot support:

- --- Detox services – 1,177 bed days
- --- Outpatient treatment for offenders on parole and probation – 6 slots
- --- Residential treatment for female offenders – 2 slots that serves 15 females annually, and
- --- Sobering services – 4,713 admits

The report indicates that state-sponsored gambling and tribal casinos brings new gambling trends to Oregon counties. The *Lane County Mental Health and Addictions Implementation Plan 2007-09 and 2009-2011* continues to show children whose parents gamble are nearly twice as likely to be weekly or daily gamblers, with the average age for the onset of gambling at nine years of age. The report also indicates that in Oregon over 74,000 adults (2.7%) and 10,000 teens (one in 25 youths age 13-17) meet the criteria for problem or pathological gambling. “emergence”, the regional gambling addiction treatment provider treated 263 problem gamblers, 79 family members and received over 6,000 helpline calls in 2006/2007. Over 800 Lane County youth are served through Lane County HHS gambling prevention workshops and media campaigns are increasing to raise community awareness to gambling addiction.

Funding for mental health services for minority populations continues as an identified county need. The reduction in state funding may be making it difficult for counties to address this expanding gap in mental health services. In December 2010, Centro Latino received notification that the Lane County Board of Commissions decided to not recommend continued funding. This decision could greatly impact the ability of this community-based organization to provide linguistically appropriate and culturally specific human services to low-income Latino individuals and families in Lane County. Update: The Lane County Board of Commissions will reconsider Centro Latino funding after receiving overwhelming strong support for Central Latino by the community.

The Emerald Editorial Board May 2010 report indicates that at the end of April 2010 there were 400 Lane County soldiers returning home to the already 35,000 Lane County veterans. The *Oregon Partnership* reports its crisis line received calls from over 1,000 veterans seeking help. The Lane County Public Information officer states that 30 to 40 percent of returning soldiers may suffer from post-traumatic stress disorder, traumatic brain injury, military sexual trauma, and physical wounds. Add to this the possibility of homelessness, marital problems, and unemployment (statistics indicate that 35 percent of Oregon veterans are unemployed and 50 percent are underemployed), mental health services for returning military personnel can be expected to increase.

The *2009 Child Welfare Data Book* indicates counties need funding, education and resources that streamline services to families to reach the first goal of reducing the number of children in foster care and secondly to ensure the safety of children placed in foster care. The report indicates that on a state level, 46.4 percent of children who entered foster care had four or more reasons for removal from their home. These include abuse (alcohol, drug, sexual abuse by child or adult), neglect, child's behavior or disability, inability to cope, inadequate housing, incarcerated parent, abandonment and death of parent. The report provides state and county data on the outcomes of foster children:

	State	Lane County
Child population	885,516	73,278
Child served in Home per 1,000 children	2,539 2.9%	280 3.8%
Foster Care rate per 1,000 children	8,617 9.7%	1,137 15.5%
Foster Care Entrance	4,548	508
Foster Care Exit	4,674	470
Foster Care – one day (age 0-5)	5,192	636
# of Regular Certified Foster Homes	2,145	230
# of Special Certified Foster Homes	2,287	342
# of Newly Certified homes by certification:		
Regular	314	18
Special	1,523	246

As indicated from the *2009 Child Welfare Data Book* children placed in foster care may have emotional, behavioral, mental or physical problems that require special services. To address these concerns, behavioral rehabilitation services provides skill development for these children to be able to return home or move to a less intensive level of care. The report indicates that by having two or less placements it helps address concerns around foster children's emotional, behavioral, mental or physical problems.

The *Fall 2010 DHS and OHA Caseload Forecast* indicates that some child welfare programs, like Family Based Services, may face budget reductions in the 2011-13 bienniums', which may lead to an increase in children placed out the home. The report also indicates that budget reductions may place upward pressure on demand for community partners' services. Funding however will not keep pace with demand, which may result in a loss of community partner relationships, staff shortages and closures.

The *Grading the States 2009* report on Oregon's health care system for adults with serious mental illness is a grade "C"—the same grade since 2006. The report card also offers grades by category:

- ----- Health promotion and measurement: Grade C. This reflects the number of programs delivering evidence-based practices, emergency room wait times and the quantity of psychiatric beds by setting.
- ----- Financing & Core Treatment/Recovery Services: Grade B. This reflects a variety of financing measures, like Medicaid reimbursement providers.
- ----- Consumer & Family Empowerment: Grade F. This reflects measures on consumer and family access to essential information from the state, promotion of consumer-run programs and family and peer education and support.
- ----- Community Integration and Social Inclusion: Grade B. This includes activities that require collaboration among state mental health agencies and other state agencies and systems.

As indicated by the *Lane County Implementation Plan*, a concentrated effort to consolidate service delivery, reduce paperwork and bridge family partnerships and goals into one working document may help ensure that the family is receiving the care, treatment and guidance for success without over taxing an already over worked system. The *Lane County Mental Health and Addictions Implementation Plan 2009-2011* indicates no significant changes or new projects will be started and no reallocation of state funds will be made pending the final state budget.

Section 4 Conclusions

- Lane County may be stretched to its capacity limit in service delivery. A redesign of service delivery and funding may help achieve better utilization and growth for the community and residents.
- Over 9,000 households sought help for housing in 2009. Homeowners are experiencing difficulties with housing affordability and utility payments. If the primary wage earner loses his/her employment, homeowners may be able to afford only one-month bills.
- Eugene and Springfield School Districts fall within the highest category for the number of homeless students.
- Oregon ranks among the top five hungriest states in the nation. In Lane County, 34,352 households received SNAP (food stamps), an increase of 345 households or a 14 percent increase. Over 79,000 emergency food boxes were given out. Hunger affects a child's ability to learn and a worker's ability to be productive. Hunger can manifest itself as illness, unruly behavior and the inability to focus and participate.
- Family related stress factors have remained consistent over a three-year period, with drug/alcohol use at the top, followed by physical abuse then involvement with the law.
- Over 900 abuse reports were made, 12 percent were related to children age five or under.
- Adequate childcare benefits area businesses. As with other types of infrastructure – roads, water supply, and energy - it provides the infrastructure needed to help recruit and retain new employers in our area. The need for well-trained childcare providers who share the same language and culture of the children in their care continues. Lane County has 19 visible childcare slots per 100 children; the state goal is 25 slots per 100.
- Alternative transportation is limited or not available. More of the population is facing transportation barriers. Lane Transit District may increase rates and reduce routes in response to current economic conditions.
- Health and dental care continues to be challenging with the most severe problems in paying for medical care. The County has a limited number of primary care providers that accept the medical card. Sixty-seven percent of United Way respondents report being uninsured for the past 24 months.
- Lane County could use more mental health services. The county needs more placement options for children with severe mental health needs and mental health services for

minority populations. Gaps in mental health services may affect the duration and severity of child welfare cases including services for foster children. Mental health services for returning military personnel may increase.

- Gambling addictions bring new mental health service needs. Over 800 youth receive prevention services
- Head Start generated mental health referrals have increased from 33 percent in 2008 to 43 percent in 2009.

Head Start Efforts

Head Start of Lane County responses to these identified community issues by involving, encouraging, advocating, assessing, referring and educating Head Start families, staff and community members.

Pregnancy Rate

HSOLC Early Head Start works in collaboration with existing programs that provide resources and support focused on pregnancy planning such as Lane County Public Health and Planned Parenthood.

Prenatal Care/Birth Weight

HSOLC EHS has a participating member on the Lane County Perinatal Health Team - which meets once a month to discuss goals and strategies to improve prenatal care, address access to care issues, and to develop preventive strategies to reduce perinatal mortality. Three years of Fetal and Infant Mortality Data was recently analyzed and used to develop a workplan for the group. Membership includes Lane County Public Health, HHS prevention staff, and representatives from medical groups and the University of Oregon.

Infant Mortality Rate

HSOLC EHS has established a system that allows for local obstetricians and pediatricians to refer directly to us for patients for whom they believe there is a higher risk of infant mortality. We have received 5+ referrals into EHS through that route in the past year, and will continue to do outreach to the two large physician's groups (Oregon Medical Group and PeaceHealth) to continue those referrals. Also-- the medical staff at Community Health Centers of Lane County (which oversee the prenatal program for Lane County's low income population) participates in our Health Services Advisory Committee and collaborates with us on many medical and dental projects with EHS and HS.

Housing

Head Start's database indicates From August 2010 to November 2010, 102 Head Start families have reported homelessness with 56 remaining homeless. Head Start of Lane County does many things to address homelessness from making homelessness an instant eligibility to working with

First Place Family Shelter to enroll age eligible homeless children. HSOLC also participates in the *Homeless Connect* event by having enrollment staff make immediate determination of eligibility and make resources/referrals for families. Homeless children are prioritized for enrollment over other children.

Food

In one month, Head Start served 5,712 meals to children and families in the form of breakfast, lunch or snack. Head Start also uses Head Start classroom gardens to supplement food for Head Start families and for children to learn about food from seed to harvest. A local non-profit organization *We all Win*, started a weekend food program for two Head Start locations with the hopes of extending the program to all enrolled Head Start families. The cycle menu incorporates the latest nutritional research to ensure children receive the healthiest meals possible. The Head Start goal is to develop sound food habits and an enhanced understanding of the basic nutrition needed for healthy bodies.

Childcare

Head Start offers full day/year childcare service at two Head Start locations and eight community childcare locations for 139 families. Head Start contracts with the Department of Health & Human Services (DHS) to receive the Employment Related Day Care (ERDC) subsidy to help offset the cost of the childcare portion of care or parents can volunteer to pay for the childcare portion of service. A Head Start child can be moved to a part day center in order to continue receiving Head Start services if a parent loses their childcare subsidy. Head Start hours are Monday-Friday, 7:30am-5:30pm. Community childcare locations have varying hours and may allow for sibling placement.

Transportation

The Head Start 2009 program report shows Head Start provided transportation to 576 students, while the school district transported an additional 26 children on Individual Family Service Plans. In November 2010, Head Start is transporting 530 Head Start students, 20 Early Head Start students plus two-siblings. The program can offer very limited bus passes and gas stipends to Head Start parents. In the past the program applied for a community grant to fund emergency transportation needs but funding was not granted in 2010/2011.

Health and Dental Care

Head Start works diligently to secure a medical/dental home for every Head Start child. Head Start of Lane County works with United Way 100% Access HealthCare Initiative, Community Health Centers of Lane County, and Volunteers in Medicine Clinic to afford Head Start families access to a medical home. A very active Health Services Advisory committee engages medical and dental professionals in how to provide services to low-income children and families. A dental clinic at Lane Community College allows Head Start to offer family oriented dental treatment days. Head Start of Lane County has implemented a dental sealant and topical fluoride prevention program in collaboration with Community Health Centers of Lane County. A Head Start child receives the sealant and fluoride treatments through Elementary Grade 2. In addition,

the agency has an approved American Lung Association Tobacco policy that includes providing resources and materials to stop smoking.. In the 2009/10 program year, 1,037 children entered with no medical home and 1,206 left with a medical home; 627 children entered with no dental home and 1,185 left with a dental home.

Mental Health

Head Start of Lane County mental health services is a process and is different for each child and family. Developing a trusting relationship with a mental health provider is part of the process. However, the process is more successful when parents become active and involved members in their child's mental health needs. Head Start works towards improving each child's quality of life by developing goals to learn the skills involved in coping with day-to-day stress, doing productive work, having meaningful relationships and being a part of the community. The Head Start program selection process continues to be on a point system whereby children that have identified disabilities, other at risk health or environmental factors, homelessness, military deployment or whose home language is other than English, receive priority points. The agency contracts with several community agencies to provide mental health services for children and families. The "Collaboration Team", made up by ECSE Behavior Specialist, Psychologist and Head Start meet bi-weekly to refer and staff children who have challenging behaviors and/or need assistance with social/emotional development. Head Start of Lane County opened a therapeutic classroom in order to provide the one-on-one support needed for behavioral risk children to succeed. The goal is to reintroduce these children into a regular classroom and be successful.

Section 5 - Strengths of Head Start Children and Families and Resources to Address Needs

Head Start families continually demonstrate their strength and desire to move towards a better future. A few examples include:

- Bringing child(ren) to school regularly. Many parents self-transport and staff sees them on a regular basis. The increase in gasoline makes this more challenging for parents.
- Latino families access Head Start services and feel "safe." Head Start of Lane County continues to address linguistic issues by offering dual language forms/information flyers, interpreters, translation equipment and bi-lingual staff.
- Head Start families become empowered members of the community. Policy Council elects two parents to represent Head Start of Lane County on the Oregon Head Start Association. This connection between local, state and national Head Start furthers the education of parents and strengthens advocacy efforts.

- Rural families commute long distances to access social services. The two furthest locations – Florence at 60 miles from Eugene has no public transportation to or from Eugene. Oakridge is 35 miles from Eugene and has the “Diamond Express” offering three daily trips to and from Eugene with hours matching typical commute times.
- Families attend family activity nights where they give input to site decisions that affect their children; they learn and play with their child in a variety of areas, including building literacy skills.
- Parents embrace the concept of free training and use the resources available to them to learn or enhance skills and knowledge.
- Parents participate in Policy Council, a governing body, and take their role seriously. The Council meets monthly and makes decisions related to funding, personnel, policies, facilities and other emergent issues.

The table below reflects social service agency’s focus, target audience and area of prevention / assistance available in Lane County. Head Start of Lane County will collaborate whenever possible to address the wide range of needs expressed by Head Start families. 211LaneCounty provides a one-stop website resource for social services.

Partner	Focus	Target										Prevention			
		Gender	Ethnicity	Rural	Screening	Universal	Home Visits	Childcare	El/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated
Addiction Counseling/Education Service, Inc (ACES)	Adolescent, adult alcohol/drug education/treatment			X								X	X		X
Adult & Family Services	Family self-sufficiency			X										X	
Al-Anon Family Groups	Support of individuals/families w/ issues related to alcohol/drug abuse										X				X
Alliance for Mental Ill of Lane County	Support, education & advocacy for persons w/ mental illness								X			X			X
American Red Cross	Blood donations, disaster assistance									X	X			X	X
Arc of Lane County	Respite/relief; information/referral to families/caregivers for			X			X	X		X					X

Partner	Focus	Target									Prevention				
		Gender	Ethnicity	Rural	Screening	Universal	Home Visits	Childcare	El/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated
	difficult needs.														
Birth to Three	Support/education for parents of infants/young children		X	X			X						X	X	
CASA of Lane Co.	Children 0-18 w/ abuse and/or neglect who are involved w/ courts.														X
Catholic Community Services of Lane co.	Support, self-sufficiency skills, young fathers, subsidized housing, youth parent shelters, utilities						X							X	
Center for Family Development	Mental health for persons eligible for OHP, chemical dependency									X	X			X	
Centro Latino Americano	Translation services, advocacy, housing, employment seeking for Spanish speakers only, chemical dependency, education , counseling		X				X		X	X	X		X	X	X
The Child Center	Children 3-12 mental health services for day treatment and 3-18 for outpatient								X	X					X
Community Center for Family Counseling	Individual and family counseling. Refining parenting skills, childcare									X		X	X		
Community Family Soup Kitchen	Hot, nutritious meals to families in need													X	
Community Safety Net programs	Case management & support for at risk families			X			X	X							X
Community Sharing Program	Food boxes, emergency shelter, rent, utility, prescription and transportation assistance			X										X	
Cottage Grove Counseling Clinic	Substance abuse, family therapy			X						X	X		X		

Partner	Focus	Target									Prevention			
		Gender	Ethnicity	Rural	Universal Screening	Home Visits	Childcare	El/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated
Direction Services	Mental health services, therapeutic work w/ families & w/ disabled children; information & referral			X		X		X		X				X
EC CARES	Local LIEP			X		X	X	X						X
Early Education Program (EEP)	Special education/early intervention preschool; family support							X						X
Educational Environments, Inc	Special education/early intervention ages 2.5-11							X						X
Lane County Family Resource Centers	Parent education/support			X			X				X			
Eugene Hearing & Speech Center	Children & adults audiology, speech/language services							X						X
Family Resource Connection	Parent education & support			X							X			
Food for Lane Co.	Hunger throughout County			X										X
Goodwill Industries	Vocational support services							X						X
Healthy Tomorrows	Well child program								X			X		
Lane Co. Healthy Start	Wellness, family health; school readiness; abuse prevention			X		X		X			X	X		
Lane Co. Public Health	Community health; mother/child health & nutrition, vaccinations			X		X			X		X	X	X	
Lane Co. Legal Aide	Legal assistance for low income persons involved w/ courts											X		
Lane Co. Mediation Program	Help with custodial issues/visitations and other plans for children										X	X		
Lane ESD	Education services 0-21 w/ autism			X				X						X
Family Connection of Lane & Douglas Counties	Parents seeking childcare/provider list			X			X				X			
Lane Regional Program	Education services for			X				X						X

Partner	Focus	Target									Prevention				
		Gender	Ethnicity	Rural	Screening	Universal	Home Visits	Childcare	El/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated
	ages 0-21 w/ hearing, orthopedic or visual impairment														
Options Counseling	Mental health services for children, adults & families									X		X	X		
Oregon Family Support Network	Advocacy support parents of children w/ mental health issues/physical, special needs							X		X					X
Oregon Research Institute	Independent research center in behavioral sciences					X						X			
OSU/Lane Co. Extension Service	Nutrition education for low income families. Family sustainability			X		X						X	X		
Pearl Buck Center	Therapeutic preschool for children age 2-5 of disabled adults. Parent education					X	X	X							X
Relief Nursery, Inc	Home visit for first time parents, outreach, early childhood program					X	X			X			X	X	
Saint Vincent de Paul	Limited assistances for basic needs. Soup kitchens, food boxes, housing											X	X		
Scar/Jasper Mountain Agency	Serves ages 4-12 in a stable environment, including family evaluation and assessments			X						X					X
Services to Children & Families (DHS)	Child protective services			X		X									X
South Lane Family Relief Nursery	Prevention of child abuse/neglect thru family support and early intervention		X	X								X			
Springfield Resource Centers	Parent education, support											X			

Partner	Focus	Target										Prevention		
		Gender	Ethnicity	Rural	Screening	Universal	Home Visits	Childcare	El/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected
United Way of Lane Co.	Health & human services	X	X	X		X		X				X	X	X
White Bird Clinic	Health/dental services					X			X	X	X		X	
WIC	Child/infant nutrition. Pregnant women								X				X	
Womenspace	Emergency shelter & advocacy for those experiencing domestic violence and/or sexual violence	X		X						X				X

Section 5 Conclusion

- Head Start parents are willing to commute to obtain services needed.
- Head Start parents are strong advocates for their children.
- Head Start parents develop a partnership agreement with Head Start to work on identified goals (identified by self or by another agency). By embedding all goals into one working document, Head Start families may receive better coordinated services and other social service agencies can pool their resources more effectively to reach the desired end result for all involved parties.

Head Start Efforts

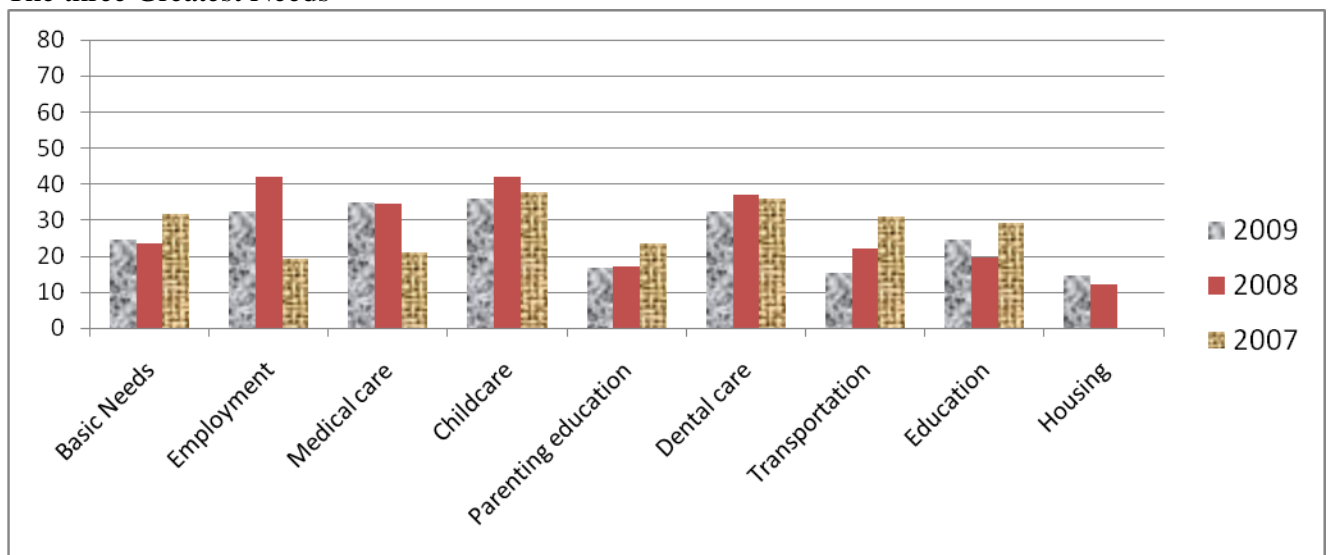
Recognized as a leader in early childhood education, Head Start of Lane County actively participates in state and local committees, policy and advocacy groups to sustain and build relationships for the betterment of early childhood education. Representatives from the agency currently sit on several state and local advisory committees dealing with each of the comprehensive services: education, family services, health, nutrition and administration. Head Start of Lane County looks for opportunities to invest wisely in facilities, like co-locating Relief Nursery and Head Start in one facility and extending training opportunities to community groups to expand professional growth opportunities. Joining family service plans into one cohesive document may help achieve better utilization of community and social services.

Section 6 Parent / Staff / Community Survey

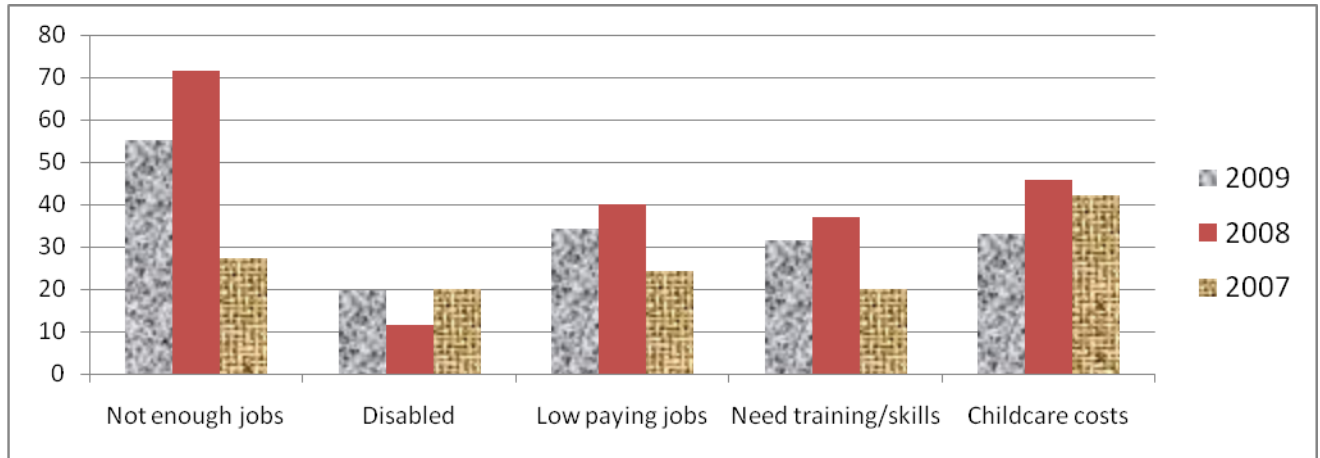
From February 2010 – March 2010, the Head Start parent survey was available in electronic and paper form. Policy Council completed the survey at the monthly Council meeting. The data was entered in SurveyMonkey and results electronically tabulated.

Head Start parents did not need help completing the enrollment application but those who did, received one on one help. The majority of children started in September 2009. A comparison from the past two years supports other community assessment data and the strategic directions for Head Start of Lane County.

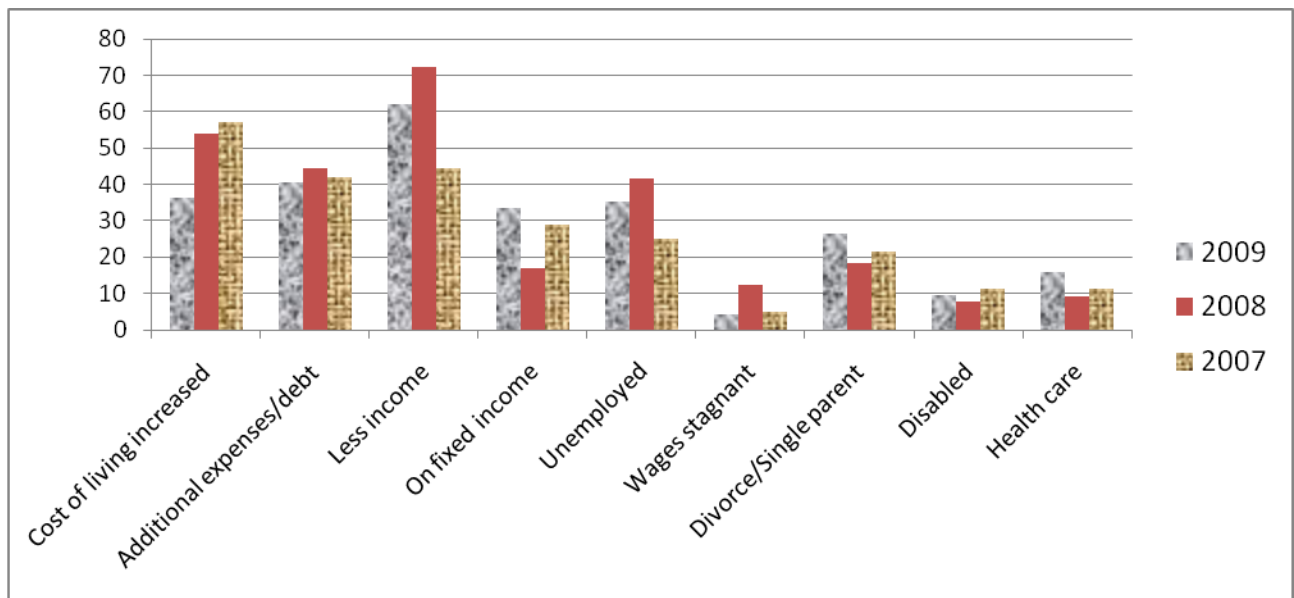
The three Greatest Needs



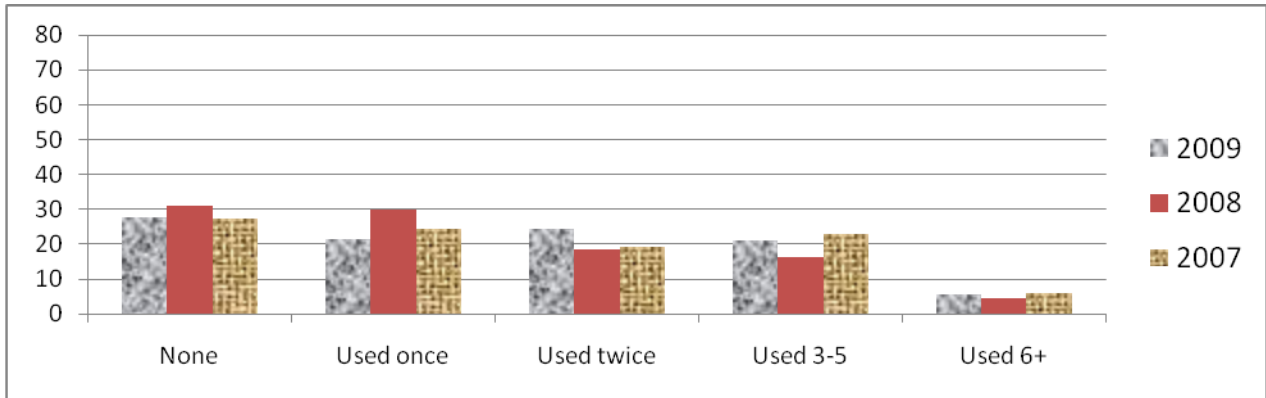
Reasons for feeling there is no employment opportunities:



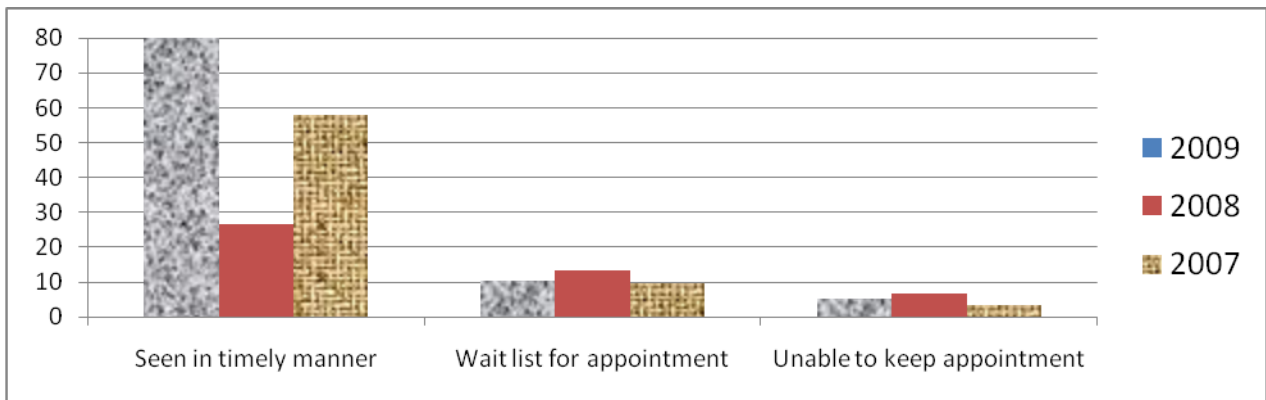
Head Start parents report (76.8%) not feeling better off economically this year than last year. The reasons given are:



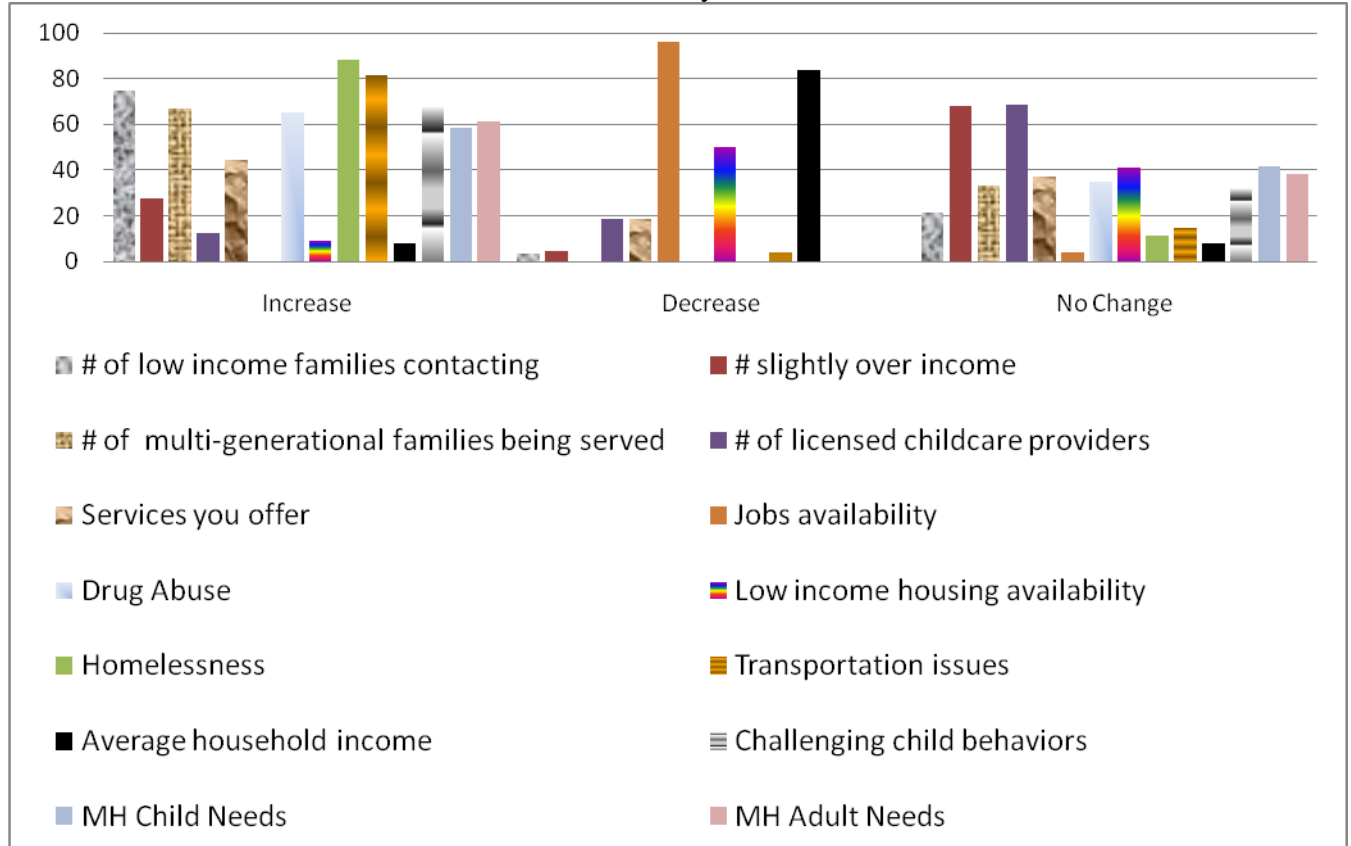
The use of community resources remains consistent from 2008 and 2007, with 24.1% using community resources frequently and 30.3% using community resources sometimes. There is a slight decrease in the use of emergency/urgent care from 2008 to 2007. This may be an indicator of local and state efforts to increase the number of insured children and families.



The satisfaction rating for Head Start generated referrals is universally high with the majority being seen in a timely manner.



The community survey, given to social service agencies serving the same type of population indicates the same trends as outlined in this community assessment:



The staff survey indicates staff has access and input into program planning, that most of the time services given are culturally appropriate. Health, food service and meals for children and supervisor satisfaction was scored at the highest satisfaction level.

Section 6 Conclusion

- Parent satisfaction with Head Start services is high but there are concerns with community availability to support Head Start families and children.
- Staff has confidence in the agency leadership and desire training to enhance their technology base and communication skills.
- Community providers reflect the same trends in access, availability and resources.

Head Start Efforts

The core purpose or mission statement “ensuring that our youngest children have a solid foundation for life” is HSOLC fundamental reason for being. These core values are demonstrated through respect for the uniqueness of every individual served, developing family partnerships, providing quality, comprehensive services with demonstrated results and collaborating among staff and community partners. Head Start is committed to providing a learning environment for staff, parents and community partners. Head Start values the partnerships formed, recognizing these partnerships as essential to ensuring accessibility and availability of needed services.

Information Source:

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National Alliance on Mental Illness Lane County 2010 Annual Report
Grading the States 2009: A Report on America's Health care for Adults with Serious Mental Illness
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Regional Prosperity Economic Development Plan: Building on the Next Generation
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News Release: Latest USDA hunger report. <http://www.ers.usda.gov/Publications/ERR108.pdf>
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Oregon TANF Caseload Flash
State of Oregon Population Forecast by Age and Sex
Housing and Community Services Agency of Lane County
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Eugene-Springfield Consolidated Plan 2010
Child Care and education in Oregon and Its Counties: 2008
Fall 2010 DHS and OHA Caseload Forecast
Head Start of Lane County parent, staff, community survey 2009/2010
Head Start of Lane County Program Information Report
Daily Emerald: Recognizing Returning Veterans May 2010
Oregon Partnership: A tragic record for US Army suicides- more than one per day in June (July 2010)
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