



2010 COMMUNITY COMPREHENSIVE PLAN UPDATE JUVENILE CRIME PREVENTION PLAN

INTRODUCTION

The Columbia County Commission on Children and Families is responsible for convening, facilitating and leading the community in reassessing the Community Comprehensive Plan for Children and Families submitted in January, 2008, to determine its relevancy to current community conditions. It is also tasked with assessing the current status of Juvenile Crime Prevention in Columbia County.

The Commission asked for and was granted permission by the Oregon Commission on Children and Families to submit one document which includes the 2010 Community Comprehensive Plan Update and the Juvenile Crime Prevention Plan. This document is more than a combination of these two plans, however. It includes information from over 20 other plans, each of which is meant to guide dollars and activities for a specific portion of our Columbia County population. Each of these plans are required by various state agencies.

Including detailed information from all the above mentioned plans would be duplicative. This document is, therefore, meant as a starting point for the reader to explore their particular area of interest. It is important that this locally driven planning document be used to inform the future in building coordinated strategies and activities as well as funding. It is also written with the hope that at a state level, efforts will continue to meld and simplify planning processes so that planning can be accomplished more efficiently and outcomes for all children and families are constantly improving.

ORGANIZATION OF THE DOCUMENT

This document is divided into sections: Summary of Process, Population Overview, Update for Comprehensive Plan Community Issues, Juvenile Crime Prevention Plan, Signature Page, Appendix, Websites and Index. Each Community Issue was identified in the 2008-2014 Community Comprehensive Plan. Juvenile Crime Prevention was one of the Community Issues.

The sections provide the reader with a summary of information and data available in March, 2010. Since data is constantly being updated, the reader is encouraged to explore the most recent information which is referenced in each Section. The reader is encouraged to review the entire document for more in depth information. Please refer to the Index.

HIGH LEVEL OUTCOMES

Each Community Issue references one or more High Level Outcomes. A High Level Outcome can be described as aggregate state and county-wide social indicators of well-being for Oregon children, youth and families. This definition is based on Dr. Clara Pratt's, Building Results, which was work she completed with Oregon State University, Family Policy Center. High Level Outcomes are used for tracking data at a state level with state agencies.

SECTION 1 SUMMARY OF THE PROCESS: COMPREHENSIVE PLAN AND JUVENILE CRIME PREVENTION PLAN

Multiple Plans → One Coordinated Plan

Columbia County's Commission on Children and Families began its planning process for Community Comprehensive Plan Update (CPU) and Juvenile Crime Prevention Plan (JCPP) in August, 2008. The Commission's planning teams for the CPU and the JCPP started discussions about how to make the results from these two planning events the most effective for Columbia County residents.

The discussions included representatives from the many organizations in Columbia County who were also required to complete their own plans by the State of Oregon. Over 20 plans were identified. It became clear there were no consistent, coordinated guidelines, templates nor timelines amongst state agencies which guided their planning processes. Individual, multiple plans are expensive to complete and not useful. In the words of a local policy maker, "We are spending dollars to figure out now to spend pennies."

It was agreed that combining the CPU and JCPP would elicit the best product for planning and for use by residents. One process would also be the most cost effective for all those involved. The groups agreed this would be an opportunity to create a single document which referenced as many other planning documents as possible.

Commission members agreed to pursue one combined, coordinated process and the Board of County Commissioners concurred. The Local Commission was appointed the lead agency for both the CPU and JCPP: It was a logical group to initiate this unique coordinated planning work as community comprehensive planning was the cornerstone for the implementation of the Commission system. The Local Commission was given the authority to review and recommend approval of the final plan to the Board of County Commissioners.

The Local Public Safety Coordinating Council reviewed and approved the process. Multiple partners representing their own planning processes agreed to have reference made to their plans or to have excerpts from their plans included in the final document. The Early Childhood Team provided input. Columbia Community Mental Health requested assistance from Local Commission staff in implementing a community meeting to gather information for the Mental Health and Addictions Plan.

Steering Committee,

The Comprehensive Plan and Juvenile Services/Crime Plan teams accepted the task of being the Steering Committee for the coordinated planning work. Their job was to guide the process to successful completion by insuring inclusiveness, insuring timelines were met, and reviewing the JCPP consultants recommendations. Members of the Steering Committee are listed in the Appendix.

Staffing the Process

Commission staff were responsible for managing the process, engaging the community, completing the plans and entering data. The media were notified and an article written in a local newspaper inviting public input.

Staff began collecting data. Sources included local agencies, on-line plans, narrative by partner agencies, interview summaries, meeting summaries, information from individuals and websites. Over 100 people provided information. They are shown in the Appendix labeled Participation List.

JCPP Pilot and Process

In August, 2008, the Local Commission and Columbia County Juvenile Department were approached by a representative of Oregon Commission on Children and Families (OCCF) and asked to pilot a unique JCPP planning process. This was to include consultation by a researcher who would guide Columbia County through a truly comprehensive review of our Juvenile Justice system. The Local Commission and Juvenile Department would be co-leads. The Local Commission, Juvenile Department and County Commissioners agreed. With this agreement, there was confirmation that this would be a part of a larger, combined process as detailed above.

A consultant, Dr. Teri Martin, was assigned to work with Columbia County's JCPP. She agreed that her work with JCPP would be the most meaningful if it were combined with the CPU. While her work was focused in juvenile crime prevention, her approach was inclusive of all events impacting children, youth and families in the county.

Dr. Martin interviewed about 40 individuals to gather information about the Juvenile Crime Prevention (JCP) funded program and the Juvenile Justice system. She reviewed juvenile crime data and the NPC evaluation of the JCP program. She submitted a summary report and recommendations. The recommendations were reviewed by members of the CPU and JCPP team and responses given. The summary report and recommendations are included in the Juvenile Crime Prevention Plan section of this document.

On March 3, 2010, a request was made to OCCF continue evaluating Columbia County's Juvenile Justice system including the Commission on Children and Families, Juvenile Department, Columbia Community Mental Health, the court system, law enforcement, the Department of Human Services and the Oregon Youth Authority.

Participants

Over 100 people contributed data and information for this document. The willingness of state and local partners to contribute to one another's processes continues to be a local standard of performance. Included in the information was feedback from families and consumers.

Youth were included in the process via input from local planning groups such as students attending the St. Helens Community School and St. Helens School District Youth Advisory Board. This is an area which will be included in our continued Juvenile Justice system review.

Approval of One Plan

Local Commission staff requested and received approval from OCCF to submit one coordinated plan with the same due date. OCCF staff also gave approval for the Local Commission to submit this plan in a format which met state requirements and was useful to the community.

SECTION 2 POPULATION OVERVIEW

Columbia County's population is growing. The following are the updated population facts and figures which show changes in the population. For more information refer to the Appendix.

Columbia County...

- Had a population of 49,408 in 2008.
- Gained 5,848 residents between 2000 and 2008.
- Grew by 13.4 percent between 2000 and 2008, compared to an increase of 10.8 percent in Oregon as a whole.
- Gained 20,618 residents since 1970.
- Had a 2000-2008 rate of population change that ranked 6th – from highest to lowest – out of the 36 counties reporting data.

County and Cities	July 1 Population Estimates					Census Population 4/1/2000
	2008	2007	2006	2005	2004	
Oregon	3,791,075	3,745,455	3,690,505	3,631,440	3,582,600	3,421,399
COLUMBIA	48,095	47,565	46,965	46,220	45,650	43,560
Clatskanie	1,740	1,710	1,675	1,660	1,650	1,528
Columbia City	1,975	1,955	1,890	1,785	1,760	1,571
Prescott	60	60	60	60	60	72
Rainier	1,810	1,775	1,705	1,760	1,750	1,687
St. Helens	12,325	12,075	11,940	11,795	11,370	10,019
Scappoose	6,580	6,090	5,840	5,700	5,590	4,976
Vernonia	2,365	2,365	2,340	2,275	2,260	2,228
Unincorporated	21,240	21,535	21,515	21,185	21,210	21,479
http://www.pdx.edu/sites/www.pdx.edu.prc/files/media_assets/PopRpt08c.pdf						

	2009	2008	2007	2006
General Population	48,410	48,095	47,565	46,965
Youth Population 0-17 yrs.	11,462 (23.7%)	11,530 (24%)	11,852 (24.9%)	11,831 (25.2%)
Youth Population 4-20 yrs.	11,118 (22.9%)			
Youth Population 0-4 yrs.		2865	2517	2560
Youth Population 5-9 yrs.		2962	2996	3040
Youth Population 10-14 yrs.		3515	3585	3608
Youth Population 15-17 yrs.		2189	2754	2623
Youth Population 18-19 yrs.		1459	1138	1160
Hispanic Youth 0-17 yrs.		690 (6.2%)	696 (6.2%)	681 (5.9%)
Black Youth 0-17 yrs.		154 (1.4%)	145 (1.3%)	129 (1.1%)
American Indian/AN Youth 0-17 yrs.		230 (2.1%)	230 (2%)	229 (2%)
Asian Youth 0-17 yrs.		158 (1.4%)	150 (1.3%)	144 (1.3%)

Data Sources:

Population Data: 2009 and 2008 Population Reports, Portland State University Population Research Center <http://www.pdx.edu/prc/>

Youth Race and Ethnicity Data: OJJDP "Easy Access to Juvenile Populations" <http://ojjdp.ncjrs.gov/ojstatbb/ezapop/>

Columbia County Juvenile Population by Race Ages 0-17 2008

Sex	Race	Count	State	Percent
Male	White	5423	395,767	1.4
Female	White	5115	376,819	1.4
Male	Black	78	17,454	.4
Female	Black	76	16,678	.5
Male	American Indian	110	9,814	1.1
Female	American Indian	120	9,501	1.3
Male	Asian	75	20,917	.4
Female	Asian	83	20,625	.4
Male	Hispanic	354	84,889	.4
Female	Hispanic	336	80,136	.4
		11,770	1,032,600	

Data Source: National Center for Health Statistics (2009). Estimates of the July 1, 2000-July 1, 2008, United States resident population from the Vintage 2008 postcensal series by year, county, age, sex, race, and Hispanic origin. [Released 9/2/2009; Retrieved 9/3/2009]. Prepared under a collaborative arrangement with the U.S. Census Bureau. Available online from http://www.cdc.gov/nchs/nvss/bridged_race.htm. Retrieved February 10, 2010, from <http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/>

SECTION 3 2010 COMMUNITY COMPREHENSIVE PLAN UPDATE

HIGHLIGHTS

The following are highlights from an analysis of data and information. The most significant changes in Columbia County since the 2008 Community Comprehensive Plan are:

- Increased population. See Section 1, Population.
- Maintenance of Community Action Team parent education programs via grants.
- Decreased capacity of organizations to support those who have lost jobs and insurance, many of whom are unemployed for the first time. See Organizational Capacity.
- Decreased health insurance coverage due to increased unemployment. See Health Care.
- Initiation of work by Columbia Health District to increase healthy environments.
- Increased youth and adult homelessness due to increased unemployment. See Homeless and Runaway Youth and Homeless Adults.
- Improved public transportation by the Columbia County Transit Division.
- Decreased juvenile crime.
- Initiation of planning by Columbia Community Mental Health for wraparound mental health supports for high risk youth.
- Commission on Children and Families maintained the extended day/after school programs in Vernonia and implemented the St. Helens Middle School Community School.
- Loss of jobs and increased unemployment. See Economic Development.
- Affordable housing continues to be a serious problem.
- Increased use of the Columbia Pacific Food Bank, Food Pantries and Free Meal site. See Food Security.
- Economic development has suffered losses.

These changes are discussed in more detail below. The reader is referred to contact information including websites for further exploration.

COMMUNITY ISSUES

The following 15 Community Issues were identified in the 2008 Community Comprehensive Plan. There have been no changes in the Community Issues. The issues are not in priority order. The Focus Issue remains the same.

Each of the 15 issues addresses a specific topic and they are interrelated. In other words, while Family Supports is an important issue, it is related to and connected to all other Community Issues, including Juvenile Crime Prevention.

Community Issue: Family Supports

This issue addresses the following High Level Outcome: Reduce Poverty

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

Continual and consistent outreach and supports to all parents remains vital for healthy family development. Strong, nurturing families lead to improved literacy and school success, good problem solving skills and decreased violence.

Supports and services to our families are most effective when delivered in non-stigmatizing sites such as community centers and schools, in each community. Columbia County has prioritized this component of best practice for many years. In the words of Rainier School District Superintendent, Michael Carter, "We must bridge the geographic challenge."

Needs, Gaps and Barriers

The following continue to be identified as areas of high need: support for grandparents raising grandchildren, a trend which is increasing; support for families who are involved in the criminal justice system; and support for families who have involvement with alcohol and drugs.

Continuing to strengthen the following family supports is critical: parent education for all ages and stages of development, literacy, legal services, respite, youth and adult mentors, early childhood programs including Healthy Start, Early Head Start, Healthy Start, and wraparound services designed to support specific family needs and coordinated among service providers.

Community Issue: Alcohol and Drug Prevention, Treatment and Supports

This issue addresses the following High Level Outcome: Reduce Adult Substance Abuse

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan

Adult and youth substance abuse remains inextricably linked to adult and juvenile crime, school failure, poverty and poor health outcomes. Specific services for youth which need to be maintained and increased are: early identification of substance abuse, healthy activities such as before and after school programs, housing for homeless youth and families, alcohol and drug treatment and transitional housing. The faith and recovery communities are actively engaged in supporting organizations, individuals and families.

Columbia Community Mental Health Implementation Plan

A Community Meeting on January 14, 2010, resulted in the identification of priorities and strategies which are included in Columbia Community Mental Health's (CCMH) 2010

Implementation Plan, required by the Department of Human Services. The Implementation Plan includes the following highlights. For additional information contact Columbia Community Mental Health (CCMH).

- Detox continues to be provided in Portland, Oregon, or Longview, Washington. Follow up treatment options are managed after detox including wait lists for residential treatment and outpatient treatment.
- Coordination and integration of care is a priority.
- Improve how services are provided or can be maintained or improved for Spanish speaking clients: translators are available and materials and forms are in Spanish. There is also a strategy addressing the need to review the county's demographics and to establish a workgroup to assist CCMH in developing policies and procedures related to cultural competency.
- Youth are assessed for level of care from outpatient to Day Treatment.
- Gambling addiction services are provided by CCMH.
- Continue current prevention activities including supporting community coalitions.

Treatment Service Updates

Other changes in alcohol and drug treatment in the county include:

- Columbia County initiated an Adult Drug Court (ADC) in September, 2007. The ADC experienced a transition in, 2009, which resulted in a lack of consistent data and analysis. The program is now running smoothly with successful graduates. Partners in the program include State Courts, the Department of Human Services and FASCETS, Inc.
- The Family Dependency Court began in May, 2009. The length of time some of the children in foster care, whose parents are in this program, has decreased. Data for this program is currently being collected.
- Columbia Community Mental Health continues to manage Pathways, an adult treatment facility. Pathways reported 80% of those involved successfully completed treatment.
- Columbia Community Mental Health continues to manage the Day Treatment program for youth. A component to this program is a juvenile drug court. The program can serve an average of 25 students at any given time. It includes education and proctor care.

2010, Youth Information

There is no consistent countywide measure of alcohol and drug use by youth. The Oregon Healthy Teens Survey was only completed by the Clatskanie School District in 2009. There are plans in 2010 for the following School Districts to complete the survey: Clatskanie, Rainier, Scappoose, and Vernonia. It appears that alcohol use remains about the same in the county. However, an increase in the use of prescription drugs has been noted in Clatskanie. These are drugs for which a prescription has been written by a licensed physician. The Scappoose School District continues to fund a Prevention Specialist who works with students in the district throughout the entire year, providing education, support and referrals.

Needs, Gaps and Barriers

Local needs continue to include: prevention services, transitional housing for females with children, identification and treatment for adults, after care services for all ages, transitional housing for males, increased adult treatment, drug and dependency courts, and consistent law enforcement and policies.

Community Issue: Organizational Capacity

This issue addresses the following High Level Outcome: Poverty

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

Since, 2008, the infrastructure of organizations serving Columbia County residents has been, in most cases, severely impacted by the State of Oregon's dire economic conditions. As economic conditions in Columbia County worsen, there are fewer staff doing more work as caseloads and requests for service of all types increase. Columbia County organizations have made a commitment to continue to work together and support one another. However, this is becoming more difficult as positions at all levels are being cut. While planning for the future seems to be a luxury, it becomes more essential as services are reduced.

Volunteering

In meeting infrastructure needs, it has become more important to seek volunteer assistance. Volunteer Columbia was established to be a clearinghouse for volunteering in Columbia County by matching people looking for volunteer opportunities with community organizations needing help. For more information, visit the website at www.volunteercolumbia.com/.

Emergency Management

Columbia County has experienced a variety of emergency situations in the past 10 years. Emergency management has become increasingly important to Columbia County organizations and individuals. Columbia County Emergency Management is the coordinating agency for emergency preparedness, response and recovery throughout Columbia County. It is a Columbia County Department which addresses a wide variety of issues, including emergency planning, public outreach, resource/information acquisition and management. The department is overseen by an advisory commission comprising of community leaders and emergency responders from around the county, who then provide feedback to the Board of County Commissioners.

Columbia County Emergency Management is in the process of updating the county-wide Emergency Operations Plan, which sets response protocols for various aspects of disasters. It is working with human services agencies through our At-Risk Populations Group to address the needs of those who may need additional assistance in a disaster. The current county-wide plan may be found at www.co.columbia.or.us, with the updated version expected to be posted in spring 2010.

Organizational Relationships and Quality

For many years, the Comprehensive Plan has identified the need for using strength based organizational management. The Plan has highlighted the need for maintaining strong, healthy relationships among service providers and the public and open, honest and respectful communication. Positive cross discipline relationships and communication are necessary to solve problems which allow systems of service to meet the needs of the public.

Standards of practice are also required which include appropriate financial resources and staffing levels, professional, educated and trained staff, supports for staff, and trained, supervised and supported volunteers. Sharing resources to meet standards has been a local practice.

However, since 2008, as resources have diminished, staff hours and positions have been cut. Infrastructure has been damaged and in some cases is noticeably crumbling. People and organizations become reactive rather than proactive. The quality of service has in some cases decreased. Fund raising has become increasingly important while those contributing have fewer resources.

The result is an increase in the quantity of work for those left. Stress has increased which in turn causes communication breakdown. As research shows, increased stress causes increased illness and time lost from work. Time lost eventually equates to more work accumulating. While email has improved communication, it has also resulted in decreased in-person encounters, increased misunderstandings and an overwhelming amount of information to process.

Organizations in Columbia County are all experiencing the above at all levels. In spite of this, there remains a commitment to find ways to maintain good relationships, to evaluate standards of performance and improve outcomes, share resources, and involve communities in identifying and creating solutions. Strong, positive relationships are at the heart of working well together during times of stress. Columbia County has been noted for sustaining these relationships.

Needs, Gaps and Barriers

In order for organizations to serve increasing local needs, increasing funds for all local human service organizations is necessary. Funding should be based on identified needs and performance. They should also be a part of a system driven and supported by local people. In the words of Michael Carter, Rainier School District Superintendent, "Columbia County must have a coordinated, consolidated approach presented to Salem which forms a quilt rather than a patchwork."

Community Issue: Public Safety

This issue addresses the following High Level Outcome: Overall Crime

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

About half of the county's population lives in unincorporated areas. There continues to be a shortage of law enforcement in the unincorporated areas of the county. In 2009, the Board of County Commissioners called together the Enhanced Law Enforcement Advisory Committee. The task of this group is to find methods to operate within budgetary constraints and to improve the quality of public safety services throughout Columbia County.

2010 Adult Crime Information

From Columbia County Community Corrections Annual Report, July 1, 2008, through June 30, 2009:

- The largest range for Age at Intake was 26 to 30 years at 17%. The next was 21 to 25 years at 16%, followed by 36 to 40 years at 14%.
- 96% of crimes are committed by those identifying themselves as White.
- 78% were male and 22% were female.
- Drugs comprised the largest of the Offense Group categories at 180. The next highest category was Assault at 68.

For more information about Public Safety, visit the Columbia County Sheriff's Office website at www.co.columbia.or.us/sheriff/ and the Oregon State Police website at www.oregon.gov/OSP.

Needs, Gaps and Barriers

Preventing the Columbia County population from entering the criminal justice system is essential. Supports for those in the system is also essential to prevent re-offending. These supports include math and reading literacy education, parent education, health care (mental, physical, alcohol and drug treatment), skill building to re-enter the workforce, mentors, drug and dependency courts.

Community Issue: Health Care

This issue addresses the following High Level Outcome: Access to Health Care.

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

Access to health care has been identified as a community issue since 1994. In 2009, Columbia Health District (CHD) initiated a countywide process designed to enhance the ability of communities to develop and implement change strategies linked to policies and environmental change that can help prevent or manage chronic diseases. The work included assessing tobacco, nutrition, built environments, and living well programs county wide. It continues and will be reporting outcome data in the future.

The following changes have taken place since 2008:

- Social work staff was added to the Oregon Health Sciences University
- A 2nd School Based Health Center opened in the Rainier School District, adding to the SBHC in the St. Helens School District.
- Oregon Health Sciences University Clinic (OHSU) in Scappoose has added a Physicians Assistant and radiology services, with an additional MD and possibly mammography services expected to start in July, 2010. The number of patient visits at the clinic increases each year. In, 2008, the number of visits was about 19,000 per year. In, 2009, the number increased to 21,000. There is an expected increase to 24,000 in 2010.
- Oregon initiated the Healthy Kids Plan, increasing access to health care for children.
- Teen pregnancy has increased.

- The Columbia Health District initiated work to create healthy environments through ACHIEVE.
- Columbia County Safe Kids Chapter has increased child safety by holding monthly child car seat safety clinics in each area of the county.

School Based Health Centers

The Department of Human Services reports the following regarding health insurance coverage for students accessing care in the county’s two School Based Health Centers:

- Current SBHC patients in Rainier are:
40% insured by Oregon Health Plan
35% uninsured
20% private insurance
5% unknown insurance status
- Current SBHC patients in St. Helens are:
20% insured by Oregon Health Plan
36% uninsured
44% private insurance or unknown insurance status

Teen Pregnancy

Teen Pregnancy Count and Rate for Teens 10-17

County	2006	2007	2008*
Total	2096	2000	1940*
Columbia	34	12	23*
Rate	11.2 per 1000	3.9 per 1000	8.4 per 1000*

*Preliminary Data.

Retrieved February 8, 2010, from S:\wpdocs\COMPPLAN\2010 Update\Data\Teen Pregnancy Data.mht and <http://www.dhs.state.or.us/dhs/ph/chs/data/teen/tprate.shtml>

Columbia Health District Plan

On June 10, 2009, Columbia Health District (CHD) completed a tri-annual plan for Columbia County. For more information about the Columbia Health District 2009-2010 Plan visit: Oregon.gov/dhs/ph/lhd.

The following information is from the CHD Plan:

- Some of the clear deficits in health care services in Columbia County are infrastructure related. There is no hospital although work is being done to build one.
- The closest ER is approximately 30 miles away. There is one urgent care clinic in the county and it does not provide services 24 hours a day.
- The entire county is considered a health professional shortage area (HPSA) by the federal government.
- With the significant unemployment in Columbia County there are rising rates of uninsured. Of Oregon Health Plan (OHP), Medicaid and SCHIP enrollees approximately 55% are

children 18 years and under, 35% adults 19-64 years of age, and 9% adults 65 years and older.

- There are major prevention and mental health needs, and all services in outlying rural areas are minimal.
- Children are particularly under served with a projected need for 4 pediatricians—currently the county has 1.
- Clatskanie and Vernonia have a higher death rate among young people than the rate for Oregon.
- CHD will continue planning for infrastructure to build healthy communities and sustain the 2 School Based Health Centers.

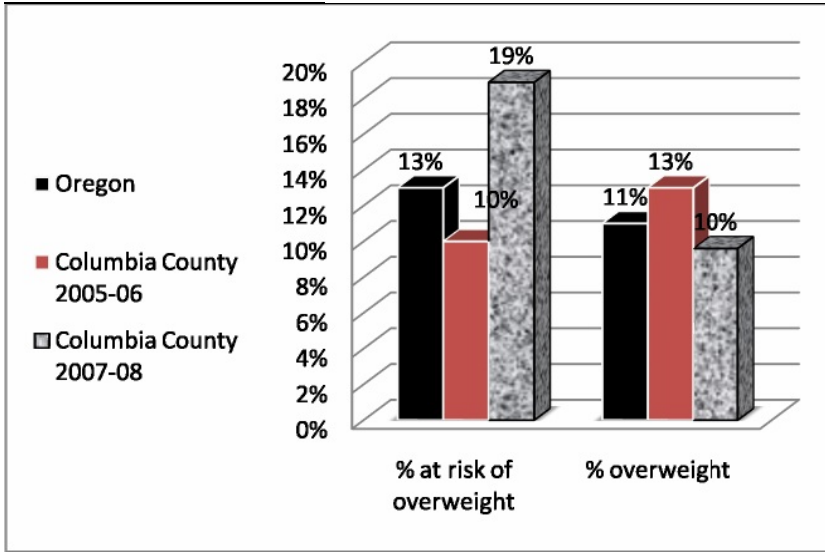
The Columbia Health District reports the following regarding youth:

Youth		% Who meet the CDC physical activity recommendations		% Who consumed at least 5 servings of fruits & vegetables per day		% Who drank <i>at least</i> 7 sodas per week		% Who participated in PE daily	
		2005-2006	2007-2008	2005-2006	2007-2008	2005-2006	2007-2008	2005-2006	2007-2008
1th Graders	Oregon	49%		18%		27%		19%	
	Columbia County	53%	58.8%	21.3%	17.6%	26%	19.9%	32%	33%
8th Graders	Oregon	59%		24%		23%		55%	
	Columbia County	59%	61.9%	23%	20.9%	27%	39.6%	24%	51.7%

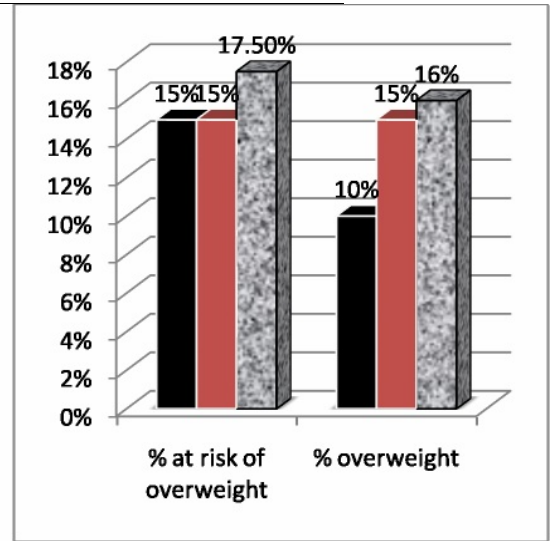
Oregon Healthy Teens Survey, 2005-2006

Childhood Obesity

11th Graders



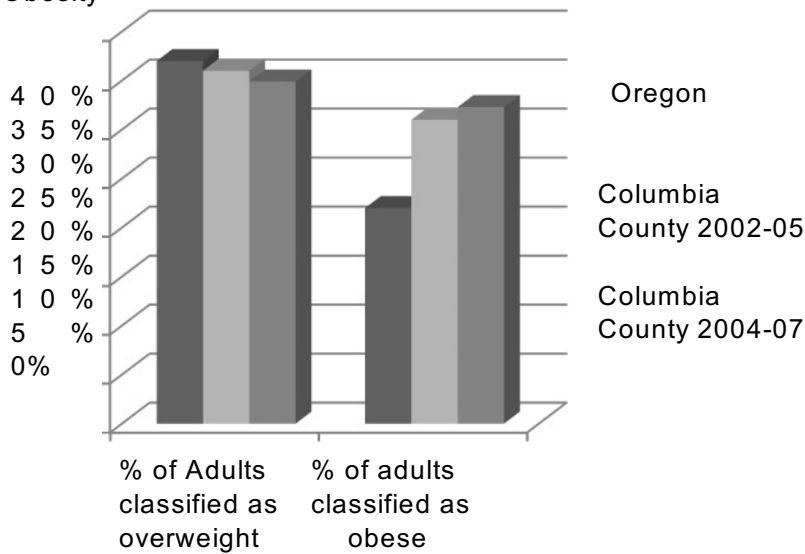
8th Graders



Oregon Healthy Teens Survey, 2005-2006

Adult health care concerns are demonstrated by the following:

Adult Obesity



From: Behavioral Risk Factor Surveillance Survey 2002-05 and 2004-07

Physical Activity & Nutrition

	% Who meet the CDC physical activity recommendations	% Who consumed at least 5 servings of fruits & vegetables per day	% Who had their cholesterol checked within the past 5 years (> or =18 years old)
Oregon	57.9%	26.6%	69.4%
Columbia County	62.3%	29.8%	79.3%

From: Behavioral Risk Factor Surveillance Survey 2002-05 and 2004-07

Needs, Gaps and Barriers

Health care needs continue to include: school based health centers, health care and supports for adolescents, childhood inactivity and obesity, nutrition education, dental care, prenatal care, immunizations, Public Health services, hospital services, access to prescription drugs especially for mental health care, safety information and resources such as child care safety seats and bike helmets.

Community Issue: Homeless and Runaway Youth and Homeless Adults

This issue addresses the following High Level Outcome: Reduce Poverty.

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

Statistics do not tell the true story about the numbers of homeless youth in Columbia County. Finding supports for them is difficult. There is not a local shelter and funds and safe places to house and nurture them are limited. Youth “couch surf.” Homeless and runaway youth are closely linked to juvenile crime, dropping out of high school, and substance abuse. Homeless families have become an increasing challenge for the county with limited resources available to prevent and address homelessness.

Community Action Team completed the Oregon Housing and Community Services One Night Homeless Count in January, 2009. This information includes youth, families and those in emergency shelters. The January, 2010, report will be available in May, 2010. For more information on the One Night Homeless Count, contact Community Action Team at 503-397.3511. Community Action Team is in the process of updating their annual plan.

The 2009 report shows the largest homeless population is One Parent Families with Children. The second largest population is Single Adults (18 or older). The largest population meeting the State

Definition of Chronic Homelessness are Single Adults (18 or older). There were twice as many males as females. Out of 427 in the Count, 349 identified themselves as White. The number one cause identified for being homeless was "Couldn't Afford Rent" with "Unemployed" being the second. "Substance Abuse" was noted as the highest secondary Population Characteristic.

According to Community Action Team input made in March, 2010, "The dynamics of people seeking assistance has changed in the last year; we have households who lost their homes due to mortgage foreclosure,(who have never asked for assistance before) seniors who are having their kids move back home with them and many young girls in high school who are pregnant. We have many seniors on fixed income who are paying more than 80% of their income towards rent."

There is work being done to gather partners to more deeply assess current services, gaps and solutions. This is being led by Community Action Team and the Commission on Children and Families.

Needs, Gaps and Barriers

The following have been identified as on-going needs: youth shelter, family shelter, support services for those in shelter, and transitional support services.

Community Issue: Transportation

This issue addresses the following High Level Outcome: Accessible Transportation.

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

According to US Census Bureau's 2008 Local Employment Dynamics Program over 71% of our population commutes outside the county to work. We do not have a hospital nor college in Columbia County. Access to jobs, health care, food, and education outside the county remains critical. Transportation is inextricably linked to local issues such as family supports, public safety, poverty, and all areas of health care.

The Columbia County Transit Division is a Columbia County department. The Division is responsible for the Columbia County Transportation Coordinated Human Services Public Transportation Plan "Coordinated Plan". The Division is also responsible for the Community Wide Plan Update which was completed in July, 2009, and is in the final approval process.

The Coordinated Plan includes the following:

- Longview in the State of Washington, Multnomah and Washington Counties in Oregon are destination points for Columbia County residents.
- The Plan states, "In 2008, Columbia County led the State in the percentage of increased ridership. Ridership increased 88% and the number of miles driven was up 41%." All areas are now connected by daily public transportation and the county is connected to Portland, Westport, Astoria and Longview, Washington. Saturday service from St. Helens to Portland was added in January, 2010, with plans for expansion. The Transportation Plan also states,

“The Columbia County Rider has most recently seen an increase in the use of its public transit by laid-off workers going to education/retraining facilities and is looking at ways to provide evening service to accommodate evening classes.” Accessibility in the more remote areas of the county is being planned. Accessibility for health care, education, jobs, and shopping is one of the highest priorities.

- Gaps in transportation include the identification and improvement of services for special needs populations including Veterans. The Division is in the process of working to fill this need.

For more information refer to the Columbia County Transportation Coordinated Human Services Public Transportation Plan “Coordinated Plan” Approved Update May 6, 2009, on file with the Columbia County Transit Department or visit the Columbia County, Oregon website at www.columbiacountyrider.com/Transit_Planning.html

Needs, Gaps and Barriers

Safe, affordable transportation has been identified as a crucial need since 1994. In the past two years, access to public transportation has significantly improved due to an influx of funding opportunities and successful grant applications by the Columbia County Transit Division.

Community Issue: Juvenile Crime Prevention

This issue addresses the following High Level Outcome: Decrease Juvenile Arrests

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

Please refer to the Juvenile Crime Prevention Plan section of this document.

Community Issue: Safety and Freedom from Violence

This issue addresses the following High Level Outcome: Reduce Child Maltreatment

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

Child Maltreatment

Child maltreatment remains a significant and prevalent problem and one which is not captured accurately by statistics. Also, domestic violence data is not uniformly collected. Decreases in law enforcement and Department of Human Services Child Welfare staff have an impact on this data.

Locally kept, unofficial statistics indicate our child abuse rate is linked alcohol and drug use, family violence and criminal activity. The Juvenile Department reports there is a correlation between child abuse and neglect and juvenile crime.

Child Protection System (CPS) Assessments:

CPS assessments are given a disposition of “Founded,” “Unfounded,” or “Unable to Determine.” When an assessment is founded, the children associated with that founded assessments are victims of child abuse/neglect.

County	Founded	Unfounded	Unable to Determine	Total
Columbia (2008)	78	302	64	444
Columbia (2009)	111	313	85	509
Oregon Total	6,943*	14,343*	6,199*	27,485*

*State total includes investigations by DHS Office of Investigations Training.
Retrieved Feb. 28, 2010 from <http://dhsforms.hr.state.or.us/Forms/Served/DE1535.pdf>

CPS Victim Rate per 1000 children:

The number of victims of child abuse/neglect in Columbia County has increased. To compare victim rates across counties of varying sizes, the rate of victims per 1,000 children in the county is used. The rate per 1,000 is affected by numerous factors including screening procedures, public awareness and the extent of other community resources. Population estimates are from The Center for Population Research and Census at Portland State University. The population numbers represent the number of children younger than age 18 in each county.

County	Pop. Under 18	Victims	Rate per 1000
Columbia (2006)	11,831	182	15.4
Columbia (2007)	11,852	119	10
Columbia (2008)	11,530	120	10.4
Columbia (2009)	11,462	192	16.8

*State total includes investigations by DHS Office of Investigations & Training
Retrieved Feb. 28, 2010, from <http://dhsforms.hr.state.or.us/Forms/Served/DE1535.pdf>

CPS Incidents of Child Abuse/Neglect

County	Mental Injury	Neglect	Physical	Sex. Abuse and exploit.	Threat of harm
Columbia (2008)	1-5**	24	29	12	81
Columbia (2009)	-----	58	21	29	161

**Range given in order to assure confidentiality
Retrieved Feb. 28, 2010, from <http://dhsforms.hr.state.or.us/Forms/Served/DE1535.pdf>

Child Protective Services, Foster Care

County	Child Population	# in foster care	Rate per 1000
Columbia (2006)	11,831	155	13.1
Columbia (2007)	11,852	153	12.9
Columbia (2008)	11,530	116	10.1
Columbia (2009)	11,462	112	9.8

Retrieved Feb. 28, 2010, from <http://dhsforms.hr.state.or.us/Forms/Served/DE1535.pdf>

Number of Children Experiencing at Least 1 day in Foster Care

County	Age 0-5	Age 6-12	Age 13+	Total
Columbia (2008)	69	88	56	213
Columbia (2009)	55	74	53	182

Retrieved Feb. 28, 2010, from <http://dhsforms.hr.state.or.us/Forms/Served/DE1535.pdf>

2010 Domestic Violence Information

From Columbia County Women’s Resource Center (CCWRC) Director, Jessica Halberg:

In 2009, local 911 call center reported to CCWRC that the call center received 352 domestic violence calls and 108 sexual assault calls.

CCWRC provided the following information about their services:

- Domestic violence services were given to 4 teens in 2008 and 25 in 2009. There was an increase in teens seeking sexual assault assistance from 3 in 2008 to 9 in 2009.
- CCWRC began Children's Play therapy in June, 2009, and sees an average of 5 children per month seeking assistance in dealing with domestic violence issues.
- Children who stayed in the shelter stayed a little above the past 6 year average length of time, however, the number of children decreased to 67 in 2009. CCWRC reports this could partially be due to an increase in the length of stay from 30 days to up to 60 days.
- CCWRC has seen the number of men looking for help with domestic violence and sexual assault grow. Ten men were helped in 2009 and none were recorded in 2008. Past trends show CCWRC helped about 5 men per year.

The Columbia County Family Violence Council was re-energized in 2009, by the CCWRC. For more information about the Council, contact CCWRC at 503.397.7110. For information about resources for family violence prevention and support visit the CCWRC website at: www.columbia-center.org/ccwrc/.

Needs, Gaps and Barriers

Needs include violence prevention programs for children, child advocacy programs, support groups for youth who have experienced violence and support for adults who have experienced violence, early childhood programs, Legal Aid assistance and treatment programs for older youth and adults who have experienced violence. Reorganization of DHS into regional service areas has hampered that agency’s capacity to collaborate.

Community Issue: Mental Health Services

This issue addresses the following High Level Outcome: Access to Health Care.

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

Mental health services located in each community have decreased since 2008. Lack of access to medications is specifically noted as a major contributor to crime, homelessness, addiction and poor health outcomes.

A Community Meeting on January 14, 2010, resulted in the identification of following community priorities and strategies. These are included in Columbia Community Mental Health's Implementation Plan required by the Department of Human Services.

The Implementation Plan includes the following highlights. For additional information contact Columbia Community Mental Health at 503.397.5211 or visit their website at www.columbiacommunitymentalhealth.com/.

- Improve access to care with community education, in house training and through peer delivered services and a consumer run drop in center.
- Improve services to the elderly population by developing: a multi disciplinary team for seniors, a local senior peer counseling system, and a pool of public guardians for high risk seniors; by increasing permanent housing options for aging individuals diagnosed with a severe mental illness; and by funding to supplement Medicare benefits to cover necessary services by non licensed mental health professionals.
- Children's mental health strategies include adding or increasing the following services: Filial Parenting, Collaborative Problem Solving, In Home Skills Training, Strengthening Families, Second Steps, Dependency Drug Court, Early Assessment and Support Alliance, case management, David Romprey Warm Line, Supported Employment, Supported Education, Dual Diagnosis Treatment, therapists stationed in School Based Health Centers and school buildings and medication groups.
- Improve how services are provided or improved for Spanish speaking clients: translators are available and materials and forms in are Spanish. There is also a strategy addressing the need to review the county's demographics and to establish a workgroup to assist CCMH in developing policies and procedures related to cultural competency.
- Children's mental health services are coordinated with the Department of Human Services, Child Welfare, office, Community Action Team (Head Start and Healthy Start), early childhood providers, residential services, schools, health care providers and the Developmental Disabilities Department.
- The agency provides transportation, employment assistance and educational assistance for youth and adults.

Needs, Gaps and Barriers

In addition to those needs identified in the 2010 Implementation Plan the following have been noted as continued needs: shelter evaluation program, local sex offender treatment, access to residential beds, and access to mental health medications. Continued enhancements to services located in all areas of the county are strongly recommended.

Community Issue: Quality Child Care and Out of School Time Programs (After and Before School Programs)

This issue addresses the following High Level Outcome: Increase Child Care Availability

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

Because over 71% of our population commutes outside Columbia County to work, child care and out of school time programs and services are essential for strong child and family development. These programs prepare children for school and increase school success. Out of school time programs have been shown to increase reading and math scores, decrease school behavior problems and decrease juvenile crime both locally and nationally.

In 2009, the Commission on Children and Families in partnership with the St. Helens School District, implemented the St. Helens Middle School Community School. In 2010, the number of students rose from 25% of the student population to over 33%. Reading and math test scores improved significantly, according the Middle School Principal. To view the 2009 end of the year report, see the Appendix.

After school such as 4H through Oregon State University Extension are an important part of teaching youth skills and providing them with mentors. In March, 2010, the Columbia County 4H program reported they have about 500 youth enrolled in activities with 225 4H leaders.

Child Care Resource & Referral in Washington and Columbia Counties

Child Care Resource & Referral in Washington & Columbia Counties became one service delivery area beginning July 1, 2009. One of the benefits of the merger has been an increase in professional development opportunities and support services for local providers. We are targeting less populated areas of the county to increase their opportunities for training, education, and support.

The Oregon benchmark target for child care availability is identified as 25 slots per 100 children. In Columbia County, in 2008, there were 15 slots per 100 children.

A barrier for families seeking quality child care in Columbia County is unequal availability. In less populated areas of the county, there may be only one or two providers; so, families are forced to choose a provider based solely on availability, rather than personal preferences. Child Care Resource & Referral (CCR&R) is actively recruiting new providers and supporting the retention of quality child care providers, targeting under served areas.

Retrieved February 16, 2010, from Child Care Resource & Referral in Washington & Columbia Counties

Needs, Gaps and Barriers

The following have been identified as continuing needs: extended day/after school/community

school programs with educational support and adult mentoring, quality child care providers, and provider training and support, local access to child care resources and referrals.

Community Issue: School Success

This issue addresses the following High Level Outcome: Reduce Poverty

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

School success and connectedness to school is a key factor in building protective factors in youth. Youth who are engaged in learning are less likely to use drugs or have socially disruptive behaviors, report less anxiety and depression, have better relationships with adults, and are more likely to continue their education. Adult educators such as Worksource Northwest continue to report about 60% to 65% of their clients read at a 6th grade level or below. The Juvenile Department and Community Corrections report crime and substance abuse are closely linked with lack of school success. The Columbia County Jail and Community Corrections continue to request reading and math tutors.

Schools, Kindergarten through 12th Grade

In their school plans or discussions about improvements, all Columbia County School Districts have indicated the importance of the following:

- Improving academic achievement for all students.
- Promoting strong school and community relationships.
- Providing safe, nurturing facilities which support quality teaching and learning.
- Enhancing the management, efficiency, effectiveness, and accountability of the school district.

For more specific information visit the School District websites listed in Websites.

Combined Columbia County School Data

	2008-09	2007-08	2006-07	2005-06
School Enrollment	8584	8639	8715	8703
Free/Reduced Lunch	2974 (34.8%)	2436 (28.2%)	2885 (33.1%)	2859 (32.9%)
Total Minority Population	1044 (12.2%)	970 (11.2%)	927 (10.6%)	744 (8.5%)

Data Sources:

Population Data: 2009 and 2008 Population Reports, Portland State University Population Research Center <http://www.pdx.edu/prc/>

Youth Race and Ethnicity Data: OJJDP “Easy Access to Juvenile Populations” <http://ojjdp.ncjrs.gov/ojstatbb/ezapop/>

School Data: Reports, Dept. of Education <http://www.ode.state.or.us/search/page/?id=1722>

High school drop out rates for public school districts in Columbia County are shown below. Drop out rates have decreased in Districts where there has been an after school or community school program. Contact local school district staff if you have questions.

High school drop out rate(%)

	2006-2007	2007-2008
Rainier School Dist. – Jr/Sr High School	3.4	3.9
Rainier – N. Col. Academy	5.1	17.1
Clatskanie School Dist.	5.7	9.6
Scappoose School Dist.	.3	.6
St Helens School Dist.	2.4	1.6
St. Helens – Col. Co. Education Campus	4.8	2.9
Vernonia School Dist.	2.1	.4

Retrieved 2/8/2010 from http://www.ode.state.or.us/data/schoolanddistrict/students/dropout/dropouttables2007-2008_details.xls

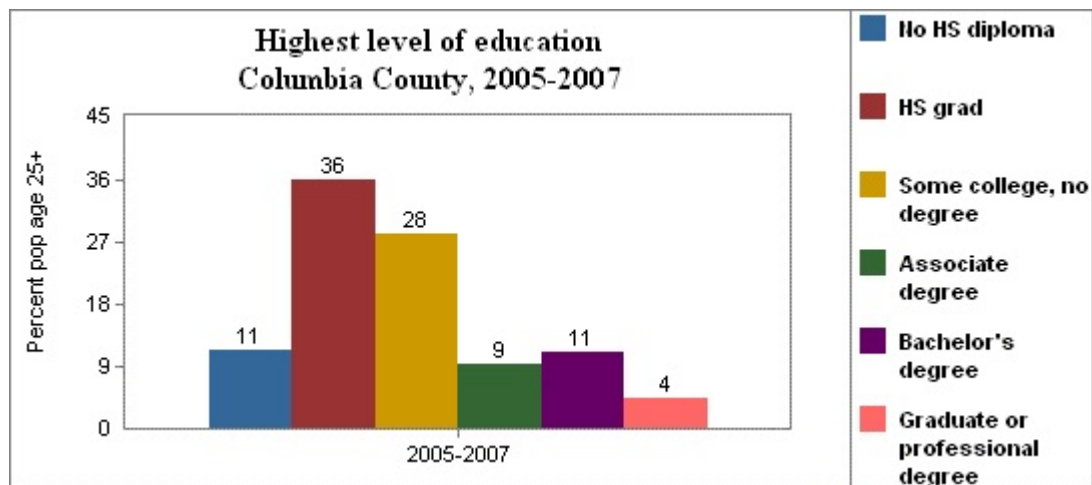
Columbia County Education Attainment 2005-2007

This data comes from the U.S. Census Bureau's American Community Survey. Data, which are only available for counties with at least 20,000 people, are based on averages of data collected in 2005, 2006 and 2007. These estimates cannot be used to say what is going on in any particular year in the period, only what the average value is over the full period.

Educational attainment refers to the highest level of school completed. In Columbia County between 2005-2007 . . .

- 11 percent of the population 25 years and older had no high school diploma, compared to 12 percent in Oregon
- 15 percent of the population 25 years and older had a bachelor's degree or higher, compared to 28 percent in Oregon
- At the high school diploma and bachelor's degree attainment levels, women earned about 65% of what men earned in 1987. In 2007, the percentage was 72% at the high school diploma level and 74% at the bachelor's degree level.

Retrieved Feb. 8, 2010, from <http://www.census.gov/prod/2009pubs/p20-560.pdf>.



Needs, Gaps and Barriers

The following have been identified as needs: after school programs which support educational success and engage students and parents in school, reading and math support, and mentors. Youth Service Teams (YST) are needed in each school district. St. Helens is the only District at this time to not host a YST. YST's educate school personnel about local services and local service providers about school policies and what is needed for a successful education. To be effective, YST's also need the involvement of local human service agency representatives. YST's build relationships between schools and providers.

Community Issue: Food Security

This issue addresses the following High Level Outcome: Food Security

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

The Columbia Pacific Food Bank provided the following information:

- County wide there has been a 23% increase in food distribution over the past two years with Vernonia continuing to feed an increasing number of people since the December, 2007, flood.
- In 2009:
 - Scappoose households served 1,159
 - Vernonia households served 1,780
 - Rainier households served 1,244
 - St. Helens households served 4,799
- The First Lutheran Church in St. Helens began serving free meals every Tuesday. During the first six months they served 2,378 people. They have expanded free meals to Thursdays. The Commission on Children and Families distributes children's books at the Tuesday meal sites on the fourth Tuesdays of each month, thereby, supporting family reading literacy.
- Total meals served through all five senior centers in the County was 66,187.

Other changes since 2008 include:

- The Department of Human Services reports food stamp applications continue to increase in Columbia County. This is due to an increase in unemployment and an active outreach program.
- The Columbia Health District's recent assessment of needs reinforced the need for education about nutrition and how to prepare food. (See Community Issue: Health Care.) This remains especially true for the majority of our working families who are commuting to and from work and for those unemployed who have limited resources.

Needs, Gaps and Barriers

With continued high unemployment, Columbia County is in need of food stamp outreach, resources for the Columbia Pacific Food Bank, free meal sites with information about other family supports, and transportation to meal and food distribution sites.

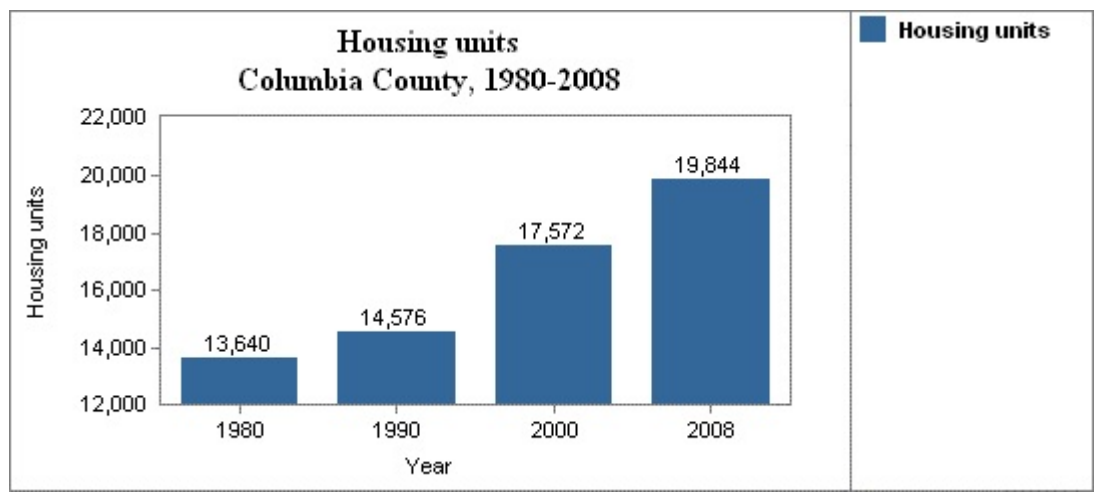
Community Issue: Housing

This issue addresses the following High Level Outcome: Affordable Housing

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

In Columbia County . . .

- the number of housing units increased by 20.6 percent from 1990 to 2000; and increased by 12.9 from 2000 to 2008.
- in 2000, 71.0 percent of all housing units were owner occupied, 22.2 percent were occupied by renters, and 6.8 percent were vacant.
- the percent change in number of housing units from 2000-2008 ranked 10th - from highest to lowest- out of the 36 counties.



Columbia County Housing Affordability

In Columbia County in 2008 . . .

- The Fair Market Rent for a two-bedroom rental was \$757 per month.
- Those with a household income of at least \$30,280 per year could afford a two-bedroom rental at the Fair Market Rent.
- The housing wage for a two-bedroom unit was \$14.56 per hour, which is the same as 1.4 full-time minimum-wage jobs.

Need

There continues to be a shortage of safe, affordable and accessible housing and legal services.

Community Issue: Economic Development

This issue addresses the following High Level Outcome: Net Job Growth

This was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a Community Issue in the 2010 Update and Juvenile Crime Prevention Plan.

Columbia County Land Development Activity

Land Development Services is a Columbia County Department. They reported in March, 2010:

- Development activity in unincorporated Columbia County has sharply declined between 2008 and 2010 due to the economic recession.
- Statistics collected by the Columbia County Land Development Services Department show that building permits have declined by 31% and new housing units have declined by 39% between 2008 and 2009. This trend has continued into 2010 where a comparison of data for the first three quarters of 2009 and 2010 shows that new housing units have declined from 41 to 11, a drop of 73%.
- Development staff has been reduced by 40% from levels in 2008 as a result of reduced development activity and revenue.

Columbia County Wage per Job

The real wage per job in 2008 in Columbia County . . .

- was \$34,226, compared to \$34,419 a decade earlier;
- increased 3.3 percent between 1970 and 1980, decreased 3.4 percent between 1980 and 1990,
- and decreased 5.1 percent between 1990 and 2000;

The County ranked 13th – from highest to lowest – out of the 36 counties.

Retrieved January 27k 2010, from

<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=16>

Columbia County Unemployment Rate

Columbia County's monthly unemployment rate was 12.7 percent in November, 2009. This compares to 10.8 percent in Oregon as a whole.

Columbia County's average annual unemployment rate in 2008 . . .

- was 6.9 percent compared to 6.4 for Oregon
- was greater than the previous year's rate of 5.7 percent.
- ranked 18th - from highest to lowest - out of Oregon's 36 counties.

Retrieved January 27, 2010, from

<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=14>

Median Household Income

Median household income is the level of income at which half the population has lower incomes and half has higher incomes. Here, we provide information on real median household income, which means the data have been adjusted for inflation.

In Columbia County median household income (adjusted for inflation) was \$57,363 in 2008, \$58,974 in 1999, and \$51,051 in 1989. Columbia County ranked 3rd - from highest to lowest - out of the 36 counties in 2008.

Free and Reduced Lunches

The percentages of students eligible for free or reduced-price lunches in Columbia County school districts are shown below. Contact local school district staff if you have questions. For contact information, use the school district locator at <http://nces.ed.gov/ccd/schoolsearch/>.

Percent eligible for free or reduced-price school lunch

School Dist.	2006	2007	2008	2009
Rainier School Dist.	36.1	39.7	44.2	47.2
Clatskanie School Dist.	41.7	45.7	46.3	47.1
Scappoose School Dist.	31.2	21.2	21.7	27.3
St Helens School Dist.	30.7	34.3	21.2	32
Vernonia School Dist.	32.8	37.1	35	36.9

Above information , retrieved January 27, 2010, from

<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=24> and

<http://www.ode.state.or.us/search/page/?id=1722>

Economic Development Issues and Plan

The following was provided by Mary McArthur, Columbia-Pacific Economic Development District:

- The December, 2007, flood in Vernonia continues to impact the economic health of that area.
- The following companies closed in Columbia County in the past 2 years: Stimson, US Gypsum and Cascade Grain. Boise shut down 2 of 4 paper machines.
- The Columbia Pacific Economic Development Plan was updated in 2009 and coordinated with the workforce and transportation plans.

For more information about economic development, visit the following website:

www.nworegon.org

Workforce Development and Plan

WorkSource Oregon is a statewide network that stimulates job growth by connecting businesses and workers with the resources they need to succeed. This network of public and private partners work together for businesses and workers to:

- Ensure businesses have a ready supply of trained workers whose skills and talents are aligned with the expectations and needs of business and industry;
- Connect businesses with the resources they need to grow their workforce and their business; and
- Provide the resources to help Oregon's unemployed and underemployed get connected with the employers that are right for them, find the jobs they're looking for and get trained for jobs they want.

The 2010 Workforce Plan includes the following priorities:

- Welcoming clients into the organization.
- Early assessment of client needs.
- Partnering with other services which have been identified as necessary for clients.
- Program quality improvement.
- Teaching basic skills for those entering the job market.
- Upgrading vocational skills.
- Matching clients with jobs.

Please refer to the following website for more information: www.worksourceoregon.org/

Needs, Gaps and Barriers

The following have been identified as continuing needs: employment skill building for youth and adults, literacy skill building for youth and adults, economic development coordinated planning with human service organizations, transportation to higher education.

FOCUS ISSUE: LITERACY

The Focus Issue was identified as a Community Issue in the 2008-2014 Comprehensive Plan. It remains a the Focus Issue the 2010 Update.

Existing strategies will continue to be employed.

Analysis of community issues resulted in one focus issue which local practice and national research show will impact several of the above Community Issues. Literacy (reading, math and cognitive skills) is a key to school success. School success, in turn, results in decreased alcohol and drug abuse and crime, increased employability, and ultimately, literacy is a factor in strong economic development.

For the purpose of the Community Comprehensive Plan, the following definition applies:

“Family literacy: services and supports which are interactive between parent and child and include age appropriate education, parent training, and collaboration with all local organizations. Literacy is essential for family well being and economic development.”

In October, 2005, a Literacy Initiative was adopted and remains active in Columbia County. Partners in the initiative include business, Community Action Team (Head Start and Healthy Start), Columbia Community Mental Health, Commission on Children and Families, Community Corrections, Department of Human Services (Child Welfare and Self Sufficiency), Foster Grandparents, individuals, Kiwanis Clubs, libraries (city, school and state), Worksource Northwest, Women’s Resource Center, Oregon Health Sciences University Scappoose Clinic, media, Northwest Regional Education Service District, Oregon State University Extension, Retired Senior Volunteer Program, and schools. Each partner has made literacy a primary focus within their organization supports the countywide partnership.

Activities include: gathering donated books and distributing them to schools, city and school libraries and to low income clients, reading activities in libraries and schools, tutors, parent education about the importance of reading, planning efforts to establish literacy activities in the Columbia County Jail and for Community Corrections clients, and promoting the importance of literacy via the media. These activities will continue.

A strategy added in 2009, is the St. Helens Middle School Community School. The literacy focused outcome of the Community School was demonstrated by more than a 14% increase in academic growth in reading. While this is specific to a school, the practices represented in this success could serve as a model for other schools countywide.

The end result of this work will be an increase in reading skills, school success, the ability to manage tasks of daily living and work preparedness. The success of our on-going collaboration will be measured using the Oregon Department of Education’s 5th grade reading data.

SECTION 4 JUVENILE CRIME PREVENTION PLAN

Process for Plan Development and Participation and Collaboration

Columbia County was granted permission by the Oregon Commission on Children and Families (OCCF) to complete one single document by incorporating the Juvenile Crime Prevention Plan (JCPP) into the Community Comprehensive Plan pursuant to ORS 417.775. This plan includes not only the 2010 Comprehensive Plan Update and the Juvenile Crime Prevention plan, but as many as 20 other plans required by various state agencies.

To fully understand the community and context for addressing juvenile crime in Columbia County the reader is encouraged to review the entire Comprehensive Plan Update which precedes Section 4. The Juvenile Crime Prevention Plan Summary contained in this section does include the information required by OCCF as outlined in the Juvenile Crime Prevention Planning Guidelines. A description of Columbia County's process is given in SECTION 1: SUMMARY OF THE PROCESS: COMPREHENSIVE PLAN AND JUVENILE CRIME PREVENTION PLAN.

Columbia County chose to utilize a comprehensive and integrated planning process that was guided by a Steering Committee comprised of both the Comprehensive Plan and Juvenile Services/Crime Plan teams (refer to Section 1). The Local Commission and Juvenile Department co-lead the planning process. Additionally, Columbia County requested and received additional assistance with JCPP planning through funding by OCCF that provided a nationally recognized consultant, Dr. Teri Martin, to work with the Steering Committee and staff. Her time and expertise were invaluable to the process and has allowed for an in depth and independent analysis of Columbia County's Juvenile Justice System. Dr. Martin interviewed over forty (40) key stakeholders in the Juvenile Justice System and reviewed county juvenile crime and NPC evaluation data. The information compiled by Dr. Martin as well as additional data gathered by the local commission was reviewed by members of the Steering Committee. A complete summary of Dr. Marin's interviews, observations and recommendations are contained in the Appendix.

The JCPP was reviewed and approved by the Steering Committee (which includes the Juvenile Services/Crime Plan Team), Local Public Safety Coordinating Council, Local Commission on Children and Families and the Board of County Commissioners.

Participants

Over one hundred (100) people were involved in the planning process including all key stakeholders in the Juvenile Justice system. As required by ORS 417.855, representatives from the local commission, education, public health, local alcohol and drug planning committee, court system, mental health, municipality, and local public safety coordinating council were involved on the Steering Committee and/or contributed data and information to the process. A list of participants is included in the Appendix.

Other key participants reflect the social, cultural and economic diversity of the community and included members of the Local Alcohol and Drug Planning Committee, Mental Health Advisory Committee, parents, youth, service consumers and faith community. Input from youth was included, however, not with the depth hoped for. Interviews were scheduled with youth in the Day Treatment program but were unable to be completed. This is an area which will be included

in our continued Juvenile Justice system review. Input from families is included as a part the feedback process within each organization.

Data Analysis: Risk Factor Profile

The assessment data for youth most likely to enter or move further into the Juvenile Justice system, shows youth have one or more of the following risk factors. This is based on the data and information provided by NPC Research and the Juvenile Justice Information System (JJIS).

- Academic failure
- Chronic truancy
- Serious family conflicts
- Poor family supervision
- Friends who engage in unlawful or serious acting out behavior
- Behavior which hurts the youth or puts them in danger
- Mental health indicators including depression and actively suicidal or suicide attempts
- Recent runaway
- Chronic aggressive or disruptive behavior at school
- Current substance use is causing a problem in youth’s life
- Behavior which hurts youth or puts them in danger

Protective Factor Profile

The assessment data for youth most likely to enter or move further through the Juvenile Justice system, shows youth have one or more of the following protective factors. This is based on the data and information provided by NPC Research and the Juvenile Justice Information System (JJIS).

- Significant school attachment/commitment
- Has friends who are academic achievers
- There is an adult in youth’s life (other than parent) they can talk to
- Communicates effectively with family member

Columbia County Juvenile Department Trend Data

The Columbia County Juvenile Department reports referrals have been decreasing. This follows a state and national trend. The result has been the Juvenile Department has been able to reassign staff to higher risk youth. Refer to the Appendix for additional statistics.

Number of Referrals for Unduplicated Youth, 2000-2009, Source: Col. Co. Juvenile Dept.

Type	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Property	407	493	351	315	231	234	195	266	306	166
Person	108	115	135	139	104	130	107	100	50	44
Public Order	74	130	91	69	60	91	71	53	60	42
Criminal Drug	26	43	48	41	53	78	76	30	42	39
Criminal Other	40	47	57	48	30	29	29	31	24	19
Curfew	67	82	100	81	67	49	39	47	40	31
MIP - Alcohol	142	145	125	178	122	158	143	130	90	65
Less Than	35	42	36	35	32	27	26	21	10	25
Tobacco	126	146	95	112	102	89	63	68	24	41
TOTAL	923	1243	1038	1018	801	885	749	746	654	472

Gaps and Barriers

There are several needs, gaps and barriers that impact Columbia County's ability to address issues facing children and families including those related to reducing juvenile crime. Many of these are identified in Section 3, under community issues. The following is a summary of gaps and barriers specific to the local Juvenile Justice system.

1. Planning requirements for local and state agencies are not coordinated at the state level; there are no coordinated timelines; there are no coordinated guidelines; there is no method to link plans together on a shared database. The growing frustration of agency heads with planning requirements is threatening to undermine the culture of collaboration that Columbia County has nurtured over many years.

Outcomes linked to plans for juvenile crime prevention are not aggregated at the state level. Agencies participating in the many state-mandated planning processes have become discouraged by the apparent lack of impact their efforts have had on maintaining funding levels, even for successful programs.

Solution: State should follow Columbia County's lead and support development of a unified planning process and consolidated planning document. The Legislature should have a collaborative state level planning group with establishing coordinated planning timelines and guidelines, require plans be linked and be accessible to the public on a shared database.

2. Lack of adequate and flexible funding is the most significant barrier to having an effective prevention system at the local level with which a comprehensive system could be re-established and maintained. State funding requirements have become more restrictive, reducing local options to invest resources to meet local needs. Policies and procedures differ among the state agencies controlling funds to support juvenile crime prevention.

There is little discretion regarding funding at the local level to meet locally identified needs. The Local Commission's flexible funds are the only flexible funds remaining at the local level which can be used to meet locally identified needs and which have reached expected outcomes. Wraparound services are extremely limited due to funding restrictions. Current work at the state level to initiate wraparound services must be funded with new dollars to be effective.

Solution: Establish and maintain sustainable funding for juvenile crime prevention programs including those which research has shown decreases juvenile crime such as after school and community school programs, mentoring, locally implemented programs which are based on best practice or have been deemed to meet best practice components.

3. Loss of local institutional knowledge and leadership threatens the sustainability of successful programs and the collaborative efforts that support them. Institutional knowledge about successes or barriers is diminishing with changes in staff due to job changes, loss of positions and retirements. Current staff are stressed and workloads exceed standards.

Solution: Coordinated planning, consistent policies and procedures and access to a unified database would sustain knowledge over time.

4. Mentoring is extremely limited in Columbia County, even though a number of agencies have tried in the past to organize to provide it. It can take significant resources, both organizational and financial, even if mentors are volunteers.

Solution: Exploration of Big Brothers and Big Sisters and other mentoring programs through groups like 4H will be done by Steering Committee members. Expand programs like 4H. Explore use of volunteers through Volunteer Columbia.

5. Lack of research and deeper data analysis prevents further development and/or refinement of JCP strategies and services as they relate to the Teen and Family Transition (TFT) program. More research is needed about TFT regarding: How the length of time clients are in service is determined; How current data being entered into the database impacts analysis (data entry changed in 2009); The characteristics of the high and low risk youth who enter the Juvenile Department; Policies and procedures for youth who are served by the Juvenile Department (should include law enforcement and the courts); To whom the TFT refers youth when TFT is not able to serve them. There is a need to identify a method to track youth served by TFT over time to determine if there are improvements in areas such as high school graduation. An operational manual is needed for TFT.

Solution: Additional consultation and technical assistance from Dr. Martin to the Steering Committee to enhance the group's ability to propose solutions based on additional data and expert analysis. Policies and procedures may need to be changed and approved by the Board of County Commissioners. Further analysis of a method to accomplish this will be done by the Steering Committee. Columbia Community Mental Health will create an operational manual for TFT.

6. Lack of service capacity is a barrier to modifying current prevention strategy (Teen and Family Transition Program) to meet potentially desirable increased criteria for entrance into the program. A gap would be created as youth currently being served would have no access to service. Access to the current program provider by clients who have left the program is essential. This "checking in" ability decreases future problems. There is no local program to support lower risk youth and their families. TFT has served some of these youth in the past. The Skills Trainer program which works in concert with TFT is at capacity. This could eventually create a wait list for TFT. TFT serves youth countywide which increases cost to the program.

Solution: Increased funding would be needed.

7. Client access to services (proximity to St. Helens) appears to be related to the probability of success of community-based solutions. Access to services, which are concentrated in the southern part of the county, is much more limited in the rural, smaller communities in the north part of the county. In addition, some people who want to avoid contact with agencies and authority figures choose to live in the rural parts of county.

Solution: Maintain TFT services countywide for the following reasons: people in Columbia County move within the county to escape intervention by law enforcement and state services; statistics in different areas of the county vary over time so targeting a specific area of the county would result in a constantly moving service area; this would not be politically

acceptable; and targeting is usually used for pilot programs and TFT is a well established program.

8. Engagement of businesses in supporting JCP efforts is a continuing challenge. Even if they are willing, it takes staff time to organize their contributions and involvement.

Solution: Continue work with Chambers of Commerce and continue press releases about program successes.

9. School funding reductions have caused drastic cutbacks in after school activities. There are very few available after school or weekend activities for children and youth that are free or affordable. There are no public indoor recreation facilities for children and youth in the county.

Solution: Maintain and expand after school/extended day/community school programs currently funded by the Local Commission. Continue to work with policy makers regarding the value of these programs including cost savings.

10. Reorganization of the Department of Human Services (DHS) into regional service areas has hampered that agency's capacity to collaborate with smaller and medium-sized counties. Upper level agency managers are rarely available to attend county partnership meetings, and DHS representatives who do attend are usually not empowered to make commitments on the agency's behalf.

Solution: Eliminate regional offices and return staff positions to local offices.

11. Many children and youth with serious mental health issues cannot be placed in residential treatment by either DHS or Columbia Community Mental Health (CCMH). There is no local foster care that is appropriate for children or youth with serious mental health issues. Thus they can only be placed through commitment to the OYA, which removes them from their families and other natural supports in Columbia County. Most interviewees feel that children and youth should not have to be committed to OYA simply to access residential treatment resources. These options should be much more available to children and youth who have not been adjudicated for delinquency.

Solution: Current work at the state level to initiate wraparound services must be funded with new dollars to be effective. Using scarce local flexible dollars would eliminate services which are being and could be used to wrap services around children.

12. Lack of aftercare or re-entry services for youth returning from OYA placement.

Solution: Increase funds for local services with the ability of locals to determine how funds are spent.

Juvenile Crime Issues and Linked Community Issues

All fifteen (15) community issues identified in the comprehensive plan are linked to juvenile crime prevention, with one of the issues specifically identified as juvenile crime prevention. The reader should refer to Section 3, Community Issues for a detailed summary of data related to the identified community issues.

The Community Issues are:

- Family support
- Alcohol and Drug Prevention, Treatment and Supports
- Organizational Capacity
- Public Safety
- Health Care
- Homeless and Runaway Youth and Homeless Adults
- Transportation
- Juvenile Crime Prevention
- Safety and Freedom from Violence
- Mental Health Services
- Quality Child Care and Out of School Time Programs
- School Success
- Food Security
- Housing
- Economic Development

Issues Specific to Juvenile Crime Prevention

Issues identified during the analysis phase that have been raised during this planning process specific to juvenile crime prevention include:

- Need to educate the professional community, especially all those in the justice system, about the prevention programs funded by JCP and other CCF dollars, including information on target populations, services provided and results achieved.
- Earlier identification of at risk children and youth with mental health issues.
- There exists a conflict between the need to target specific youth and the lack of community resources for lower risk youth.
- Inadequate identification of high risk youth prior to being referred to the Juvenile Department.

Target Population

In 1995, Commission and community members analyzed data about our at-risk youth. They also reviewed:

- Needs for services for middle and high school at-risk youth and their families;
- Best practice or promising approaches to divert at-risk youth from the Juvenile Justice and Child Welfare system;
- Measurable outcomes and sustainable results; and
- Maximizing access to services in our rural communities.

As a result the Teen and Family Transition program (TFT) was implemented as a in-home and school-based case management program. In, 2000, the Local Commission engaged the community in a review of the local Juvenile Justice system with the Office of Juvenile Justice and Delinquency Prevention via the Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders. The target population is non-adjudicated middle and high school Columbia County youth who meet the risk domains as identified in statute.

Dr. Teri Martin's work for the current process refines the above and may lead to a different target population once more data has been collected and analyzed. Her preliminary recommendations

under consideration by the Steering Committee include specifying a minimum number of family functioning risk factors for all youth in the TFT program and exploring whether TFT should be targeted to a particular age group. For a complete list of Dr. Martin's recommendations, please refer to Dr. Martin's Observations and Recommendation in the Appendix. Until further analysis, the population served will remain the same. It is essential analysis continue to determine the best use of resources and outcomes for our youth and families.

Solutions and Strategies

There is local agreement to do the following:

- Maintain the current juvenile crime prevention program, TFT, in its current form until further analysis is completed, including the focus on family. This program is funded also by Youth Investment funds, requiring adherence to best practice components which the program meets. The program case manager is doing a good job.
- Consider targeting TFT services to a higher risk group or youth who have a pattern of risk factors after further analysis is completed.
- Maintain the current Intensive Probation Service model in the Juvenile Department until further analysis is completed.
- Find a method to track youth served by TFT over time to determine if there are improvements in areas such as high school graduation. Further analysis of a method to accomplish this will be done by the Steering Committee.
- Enhance collaborative case management. This is being explored through the wraparound initiative.
- Maintain and expand after school/extended day/community school programs currently funded by the Local Commission. Continue to work with policy makers regarding the value of these programs including cost savings.
- Establish apprenticeship programs with Worksource Northwest.
- Continue to support early childhood programs which build positive family relationships.
- Continue the current Oregon Youth Authority Juvenile Crime Prevention Plan Strategies for Basic and Diversion Funds.

For more information, please refer to Dr. Teri Martin's Observations and Recommendations in the Appendix. To this document have been added Responses. These are the responses by the Steering Committee to Dr. Martin's recommendations.

Continuum of Services: Basic and Diversion Services

The Oregon Youth Authority Juvenile Crime Prevention Plan Strategies for Basic and Diversion Funds was recommended for approval by the Commission on Children and Families as a part of the budget and service planning process for 2009-2011. It was approved by the Board of County Commissioners. The following is information from that plan.

Basic Services

Target population: Youth 10 to 17 years of age who have been referred to a County Juvenile Department and have more than one of the following risk factors:

- Antisocial behavior
- Poor family functioning or poor family support
- Failure in school
- Substance abuse problems
- Negative peer associations

High level outcomes addressed:

Reduction of juvenile recidivism rate.

Reduction (or maintenance) in the use of beds in OYA's Close Custody Facilities by youth from County at a level or below the Discretionary Bed Allocation.

Services Provided:

Intensive Probation - Columbia County Juvenile. Department: Intensive probation/wrap around services for high risk youth identified via JCP risk screen.

Diversion Services

Target Population: Youth ages 12 to 18 years of age who have been referred to County's Juvenile Department and who have been identified to be at risk of commitment to OYA Close Custody Facilities. Services are community based and operated to divert commitment from these Facilities.

High level outcomes:

Reduction of juvenile recidivism(see recidivism definition on service plan form)

Reduction (or maintenance) in the use of beds in OYA's Close Custody facilities by youth from County at level or below the Discretionary Bed Allocation.

Services Provided:

Evaluation and Treatment - Pacific Psychological, Dr. Jan Johnson.

Columbia Community Mental Health, Dr. Cynthia Steinhouser, Psychological Assessment and Treatment for youth at risk.

Detention - Cowlitz County (Longview, Washington) and Clatsop County Juvenile Departments Secure temporary custody for Juvenile Dept/OYA youth exhibiting aggressive/at risk behavior

Juvenile Crime Prevention, Basic and Diversion Budget 2009-2011 Biennium

Basic	\$122,236
Diversion	\$103,735
Prevention	\$72,626_____

SECTION 5 SIGNATURE PAGE

A signed copy of the Signature Page is on file at the Board of County Commissioners and Commission on Children and Families offices.

The 2010 Columbia County Coordinated Comprehensive Plan for Children and Families and 2010 Juvenile Crime Prevention Plan is hereby approved by the Board of County Commissioners, Commission on Children and Families and Local Public Safety Coordinating Council.

DATED this 17th day of March, 2010.

BOARD OF COUNTY COMMISSIONERS FOR COLUMBIA COUNTY, OREGON

By: Signature on file.
Anthony Hyde, Chair

By: Signature on file.
Earl Fisher, Commissioner

By: Signature on file.
Rita Bernhard, Commissioner

DATED this 17th day of March, 2010.

COMMISSION ON CHILDREN AND FAMILIES

By: Signature on file.
Earl Fisher, Chair

DATED this 23^d day of March, 2010.

LOCAL PUBLIC SAFETY COORDINATING COUNCIL

By: Signature on file.
Stan Mendenhall, Juvenile Department Director, Chair

SECTION 6 WEBSITES

Child Care

Child Care Resource & Referral in Washington & Columbia Counties
www.communityaction4u.org/ccrr/

Children, Youth and Families Information

Amani Center - www.amanicenter.org

Community Action Team - www.cat-team.org/

Columbia County Commission on Children and Families
www.co.columbia.or.us/index.php?option=com_content&view=article&id=6&Itemid=40

Department of Human Services - www.oregon.gov/DHS/

NPC Research - <http://www.npcresearch.com/>

Oregon State University Extension - <http://extension.oregonstate.edu/columbia/>

Oregon Commission on Children and Families - www.oregon.gov/OCCF/index.shtml

Safe Kids Oregon - <http://egov.oregon.gov/DHS/ph/safekids/>

State of Oregon Website - <http://www.oregon.gov/>

Transportation, Columbia County Rider - www.columbiacountyrider.com

Women's Resource Center - www.noexcuse4abuse.com/

Columbia County Cities

City of Rainier - <http://www.cityofrainier.com/>

City of Clatskanie - <http://www.clatskanieor.govoffice2.com/>

City of Scappoose - <http://www.ci.scappoose.or.us/>

City of St. Helens - <http://www.ci.st-helens.or.us/>

City of Vernonia - <http://www.vernonia-or.gov/>

Economy and Employment

2009 Job Gap by Northwest Community of Federation Organizations
http://www.nwfc.org/pubs/2009.1203_JobGap.pdf

Columbia Pacific Economic Development District - www.colpac.org/

NW Oregon Labor Trends - www.qualityinfo.org/olmisj/OlmisZine?zineid=00000013

Oregon Employment Department - www.employment.oregon.gov

Worksource Oregon - www.worksourceoregon.org/

Education

Northwest Regional Education Service District - www.nwresd.k12.or.us/

Rainier School District - <http://www.rainier.k12.or.us/>

Clatskanie School District - <http://www.csd.k12.or.us/>

Scappoose School District - <http://www.scappoose.k12.or.us/>

St. Helens School District - <http://www.sthelens.k12.or.us/sthelens/site/default.asp>

Vernonia School District - <http://www.vernonia.k12.or.us/> National School Lunch Program –
<http://www.fns.usda.gov/cnd/lunch>

Oregon Department of Education - <http://www.ode.state.or.us/search/page/?id=1722>

Health

Alcohol Use in Columbia County, DHS, Addictions and Mental Health Division -
www.oregon.gov/DHS/addiction/ad/main

Center for Disease Control and Prevention - www.cdc.gov/

Columbia Community Mental Health - <http://www.columbiacommunitymentalhealth.com/>

Columbia Health District - <http://chdpublichealth.com/>

Department of Human Services/Health Statistics/Data at oregon.gov
<http://www.dhs.state.or.us/dhs/ph/chs/data/teen/tprate.shtml>

Oregon Healthy Teen Survey 2005-06 for 8th Graders
www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohteens/2006/county/columbia8.pdf

Oregon Healthy Teen Survey 2005-06 for 11th Graders
www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohteens/2006/county/columbia11.pdf

Oregon's Epidemiological Data on Alcohol, Drugs, Mental Health and Gambling -
www.oregon.gov/DHS/addiction/ad/main

Substance Abuse and Mental Health Services Administration -
www.samhsa.gov/ebpWebguide/index.asp

Underage Drinking in Columbia County, DHS, Addictions and Mental Health Division -
www.oregon.gov/DHS/addiction/ad/columbia-underage.pdf

Public Safety

Office of Juvenile Justice and Delinquency Prevention - <http://ojjdp.ncjrs.gov/ojstatbb/default.asp>

Oregon State Police - <http://www.oregon.gov/OSP/>

Oregon Youth Authority - www.oregon.gov/OYA/index.shtml

Columbia County Sheriff - <http://www.co.columbia.or.us/sheriff/>

Population and Demographics

Portland State University Population Data - <http://www.pdx.edu/prc/>

Easy Access to Juvenile Populations - <http://ojjdp.ncjrs.gov/ojstatbb/ezapop/>

U.S. Bureau of Census - <http://www.census.gov/>

Northwest Area Foundation - <http://www.indicators.nwaf.org/>

Poverty Report, Oregon Housing and Community Services -
www.oregon.gov/OHCS/ISD/RA/docs/county_reports/08_Columbia.pdf

SECTION 7 APPENDIX

Participation List, Community Comprehensive Plan Update and Juvenile Crime Prevention Plan

The following participated in the Juvenile Crime Plan (JCP) and/or the Early Childhood and Community Comprehensive Plan (EC/CPU) as indicated by an "X".

NAME	REPRESENTING	JCP	EC/CPU
Adams, Patricia	Superintendent, St. Helens School Dist.	X	X
Allen, Clint	Ecological Solutions Limited		X
Atchison, Steve	District Attorney	X	
Baird, Cathy	Oregon Youth Authority	X	
Bamburg, April	Columbia County Buzz Examiner		X
Barbour, Holly	Columbia County Legal Aid, Parent and Commission Member	X	X
Battles, Seth	Columbia Community Mental Health	X	X
Beck, Kathye	United Way Executive Director, DHS Volunteer Program		X
Beeks, Cindy	Columbia Community Mental Health, Early Childhood Team	X	X
Bernhard, Rita	Board of County Commissioners and Grandparent	X	X
Brand, Rebecca	Columbia Community Mental Health		X
Brandt, Carol	Commission Member and Grandparent	X	X
Bunn, Barbara	Lazarus Project		X
Burdick, Dean	Oregon Youth Authority and Parent	X	
Butcher, Fred	Faith Community, Commission Member	X	X
Carter, Michael	Superintendent of Rainier School District and Parent	X	X
Castle, Phyllis	Head Start/Oregon Pre-Kindergarten, Early Childhood Team and Parent	X	X
Catt, Julie	Head Start/Oregon Pre-Kindergarten, Early Childhood Team, Early Intervention Coordinating Council and Safe Kids	X	X
Chandler, Chris	Juvenile Department, Probation	X	
Chiotti, Lynn	LADPC, MADD Coordinator, Victim Panel Coordinator	X	X
Cisneros, Joan	Commission Member	X	X
Coleman, Lee	Department of Human Services	X	X
Coulter, Laney	Early Intervention, Early Childhood Special Education, NWRESA and Commission Member	X	X
Cox, Ken	Superintendent of Vernonia School District	X	X

Crawford, Dawn	Head Start/Oregon Pre-Kindergarten, Early Childhood Team, Early Intervention Coordinating Council, Safe Kids and Parent	X	X
Davis, Woody	4H/EXTENSION Agent, Commission Member (Vice Chair) and Parent	X	X
Dostert, Kath	Commission on Children and Families	X	X
Elsasser, Mike	Columbia Community Mental Health (Alcohol and Drug Program Manager)	X	X
Ervin, Joyce	Community Action Agency, Commission Member, Early Childhood Team (Chair), Healthy Start, Safe Kids and Grandparent	X	X
Farrell, Byran	State Courts, Dependency and Adult and Juvenile Drug Court Manager and Parent	X	X
Ferguson, Sue	K-12 Education, Alcohol and Drug Prevention, LADPC		X
Fisher, Earl	Commission Member (Chair), Board of Commissioners and Grandparent	X	X
Ford, Sherrie	Public Health (Tobacco Prevention Coordinator), School-Based Health Centers		X
Fouche, Robin	Clatskanie Together Coalition		X
Garrison, Dan	Columbia Community Mental Health and Dan Garrison, CPA		X
Good, Jim	Columbia Community Mental Health and Parent	X	X
Gott, Robert	Faith Community and LADPC	X	X
Goodwin, Anita	CASA		X
Grasseth, LeeAnn	Columbia Community Mental Health (Prevention Manager) and Parent	X	X
Hammond, Peggy	NAMI of Columbia County		X
Hammond, Carl	NAMI of Columbia County		X
Hill, Sue	Circuit Court Administrator	X	X
Hult, Jill	Commission Member and Parent	X	X
Hutson, Diane	OHSU Scappoose Clinic, Early Childhood Team, Healthy Start and Safe Kids	X	X
Hyde, Tony	Board Of County Commissioners and Parent	X	X
Jacobus, Dick	LADPC (Chair), Recovery Community, Day Treatment Proctor/Foster Care and Parent	X	X
Jeffries, Margaret	St. Helens Library		X
Johnson, Rocky	Community Action Team Executive Director, Early Childhood Team, Healthy Start, Homeless Solutions Plan and Parent	X	X
Johnson, Steve	MHAC, Vocational Rehabilitation	X	X
Jones, Nathan	Scappoose Library District		X
Judge Jenefer Grant	Circuit Court Judge, LPSCC and Parent	X	X
Kamppi, Sunday	Early Childhood Team, Healthy Start, Safe Kids and Parent		X

Kelly, Kathy	Early Childhood Team, Head Start/ Oregon Pre-Kindergarten		X
Knytych, Darla	LADPC, Recovery Community, Faith Community and Grandparent	X	X
Ladd, Karen	Public Health, Commission Member, Early Childhood Team, Healthy Start	X	X
Lee, Sophia	Columbia Community Mental Health		X
Lesowske, Mark	LADPC, Recovery Community and Parent		X
Lofland, Bruce	Department of Human Services (Child Welfare) and Parent	X	X
Loper, Robin	K-12 Education, Health Care, Commission Member and Parent	X	X
Lucas, Larry	Law Enforcement, Commission Member and LPSCC	X	X
Luttrell, Josh	Columbia County Juvenile, Intensive Probation	X	
Martwick, Jean	LPSCC and Legal Defense Attorney	X	
McArthur, Mary	Economic Development	X	X
Mendenhall, Stan	Juvenile Department Director, Commission Member, LPSCC, Columbia Community Mental Health Board and Grandparent	X	X
Migchielsen, Roland	Columbia Community Mental Health, Commission Member, Legal Aid Board Member and Parent	X	X
Miller, Karin	Work Source Northwest	X	X
Mitchell, Sandra	Woman's Resource Center		X
Mollahan, John	MHAC, Vocational Rehabilitation		X
Nish, Diana	Work Source Northwest, Commission Member, Youth Employment and Parent	X	X
Olmstead, Martha	Community Action Team/Housing		X
Parker, Tamara	Juvenile Department, Probation	X	
Pearson, Fran	St. Helens Alano Club (Recovery Community)		X
Pesterfield, Rhonda	Department of Human Services (Child Welfare) and Parent	X	X
Pesterfield, Walt	Community Corrections, LPSCC and Parent	X	X
Peterson, Paul	Superintendent of Scappoose School District	X	X
Pilgrim, Celeste	Head Start/Oregpn Pre-Kindergarten, Early Childhood Team and Parent	X	X
Local Police Dept.'s, OSP, SRO's, Sheriff	Law Enforcement Agencies	X	
Ridenour, Hyla	Columbia River Fire and Rescue, Early Childhood Team, Safe Kids and Parent	X	X
Rose, Virginia	Rainier School District		X
Rosenlund, Steve	Community Member		X

Ruddell, Pam	Department Of Human Services (Self Sufficiency), Commission Member, Early Childhood Team, Healthy Start, Early Intervention Coordinating Council, MHAC (Chair), LADPC and Grandparent	X	X
Sanchez, Demetrio	OHSU Family Medicine		X
Serra, Ed	Superintendent of Clatskanie School District	X	X
Shrewsbury, Diana	MHAC and Public Health		X
Smith, Margie	Healthy Start, Early Childhood Team, Safe Kids and Grandparent	X	X
Smith, Tracie	Columbia Pacific Food Bank Executive Director, Empty Bowls Project Partner		X
Snell, Peter	Columbia Community Mental Health		X
Spika Kenna, Jan	Commission (Director), Healthy Start, Early Childhood Team, Early Intervention Coordinating Council, MHAC, LADPC, Safe Kids and Parent	X	X
Swanson, Ashley	Public Health, Tobacco Prevention and Environmental Health		X
Sykes, Shawna	Employment Department	X	X
Thompson, A.	GOBHI Board		X
Tyacke, Stacia	Columbia County Juvenile Department	X	
Werings, Susie	Lazarus Project		X
White, Dan	Scappoose Library District		X
Wilson, Jim	Libraries (Retired), Early Childhood Team, Healthy Start (Chair), Early Intervention Coordinating Council	X	X
Women's Resource Center - Jessica Halberg, Brandi Huntzinger, Melissa Stroud and Sandra Mitchell	Domestic Violence Shelter, DV Prevention	X	X
Wright, Janet	Economic Development, Transportation	X	X
Youth	Day Treatment and Workforce Development		X
Zimmerman, Liz	Juvenile Department, Intensive Probation	X	

Commission on Children and Families Member List and Staff Contact Information

MEMBERS	
HOLLY BARBOUR, Legal Aid Coordinator Work: 503.397.1628 Fax: 503.397.0052 email: ccla.holly@comcast.net	KAREN LADD, Health District Administrator PO Box 995, St. Helens, OR 97051 Work: 503.397.4651 Fax: 503.397.1424 email: kfladd@aol.com
CAROL BRANDT, Community Member Call CCCCCF staff for contact information.	ROBIN LOPER, St. Helens School District Nurse 354 N. 15th, St. Helens, OR 97051 Work: 503.366.7695 Fax: 503.366.7735 email: RobinL@sthelens.k12.or.us
FRED BUTCHER, Yankton Community Fellowship Work: 503.397.3880 Fax: 503.366.1970 email: fred_ycf@qwestoffice.net	LARRY LUCAS, Oregon State Police 500 N. Columbia River Hwy, # 410, St. Helens, OR 97051 Work: 503.397.0325 Fax: 503.397.0607 email: larry.lucas@state.or.us
JOAN CISNEROS, Community Member Call Commission staff for contact information.	STAN MENDENHALL, Juvenile Department Director 244 Strand St., St. Helens, OR 97051 Work: 503.397.0275 x8474 Fax: 503.397.7256 email: Stan.Mendenhall@co.columbia.or.us
LANEY COULTER, NWRESA Work: 503.366.4124 Home: 503.201.5162 Fax: 503.397.0796 email: lcoulter@nwresd.k12.or.us	ROLAND MIGCHIELSEN, CCMH, Executive Director 58646 McNulty Way, St. Helens, OR 97051 Work: 503.397.5211 x201 Fax: 503.397.5373 email: Rolandm@ccmh1.com
WOODY DAVIS, OSU 4H Extension Agent 505 N. Columbia River Hwy., St. Helens, OR 97051 Work: 503.397.3462 Fax: 503.397.3467 email: Woody.Davis@oregonstate.edu	DIANA NISH, MTC, Workforce Specialist 500 N. Columbia River Hwy, #300, St. Helens, OR 97051 Work: 503.397.6495 Fax: 503.397.4164 email: Diana.Nish@mtctrains.com
MARDI ERICKSON, Community Member Call Commission staff for contact information.	DANA PEARMAN HOWELL, Community Member Call Commission staff for contact information.
JOYCE ERVIN, Child and Family Development Program Dir. P.O. Box 10, Rainier, OR 97048 Work: 503.556.3736 Fax: 503.556.0705 email: Ervinjar@nworheadstart.org	PAM RUDELL, DHS, Self Sufficiency Manager 500 N. Columbia River Hwy, # 210, St Helens, OR 97051 Work: 503.366.8371 Fax: 503.397.0942 email: Pam.Ruddell@state.or.us
EARL FISHER, Chair Work: 503.397.7200 email: Earl.Fisher@co.columbia.or.us	JOAN YOUNGBERG, Community Member Call Commission staff for contact information.
JILL HULT, Community Member Call Commission staff for contact information.	
STAFF	
Director: Jan Spika Kenna, 503.397.7225, Jan.Kenna@co.columbia.or.us Fiscal Assistant: Kath Dostert, 503.397.7211, Kath.Dostert@co.columbia.or.us	

Steering Committee List

NAME	REPRESENTING
Baird, Cathy	Oregon Youth Authority, Parent, Local Public Safety Coordinating Council
Beeks, Cindy	Columbia Community Mental Health, Early Childhood Team, Healthy Start Advisory Committee
Brandt, Carol	Community Member, Commission on Children and Families
Davis, Woody	Oregon State University Extension, 4H Agent, Parent, Commission on Children and Families, Vice Chair
Dostert, Kath	Commission on Children and Families
Ervin, Joyce	Columbia County Early Childhood Team, Chair, Community Action Team, Child and Family Development Programs, Commission on Children and Families, Health Start Advisory Committee, Early Intervention Coordinating Committee
Erickson, Mardi	At Risk Youth Educator, Community Member, Parent, Commission on Children and Families
Fisher, Earl	County Commissioner, Northwest Regional Education Service District, Commission on Children and Families, Chair
Ladd, Karen	Columbia Health District, Commission on Children and Families, Health Start Advisory Committee, Early Childhood Team
Lucas, Larry	Oregon State Police, Local Public Safety Coordinating Council, Commission on Children and Families
Martin, Teri	Juvenile Crime Prevention Plan Consultant
Mendenhall, Stan	Juvenile Department Director, Local Public Safety Coordinating Council, Chair, Commission on Children and Families
Migchielsen, Roland	Columbia Community Mental Health, Commission on Children and Families, Health Start Advisory Committee, Early Childhood Team
Miller, Karin	Worksource Northwest
Ruddell, Pam	Department of Human Services, Mental Health Advisory Committee, Local Alcohol and Drug Planning Committee, Commission on Children and Families, Early Childhood Team, Health Start Advisory Committee, Early Intervention Coordinating Committee
Serra, Ed	Clatskanie School District, Superintendent, Commission on Children and Families
Spika Kenna, Jan	Mental Health Advisory Committee, Local Alcohol and Drug Planning Committee, Early Childhood Team, Healthy Start Advisory Committee, Early Intervention Coordinating Committee, Commission on Children and Families
Wilson, Jim	Early Childhood Team. Early Intervention Coordinating Committee, Healthy Start Advisory Committee, Chair

Summary of Facts and Figures

POPULATION

Columbia County...

- Had a population of 49,408 in 2008.
- Gained 5,848 residents between 2000 and 2008.
- Grew by 13.4 percent between 2000 and 2008, compared to an increase of 10.8 percent in Oregon as a whole.
- Gained 20,618 residents since 1970.
- Had a 2000-2008 rate of population change that ranked 6th – from highest to lowest – out of the 36 counties reporting data.

Retrieved January 27, 2010, from

<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=1>

Population Estimate Data

	2009	2008	2007	2006
General Population	48,410	48,095	47,565	46,965
Youth Population 0-17 yrs.	11, 462 (23.7%)	11,530 (24%)	11, 852 (24.9%)	11,831 (25.2%)
Youth Population 4-20 yrs.	11, 118 (22.9%)			
Youth Population 0-4 yrs.		2865	2517	2560
Youth Population 5-9 yrs.		2962	2996	3040
Youth Population 10-14 yrs.		3515	3585	3608
Youth Population 15-17 yrs.		2189	2754	2623
Youth Population 18-19 yrs.		1459	1138	1160
Hispanic Youth 0-17 yrs.		690 (6.2%)	696 (6.2%)	681 (5.9%)
Black Youth 0-17 yrs.		154 (1.4%)	145 (1.3%)	129 (1.1%)
American Indian/AN Youth 0-17 yrs.		230 (2.1%)	230 (2%)	229 (2%)
Asian Youth 0-17 yrs.		158 (1.4%)	150 (1.3%)	144 (1.3%)

Data Sources:

Population Data: 2009 and 2008 Population Reports, Portland State University Population Research Center <http://www.pdx.edu/prc/>

Youth Race and Ethnicity Data: OJJDP "Easy Access to Juvenile Populations" <http://ojjdp.ncjrs.gov/ojstatbb/ezapop/>

	Region Name	Total Population	Total Population	Total Population	
		2006	2007	2008	
	Oregon	3,680,968	3,735,549	3,790,060	
	Columbia	48,212	48,914	49,408	

Source: 1970 & 1980: U.S. Bureau of the Census, County Population Census Counts, <http://www.census.gov/population/www/censusdata/cencounts.html>

1990 & 2000: U.S. Bureau of the Census, American Factfinder, <http://factfinder.census.gov/>

2001-2008: U.S. Bureau of the Census, Population Estimates Program, <http://www.census.gov/popest/counties/> DATE LAST UPDATED: March 24, 2009.

Note: 2001-2007 estimates were revised per the Census Bureau's updates when the 2008 data were released.

Retrieved February 8, 2010, from <http://www.indicators.nwaf.org/DownloadIndicatorData.aspx?RegionID=41000&IndicatorID=1>

	July 1, 2008	April 1, 2000	Pop. Change 2000-08	Percent Change 2000-08	Births 2000-08	Deaths 2000-08	Natural Increase	Net Migration
OREGON	3,791,075	3,421,399	369,676	10.80%	384,725	252,545	132,180	237,496
COLUMBIA	48,095	43,560	4,535	10.40%	4,213	3,212	1,001	3,534

http://www.pdx.edu/sites/www.pdx.edu.prc/files/media_assets/PopRpt08c.pdf

County and Cities	July 1 Population Estimates					Census Population
	2008	2007	2006	2005	2004	4/1/2000
Oregon	3,791,075	3,745,455	3,690,505	3,631,440	3,582,600	3,421,399
COLUMBIA	48,095	47,565	46,965	46,220	45,650	43,560
Clatskanie	1,740	1,710	1,675	1,660	1,650	1,528
Columbia City	1,975	1,955	1,890	1,785	1,760	1,571
Prescott	60	60	60	60	60	72
Rainier	1,810	1,775	1,705	1,760	1,750	1,687
St. Helens	12,325	12,075	11,940	11,795	11,370	10,019
Scappoose	6,580	6,090	5,840	5,700	5,590	4,976
Vernonia	2,365	2,365	2,340	2,275	2,260	2,228
Unincorporated	21,240	21,535	21,515	21,185	21,210	21,479

http://www.pdx.edu/sites/www.pdx.edu.prc/files/media_assets/PopRpt08c.pdf

Columbia County Median Age, by Race and Hispanic Origin

Median age is the age at which half the population is younger and half is older. A lower median age indicates a relatively younger population, while a higher median age indicates a relatively older population. Median age varies by race and ethnicity.

The median age in 2000 in Columbia County . . .

- was 37.7 years for the total population;
- was 20.5 years for the Hispanic population;
- was 38.3 years for the white population;
- was 26.5 years for the black population;
- was 33.1 years for the Native American population;
- was 37.3 years for the Asian population;
- was 38.3 years for the Native Hawaiian and other Pacific Islander population;
- was 23.1 years for those of some other race;
- and was 20.8 years for those of two or more races.

Retrieved January 27, 2010, from

http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=100020_

Columbia County Juvenile Population by Race Ages 0-17 2008

Sex	Race	Count	State	Percent
Male	White	5423	395,767	1.4
Female	White	5115	376,819	1.4
Male	Black	78	17,454	.4
Female	Black	76	16,678	.5
Male	American Indian	110	9,814	1.1
Female	American Indian	120	9,501	1.3
Male	Asian	75	20,917	.4
Female	Asian	83	20,625	.4
Male	Hispanic	354	84,889	.4
Female	Hispanic	336	80,136	.4
		11,770	1,032,600	

National Center for Health Statistics (2009). Estimates of the July 1, 2000-July 1, 2008, United States resident population from the Vintage 2008 postcensal series by year, county, age, sex, race, and Hispanic origin. [Released 9/2/2009; Retrieved 9/3/2009]. Prepared under a collaborative arrangement with the U.S. Census Bureau. Available online from http://www.cdc.gov/nchs/nvss/bridged_race.htm. Retrieved February 10, 2010, from <http://http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop>

WAGES

Oregon Living Wage

A living wage is a wage that allows families to meet their basic needs, without public assistance, and that provides them some ability to deal with emergencies and plan ahead. It is not a poverty wage.

For a single adult with one child, the living wage in Oregon is \$23.17 an hour (\$48,186 a year).

For two adults, one of whom is working, with two children, the living wage in Oregon is \$27.59 an hour (\$57,396 a year).

For two adults, both of whom are working, with two children, the living wage in Oregon is \$37.72 an hour (\$78,452 a year). This means that the combined wages of both working adults need to total this amount.

In Oregon, 46 percent of job openings pay less than the \$13.54 an hour living wage for a single adult and 88 percent pay less than the \$28.09 an hour living wage for a single adult with two children.

Retrieved February 22, 2010, from http://www.nwfco.org/pubs/2009.1203_JobGap.pdf

The Ratio of Job Seekers to Living Wage Job in Oregon

Another indicator of the job gap is the number of job seekers compared to the number of job openings that pay a living wage. Overall, as of 2008, there are more people looking for work than there are job openings that pay a living wage.

Northwest Job Gap	Oregon
Single Adult	5:1
Single Adult with 1 child	11:1
Single Adult with 2 children	21:1
2 Adults (1 working) with 2 children	20:1

Retrieved February 22, 2010, from http://www.nwfco.org/pubs/2009.1203_JobGap.pdf

Columbia County Wage per Job

The real wage per job in 2008 in Columbia County . . .

- was \$34,226, compared to \$34,419 a decade earlier;
- increased 3.3 percent between 1970 and 1980, decreased 3.4 percent between 1980 and 1990, and decreased 5.1 percent between 1990 and 2000;

Ranked 13th – from highest to lowest – out of the 36 counties.

Retrieved January 27k 2010, from

<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=16>

EMPLOYMENT AND UNEMPLOYMENT

Columbia County Employment by Industry

In 2007, the four US industries with the largest shares of employment were Government (13.4%), Retail trade (10.7%), Health care and social assistance (10.1%), and Manufacturing (8.0%).

In Columbia County, in 2007 . . .

- Government accounted for 12.6 percent of employment;
- Retail trade accounted for 11.5 percent of employment;
- Health care and social assistance accounted for 8.5 percent of employment; and
- Manufacturing accounted for 12.6 percent of employment.

Retrieved January 27, 2010, from

<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=17>

Columbia County Unemployment Rate

Columbia County's monthly unemployment rate was 12.7 percent in November, 2009. This compares to 10.8 percent in Oregon as a whole.

Columbia County's average annual unemployment rate in 2008 . . .

- was 6.9 percent compared to 6.4 for Oregon
- was greater than the previous year's rate of 5.7 percent.

Ranked 18th - from highest to lowest - out of Oregon's 36 counties.

Retrieved January 27, 2010, from

<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=14>

FREE AND REDUCED LUNCHES

Columbia County Reduced Price School Lunch Program

- The National School Lunch Program provides low cost or free lunches to students, based on the student's family size and income. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 and 185 percent of the poverty level are eligible for reduced-price meals. For more information, please see <http://www.fns.usda.gov/cnd/lunch>.
- The percent of students eligible for free or reduced-price lunches is often used as a measure of children's economic well-being. Higher percentages mean more children live in low-income families, and vice versa. The percent is calculated by dividing the number of eligible students (based on the criteria listed above) by the number of students enrolled. Not all schools are eligible for the Free and Reduced Lunch

program.

- The percentages of students eligible for free or reduced-price lunches in Columbia County school districts are shown below. Contact local school district staff if you have questions. For contact information, use the school district locator at <http://nces.ed.gov/ccd/schoolsearch/>.

Percent eligible for free or reduced-price school lunch

School Dist.	2006	2007	2008	2009
Rainier School Dist.	36.1	39.7	44.2	47.2
Clatskanie School Dist.	41.7	45.7	46.3	47.1
Scappoose School Dist.	31.2	21.2	21.7	27.3
St Helens School Dist.	30.7	34.3	21.2	32
Vernonia School Dist.	32.8	37.1	35	36.9

Retrieved January 27, 2010, from

<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=24> and <http://www.ode.state.or.us/search/page/?id=1722>

INCOME

Columbia County Median Household Income

Median household income is the level of income at which half the population has lower incomes and half has higher incomes. Here, we provide information on real median household income, which means the data have been adjusted for inflation.

In Columbia County median household income (adjusted for inflation) . . .

- was \$57,363 in 2008, \$58,974 in 1999, and \$51,051 in 1989;
- ranked 3rd - from highest to lowest - out of the 36 counties in 2008.

Retrieved January 27, 2010, from

<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=9>

POVERTY

Income and Poverty for Columbia County 2008

In Columbia County the poverty rate is 11.3% and ranked 33rd - from highest to lowest - out of 36 counties in 2008 Columbia.

Retrieved January 27, 2010, from <http://www.indicators.nwaf.org>

HOUSING

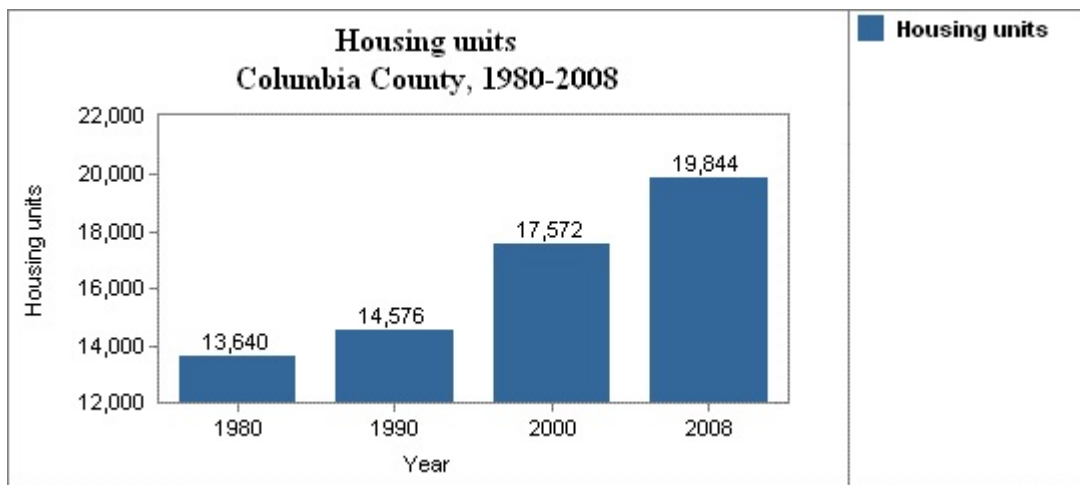
Columbia County Total Housing Units

The Census Bureau defines a housing unit as a house, an apartment, a mobile home or trailer, a

group of rooms, or a single room occupied as separate living quarters (or if vacant, intended as separate living quarters). Housing units are classified as being occupied – either by owners or renters – or vacant.

In Columbia County . . .

- the number of housing units increased by 6.9 percent from 1980 to 1990; increased by 20.6 percent from 1990 to 2000; and increased by 12.9 from 2000 to 2008.
- in 2000, 71.0 percent of all housing units were owner occupied, 22.2 percent were occupied by renters, and 6.8 percent were vacant.
- the percent change in number of housing units from 2000-2008 ranked 10th - from highest to lowest- out of the 36 counties.



Columbia County Housing Affordability

Many rental households, which make up one-third of all households in the nation, face ever-increasing rental costs that make it more and more difficult to afford decent housing. Housing is considered affordable if a household spends no more than 30% of household income on housing costs.

In Columbia County in 2000. . .

- 24 percent of all households were rental households.

In Columbia County in 2008. . .

- The Fair Market Rent for a two-bedroom rental was \$757 per month.
- Those with a household income of at least \$30,280 per year could afford a two-bedroom rental at the Fair Market Rent.
- The housing wage for a two-bedroom unit was \$14.56 per hour, which is the same as 1.4 full-time minimum-wage jobs.



Retrieved January 27, 2010, from
<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=100039>

EDUCATION

School Data—County

	2008-09	2007-08	2006-07	2005-06
School Enrollment	8584	8639	8715	8703
Free/Reduced Lunch	2974 (34.8%)	2436 (28.2%)	2885 (33.1%)	2859 (32.9%)
Total Minority Population	1044 (12.2%)	970 (11.2%)	927 (10.6%)	744 (8.5%)

School Data—School Districts

	2008-09	2007-08	2006-07	2005-06
Clatskanie SD				
School Enrollment	888	883	904	865
Free/Reduced Lunch	418 (47.1%)	409 (46.3%)	413 (45.7%)	361 (41.7%)
Total Minority Population	105 (11.8%)	98 (11.1%)	122 (13.5%)	90 (10.4%)
AYP Status	Not Met	Not Met	Not Met	Not Met
Math Achievement				
3 rd Grade	64%	74%	57%	91%
5 th Grade	73%	84%	63%	86%
8 th Grade	72%	52%	67%	56%
10 th Grade	44%	42%	30%	21%
Reading Achievement				
3 rd Grade	71%	90%	72%	89%
5 th Grade	71%	87%	61%	90%
8 th Grade	53%	53%	71%	73%
10 th Grade	63%	54%	59%	41%
Writing Achievement				
10 th Grade	45%	35%	51%	89%
High School Graduation Rate		82.6%	76.9%	88.1%
Attendance	91.2%	91.4%	91.6%	92.3%
Home Schooled Students	54**			
Rainier				
School Enrollment	1168	1206	1189	1212
Free/Reduced Lunch	551 (47.2%)	533 (44.2%)	472 (39.7%)	438 (36.1%)
Total Minority Population	64 (5.5%)	67 (5.6%)	86 (7.2%)	52 (4.3%)
AYP Status	Met	Not Met	Not Met	Not Met
Math Achievement				
3 rd Grade	89%	90%	84%	95%
5 th Grade	71%	74%	69%	89%
8 th Grade	57%	62%	60%	52%
10 th Grade	74%	70%	64%	73%
Reading Achievement				
3 rd Grade	91%	89%	91%	95%
5 th Grade	76%	69%	74%	81%
8 th Grade	48%	46%	70%	72%
10 th Grade	81%	70%	56%	54%
Writing Achievement				
10 th Grade	49%	40%	50%	76%
High School Graduation Rate		82.6%	76.9%	88.1%
Attendance	92.1%	91.2%	90.6%	91.5%
Home Schooled Students	75**			

Scappoose SD				
School Enrollment	2250	2208	2199	2247
Free/Reduced Lunch	614 (27.3%)	479 (21.7%)	465 (21.2%)	702 (31.2%)
Total Minority Population	290 (12.9%)	258 (11.7%)	261 (11.9%)	206 (9.2%)
AYP Status	Not Met	Not Met	Not Met	Not Met
Math Achievement				
3 rd Grade	88%	89%	78%	91%
5 th Grade	74%	82%	67%	91%
8 th Grade	80%	79%	74%	63%
10 th Grade	61%	47%	53%	40%
Reading Achievement				
3 rd Grade	90%	92%	88%	90%
5 th Grade	78%	81%	76%	93%
8 th Grade	77%	71%	67%	62%
10 th Grade	65%	73%	61%	51%
Writing Achievement				
10 th Grade	56%	60%	60%	80%
High School Graduation Rate		98.8%	97.5%	95.4%
Attendance	93.1%	93.9%	92.8%	92.6%
Home Schooled Students	87**			
St. Helens SD				
School Enrollment	3660	3650	3705	3663
Free/Reduced Lunch	1163 (32%)	773 (21.2%)	1269 (34.3%)	1123 (30.7%)
Total Minority Population	520 (14.2%)	475 (13%)	378 (10.2%)	313 (8.5%)
AYP Status	Not Met	Not Met	Not Met	Not Met
Math Achievement				
3 rd Grade	74%	82%	59%	85%
5 th Grade	83%	75%	74%	91%
8 th Grade	71%	70%	62%	60%
10 th Grade	35%	39%	45%	33%
Reading Achievement				
3 rd Grade	83%	85%	78%	84%
5 th Grade	74%	70%	79%	86%
8 th Grade	75%	60%	50%	59%
10 th Grade	63%	65%	61%	50%
Writing Achievement				
10 th Grade	49%	40%	40%	70%
High School Graduation Rate		88%	90.9%	90.7%
Attendance	93.2%	92.7%	92.1%	92.8%
Home Schooled Students	132**			

Vernonia SD				
School Enrollment	618	692	718	716
Free/Reduced Lunch	228 (36.9%)	242 (35%)	266 (37.1%)	235 (32.8%)
Total Minority Population	65 (10.5%)	72 (10.4%)	80 (11.1%)	83 (11.6%)
AYP Status	Met	Not Met	Met	Not Met
Math Achievement				
3 rd Grade	66%	80%	52%	82%
5 th Grade	56%	68%	56%	71%
8 th Grade	66%	75%	54%	71%
10 th Grade	31%	64%	55%	37%
Reading Achievement				
3 rd Grade	74%	89%	81%	78%
5 th Grade	74%	76%	69%	56%
8 th Grade	61%	76%	56%	74%
10 th Grade	61%	81%	64%	35%
Writing Achievement				
10 th Grade	49%	54%	49%	69%
High School Graduation Rate		90.7%	98.4%	82.9%
Attendance	91.3%	91.7%	91.9%	92.5%
Home Schooled Students	42**			

** - Not published data and approximates only. Information obtained from NWRESA via Mardi Rose @ 503-614-1295.

Data Sources:

- Population Data: 2009 and 2008 Population Reports, Portland State University Population Research Center <http://www.pdx.edu/prc/>
- Youth Race and Ethnicity Data: OJJDP "Easy Access to Juvenile Populations" <http://ojjdp.ncjrs.gov/ojstatbb/ezapop/>
- School Data: Reports, Dept. of Education <http://www.ode.state.or.us/search/page/?id=1722>

Columbia County High School Drop Out Rate

Dropout data is collected in the Early Leavers Data Collection each November by the Oregon Department of Education.

The 2007-08 report presents dropout rates for students who dropped out of grades 9-12 between July 1 and June 30 by school, district, and county, along with rates for student subgroups.

In addition, the 2007-08 Details report includes, for example, data on all categories of high school completers, as well as data on dropouts by grade, reasons students dropped out, and dropout data for grades 7-8.

A dropout is a student who withdrew from school and did not graduate or transfer to another school that leads to graduation. Dropouts do not include students who:

- are deceased,
- are being home schooled,
- are enrolled in an alternative school or hospital education program,
- are enrolled in a juvenile detention facility,
- are enrolled in a foreign exchange program,
- are temporarily absent because of suspension, a family emergency, or severe health problems that prevent attendance at school,
- received a GED certificate,
- received an adult high school diploma from a community college.

Rules developed by the Department ensure a complete accounting of students who drop out during the school year, as well as students who drop out between school years.

Oregon’s dropout reporting procedures are in full agreement with the procedures developed by the National Center for Education Statistics for uniform and comparable reporting of dropout rates by the states.

High school drop out rates for public school districts in Columbia County are shown below. Contact local school district staff if you have questions. For contact information, use the school district locator at <http://nces.ed.gov/ccdweb/school/>.

High school drop out rate(%)		
	2006-2007	2007-2008
Rainier School Dist. – Jr/Sr High School	3.4	3.9
Rainier – N. Col. Academy	5.1	17.1
Clatskanie School Dist.	5.7	9.6
Scappoose School Dist.	3	6
St Helens School Dist.	2.4	1.6
St. Helens – Col. Co. Education Cam.	4.8	2.9
Vernonia School Dist.	2.1	4

Retrieved 2/8/2010 from http://www.ode.state.or.us/data/schoolanddistrict/students/dropout/dropouttables2007-2008_details.xls

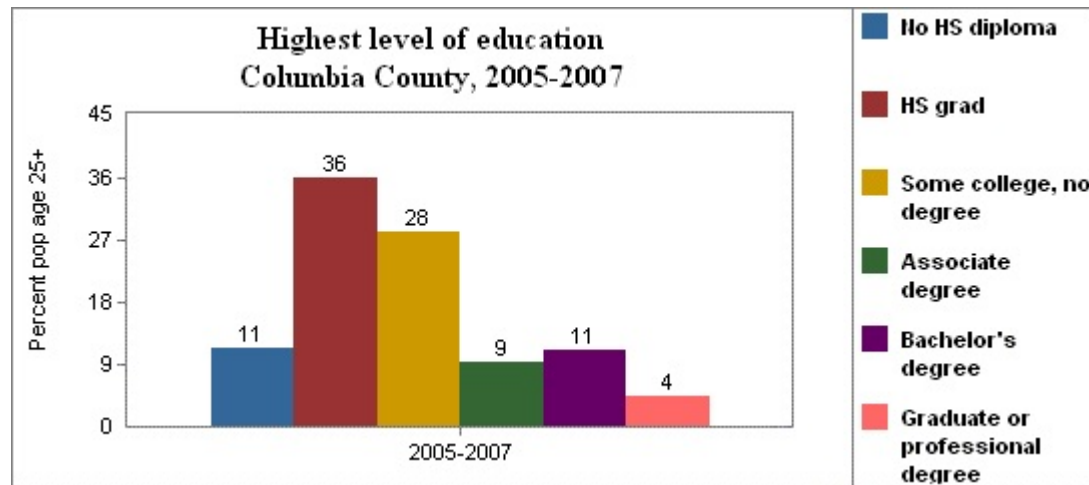
Columbia County Education attainment 2005-2007

These data come from the U.S. Census Bureau's American Community Survey. Data, which are only available for counties with at least 20,000 people, are based on averages of data collected in 2005, 2006 and 2007. These estimates cannot be used to say what is going on in any particular year in the period, only what the average value is over the full period.

Educational attainment refers to the highest level of school completed. In Columbia County between 2005-2007 . . .

- 11 percent of the population 25 years and older had no high school diploma, compared to 12 percent in Oregon
- 15 percent of the population 25 years and older had a bachelor's degree or higher, compared to 28 percent in Oregon

(At the high school diploma and bachelor's degree attainment levels, women earned about 65% of what men earned in 1987. In 2007, the percentage was 72% at the high school diploma level and 74% at the bachelor's degree level. Retrieved Feb. 8, 2010, from <http://www.census.gov/prod/2009pubs/p20-560.pdf>)



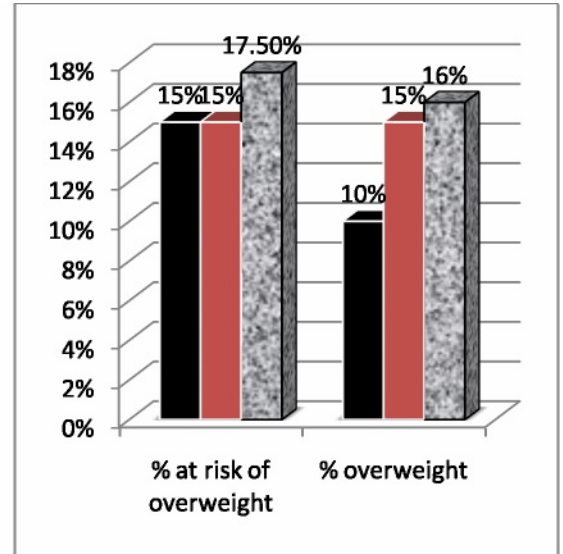
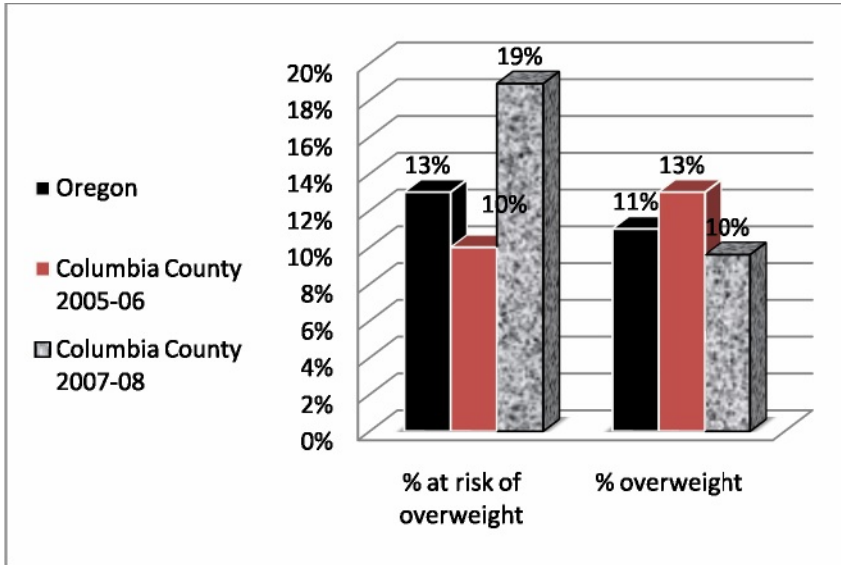
Retrieved January 27, 2010, from <http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=100038> (last updated December 15, 2008)

HEALTH CARE

YOUTH STATISTICS

Childhood Obesity

11th Graders 8th Graders



Oregon Healthy Teen Survey 2005-06 for 8th Graders. Retrieved from <http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohteens/2006/county/columbia8.pdf>

Oregon Healthy Teen Survey 2005-06 for 11th Graders. Retrieved from <http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohteens/2006/county/columbia11.pdf>

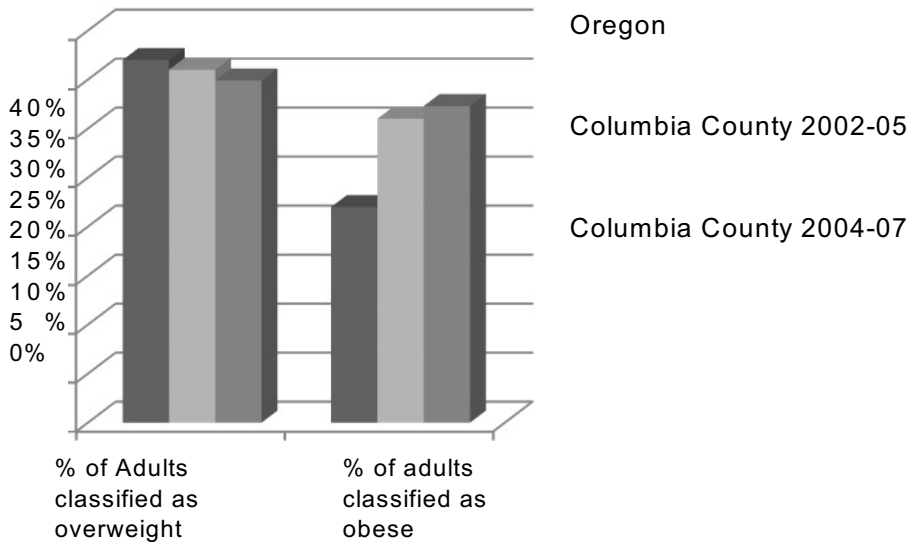
Physical Activity & Nutrition

Youth		% Who meet the CDC physical activity recommendations		% Who consumed at least 5 servings of fruits & vegetables per day		% Who drank at least 7 sodas per week		% Who participated in PE daily	
		2005-2006	2007-2008	2005-2006	2007-2008	2005-2006	2007-2008	2005-2006	2007-2008
1th Graders	Oregon	49%		18%		27%		19%	
	Columbia County	53%	58.8%	21.3%	17.6%	26%	19.9%	32%	33%
8th Graders	Oregon	59%		24%		23%		55%	
	Columbia County	59%	61.9%	23%	20.9%	27%	39.6%	24%	51.7%

Same referral source as above.

ADULTS

Adult Obesity



Physical Activity & Nutrition

	% Who meet the CDC physical activity	% Who consumed at least 5 servings of fruits & vegetables per day	% Who had their cholesterol checked within the past 5 years (t 18 years old)
Oregon	57.9%	26.6%	69.4%
Columbia County	62.3%	29.8%	79.3%

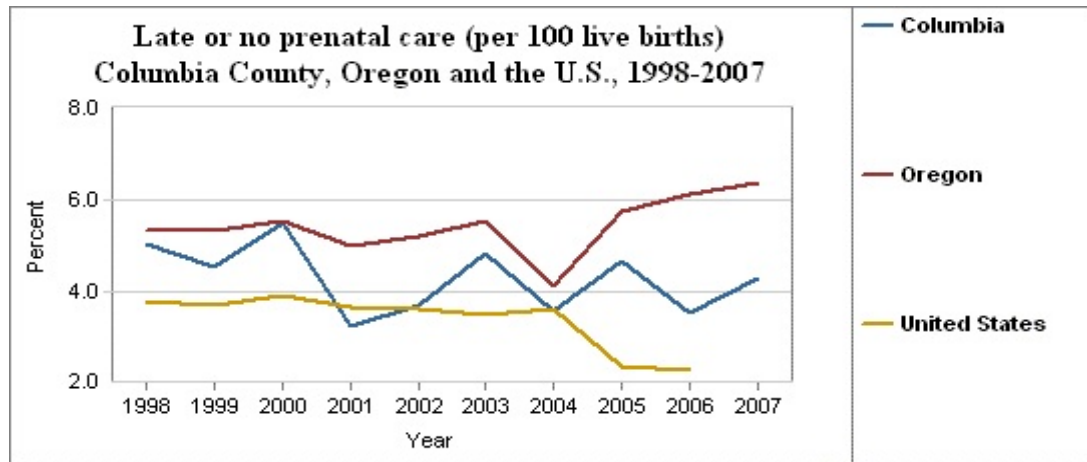
(Most recent data available is 2004-07)
 Adult Behavioral Risk Factor Surveillance Survey 2002-05. Retrieved from <http://www.dhs.state.or.us/dhs/ph/chs/brfs/county/0205//aamaps/aabmiovwt.pdf> and <http://www.dhs.state.or.us/dhs/ph/chs/brfs/county/0407/index.shtml> – includes above and below information.

Prenatal Care for Columbia County

Late prenatal care is the care received starting in the third trimester of pregnancy. This indicator measures live births to mothers receiving no prenatal care in the first and second trimesters. The indicator is calculated by dividing the number of women who receive late or no prenatal care by the number of live births. We multiply the result by 100. In counties with relatively few people, a small number of women who receive late or no prenatal care may have a significant effect on percents from year to year.

In Columbia County . . .

- The percent was 4.3 in 2007, compared to 6.4 percent in Oregon
- 23 women who gave birth in 2007 received late or no prenatal care, compared to 27 in 1998



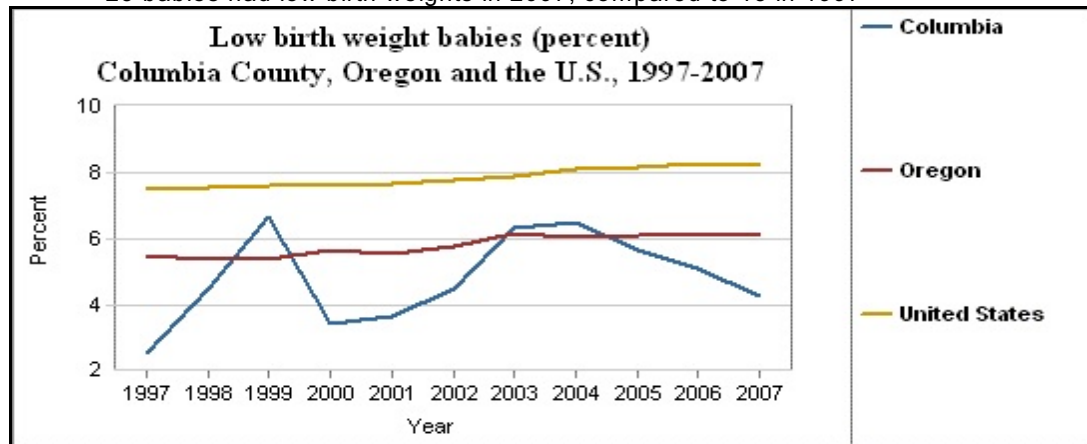
Retrieved January 27, 2010, from <http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=26>

Low Birth Weight Babies

A low birth weight is under 2,500 grams, or roughly 5 lbs 8 oz. The percent of low birth weight babies is calculated by dividing the number of low birth weight babies by the number of live births. We multiply the result by 100. In counties with relatively few people, a small number of low birth weight babies may have a significant effect on percents from year to year.

In Columbia County . . .

- 4.3 percent of babies had low birth weights in 2007, compared to 6.1 percent in Oregon
- 23 babies had low birth weights in 2007, compared to 13 in 1997



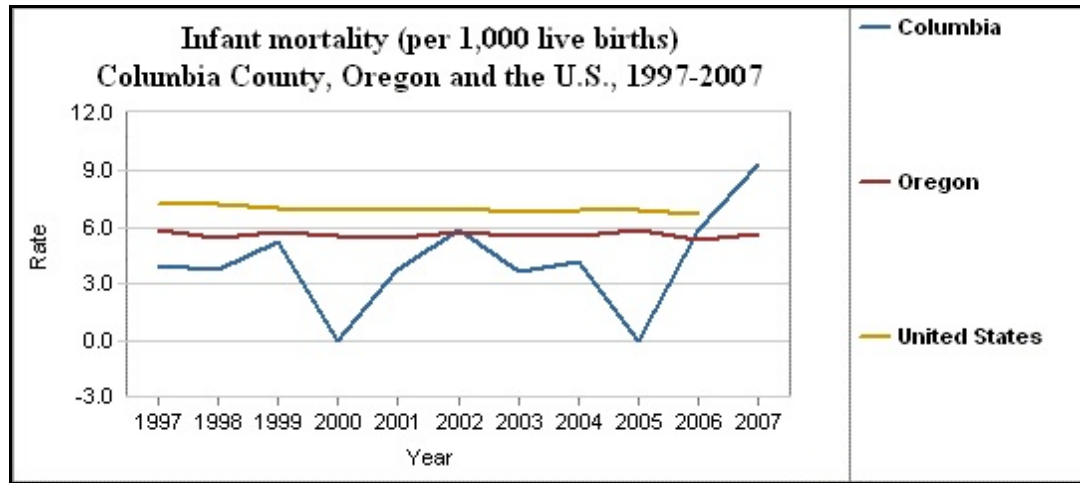
January 27, 2010, from <http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=27>

Columbia County Infant Mortality

An infant is a child under one year of age. The infant mortality rate is calculated by dividing the number of infant deaths by the number of live births. We multiply the result by 1,000. In counties with relatively few people, a small number of infant deaths may have a significant effect on rates from year to year.

In Columbia County . . .

- The infant mortality rate was 9.3 per 1,000 in 2007, compared to 5.6 per 1,000 in Oregon
- 5 infants died in 2007, compared to 2 in 1997



January 27, 2010, from <http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=28>

Teen Pregnancy Columbia County

The teen birth rate is calculated by dividing the number of births to females age 10-17 by the number of females in that age group. The Department of Human Services multiplies the result by 1,000. In counties with relatively few people, a small change in the number of teen births may have a significant effect on rates from year to year.

In Columbia County. . .

- The teen birth rate in 2007 was 4 per 1,000, compared to 17 per 1,000 in Oregon. There were 6 births to females age 15-17 in 2007 compared to 37 in 1998.

Retrieved January 27, 2010, from

<http://www.indicators.nwaf.org/DrawRegion.aspx?RegionID=41009&IndicatorID=25>

Teen Pregnancy Count and Rate for Teens 10-17

County	2006	2007	2008*
Columbia	34	12	3

Retrieved from <http://www.dhs.state.or.us/dhs/ph/chs/data/teen/tpcount.shtml>

**St. Helens Middle School — St. Helens School District
2009 Community School Outcome Report**

School Demographics

- 2008-09 school enrollment of 574 students
- 36.9% or 212 students eligible for free and reduced lunch
- 13.2% (76 students) minority population (5.6%, Hispanic, .4% Black, 1.7% Asian/PI, 4.2% American Indian/NA)

Resources

- \$70,212 OCCF Initiative Funds: Columbia County Commission on Children and Families
- \$147,540 Leveraged Resources

Program Elements

- On-site community coordinator
- Academic enhancement through numerous afterschool academic oriented clubs including Homework club, Math club, Stock Market Club, Book Club, Anime Club and Computer Club
- 11 hours per week (average) Youth Development Extended Day activities
- Health and social services including nutrition activities and Fitness Club
- Parent engagement events and volunteer opportunities

Results

- 15.9% increase (81.82% met standard) in % of students meeting state reading achievement standard *
- 4.7% increase (76.1% met standard) in % of students meeting state math achievement standard *
- .9% increase (93.4%) in annual student attendance rate *
- 227 student (average) participation in extended day activities per term *
- 200 (50 Winter, 150 Spring) parents involved in school activities/events *
- 9 community partnerships *
- 18.6% increase in academic growth in reading (70.78% met standard) and 3.59% increase in academic growth in math (60.73% met standard) for economically disadvantaged students
- 14.17% increase in academic growth in reading (76.67% met standard) and 12.77% decrease in academic growth in math (58.06% met standard) for Hispanic students
- 1.14% decrease in academic growth in reading (86.36% met standard) and 6.82% decrease in academic growth in math (68.18% met standard) for Native American/NA students
- 1.65% decrease in academic growth in reading (36.59% met standard) and 6.28% decrease in academic growth in math (30.49% met standard) for students with disabilities
- 23% reduction in behavior incidents of community school students compared to same students in 2008
- 3.5 point average increase in OAKS test score of students participating in Math Club

* indicates Oregon Commission on Children and Families required measurement

Juvenile Department Statistics

Columbia County Juvenile Department Trend Data
Number of Referrals for Unduplicated Youth, 2000-2009

Type	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Property	407	493	351	315	231	234	195	266	306	166
Person	108	115	135	139	104	130	107	100	50	44
Public Order	74	130	91	69	60	91	71	53	60	42
Criminal Drug	26	43	48	41	53	78	76	30	42	39
Criminal Other	40	47	57	48	30	29	29	31	24	19
Curfew	67	82	100	81	67	49	39	47	40	31
MIP - Alcohol	142	145	125	178	122	158	143	130	90	65
Less Than Ounce	35	42	36	35	32	27	26	21	10	25
Tobacco	126	146	95	112	102	89	63	68	24	41
TOTAL	923	1243	1038	1018	801	885	749	746	654	472

Recidivism

The Recidivism report selects youth who had a criminal referral in a calendar year and tracks them for the following 12 months. In order to track all youth who had a referral for a full 12-month period, the report requires complete referral data through December 31 of the following year. Consequently, the 2007 Recidivism report - which uses referral data through December 31, 2008 - was published in 2009. Data is not yet available for 2008 & 2009. As an example... 72.9% of youth who committed an offense in 2007 did not commit another offense.

2000	2001	2002	2003	2004	2005	2006	2007
65.3%	66.2%	67.2%	72.7%	70.5%	70.4%	73.4%	72.9%

Number of Referrals, 2000-2009

Includes all referrals (including dependency related numbers)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Clatskanie	121	58	90	94	65	59	64	42	33	44
Columbia City	35	39	19	40	51	32	39	32	66	14
Deer Island	47	56	40	27	12	41	36	21	16	13
Rainier	164	189	127	118	152	64	97	104	114	68
Scappoose	169	228	171	108	129	203	187	133	155	129
Saint Helens	375	682	552	561	455	528	444	517	291	297
Vernonia	136	146	91	59	62	37	27	52	85	55
Warren	32	56	30	37	28	43	28	31	24	11
TOTAL	1079	1454	1120	1044	954	1007	922	932	784	631

Number of Admissions to Juvenile Department Programs, 2000-2009
 Included here are the number of youth given a disposition in each category. (Definitions of some categories changed between 2002 & 2003 so that has effected statistics. "Sanctions" was combined from three categories down to one, Formal Sanction.)

Program	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Diverson	138	186	143	98	73	59	36	46	37	27
FAA	215	217	171	202	185	184	235	217	156	132
Probation	91	142	153	131	114	97	90	98	108	96
Informal Supervision	54	13	10	5	4	4	3	4	2	2
Formal Sanction	56	16	11	28	65	63	65	81	80	67
Intensive Supervision	23	24	28	33	21	25	22	16	11	15
Informal Sanction	54	69	105	87	24	28	56	67	50	42

Columbia County OYA Admissions and ADPs, 2000-2009
 Numbers here include all youth in OYA care, not just how many youth were committed.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
OYA Facility	22	24	28	26	24	25	28	31	30	30
OYA	2	2	25	24	23	18	15	11	6	4

**COLUMBIA COUNTY
 JUVENILE CRIME PREVENTION PROGRAM DATA* SUMMARY
 NPC RESEARCH
 July 2007 - June 2009**

44 youth were assessed as eligible for JCP between July 2007 and June 2009 (all data were from JCP Data Manager).

- ~ Youth were 50% (22) Male, 50% (22) Female.
- ~ Youth were about 15 years of age (range = 12 to 17).
- ~ Assessed youth were White (89%), Hispanic/Latino (7%), or Native American (2%); 2% were missing race/ethnicity.
- ~ The most common presenting behavior of youth was: Family conflict.
- ~ Average months of service: 4

Risk Level	Number (%) of Youth at Risk Level
Low Risk (0-5 risk indicators present and/or protective indicators lacking)	10 (23%)
Medium Risk (6-13 risk indicators present and/or protective indicators lacking)	27 (61%)
High Risk (14 or more risk indicators present and/or protective indicators lacking)	7 (16%)
TOTAL	44

On their Initial Assessments, youth, on average, had:

- ~ 4 of the 6 risk domains
- ~ 6 of the 24 scored risk indicators
- ~ 2 of the 6 protective indicators
- ~ A risk score of 10 (out of 30)
- ~ 1 of the 5 mental health indicators

Proportion of youth with at least 1 risk indicator (or missing protective factor) in:

- ~ School Domain: 77% (34)
- ~ Peer Domain: 82% (36)
- ~ Behavior Domain: 98% (43)
- ~ Family Domain: 86% (38)
- ~ Substance Use Domain: 45% (20)
- ~ Antisocial Domain: 39% (17)

¹Special thanks to 2H Systems (JCP Data Manager) and Oregon Youth Authority and its Juvenile Justice Information System (JJIS) for providing the data for this report. Data describing the demographic and the initial risk profile of youth are based on youth with data from the JCP Assessment version 2006.1 only who met JCP eligibility criteria. Data describing changes in risk and protective factors include all JCP youth with both an initial assessment and re-assessment who were served during the biennium regardless of initial eligibility, even if the initial assessment occurred prior to the start of the biennium.

Table 2: Frequency of Risk, Protective & Mental Health Indicators

Risk Indicator	Percent* of Youth With the Indicator on the Initial Assessment
SCHOOL ISSUES	
• Academic failure	77% (34)
• Chronic truancy	50% (22)
• School dropout	7% (3)
PEER ISSUES	
• Friends engage in unlawful or serious acting out behavior	39% (17)
• Has friends who have been suspended, expelled, or dropped out of school	39% (17)
BEHAVIOR ISSUES	
• Chronic aggressive, disruptive behavior at school before age 13	20% (9)
• Aggressive, disruptive behavior at school during past month	23% (10)
• Three or more referrals for a criminal offense	0% (0)
• Chronic runaway history	18% (8)
• Recent runaway	34% (15)
• In past month, youth's behavior has hurt other or put them in danger	9% (4)
• Behavior hurts youth or puts her/him in danger	9% (4)
• A pattern of impulsivity combined with aggressive behavior towards others	9% (4)
• Harms or injures animals	5% (2)
• Preoccupation with or use of weapons	7% (3)
FAMILY ISSUES	
• Poor family supervision and control	43% (19)
• Serious family conflicts	68% (30)
• History of reported child abuse/neglect or domestic violence	18% (8)
• Criminal family members	11% (5)

*Note: Percents are based on youth with a yes, no, or more information needed response on the indicator.

Table 2: Frequency of Risk, Protective, and Mental Health Indicators (Cont.)

Risk Indicator	Percent With the Indicator on the Initial Assessment
SUBSTANCE USE ISSUES	
• Substance use beyond experimental use	14% (6)
• Current substance use is causing a problem in youth's life	16% (7)
• Substance use began at age 13 or younger	14% (6)
• Has been high or drunk at school anytime in the past	45% (20)
ATTITUDES, VALUES, & BELIEFS	
• Anti-social thinking, attitudes, values, beliefs	39% (17)
Protective Indicator	
• Significant school attachment/commitment	32% (14)
• Friends disapprove of unlawful behavior	61% (27)
• Has friends who are academic achievers	39% (17)
• There is an adult in youth's life (other than parent) she/he can talk to	75% (33)
• Involved in constructive extra-curricular activities	9% (4)
• Communicates effectively with family member	5% (2)
Mental Health Indicator	
• Actively suicidal or prior suicide attempts	9% (4)
• Depressed or withdrawn	27% (12)
• Difficulty sleeping or eating problems	23% (10)
• Hallucinating, delusional, or out of touch with reality (while not on drugs)	5% (2)
• Social isolation: Youth in on the fringe of her/his peer group with few or no close friends	16% (7)

CHANGE IN RISK FOR DELINQUENCY

Table 3: Changes in Dynamic Indicators After JCP Program Involvement

with indicator	Column A	Column B	Column C
Risk indicator	Number of youth reported on the Initial Assessment	Of Column A, number of youth with indicator reported on the Reassessment	Percent change
SCHOOL ISSUES			
Academic failure	29	6	79% decrease
Chronic truancy	18	1	94% decrease
School dropout	2	2	0% decrease
PEER ISSUES			
Friends engage in unlawful behavior	10	2	80% decrease
Friends suspended or expelled	14	9	36% decrease
BEHAVIOR ISSUES			
Aggressive behavior at school past month	8	0	100% decrease
Recent runaway	12	2	83% decrease
Behavior harms others past month	3	0	100% decrease
FAMILY ISSUES			
Poor family supervision	16	3	81% decrease
Serious family conflicts	27	1	96% decrease
Criminal family members	5	2	60% decrease
SUBSTANCE USE ISSUES			
Substance use beyond experimental	4	1	75% decrease
Current substance use is problematic	5	2	60% decrease
ATTITUDES, VALUES, & BELIEFS			
Anti-social thinking, attitudes, values and beliefs	12	1	92% decrease

* Please note that analyses that are conducted on fewer than 30 youth can be unreliable as any individual youth's information has a greater impact on the group results [for example, in a group of 5 youth, each youth impacts 20% of the results]. Interpret results on small numbers of youth with great caution; it is advisable not to draw firm conclusions in these situations but to use the data as descriptive, for informational purposes only.

Table 3: Changes in Dynamic Indicators After JCP Program Involvement (Cont .)

	Column A	Column B	Column C
with indicator	Number of youth	Of Column A,	
Risk indicator	reported on the	number of youth	
	Initial Assessment	with indicator	Percent change
		reported on the	
		Reassessment	
SCHOOL ISSUES			
Academic failure	29	6	79% decrease
Chronic truancy	18	1	94% decrease
School dropout	2	2	0% decrease
PEER ISSUES			
Friends engage in unlawful behavior	10	2	80% decrease
Friends suspended or expelled	14	9	36% decrease
BEHAVIOR ISSUES			
Aggressive behavior at school past month	8	0	100% decrease
Recent runaway	12	2	83% decrease
Behavior harms others past month	3	0	100% decrease
FAMILY ISSUES			
Poor family supervision	16	3	81% decrease
Serious family conflicts	27	1	96% decrease
Criminal family members	5	2	60% decrease
SUBSTANCE USE ISSUES			
Substance use beyond experimental	4	1	75% decrease
Current substance use is problematic	5	2	60% decrease
ATTITUDES, VALUES, & BELIEFS			
Antisocial thinking, attitudes, values and beliefs	12	1	92% decrease

* Please note that analyses that are conducted on fewer than 30 youth can be unreliable as any individual youth's information has a greater impact on the group results [for example, in a group of 5 youth, each youth impacts 20% of the results]. Interpret results on small numbers of youth with great caution; it is advisable not to draw firm conclusions in these situations but to use the data as descriptive, for informational purposes only.

Table 3: Changes in Dynamic Indicators After JCP Program Involvement (Cont .)

	Column A	Column B	Column C
Protective Factor	Number of youth WITHOUT protective indicator reported on the Initial Assessment	Of Column A, number of youth WITH protective indicator reported on the Reassessment	Percent change
Significant school attachment/commitment	20	8	40% increase
Friends disapprove of unlawful behavior	12	6	50% increase
Has friends who are academic achievers	18	6	33% increase
There is an adult in the thous life (other than a parent) she/he can talk to	11	9	82% increase
Involved in constructive extra-curricular activities	35	14	40% increase
Communicates effectively with family members	28	24	86% increase
<p>* Please note that analyses that are conducted on fewer than 30 youth can be unreliable as any individual youth's information has a greater impact on the group results [for example, in a group of 5 youth, each youth impacts 20% of the results]. Interpret results on small numbers of youth with great caution; it is advisable not to draw firm conclusions in these situations but to use the data as descriptive, for informational purposes only.</p>			

The majority of youth (98%) saw a decrease in total dynamic risk indicators over time. With the other group, it is possible that a decrease in one area may have been offset by an increase in another area, as some problems do tend to emerge as youth become older. Also, some risk indicators are not known at the time of the Initial Assessment and are discovered by program staff once they get to know the youth and family.

Risk Indicator Change

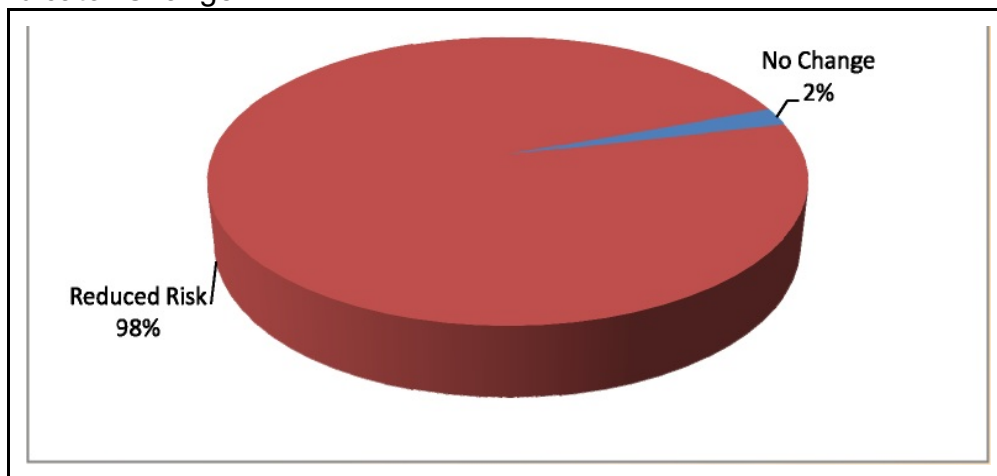


Table 4: Juvenile Crime

Referral Findings

- Of the 22 youth with no criminal referrals in the 12 months prior to their JCP assessment, 100% did not have a subsequent criminal referral in the 12 months after starting JCP services.
- Of the 22 youth with matched assessments who had no criminal referrals in the 12 months after starting JCP services, 96% showed improvement in their JCP score (decreased risk indicators and/or increased protective indicators).

Table 5: Summary of Findings

Data Findings

- Youth with JCP Assessments tended to most frequently have the following risk issue(s) identified:
 - Academic failure
 - Serious family conflicts
 - Chronic truancy
- Youth tended to most frequently have the following protective indicator(s) identified:
 - There is an adult in youth's life she/he can talk to
 - Friends disapprove of unlawful behavior
- Youth tended to most frequently have the following mental health indicator identified:
 - Depressed or withdrawn
- 12 of the 14 dynamic risk indicators (86%) had reductions of 60% or greater (see details in Table 3).
- All youth who received JCP program services and who had these risk indicators at the initial assessment no longer had these risks at the reassessment:
 - Aggressive behavior at school
 - Behavior harms others
- 26 of 27 (96%) youth who had serious family conflicts at the initial assessment no longer had this risk indicator at the reassessment.
- Youth who received JCP program services most frequently saw increases in the following protective indicator:
 - Has friends who are academic achievers

Table 6: Description of JCP Service in Columbia County

Description of JCP Program/Service

What can be done to keep youth in school and decrease juvenile crime? In 1995, that was the challenge faced by the Columbia County Commission on Children and Families' juvenile crime prevention planning group. The result was the Teen and Family Transition program which began serving at-risk middle and high school youth and their families that same year.

Case management services are provided by a Licensed Clinical Social Worker via a contract with Columbia Community Mental Health. They are delivered wherever the youth and family can easily access them usually at school and at home. Hours are flexible; requests for services are responded to within one working day; referrals are made to other resources (alcohol and drug intervention and intensive mental health services); crisis response is available; and services are free. The program works closely with schools and the Juvenile Department.

Since 1995, over 3,000 youth have been served, about 90% of whom have not re-entered the juvenile justice or child welfare system a year after services were completed. In 2009, the program met the criteria for evidence based practices.

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Columbia County Juvenile Crime Prevention Plan 2010 Interview Summary and Observations, by Teri K. Martin, Ph.D.

In November and December 2009, I individually interviewed or met in small groups with about 40 people representing a wide variety of agencies with diverse perspectives on juvenile crime prevention in Columbia County. In January and February, I conducted phone interviews of a few individuals to clarify what I had learned from earlier conversations. My summary of answers to interview questions follows (questions are attached). Unless otherwise noted, every statement is supported by at least a few of those I interviewed, and many reflect the consensus view of a large number of interviewees. In a few instances, I have noted data that supports observations of interviewees.

Despite the current recession and its impact on Columbia County's and Oregon's public agencies, most of those I interviewed remain optimistic about the resilience of their agencies and the at-risk children and families they are dedicated to serving.

Strengths and Accomplishments in Juvenile Crime Prevention

Columbia County agencies (Commission on Children and Families (CCF), justice system (JD, OYA, courts), schools, health and mental health and other social service agencies) have a strong shared commitment to intervene as early as possible with those children and families most at risk.

There is a strong partnership culture among professionals working with children, youth and families. Key agencies, including particularly the CCF and Juvenile Department (JD) work well together, are good at what they do, and have seasoned leadership. Agencies and organizations are willing to sit down together and plan for solutions to shared problems and issues, and are generally aware of the challenges all of them face in meeting their goals.

Programs funded by Juvenile Crime Prevention (JCP) dollars through the CCF and the JD are generally well-regarded and have produced evidence of success in preventing youth age 10 to 17 from initiating or continuing criminal behavior.

Teen and Family Transition Program

Since 2000, the CCF has invested its JCP funds in the Teen & Family Transition Program (TFT), a county-wide program provided through a contract with the County Mental Health Center (CCMHC) that is strongly supported by those in the community who are aware of or refer to it. It is targeted to 6th-12th graders and their parents or caregivers. Behaviors such as truancy, running away or substance abuse may result in youth being referred to TFT.

The primary referral source for TFT is the Juvenile Department, with a relatively small number being referred by schools. If the courts recommend "in-home counseling," the JD refers to TFT.

It is a voluntary program that centers on in-home counseling of at risk youth and families. Most of the time, the sole staff person, a Licensed Clinical Social Worker (LCSW), is able to persuade at least one parent to participate with their child, because they want to avoid involvement with DHS or JD.

Every youth referred to TFT is initially assessed by the LCSW using the JCP risk and protective factors assessment. The provider accepts all who are referred to TFT, even those who are assessed as low risk on the JCP instrument, because of the presumption that the CCF contract requires this.¹

The program is described as solution-focused and strength-based, working to engage parents without blaming or judging them, but also holding them accountable. Most aren't necessarily bad parents, just disorganized poor communicators who often don't trust "the system" by the time their child is referred to TFT.

1- 1 Of 44 youths assessed during 2007-2009 (reported by NPC in its analysis of JCP Data Manager data for TFT), 10 (23%) were low risk (with 0 to 5 risk indicators present and/or protective indicators lacking), while only 7(16%) were high risk (14 or more risk indicators present and/or protective indicators lacking). The remaining 27 (41%) were medium risk.

The program rebuilds parents' trust by acknowledging the challenges they face, honestly laying out their options, and offering them opportunities to regain control of their family life.

The program is designed as an intensive, short-term intervention, so families participate for an average of 8 in-home sessions. The LCSW will sometimes work longer with families if they are making progress but still need more assistance. Keeping the intervention relatively short maximizes the number of families that can be served. Some youth and families have flowed in and out of the program over a period of years, based on their needs.

In working with families, the LCSW sets out ground rules for communication, works with family members to map out goals and strategies, define boundaries, and refers family members to other resources as appropriate. He tailors his approach to families needs, working on anger management, communication and problem-solving skills as warranted.

Based on the July 2007 to June 2009 JCP Data Summary prepared by NPC Research, none of the 22 TFT participants who had no criminal referrals during program participation had been referred to the JD in the 12 months following program completion.

Juvenile Department Intensive Probation

The target age group for intensive probation was recently refocused on younger youth, age 12 to 15. The JD assesses all youth who come onto probation using the JCP risk screen. Probation officers (POs) like the instrument because it helps to open up dialogue on a wide range of areas of risk and protective factors. Youth assigned to intensive probation are high risk and low on protective factors, but are not necessarily adjudicated for more serious crimes.

Youth stay on intensive probation status "until they're done," which is determined by the supervising PO. POs regularly communicate with schools regarding youth on intensive and regular probation. Intensive supervision is seen as effective in preventing recidivism, but expensive in comparison to regular probation.

Factors Contributing to JCP Successes

Many people work overtime to ensure that needs of children, youth and families are being met as well as possible given current limits on resources.

Columbia County Judges work well together, both formally and informally, and a family court model is near to being implemented.

An excellent juvenile drug court program has been in existence for a number of years. There is also a newer family dependency drug court that focuses on mothers, and a relatively new adult drug court that is promising but underfunded.

Some churches continue to offer resources for after school activities.

There are several strong alternative schools available in Columbia County. There is also an SRO program in the St. Helens, Scappoose, and Rainier districts. School superintendents are committed to becoming more informed about and involved with JCP and other prevention efforts. School counselors from all districts get together regularly and share information about resources available to children and families.

Challenges and Gaps in Juvenile Crime Prevention Strategy

Columbia County has a relatively high poverty and unemployment rates in comparison to state averages. Only 14% of the county population age 25 and older have a college education. The county's high school dropout rate is also high in comparison to the state average. The teen pregnancy rate has tripled in the past few years (parallel to national trends).

It is relatively easy for high schoolers to access tobacco, alcohol, marijuana. Prescription pill abuse is up. The local culture accepts smoking, drinking and using marijuana as a rite of passage for kids. There are many more bars than recreation

centers for children and youth. Some parents “cover” for their kids’ substance abusing behavior.

The probability of success of community-based solutions appears to be directly related to a client’s proximity to St Helens. Access to services, which are concentrated in the southern part of the county, is much more limited in the rural, smaller communities in the north county. In addition, some people who want to avoid contact with agencies and authority figures choose to live in the rural parts of county.

Agencies participating in the many state-mandated planning processes (at present 14 separate plans are due to be produced) have become discouraged by the apparent lack of impact their efforts have had on maintaining funding levels, even for successful programs. At the same time, some state funding requirements have become more restrictive, reducing counties’ choice of ways to invest these resources to meet local needs. The growing frustration of agency heads with planning requirements is threatening to undermine the culture of collaboration that Columbia County has nurtured over many years.

Several key policymakers are nearing retirement, which could threaten the sustainability of successful programs and the collaborative efforts that support them.

It is a continuing challenge to engage businesses in supporting JCP efforts. Even if they are willing, it takes staff time to organize their contributions and involvement.

Reorganization of DHS into regional service areas has hampered that agency’s capacity to collaborate with smaller and medium-sized counties. Upper level agency managers are rarely available to attend county partnership meetings, and DHS representatives who do attend are usually not empowered to make commitments on the agency’s behalf.

Some are concerned that the JD’s diversion and formal accountability programs aren’t working to keep youth from committing another offense. Some also do not understand (or support?) the criteria that the JD uses to refer youth to day treatment or proctor homes for substance abuse issues.

Many children and youth with serious mental health issues cannot be placed in residential treatment by DHS or treated by CCMHC. There is no local foster care that is appropriate for children or youth with serious mental health issues. Thus they can only be placed through commitment to the OYA, which removes them from their families and other natural supports in Columbia County. Most interviewees feel that children and youth shouldn’t have to be committed to OYA simple to access residential treatment resources. These options should be much more available to children and youth who haven’t been adjudicated for delinquency.

Recent reductions in funding for TFT program has reduced staff hours by 20%, to 32 per week, and average caseload to about 18 from 22. The program has also lost flex funding that enabled such things as purchase of athletic uniforms or equipment to enable youth to participate in healthy activities.

Some are concerned that TFT isn’t long enough (at 8 sessions) to have a lasting effect on many families. Some suggested that for higher risk youth and their families, the program should be minimum of 18 weeks to have the desired impact.

Although many of the right people who come to meetings of the St. Helens Youth Services Team (YST, or multi-disciplinary team), it is currently not functioning optimally due to confidentiality concerns on the part of the school district. There isn’t a consistent convener or agenda, and DHS doesn’t participate at all. Many are concerned that there is little of substance gained from the meetings that do occur, and that as a result, responses to situations that are brought to the YST occur only when there is a crisis that perhaps could have been avoided if partners had acted together to address issues earlier.

There have been drastic cutbacks in after school activities due to school funding reductions. There are very few available after school or weekend activities for children and youth that are free or affordable. There are no public indoor recreation facilities for children and youth in the county.

Mentoring is non-existent in Columbia County, even though a number of agencies have tried in the past to organize to provide it. It can take significant resources, both organizational and financial, even if mentors are volunteers.

There are not enough aftercare or re-entry services for youth returning from OYA placement.

It is challenging to prove that prevention really works (prevents bad behavior), since it is very costly and often not feasible to track the behavior of children and youth who have participated in JCP programs into adulthood.

Recommended Improvements in JCP Strategy

There should be continued efforts to educate the professional community, especially all those in the justice system, about the prevention programs funded by JCP and other CCF dollars, including information on target populations, services provided, results achieved.

Targeting Resources

Columbia County should continue to focus on parents, families and early childhood interventions for those most at risk of delinquent and other problem behaviors.

The state and county should invest in supporting kindergarten teachers (or some other professional) in visiting the homes of all young children slated to enter school system. They should receive training to assess risk, protective factors and needs (like Healthy Start nurses), be able to request back-up for visits if needed (e.g., an SRO sheriff's deputy), and have access to resources to refer families for parenting, basic needs

Partners should clarify and agree on consistent triage and assessment criteria that will be used to match children and youth and their families to appropriate responses. It is very important to target the right kids for JCP-funded programs, and to develop consistent policies and practices regarding allowing children, youth and families to have a second chance to participate.

Targeting criteria could include: age (younger, e.g., 10 to 12, rather than older); and/or grade (at a transition point between elementary and middle school, or middle to high school). This is important because early onset of law-breaking behavior is one of the risk factors that weighs most heavily in assessing risk of future criminal behavior.

Other risk-related targeting criteria could include: truancy (which could trigger a more intensive assessment), and other school-related issues (behavioral, poor academic performance).

The TFT should be reserved for high risk kids as assessed by the JCP risk assessment who have not yet been referred to the JD. This may mean that those who refer to the program should do the initial JCP assessment and provide results to the TFT as part of the referral. This would require that school counselors, for example, be trained in its use.

Children and youth with mental health issues should be identified earlier, to avoid OYA commitment later. The county should create a "hard to place" committee to work on ways to identify and provide the best approaches for these children and youth.

Agencies involved in JCP work should expand their outreach to Hispanic families.

The TFT should be getting more referrals from school counselors and teachers than from the JD – high risk youth should be identified before referral to the JD.

Community Corrections POs and DHS workers could be sources of high risk youth/family referrals.

The best assessments are those done in family homes, based on observation of situations and contexts as well as behavior.

Service Delivery

Continue to implement an integrated family court model in Columbia.

Consider whether there should be a stronger response to juveniles' first contact with justice system (arrest, referral), such as mandatory parent training, or other types of educational session(s).

Expand the TFT program by adding staff who can focus on youth from each school district and encourage more referrals to the program before youth are referred to the JD. Add some support staff time to enter risk assessment data.

Revive St. Helens YST by using other county school districts' policies as models of ways to protect confidentiality while sharing information among team members. The YST should be problem-solving and solution-focused, not just a place to talk about crises.

Strengthened relationships among professionals can lead to more effective resolution of issues and sharing of resources.

Design and implement more school-based programs, including support groups for youth. Community schools are "the wave of the future."

Provide school-based health clinics in all districts.

Expand the SRO program to the Clatskanie and Vernonia districts. Consider using it as a training opportunity for new officers (like Portland's program).

Offer more after school and weekend healthy recreation options that are affordable and accessible. They should actively engaging kids in constructive activities. A few Columbia County models exist, such as the St. Helens middle school Reach program.

Do a better job of designing and following through on coordinated, wraparound case management plans for at-risk youth, no matter which agency has primary responsibility for the child or youth.

Provide more incentives for positive behavior on part of children, youth and parents. Enticing works better than compelling, especially with parents of young children.

Provide more community-based options for those youth and families who do not make progress with TFT, especially where mental health or substance abuse issues are involved. This is a family problem that needs family approach to treatment. Alateen groups should be available for youth with substance abusing parents

Offer mentoring and apprenticeship programs for children and youth, and get businesses, citizen volunteers involved. Consider peer mentoring and community service opportunities for youth not yet involved with the JD. High school students have to do senior projects – how about encouraging them to work with younger children?

Develop a volunteer clearinghouse that can support mentoring, community service, and apprenticeship opportunities.

Consider more outdoor adventure programs for children and youth, to get outside of school and family environments and offer opportunities for them to bond with caring adults.

Provide independent living options for youth that don't have to be accessed via foster care (DHS) placement. Don't assume that kids are always better off with parents or relatives.

For those involved with the JD, emphasize restorative justice approaches.

Pay more attention to aftercare wraparound services for those who have been involved with the JD and OYA.

Suggested Implementation Approaches

Acknowledge that budget crunches can make professionals into competitors, but resolve to be collaborators instead.

Provide an ongoing process at the systems level for key agencies to collaborate on developing and sustaining coordinated policies and procedures around hard-to-place children. One potential model to emulate is the Connections program in Clark County, WA. The process should involve the DHS, JD, CCMHC, schools, public health, MTC, law enforcement, courts, OYA, CCF and perhaps others.

Establish MOUs that specify how agencies will work together to staff and serve cases. An extant example is the agreement regarding the Threat Assessment Team in St. Helens that specifies roles, confidentiality agreements, and agenda-setting responsibilities.

For each high-risk child, youth and family, all professionals working with that family should develop a coordinated case management plan that is tailored to that family.

Work to document the TFT program (and other key elements of the county's JCP approach), i.e., write down how it is done, the key elements of practice, and the best ways to track progress and demonstrate success.

Engage businesses and civic organizations in supporting programs through volunteering, alternative dispute resolution approaches & mediation, and providing community service and apprenticeship opportunities.

Performance Measurement

For TFT participants, track not only avoidance of negatives (referral to the JD) but also successes, i.e., improved school attendance or performance, avoidance of substance abuse, and graduation from high school.

Offer suggestions to JCP risk assessment developers re: using scales rather than simple yes-no answers for items about attitudes and values, and adding some items on prosocial attitudes that could be protective factors.

Continue entering risk assessment data on all new TFT cases, as well as reassessment data.

In counting cases referred to TFT, separate those seen once or twice from those who participate fully. Also, count separately those who refuse to participate, those who drop out after a few sessions, and those successfully complete the program.

CCF should publicize more widely its successes to reach more community members with the prevention message.

Juvenile Crime Prevention Interview Questions

- Please tell me about the greatest strengths and accomplishments of your County's current approaches to juvenile crime prevention.
- What are the most important factors that have contributed to these successes? What has worked well?
- Are there any gaps in your County's juvenile crime prevention approaches? Aside from resource limitations, what are the most important reasons that these gaps exist?
- Would you like to see the County pursue new approaches that build on past successes and address shortcomings? What would you like to retain from current policies and programs? What strategies or ideas are your highest priorities?
- How can these approaches best be implemented? (Prompts if necessary: Leaders? Participants? Partnerships? Policy/law changes? Revamped/new program models? Timeline? Resources?)
- How will you know if your revamped policies and programs are succeeding? Indicators of progress/success? Performance measures?

Observations and Recommendations by Teri K. Martin, Ph.D., Consultant on JCP Strategic Planning

Following are my perspectives on what I have learned from recent interactions with key Columbia County stakeholders and review of available data. In developing these recommendations for your consideration, I focused on strategies for targeting JCP resources, performance measurement issues, ways to expand the continuum of prevention services, and sustainability concerns.

Targeting the Teen and Family Transition Program (TFT)

TFT provides a service to families unique in Columbia County, and it appears to have been effective in keeping most of the youth it has served from being formally referred to the Juvenile Department. However, because a significant proportion of these youth were assessed as being at low risk of committing future crimes (23% in 2007-09, based on their scores on the Juvenile Crime Prevention risk assessment instrument), it isn't possible to conclude that their avoidance of criminal behavior is attributable to TFT participation. On the other hand, preventing future criminal behavior by the 16% of participating youth who were assessed as high risk (having 14 or more risk indicators present and/or protective indicators lacking) can be more readily tied to the TFT intervention.

Because resources for the TFT program are limited, and have recently been cut even further, it is important to carefully target the use of this program to those who can benefit most from its intensive family-centered approach. By restricting eligibility for the TFT program to youth at high risk of future criminal behavior, as measured by the JCP risk assessment, but who have not yet been referred to the Juvenile Department, Columbia County can be more confident that participants' avoidance of Juvenile Department referrals in the future is attributable to the TFT program.

Beyond this, there are several other targeting strategies for the JCP dollars coming through the CCCCf that should be considered by Columbia County policymakers:

1. Require that children who enter the TFT program have a specified minimum number of family functioning risk factors (the JCP initial risk assessment includes six of these risk factors, and the presence of at least two of them might be a reasonable threshold requirement for eligibility) as part of their overall risk profile. This would help to ensure a match between TFT's emphasis on family-centered intervention approaches and participants' needs for this type of intervention.
Steering Committee Responses

If only high risk youth (those with 14 or more risk indicators present and/or protective factors lacking on the JCP risk assessment) are accepted to the TFT slots funded by JCP funds, the group was concerned that there are no other resources available in Columbia County to assist those who are low or medium risk. The group notes that half of the capacity of the TFT program (one CCMH staff position) is funded via Youth Investment dollars, which do not require the same focus on juvenile crime prevention; low or medium risk youth could thus comprise up to half of the caseload of the TFT staff person.

The group agreed that youth who are invited to enter the Teen & Family Transition Program (TFT), which is an in-home family-focused intervention, should be assessed as having a minimum number of family functioning risk factors on the JCP Risk Assessment instrument. The group would like to obtain data on the last six months of admissions to the TFT (since May 2009) to examine whether this is already the practice. This requires further exploration during the requested continuation of the review of our system.

The group acknowledged that this is an intensive intervention and that it would probably be preferable to have other options for lower risk youth and their families. Since the TFT staff person already refers those he considers inappropriate for his program to other resources in the county, the group agreed that it would be important to document the nature and capacity of those resources so that other service providers might also be able to refer youth and families to them.

2. Encourage middle and high school counselors and interested teachers to learn about and use the JCP risk assessment (there are upcoming training opportunities that will be available through ORCCF), both for their own purposes (e.g., to identify students in need of school-based preventive interventions) and as a triage for their referral of youth to TFT. This will help to ensure that at-risk youth are identified as early as possible, before they ever have even informal contact with the juvenile justice system. In Washington County, the vast majority of referrals to CCF-funded JCP

programs come from school-based sources, though it is still possible for the Juvenile Department to refer status offenders that come to its attention.

Steering Committee Responses

The group suggested that school teachers and counselors be provided a one-page checklist of risk factors that could help them discern whether a referral to the TFT would be appropriate for individual youth and their families. Group members were not hopeful that school districts would encourage their teachers and counselors to participate in training on the JCP risk assessment process, but they agreed that it would be desirable to identify youth at risk before they are informally referred to the Juvenile Department by parents or other concerned adults.

3. Explore whether the TFT programs should be targeted to serve particular age groups of youth at high risk of future delinquency. There is much research evidence (supported by practical experience) that interventions are most successful changing the trajectory of young people's lives if they are made available at the first sign of serious school, behavioral or family issues. Given that Columbia County's JCP resources are limited, policymakers should consider whether these funds should be used only for high risk youth at the younger end of the age spectrum, e.g., 10 to 12 year-olds. Another related targeting approach is to focus on youth who are experiencing the often-stressful transition from elementary into middle school (the above age range) or from middle into high school (13 to 15 year-olds). The Columbia County Juvenile Department has recently focused its intensive probation services on 12 to 15 year-olds.

Steering Committee Responses

Can explore training school personnel on the risk assessment and allowing them to use it to screen referrals to TFT.

The group is interested in learning more about those formally referred to the Juvenile Department (JD) for the first time who are assessed as being high risk on the JCP instrument. They would like to learn more about whether these youth could have been identified at a younger age, before they ended up at the "front door" of the JD. Referral sources and data need to be reviewed. Reserve recommending any changes at this time.

4. If the TFT program continues to be staffed by one (nearly) full-time LCSW (see number 4 below for another approach), consider whether it would be more costeffective to focus the program on youth in a region within the county rather than trying to serve the whole county (e.g., target one or two of the school districts based on yet-to-be determined criteria). This could reduce travel time for the provider (to families' homes), and increase the proportion of his time that can be devoted to working

with families. It would also reduce the number of school personnel who would need training to use the JCP risk assessment in referring youth to TFT.

Steering Committee Responses

It is an option to consider dividing the county into areas served by more than one staff. It is the recommendation of the group to continue to serve the entire county.

5. Alternatively, JCP funds could be invested in two part-time providers who would be responsible for designated portions of the county. This would maintain the county-wide availability of TFT while also reducing provider travel time. In addition, this would permit the current provider to train another person in delivering the key components of this program, which would contribute significantly to its long-term sustainability.

Steering Committee Responses

It is an option to consider dividing the county into areas served by more than one staff. It is the recommendation of the group to continue to serve the entire county.

The group acknowledged that it might be better for the long-term sustainability of the program if it were staffed by two providers, enabling the current provider to train another person in the processes, procedures and methods he uses to achieve results. This approach could also reduce travel time if the two staff are assigned to particular areas within the county. This is being considered. Columbia Community Mental Health will gather information from the case manager and present it to the Steering Committee.

6. Rather than requiring the professional(s) who conduct(s) the JCP assessment to enter the data into the JCP Data Manager system, it would be more costeffective to assign this role to a clerical or

data entry staff person, either in the schools (if school personnel are doing initial risk assessments) and/or in the CCMHC (if initial risk assessments for TFT continue to be done by staff of that agency). ORCCF training will also be available regarding data entry. Initial risk assessment data is required to be entered only for those youth who are eligible and choose to participate in the TFT program, since it is used solely in comparison to later reassessments that are done by the TFT provider(s) on those youth who complete the program. To protect youth and family confidentiality, data on both the initial and reassessment can be entered into the state system using ID codes on the forms rather than names.

Steering Committee Responses

This recommendation was rejected by the steering committee. It has been shown that this is not cost effective.

Additional Steering Committee Responses

The group deferred a decision on targeting the TFT program to a particular age range (e.g., 12 to 15) pending examination of data on the most recent six months of program admissions that would show the current age profile of those served. The group definitely wants the TFT to continue to serve youth throughout the county.

It will be important to document more carefully the current range of lengths of intervention (from one visit to many) for each of the referred youth and their families, so that the group can determine whether there should be more flexibility in allowing some families to be served for much longer than the average of 8 to 10 in-home sessions.

There was some openness to considering how best to achieve the appropriate mix of in-home and in-office work with TFT clients. This mix is something that is not currently documented in a measurable way by the TFT staffer, but perhaps should be in the future.

The group agreed that it is important for the current TFT provider to document in writing his approach to working with the youth and families he serves, including the mix of treatment contexts and approaches that he typically uses, so that the factors critical to the TFT program's effectiveness can be better understood and supported.

The group is interested in tracking whether TFT clients are ever referred to the Juvenile Department (beyond the 12 months after program participation), but are not sure whether this would be feasible.

The group also agreed that it would be desirable to track positive outcomes such as high school graduation for those who participate in the TFT. This would require school district collaboration.

Putting to rest the concerns about confidentiality and information-sharing that has limited the St. Helens school district Youth Services Team (YST) is a top priority in the opinion of group members. Other districts have YST policies and procedures that should help in resolving the current impasse.

Group members agreed that developing more after-school activities for youth that are affordable and accessible should be a top priority not only for social service agencies and schools but also for businesses and civic organizations in the county. Strategies to accomplish this expansion have not been designed, but ideas to explore include encouraging Big Brother Big Sister to develop a mentoring program in the county, exploring the development of a volunteer coordinator position, and learning more about how employees of large businesses (e.g., Intel) who live in Columbia County might be encouraged to volunteer to work with county youth.

If Columbia County revamps its targeting policies to focus TFT resources on youth at high risk of engaging in delinquent behavior, it is important to consider whether the current program model is a good match for the challenges this group may present. Over the years, a substantial majority of TFT participants have avoided future referrals to the Juvenile Department, but I am not aware of data that would help to determine whether the program is as effective with high risk as with medium and low risk youth. I share the concern of some interviewees that 8 treatment/counseling sessions may not have a lasting impact on youth and families with more complex or long-standing issues.

The Functional Family Therapy (FFT) model, which I understand TFT is based upon, is "a short-term intervention—including, on average, 8 to 12 sessions for mild cases and up to 30 hours of direct service (e.g., clinical sessions, telephone calls, and meetings involving community

resources) for more difficult cases. In most cases, sessions are spread over a 3-month period.” The current TFT counselor indicated that he does continue to work with a limited number of families if they are making progress but not yet ready to be self-sufficient. Clearly, the average length of the TFT intervention affects the total number of youth and families that can participate in the program, so this policy choice should be made based on evidence of the comparative effectiveness of shorter versus longer interventions with high risk youth and their families. This will require careful tracking of the nature and length of TFT interventions with youth and their families.

A final consideration for Columbia County policymakers is whether the TFT intervention should remain solely or primarily an in-home approach. FFT programs can utilize either in-home or in-office sessions, and each have their advantages and disadvantages for clinicians and families, as well as for the treatment/counseling process and its impacts. At a minimum, I recommend that the current treatment provider document, in writing, his methods, including the mix of treatment contexts and approaches that he typically uses, so that the factors most critical to the TFT program’s effectiveness can be better understood and supported in the future.

Improving Performance Measurement

To assemble practice-based evidence of the TFT program’s effectiveness, it is essential to gather and enter into the state data system information obtained through the initial JCP risk assessments and later reassessments of every participating youth. This will enable tracking the change in risk and protective factor profiles of these youth from the outset of their program involvement to their reassessment (at the conclusion of program participation or after six months, whichever comes first). A decrease in the number of risk factors or increase in the number of protective factors is an important indicator of positive program impact. NPC Research has provided standardized summaries of this data to counties for the past several years, and NPC and CCF analysts can assist counties with looking at the data in ways tailored to their JCP intervention approaches.

Avoiding future contact with the Juvenile Department is of course another important measure of TFT success. At present, the follow-up time frame is 12 months. If TFT is focused on younger youth, it would perhaps be of interest to track their contacts (or lack of) with the juvenile department for a longer time frame, even up to age 18.

In addition to avoiding negative outcomes such as Juvenile Department referral, one important positive outcome of reducing risk and increasing protective factors in youth’s lives is graduation from high school. I agree with several of those I interviewed that it would be desirable to track this outcome (and its opposite, dropping out of school) for all those who participate in the TFT program. If schools become the primary source of referrals to TFT, tracking this and other indicators of success in school (e.g., improved attendance, reduced frequency of behavioral problems in school, enhanced achievement) should be relatively easily accomplished.

Closing Gaps in the Prevention Continuum

Although resource scarcity is a given for the programs and services that comprise Columbia County’s juvenile crime prevention continuum, it is important to highlight those areas most in need of creative thinking and additional resources of all sorts, including volunteer time as well as improved collaboration among professionals and across public and private agencies. Based on my conversations with Columbia County stakeholders, I suggest that there are three areas where even modest investments of time and dollars, coupled with new policies and approaches to service delivery, could yield significant results in terms of juvenile crime prevention:

1. Collaborative case management and interventions on behalf of children and youth with mental health and/or substance abuse issues (sometimes called “hard-to-place”)
2. Outside-of-school school recreational and educational activities for middle and high school youth
3. Mentoring, apprenticeship and community service programs for children and youth

Collaborative Case Management

Youth Services Teams (YSTs) are widely accepted as an effective way to deliver coordinated crisis intervention, counseling, consultation, referral and training services to youth and their families and communities. YSTs also promote collaboration and communication across agencies, and can be central to efforts to prevent delinquency and other problem behaviors by intervening as early as possible with children and youth at risk. Concerns about confidentiality have been successfully addressed by numerous YSTs around the country as well as in Columbia County, and should not block establishing a functional YST in the St. Helens school district.

For youth with diagnosable mental health and/or serious substance abuse issues, collaborative efforts by a number of agencies are even more crucial to ensuring that these high risk children receive timely and appropriate services. The Clark County WA (Vancouver) Connections program provides one model of a coordinated process that enables key agencies to collaborate in developing both system-wide policies and individualized case management plans to serve “hard-to-place” children. Columbia County should consider these and other models of providing wraparound case management services that can encourage agencies to creatively share resources in order to serve the needs of at-risk children, youth and families.

Outside of School Activities for Children, Youth and Families

Those I interviewed are greatly concerned that there are very few after school and weekend activities for Columbia County youth that are affordable and accessible. One of the few Columbia County examples is the St. Helens middle school Reach program, which uses the school facility after hours. This is an area where faith communities, civic organizations and businesses could collaborate to provide a range of opportunities for youth to pursue healthy recreational options during the highest risk times of day (when they are most likely to be without adult supervision). In many communities, neighborhood schools are an accessible place for children, youth and their families to come for educational, social and athletic activities during non-school hours. Although there are some costs associated with keeping schools open outside of school hours, they are much less than the costs associated with at-risk youth “graduating” into delinquent behavior.

Mentoring, Apprenticeship and Community Service Opportunities for Youth

Columbia County businesses and citizen volunteers could be mobilized to offer mentoring and apprenticeship programs for children and youth. Although past efforts have not been successful, with a modest investment a volunteer clearinghouse could be a reasonable first step to developing a network of organizations and individuals that are committed to working with Columbia County children. The importance of a caring adult in a child’s or teenager’s life is undisputed, and many must look outside their family for this source of support. Peer mentors can also contribute greatly to the healthy development of their at risk schoolmates. Community service opportunities (not as

restitution for offenses, but simply as service to one’s community) can be organized by businesses, private providers and public agencies to help youth experience the satisfaction of contributing to their communities.

Sustaining Juvenile Crime Prevention Efforts

Just as the TFT counselor should document his methods and practices so that others who follow may learn from his experience, I strongly encourage those leaders who are anticipating retiring after many years of public service to record their “how-to” recommendations for those who will come after them. Stories are powerful, but their impacts are most long-lasting if they are written down.

Columbia County should continue and strengthen its efforts to develop practice-based evidence of the results it is achieving with its juvenile crime prevention policies and programs.

Performance measurement is a necessity, not a luxury that can be set aside during budget crunch times. Devoting a relatively small amount of staff time to collecting and recording information on JCP program participants will enable agencies to use their scarce resources most cost-effectively.

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