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LANE COUNTY DEPARTMENT OF CHILDREN AND FAMILIES

Cultural Competency Analysis of Phase II of the SB555 Coordinated Plan for Children and Families in Lane County

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Aquí, no hay nada para mí. Мне здесь ничем не помогут. 這裡沒有我需要的東西。

For those of you whose eyes skipped over these phrases because you did not understand them, they all say the same thing:

There is nothing here for me.

There are currently many people in our community in Lane County who feel skipped over because they cannot access needed services, who feel that there is nothing here for them. Language and other communication or access barriers are common in the field of human services, but we should not allow this to continue. Through this document, the Lane County Cultural Competency Consultation Group gives voice to the issues of individuals and communities who still may not have equal access to essential human services.

Lane County's population is increasingly culturally pluralistic. Unfortunately, many public health and social service organizations are not designed or prepared to address the profound change that is underway. Consequently, many socio-demographic subgroups are disproportionately at risk for poor behavioral and physical health outcomes. Addressing such issues requires a comprehensive approach that actively engages policy makers, administrators, service professionals, and consumers. We hope this document will deepen the understanding of all involved and push the discussion of these issues into the forefront.

Introduction

The Lane County SB555 Cultural Competency Consultation Group (CCCG) was formed in the Spring of 2002 by the Steering Committee of the SB555 coordinated planning effort. This group includes individuals with extensive professional experience addressing the needs of various diverse communities who represent a broad spectrum of organizational affiliations and professional roles. Members include:

- Charles Martinez (Chair), Oregon Social Learning Center
- Jose Luis Alonso, Oregon Social Learning Center and Centro LatinoAmericano
- Carmen Urbina, Centro LatinoAmericano
- Paloma Kogan, Womanspace
- Marshall Peter, Direction Service
- Alison Ball, University of Oregon
- Laura Philips, Parents, Families and Friends of Lesbians and Gays (PFLAG)
- Brinda Narayan-Wold, Lane County Department of Health and Human Services
- Mark Harris, Lane Community College
- Jessie Hernandez, Relief Nursery

Staff Support:

- Karen Gaffney, Lane County Department of Health and Human Services
- Heather Hansen, Lane Council of Governments
- Alicia Hays, Lane County Department of Children and Families/Human Resources
- Serafina Clarke, Lane County Department of Children and Families

In its initial phase, the main goal of the CCCG was to provide consultative input into Lane County's SB555 comprehensive, coordinated planning process, focusing on the high level outcomes. More specifically, the CCCG has provided input in the following areas: (1) availability and quality of data addressing each high level outcome stratified by race, ethnicity, socioeconomic status, gender, exceptionality, sexual orientation, and other relevant variables; (2) inclusiveness and applicability of individual strategies for diverse and underserved communities; (3) availability of current county resources to address each high level outcome; (4) additions of new strategies to the plan that address the needs of culturally diverse communities.

During the process of reviewing each of the strategies in Lane County's SB555 plan, the CCCG identified a series of over-arching issues that we believed were widely generalizable across outcomes and strategies. The CCCG recommends that the following issues should be considered in any county plan for addressing the high level outcomes put forth in SB555.

Definition of Terms

Given the importance of language and its use, and the need for everyone in our community to feel understood, the CCCG believed that clarification of the definitions of certain terms was crucial to their analysis of the SB555 plan. To facilitate mutual understanding, the following definitions are provided:

Culture: The word "culture" can be interpreted broadly for it can be associated with a racial or ethnic group as well as with gender, religion, economic status, nationality, physical capacity or handicap, or affectional or sexual orientation. Pedersen (1994) describes culture as including demographic variables such as age, gender, and place of residence; status variables such as social, educational, and economic background; formal and informal affiliations; and the ethnographic variables of nationality, ethnicity, language, and religion[1]. Culture represents the multiplicity of ways in which human beings adapt to their physical and social environment (Das, 1995). Culture is the ideations, symbols, behaviors, values, and beliefs that are shared by a human group.[2]

Ethnicity: This is a sense of identity that stems from common ancestry, history, nationality, religion, and race. This unique social and cultural heritage provides cohesion

[1] Issues and Ethics In the Helping Professions (5th Edition), Corey, Corey, Callanan, 1998, Brooks/Cole
[2] An Introduction to Multicultural Education (Second Edition), by James A. Banks, 1999, Allyn and Bacon

and strength. It is a powerful unifying force that offers a sense of belonging and sharing based on commonality (Axelson, 1993; Lum, 1996).

Minority Group: If used literally this term basically means "less than the majority". However, use of the term is often very value-laden. It has come to refer to any category of people who have been discriminated against or subjected to unequal treatment and oppression by society largely because of their group membership. These groups have been characterized as subordinate, dominated and powerless. Use of this term, therefore, was seen as problematic by the CCCG, it acts as a lightning rod, conveying different things to different people. Some see the term as belittling, insulting and disempowering, so we have consciously chosen not to use it in this document. The word "minority" appears in this document only as a quote from other documents. We prefer to use the terms "disenfranchised people, under-served/under-represented groups, ethnic/cultural groups or diverse communities."

This final term is often used to describe why equity and multicultural paradigms are not integrated into the dominant social systems and institutions:

Cultural capital: This is the knowledge that is associated with the dominant group that has most status in a society. As defined by Pierre Bourdieu, it can exist in three forms: dispositions of the mind and body; cultural goods such as pictures, books, and other material objects; and educational qualifications. [3] Cultural capital is the "currency" needed to maneuver within a given culture and achieve goals. Without Cultural Capital, many doors will remain closed, the American Dream will remain out of reach.

It is unreasonable to expect organizational fluency from individuals who are disenfranchised and don't have time to devote to understanding the system, but instead struggle simply to survive. Among such individuals and the cultures they come from and represent, cultural capital can mean culturally specific technology, knowledge, skills, and abilities, which enable people to function within specific cultures.

It is important to recognize that a working understanding of the "service system" is not common or easily acquired. The ability to effectively interact with agencies and organizations and to understand their interrelatedness comes more naturally to well educated members of the dominant culture and even then it is very confusing.

[3] Affirming Diversity: The Sociopolitical Context of Multicultural Education (Third Edition), Sonia Nieto, 2000, Longman

THE PREAMBLE: OVER-ARCHING ISSUES

I. Access, Retention, and Completion

In Lane County and elsewhere, many social service and health care delivery systems have failed to keep pace with the needs of an increasingly diverse and rapidly growing population. A recent report by the U.S. Surgeon General showed that many cultural groups have had limited access to mental and behavioral health services, despite growing needs in many of these communities[4]. Moreover, when individuals from diverse cultural groups do access services, they are much less likely to receive "state-of-the-art" programs. Consequently, the CCCG believes that:

- It is the responsibility of social service and health care delivery providers and systems to make their services accessible to the *full* community.
- Accessibility is a complex issue. On the one hand it may involve structural considerations (e.g., providing a language interpreter, building ramps to the front door). On the other hand, it involves overcoming stigma around accessing services and creating an environment that is welcoming to a pluralistic population.
- We would like to see increasing access as an over-arching goal of all SB555-supported programs and services in Lane County. This requires that all programs and services begin to collect data on accessibility stratified by relevant cultural variables.
- Furthermore, we think programs and services should begin to emphasize data collection for program retention and completion, rather than simply focus on access. Retention and completion means that programs are collecting data about who completes vs. drops out of programs, and who benefits vs. fails to benefit from the program. Such retention and completion data could then be analyzed and used to develop culturally appropriate strategies for increasing the beneficial effects of various programs throughout the county.

II. Outreach

Outreach is the activity that organizations do in order to link community services to the people that need them. Culturally validated and appropriate practices must be developed to build the capacity of an organization and increase its accessibility. An organization's outreach strategy should be designed around the following four elements: 1) Community we want to reach; 2) Message we want to deliver; 3) Barriers to service delivery accessibility;[5] 4) Appropriateness and responsiveness of services provided.

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[4] Mental Health: Culture, Race, and Ethnicity. Washington, D.C.: Department of Health and Human Services, 2001, U.S. Public Health Services

[5] Reaching the Spanish-Speaking Community of Lane County, Report

Outreach in the Context of Social Services

- Understand the people you plan to reach. Educate yourself about the historical traditions, beliefs, and behavioral norms of the community being served.
- Gather data on and speak to local representatives of the community you hope to reach.
- Be sensitive to other people's needs, and understand that people from diverse cultures may lack language understanding or knowledge regarding mainstream American culture.
- Offer programs that are culturally relevant and meet the specific needs of the ethnic and other cultural groups you want to reach.
- Understand that bilingual and bicultural staffs are essential to effectively reach and serve specific ethnic and cultural groups.
- Clearly state the agency's policies regarding immigration issues.

Outreach in the Context of Marketing:

- Understanding the dynamics of the process of acculturation is critical to learning how to interact, communicate, and work successfully with the consumer market of specific ethnic and cultural groups.
- There is great risk that a receiver belonging to a culture different from the sender's will misinterpret the intended meaning in the message being delivered, even when the translated words are correct. Get help from native speakers. Here are a few examples. Thirsty can sound like Thursday. In Spanish, the word "once" means "eleven (11)" so instructions to take a medicine tablet "once a day" could easily be misread.
- To be effective, campaigns to target consumers from a variety of ethnic and cultural groups must be in consonance with the specific individual cultures at all message levels: symbolic, explicit, visual and subliminal. For example, the Chevy Nova was marketed in Spanish-speaking countries and sales were dismal. Why? In Spanish "No va" means "does not go".
- Messages, creative strategies, visuals, and symbols must be selected with the consumer's socio-cultural background in mind.

Barriers to Outreach and Participation:

- Lack of financial resources (by agencies)
- Not enough bilingual, bicultural employees
- Need to get out to the specific places of living of ethnic and cultural groups (church, work, etc.)
- Lack of translated materials
- No interpreters available, and no bilingual staff
- Translated materials, but no bilingual staff
- Lack of widely read local newspapers for specific ethnic and cultural groups
- Internet is mostly in English
- Different dominant culture
- Not used to accessing services

- No shows – Don't return calls
- Legal limitations/risk-lack on INS status
- Fear of immigration officials
- Lack of vital documents (birth certificate, etc.)

Specific Strategies for the Spanish-Speaking Community

- Communicate verbally with Spanish-speaking clients as much as possible.
- Understand and respect that Spanish-speaking clients tend to make decisions as a family unit, not as individuals.
- Most Spanish-speaking people prefer personal contact or radio as a medium for communicating information.
- As a result of low literacy levels, print is the least effective communication medium.
- Allow for a different sense of time priorities

Other Steps For Effective Outreach

1. Make a commitment to improve and enhance your outreach efforts.
2. Get to know your service areas and the needs of the people in it.
    - Review client service data.
    - Evaluate your agency's effectiveness.
    - Find the best "hang-outs" of the people you hope to reach.
    - Collaborate/cooperate with other groups and organizations to avoid duplication and maximize results.
    - Review demographics data. (When gather data on specific ethnic/cultural communities, reach out in multiple and diverse ways.)
    - Pay attention to cultural diversity of ethnic and cultural groups.
3. Identify Barriers
    - For reaching and serving people you hope to reach.
    - Establish trust
    - Communicating effectively
    - Within your organization
    - Staff availability
    - Financial resources
4. Identify Positive Aspects about your service area.
5. Identify your resources
    - Paid and volunteer staff
    - Financial resources
    - Community resources
    - Consider collaborative efforts
    - Other
6. Map your ideas into a plan
7. Activate your plan
8. Evaluate your efforts

III. Technical Assistance

The CCCG recognizes that many agencies and leaders in Lane County say that they place tremendous value on cultural competency and that they attempt to reflect these values in the opportunities and services they make available to their clientele and constituencies. We also recognize the difficulty of translating policy into concrete actions. Technical assistance and support are sorely needed by agencies and local government staff to ensure that those policies rooted in cultural competency are reflected in the agency tools and services provided to serve all clientele. Specific methods for measuring performance of new culturally competent standards also need to be developed. Agencies need help in determining whether products and services are reliable, accessible, appropriate and well represented for all client populations.

CCCG believes that in order for agencies and programs in Lane County to become more culturally competent the following support needs to be provided:

- Technical assistance to program providers related to cultural competency. For example, do agencies employ staff (in proportion to the populations enrolled), who are aware of the values, beliefs, customs and parenting styles of the community?
- A reliable, accessible, supportive service for consultation that is non-adversarial and geared to "systems" agencies.
- Assistance in developing a systematic county-wide plan to provide adequate interpreters who are culturally competent -- "cultural advocates". For example, systems and agencies need to know the availability and competency of translation/interpretation services in Lane County
- Advocacy in the form of cultural liaisons to assist parents in accessing services
- Technical assistance to help develop a centralized data aggregation and management system.
- Are agencies capturing and using the data and wisdom gained from and contained in interactions between their staff and consumers? Data and wisdom are very different, but equally valuable, types of information which should be collected by all programs. Mechanisms need to be developed to successfully capture both types of information.
- Assistance in the development of culturally competent program evaluation. For example, do assessment tools reflect the values, beliefs, customs and parenting styles of the clientele? Do the assessment tools and agency practices increase understanding of strength-based risk and protective factors from different cultural perspectives (including but not limited to, nativity, linguistics, racism, discrimination, and institutional barriers)?
- Are culturally validated best practices available for use by agencies?
- Conduct research across cultural variables, for example, looking at services to individuals who are both female *and* Hispanic or African American *and* have a disability.

IV. Community Involvement

A critical component for improving the cultural competency of community-based planning and services is to involve diverse communities in all levels of the planning effort. While at this point in time the creation of the Cultural Competency Consultation Group was an appropriate intervention to assess and improve the Lane County plan, a more desirable approach is to involve diverse communities in all levels of the planning from the outset—the individual planning bodies, the Coordinated Workgroup, and the Steering Committee. Truly engaging diverse communities in this process will likely require some committees to examine and shift their internal processes. Each committee should assess to what degree its process is welcoming to new people, and to people with a different set of experiences and world view. Additionally, newly recruited committee members may need training to be effective participants, and current committee members should prepare to nurture new members over a long period of time to maximize participation and foster a long-term commitment to the work of the planning body.

Creating a comprehensive, coordinated, countywide plan for children and youth an important to ensure improved outcomes for all families in Lane County. In order to have a truly comprehensive plan, it must be developed in collaboration with all segments of the community. In addition to engaging the community in the planning effort, the planning bodies will be most effective if members are themselves are educated and committed to ongoing cultural competency. This can include training on culturally-specific issues related to children and families. Additionally, there is a growing body of research related to risk and protective factors from different cultural perspectives (nativity, linguistics, racism, discrimination) that has a direct impact on designing effective strategies for specific populations. This research should be considered along with other emerging research about effectiveness. This information then needs to be overlaid on the selected priorities and strategies, checking for bias or unintended outcomes along the whole continuum of services. For instance, if an assessment tool or process is not culturally appropriate, individual children and families could be misunderstood, resulting in improper service referrals and barriers to success.

V. Institutional Responsibility and Accountability

Lane County's local governments and businesses will benefit from recognizing that Lane County has been and continues to grow in its cultural diversity. From a business perspective that is an invitation to develop new and different ways to conduct business to meet the needs of new and differing clientele. How can we assure all clientele that our local institutions are responsible, able and accountable to those receiving goods and services?

Institutional cultural competency is good both to help secure and provide access to different cultural communities, and to understand and gain legitimacy with them. Cultural competency can only be institutionalized if agency leadership incorporates and embraces

it. According to Thomas (1996), there are eight steps that organizations can take to institutionalize cultural competence (listed below).[6] The CCCG recommends that County leadership review them and work towards incorporating the steps into the County's daily business practices.

1. The leadership must understand that a diverse workforce will embody different perspectives and approaches to work and truly value variety of opinion and insight.
2. The leadership must recognize both learning opportunities and the challenges that the expression of different perspectives presents for an organization.
3. The organizational culture must create an expectation of high standards of performance from everyone.
4. The organizational culture must stimulate personal development.
5. The organizational culture must encourage openness.
6. The culture must make workers feel valued.
7. The organization must have a well-articulated and widely understood mission.
8. The organization must have a relatively egalitarian, non-bureaucratic structure.

GENERAL POPULATION DATA

CCC Group Comments:

- *US Census data do not accurately reflect the population. Need to qualify limitations of data related to subcultures.*
- *Need some demographic data on sexual orientation, race or exceptionality (known disabilities), special ed over-representation – some data and sources were identified*
- *Need finer resolution about subcultures.*

GENERAL COMMENTS BY THE CCCG

- *Very few best practices exist for culturally specific frameworks, formal evaluations are needed.*
- *If good quality county level data isn't available, use state level, or national level*
- *There are definitional issues around "disability". Definition of this term varies depending on individual preference, eligibility criteria to access funding or certain services, and certain legal protections.*
- *We need a culturally specific operationalization of terms. For example, "respite care" for some might mean leaving the home while the child is being cared for elsewhere. For others it might be having extended family members coming into the home, leaving the primary caretaker some personal time without having to leave the home.*

[6] Thomas, D., "Making Differences Matter: A New Paradigm for Managing Diversity", Harvard Business Review, September – October 1996: 79-90.

HLO #1: REDUCE ADULT SUBSTANCE ABUSE

CCC Group Comments:

- *Consideration of number of slots based on ability to pay—this speaks to "cultural capital". Who gets service depends on who has the cultural capital.*
- *How effectively are we serving communities of color? How can services be evaluated for accountability to all segments of our community?*
- *What types of cultural assessments are being done?*

PRIORITY 1A: Reduce the negative impact of the consequences of alcohol and ~~drugs~~ drug abuse on the community

Strategies	CCC Group Comments
A1) Strengthen and build upon existing prevention and treatment initiatives and services.	*These are a bit vague – more specificity would help*
A2) Support change in community norms and laws change (?) regarding the use of alcohol.	
A3) Increase health care integration of prevention and treatment.	

PRIORITY 1B: Stabilize the A& D system with essential services ranging from prevention through treatment

Strategies	CCC Group Comments
B1) Increase the flexibility of funding to help clients have access to different levels of care	*Does this relate to the structure of services?*
B2) Stabilize the service provider system with longer term contacts and funding *(not services supported by "soft" dollars)*	
B3) Increase funding rates for women's and youth residental adult and youth drug free outpatient, adult methadone outpatient and adult detoxification treatment services as well as A&D diversion programs *(requires additional funding to implement).*	
B4) Increase funding for prevention services to support the Center for Substance Abuse Prevention, CSAP, strategies for effective prevention: information dissemination, education, problem ID and referral, positive alternative activities for youth, supporting community-based coalitions, and environmental or community norms and laws *(requires additional funding to implement).*	

PRIORITY 1C: Incorporate "strength-based" approaches to services across the continuum of prevention and treatment services

Strategies	CCC Group Comments
C1) Promote strength-based treatment models across the continuum of youth and adult treatment services. Specific service priorities include funding for case management services that help the client/family access needed services and family skills enhancement/ development strategies	
C2) Promote strength-based prevention models (including universal, selected and indicated strategies) across the continuum of prevention services based on the Institute of Medicine Model (e.g., parenting)	

PRIORITY 1D: Increase knowledge and access to services for very high risk and/or inadequately/ underserved segments of the county's varied population(s).

**** All strategies listed here require additional or stablized funding to implement***

Strategies	CCC Group Comments
D1) Improve the effectiveness of and access to services reaching varied ~~high risk~~under-served populations including but not limited to cultural and ethnic minorities, homeless, and sexual minorities.	*Cultural and ethnic groups are not inherently "high-risk." All these groups are underserved – including high-risk in general.* *What is a "sexual minority"?*
D2) Enhance treatment engagement and treatment completion for clients in the criminal justice system with A&D abuse/dependency problems.	
D3) Improve the capacity of our A&D system to address the unique clinical needs of elders, partner and child abuse/trauma victims and perpetrators.	*Most of these relate to co-occurring disorders. Maybe these could be linked or collapsed into fewer.*
D4) Enhance specialized services for individuals with co-occurring disorders including but not limited to developmental disabilities and/or cognitive impairment, A&D dependency/addiction, mental health and pathological gambling.	
D5) Develop common understanding and guidelines across programs and professionals	
D6) Cross train A&D and other experts, including Domestic Violence.	

D7) Develop interventions that address co-occurring issues.	*Does this need to be clarified to ensure the reference specifically refers to ATOD as one of the co-occurring issues?*

HLO #2: REDUCE DOMESTIC VIOLENCE

CCC Group Comments:

- *Lane County government could play a role in institutionalizing DV protocol, for example, they could require DV protocol for any human service agency receiving funding through Lane County.*
- *Some people don't know they are mandatory reporters of child maltreatment*
- *Include strategies that empower women*

PRIORITY 2A: Enhance and increase the effectiveness of interventions with domestic violence victims, perpetrators and child witnesses.

Strategies[1]	CCC Group Comments
A1) Strengthen community-based services and advocacy for adult victims and child witnesses by a) increasing availability of core advocacy and support services and b) using advocacy approaches that acknowledge the diversity[2] of each families' circumstances, resources, and interests.	
A2) Improve the identification of domestic violence by expanding screening protocols and practices across multiple disciplines.	*This is a bit unclear. Also, many people don't know how to do the screening properly.*
A3) Increase access to batterer intervention programs that include education on the effects of domestic violence on children and enhance supervision and sanctions of batterers	*Most batterer intervention programs are not culturally competent – they tend to be cookie cutter approaches that are shame-oriented. This is not effective across all cultures*

[1] Priorities and strategies identified here reflect the shared priorities articulated in the following four community plans regarding domestic violence – the Lane County Domestic Violence Council Long Range Plan and 2002 Workplan (DVC), Coordinated Community Response Logic Model and Workplan (CCR), Family Violence Response Initiative 2002 Logic Model and Workplan (FVRI), Lane County Domestic Violence Council Children and Family Violence Committee's Family Violence Response: The Model (2002) (CVF).

[2] The Domestic Violence Council identified improving services and system responses to the following communities as priorities for 2002-3: Latinas and other people of color, survivors who choose to stay with their partners, survivors with mental health issues, single women, elders, gay/lesbian/bi/trans, women with sons 12 and older, women without children, low-income women, youth survivors of domestic and dating violence, and rural residents. CCCG Comment: The desire to address the needs of a particular ethnic group is important. However, there are also ramifications that may not be entirely positive. Does this contribute to creating stereotypical viewpoints? Could it limit service by focusing on one group and excluding others?

A4) Examine and enhance cultural relevance of existing programs for batterers and victims	
A5) Mental health support for batterers, victims, and families, especially bi-lingual counselors familiar with the issues	
A6)	*Another priority is needed related to assistance for severe injuries, such as brain and back injuries*

PRIORITY 2B: Increase community understanding of the dynamics and effects of domestic violence.

CCC Group Comments:

- *Address birth defects resulting from battering pregnant women*

Strategies	CCC Group Comments
B1) K-12 prevention programs (domestic violence, bullying, healthy relationships, and related topics)	
B2) Training for professionals working directly with domestic violence victims, perpetrators, and child witnesses.	
B3) Community engagement and awareness media campaigns	

PRIORITY 2C: Increase collaborative solutions through community collaboration

Strategies	CCC Group Comments
C1) Stabilize funding for the Domestic Violence Council	
C2) Enhance and expand joint service delivery models and multi-disciplinary case coordination.	
C3) Increase responsiveness to marginalized and underserved victims and communities[3].	

[3] For 2002-3, the Domestic Violence Council prioritized increasing diversity of the Council's participants with respect to: race/ethnicity, class, age (youth and elders), religious affiliation, gender, survivors, rural residents, gays and lesbians, any unrepresented or underrepresented constituencies.

HLO #3: REDUCE POVERTY

CCC Group Comments:

- *What about addressing the causes of poverty – not just ameliorating the impacts? (For example, support education, living wage, etc.)*

PRIORITY 3A: Reduce the impact of poverty and hunger on children, families, and the community

Strategies	CCC Group Comments
A1) Increase access to primary health care by: a) increasing connection of existing eligible individuals and supporting the Governor's plan for expanded eligibility to the Oregon Health Plan; b) supporting the creation of a federally qualified health center; c) local safety net clinics through function of billing system for Medicaid and Medicare eligible clients; d) work with local health care organization to increase primary care physicians who accept Oregon Health Care clients; and e) work with school based health centers to increase the number of children who receive school health physicals.	*Eligibility and access are not necessarily linked, especially for persons of color. Need infrastructure to support people with OHP cards – they go to ER instead of a primary care physician (they don't' have space, or aren't culturally competent). How about, "Decreasing impediments to accessing services for existing OHP individuals."* *Schools are important for communities of color – they are major access points.*
A2) Maintain or ~~i~~increase housing stability by: a) restoring the Emergency Assistance program to prior levels; b) supporting increase of low income utility programs; c) increasing access and utilization of household budget educations; d) increasing access and support for legal services to address landlord/tenant issues; e) increasing support for housing stabilization program, including making local money available for matching funds to support transitional and permanent housing; f) increasing support to Housing Policy Board and Human Services commission; g) increasing access and support for drug and alcohol free housing and housing for ~~disabled populations~~people with disabilities and their families; and h) expanding eligibility for safety net programs, such as the Earned Income Tax Credit, Food Stamps, the Oregon Health Plan, and childcare and housing subsidies, including advocating for increases in federal housing subsidies.	*Are these all HSC programs? If so, what about DHS?* *Need advocacy for getting safe housing and responding to safety concerns.* *Immigration issues – need to explore vulnerabilities of undocumented population.* *Need to decrease impediments to accessing services.*
A3) Increase adult basic skills, education, job skills by: a) better coordination and participation between low income families and the workforce system and economic development to create career ladders within	*Identify barriers to educational success of different cultural groups. For example, Texas has a state initiative to address undocumented*

the employment system; and b) linking of financial incentives to local economic community for creation of opportunities for low income families.	*children raised in US so they can access higher education.* *Outreach and access to people who are isolated and not accessing the system.* *"Careers" versus "jobs" – many programs focus only on jobs, not career development* *Need to address people with developmental disabilities – not just link them with jobs in "food, ___, and filth".*
A4) Increase access to affordable quality childcare through: a) increased support to childcare resource and referral program for outreach, recruitment and training; b) expansion of Employment Related Daycare through reduction in co-pay and expanding eligibility level; c) expansion of available childcare options provided outside normal work hours and for special needs children and rural areas. *NOTE: Linked with HLO#8 - check for redundancy/overlap.*	*Child care providers are not reimbursed enough. Need to grapple with conflict between better pay for providers and affordable quality child care. Childcare credit on taxes? Flexible spending accounts are not available to everyone. Need to manage cost of quality child care to create incentives to work.* *Also, need care for sick kids so parents don't need to leave work so much – jeopardizes jobs. Create more awareness of rights under the Oregon Family Leave Act.*
A5) Increase access to hunger relief services by: a) maintaining current expanded eligibility requirements for families and individuals to the Food Stamp Program; b) increasing support for food distribution through food bank system and related nutritional and food preparation classes, and self help programs such as gleaning and gardening.	*What about WIC? School lunch programs?* *Assistance needed with eligibility – advertising and outreach.* *Need to address stigma of accessing services – often culturally based*

HLO #4: REDUCE CHILD MALTREATMENT

PRIORITY 4A: Increase parent-child attachment by increasing parenting skills and nurturance

CCC Group Comments:

- *Broaden the definition of 'parents' to include all important adults in the child's life, e.g., teachers, grandparents, neighbors, extended family.*

- *"Parenting skills" and "nurturance" – this assumes that everyone knows what these are and are appropriate for all – relative to different cultural perspectives; need a culturally specific operationalization of terms like "parenting skills".*

Strategies	CCC Group Comments
A1) Identify families with high levels of stress and increased risk of poor childhood outcomes through universal screening	*This strategy assumes equal ability to identify risk levels across cultures. The system is far away from universal screening and universal risk factors. Include process to identify specific risk factors.* *Define scenarios that create high levels of stress, such as children with special needs, poverty, parents who abuse drugs, parents with disabilities, etc*
A2) Reduce isolation and provide appropriate, accessible parental support and education for families with high levels of stress through home visiting, parenting classes, and other community based services.	*Outreach is needed as a core of the strategy. "Reduce isolation…. through outreach and culturally appropriate empowerment." Latino PTA?*

PRIORITY 4B: Increase capacity and accessibility of community-based supports for families

CCC Group Comments:

- *Increased capacity needed to serve under-served populations*
- *There is a disparity of risk for some cultural groups*
- *Access is not equal across cultural groups*
- *Attention should be paid to the overlays between specific populations (i.e., Latino families who have children with disabilities)*
- *Provide TA to make programs more accessible*

Strategies	CCC Group Comments
B1) Increase capacity and access to community safety nets	
B2) Increase support and access to community resource centers and community collaborations	*Define community resource centers and collaborations so it's clearly not just one type of program*
B3) Increase support and access to information, advocacy, and respite services for families ~~raising children with high special needs~~ in high-risk situations, such as raising children with special needs, poverty, drug abuse, parents with disabilities	*This issue is broader than children with special needs – other stressful situations exist that result in need for respite services. Respite services need to be culturally appropriate.*

	Strategies needed to disengage parents from stressful situations, helping them cope with stress, getting relief and renewal
B4) Enhance opportunities for community resource forums to help educate families about community options for parenting support in a manner that supports different cultural communities	

PRIORITY 4C: Enhance child safety in family settings

CCC Group Comments:

- *Child safety in family settings is broader than domestic violence. Need some strategies that address other scenarios.*

Strategies	CCC Group Comments
C1) Design and expand programs specifically for children exposed to domestic violence	
C2) Increase availability of safe parenting time centers and exchange sites for children and parents at risk of sexual or domestic violence ~~stalking~~?	*Should this be stalking only, or should it include other types of sexual and domestic violence?*
C3) ~~Report to child welfare when children are exposed to current domestic violence and subject to substantial risk of harm~~Educate diverse communities and professionals on reporting laws for child abuse and domestic violence, and the negative impact of children witnessing domestic violence.	*This sounded like a call for a change in state statute around reporting laws. Who reports? Too unclear.*
C4) Increase capacity and options for family visits in appropriate settings for children who have been removed from parental care	

HLO#5: IMPROVE PRENATAL CARE

PRIORITY 5A: Strengthen parental understanding of the importance of prenatal health and health care

Strategies	CCC Group Comments
A1) Provide parental education about prenatal health and its impact on the fetus through prenatal home visiting	

A2) Enhance community understanding of the importance of early prenatal care and it's impact on the fetus through public education	
A3) Ensure access to prenatal care and education for ~~minority~~ vulnerable, underserved populations through community collaborations and outreach ~~to minority populations~~	*If we call out special populations on one, we should do it for all – this is more specific.*
A4) Enhance current prenatal services for vulnerable populations. Sustainable funding is needed.	*PeaceHealth prenatal clinic is good, but the need is changing, and this program may be cut back – need sustainable funding.*

HLO#6: INCREASE IMMUNIZATIONS

CCC Group Comments:

- *Some state and federally funded programs for child birth were just cut. This will impact the overall access to health care by women without OHP*
- *Healthy Start has a waiting list for bi-lingual services*
- *Prenatal/Postnatal clinic subsidized by Peace Health may be in jeopardy of cuts*
- *Immunization by school age is linked to schools and is impacted by access to schools. and is it culturally competent?*

PRIORITY 6A: Improve immunization information available to families and care providers.

Strategies	CCC Group Comments
A1) Increase participation in Oregon Immunization ALERT by Lane County Providers.	
A2) Increase immunization compliance by collaborating with WIC to provide immunization screening.	
A3) Strengthen parental skills and knowledge through a public information campaign that highlights the importance of early immunizations.	*Collaborations with other agencies who could ask about immunizations*

HLO#7: REDUCE ATOD USE DURING PREGNANCY

PRIORITY 7A: Increase knowledge of the ~~importance of prenatal health and healthy behaviors~~dangers of ATOD use during pregnancy

CCC Group Comments:

- *Look at the U.S. Surgeon General's mental health report[7] for additional strategies and tie to national benchmarks*
- *Need to increase completion rate of treatment*

Strategies	CCC Group Comments
A1) Provide parental education about ~~prenatal health~~ the dangers of ATOD use and its impact on the fetus through prenatal home visiting, teen parent groups, and other prenatal activities	*This change makes it more specific to ATOD use.*
A2) Provide culturally appropriate residential and outpatient services for teen and adult pregnant or parenting women that is available and accessible to all~~, including minority and rural populations~~	*This was redundant – one would assume that "accessible to all" would include everyone.*

HLO#8: INCREASE CHILD CARE AVAILABILITY

PRIORITY 8A: Increase quality of currently available childcare slots

Strategies	CCC Group Comments
A1) Provide developmentally appropriate (including culturally and linguistically) environments through early childhood care provider training and enhanced compensation.	*Need more "enforcement" visits to providers.* *Providers only need to meet basic requirements – no special training for people of other cultures, disabilities, etc.* *Study possibility of child care work co-ops – so it's affordable and accessible*

[7] Mental Health: Culture, Race, and Ethnicity. Washington, D.C.: Department of Health and Human Services, 2001, U.S. Public Health Services

PRIORITY 8B: Increase availability of high-quality, safe, accessible, affordable childcare

Strategies	CCC Group Comments
B1) Increase access to quality affordable early childhood care by addressing identified gaps in specialized populations and geographic areas, such as medically fragile, developmentally disabled, infant care, and rural and isolated areas	*Other specialized populations, such as mono-lingual Spanish*
B2) Analysis of gaps in coordinated childcare for school age children, such as before/after school and summer. Develop an action plan to address identified gaps.	*Start with Eugene's after school programs.* *Focus specifically on the gaps for under-served populations.*

HLO#9: IMPROVE READINESS TO LEARN

CCC Group Comments:

- *What makes kids "ready to learn"? Is it all educational, or partly social? For example, have the nutritional needs of children been addressed in a culturally inclusive way? Often the unique cultural and physical needs of children are not addressed by institutions. Maybe kids need a few weeks in the beginning of kindergarten so they can transition into the institutional expectations. Children of diverse cultures may be especially challenged. Maybe schools are not welcoming environments.*
- *Readiness should be kid focused, not teacher focused, i.e., based on the internal adjustment of the child, not on the teacher's assessment of the child. And readiness is not just a child-centered concept, it should also be institutional in focus. Is the system ready to take up the challenge of providing appropriate learning opportunities for all children? This points to the need to broaden the definition of literacy to include cultural literacy. There should be an institutional responsibility to be more accessible to parents, to help them understand the language of the "system", how to navigate it.*
- *Recognize that a working understanding of the "service system" is not common or easily acquired. The ability to effectively interact with agencies and organizations and to understand their interrelatedness comes more naturally to well-educated members of the dominant culture and even then it is very confusing. It is unreasonable to expect organizational fluency from individuals who are disenfranchised and don't have time to devote to understanding the system, but instead struggle simply to survive. This is another example of the concept of cultural capital.*

PRIORITY 9A: Increase opportunities for appropriate early childhood learning environments

Strategies	CCC Group Comments
A1) Enhance parental knowledge & skills through home visiting, parenting classes, and other support activities.	*Expectations that parents have of their children are also important and these vary depending on the cultural background of the family.* *Culturally sensitive outreach to parents can be provided so that they know how best to "ready" their children for school. Needs to be culturally relevant. (Note: for some cultures home visits can be threatening.) Parents and kids need to know how to access and "interpret" the institutional structure.*
A2) Identify children in need of special services through a system of early childhood developmental screening and referral.	
A3) Increase the cultural readiness of institutions to provide support to children entering the school system, and their parents. This should include cultural sensitivity training and linguistic support for teachers and school administrative staff.	
A4) Increase community commitment to education through improved mechanisms to bring parents into schools.	*Supporting and nurturing family strengths and family values around education will increase the "human capital" available to schools in the form of parent support and volunteers. Parents need to be viewed as resources to schools and the education process.*

PRIORITY 9B: Increase family literacy

Strategies	CCC Group Comments
B1) Strengthen family involvement in literacy activities through parent education and support services for higher risk families that model and encourage reading and provide books and materials.	*Parent literacy when compared to the child is low across diverse communities, sometimes both in the native and second languages.* *Need to develop dual language and cultural literacy capabilities – both in the home and institutionally. Need to*

	have books and materials available that are linguistically and cultural relevant. *Encourage quiet time at home to assist with more reading.*
B2) Promote library use for all families.	*Need to acknowledge the current barriers to access. Create alternatives to using existing library locations: bookmobiles, increase rural locations, encourage creation of home libraries, expand current library inventories to include greater cultural diversity in books for both children and parents. Encourage area libraries to seek out and use culturally diverse book inventories when making new book choices. Train staff to be more culturally sensitive and aware, to ensure more diverse book choice and better consumer support.*

HLO#10-12: REDUCE TEEN ATOD USE

CCC Group Comments:

- *Insurance doesn't pay for all culturally relevant treatment and prevention.*
- *Prevalence versus risk.*
- *Need programs to target marginalized populations*
- *Need to look at research for specific populations on the primary causes, not just secondary causes, such as peer association.*
- *"One size fits all" approaches don't work for everyone in every case*
- *Research design is not culturally specific*
- *Some culturally-specific strategies have been seen to be effective locally, but are not "best practice" or "research based"*

PRIORITY 10-12A: Reduce youth use of alcohol, tobacco and other drugs.

Strategies	CCC Group Comments
A1) Promote the establishment of substance abuse prevention principles in schools and communities based on the six CSAP strategies.[1]	*CSAP has culturally specific frameworks – how can we incorporate those?*

PRIORITY 10-12B: Stabilize the A&D system with essential services ranging from prevention through treatment.

Strategies	CCC Group Comments
B1) Develop or enhance local treatment options for youth, including detox and residential care for males and females. *(requires additional or stabilized funding to implement).*	
B2) Increase funding for prevention services to support the Center for Substance Abuse Prevention (CSAP) strategies for effective prevention: information dissemination, prevention education, community based processes, environmental/social policy, alternative activities and identification and referral.	
Monitor, evaluate, and report on programs by special populations	

PRIORITY 10-12C: Incorporate "strength-based", family-focused approaches to services across the continuum of prevention and treatment services.

CCC Group Comments:

- *Please define terms and cite – strength-based, prevention model, IOM model continuum,*
- *There are various "strength-based" models – what is being referred to? Some address culturally specific resiliency*

(requires additional or stabilized funding to implement).

Strategies	CCC Group Comments
C1) Promote strength-based treatment models across the continuum of youth and adult treatment services. Specific service priorities include funding for case management services that help the client/family access needed services and family skills enhancement/development strategies	*Include family treatment!*
C2) Promote strength-based prevention models (including universal, selected and indicated strategies) across the Institute of Medicine model continuum of care.	
Identify protective factors specific to various sociodemographic groups through research, community forums	

[1] The six CSAP strategies include:

1. **Information dissemination.** This strategy provides one-way communication about problem behavior, and where to go to get help. This communication occurs from the source to the audience, with limited contact between the two

(e.g. One Voice PSA campaign). [**Note:** Information dissemination alone has not been shown to be effective at preventing substance abuse.]

2. **Education.** This strategy involves two-way communication and interaction between the educator and the participants. Activities aim to affect decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities (e.g. parenting programs, school curricula like Project Alert).
3. **Alternatives.** This strategy provides opportunities for specific populations.to participate in activities that exclude substance use (e.g. The Mayor's after school program plan, Kid Sports, Lane Arts). [**Note:** Alternative activities alone have not been shown to be effective at preventing substance abuse.]
4. **Problem identification and referral.** This strategy aims at identifying people who have illegally used tobacco, alcohol or other drugs to assess if their behavior can be reversed through education. This strategy does not determine if a person is in need of treatment (i.e. a visit to a student assistance counselor).
5. **Community-based process.** This strategy aims to enhance the ability of the community to provide alcohol and drug prevention and treatment services. (i.e. organizing, planning, networking and creating community coalitions like Oregon Together coalitions, Media United, Lane County Prevention Coalition, Communidades Unidas).
6. **Environmental.** This strategy establishes or changes written and unwritten community standards, codes, laws, policies and attitudes. This influences incidence and prevalence of substance abuse in the general population. (i.e. First Night Eugene, tobacco ordinances just passed in Eugene)

HLO#13-15: REDUCE JUVENILE CRIME

CCC Group Comments:

- *More detail is needed in describing each strategy so it's more clear what is being proposed, i.e., more specificity on how the strategy would be implemented*
- *How do we fill gaps in the continuum, i.e., not just high-risk youth? The prevention end of the continuum needs to be included.*
- *We need to support existing programs, but only if they can be made culturally relevant*
- *Families need to be emphasized*
- *Fund local efforts to adapt/test/examine best practices for culturally specific populations*
- *The OJCP screening/assessment tool is mentioned throughout strategies*
- *What does the psychometric data show? Who was included in the validation studies?*
- *What data collection techniques were used? What are the recommended procedures?*
- *How widespread is the use of the tool? Which populations? In what instances is it used?*
- *How is the information used? To determine disposition?*
- *The plan appears to recommend widespread use of the tool in community. In school? Universal?*
- *Is this the best tool for the prevention end of the continuum? Are there others?*
- *Perhaps the tool could have a culturally specified supplement.*

PRIORITY 13-15A: Identify youth at high risk of committing their first crime and identify juvenile offenders at risk of future delinquency - these high-risk youth have multiple risk factors in the area of acting out behavior, negative peer association, family issues, school issues, and alcohol and other drug use (AOD)

CCC Group Comments:

- *The concept of risk is not well understood from a cultural framework, and culturally-appropriate tools are not available.*
- *Are staff well trained in giving the assessments? Some don't bother to ask all the questions or aren't aware of the issues.*

- *What about the rest of the system, prior to entering DYS? This part of the continuum does not seem well represented in the priorities and strategies.*
- *What about early starters – and others not considered "high risk"?*
- *Look at universal prevention strategies*
- *Would like to see more clarity in strategies around the who, what, when, where of the assessments tool(s)*

Strategies	CCC Group Comments
A1) Screen youth in the community identified as high risk and juveniles entering DYS Intake using the OJCP Screen / Assessment tool to identify those youth with three or more risk factors and aid in determining additional assessment needs, service needs, appropriate placements	*Does the tool adequately address cultural competency?* *Assessments are important in determining needs for services, but there is concern if offenders and non-offenders are being combined and placements done based on a mainstream tool.*
A2) Conduct additional assessments as needed (A&D, domestic violence, sex offending, mental health, fire setting, etc)	*What about protective factors? Enhancing strengths and developing infrastructure to address it*
A3) Increase the understanding of risk and protective factors within a complex cultural context, using this information to inform additional assessment needs, service needs, and appropriate placements	*See group comments above.*
A4) Cultural liaison to support families' interest in larger system, e.g., assist families with addressing/responding to screening results	

PRIORITY 13-15B: Increase opportunities for positive skill development by increasing protective factors that place these youth at ~~increased~~ decreased jeopardy of criminal activity. In addition, for the offender population, provide these risk reduction/protective factor strategies in balance with a graduated sanctions approach. In all instances, intervene as early as possible.

CCC Group Comments:

- *What is the provision for culturally-specific strength based services?*

Strategies	CCC Group Comments
B1) Student Assistance Programs - Strategy includes: ▪ Screen youth using the OJCP Screen/Assessment tool to identify those youth with three or more risk factors and aid in determining additional assessment needs, service needs	*More information is needed about the nature of support and treatment.* *Need infrastructure for addressing culturally-specific protective factors*

▪ Conduct additional assessments as needed ▪ School based team works with family to determine resource needs ▪ Child and family are referred to services as needed ▪ Wraparound funds are provided to pay for services not funded with other sources	*Work with community as well as just family – advocates to work with families*
B2) Family Support and Skill Building - Strategy includes: ▪ Screen youth using the OJCP Screen/Assessment tool to identify those youth with three or more risk factors and aid in determining additional assessment needs, service needs (this first step applies to each strategy to follow – will not be repeated on each, but applies to all) ▪ Conduct additional assessments as needed ▪ Provide support and treatment for families through multiple contacts per week as needed.	*Families are very critical for kids of color.* *3rd bullet - What is this? What is the nature of the support and treatment? Is the agency equipped to provide culturally specific services?*
B3) Peer Court – Strategy includes: ▪ Referral to Peer Court ▪ Program level screening and assessment as needed ▪ Cases heard by peer jury ▪ Consequences mandated by Court, including treatment compliance as necessary	
B4) Mentoring – Strategy includes: ▪ Utilize research based components of effective mentor programs ▪ Screen youth ▪ Screen mentors ▪ Support mentors with training, assistance, supervision ▪ Provide one-one adult/youth matches ▪ Match youth with mentors	*What is screening for? Will it be culturally responsive?* *Support agencies to specifically do better with kids of color* *Recruit culturally specific mentors*
B5) Early Intervention and Treatment – Strategy includes: ▪ Early identification of high-risk offenders and access to immediate responses ▪ Based on screening and assessment, refer youth and family to services and purchase services and resources as needed	*What is this? Is system equipped to deal with culturally specific services? What about prevention?*
B6) Court School – Strategy includes: ▪ Court mandates youth to attend court school as condition of probation/parole. ▪ Provide individualized education plan and services. ▪ Help develop and implement transition plan to further education or training or work.	
B7) Treatment Foster Care – Strategy includes:	

▪ Screen all youth entering DYS Intake using the OJCP Screen/Assessment tool to identify those youth with three or more risk factors and aid in determining additional assessment needs, service needs ▪ Conduct additional assessments as needed ▪ Recruit, train, support community foster families ▪ Place delinquent youth with foster families ▪ Provide 24 hour supervision for youth ▪ Skill oriented treatment ▪ Parent training/ treatment ▪ Monitoring school attendance, performance	
B8) High Risk Supervision – Strategy includes: ▪ Intensive supervision by DYS Court Counselors for high risk youth offenders, minority offenders, sex offenders on Formal Accountability Agreements, probation, and/or in treatment	*Why are 'minority offenders' listed with high-risk youth and sex offenders?* *Some counselors don't understand cultural context*
B9) Ensure safe living options ▪ Shelter care ▪ Treatment Foster Care ▪ Independent living and other living options for youth who cannot return home	
B10) Provide full spectrum of social supports for at-risk youth who do not qualify for categorical services	*What are the demographics of these kids?*
B11) Reduce unsupervised time and times with deviant peers.	

PRIORITY 13-15C: Provide an effective, safe learning environment

Strategies	CCC Group Comments
C1) Strengthen and develop effective interventions for early acting out and bullying	*What does the system do to protect kids?* *Need to understand the cultural context*
C2) Strengthen school violence prevention design and systems, including racially motivated acting out	*Interplay of racism and school violence policy and systems*
C3) Increase range of education opportunities	
C4) Increase support of social institutions working with youth	
C5) Empower kids by teaching coping skills to deal with conflict, aggression, racism, etc	*Also, work to help families deal with systems and conflicts as well*

PRIORITY 13-15D: Do our work together, more effectively, by being leaders in sharing information for decision-making and identifying best practices with community members, partners, and staff on what works to prevent juvenile crime and routinely evaluate effectiveness.

Strategies	CCC Group Comments
D1) Strengthen intervention for early acting out and bullying	
D2) Increased identification of serious, chronic offenders	
D3) Increase identification and control of serious, chronic offenders	
D4) Address or enhance identified community needs. Description - Community needs for high risk youth are identified in the aforementioned strategies, however, we recognize two things 1) these needs require enhancements and 2) community needs are dynamic and we cannot foresee all future service needs in a single document. We can, however, commit to making data-driven decision-making and utilize the must current information at any given time to identify needs as we have done with in this planning process. Members who worked on the juvenile justice section of this document also recognized the need for enhancements on all the strategies listed above, and on the following: ▪ Victim / offender mediation; Continuity of treatment for youth in transition; Effective secure custody responses; Services for specific offending populations (e.g., sex offenders, arsonists, etc); Truancy programs, including adding attendance officers; Community-based substance abuse prevention; Aftercare; Community-based, resources, and referral for high risk families; Safe Place crisis response; Runaway / homeless services; Counselors in schools; Mental health prevention and intervention services; Mental health sub-acute and acute care; Home-based family intervention; Adolescent drug and alcohol treatment (including detoxification services); Strength-based practices for dealing with high risk youth in the juvenile justice system; Tools to coordinate services which lead to positive impact on clients; Partnerships between juvenile justice, juvenile court, treatment providers for addressing community safety and the needs of substance abusing juvenile offenders	

HLO#16: REDUCE TEEN PREGNANCY

PRIORITY 16A: Provide a community wide and comprehensive effort to assist in making decisions that lead to positive outcomes.

CCC Group Comments:

- *Need community based, culturally specific programs. Include family, parents, clergy.*
- *What about the language and format of materials? Are they culturally appropriate? How are they distributed? How are kids reached?*
- *How can parents teach their kids about the risks associated with sexual activity?*
- *The county could benefit from coordination with Planned Parenthood effort currently underway – "Rights, Respect, Responsibility"*

Strategies	CCC Group Comments
A1) Delay the onset of sexual activity by providing school based life skill development and comprehensive sexuality education (self-esteem, empowerment, goal setting, human growth and development, abstinence, contraception and refusal skills).	*This is school based -- what about home and community based strategies?*
A2) Teen parent education and support to delay subsequent pregnancies through home visiting and access to family planning	

HLO#17: DECREASE YOUTH SUICIDE

PRIORITY 17A: Increase community awareness of suicide risk factors.

CCC Group Comments:

- *There is no inpatient treatment in Lane County for suicidal teens.*

Strategies	CCC Group Comments
A1) Educate youth and young adults about suicide prevention.	*And families!!!* *Outreach program into high-risk populations needed – from prevention to intervention.* *Need to identify culturally specific risk factors for suicide, for example, among Hispanic, gay and lesbian or disabled teens..*

A2) Implement a suicide prevention public education campaign.	*This should include coping with stress, isolation, and discrimination.*

PRIORITY 17B: Increase early identification of youth at risk and response to suicidal behavior.

Strategies	CCC Group Comments
B1) Provide education for professionals in health care, education, and human services.	*And families!!* *Again, needs to be culturally based.*
B2) Develop a community wide screening and referral tool.	*Which community? Can a single tool be created which can be sensitively used for all cultural groups?*
B3) Provide gatekeeper training to create a network of people trained to recognize and responds to youth in crisis.	*Need earlier access to mental health services, e.g. mental health specialists in schools.*

PRIORITY 17C: Increase community resources for adequate interventions in suicidal youth.

Strategies	CCC Group Comments
C1) Develop a community-based intervention program that focuses on skill development, for depressed youth.	*Culturally specific intervention is not well understood and must be incorporated.* *Address "clusters" of suicides that occur after each suicide.*
C2) Enhance crisis services for adolescents through a secure adolescent mental health crisis facility.	*And increase outreach!*

HLO#18: REDUCE HIGH SCHOOL DROPOUT RATE

CCC Group Comments:

- *There is an over-representation of non-white kids in special education. This affects completion of high school. Maybe address this in readiness to learn since the assignments are usually done in earlier grades.*
- *There are many problems with the Oregon Dept of Ed data. For example, the 'reasons for high school dropout' data is determined by administrators, not the students who dropped out. And none of the possible reasons are institutional.*

PRIORITY 18A: Promote institutional responsibility for dropouts.

Strategies	CCC Group Comments
A1) Engage students and families, train educators and diversify staff.	*A prevention mechanism needs to be used to help kids who have missed school to catch up, before they are so far behind that they drop out*
A2) Increase linkages between schools, parents, programs and services	

PRIORITY ~~18A~~18B: Provide alternative education opportunities to allow students to complete high school.

Strategies	CCC Group Comments
~~A1~~B1) Increase accessibility and availability of alternative education, including mentoring and tutoring components in the rural areas of Lane County.	
~~A2~~B2) Stabilize existing alternative education programs, including mentoring and tutoring components.	
~~A3~~B3) Enhance credit recovery options for youth returning to school	

PRIORITY ~~18B~~18C: Promote emerging best practices for dropout prevention

Strategies	CCC Group Comments
~~B1~~C1) Gather and disseminate information on dropout prevention best practices with an emphasis on gender and culturally specific strategies	

HLO#19: INCREASE COMMUNITY ENGAGEMENT

CCC Group Comments:

- *Add a new priority and strategies that address cultural issues across the continuum.*
- *At first contact try to determine language, race/ethnicity, nativity, and other cultural factors, so people can be linked with the appropriate service or response.*