



Multnomah County Oregon

Board of Commissioners & Agenda

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BOARD OF COMMISSIONERS

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MAY 8, 9 & 10, 2007 BOARD MEETINGS FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:00 a.m. Tuesday Executive Session
Pg 2	9:30 a.m. Tuesday Budget Work Session
Pg 3	6:00 p.m. Tuesday Public Budget Hearing
Pg 3	8:30 a.m. Wednesday Gresham Joint Meeting
Pg 4	9:30 a.m. Thursday Consolidated Plan and Annual Action Plan for the Community Development Block Grant Program
Pg 5	10:00 a.m. Thursday Resolution Creating a Multnomah County Library Funding Task Force
Pg 5	10:15 a.m. Thursday Proclaiming May 13-19, 2007 National Transportation Week
Pg 5/ 6	10:25 a.m. Thursday Public Hearings on 11 Measure 37 Claims

Thursday meetings of the Multnomah County Board of Commissioners are cable-cast live and taped and may be seen by Cable subscribers in Multnomah County at the following times:

Thursday, 9:30 AM, (LIVE) Channel 30
Saturday, 10:00 AM, Channel 29
Sunday, 11:00 AM, Channel 30
Tuesday, 8:00 PM, Channel 29

Produced through MetroEast Community Media
(503) 667-8848, ext. 332 for further info
or: <http://www.mctv.org>

Tuesday, May 8, 2007 - 9:00 AM
Multnomah Building, Sixth Floor Commissioners Conference Room 635
501 SE Hawthorne Boulevard, Portland

EXECUTIVE SESSION

- E-1 The Multnomah County Board of Commissioners will meet in Executive Session Pursuant to ORS 192.660(2)(d),(e) and/or (h). Only Representatives of the News Media and Designated Staff are allowed to attend. News Media and All Other Attendees are Specifically Directed Not to Disclose Information that is the Subject of the Session. No Final Decision will be made in the Session. Presented by County Attorney Agnes Sowle. 15-30 MINUTES REQUESTED.
-

Tuesday, May 8, 2007 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET WORK SESSION

- WS-1 Multnomah County 2007-2008 Health, County Human Services and Commission on Children, Families and Community Department Budget Work Session. This meeting is open to the public however no public testimony will be taken. Presentations by Joanne Fuller, Lillian Shirley, Wendy Lebow, and Invited Others. 2.5 HOURS REQUESTED.

CABLE PLAYBACK INFO:

Tuesday, May 8 - 9:30 AM LIVE Channel 29
Friday, May 11 - 8:00 PM Channel 29
Saturday, May 12 - 2:00 PM Channel 29
Sunday, May 13 - 11:00 AM Channel 29

Tuesday, May 8, 2007 - 6:00 PM
North Portland Library, Second Floor Conference Room
512 N Killingsworth, Portland

BUDGET HEARING

PH-2 Public Hearing on the 2007-2008 Multnomah County Budget. Testimony is limited to three minutes per person. Fill out a speaker form available in the conference room and turn it into the Board Clerk. The conference room will be open one hour prior to the hearing.

CABLE PLAYBACK INFO:

(No Live Coverage)

Friday, May 11 - 10:30 PM Channel 29
Saturday, May 12 - 4:30 PM Channel 29
Sunday, May 13 - 1:30 PM Channel 29

Wednesday, May 9, 2007 - 8:30 AM
Gresham City Hall, Conference Center
1333 NW Eastman Parkway, Gresham

JOINT MEETING

JM-1 The Gresham City Council and Multnomah County Board of Commissioners Will Meet to Discuss Public Safety; Business Income Tax; and Fiscal Year 2008 Budget Issues. This meeting is open to the public; however no public testimony will be taken. 2 HOURS, 30 MINUTES REQUESTED.

Thursday, May 10, 2007 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

CONSENT CALENDAR - 9:30 AM

DEPARTMENT OF COMMUNITY SERVICES

- C-1 RESOLUTION Authorizing the Private Sale of a Tax Foreclosed Property to STARK STREET PROPERTY LLC
- C-2 RESOLUTION Approving U.S. Environmental Protection Agency Assistance Amendment, Extending the Clean-up Grant for the Former Gas Station Property at 1949 SE Division to September 30, 2007

REGULAR AGENDA

PUBLIC COMMENT - 9:30 AM

Opportunity for Public Comment on non-agenda matters. Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

DEPARTMENT OF COUNTY HUMAN SERVICES – 9:30 AM

- R-1 PUBLIC HEARING to Consider and Approve the 2007-08 Consolidated Plan and Annual Action Plan for the Community Development Block Grant Program
- R-2 NOTICE OF INTENT to Apply for a \$15,000 Sustainable Communities Grant from the BlueMoon Fund

DEPARTMENT OF COUNTY MANAGEMENT – 9:40 AM

- R-3 Approve Fiscal Year 2007 Supplemental Budget for Submission to Tax Supervising and Conservation Commission
- R-4 RESOLUTION Authorizing the Issuance and Sale of Short-Term Promissory Notes, (Tax and Revenue Anticipation Notes), Series 2007 in an Amount Not to Exceed \$30,000,000

DEPARTMENT OF HEALTH – 9:50 AM

- R-5 NOTICE OF INTENT to Apply for Grant Funding through the Centers for Disease Control (CDC) to Support the Healthy People and Healthy Communities through Improved Environmental Health Service Delivery Initiative
- R-6 NOTICE OF INTENT to Apply for a \$900,000 Grant from the Health Resources and Services Administration's Maternal and Child Health Bureau to Support a Collaborative Research Project with the Kaiser Center for Health Research
- R-7 Budget Modification HD-16 Appropriating \$299,782 from CareOregon Grant Awards
- R-8 Budget Modification HD-21 Appropriating \$74,047 from Department of Health and Human Services Health Resources and Services Administration Ryan White Title III HIV Capacity Development and Planning Grants
- R-9 Budget Modification HD-23 Appropriating \$25,000 from Providence Health System-Oregon to Assist in the Ongoing Operation of Multnomah County Health Department's Mobile Medical Clinic and Appropriating \$72,532 from the Department of Health and Human Services Health Resources and Services Administration to Continue the Health Department's Efforts to Reduce Chronic Homelessness

DEPARTMENT OF LIBRARY SERVICES – 10:00 AM

- R-10 RESOLUTION Creating a Multnomah County Library Funding Task Force

DEPARTMENT OF COMMUNITY SERVICES – 10:15 AM

- R-11 PROCLAMATION Proclaiming the Week of May 13-19, 2007 NATIONAL TRANSPORTATION WEEK and Recognizing the Contributions of all Multnomah County Transportation Employees
- R-12 PUBLIC HEARING to consider and possibly act upon a Measure 37 Claim for Charles Maxson for up to \$385,000 in compensation or relief from land use regulations to allow the partition of each lot into two lots with four residential home sites overall on properties located at 38755 and 39062 E. Knieriem Rd., Corbett [T1N, R4E, Sec 36C, TL 300 & 400] (Case File T1-06-095) **continued from April 26, 2007**

R-13 PUBLIC HEARINGS to consider and possibly act upon ten Measure claims seeking compensation or relief from land use regulations that prevent development of lots or parcels in unincorporated portions of the County

1	T1-05-026	Mary Hoppert
2	T1-05-028	Virginia Atkinson
3	T1-06-050	Jim Ellis
4	T1-06-109	Douglas Pontifex
5	T1-06-118	Daniel and Doris Boyd
6(a)	T1-06-127	Gerald and Carol Egger
6(b)	T1-06-127	Gerald and Carol Egger
7	T1-06-129	Milton and Helena Lankton
8	T1-06-133	Marcia Randall
9	T1-06-137	Dorothy Larson
10	T1-06-142	M. Keith Evans, Jr.

BOARD COMMENT

Opportunity (as time allows) for Commissioners to provide informational comments to Board and public on non-agenda items of interest or to discuss legislative issues.



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
501 S.E. HAWTHORNE BLVD., Room 600
PORTLAND, OREGON 97204
(503) 988-5213

Lonnie Roberts • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Chair Ted Wheeler
Commissioner Maria Rojo de Steffey
Commissioner Jeff Cogen
Commissioner Lisa Naito
Board Clerk Deb Bogstad

FROM: Sam Peterson
Staff Assistant to Commissioner Lonnie Roberts

DATE: May 8, 2007

RE: Commissioner Roberts unable to attend the May 8, 2007 evening Budget Hearing

Commissioner Roberts will be unable to attend the Tuesday, May 8, 2007 evening Budget Hearing due to illness.

Thank you,

Sam Peterson



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 05/08/07
Agenda Item #: PH-2
Est. Start Time: 6:00 PM
Date Submitted: 05/03/07

Agenda Title: Public Hearing on the 2007-2008 Multnomah County Budget

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Requested Meeting Date: May 8, 2007 Amount of Time Needed: 2 hours
Department: Non-Departmental Division: Chair Ted Wheeler
Contact(s): Rhys Scholes
Phone: 503 988-3308 Ext. 85273 I/O Address: 503/600
Presenter(s): The Board of Commissioners will hear public testimony.

General Information

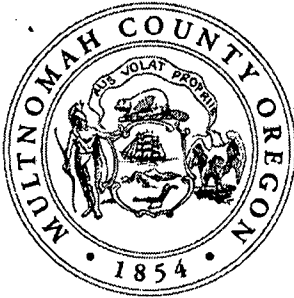
1. What action are you requesting from the Board?
Opportunity for Board to hear public comment on the proposed 2007-2008 Multnomah County Budget.
2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.
Multnomah County's FY 2008 Budget Website is located at
<http://www2.co.multnomah.or.us/Public/EntryPoint?ch=07901510ac25e010VgnVCM1000003bc614acRCRD> Chair Ted Wheeler's Budget Message can be accessed from
<http://www2.co.multnomah.or.us/Public/EntryPoint?ch=9d5092db6421e010VgnVCM1000003bc614acRCRD>
3. Explain the fiscal impact (current year and ongoing).
4. Explain any legal and/or policy issues involved.
5. Explain any citizen and/or other government participation that has or will take place.
Several hearings soliciting public testimony on the proposed County Budget are scheduled between now and June 7, 2007.

Required Signature

**Elected
Official or
Department/
Agency
Director:**

TED WHEELER

Date: 05/03/07



Ted Wheeler, Multnomah County Chair

501 SE Hawthorne Blvd., Suite 600

Portland, Oregon 97214

Phone: (503) 988-3308

Email: mult.chair@co.multnomah.or.us

Chair's Budget Message: Executive Summary April 19, 2007

I am pleased to present my Executive Budget for fiscal 2007-2008. I am confident that this budget will serve as an effective blueprint for my administration during the coming fiscal year and beyond.

This year's budget reflects hard choices and significant spending reductions. Reasonable people will disagree over individual funding decisions, but it is my hope that the community will agree that the Executive Budget process was inclusive, fair and consistent. This budget will bring intensified fiscal restraint to a jurisdiction that is already struggling to cope with the impact of the six previous consecutive years of budget cuts. On the other hand, it also lays out a clear path toward financial security and stability for Multnomah County government.

Goals of My Executive Budget

This budget accomplishes two key objectives: 1) it stabilizes the County's financial condition, and 2) it focuses my administration's priorities providing clear strategic direction for the coming year and beyond.

Financial Stability

My Executive Budget ensures that Multnomah County will live within its means. This balanced budget includes over \$15 million in general fund reductions representing one of the largest single-year reductions ever taken by a local jurisdiction in Oregon. These cuts are necessary for two reasons: first, the County must reduce its spending to account for the expiration of the Multnomah County temporary income tax which supported nearly \$32 million in program spending. **This budget will bring expenditures back into line with revenues over a two-year period by offering \$15 million in cuts this year, and identifying another \$10 million in next year's Executive Budget.**

Additionally, the cost of providing our core services continues to rise at a faster rate than our revenue. Unlike the City of Portland, Multnomah County has a limited range of revenue options. The growth of our single largest source of revenue — property taxes — was capped at three percent by Oregon voters with the passage of Measure 50 in 1997. On the other hand, our costs (especially employee costs, public health services and public safety costs) continue to grow at about six percent per year. This creates a structural deficit which grows worse each year. **This budget takes specific steps to reduce the structural deficit by investing in technologies that will improve worker productivity, creating an "innovation fund" that will support programs that bring in more than one dollar in savings for every dollar invested, and identifying specific reductions in administrative overhead.**

Focus and Strategic Direction

Multnomah County has historically been charged with providing an unusually wide array of services that include, among other things: public libraries, correctional facilities, health centers, elections, emergency management, senior programs, health inspections, after-school programs, bridges, mental health services, river patrol, energy assistance, animal services, land use planning and marriage

licenses. In many cases, Multnomah County is required by statute to provide specific services. Multnomah County has outstanding employees who are accomplishing great things on behalf of the community in each of these and other areas and each will receive my full attention and support as the County's Chief Executive Officer.

This budget does, however, focus attention on two areas that are urgent priorities for my administration: human services and public safety. More specifically, Multnomah County will provide a system of accountable services to those who are the *most* vulnerable in our community, and we will provide a system of accountable public safety services to the community as a whole. Program enhancements reflected in this budget are largely concentrated in these two areas.

Focus on Public Safety

Multnomah County spends more than half of its General Fund budget on services that are directly related to public safety and that will not change with my proposed budget. The changes I propose will help us cope with budget cuts while we prioritize the services that can have the biggest impact on overall community safety.

Public Safety Study

My Executive Budget will fund a county-wide public safety study which will commence during the current fiscal year with the voluntary participation of all jurisdictions in Multnomah County. It will take a hard look at the current resources in our public safety system, evaluate their effectiveness, identify specific gaps, evaluate treatment options and alternatives to incarceration, and recommend future investment strategies in the public safety system. This study may be useful to identify specific strategies that might be funded through a possible county-wide public safety levy in 2008.

Jail Beds

With the support of the Multnomah County Sheriff, I am shifting jail resources to reflect best practices and to maximize the impact on public safety. **Overall, the system capacity will remain largely unchanged.** Although we will reduce the overall level of jail beds in the County by reducing the level of double bunking at the Multnomah County Detention Center (MCDC) by 170 (but adds beds at MCIJ for a net reduction of 114.), the funds will be directed toward both **a new work-release furlough program** and **30 additional residential treatment beds** in the community. These new services will free up approximately the same number of beds that are closed at MCDC, but will provide a greater reduction in the recidivism rate. In sum, we will be paying less for a greater reduction in crime.

Wapato Jail

The best long term use for the Wapato Jail is to house local, general population prisoners with treatment capacity just as the voters intended when they voted to fund its construction in 1996. In the short-term, we are in discussions with Clark County to use part of the treatment capacity of the facility and we are also pursuing the possible use of the facility to house state inmates in the last year of their sentence who will return to Multnomah County upon their release. I am asking the Board to hold \$2.5 million in contingency so that we will be ready to act quickly. My administration has set a deadline of November 2008 to identify funding to open the Wapato facility.

Law Enforcement

The Sheriff and I and our staff have developed an excellent working relationship. The overall need to reduce the County budget is understood and supported by the Sheriff. The most difficult reductions include deputies in special investigations, several county wide task forces, and enforcement records. The need for continuing law enforcement coverage is driven largely by the size of geographical areas within the Sheriff's responsibility and the need for capacity to respond to emergencies. At the same time, Gresham and other East County cities are moving toward assuming full responsibility for

criminal activity in their urban areas. The long term answer is a single police force for East County. That has the promise of both greater efficiencies and/or higher service levels.

Focus on Human Services

The general strategy on human services for my administration will be to support intervention and prevention programs first because they are more cost-effective than after-the-fact treatment or remedies and encourage desired behaviors. We will invest with an eye toward the future, which means that generally early childhood programs will be prioritized. Above all else, we will support those who have nowhere else to turn – our most vulnerable citizens – and we will prioritize programs where Multnomah County is the only agency that can provide the service

Reducing Racial and Ethnic Disparities

In Multnomah County, African Americans and increasingly Latinos, Native Americans and Asians experience lower life expectancies, higher rates of disease, poverty, and overrepresentation in the criminal justice and mental health systems. The Health Department's Program Offer 40045 which is funded through my Executive Budget, is a primary example of how we will address health outcomes disparities but it is only one part of the effort. My office will create a framework to address disparities with an explicit focus on justice, equity and the relationship of inequities to economic and educational attainment. During my administration, Multnomah County will work to eliminate disparities based on race and ethnicity that exist in our community and we will challenge other community institutions to work with us to make this happen.

SUN Service System

My Executive Budget provides base level funding for the SUN sites across the county and for the new SUN Coordinating Council. It will broaden the "ownership" of the SUN service system by giving our partners a clear role in shaping the initiative. The creation of this Council was a major recommendation of the task force which studied SUN in the wake of last year's budget controversy. I am also recommending that we put money in our contingency fund and work with the Coordinating Council and our partners to identify gaps and leverage additional funding.

Partnerships for School-Based Services

The county lacks the funding to continue to provide a wide variety of school-based services that vary greatly by district placement and by results. Rather than continue to be the sole judge of the effectiveness and importance of these services, we are asking the school districts to partner with us in selecting from a menu of services that the County can provide if the District can defray the County's unreimbursed costs.

For this year, we focused on the following services: school-based mental health services, middle and elementary school clinics, Touchstone, child care slots, teen pregnancy prevention program, East County teen health clinic, summer hours at existing high school clinics and gender based training. We have discussed these reductions (totaling \$3.8 million) with the superintendents of the school districts within the county and will be providing them with information on the cost to purchase these services, if they wish to retain them. By way of assistance to the districts in the first year, the County will be able to allocate an unanticipated \$2.1 million of delinquent ITAX collections due these districts under our agreement.

Partnerships for Quality-of-Life Services

There are several reductions that are driven by our desire to respond first to the more serious public safety threats. Some of our work is currently directed to chronic users of systems or more minor criminal or nuisance activity.

Given the difficult trade offs inherent in this process, this budget eliminates funding for the sobering portion of the Hooper Detox Center, the majority of the addictions outreach services, some prosecutors

who work closely with police precincts in the City of Portland, and the portion of Animal Control field services that responds to neighborhood nuisances and dead animals.

Because of the overlapping jurisdictional and programmatic charges of the City of Portland and Multnomah County, I have briefed the Mayor and City Council about my budget and asked them to consider funding these services within the City of Portland. This \$2.6 million request was graciously received and the Mayor has asked for continued discussion as part of the budget process.

Other Budget Highlights

System of Accountability

The Chair's Office will work with the County Budget Office to champion the "MultStat" initiative during the coming budget year. MultStat will be an outcomes-based and results-oriented program that evaluates programs against specific performance measurements and benchmarks on an ongoing basis.

Technology Investments

After years of budget cuts, Multnomah County has neglected to invest in enterprise technology and core IT systems that make us innovative, cost-effective and more productive. My Executive Budget makes substantial one-time-only investments in IT systems, Assessment and Taxation systems, our land use planning system, electronic medical records and other systems which are greatly needed. My goal is to invest in core technologies that will make us more productive, embrace new technologies that will give our employees the tools they need to do their jobs, and utilize open source platforms wherever advantageous to maximize our access to current information.

County Administration

In an effort to gather as many options as possible, I asked department administrators and agency heads to prioritize how they would take reductions. From those conversations, we identified small administrative savings in many areas. Collectively they total \$2.6 million. The most significant of these will involve reductions in our internal services rate in future years, focused primarily on changes in how we provide internal services.

Strategic Planning for Next Year

Unfortunately, this is only the first of two steps. Next year, we will return with additional reductions. We anticipate approximately \$10 million at this time but that number could easily grow to \$15 million or higher depending on the outcomes from the state budget, health care costs and/or fluctuations in BIT revenues. I will be discussing strategies with the Board in the upcoming weeks and asking for their support and assistance in doing this policy work together, cooperatively over the next few months.

Appreciation for My Colleagues

This budget reflects a great deal of work and support from Board members, their staffs, our department directors and workers throughout the county. Many of the ideas included in here came from conversations with those people who know first hand the painful impact of these reductions. I want to thank them all for their assistance. I particularly want to thank Karyne Dargan and the staff of the budget office whose diligence and professionalism make it possible for us to truly focus our efforts on the policy questions.

The process has left me with a more in depth understanding of the benefits of services provided by the county, the dedication of the people who deliver them, and the passion that those that receive these services have for their continuance. Together, we need to continue our resolve to work together to minimize the impact of these cuts in service and to think and rethink creatively how we can provide our core services most effectively.

2007 – 2008 Budget Process Highlights

On June 7, 2007 the Multnomah County Board of County Commissioners will adopt a final budget for the fiscal year that begins on July 1, 2007 and ends on June 30, 2008. Between now and then, you can share your opinions about the proposed budget by letter, email, phone call or by testifying at a budget hearing. Opportunities for testimony include:

Tuesday, April 24

6:00 p.m. to 8:00 p.m.

Multnomah County East Building (Sharron Kelley Conference Room)
600 NE 8th, Gresham 97030

Tuesday, May 8

6:00 p.m. to 8:00 p.m.

North Portland Library (Second Floor Conference Room)
512 N Killingsworth, Portland 97217

Monday, May 14

6:00 p.m. to 8:00 p.m.

Communities of Color Coalition Budget Forum with the Multnomah County Commissioners
Immigrant and Refugee Community Organization (IRCO) Gymnasium
10301 NE Glisan, Portland 97220

Tuesday, May 22

6:00 p.m. to 8:00 p.m.

Multnomah Building (Commissioners Boardroom 100)
501 SE Hawthorne Blvd, Portland 97214

Thursday, June 7

10:00 a.m. to Noon

Multnomah Building (Commissioners Boardroom 100)
501 SE Hawthorne Blvd, Portland 97214

Contact information for Commissioners:

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Phone: (503) 988-3308, fax (503) 988-3093

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Lonnie Roberts, District 4

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Jeff Cogen, District 2

Phone: (503) 988-5219, fax (503) 988-5440

E-mail: district2@co.multnomah.or.us

Mailing Address (for all Commissioners):

501 SE Hawthorne Blvd, Suite 600,
Portland, OR 97214-3587

Questions about the budget hearings?

Deborah Bogstad, Board Clerk, deborah.l.bogstad@co.multnomah.or.us

501 SE Hawthorne, Suite 600, Portland, OR 97214

(503)988-3277, fax (503)988-3013



News Release

MULTNOMAH COUNTY OREGON

Release: May 7, 2007

Contact: Shawn Cunningham, Public Affairs Office, 503-988-4369

County Budget Hearing May 8 in North Portland

Multnomah County Commissioners seek public input on spending priorities

On Tuesday, May 8, members of the Multnomah County Board of County Commissioners will conduct a public budget hearing beginning at 6:00 p.m. at the North Portland Library, 512 N Killingsworth.

Multnomah County Chair Ted Wheeler released his Executive Budget on April 19, which outlined a course of action to “stabilize the County’s fiscal position and focus on urgent priorities.”

The County expects to spend just under \$343 million in its General Fund for the coming fiscal year, slightly less than current year spending. However, costs for existing services have increased by about 4.2 percent so Wheeler is proposing \$15 million in spending reductions to achieve a balanced budget.

In his budget message Wheeler also identified racial and ethnic disparities as a major problem, citing lower life expectancies, higher rates of disease and poverty and overrepresentation in the criminal justice and mental health systems for African Americans and increasingly Latinos, Native Americans and Asians. His budget includes funding for a specific Health Department initiative to reduce disparities and other related efforts to eliminate disparities based on race and ethnicity.

Meeting details:

Tuesday, May 8

6:00 p.m. to 8:00 p.m.

North Portland Library

Second Floor Conference Room

512 N Killingsworth, Portland, 97217 ([Map](#))

Additional public hearings will be scheduled throughout May and June. A list of meeting dates can be found online [here](#) and more detailed information on the county’s budget is located [here](#). Additional information can be reached from Multnomah County’s main website at www.co.multnomah.or.us.

###

Public Affairs Office
501 SE Hawthorne Blvd., #600
Portland, Oregon 97214
(503) 988-6800 phone
(503) 988-6801 fax

#1

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5-8-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Closing School based Health Centers

FOR: _____ AGAINST: X THE ABOVE AGENDA ITEM

NAME: Carol Simmons

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____

EVES: _____

EMAIL: _____

FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#2

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 5-8-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: ^{closing} School Based Health Clinics

FOR: _____ AGAINST: X THE ABOVE AGENDA ITEM

NAME: Rob Nosse "NOSS"

ADDRESS: ONA

CITY/STATE/ZIP: Fla

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
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IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.



Testimony in Opposition to the Elimination of the School Based Health Clinics in the Middle Schools, Lincoln Park Elementary School clinic, and East County Teen Clinic

Restore funding for Program Offers 40024B and 40024C

Carol Simmons – NP, Chair of the Bargaining Unit for Multnomah County Public Health Nurses Oregon Nurses Association

Rob Nosse Labor Representative, Oregon Nurses Association

Good Evening Chair Wheeler and members of the Board of Commissioners. My name is Carol Simmons. I am here this evening on behalf of the Oregon Nurses Association and I am accompanied by Rob Nosse our Labor Representative and many school based health center supporters present in the audience.

We want you to keep the middle school clinics open, maintain the summer hours in the high schools, maintain mental health services in the high schools, and retain the Lincoln Park Elementary Clinic. We also hope that you will keep the East County Teen Clinic going as well.

I would like those of you who are here to support keeping these clinics open to please stand. Our testimony covers two topic areas: possible funding and misinformation that we think is helping to make this a cut that seems acceptable when it should not be.

With regard to funding.

If you can hobble together something for another year, we think there are opportunities to get grants from Hospital systems and insurance providers in this city. We know that the State Legislature has put \$2 million in its budget to help fund School Based Clinics. Certainly some of this money will flow to our County. The Governor's Healthy Kids Program will create a way to get reimbursed for visits that will provide needed revenue to help finance the operation of these clinics.

Plus, if the legislature cannot pass an increase in the tobacco tax outright it will be referred to the voters. Polling suggests that it would pass as long as the money from the tax is tied to children's programs. We can assure you that our organization will get behind that effort. We are actively working in Salem as we speak to try to make this happen.

With regard to the operations of the Middle School Clinics.

We have heard that part of the reason that this cut was offered to you was because the middle schools do not provide as comprehensive or as much service as the high schools. We think that analysis is wrong.

If the child is under the age of 14, parental permission must be obtained before the child can be seen and services are provided. This important step does slow things down. Many parents can not leave work to take their children to appointments as their jobs do not allow for sick time and money is very crucial to their existence. Tracking down the parent also adds to the time it takes because the nurse or the provider is the one tracking the parent down.

Children are pretty concrete thinkers and thus more time is needed to educate and evaluate their health care needs. Consider this. Is it easier to explain the same topic to someone 5 years old or someone 10 years or 12 years old? Can you do it in the same time with the same words? Now try to do the same with a parent that might only have a limited knowledge of the language, or the same educational level. These visits are time consuming and for a legitimate reason.

Additionally the provider is only in the clinic twice a week even though the clinics are open four days. If you add two clinics together which would be having a provider four days a week the numbers are almost doubled and are in the ballpark of a high school clinic.

Also, there is not a mental health counselor in these clinics and thus the provider or nurse are also evaluating and counseling for mental health needs as well. These kinds of visits are long and involved. Middle school and elementary students do not have access to high school mental health counseling services after these services were cut from the budget a few years ago. Much of the time spent with clients regardless of condition involves some counseling and evaluation.

We have recently employed an adolescent psychiatric mental health nurse practitioner and the majority of her students are middle school clients with severe mental health needs. With the cuts to the school based budget all these services will no longer be available.

In Conclusion

Our services are cost effective to the community. It is much wiser to provide health services in a school based clinic than having clients receiving these services in an emergency department. We pay for them in both arenas either by providing services or by having our health care costs escalate.

Again, please restore the funding for these programs. Look at some of the options that you have to bridge this for another year.

We thank you for your service and for listening.

#3

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Closure of SBHC services

FOR: _____ AGAINST: X THE ABOVE AGENDA ITEM

NAME: Liz Smith Currie

ADDRESS: 2524 NE 35th

CITY/STATE/ZIP: Portland OR 97212

PHONE: _____ DAYS: 503.595.8423 EVES: 503.288.5940

EMAIL: liz@osbhcn.org FAX: _____

SPECIFIC ISSUE: School based health center closures

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.



Oregon School-Based Health Care Network

Testimony before the Multnomah County Commission, May 8, 2007

My name is Liz Smith Currie and I am the policy director for the Oregon School-Based Health Care Network. I ask you to reconsider the proposal to close five school-based health centers and the summer clinic hours at Roosevelt, Grant and Parkrose High Schools. The Oregon School-Based Health Care Network is committed to working with you and the health department to find some solutions to help support these critically needed services.

The four middle and one elementary school school-based health centers identified for closure provide access to quality primary health care services to 2,500 students in Multnomah County. Because they are located at school and provide services regardless of a family's ability to pay, school health centers are a critical piece of our county's safety net.

In all, 1,520 children received care in the last school year through these five school centers. These children were seen for 5,486 visits. More than half of these children are uninsured. And those who are insured often face other barriers to access to care. Without these services, many of these children will not get the care they need. And the consequences of that are chilling. We hear stories from nurse practitioners who have caught life threatening conditions like cancers, diabetes or heart conditions in children who have never been to a health care provider before entering the school health center. School-based health centers overcome economic and social barriers to health care and get kids the care they need to stay healthy and in school.

This proposal comes at a time when both our state and federal policy makers are working to expand funding and revenue resources for school-based health centers. The Governor has made expanding school-health centers one of the cornerstone pieces of his health care reform plan. The Co-Chairs have expanded state support for school-based health centers as part of their budget. In addition, the Legislature will either pass or refer to voters the Healthy Kids insurance legislation, providing additional revenue from reimbursement for the county from those students who are enrolled in the Oregon Health Plan and receive other care through a managed care plan.

On the federal level, both Gordon Smith and Ron Wyden have separately introduced legislation making grants available to school-based health centers. We also believe there are other opportunities for partnerships for funding which have not yet adequately been explored.

If you close these centers, you can expect to see increases in drop-out rates, drug use, smoking, diabetes, pregnancy, hospitalization and other problems that school-based health centers address. I believe that this is unacceptable and hope that you will reconsider this proposal. Thank you

#4

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 05.08.07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: closure of SBHCS

FOR: _____ AGAINST: X THE ABOVE AGENDA ITEM

NAME: Cathy Kaufmann

ADDRESS: PO Box 14914

CITY/STATE/ZIP: Portland, OR 97293

PHONE: _____ DAYS: 503.236.9754 EVES: _____

EMAIL: Cathy@clfo.org FAX: _____

SPECIFIC ISSUE: School-based health centers

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#5

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/2007

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: _____

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Carmen M. Meler "MEELAR"

ADDRESS: 8706 N. Edison St.

CITY/STATE/ZIP: Portland, OR 97203

PHONE: _____ DAYS: (503) 916-5666 EVES: (503) 286-0604

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: School-based Health Clinics

WRITTEN TESTIMONY: Please keep the school based clinics open. They are an important asset to the schools and the community. The students need to have access to health care and health info at this very crucial stage.

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#6

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5-8-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: School based Health clinic

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Jonathan Frederick Marton

ADDRESS: 8602 N. Woolsey

CITY/STATE/ZIP: Portland, Oregon, 97203

PHONE: ~~503-286-2101~~ DAYS: 503-286-2101

EVES: 503-286-2101

EMAIL: _____

FAX: _____

SPECIFIC ISSUE: Do not close school based clinic

WRITTEN TESTIMONY: Kids need this clinic the nurses are nice, good people. They all ways do what they thinks is right. They have saved me from going to a hospital numerous times.

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#7

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 05/08/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Sadie Feibel

ADDRESS: S-E-I 3920 N Kerby

CITY/STATE/ZIP: Portland OR 97227

PHONE: _____ DAYS: 503-249-1721 EVES: _____

EMAIL: SadieF@selfenhancement.org FAX: 2

SPECIFIC ISSUE: Fund Touchstone

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#8

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 05/08/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Jay Breslow

ADDRESS: James John SUN School

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: 503.283.9652 EVES: _____

EMAIL: jayb@lifeworks-nw.org FAX: _____

SPECIFIC ISSUE: Fund Touchstone

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Mental Health Budget

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Ashar Seng

ADDRESS: 628 NE Sacramento

CITY/STATE/ZIP: Portland

PHONE: _____ DAYS: 287-4124 EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
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3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

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2. Written testimony will be entered into the official record.

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: May 8, 2007

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone Program Proposal to Eliminate Funding

FOR: _____ AGAINST: x THE ABOVE AGENDA ITEM

NAME: Joyce Harris Co-chair African American Alliance

ADDRESS: 2828 NE Alberta St.

CITY/STATE/ZIP: Portland, OR 97211

PHONE: _____ DAYS: (503) 816-3960 EVES: (503) 816-3960

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: The African American Alliance supports restoring funding
for the operation of the Touchstone Program.

WRITTEN TESTIMONY: The Touchstone Program provides a much needed system
of support to students, families, and schools to develop the capacity
of students and their families to successfully participate fully in
schools. The loss of this strong advocacy program will adversely impact
African American, Latino, and low income students and their families.
Restore the funding for this program!

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone Elimination

FOR: _____ AGAINST: ☒ THE ABOVE AGENDA ITEM

NAME: LINDA ADAMS

ADDRESS: 620 N Fremont

CITY/STATE/ZIP: PHD 97227

PHONE: 503 916-6171 DAYS: _____ EVES: 283-4303

EMAIL: ladams@pps.k12.or.us FAX: _____

SPECIFIC ISSUE: don't want to lose the school, parent, community, etc. support of Touchstone

WRITTEN TESTIMONY: I HIGHLY value the support Lynn (Touchstone) provides for students in school and how (she) provides the comfort/support for parents not conf. in schools

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#12

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 05.08.07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: OPI Funding

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Mudge Purcell

ADDRESS: 6514 SE 36th Ave

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 503 280 2626

EVES: 503 236 21810

EMAIL: mpurcell@pulpdx.org

FAX: _____

SPECIFIC ISSUE: OPI Funding

WRITTEN TESTIMONY: No

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#13

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: May 8th

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Teen Parent and Pregnancy Prevention

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Norma Xirum "Cereum"

ADDRESS: 11465 SE Pardee St

CITY/STATE/ZIP: Portland, OR 97266

PHONE: _____ DAYS: 503 761 0311 EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: No

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#14.

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: May 8th

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Teen Parent and Pregnancy Prevention

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Herminda Ramirez

ADDRESS: 10001 N Central St

CITY/STATE/ZIP: Portland, OR 97203

PHONE: DAYS: 503 286 0143 EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: No

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#15

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Health Department budget

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Bonnie Malone

ADDRESS: 8139 N. Fessenden St. #A

CITY/STATE/ZIP: Portland/OR 97203

PHONE: _____ DAYS: (503) 285-2043

EVES: _____

EMAIL: N/A

FAX: N/A

SPECIFIC ISSUE: support for the health department's budget

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

Submitted by Bonnie Thalone

Dear Commissioners,

As a youth representative and member of the Multnomah County Health Council, I regret that I was unable to testify at the county budget hearing today. However, I would like to continue advocating for Health Centers in this letter. In addition, as a Multnomah County resident and user of the clinics, I want you to know how valuable and necessary the continued availability of all of our School Based Health Clinics are to our community.

Based on my experience I can tell you first hand that for both myself, many of my friends and students that have clinics in their schools, they are not only beneficial, but also essential. For those without ones in their schools, they often visit ones nearby. With all of the resources and friendly staff that will really listen, a visit to the clinic can not only promote a healthy lifestyle, help with treatments and checkups, but for some, a visit to the clinic is what helps them get through the day.

More benefits of the SBHC include the close proximity and availability. You can often get appointments for the next day and for sure within the week, depending upon the issue. This kind of service is hard to come by at your own doctor and for many; they do not have a family doctor or insurance. The health care provided in the SBHCs can make all the difference. Parents also do not have to take off work to take their child to the doctor and kids do not have to miss a whole day of school, just a class period that they can easily make up.

Recently, I visited a couple of middle schools that do not have SBHCs. The staff there expressed the need for them, as the students there are in need of the benefits of the health centers just as much as the schools that do have them. Also, for middle school students that need to obtain a certain health service, the closest one may be a high school where they may not feel comfortable in an environment with older students. Because of this, they may be discouraged from receiving the healthcare that they need.

If more middle schools are hoping for their own health centers, certainly elementary schools are as well. Currently with one elementary SBHC, young students are at least able to receive healthcare directed at their age group and begin to feel comfortable interacting and talking with healthcare professionals. Children at this age can also be encouraged and introduced to healthy lifestyle practices like exercising and drinking water instead of soda. If we cannot reach kids at an early age with positive reinforcement of healthy living, the junk food and soda companies will. What we need as a community is for all of our schools to have SBHCs, not less.

The Health Centers both in and out of the schools are so very important to our community and all of the people in it. The services provided help everyone. Even if someone does not use the clinics directly, to have preventative care easily accessible for students decreases the burden on the pockets of taxpayers later. It would be amazing to provide health care to all who needed it free of charge or at little cost so no one would be without. I hope that that is not far in the future, but for now, continuing to have funding for our Health Centers and building more, not closing them down is the next best thing.

I understand that funding is a problem, but taking these resources away from our community will only make things worse and cost us more in the future. I hope that by reading this letter you will understand that our SBHCs are a key factor in helping teens like me, high school, middle and elementary students to become healthy adults. Such good things are happening because of our health centers. Please do not make the decision to close them! Thank you so much!

Sincerely,

Tejara Brown

#16

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 05/08/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: School health Based Centres

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Harold Oritimbo "ODE H ~~AND~~ BO"

ADDRESS: 6600 SW 30th Ave #62

CITY/STATE/ZIP: PORTLAND OR 97239

PHONE: _____ DAYS: 503-706-4582 EVES: re/n

EMAIL: re/n FAX: re/n

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: see attached copy

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#17

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: To fully fund the Touchstone Program

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Michael Horrigan BERGAN District #2

ADDRESS: 7439 N. Charleston

CITY/STATE/ZIP: Portland, OR 97203

PHONE: _____ DAYS: 503-916-6266 EVES: —

EMAIL: — FAX: —

SPECIFIC ISSUE: Please fully fund the Multnomah County Touchstone Program

WRITTEN TESTIMONY: testimony will be oral

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#18

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: May 8th, 2007

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Teen Parent and Pregnancy Prevention

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Federico Soto-Ramirez

ADDRESS: 10001 N Central St

CITY/STATE/ZIP: Portland, OR 97203

PHONE: DAYS: 503 286 0143

EVES: _____

EMAIL: _____

FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: ~~Yes~~ No

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

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19

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: May 8th 2007

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Teen Parent and Pregnancy Prevention

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Carlos Romero

ADDRESS: 4805 NE Glisan st

CITY/STATE/ZIP: Portland, OR 97213

PHONE: DAYS: (503) 215 1603 EVES: _____

EMAIL: Cromero@nwfs.org FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: Yes

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

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2. Written testimony will be entered into the official record.

#20

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 8 May 2007

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Elders in Action Advocacy

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Loree Bujin

ADDRESS: 5021 NE 48th Ave

CITY/STATE/ZIP: Portland OR 97218

PHONE: _____ DAYS: 503 249-8432 EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: putting of needs of children
and needs of fragile seniors & disabled

WRITTEN TESTIMONY: an unholy confederacy!

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

21

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 05.08.07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: School Based Health Centers

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Tom Sincic "Sin Sick"

ADDRESS: 3967 NE 39th Ave

CITY/STATE/ZIP: Portland, OR 97212

PHONE: DAYS: 503-282-3813

EVES: _____

EMAIL: SincicT@mindspring.com

FAX: _____

SPECIFIC ISSUE: We need School Based Health
Centers for all ages & summer services

WRITTEN TESTIMONY: _____

Attached

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

Tom Sincic, RN, Certified Family Nurse Practitioner
3967 NE 39th Ave.
Portland, Oregon 97212

5/08/07

Dear Chair Wheeler and Commissioners:

I am Tom Sincic and I live in Multnomah County. I have been mentoring children for 38 years. Many of them middle schoolers. I have been working in a school-based health center for 17 years. You all are keenly aware of the connection between health and learning. I live it everyday at work and at my home. Kids distracted in the classroom whether it be from asthma or worry cannot learn. Children that don't learn have life long problems that we as a community must address.

We all know that the earlier you address these problems the better it is. It makes no practical sense to cut these services in the places where they will do most good. The list of reasons is long and the list of alternatives is poor or nonexistent. We need to expand these clinics not close them.

The best health care is about relationships the staff at school clinics build relationships when addressing the health needs of these children. This is not found anywhere else.

No place provides preventive health services like these middle school clinics.

The best access for children and families is where the kids are and these kids have very limited mobility.

These are not school nurse services. Just this week I spoke to a 16 year old girl in my clinic who had been kicked out of her house and was worried about her 13 year old sister who had also been kicked out and was suicidal. The sister went to a middle school where there was a clinic. I called the nurse there and they got the 13 year old right in to assess her. The 16 year old was now less stressed and could focus on school and the sister was getting help.

Opportunities are looming on many fronts to find funding solutions for these clinics. I am personally committing myself to do this work beyond. We have the attention of Oregon's insurers, the state and federal legislators, and foundations. We need some time and the commitment of the commissioners and County Health Dept. to build the partnerships and find the funding. I know the temporary finances exist. We need you to make the commitment tonight to reinstate funding for the elementary and middle school clinics. It is the wave of the future.

Here is what my mentee of 9 years, Michael, has to say:

"I used to go to Portsmouth Middle School last year. The health clinic helped me out with many health tips. Jane the nurse gave me some tips of eating healthy food and exercise. The clinic made me feel better because I use to eat a lot of junk food and now I eat veggies and healthy food, the clinic means a lot to me and also to others.

They also help me to get my physical done to play sports. This allowed me to participate in football and also to go to summer camp where I could learn about horses.

The clinic helped me get to OHSU to get a special evaluation so I could get in Special Ed program. I am getting much better grades than last year and now have a 3.4 GPA the time because of this help.

The Clinic also helps sickness like some kids got allergies. When your eyes are red and itchy, they usually go to the clinic. If the clinic is not there, they would need to go home and waste school time and class time. With the clinic there they would give tips and help them out, like putting cold water on there eyes to make your eyes stop itchy, I told this story about "allergies", because it happened to me before. My eye's always were itchy so the clinic helped me out.

The Clinic in school is the best ever. It saves you from sickness and other things like being injured or needing be healthy. It is just a lot better to use a clinic in your school instead of going somewhere else because you get to know them and you get to stay in school.

I now stay healthy by playing tennis at Grant and continuing to eat healthy by staying away from fast food. I have clinic at Grant and I know how to use it if I need it but I am a lot healthier now because of what I learned at Portsmouth.

Students at Portsmouth need your help. There are now little kids going to Portsmouth and they will get to use the clinic too. Please don't close these clinics." Michael Nguyen

Sincerely,

Tom Sincic

#22

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 05/08/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: KEEP THE TOUCHSTONE PROGRAM

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM
NAME: LEMI SPEED PRINCIPAL - WOODLAWN SCHOOL

ADDRESS: 7200 NE 11th

CITY/STATE/ZIP: PORTLAND OR 97211

PHONE: _____ DAYS: 916-6282 EVES: _____

EMAIL: LSPEED@PPS.K12.OR.US FAX: 91626038

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#23

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: closure of School Based Health Clinics

FOR: _____ AGAINST: X THE ABOVE AGENDA ITEM

NAME: ROSARIO IRINEO

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#24

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: BUDGET PROPOSAL

FOR: _____ AGAINST: X THE ABOVE AGENDA ITEM

NAME: LYNEA D. WRIGHT

ADDRESS: 6552 SW 19th AVE. #103

CITY/STATE/ZIP: PORTLAND OR 97239

PHONE: DAYS: 503/490-1338 EVES: _____

EMAIL: lynea-wright@yahoo.com FAX: _____

SPECIFIC ISSUE: TOUCHSTONE PROGRAM ELIMINATION

WRITTEN TESTIMONY: I AM A MOTHER WHO HAS
BEEN PERSONALLY ASSISTED BY OUR SCHOOLS

TOUCHSTONE REPRESENTATIVE AND I FEEL THAT

BY CUTTING THIS PROGRAM YOU WILL ~~BE~~

BE PUTTING UP MORE AND MORE BARRIERS ~~TO~~

~~TO~~ RECEIVING AS WELL AS FINDING SERVICES
TO HELP FAMILIES IN NEED.

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

LONDER LEARNING CENTER

SPECIFIC BUDGET TOPIC: LONDER LEARNING CENTER

FOR: ~~FOR~~ AGAINST: ☒ THE ABOVE AGENDA ITEM

NAME: ADOLFO H. GONZALEZ

ADDRESS: 8213 SE 15 AVE

CITY/STATE/ZIP: PORTLAND ORE 97222

PHONE: DAYS: (503) 753-9384 EVES: SAME

EMAIL: NONE **FAX:** NONE

SPECIFIC ISSUE: TO SPEAK ON BEHALF OF
LONDER LEARNING CENTER

WRITTEN TESTIMONY: I AM A STUDENT AT
L.L.C. AND WOULD NOT BE ABLE
TO ATTEND CLASS IF IT WAS NOT IN
HERE BUDGET.

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#24

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 05/08/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Save Touchtone programme

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: ANANOOKO, Kodjo pascal KODU PASCAL

ADDRESS: 5035 N Fessenden Street ANANOOKO

CITY/STATE/ZIP: portland, OR 97203

PHONE: _____ DAYS: (503) 240-0031 EVES: _____

EMAIL: ananouko@yahoo.com FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: _____

Touchtone programme help all my 4
kids be success full in their are school.
The programme help the parents know
more about how they are kid doing at school.

IF YOU WISH TO ADDRESS THE BOARD:

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2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#27

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

LLC Budget

SPECIFIC BUDGET TOPIC: Londer Learning center budget

FOR: ~~YES~~ AGAINST: ☒ THE ABOVE AGENDA ITEM

NAME: Bobby Spackman

ADDRESS: 3933 SE 29th Ave

CITY/STATE/ZIP: Portland Oregon 97202

PHONE: ☒ DAYS: Mon/Fri EVES: Yes from 5-8

EMAIL: no FAX: no

SPECIFIC ISSUE: To speak on be Hafe on LLC

WRITTEN TESTIMONY: I'm student at Londer Learning center and I'm getting my G.E.D and if the program stoped every one would ~~loss~~ have a LOSS.

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#28

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: May 8 2007

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone Program

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Jesse Albright

ADDRESS: 7320 N Albina Ave

CITY/STATE/ZIP: Portland, OR. 97217

PHONE: _____ DAYS: 503-289-3536 EVES: _____

EMAIL: albrightsk@yahoo.com FAX: _____

SPECIFIC ISSUE: Keep Touchstone in the budget

WRITTEN TESTIMONY: 0

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#29

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5-8-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone

FOR: _____ AGAINST: X THE ABOVE AGENDA ITEM

NAME: Zenona Coronel

ADDRESS: 5229 N. Fessenden ST

CITY/STATE/ZIP: Portland OR 97203

PHONE: _____ DAYS: 503/240-6304 EVES: _____

EMAIL: Coronel1921@hotmail.com FAX: _____

SPECIFIC ISSUE: don't take touchstone away from
the most needy people our children.

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#30

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5-08-07

SUBJECT: Multnomah County 2007-2008 Budget

Lander Learning Center Budget

SPECIFIC BUDGET TOPIC: LLC

FOR: ☒ AGAINST: ☒ THE ABOVE AGENDA ITEM

NAME: Benny Jay Bales

ADDRESS: 2318 NE MLK Jr. Blvd.

CITY/STATE/ZIP: Portland, OR 97212

PHONE: DAYS: 503 453-6258 EVES: Brown

EMAIL: BennyBales7@yahoo.com FAX: _____

SPECIFIC ISSUE: To speak on behalf of LLC
To save there budget.

WRITTEN TESTIMONY: I'm a student from LLC
working on my GED.

Hopeing to help keep the program
a float. Thanks

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

(Continued from page 2)

service to better our lives and be able to get better jobs.

The LLC provides a great service for people on parole and probation and in treatment like VOA where I am in a rehabilitation program.

The Learning Center helps people to better our lives and stay out of jail.

Doug S, *student*

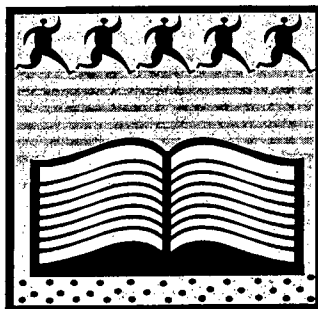
My name is Catherine and I am a student at the Londer Learning Center. I have been attending the Center for about one year, working towards getting my GED. I would like to some day to be able to have a good job. I am very thankful for all the help that I have been getting from the teachers, when they help me one on one. I feel that someday soon I will achieve my goal of getting my GED. Without the Londer Center, I could not afford to get my GED. I have friends who have gotten their GED here, also my P.O. wants me to go to school to stay out of trouble and help take care of my family.

Catherine K, *student*

My name is Benny. I am 27 years old and addicted to meth. I have 78 days clean. I have an 8th grade education. I've lived on the streets and been in jail. I'm in treatment looking for a better life. My chance at getting a GED will give me a lot of hope. That is why the Londer Center is im-

portant. For people like myself, it is hard to gain hope when you've felt like a failure most your teenage and adult life.

Benny B, *student*



My name is Hope. I am a student at the Londer Learning Center. I have been attending Londer for two years working towards getting my GED.

I want a good job so I can support my kids and make a good life for them. I like coming to the Learning Center, the teachers are awesome. There is one on one with the teachers. They work with my busy schedule. The teachers are always there to help me and want to see me achieve my goal of getting my GED.

Everywhere else it costs money to get your GED and here at the Londer Center it's free. I know since I've been coming here that a lot of people come here to learn and better themselves and keep out of trouble.

Hope L, *student*

I am a student at the Londer Learning Center. I work very hard to do well. I'm forty-one years

old, and a single mother. I'm very proud of myself. I will be doing some final testing soon. Wow! My GED. I'm not sure who's more excited me or my daughter. She is graduating next month from high school. She understands the importance of an education. I would love nothing more but to graduate with my daughter, and for other mothers to come.

Keady W, *student*

My name is LaMar, and I attend the Londer Learning Center. I am an ex-gang member and I'm only 18. I really would like to get my GED because I want to change my way of living. I won't let anything stop me from getting my education. By going to Londer, I can get it in an easier way. I can work and go to school for free so I can save money for my upcoming baby that will be here in 8 months.

I would like to have my own business and do a lot of positive things for myself. I'm tired of being tired.

The Learning Center is great. This school stuff comes once in a lifetime for people like myself.

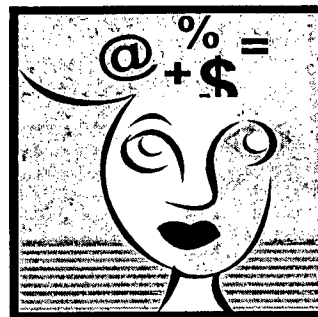
LaMar S, *student*

My name is Dion. I am a student at Londer Learning Center. It is a great school, with kind, caring teachers. The LLC gives a lot of people that are in A and D treatment and people on parole and probation a place to go for free schooling. Not everybody has money.

Dion C, *student*

My name is Theresa. I am only 21 years of age, and I only started thinking about going back to school because I made a few bad choices and went to jail. When that happened I opened my eyes and realized I'm on a path that would only have led me to failure. The judge told me that part of my stipulations on getting out of jail was I had to get my GED.

So I started going to classes. These classes are like a refresher course that helps me retrain my brain so I can be successful when I go to take the GED tests. I am so grateful for the opportunity to get these classes. The Londer Learning Center is not only helping me become successful in starting my new life, but hundreds of other people as well. Without having a high school diploma or GED, it is really hard to get a job to support yourself, and it is nearly impossible to provide for a family.



The Londer Center helps in a lot of ways, not only do they offer you services for a GED, but they also provide you with a lot of other programs that can pro-

(Continued on page 4)

#31

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5-8-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone - funding cuts

FOR: _____ AGAINST: X THE ABOVE AGENDA ITEM

NAME: Heather Hull

ADDRESS: 4 Woodmere Elementary 7900 SE Duke St

CITY/STATE/ZIP: Portland OR 97206

PHONE: _____ DAYS: 503 916 6373 EVES: 503 772 9154

EMAIL: hhull@pps.k12.or.us FAX: 503 916 2687

SPECIFIC ISSUE: Sharing our schools need and support to
keep touchstone in our schools.

WRITTEN TESTIMONY: oral testimony

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#32

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5-8-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: River patrol

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Robert Wilson

ADDRESS: 9626 S.W. 50th Ave

CITY/STATE/ZIP: Port. Or.

PHONE: _____ DAYS: 503 236-4134 EVES: 503 293-9375

EMAIL: meluuri@comcast.net FAX: _____

SPECIFIC ISSUE: Cut in budget

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#33

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone Funding

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Mollie Jackson

ADDRESS: 7439 N. Charleston

CITY/STATE/ZIP: Portland 97203

PHONE:

DAYS: none

EVENINGS: none

EMAIL:

none

FAX:

none

SPECIFIC ISSUE: Please fully fund the Multnomah
County Touchstone Program

WRITTEN TESTIMONY: oral testimony

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#34

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: To fully fund Touchstone

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Maria Lazzaro

ADDRESS: North Portland (District 2)

CITY/STATE/ZIP: 97203

PHONE: _____ DAYS: none EVES: none

EMAIL: none FAX: none

SPECIFIC ISSUE: Please fully fund the Multnomah County Touchstone program

WRITTEN TESTIMONY: testimony will be oral

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#35

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 8 MAY 07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Sheriff's Patrol Budget Cut

FOR: _____ AGAINST: X THE ABOVE AGENDA ITEM

NAME: David S. Ridley

ADDRESS: 50960 Dike Rd #20

CITY/STATE/ZIP: Scappoose OR 97056

PHONE: DAYS: 503 335 4968

EVES: 503 680 2987

EMAIL: DRSR@Teleport.Com

FAX: _____

SPECIFIC ISSUE: ~~For Review~~ Make sure The River patrol
is an active force in public service on the River

WRITTEN TESTIMONY: I would like to speak on the public
safety the River Patrol provides the economic
impact to Christmas ships & the Rose Festival
Fleet if we do not have the River Patrol

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#36

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 05-08-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: River Patrol

EOR: Donna Reilly AGAINST: THE ABOVE AGENDA ITEM Reilly

NAME: Donna Reilly 3896 14th Avenue Reilly

ADDRESS: 3896 14th Avenue Roseland OR 97212

CITY/STATE/ZIP: Roseland OR 97212

PHONE: 503-281-9350 DAYS: 503-281-9350 EVES:

EMAIL: reilly@multnomah.gov FAX:

SPECIFIC ISSUE: River Patrol Budget

WRITTEN TESTIMONY:

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#37

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5-8-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: SuX/

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Diane Feldt

ADDRESS: 5139 N. Lombard

CITY/STATE/ZIP: Portland, OR 97203

PHONE: DAYS: 503.285-9871 EVES:

EMAIL: diane.f@cascadiahbc.org FAX:

SPECIFIC ISSUE:

WRITTEN TESTIMONY: yes

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.



DELAUNAY ♦ 5139 N Lombard
Portland, Oregon 97203 ♦ phone: 503.285.9871 ♦ fax: 503.978.8640
May 8, 2007

TO: County Chair & Board Members
Multnomah County Board of Commissioners

FROM: Diane M. Feldt, Program Manager, Cascadia

I am Diane Feldt and I am a program manager at Cascadia with oversight of Region I of the SUN Service System, the Sexual Minority Youth Resource Center (SMYRC), and through a management agreement, the Portland House of Umoja. I wish to thank Chair Wheeler for including all of these in his budget and the full Board for your support.

I facilitate a monthly informal gathering of providers and other interested folks in North Portland that happened to meet this afternoon. As we chatted the challenge of providing structured activities for the 1,000 or so youth in New Columbia and the spontaneous gatherings of youth we saw in some areas last summer came-up. The Crime Prevention member of the group said these gatherings have a tendency to get violent with a large group beating one youth down to the ground. Leslie Esinga, a Community Builder at New Columbia, said the lines between high risk, at risk and other labels are becoming blurred. She used the example of one of her two daughters. This young lady is doing well in school and tends to be social. She has a girlfriend who was jumped and who then told her she needed to protect herself. Some time after that she told her Mom, Leslie, she had a shank. It took four days but Leslie finally got her to produce this "shank." Leslie then produced a knife from her handbag, an evil looking thing with a switchblade button and a curved blade about three inches long and an inch thick. She explained to her daughter what could happen if this was used in a mindless fit of rage. She keeps the knife with her to ensure her daughter does not have access. From Leslie's description her daughter would not fit under the various "risk," labels, she seems an ordinary teenage girl. The threat of youth on youth violence is real and pervasive and I suspect not unique to only some neighborhoods. The reaction of this one young woman to such threats is probably the rule rather than the exception.

The youth who gather in these flash mobs get there through text messaging and cell phones. It only takes one or two troublemakers in that context for things to escalate and for the mob mindset to take charge.

SUN Services focus on academic achievement and Gang Prevention addresses high risk youth not yet caught-up in the Juvenile Justice System. As the SUN Coordinating Council and then you as a Board, review plans for the contingency fund to address gaps left by the loss of Touchstone, please consider these stories and try to craft something with the flexibility to begin to respond and provide the skills youth need not to get caught-up in the violence.

#38

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: To fully fund the Touchstone Program

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Celia Tovar

ADDRESS: North Portland (District #2)

CITY/STATE/ZIP: Portland 97203

PHONE: DAYS: none EVES: none

EMAIL: none FAX: none

SPECIFIC ISSUE: Please fully fund the Touchstone Program

WRITTEN TESTIMONY: testimony will be oral

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

#39

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 05.08.07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Drug Enforcement Multnomah CO.

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Frank Romo, ROMANACALI

ADDRESS: 1111 SW 2nd ave

CITY/STATE/ZIP: Portland OREGON

PHONE: DAYS: 503-234-5300 EVES: 503-969-2580

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: Drug Enforcement Mult. CO.
POCN Task Force.

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

April 16, 2007

Chair Ted Wheeler
Multnomah County Board of County Commissioners
501 SE Hawthorne, Suite 600
Portland, OR 97214

Dear Mr. Wheeler:

My name is Frank Romanaggi. I am a Portland Police Bureau Commander and the Director of the Regional Organized Crime Narcotics Task Force, also known as ROCN. I am writing you concerning recent information I have heard about the proposed budget from the Multnomah County Sheriff's Office which would drastically reduce law enforcement, including the elimination of the Multnomah County Sergeant position assigned to the ROCN Task Force. The proposal would also drastically reduce the Multnomah Co. Sheriff's Special Investigations Unit.

The reduction of the Multnomah Co. Sergeant assigned to the ROCN Task Force will reduce the supervisor/investigator ratio at ROCN from 1:6, to 1 supervisor for 12 investigators. This will greatly affect the ability of ROCN investigators to effectively investigate drug trafficking with the support and proper direction from an experienced and educated supervisor that Multnomah Co. Sheriff's Office has been providing to ROCN for over 20 years. The Multnomah Co. Sheriff's Office has been an integral part of the ROCN Task Force for over 20 years. Previously, the Multnomah Co. Sheriff's Office had assigned both a Sergeant and Deputy to ROCN. The Deputy position was eliminated due to budget cuts approximately 10 years ago. I would strongly appeal to you to maintain funding of the Multnomah County Sergeant position assigned to the ROCN Task Force for the benefit of all Multnomah County residents to continue safe and successful drug enforcement efforts in Multnomah County.

The ROCN Task Force is an integral part of the drug enforcement effort in Multnomah County, as ROCN's focus is on major drug investigations and significant drug traffickers, networks, or organizations that sell, distribute, manufacture, or traffic illegal drugs in the ROCN four-county region of Multnomah Co., Clackamas Co., Washington Co., and Columbia Co. The ROCN Task Force is the oldest (21 yrs) and is considered one of the most effective drug task forces in the state of Oregon. ROCN is made up of 19 law enforcement agencies, including the Sheriff Offices & District Attorney Offices of Multnomah Co., Clackamas Co., Washington Co., and Columbia Co., as well as the Portland Police Bureau, Lake Oswego P.D., Gresham P.D., Tigard P.D., Oregon State Police, Portland FBI, Portland DEA, Customs & Immigration Enforcement, and the U.S. Attorney's Office for the state of Oregon. The elected and appointed leader of each of these agencies is a member of the ROCN Management Team, which regularly meets and oversees the management and direction of ROCN. The ROCN Task Force provides

drug enforcement service to 1.5 million citizens which is 44% of the state of Oregon's population that lives in the four counties and four cities listed above. The agents assigned to ROCN perform their duties in a professional manner working, sharing, and coordination information with all law enforcement agencies throughout the state of Oregon to enhance and maximize the drug enforcement efforts in the investigations we are involved in or where we can assist.

ROCN has had great success over the past several years, and in 2006 ROCN had its largest cocaine seizure of approximately 97 pounds of cocaine. In addition, 54 pounds of methamphetamine, 10.5 lbs of heroin, and 3,400 pounds of marijuana were also seized for a total street value of 9.1 million dollars. In the past five years, ROCN has seized over 70 million dollars worth of drugs and seized assets valued at over 8 million dollars from the four-county region that ROCN operates in. The Multnomah County Sheriff's Office has been an integral part of ROCN's success, as Multnomah County provides an experienced, educated Sergeant to lead and direct these complicated investigations with great success. The Multnomah County Sheriff's Office Special Investigations Unit (SIU) is also integral to the success of ROCN, as the SIU team provides surveillance assistance and search warrant service assistance in cases ROCN investigates in Multnomah County. The Multnomah Co. SIU team worked with ROCN on 10 major federal investigations this past year. All of these investigations ended with federal drug seizure amounts and suspects being indicted on federal drug charges for the distribution of heroin, methamphetamine, cocaine, ecstasy, and marijuana. The ROCN Task Force would not have been able to complete these investigations in such a professional and successful manner without the support of the Multnomah Co. SIU team, as the stability of the Multnomah Co. SIU team is crucial to successful drug enforcement to the citizens of Multnomah County.

If you have any questions about the current operations of ROCN, please call me as I would like to address any questions you have about ROCN. My intentions are to support the Multnomah County Sheriff's Office drug enforcement efforts in Multnomah County, as there is an increasing number of drug trafficking organizations locating in Multnomah County area as the population increases in this area. ROCN investigators have identified and targeted 37 drug trafficking organizations in the Multnomah County area in the past three years, and this number is increasing monthly.

I have included a PowerPoint CD highlighting ROCN's 2006 accomplishments, and also ROCN's statistics for the past five years of drug seizures and activities to give you an indication of the productivity of the ROCN Task Force and the impact ROCN has on the drug traffickers in our four-county region with the Multnomah County Sheriff's Office Sergeant position assigned to the ROCN Task Force and the support of the Multnomah Co. Sheriff's Office SIU Team. Again, I would strongly appeal to you to maintain funding for the both the Multnomah County Sheriff's Sergeant position assigned to the ROCN Task Force, and the Multnomah County Sheriff's Office Special Investigations Unit; as they are crucial to successful, safe drug enforcement to the citizens of Multnomah County.

Sincerely,

Frank Romanaggi, Director
ROCN Task Force

**Oregon State Medical Examiner
Department of State Police
Drug Related Deaths 2005**

County	Heroin	Cocaine	Meth	Combination	Total Deaths
BAKER	0	0	0	0	1
BENTON	1	0	1	0	2
CLACKAMAS	4	4	4	1	11
CLATSOP	0	0	1	0	1
COLUMBIA	0	0	1	0	1
COOS	0	0	2	0	2
CROOK	0	0	0	0	1
DESCHUTES	1	2	5	1	7
DOUGLAS	0	0	3	0	3
HOOD RIVER	1	0	0	0	1
JACKSON	3	0	5	1	7
JEFFERSON	0	1	3	1	3
JOSEPHINE	1	1	4	0	6
KLAMATH	1	0	1	0	2
LAKE	0	1	0	0	1
LANE	5	1	9	0	15
LINCOLN	0	1	4	0	5
LINN	1	0	4	0	5
MARION	6	1	10	3	14
MORROW	0	0	1	0	1
MULTNOMAH	58	42	18	29	93
POLK	2	0	0	0	2
UMATILLA	1	0	4	1	4
WASHINGTON	1	2	2	0	5
YAMHILL	0	0	4	0	4
	86	56	86	37	197

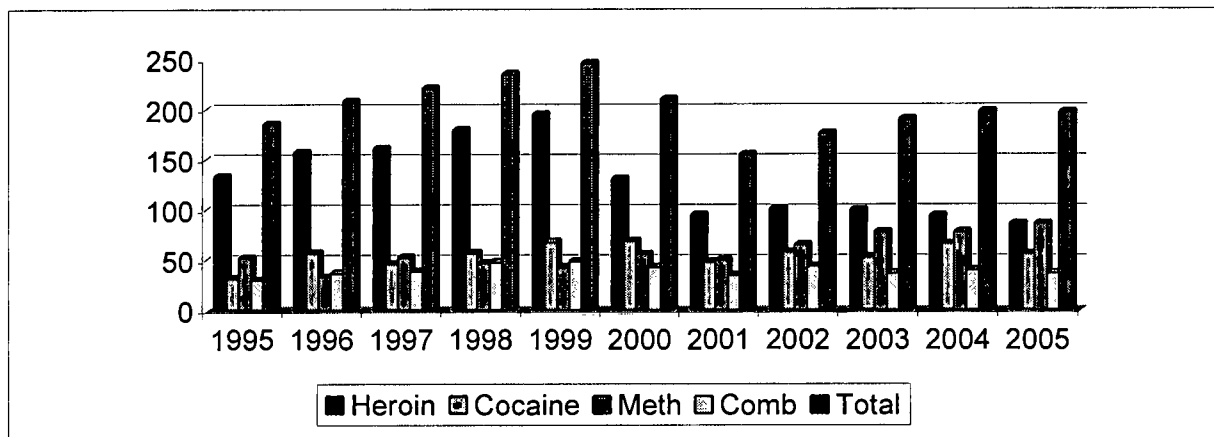


Drug Related Deaths
Totals for 1995- 2005

	Heroin	Cocaine	Meth	Comb	Total
1995	133	32	52	30	185
1996	157	57	33	37	208
1997	161	46	53	39	221
1998	179	57	47	48	235
1999	195	68	43	49	246
2000	131	69	56	43	210
2001	95	48	50	35	155
2002	101	58	65	44	176
2003	100	53	78	37	190
2004	94	66	78	40	198
2005	86	56	86	37	197

Previous year change

-8% -15% +10% -7% 0%



Please note: The above numbers are not cumulative, but frequency involved.
Do not try to add each row to come up with the total.
The TOTAL represents the number of actual people that have died. The individual
drugs represents their frequency of use in the total number of deaths.

**Oregon State Medical Examiner
Department of State Police
Drug Related Deaths 2004**

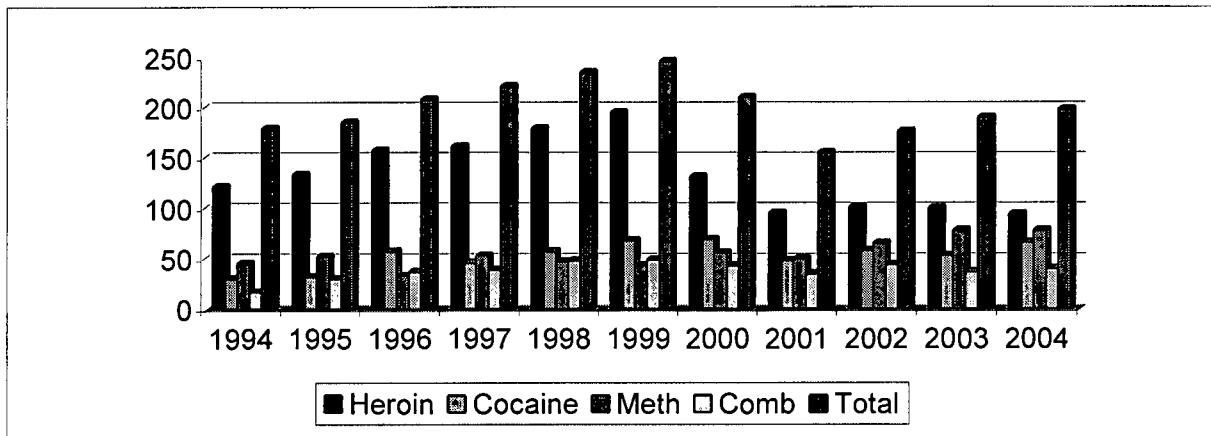
County	Heroin	Cocaine	Meth	Combination	Total Deaths
BAKER	0	0	1	0	1
BENTON	2	0	0	0	2
CLACKAMAS	5	4	5	3	12
CLATSOP	1	1	1	1	2
COLUMBIA	0	0	1	0	1
COOS	0	0	2	0	2
CROOK	0	0	1	0	1
CURRY	1	0	0	0	1
DESCHUTES	1	0	2	0	3
DOUGLAS	0	0	3	0	3
GRANT	0	0	1	0	1
JACKSON	4	0	4	1	7
JOSEPHINE	2	0	2	0	4
KLAMATH	0	0	1	0	1
LANE	6	3	10	2	16
LINCOLN	0	0	3	0	3
LINN	0	0	1	0	1
MARION	4	3	4	1	10
MULTNOMAH	64	47	27	30	108
POLK	0	0	1	0	1
TILLAMOOK	0	1	2	0	3
WASHINGTON	3	6	4	2	11
YAMHILL	1	1	2	0	4
	94	66	78	40	198



	Heroin	Cocaine	Meth	Comb	Total
1994	121	30	45	17	179
1995	133	32	52	30	185
1996	157	57	33	37	208
1997	161	46	53	39	221
1998	179	57	47	48	235
1999	195	68	43	49	246
2000	131	69	56	43	210
2001	95	48	50	35	155
2002	101	58	65	44	176
2003	100	53	78	37	190
2004	94	66	78	40	198

Previous year change

-6% +24% 0% +8% +4%



Please note: The above numbers are not cumulative, but frequency involved.

DRUG SEIZURES

CALENDAR YEAR 2002

	1st QTR		2nd QTR		3rd QTR		4th QTR		FY TOTALS	
DRUG TYPE	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)
COCAINE	3752	\$ 375,200.00	84	\$ 8,400.00	634	\$ 63,400.00	20631	\$ 2,063,100.00	25101	\$ 2,510,100.00
CRACK		\$ -	37	\$ 3,700.00		\$ -		\$ -	37	\$ 3,700.00
MARIJUANA	312272	\$ 3,122,720.00	9390	\$ 93,900.00	59631	\$ 596,310.00		\$ -	381293	\$ 3,812,930.00
PLANTS OF MARIJUANA	113	\$ 11,300.00							113	\$ 11,300.00
	30	\$ 60,000.00		\$ -		\$ -		\$ -	30	\$ 60,000.00
OTHER DRUGS	##		##		*					
	681	\$ 130.00	4	\$ 2.00	29	\$ 150.00		\$ -		\$ 282.00
OTHER DRUGS	**				#					
	16	\$ 240.00		\$ -	57	\$ 100.00		\$ -		\$ 340.00
PSEUDO-EPHEDRINE	70433	\$ 406,000.00	11	\$ 1,188.00	276	\$ 844.00	413	\$ 1,266.00	71133	\$ 409,298.00
ECSTACY MDMA		\$ -	29	\$ 725.00		\$ -		\$ -	29	\$ 725.00
METH		\$ -	140	\$ 11,200.00	1	\$ 80.00	5577	\$ 446,160.00	5718	\$ 457,440.00
HEROIN	403	\$ 68,510.00	204	\$ 34,680.00	426	\$ 72,420.00	3768	\$ 640,560.00	4801	\$ 816,170.00
TOTAL EST. VALUES		\$ 4,044,100.00		\$ 153,795.00		\$ 733,304.00		\$ 3,151,086.00	TOTAL	\$ 8,082,285.00

SEIZED DRUGS KEY:

DRUG	STREET COST PER GRAM/PLANT/PILL
COCAINE	\$ 100.00
CRACK	\$ 100.00
MARIJUANA	\$ 10.00
PLANTS/MARIJUANA	\$ 2,000.00

DRUG	STREET COST PER GRAM/PLANT/PILL
OTHER DRUGS	\$ 25.00
METHAMPHETAMINE	\$ 80.00
HEROIN	\$ 170.00
ECSTACY (MDMA)	\$ 25.00

** HASHISH
* HYDROCODONE (tabs)

IODINE
CARISOPRODOL (tabs)

ROCN ACTIVITIES

CALENDAR YEAR 2002

	1ST QTR	2ND QTR	3RD QTR	4TH QTR	FY TOTALS
ACTIVITY	NUMBER	NUMBER	NUMBER	NUMBER	TOTAL
ARRESTS/INDICTMENTS:	23	11	24	10	68
IN CUSTODY	23	11	24	10	68
NOT IN CUSTODY	0	0	0	0	0
ARRESTS STATE	7	7	11	11	36
ARRESTS FEDERAL	11	4	11	23	49
CASE ASSISTED ARRESTS	5	0	2	0	7
PROSECUTIONS CLOSED:	9	12	9	2	32
STATE	7	10	8	0	25
FEDERAL	2	2	1	2	7
WEAPONS SEIZED:	VALUE \$ 1,175.00	VALUE \$ 500.00	VALUE \$ 600.00	VALUE	VALUE \$ 2,275.00
GUNS	5	1	5	4	15
OTHER	0	0	0	0	0
AIRCRAFT			\$ 435,000.00		\$ 435,000.00
BOATS			\$ 7,000.00		\$ 7,000.00
CASH SEIZED	\$ 128,000.00		\$ 126,800.00	\$ 489,875.00	\$ 744,675.00
PERSONAL PROPERTIES					\$ -
REAL PROPERTIES			\$ 200,000.00		\$ 200,000.00
VEHICLES	\$ 71,000.00	\$ 30,000.00	\$ 72,000.00	\$ 84,500.00	\$ 257,500.00

DRUG SEIZURES

CALENDAR YEAR 2003

	1st QTR		2nd QTR		3rd QTR		4th QTR		FY TOTALS	
DRUG TYPE	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)
COCAINE	10712	\$ 1,071,200.00	425	\$ 42,500.00	6688	\$ 668,800.00	1664	\$ 166,400.00	19489	\$ 1,948,900.00
CRACK	6	\$ 600.00		\$ -		\$ -		\$ -	6	\$ 600.00
MARIJUANA	42015	\$ 420,150.00	11800	\$ 118,000.00	21412	\$ 214,120.00	13932	\$ 139,320.00	89159	\$ 891,590.00
PLANTS OF MARIJUANA		\$ -		\$ -	49	\$ 98,000.00	6864	\$ 13,728,000.00	6913	\$ 13,826,000.00
OTHER DRUGS *	2	\$ 30.00		\$ -		\$ -		\$ -	2	\$ 30.00
OTHER DRUGS **	2	\$ 100.00		\$ -		\$ -		\$ -	2	\$ 100.00
PSEUDO-EPHEDRINE	311	\$ 1,200.00		\$ -		\$ -			311	\$ 1,200.00
ECSTACY MDMA		\$ -		\$ -		\$ -		\$ -	0	\$ -
METH	276	\$ 22,080.00	478	\$ 38,240.00	1515	\$ 121,200.00	1433	\$ 114,640.00	3702	\$ 296,160.00
HEROIN	1307	\$ 222,190.00	362	\$ 61,540.00	3300	\$ 561,000.00	1136	\$ 193,120.00	6105	\$ 1,037,850.00
TOTAL EST. VALUES		\$ 1,737,550.00		\$ 260,280.00		\$ 1,663,120.00		\$ 14,341,480.00	TOTAL	\$ 18,002,430.00

SEIZED DRUGS KEY:

DRUG	STREET COST PER GRAM/PLANT/PILL
COCAINE	\$ 100.00
CRACK	\$ 100.00
MARIJUANA	\$ 10.00
PLANTS/MARIJUANA	\$ 2,000.00

DRUG	STREET COST PER GRAM/PLANT/PILL
OTHER DRUGS	\$ 25.00
METHAMPHETAMINE	\$ 80.00
HEROIN	\$ 170.00
ECSTACY (MDMA)	\$ 25.00

* HASHISH

** MUSHROOMS

ROCN ACTIVITIES

CALENDAR YEAR 2003

	1ST QTR	2ND QTR	3RD QTR	4TH QTR	FY TOTALS
ACTIVITY	NUMBER	NUMBER	NUMBER	NUMBER	TOTAL
ARRESTS/INDICTMENTS:	13	10	18	19	60
IN CUSTODY	13	10	18	19	60
NOT IN CUSTODY	0	0	0	0	0
ARRESTS STATE	3	7	6	3	19
ARRESTS FEDERAL	9	3	12	14	38
CASE ASSISTED ARRESTS	1	0	0	2	3
PROSECUTIONS CLOSED:	7	7	7	7	28
STATE	5	6	6	2	19
FEDERAL	2	1	1	5	9
WEAPONS/PROPERTY SEIZED					
GUNS	3	1	6	14	24
OTHER WEAPONS	0	0	0	0	0
AIRCRAFT	\$ -	\$ -	\$ -	\$ -	\$ -
BOATS	\$ 7,000.00	\$ 7,000.00	\$ -	\$ 43,500.00	\$ 57,500.00
CASH SEIZED	\$ 217,226.39	\$ 287,099.00	\$ 511,385.74	\$ 390,283.00	\$ 1,405,994.13
PERSONAL PROPERTIES	\$ -	\$ -	\$ 5,830.00	\$ 13,560.00	\$ 19,390.00
REAL PROPERTIES	\$ -	\$ -	\$ 90,000.00	\$ -	\$ 90,000.00
VEHICLES	\$ 196,275.00	\$ 63,000.00	\$ 136,920.00	\$ 153,140.00	\$ 549,335.00

DRUG SEIZURES

CALENDAR YEAR 2004

	1st QTR		2nd QTR		3rd QTR		4th QTR		FY TOTALS	
DRUG TYPE	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)
COCAINE	28	\$ 2,800.00	6781	\$ 678,100.00	777	\$ 77,730.00	2157	\$ 215,690.00	9743	\$ 974,320.00
CRACK	43	\$ 4,254.00	52	\$ 5,200.00	28	\$ 2,835.00		\$ -	123	\$ 12,289.00
MARIJUANA	1072084	\$ 10,720,836.00	587073	\$ 5,870,730.00	2550	\$ 25,500.00	29254	\$ 292,542.00	1690961	\$ 16,909,608.00
PLANTS OF MARIJUANA		\$ -	[413] 187337	\$ 826,000.00	[374] 169646	\$ 748,000.00	[139] 63050	\$ 278,000.00	420034	\$ 1,852,000.00
OTHER DRUGS		\$ -		\$ -			* 127/19	\$ 568.00		\$ 568.00
OTHER DRUGS		\$ -		\$ -	** 20	\$ 500.00	*** 5	\$ 750.00		\$ 1,250.00
PSEUDO-EPHEDRINE		\$ -		\$ -	26	\$ 971.00	293	\$ 4,139.00	319	\$ 5,110.00
ECSTACY MDMA		\$ -	300	\$ 7,500.00		\$ -	2492	\$ 62,300.00	2792	\$ 69,800.00
METH	254	\$ 20,352.00	2333	\$ 186,640.00	7211	\$ 576,884.00	5760	\$ 460,799.20	15558	\$ 1,244,675.20
HEROIN	502	\$ 85,340.00	9515	\$ 1,617,550.00	24036	\$ 4,086,041.80	14	\$ 2,380.00	34067	\$ 5,791,311.80
TOTAL EST. VALUES		\$ 10,833,582.00		\$ 9,191,720.00		\$ 5,518,461.80		\$ 1,317,168.20	TOTAL	\$ 26,860,932.00

SEIZED DRUGS KEY:

DRUG	STREET COST PER GRAM/PLANT/PILL
COCAINE	\$ 100.00
CRACK	\$ 100.00
MARIJUANA	\$ 10.00
PLANTS/MARIJUANA	\$ 2,000.00

DRUG	STREET COST PER GRAM/PLANT/PILL
OTHER DRUGS	\$ 25.00
METHAMPHETAMINE	\$ 80.00
HEROIN	\$ 170.00
ECSTACY (MDMA)	\$ 25.00

** Oxycontin pills
* Vicodin/Soma pills

***Testosterone (bottles)

ROCN ACTIVITIES

CALENDAR YEAR 2004

	1ST QTR	2ND QTR	3RD QTR	4TH QTR	FY TOTALS
ACTIVITY	NUMBER	NUMBER	NUMBER	NUMBER	TOTAL
ARRESTS/INDICTMENTS:	15	15	31	12	73
IN CUSTODY	15	15	28	12	70
NOT IN CUSTODY	0	0	3	0	3
ARRESTS STATE	0	7	7	2	16
ARRESTS FEDERAL	14	7	12	8	41
CASE ASSISTED ARRESTS	1	1	12	2	16
PROSECUTIONS CLOSED:	6	6	9	10	31
STATE	3	5	4	7	19
FEDERAL	3	1	5	3	12
WEAPONS/PROPERTY SEIZED					
GUNS	107	7	16	3	133
OTHER WEAPONS	0	0	0	0	0
AIRCRAFT	\$ -	\$ -	\$ -	\$ -	\$ -
BOATS	\$ -	\$ 3,500.00	\$ -	\$ -	\$ 3,500.00
CASH SEIZED	\$ 48,868.90	\$ 63,137.00	\$ 55,910.00	\$ 257,296.00	\$ 425,211.90
PERSONAL PROPERTIES	\$ -	\$ -	\$ -	\$ 26,500.00	\$ 26,500.00
REAL PROPERTIES	\$ 275,000.00	\$ -	\$ -	\$ 400,000.00	\$ 675,000.00
VEHICLES	\$ 291,500.00	\$ 51,480.00	\$ 110,730.00	\$ 42,000.00	\$ 495,710.00

DRUG SEIZURES

CALENDAR YEAR 2005

	1st QTR		2nd QTR		3rd QTR		4th QTR		FY TOTALS	
DRUG TYPE	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)
COCAINE	1348	\$ 134,814.00	339	\$ 33,900.00	39103	\$ 3,910,300.00	42	\$ 4,200.00	40832	\$ 4,083,214.00
CRACK		\$ -		\$ -	5	\$ 500.00		\$ -	5	\$ 500.00
MARIJUANA	2000	\$ 20,000.00	58536	\$ 585,360.00	7484	\$ 74,840.00		\$ -	68020	\$ 680,200.00
PLANTS OF MARIJUANA	[375] 170100	\$ 750,000.00	[165] 74844	\$ 330,000.00	[213] 96617	\$ 426,000.00		\$ -	341561	\$ 1,506,000.00
OTHER DRUGS	* 100/72	\$ 484.00	* 35/0	\$ 140.00	# 20986	\$ 55,782.00		\$ -		\$ 56,406.00
OTHER DRUGS	** 55	\$ 195.00	** 117	\$ 2,721.00	## 56	\$ 400.00		\$ -		\$ 3,316.00
PSEUDO-EPHEDRINE		\$ -		\$ -	*** 20412	\$ 500,000.00				\$ 500,000.00
ECSTACY MDMA	3002	\$ 75,050.00		\$ -	13	\$ 325.00	18	\$ 450.00	3033	\$ 75,825.00
METH	963	\$ 77,026.40	702	\$ 56,160.00	2580	\$ 206,400.00	227	\$ 18,160.00	4472	\$ 357,746.40
HEROIN	195	\$ 33,112.60	7	\$ 1,190.00	0	\$ -		\$ -	202	\$ 34,302.60
TOTAL EST. VALUES		\$ 1,090,682.00		\$ 1,009,471.00		\$ 5,174,547.00		\$ 22,810.00	TOTAL	\$ 7,297,510.00

SEIZED DRUGS KEY:

DRUG	STREET COST PER GRAM/PLANT/PILL
COCAINE	\$ 100.00
CRACK	\$ 100.00
MARIJUANA	\$ 10.00
PLANTS/MARIJUANA	\$ 2,000.00

DRUG	STREET COST PER GRAM/PLANT/PILL
OTHER DRUGS	\$ 25.00
METHAMPHETAMINE	\$ 80.00
HEROIN	\$ 170.00
ECSTACY (MDMA)	\$ 25.00

* Vicodin/Soma pills

** Oxycontin/Hydrocodone/Percocet pills

Rx Pain Pills

Mushrooms

[#] # of plants

ROCN ACTIVITIES

CALENDAR YEAR 2005

	1ST QTR	2ND QTR	3RD QTR	4TH QTR	FY TOTALS
ACTIVITY	NUMBER	NUMBER	NUMBER	NUMBER	TOTAL
ARRESTS/INDICTMENTS:	18	18	25	15	76
IN CUSTODY	18	18	25	15	76
NOT IN CUSTODY	0	0	0	0	0
ARRESTS STATE	9	8	8	4	29
ARRESTS FEDERAL	9	8	17	7	41
CASE ASSISTED ARRESTS	0	2	0	4	6
PROSECUTIONS CLOSED:	3	7	8	5	23
STATE	2	3	3	2	10
FEDERAL	1	4	5	3	13
WEAPONS/PROPERTY SEIZED					
GUNS	5	4	10	0	19
OTHER WEAPONS	0	1	0	0	1
AIRCRAFT	\$ -	\$ -	\$ -	\$ -	\$ -
BOATS	\$ -	\$ -	\$ -	\$ -	\$ -
CASH SEIZED	\$ 3,160.00	\$ 250,748.00	\$ 593,297.00	\$ 105,721.83	\$ 952,926.83
PERSONAL PROPERTIES	\$ -	\$ 23,200.00	\$ 180,580.00	\$ -	\$ 203,780.00
REAL PROPERTIES	\$ 250,000.00	\$ -	\$ -	\$ -	\$ 250,000.00
VEHICLES	\$ 35,000.00	\$ 82,860.00	\$ 101,000.00	\$ 47,500.00	\$ 266,360.00

DRUG SEIZURES

CALENDAR YEAR 2006

	1st QTR		2nd QTR		3rd QTR		4th QTR		FY TOTALS	
DRUG TYPE	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)	QUANTITY GRAMS	STREET VALUE (EST.)
COCAINE	17384	\$ 1,738,400.00	22609	\$ 2,260,900.00	1922	\$ 192,200.00	2142	\$ 214,200.00	44057	\$ 4,405,700.00
CRACK		\$ -		\$ -		\$ -		\$ -	0	\$ -
MARIJUANA	1361	\$ 13,610.00	3122	\$ 31,220.00	6577	\$ 65,770.00	5444	\$ 54,440.00	16504	\$ 165,040.00
PLANTS OF MARIJUANA		\$ -	[53] 24041	\$ 106,000.00	[2547] 1155319	\$ 1,273,500.00		\$ -	1179360	\$ 1,379,500.00
OTHER DRUGS	* 29	\$ 120.00	### 40	\$ 1,200.00	** 54	\$ 1,800.00	** 36	\$ 1,200.00	159	\$ 4,320.00
OTHER DRUGS	## 17237	\$ 500.00		\$ -		\$ -		\$ -	17237	\$ 500.00
PSEUDO-EPHEDRINE	# 3000	\$ 300,000.00		\$ -		\$ -			3000	\$ 300,000.00
ECSTACY MDMA	1250	\$ 31,250.00		\$ -	20	\$ 500.00	2900	\$ 72,500.00	4170	\$ 104,250.00
METH	1213	\$ 97,040.00	11963	\$ 957,040.00	9880	\$ 790,400.00	1587	\$ 126,960.00	24643	\$ 1,971,440.00
HEROIN	34	\$ 5,780.00	4741	\$ 805,970.00	27	\$ 4,590.00		\$ -	4802	\$ 816,340.00
TOTAL EST. VALUES		\$ 2,186,700.00		\$ 4,162,330.00		\$ 2,328,760.00		\$ 469,300.00	TOTAL	\$ 9,147,090.00

SEIZED DRUGS KEY:

DRUG	STREET COST PER GRAM/PLANT/PILL
COCAINE	\$ 100.00
CRACK	\$ 100.00
MARIJUANA	\$ 10.00
PLANTS/MARIJUANA	\$ 2,000.00

DRUG	STREET COST PER GRAM/PLANT/PILL
OTHER DRUGS	\$ 25.00
METHAMPHETAMINE	\$ 80.00
HEROIN	\$ 170.00
ECSTACY (MDMA)	\$ 25.00
ECSTACY (MDMA) POWDER	\$ 100.00

* Rx Pain Pills (Oxycontin, Vicodin, ect.)

MSM

** Opium

MDMA Powder

ROCN ACTIVITIES

CALENDAR YEAR 2006

	1ST QTR	2ND QTR	3RD QTR	4TH QTR	FY TOTALS
ACTIVITY	NUMBER	NUMBER	NUMBER	NUMBER	TOTAL
ARRESTS/INDICTMENTS:	10	31	17	8	66
IN CUSTODY	10	31	17	7	65
NOT IN CUSTODY	0	0	0	1	1
ARRESTS STATE	2	10	6	0	18
ARRESTS FEDERAL	7	14	11	6	38
CASE ASSISTED ARRESTS	1	7	0	2	10
PROSECUTIONS CLOSED:	4	14	5	11	34
STATE	1	8	3	4	16
FEDERAL	3	6	2	7	18
WEAPONS/PROPERTY SEIZED					
GUNS	2	3	8	2	15
OTHER WEAPONS			0	0	0
AIRCRAFT			\$ -	\$ -	\$ -
BOATS			\$ -	\$ -	\$ -
CASH SEIZED	\$ 77,860.00	\$ 449,529.00	\$ 309,264.00	\$ 132,428.00	\$ 969,081.00
PERSONAL PROPERTIES			\$ -	\$ -	\$ -
REAL PROPERTIES			\$ 300,000.00	\$ -	\$ 300,000.00
VEHICLES	\$ 16,600.00	\$ 14,500.00	\$ 150,000.00	\$ 37,475.00	\$ 218,575.00

#40-#43

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5-8-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Ukana Anderson ^{Gregory Spencer, Sahmari Vanezi, & Bianca DeMont Spencer}

ADDRESS: 4430 NE MLK Jr Blvd Apt #3302

CITY/STATE/ZIP: Portland, OR 97211

PHONE: _____ DAYS: 503 288 8742 EVES: 503 753 3816

EMAIL: Ukananderson@yahoo.com FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: Touchstone has helped me and my family with resources that were not easily accessible in enormous situations. The program has helped my family with rent and utilities on emergency situations when other agencies

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

didn't have the funds to do so, They have helped my son with tutoring classes that has helped him greatly with his reading and other areas where he had been struggling with his grades, and because of the help his grades has improved greatly, a boys ^{support} group where he was able to get support for whatever issues that he may want to talk about. Around the holidays such as Christmas presents and the adopt a family program which has helped me to be able to provide my 5 kids with a Christmas tree, coats and clothes, Thanksgiving with food boxes and 10 lbs Turkey and ham, fee for the Sun Program,

Dress for Success (which they provide professional clothing for my job interviews, money for the tuition for my two girls T-Ball, and baseball uniforms, The community will suffer tremendously if the program is cut families that are income and Homeless families would lose the only support system that we have. And last but not least they are very helpful in the summertime in finding activities for the kids when they are really needed

I got a Bik ~~for~~ for christmas,
from Touchstone and new
Shoes, and I learn Fram Shool,
and learn Fram Sahshool,
and we learn
math and we do
and we do
dibol Put,
Cadr.

Bianca Dedmon
Rigler School

2007 – 2008 Budget Process Highlights

On June 7, 2007 the Multnomah County Board of County Commissioners will adopt a final budget for the fiscal year that begins on July 1, 2007 and ends on June 30, 2008. Between now and then, you can share your opinions about the proposed budget by letter, email, phone call or by testifying at a budget hearing. Opportunities for testimony include:

Tuesday, April 24

6:00 p.m. to 8:00 p.m.

Multnomah County East Building (Sharron Kelley Conference Room)
600 NE 8th, Gresham 97030

Tuesday, May 8

6:00 p.m. to 8:00 p.m.

North Portland Library (Second Floor Conference Room)
512 N Killingsworth, Portland 97217

Monday, May 14

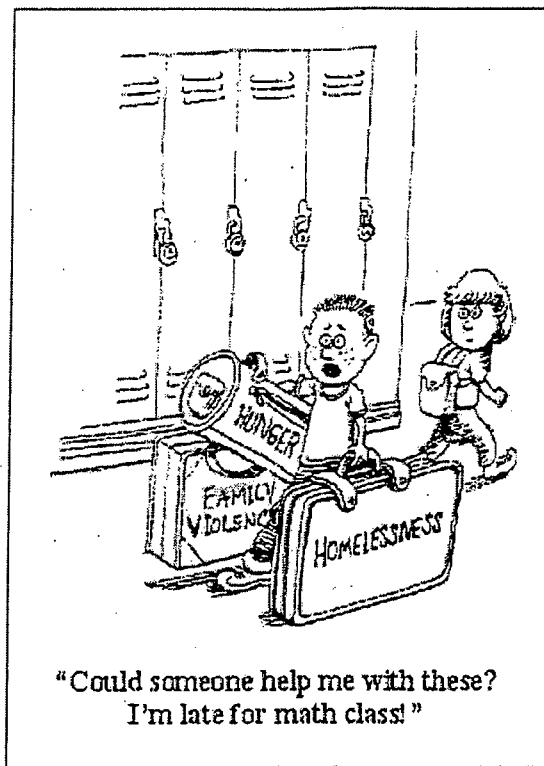
6:00 p.m. to 8:00 p.m.

Communities of Color Coalition Budget Forum with the Multnomah County Commissioners
Immigrant and Refugee Community Organization (IRCO) Gymnasium
10301 NE Glisan, Portland 97220

Tuesday, May 22

I got a bike for christmas. you made my
life special. made me healthy.
Learning are school help! Rigler school.
Saving the whole world special.
Saving bu public and Elementary
School. Get us a lot of money.
Celebrate are christmas. sometimes
I get emberrised when I go inner
classes. and new shoes and
money. so are family. cargo to
summer camp. I learn about
my school and when I be late for
school I get a Gramcracker some
times.

Thank You
Vanesia Dedmon
Rigler School



In a perfect world, children
don't have family baggage.

In a less than perfect world,
they don't bring it to school.

We don't live in either of those
worlds.

The Touchstone Worker is the one who goes out into the hallway or to the student's home and takes away the baggage of homelessness, addiction, domestic violence and poverty from the child and the family. The Touchstone Worker is the one that supports students to become emotionally prepared to learn. Touchstone focuses on working with families to sort through the barriers that keep children from attending school or succeeding in school.

During the past year Touchstone has brought family case management, emergency housing services, utility assistance, positive problem solving group, access to community resources, assistance accessing mental health resources, extensive holiday support and much, much more to Gregory Heights School. If you value the services that Touchstone can offer please take a few minutes to call or email the County Commissioners, or plan to attend one of the upcoming budget hearings to tell them in person and urge them to **Fully Fund Touchstone!**

Thank you for your Support!

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5-8-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Small-Based Health Centers

FOR: ✓ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Michael Nguyen - age 15.

ADDRESS: 7605 N. Clarendon

CITY/STATE/ZIP: Portland, OR 97203

PHONE: DAYS: 503-249-3366

EVES: _____

EMAIL: _____

FAX: _____

SPECIFIC ISSUE: Need to keep middle school clinics

written only WRITTEN TESTIMONY: See attached.

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

Michael Nguyen
7605 N. Clarendon
Portland, OR 97203

5/08/07

Dear Chair Wheeler and Members of the County Commission:

I am Michael Nguyen and I live in Multnomah County. I am 15 years old and a 9th grader at Grant High School.

I used to go to Portsmouth Middle School last year. The health clinic helped me out with many health tips. Jane the nurse gave me some tips of eating healthy food and exercise. The clinic made me feel better because I use to eat a lot of junk food and now I eat veggies and healthy food, the clinic means a lot to me and also to others.

They also help me to get my physical done to play sports. This allowed me to participate in football and also to go to summer camp where I could learn about horses.

The clinic helped me get to OHSU to get a special evaluation so I could get in Special Ed program. I am getting much better grades than last year and now have a 3.4 GPA the time because of this help.

The Clinic also helps sickness like some kids got allergies. When your eyes are red and itchy, they usually go to the clinic. If the clinic is not there, they would need to go home and waste school time and class time. With the clinic there they would give tips and help them out, like putting cold water on there eyes to make your eyes stop itchy, I told this story about "allergies", because it happened to me before. My eye's always were itchy so the clinic helped me out.

The Clinic in school is the best ever. It saves you from sickness and other things like being injured or needing be healthy. It is just a lot better to use a clinic in your school instead of going somewhere else because you get to know them and you get to stay in school.

I now stay healthy by playing tennis at Grant and continuing to eat healthy by staying away from fast food. I have clinic at Grant and I know how to use it if I need it but I am a lot healthier now because of what I learned at Portsmouth.

Students at Portsmouth need your help. There are now little kids going to Portsmouth and they will get to use the clinic too. Please don't close these clinics.

Sincerely,

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5-8-07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone Funding Leaving

FOR: AGAINST: X THE ABOVE AGENDA ITEM

NAME: Marlene Ruden

ADDRESS: 3114 SW Cascade Dr

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 503-807-4182 EVES: 503-273-8688

EMAIL: MarleneR@lifeworksnw.org FAX: 503-233-9424

SPECIFIC ISSUE: The Community has a severe need for Touchstone to continue

written WRITTEN TESTIMONY: Lifeworks NW and Touchstone
only work closely with the schools ^{as a team} helping with chaotic + dysfunctional families.

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
- 4.. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Fully Fund the Touchstone Program

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Maria Garcia

ADDRESS: 7439 N. Charleston (in District 2)

CITY/STATE/ZIP: Portland, OR 97203

PHONE: _____ DAYS: none EVES: none

EMAIL: none FAX: none

SPECIFIC ISSUE: Please Fully Fund the

written Multnomah County Touchstone Program!
Only WRITTEN TESTIMONY: attached

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

May 8, 2007

To Multnomah County Commissioners:

I am writing to ask you to continue funding the Touchstone program . This program helped me when my family was having a very hard time. I was working only a few hours a week and my children's father lost his job. The worker at James John helped us to get presents for my kids for Christmas last year. We also got enough food with her help to get us through the rest of that month. We need the Touchstone program in our schools because many families have trouble getting by at different times. Please keep Touchstone so kids and families can get help when they need it.

Sincerely,

Maria Garcia
North Portland

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Touchstone Funding

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Mari Hufford

ADDRESS: 9122 N. Oswego

CITY/STATE/ZIP: Portland 97203

PHONE: _____ DAYS: — EVES: —

EMAIL: — FAX: —

SPECIFIC ISSUE: Please fully fund the Touchstone

*written
only* program

WRITTEN TESTIMONY: attached

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

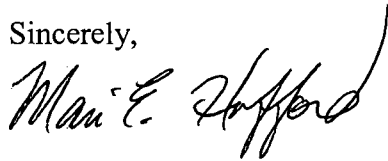
1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

To: Multnomah County Chair, Ted Wheeler and Commissioners, Maria Rojo de Steffey, Jeff Cogen, Lisa Naito, and Lonnie Roberts.

From: Mari E. Hufford
9122 N. Oswego
Portland, OR 97203
971-344-0316

I have lived in North Portland for eleven months. I have taught at James John School for ten years. There is an eleven-year old living in my household that attends Sitton Elementary School. Fortunately for her there are no family or environmental issues that are above what her mother and I can handle. I do know first hand that this is not the case with other children at her school or mine. I am a teacher, a counselor, a mother and a confidant to many of my students as well as other children in the school. I am not, however, a social worker, or a miracle worker, as I would call the people who work for the Touchstone Program. The Touchstone Program is invaluable to the children and families at James John School as well as the children and families in North Portland. I cannot begin to tell you what Christi Winters and the Touchstone Program have done for our families. I do know that when I have a family in need, that Christi is the first person I go to. She is well known and respected among the families in this area. We need her! We need Touchstone!

Sincerely,

A handwritten signature in cursive script that reads "Mari E. Hufford". The signature is written in dark ink and is positioned below the word "Sincerely,".

Mari E. Hufford

NO Stow

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 5/8/07

SUBJECT: Multnomah County 2007-2008 Budget

SPECIFIC BUDGET TOPIC: Funding for Touchstone

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Guillermina Garcia Vega

ADDRESS: North Portland (District #2)

CITY/STATE/ZIP: 97203

PHONE: _____ DAYS: none EVES: none

EMAIL: none FAX: none

SPECIFIC ISSUE: Please fully fund the Multnomah County Touchstone program

WRITTEN TESTIMONY: testimony will be oral

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

Ted Wheeler, Chair
Multnomah County Commissioners
501 SE Hawthorne, Suite 600
Portland, OR 97214

Dear Ted,

I have retired as a principal in Portland Public Schools, but not from the work of ensuring our students and families have equal access to a good education. "Equal" does not always mean the "same"...the same experience through economic stability, home security, access to services, health resources. Some of our families in Portland need additional resources, the resources provided through our county programs.

One of those major supports has been the Touchstone Program. Touchstone connects access to county services with children in school. Touchstone supports families...and helps them do a better job of raising their children and supporting them in school. Touchstone Coordinators are county employees, providing that link to services for schools. **Without the Touchstone link, access to the county services is not there.** Schools cannot do this piece without the county link. Touchstone is a part of a system, one that is integral to the success of our community and our children.

I have been looking carefully at what makes a successful school and what foundations are in schools to accelerate student achievement in high poverty neighborhoods. Without exception, **the county service system plays a huge role.** Successful schools have extensive family and community involvement. That involvement includes the SUN programs and Touchstone. Without exception, raising student achievement and closing the achievement gap for minority students takes the community. It requires partnerships and the county has recognized and supported that foundation for over 12 years. It is not failing. It is needed. Please continue to be a part of this comprehensive plan in our neediest neighborhoods.

I do understand the financial demands of this county and the competing interests for our resources. I also know and understand the impact your decisions will have on the larger community. You are and can continue to make a positive impact. The demands of coordinated service to our families with children will be met by continuing our Touchstone interventions. Please return the Touchstone program to its necessary funding level.

Thank you,



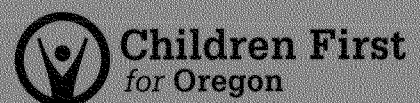
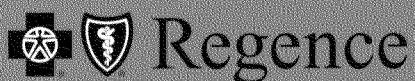
Vonnie Condon
Retired Principal &
Education Consultant

2006

STATUS OF OREGON'S CHILDREN COUNTY DATA BOOK 2006



AN ISSUE OF FAIRNESS: REDUCING HEALTH DISPARITIES



2006

STATUS OF OREGON'S CHILDREN
COUNTY DATA BOOK 2006



AN ISSUE OF FAIRNESS: REDUCING HEALTH DISPARITIES



Children First
for Oregon

This is a report of Children First for Oregon.
It is made possible by a generous grant from the
Annie E. Casey Foundation, KIDS COUNT project.



Regence

This data book is presented by
Regence BlueCross BlueShield of Oregon

Special thanks to:

Renee Boyd, DHS, Center for Health Statistics
Chris Bushore, DHS, Center for Health Statistics
Chris Coon, DHS, Division of Medical Assistance Programs
Anna Cox, DHS, Division of Children, Adult and Families
Eliza Devlin, DHS, Division of Children, Adult and Families
Heidi Dupuis, ODE, Child Nutrition Services
Dell Ford, ODE, Early Childhood Education
Susan Hardy, Oregon Department of State Police,
Uniform Crime Reporting Program
David Hopkins, DHS, Center for Health Statistics
Tina Kotek, Former Policy Director, Children First for
Oregon
Lynn McCallister, ODE, Office of Analysis and Reporting
Julie Reeder, DHS, WIC Program
Steve Robison, DHS, Immunization Program
Chuck Sigmund, ODE, Office of Analysis and Reporting
Brandi Tuck, Oregon Hunger Relief Task Force
Becky Vorpagel, Oregon Child Care Resource and
Referral Network
Craig White, ODE, Child Nutrition Services
Steve Wilson
Scott Woods, Oregon Department of Justice,
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Children First for Oregon works to make Oregon a
place where all children thrive. We educate and engage
Oregonians to promote programs and policies that **get
results for kids.**



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Executive Summary

The Children First for Oregon 2006 County Data Book shines a spotlight on the disturbing problem of children's health disparities. While the issue of equitable opportunity for health and access to health care is not unique to Oregon, we believe our state has the potential to lead the nation in reducing health disparities so that every child in Oregon can thrive.

Health disparities negatively impact the well-being of thousands of children in Oregon every year. Ultimately, health disparities are symptomatic of broader societal inequities. Whether because of family income, race/ethnicity, geography or citizenship status (or a combination of these factors), the state has a moral obligation and an economic incentive to invest strategically to eliminate health disparities.

Many health problems that begin in childhood have a lifelong influence. Oregon can either invest in solutions now, or pay later in increased health care costs, less-skilled workers and unhealthy communities. By working to reduce health disparities among children, our state and local leaders have a profound opportunity to improve the course of Oregon's future.

Children First believes in presenting solutions, not just identifying problems. Our recommendations are an ambitious, yet achievable starting point:

- Guarantee health insurance for every child in Oregon;
- Expand school-based health services to improve access to quality care;
- Increase access to early prenatal care to improve outcomes from zero to three;
- Reduce oral disease by expanding proven prevention strategies;
- Promote asthma management through the schools;
- Prioritize lead poisoning prevention and screening among at-risk populations; and
- Target resources to diversify the health care workforce to increase minority representation in all health care fields and recruit and retain health care professionals in rural areas.



This year's Data Book also continues Children First's commitment to providing the most current data on the well-being of Oregon's children and their families. The selection of county indicators has been updated to correspond to the categories and data now reported in our annual Report Card. We believe sound data should drive good public policy. Knowing the facts, all of us working together at the county and statewide levels can help to bring about positive change for Oregon's children and youth.

Oregon's task is to make smart investments in proven strategies and programs to ensure every child has an opportunity to be healthy and successful. The long-term benefits of these investments – both fiscal and social – will far outweigh the up-front costs. To learn about solutions and how you can help, visit us online at www.childrenfirstfororegon.org. ■

By working to reduce health disparities among children, our state and local leaders have a profound opportunity to improve the course of Oregon's future.

Introduction to Health Disparities

Although our country offers the most advanced medical care in the world, millions of Americans are unable to access this care because of their income, the color of their skin or the community in which they live. Low-income populations and communities of color disproportionately experience poor health outcomes. Further compounding these barriers are the

Whatever disparities we are creating among children have implications not just for children's health, but for the health of adult society as well.

health care access issues that rural residents face. Although some health disparities have shown signs of improvement over the last decade, disparities for some groups, particularly Latinos and people with low incomes, are increasing.¹

Children have not escaped the consequences of an inequitable health care system. Disparities in health

and health care among children are especially troubling because many health problems that begin in childhood have a lifelong impact. As one researcher notes, "This means that whatever disparities we are creating with children have implications not just for children's health, but for the health of adult society as well."²

Defining the Key Terms

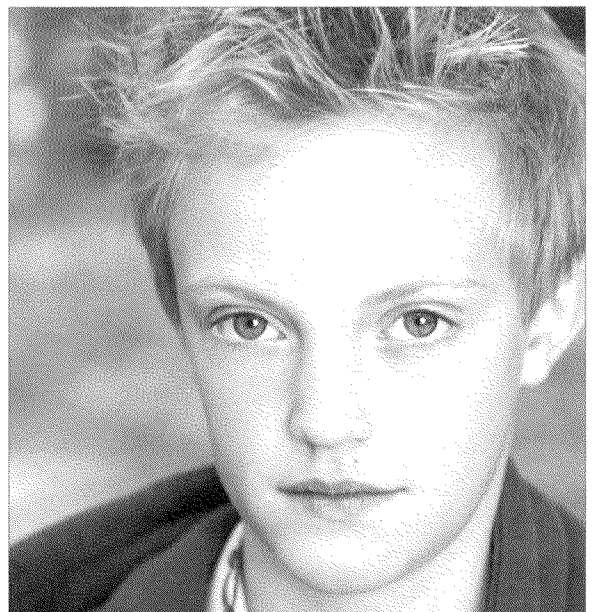
Definitions of children's health have changed over time, as has our understanding of disparities. Therefore, it is important for our discussion to begin with some definitions:

Children's Health: Children's health is the extent to which an individual child or group of children are able or enabled to: (a) develop and realize their potential; (b) satisfy their needs; and (c) develop the capacities that allow them to interact successfully with their biological, physical, and social environments.³ This definition not only

addresses a child's immediate needs, but also recognizes a child's development as an ongoing process.

Health Disparities: Health disparities are the differences in diseases, adverse health conditions and outcomes, and access to and quality of health care that exist among specific population groups in the United States.⁴ This general definition provides a starting point for discussion and recognizes the need to measure specific outcomes when dealing with a topic as contentious as differences in quality of health care. The differences in type, quality and amount of health care are as important as the resulting health conditions. It is also essential to acknowledge that a child's environment – including neighborhoods, health care systems, educational systems and society as a whole – play an influential role in health status and health behavior.⁵

Quality of Care: Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.⁶



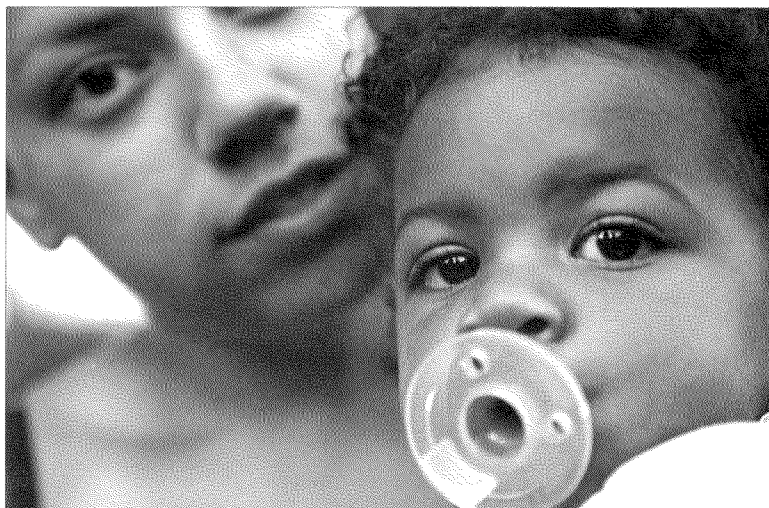
Factors Contributing to Health Disparities

Health disparities exist between groups of people for different reasons. They are generally attributed to the “complex interaction among biological factors, the environment and specific health behaviors.”⁷ Although an individual’s genetic predisposition can play an important role in health outcomes, biology does not account for the widespread health disparities that exist today. As Dr. David Satcher, former Surgeon General, said in an interview, “The health care system, which should be a major part of the solution to health disparities in this country, is still a major part of the problem.”⁸

Financial Barriers to Care: One of the most common barriers to health and health care is a lack of health insurance. Currently, 12.3 percent or 117,000 Oregon children are without health insurance.⁹ Uninsurance places the cost of health care outside the reach of most families. Even families with insurance coverage often struggle to pay co-pays, deductibles and prescription drug costs. Lack of insurance and the inability to pay for care are both associated with delaying needed medical care.¹⁰

Structural Barriers to Care: A scarcity of providers, limited transportation, and challenges to scheduling appointments quickly or conveniently (particularly for parents who have trouble taking time off work to attend to a child’s health care needs), are all structural barriers to accessing care.

Disparities in Quality of Care: Studies show that, regardless of whether they have health insurance, both low-income individuals and racial/ethnic minorities are less likely to receive recommended services (such as prenatal care) and less likely to report satisfaction with care received or doctor-patient communications.¹¹ Cultural and



linguistic barriers are one reason for disparity in quality of care. The lack of diversity among health care providers means minority patients are challenged to find providers who understand their culture and/or language.¹²

Community Environments: Where children live affects their health in a variety of ways. Higher levels of air pollutants and environmental contaminants in certain areas contribute to higher rates of illnesses like asthma or lead poisoning.¹³ Racism and socio-economic stressors also have a negative impact on health.¹⁴ Furthermore, food options impact diet, which in turn has a great influence on health. Lower-income neighborhoods tend to have fewer supermarkets and other affordable healthy food options, yet have disproportionately more fast food outlets.¹⁵ ■

Who Experiences Health Disparities?

Unequal access to quality health care and an increased risk for poor health outcomes are a persistent reality for many Oregon children. This reality is concentrated in certain groups of children. While health disparities can be attributed to a complex and interactive set of factors, ultimately these factors can shape entire communities and their overall health.

Low-Income Communities

Family income is one of the strongest determinants of children's health. Low-income children are more likely to have multiple health conditions, have higher rates of disability and have worse outcomes and even higher rates of mortality for the same condition when compared to children from higher-income families.¹⁶ Inequality in socioeconomic status is associated with differences in the occurrence of heart disease, diabetes, obesity, lead poisoning, prenatal care and low birthweight.¹⁷

Children from poorer families are substantially more likely than their wealthier peers to enter adulthood with health problems.

In fact, income has such a strong impact on overall health that the millions of Americans living in extreme poverty have life expectancies typical of developing countries.¹⁸

Income-related disparities in childhood are evident at birth or even before, and the disparities grow more pronounced as children grow older. As a result,

"children from poorer families are substantially more likely than their wealthier peers to enter adulthood with health problems."¹⁹

Low-income children are also more likely to be without health insurance, which severely restricts their access to health care, particularly preventive care.²⁰ And, because the costs of medical care continue to skyrocket, more families who have health insurance coverage for their children struggle to afford co-payments and deductibles. One federal study showed the proportion of

low-income children who sometimes or never got care for an illness or injury as soon as it was needed was twice that for children in high-income families.²¹

Low-income groups, regardless of insurance status, also have less access to high quality care. The same study found that people living below the poverty line consistently received lower quality care than middle- or high-income people.²² When comparing low-income to high-income in terms of quality of care, poor individuals received worse care on 85 percent of the quality measures.²³

Furthermore, low-income families are more likely to live in areas with higher environmental and neighborhood stress factors, such as higher lead levels or limited access to affordable, healthy food options. Many low-income children are deficient in major nutrients because of poor diets. Families without adequate incomes typically cut their food budgets in order to keep paying expenses such as



rent, utilities or medical bills. These households reduce food spending by reducing the quality and variety, rather than quantity, of food purchased.²⁴

Hunger is an on-going problem in Oregon, although great strides have been made in the last few years. Currently, about one in five Oregon children live in a home where parents worry about how to provide the next meal.²⁵ As a result, they may be more reliant on low-cost, low-nutrition, but high-calorie food items. Access to supermarkets is linked to healthier diets. Therefore, communities with limited access to such stores also tend to have less healthy diets.²⁶ The consequences may be a lifetime of health problems, including obesity and diabetes. In 2003, Oregon was the state with the 7th highest overweight level for low-income children ages 2 to 5 at 14 percent.²⁷

Communities of Color

Race/ethnicity is another strong indicator of the health status of children. Numerous studies have shown significant racial disparities in health care and health outcomes, even when controlling for socio-economic status and insurance coverage.²⁸ Racial minorities, with few exceptions, experience higher rates of morbidity and mortality than non-minorities.²⁹ A report from the Institute of Medicine concludes, "a large body of published research reveals that racial and ethnic minorities experience a lower quality of health services, and are less likely to receive even routine medical procedures than are white Americans."³⁰

A lack of health insurance coverage is one reason for health disparities in communities of color. Even though communities of color have the greatest risk for many health problems, individuals at both lower and higher income levels are more likely to be uninsured than Whites.³¹ In Oregon, African-Americans have a higher rate of uninsurance (17.1 percent) than Whites (15.4 percent). Hispanics have the highest rate of uninsurance (34.2 percent), followed by American Indians/Alaskan Natives (23.7 percent).³²

When insurance status is taken into account, communities of color still experience disparities in

access to and quality of care. Studies have shown this to be true even among individuals on the same health plan.³³ Even with insurance and even when receiving care from a doctor or hospital, members of minority groups are less likely to receive recommended services (such as prenatal care), more likely to receive services of unknown benefit or harm, and less likely to report satisfaction with care or good doctor-patient communications.³⁴

One reason for these disparities is that many communities face a variety of cultural and linguistic barriers to the health care system. Educational and economic inequities have negatively affected the number of minorities who become health care professionals, leaving the field disproportionately white.³⁵ Furthermore, there is some evidence that stereotypes, biases and

Racial and ethnic minorities experience a lower quality of health services, and are less likely to receive even routine medical procedures than are white Americans.

Diversifying Health Care Delivery

Proposals to eliminate health disparities often talk about the need to expand the number of culturally and/or linguistically competent providers so quality of care will improve. These terms can be defined this way:

Cultural Competence

A set of behaviors, attitudes, policies, practices and structures that come together in a system, agency or among professionals and enable that system and agency or those professionals to work effectively in cross-cultural situations.

Linguistic Competence

The capacity of an organization and its personnel to communicate effectively with persons of limited English proficiency, those with low literacy skills or who are not literate, and individuals with disabilities.

Source: National Center for Cultural Competence, Georgetown University (2002).

uncertainties of health providers may contribute to disparities in treatment.³⁶

These inequalities carry over into health care for children. Hispanic and American Indian/Alaskan Native children in Oregon lack health insurance at nearly twice the state rate (approximately 23 percent for both groups, compared to 12 percent statewide).³⁷ Even among uninsured children

nationally, African-American children are almost 60 percent more likely than White children to have an unmet medical need, and Latino children are 3.5 times more likely than White children to lack a regular place to receive medical care.³⁸

By 2050, current racial and ethnic minorities are projected to account for half of the U.S.

population.³⁹ If health disparities for these groups remain unresolved, our already over-burdened health care system will be further stressed, and even more children will start life at a disadvantage.

By 2050, current racial and ethnic minorities are projected to account for half of the U.S. population.

Rural Communities

Children in rural areas also face health disparities, particularly in access to quality health care. Currently, 23 percent of Oregonians live in rural counties.⁴⁰ Rural communities, especially those in central, southern and eastern Oregon, face unique issues and challenges when it comes to health care delivery and access. Families have less contact and fewer visits with physicians because of a shortage of health care professionals of all kinds, as well as greater distances to travel to receive care for their children.⁴¹

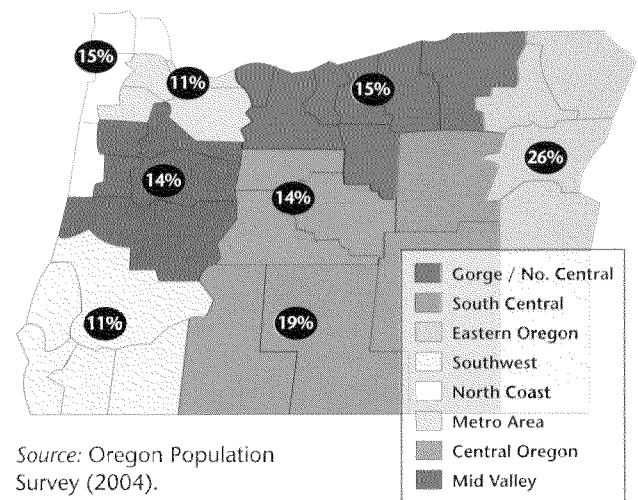
According to a study by Oregon Health and Science University, rural Oregonians have not been as well served as those living in more populated areas. Oregon's metro areas, places with populations of 50,000 or more, had 259 doctors per 100,000 people in 2004, compared to rural areas with only 161 doctors per 100,000 people.⁴²

Compounding the challenges of isolated geography are high rates of poverty and uninsurance in rural areas. Figure 1 shows that most rural parts

of the state have higher rates of uninsured children.⁴³ Rural counties are also more economically disadvantaged. Unemployment has been higher than the state average over the past decade and 21 percent of rural children live in poverty.⁴⁴

FIGURE 1

Uninsured Children by Region



Immigrant Communities

Although the national discourse on immigration policy has grown in recent years, the discussion has failed to address the health needs of immigrants or their children. This is despite the fact that over four-fifths of children with one or more immigrant parents are native-born United States citizens.⁴⁵

Since children of immigrants make up a disproportionate number of all low-income children – more than 25 percent – they also bear an unequal burden of the changes in health care access.⁴⁶ The welfare reform bill passed by Congress in 1996 restricted many immigrants from receiving Medicaid, food stamps, and Supplemental Security Income (SSI). This led to a 12 percent drop in Medicaid coverage for low-income immigrant children over the next five years.⁴⁷ During that same time period, the number of uninsured, low-income immigrant children grew by 8 percent.⁴⁸ In response, nearly half of the states adopted some form of state-funded insurance for

immigrants ineligible for Medicaid. Despite this, a recent Kaiser Foundation report showed that over half of recent immigrants lack health insurance.⁴⁹

The high rate of uninsurance among immigrant children is related to parental employment. Immigrants are nearly twice as likely to have jobs paying less than \$7.50 per hour when compared to individuals born in this country. Because of this, only a quarter of immigrant workers have job-provided health benefits.⁵⁰ This combination of low-wage employment and limited health coverage also means immigrant families often do not have the financial resources to miss work in order to obtain necessary medical care. As a result, they are more likely to require emergency room care.⁵¹

Children of immigrants not only experience poorer access to health care, but also poorer health outcomes: 7 percent of children of immigrants between the ages of 0 and 5 are reported in poor health, compared to only 3 percent of native-born children. By the time these children reach adolescence, the number of children of immigrants

reported in poor health grows to 13 percent, nearly three-times the percentage of native-born children.⁵²

Nationally, immigrant families face a number of economic hardships, exacerbating their health disparities. Even in families where both parents work, 24 percent of children of immigrants are low-income; that is true for only 11 percent of children of native-born

parents.⁵³ Immigrant families also spend a significantly higher proportion of their income on the cost of housing: 14 percent of immigrant families spend half their income or more on their housing, twice as much as native families.⁵⁴ Finally, 32 percent of immigrant families live in crowded housing compared to only 8 percent of native families – an economic concern, but also clearly a health concern due to the increased ease of transmitting diseases.⁵⁵

Oregon faces the same problems with immigrant health care as the rest of the nation, but may soon find itself unequally burdened. Between 1990 and 2000, the percentage increase of immigrant children in Oregon was the 8th fastest in the nation.⁵⁶ Currently, the Oregon Health Plan covers legal immigrants and certain emergency medical needs of undocumented immigrants. However, many eligible citizen children with non-citizen parents do not participate in these programs because their parents are unaware that their children are eligible.⁵⁷ ■

Between 1990 and 2000, the percentage increase of immigrant children in Oregon was the 8th fastest in the nation.



Focusing on Birth Outcomes

Prenatal care and healthy birthweight are the most common indicators of the future health of young children in a community. Health outcomes for children ages zero to three are particularly impacted by the effects of health disparities because of the critical importance of these first years to a child's healthy development.

Prenatal Care

Prenatal care is medical care recommended for women before and during pregnancy. The goal is to identify and prevent potential problems in the health of the mother and to support proper development of the fetus. Early prenatal care (care begun in the first trimester) is known to contribute

to better pregnancy outcomes.

Lack of access to health care (e.g., being uninsured, not being able to afford care) is a key factor in why some expecting mothers do not receive prenatal care.⁵⁸

In Oregon, nearly one out of every five births occurs to mothers who have not received early prenatal care (19.0 percent).

Lack of early prenatal care means a baby has a higher likelihood of

developing a life-altering illness or dying prematurely, as well as greater health risks for the mother. Figures 2 and 3 illustrate the differences in prenatal care rates by mother's race/ethnicity and county of child's birth.

Low Birthweight

A baby born with a low birthweight (less than 2,500 grams or about 5.5 pounds) is more likely to die during the first year of life or have long-term medical needs. The rate of babies born with low birthweights can be used to identify inadequacies in the health care system. It is one of the variables the state Office of Rural Health employs to

determine areas of unmet medical need in rural Oregon. Statewide, Oregon has regularly ranked as one of the best in the nation for having a low rate of low-birthweight babies (6.1 percent of live births in 2003).⁵⁹ Disparities still exist, however. In some of Oregon's most rural areas, like Powers and Jordan Valley, the five-year averages are twice the state's rate.⁶⁰ In terms of health characteristics by mother's race/ethnicity, some communities have higher rates of low-birthweight babies: 10.5 percent for African-Americans, 7.5 percent for Asian/Pacific Islanders, and 6.7 percent for American Indian/Alaskan Natives.⁶¹

Infant Mortality

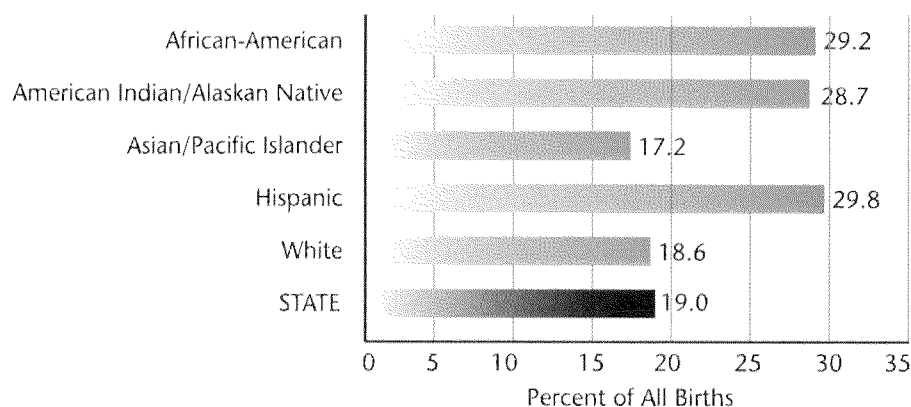
Infant mortality is the starkest reminder of how the factors related to health disparities (income, geography, race/ethnicity) can impact a child's well-being. Sadly, even though national and state infant mortality rates have declined over the last two decades, 262 children in Oregon did not reach their first birthday in 2004. In rural counties, the average infant mortality rate is 7.7 per 1,000 births, compared to 5.2 per 1,000 urban county births.⁶² Figure 4 highlights health disparities experienced by the Native American and African-American communities. Increased access to prenatal care is one part of the solution. A recent study indicates, however, that prenatal care alone may not close the racial gap for women who experience the death of an infant within four weeks after birth.⁶³

Infant mortality is the starkest reminder of how the factors related to health disparities can impact a child's well-being.



FIGURE 2

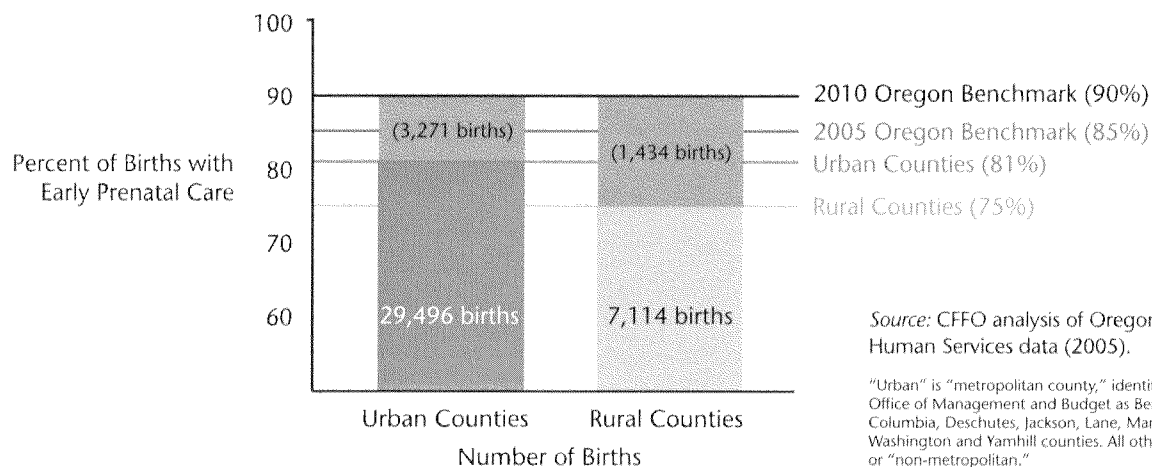
No Prenatal Care in First Trimester by Mother's Race/Ethnicity



Source: Oregon Department of Human Services, Center for Health Statistics (2005).

FIGURE 3

Births with Early Prenatal Care by Rural/Urban Counties

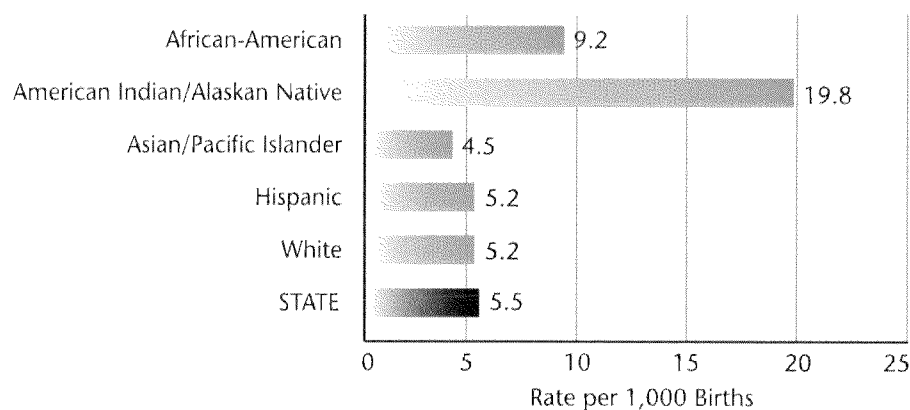


Source: CFFO analysis of Oregon Department of Human Services data (2005).

"Urban" is "metropolitan county," identified by the U.S. Office of Management and Budget as Benton, Clackamas, Columbia, Deschutes, Jackson, Lane, Marion, Multnomah, Polk, Washington and Yamhill counties. All other counties are "rural" or "non-metropolitan."

FIGURE 4

Infant Mortality Rate by Mother's Race/Ethnicity



Source: Oregon Department of Human Services, Center for Health Statistics (2003).

Health Risks

Children in all of the communities described previously are more likely to suffer from oral disease and asthma and have elevated levels of lead in their blood. Health disparities undermine the ability of thousands of Oregon children to thrive and grow into successful adults.

Oral Disease

Oral disease is the most prevalent chronic health problem among children in Oregon. Tooth decay (or dental caries) is largely preventable, but it is five times more common than asthma and seven times more common than hay fever.⁶⁴ Untreated tooth decay can result in pain, dysfunction and developmental problems and can negatively impact a child's overall health, nutrition, and school achievement. In Oregon, 16,000 school hours are lost due to dental pain or visits.⁶⁵

Untreated tooth decay can result in pain, dysfunction and developmental problems... In Oregon, 16,000 school hours are lost due to dental pain or visits.

A mother's oral care during pregnancy is important for maintaining maternal health, treating oral disease that is associated with low birthweight, and reducing early childhood caries among infants. Despite these risks, only half of pregnant women in Oregon visit a dentist and less than one-third receive information on how to prevent tooth decay in infants.⁶⁶

A survey of Oregon public school children in 2002 revealed a strong connection between poor oral health and factors such as income and race. Children living in poverty have nearly three times as much untreated decay as their more affluent peers and are 50 percent more likely not to have seen a dentist in the previous year. Children of color have higher rates of untreated tooth decay.⁶⁷ Access to preventive care is also unequal. For example, a greater percentage of white children than children of color (ages 6-8) receive dental sealants.⁶⁸



Currently, nearly two-thirds of Oregon's counties experience a shortage of dental professionals, with rural communities hit hardest.⁶⁹ In Oregon, there are only 8.5 pediatric dentists for every 100,000 children.⁷⁰ Finally, dentists in Oregon are primarily white males who only speak English. Only 11 percent are people of color, 14 percent are women, and only 2 percent are of Hispanic descent.⁷¹

Asthma

Asthma is a growing public health challenge nationally and statewide. In 2004, 6.9 percent of Oregon children (or approximately 60,000 children) reported they currently have asthma.⁷² Children with asthma miss school days and can require hospitalization if an attack occurs. Asthma can also result in the death of a child. Early diagnosis and effective management plans reduce the costs to the child, the family and to society as a whole.

Asthma prevalence among Oregon adults varies by race/ethnicity. American Indians/Alaskan Natives have the highest prevalence at 12.8 percent, followed by Blacks (9.7 percent) and Whites (8.9 percent), with Asian/Pacific Islanders and Hispanics both under 6 percent.⁷³ Income and health insurance coverage are also variables for asthma prevalence. Individuals earning less than

\$25,000 per year and Medicaid participants have a much higher prevalence of asthma than people with higher incomes and those with private insurance, Medicare or no health insurance.⁷⁴

According to the Oregon Healthy Teens Survey, diagnosis of asthma among 8th graders is highest among African-American and American Indian/Alaskan Native students (25.6 percent and 23.3 percent respectively, compared to 18.2 percent among White students).⁷⁵ National statistics show that Black children are 3.7 times more likely than White children to require a hospital admission for asthma.⁷⁶

Environmental factors – whether in schools, homes or communities – influence the prevalence of asthma. Asthma data based on where children live in Oregon appears inconclusive. Conventionally, children in urban areas are more likely to suffer from asthma due to proximity to increased air pollution from automobiles, trucks and factories. In Oregon, asthma prevalence rates among urban counties range from 6.1 percent in Deschutes County to 11.6 percent in Yamhill County. Among rural counties, the range is from 3.2 percent in Hood River County to 12.5 percent in Baker County.⁷⁷ Because of the amount of time children spend in educational settings, school-based strategies for asthma education, monitoring and care have been successful in decreasing asthma attacks and hospitalizations among children.⁷⁸



Lead Poisoning

The phasing out of leaded gasoline and the reduction in the number of homes with lead-based paint have led to a decline in blood lead levels in children over the last two decades. However, even low levels of exposure to lead can result in severe health problems for children, including learning disabilities, behavioral problems, and stunted or slowed growth. At higher levels of exposure, a child may suffer organ damage, become mentally disabled and even die.

Children most at risk of lead poisoning are between the ages of 1 and 3, live in older housing, live in low-income families or are African-American or Hispanic.⁷⁹ A national study showed Black children ages 1 to 5, for all incomes, had median blood lead levels 27 percent higher than all children.⁸⁰

Even low levels of exposure to lead can result in severe health problems for children, including learning disabilities, behavioral problems, and stunted or slowed growth.

Income and the ability to live in newer or safer housing are important indicators of a child's risk level. Dust from lead-based paint and tap water from lead pipes, primarily in homes built before 1950, are key causes of lead poisoning in children. Although these factors are a higher concern for older urban areas such as Portland, rural communities are not immune to the problem. In fact, a false sense of security in rural communities could lead to more problems for children. ■

Invest in Oregon's Future, Decrease Children's Health Disparities

Health disparities negatively impact the well-being of thousands of children in Oregon every year. Ultimately, health disparities are symptomatic of broader societal inequities. Whether because of family income, race/ethnicity, geography or citizenship status (or a combination of these factors), the state has a moral obligation and economic incentive to invest strategically to eliminate health disparities. Many health problems that begin in childhood have a lifelong influence.

Oregon can either invest in solutions now, or pay later in increased health care costs, less-skilled workers and unhealthy communities. Oregon should be a place where every child can thrive. The following recommendations are concrete steps the state can take to reduce children's health disparities:



Guarantee Health Insurance for Every Child

Implement a statewide plan that:

- Ensures every child currently eligible for the Oregon Health Plan or the Family Health Insurance Assistance Program is enrolled and retained (approximately two-thirds of Oregon's 117,000 uninsured children);
- Establishes universal coverage options for children of working families that provide comprehensive benefits with affordable, predictable cost-sharing; and
- Employs targeted, proven outreach and retention strategies, especially those designed to engage families in diverse communities.

Expand School-Based Health Services

Continue to recognize the effectiveness of making health services available where children are, in the schools:

- Increase access to quality, comprehensive care through school-based health centers;
- Improve the availability of public health school nurses in every school district; and
- Promote cultural and linguistic competence among all school professionals.

Increase Prenatal Care

Move the state towards reaching its 2010 Benchmark Target of 90 percent of pregnant women receiving early prenatal care:

- Allow presumptive eligibility for pregnant women under the Oregon Health Plan so low-income women do not have to wait to receive care; and
- Expand culturally-competent, community-based outreach approaches for women of color.

Reduce Oral Disease

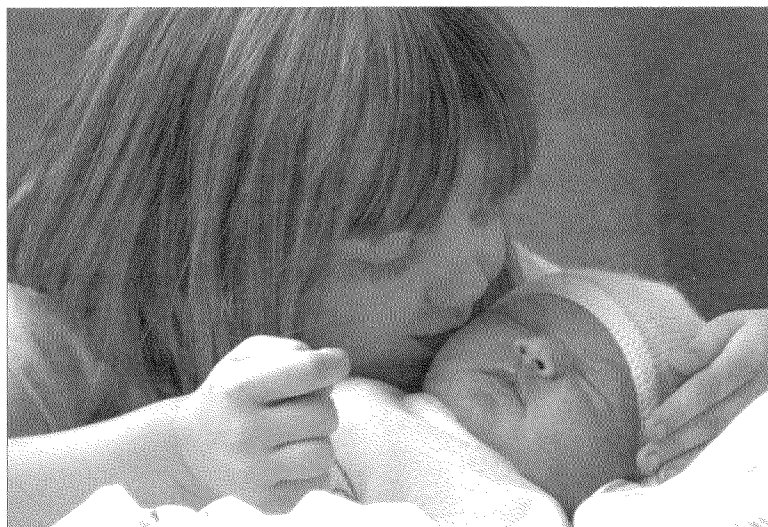
Expand proven prevention efforts to improve oral health for all children:

- Support community water fluoridation, one of the safest, least expensive, most effective and simplest ways to fight tooth decay;
- Grow school-linked fluoride and dental sealant programs; and
- Broaden access to cavity prevention programs for children ages 6 to 36 months.

Promote Asthma Management

Put the “Schools and Asthma” section of the Oregon Asthma Leadership Plan for 2006-2011 into action, including:

- Increase the number of schools that implement policies to identify, monitor and manage students with asthma; and
- Increase the number of schools that address indoor air quality on a regular, proactive basis.



Prioritize Lead Poisoning as a Health Risk

Complete the recommendations on lead poisoning in the Final Report of the Governor's Racial and Ethnic Health Task Force (2000) to:

- Prevent lead exposure to children from racial and ethnic communities;
- Assure access to screening for children who are potentially at risk for exposure; and
- Improve available data on the scope and impact of lead poisoning in communities of color in Oregon.

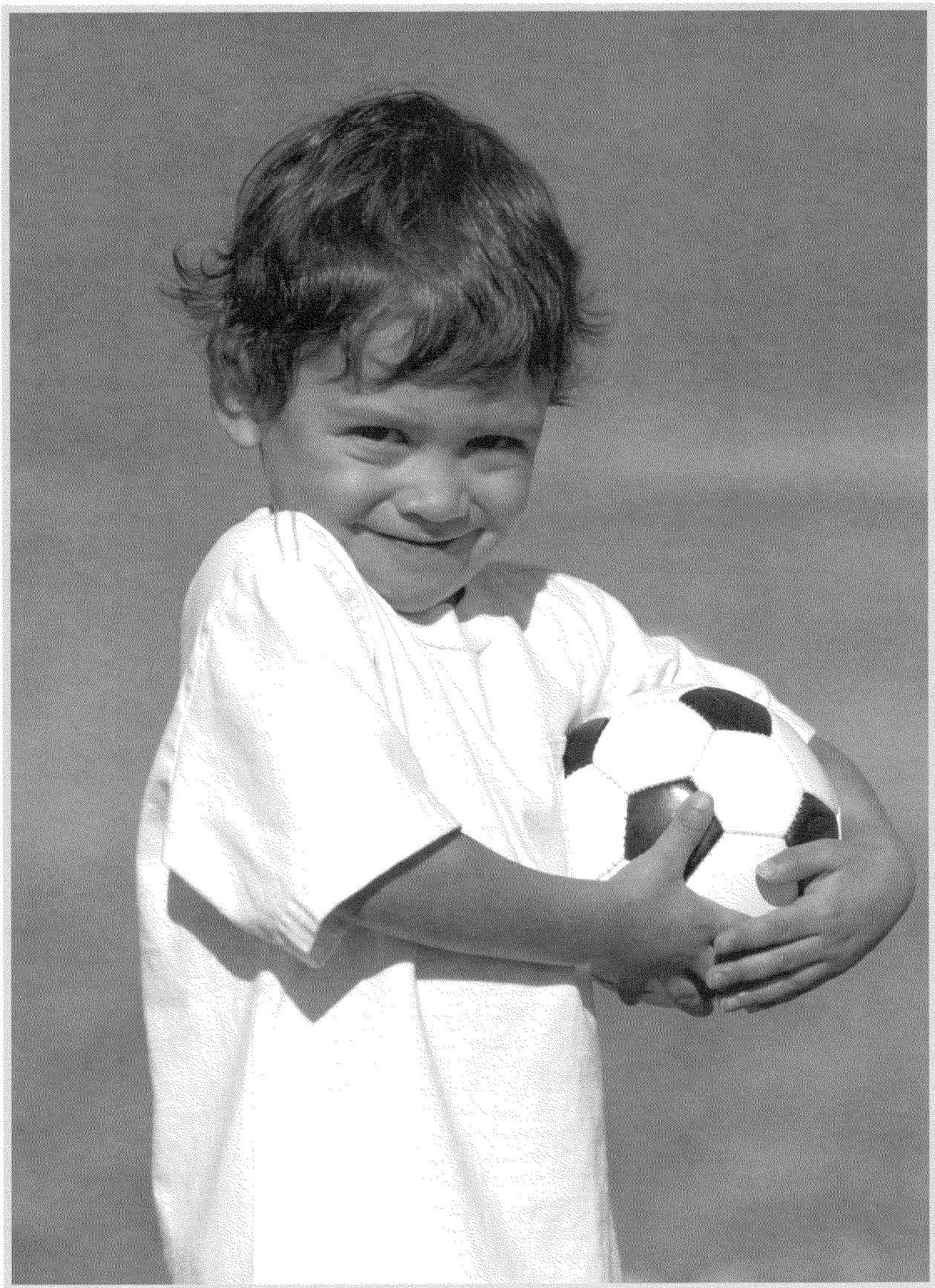
Target Resources to Diversify the Health Care Workforce

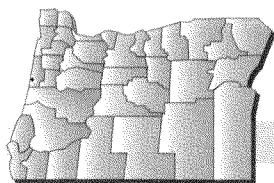
Seize the opportunities created by the state's improved economy to fund targeted workforce development strategies that:

- Increase minority representation in all health care fields; and
- Recruit and retain health care professionals in rural areas.

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State of Oregon

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$58,900 is the median family income, which is 1% lower than the national median.
8.65 per 1,000 people filed for personal bankruptcy in 2005, a 77% increase since 2000.
21% of students changed school districts during the 2005-06 school year.
106,185 households with children receive assistance through the WIC nutrition program in a typical month.
42.6% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 160,180 children eat free/reduced price lunches during the school year, while only 34,016 children receive free lunches during the summer.

CHILD WELFARE

11,255 children are victims of child abuse/neglect (13.0 per 1,000 children).
50% of victims of abuse/neglect are under age 6.
16,027 children in the state have been in foster care at least once during the past year.

CHILD HEALTH

15.4% of eighth graders are at high-risk for depression.
10.7% of eighth graders have seriously considered suicide.
8.7% of eighth graders have smoked cigarettes in the last month.
17.1% of eighth graders have been diagnosed with asthma.
31.9% of eighth graders have drunk alcohol in the last month.

STATE INDICATORS

EARLY CARE AND EDUCATION

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Benchmark
Child Care Supply (slots per 100 ages 0-12)	106,391	17	Same	18.2	Worse
Head Start / Oregon PreKindergarten	9,704	60	Same	NA	Worse
3rd Grade Reading Proficiency	35,174	87.1	2% Better	84.5	Worse
3rd Grade Math Proficiency	34,877	86.2	Same	79.7	Better

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	28,361	65.6	5% Better	61.9	Worse
8th Grade Math Proficiency	28,330	65.5	3% Better	58.9	Worse
High School Dropout	7,318	4.2	9% Better	5.1	Worse
Juvenile Arrests (per 1,000 under age 18)	14,548	16.4	1% Better	17.3	Better
Suicide Attempts (per 100,000 ages 10-17)	920	223.1	2% Better	217.5	NA

HEALTH

Early Prenatal Care	36,610	81.0	1% Better	81.3	Worse
Infant Mortality (per 1,000 live births)	262	5.7	6% Worse	5.6	Worse
Uninsured Children	108,732	12.3	22% Worse	NA	Worse
Immunizations	NA	77.5	1% Better	NA	Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	1,673	23.0	1% Better	28.8	Better
Obesity	NA	24.9	4% Worse	NA	Worse

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	159,273	18.4	4% Better	17.9	Worse
Child Support Payments	NA	61.7	2% Better	60.4	Worse
Unemployment	114,293	6.1	19% Better	6.6	Worse

CHILD WELFARE

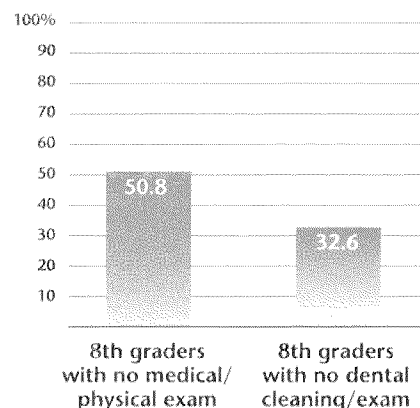
Abuse and Neglect Victims (per 1,000 ages 0-17)	5,974	6.9	10% Worse	5.9	Worse
Threat of Harm Victims (per 1,000 ages 0-17)	5,281	6.1	7% Worse	5.0	Worse
Recurrence of Maltreatment	NA	10.2	11% Worse	NA	Worse
Foster Care Placement Stability	NA	84.6	1% Worse	NA	Worse

POPULATION

TOTAL	3,631,440
All children	865,613

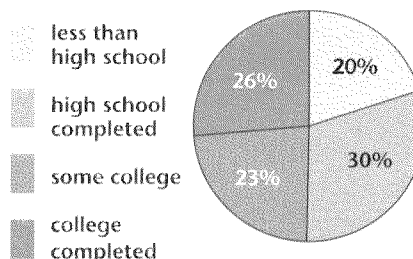
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

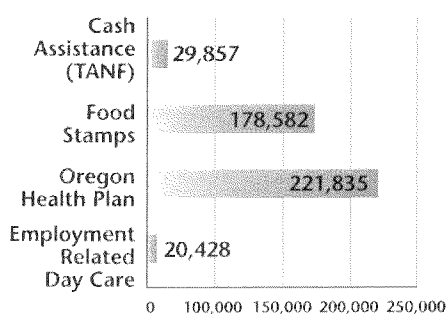
Educational attainment of women who gave birth in 2005.



Family Supports

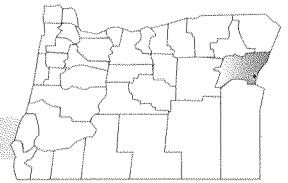
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 363,557



Baker County

STATUS OF OREGON'S CHILDREN 2006

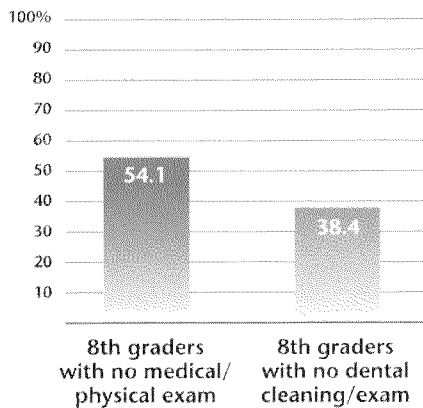


POPULATION

TOTAL	16,500
All children	3,566

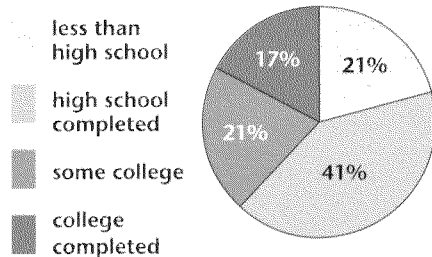
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

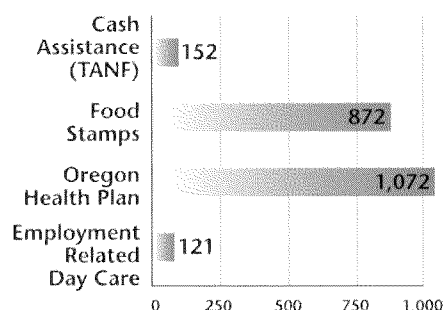
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 1,498



FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median. 7 per 1,000 people filed for personal bankruptcy in 2005, a 92% increase since 2000. 21% of students changed school districts during the 2005-06 school year. 479 households with children receive assistance through the WIC nutrition program in a typical month. 49.5% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 787 children eat free/reduced price lunches during the school year, while only 143 children receive free lunches during the summer.

CHILD WELFARE

82 children are victims of child abuse/neglect (23 per 1,000 children). 39% of victims of abuse/neglect are under age 6. 76 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

14.5% of eighth graders are at high-risk for depression. 13.9% of eighth graders have seriously considered suicide. 11.5% of eighth graders have smoked cigarettes in the last month. 14.5% of eighth graders have been diagnosed with asthma. 35.4% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	599	26	Better	16.1	53% Better
Head Start / Oregon PreKindergarten	51	68	Same	NA	13% Better
3rd Grade Reading Proficiency	129	89.6	Better	88.7	2% Better
3rd Grade Math Proficiency	134	93.7	Better	86.3	9% Better

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	133	72.7	Better	62.4	11% Better
8th Grade Math Proficiency	127	69.4	Better	62.4	6% Better
High School Dropout	1	0.1	Better	1.7	98% Better
Juvenile Arrests (per 1,000 under age 18)	68	17.1	Better	26.9	4% Worse
Suicide Attempts (per 100,000 ages 10-17)	5	239.3	Worse	244.2	7% Worse

HEALTH

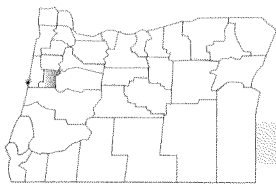
Early Prenatal Care	128	78.0	Worse	83.9	4% Worse
Infant Mortality (per 1,000 live births)	3	18.2	Worse	4.9	219% Worse
Uninsured Children	927	26.0	NA	NA	Worse
Immunizations	NA	91.5	NA	16.2	18% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	7	17.6	Better	21.8	23% Better
Obesity	NA	21.1	NA	NA	15% Better

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	788	22.1	Worse	20.4	27% Worse
Child Support Payments	NA	57.2	Better	60.0	7% Worse
Unemployment	537	7.5	Better	8.8	23% Worse

CHILD WELFARE

Abuse and Neglect Victims (per 1,000 ages 0-17)	51	14.3	Better	14.6	107% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	31	8.7	Worse	9.5	43% Worse
Recurrence of Maltreatment	NA	5.6	NA	NA	45% Better
Foster Care Placement Stability	NA	85.3	Better	NA	1% Better



Benton County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$68,100 is the median family income, which is 14% higher than the state median.
 4.49 per 1,000 people filed for personal bankruptcy in 2005, a 94% increase since 2000.
 15% of students changed school districts during the 2005-06 school year.
 1,348 households with children receive assistance through the WIC nutrition program in a typical month.
 28.2% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,879 children eat free/reduced price lunches during the school year, while only 506 children receive free lunches during the summer.

CHILD WELFARE

107 children are victims of child abuse/neglect (6.6 per 1,000 children).
 54% of victims of abuse/neglect are under age 6.
 99 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

14% of eighth graders are at high-risk for depression.
 12.2% of eighth graders have seriously considered suicide.
 5.6% of eighth graders have smoked cigarettes in the last month.
 16.4% of eighth graders have been diagnosed with asthma.
 25.7% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

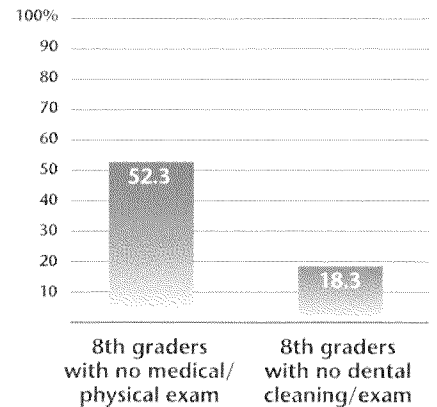
	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	2,459	22	10% Better	20.6	29% Better
Head Start / Oregon PreKindergarten	133	57	6% Better	NA	5% Worse
3rd Grade Reading Proficiency	590	87.0	1% Better	86.6	Same
3rd Grade Math Proficiency	587	86.6	Same	82.8	Same
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	563	76.1	7% Better	71.4	16% Better
8th Grade Math Proficiency	541	72.9	7% Better	67.9	11% Better
High School Dropout	103	3.1	31% Better	2.9	26% Better
Juvenile Arrests (per 1,000 under age 18)	189	10.9	5% Better	15.4	34% Better
Suicide Attempts (per 100,000 ages 10-17)	10	113.9	69% Better	330.5	49% Better
HEALTH					
Early Prenatal Care	689	87.4	2% Better	86.9	8% Better
Infant Mortality (per 1,000 live births)	3	3.8	43% Worse	1.0	33% Better
Uninsured Children	2,201	13.5	NA	NA	Worse
Immunizations	NA	80.5	NA	16.4	4% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	9	6.0	15% Better	10.4	74% Better
Obesity	NA	18.6	NA	NA	25% Better
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	1,989	12.2	31% Worse	10.2	30% Better
Child Support Payments	NA	67.7	1% Worse	73.2	10% Better
Unemployment	2,033	4.8	11% Better	3.7	21% Better
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	54	3.3	10% Worse	3.4	52% Better
Threat of Harm Victims (per 1,000 ages 0-17)	54	3.3	154% Worse	1.5	46% Better
Recurrence of Maltreatment	NA	12.2	NA	NA	20% Worse
Foster Care Placement Stability	NA	91.5	6% Worse	NA	8% Better

POPULATION

TOTAL	82,834
All children	16,306

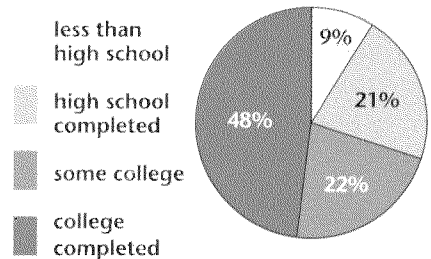
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

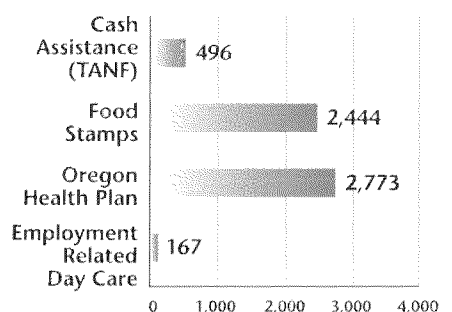
Educational attainment of women who gave birth in 2005.



Family Supports

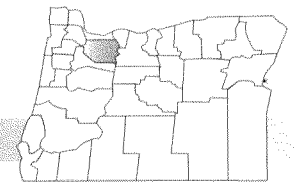
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 6,849



Clackamas County

STATUS OF OREGON'S CHILDREN 2006

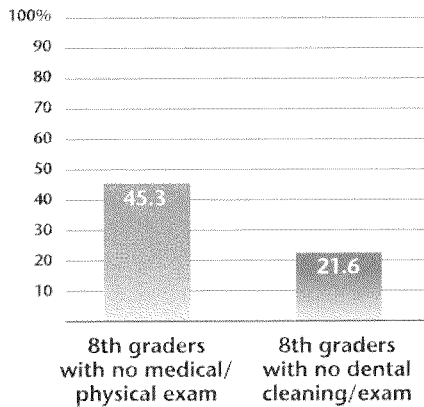


POPULATION

TOTAL 361,300
All children 89,360

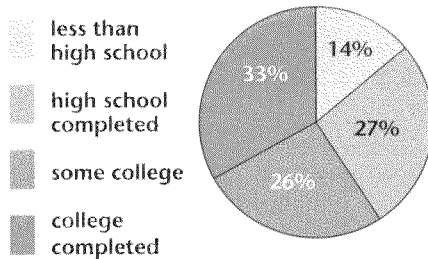
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

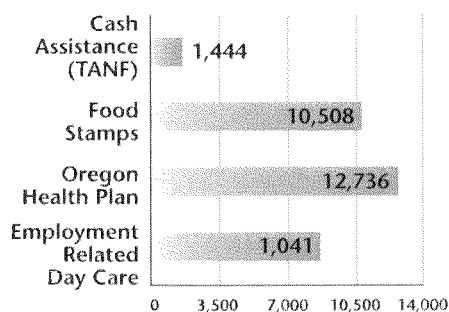
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 37,531



FAMILY FINANCES & STABILITY

\$66,900 is the median family income, which is 12% higher than the state median.
8.04 per 1,000 people filed for personal bankruptcy in 2005, a 65% increase since 2000.
15% of students changed school districts during the 2005-06 school year.
5,830 households with children receive assistance through the WIC nutrition program in a typical month.
27.8% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 9,991 children eat free/reduced price lunches during the school year, while only 1,175 children receive free lunches during the summer.

CHILD WELFARE

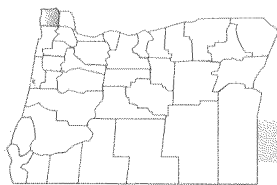
475 children are victims of child abuse/neglect (5.3 per 1,000 children).
41% of victims of abuse/neglect are under age 6.
774 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

14% of eighth graders are at high-risk for depression.
11% of eighth graders have seriously considered suicide.
6.9% of eighth graders have smoked cigarettes in the last month.
16% of eighth graders have been diagnosed with asthma.
27.3% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	10,810	18	20% Better	16.6	6% Better
Head Start / Oregon PreKindergarten	513	55	Same	NA	9% Worse
3rd Grade Reading Proficiency	3,821	91.4	1% Better	89.4	4% Better
3rd Grade Math Proficiency	3,806	91.0	1% Worse	85.5	6% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	3,293	71.8	1% Better	69.8	10% Better
8th Grade Math Proficiency	3,372	73.5	3% Better	67.2	12% Better
High School Dropout	476	2.6	13% Better	2.9	38% Better
Juvenile Arrests (per 1,000 under age 18)	840	9.2	10% Better	9.7	44% Better
Suicide Attempts (per 100,000 ages 10-17)	118	266.8	17% Worse	247.8	20% Worse
HEALTH					
Early Prenatal Care	3,193	84.9	2% Better	84.0	5% Better
Infant Mortality (per 1,000 live births)	14	3.7	11% Better	4.1	35% Better
Uninsured Children	9,383	10.5	NA	NA	Better
Immunizations	NA	79.9	NA	15.8	3% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	126	15.1	14% Better	21.9	34% Better
Obesity	NA	21.3	NA	NA	14% Better
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	9,383	10.5	12% Better	10.1	43% Better
Child Support Payments	NA	64.7	3% Better	65.1	5% Better
Unemployment	10,390	5.4	21% Better	5.8	11% Better
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	277	3.1	Same	2.9	55% Better
Threat of Harm Victims (per 1,000 ages 0-17)	197	2.2	29% Worse	1.9	64% Better
Recurrence of Maltreatment	NA	6.3	NA	NA	38% Better
Foster Care Placement Stability	NA	86.9	1% Worse	NA	3% Better



Clatsop County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$53,900 is the median family income, which is 9% lower than the state median.
9.73 per 1,000 people filed for personal bankruptcy in 2005, a 132% increase since 2000.
17% of students changed school districts during the 2005-06 school year.
1,294 households with children receive assistance through the WIC nutrition program in a typical month.
41.3% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,450 children eat free/reduced price lunches during the school year, while only 214 children receive free lunches during the summer.

CHILD WELFARE

96 children are victims of child abuse/neglect (11.8 per 1,000 children).
54% of victims of abuse/neglect are under age 6.
203 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

13.3% of eighth graders are at high-risk for depression.
13.8% of eighth graders have seriously considered suicide.
14.2% of eighth graders have smoked cigarettes in the last month.
21.8% of eighth graders have been diagnosed with asthma.
37.8% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	728	13	Worse	17.6	24% Worse
Head Start / Oregon PreKindergarten	105	51	Better	NA	15% Worse
3rd Grade Reading Proficiency	317	86.1	Worse	87.3	1% Worse
3rd Grade Math Proficiency	312	84.8	Worse	80.8	2% Worse

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	255	62.7	Worse	58.5	4% Worse
8th Grade Math Proficiency	258	63.9	Worse	58.2	3% Worse
High School Dropout	61	3.3	Worse	3.3	21% Better
Juvenile Arrests (per 1,000 under age 18)	137	16.0	Better	17.4	2% Better
Suicide Attempts (per 100,000 ages 10-17)	14	321.5	Worse	279.4	44% Worse

HEALTH

Early Prenatal Care	325	80.4	Worse	81.6	1% Worse
Infant Mortality (per 1,000 live births)	1	2.4	Better	9.2	57% Better
Uninsured Children	1,200	14.8	NA	NA	Worse
Immunizations	NA	67.3	NA	15.1	13% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	12	15.7	Better	25.8	32% Better
Obesity	NA	28.4	NA	NA	14% Worse

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	1,475	18.2	Worse	17.4	5% Worse
Child Support Payments	NA	61.2	Better	62.8	1% Worse
Unemployment	1,089	5.7	Better	6.1	7% Better

CHILD WELFARE

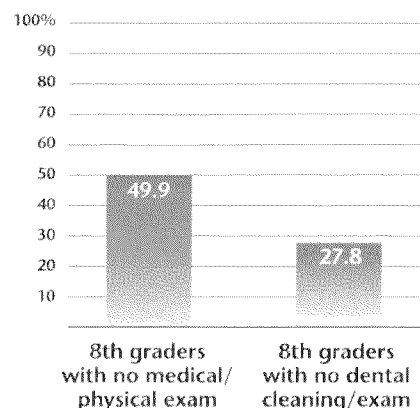
Abuse and Neglect Victims (per 1,000 ages 0-17)	63	7.8	Worse	8.3	13% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	33	4.1	Worse	4.2	33% Better
Recurrence of Maltreatment	NA	7.5	NA	NA	26% Better
Foster Care Placement Stability	NA	79.7	Worse	NA	6% Worse

POPULATION

TOTAL	36,638
All children	8,105

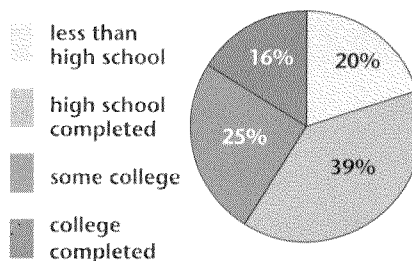
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

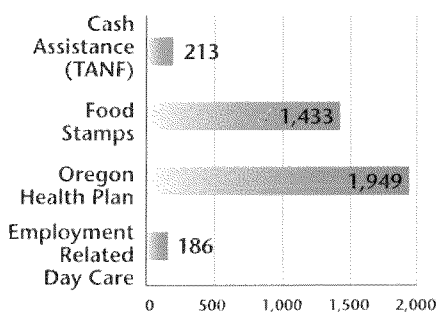
Educational attainment of women who gave birth in 2005.



Family Supports

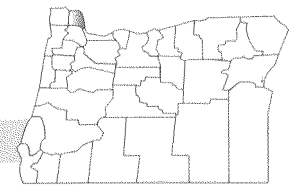
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 3,404



Columbia County

STATUS OF OREGON'S CHILDREN 2006

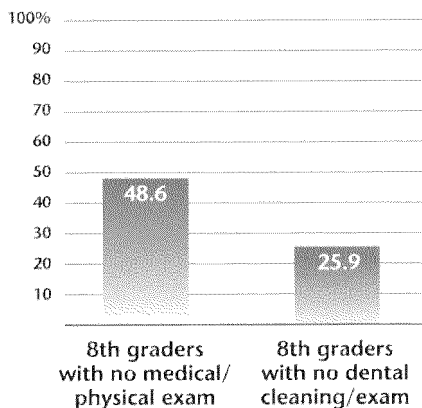


POPULATION

TOTAL	46,220
All children	11,769

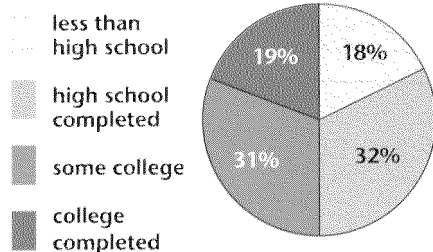
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

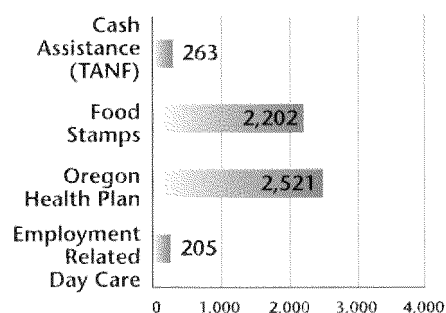
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 4,943



FAMILY FINANCES & STABILITY

\$66,900 is the median family income, which is 12% higher than the state median. 9.57 per 1,000 people filed for personal bankruptcy in 2005, a 98% increase since 2000. 16% of students changed school districts during the 2005-06 school year. 1,193 households with children receive assistance through the WIC nutrition program in a typical month. 32.9% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,871 children eat free/reduced price lunches during the school year, while only 438 children receive free lunches during the summer.

CHILD WELFARE

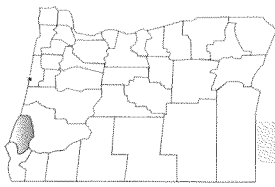
89 children are victims of child abuse/neglect (7.6 per 1,000 children). 46% of victims of abuse/neglect are under age 6. 218 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

19.3% of eighth graders are at high-risk for depression. 16.4% of eighth graders have seriously considered suicide. 10.2% of eighth graders have smoked cigarettes in the last month. 21.4% of eighth graders have been diagnosed with asthma. 34.5% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	1,064	14	27% Better	14.5	18% Worse
Head Start / Oregon PreKindergarten	90	48	3% Worse	NA	20% Worse
3rd Grade Reading Proficiency	544	87.0	9% Better	82.6	Same
3rd Grade Math Proficiency	550	88.0	2% Better	81.5	2% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	408	60.3	22% Better	53.9	8% Worse
8th Grade Math Proficiency	387	56.8	8% Better	49.3	13% Worse
High School Dropout	111	3.9	26% Worse	3.3	7% Better
Juvenile Arrests (per 1,000 under age 18)	144	11.9	35% Better	16.5	28% Better
Suicide Attempts (per 100,000 ages 10-17)	12	193.9	2% Better	252.3	13% Better
HEALTH					
Early Prenatal Care	364	86.9	1% Better	85.5	7% Better
Infant Mortality (per 1,000 live births)	0	0.0	100% Better	3.9	100% Better
Uninsured Children	1,742	14.8	NA	NA	Worse
Immunizations	NA	76.1	NA	15.6	2% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	9	7.3	55% Better	20.2	68% Better
Obesity	NA	23.1	NA	NA	7% Better
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	1,518	12.9	23% Worse	11.4	26% Better
Child Support Payments	NA	62.0	1% Better	63.4	Same
Unemployment	1,685	7.3	21% Better	9.0	20% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	54	4.6	13% Better	5.3	33% Better
Threat of Harm Victims (per 1,000 ages 0-17)	35	3.0	20% Worse	3.0	51% Better
Recurrence of Maltreatment	NA	4.3	NA	NA	58% Better
Foster Care Placement Stability	NA	85.9	7% Worse	NA	2% Better



Coos County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median.
 7.11 per 1,000 people filed for personal bankruptcy in 2005, a 104% increase since 2000.
 20% of students changed school districts during the 2005-06 school year.
 1,861 households with children receive assistance through the WIC nutrition program in a typical month.
 50.1% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 2,941 children eat free/reduced price lunches during the school year, while only 937 children receive free lunches during the summer.

CHILD WELFARE

277 children are victims of child abuse/neglect (21.3 per 1,000 children).
 53% of victims of abuse/neglect are under age 6.
 376 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

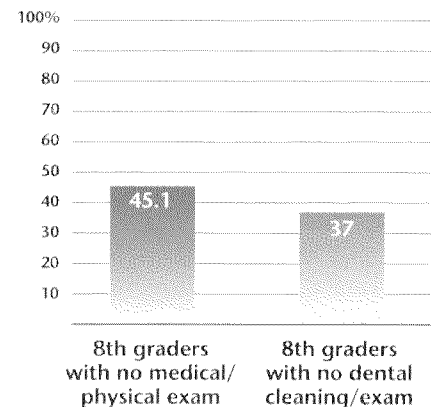
20.5% of eighth graders are at high-risk for depression.
 13.3% of eighth graders have seriously considered suicide.
 12.6% of eighth graders have smoked cigarettes in the last month.
 18.1% of eighth graders have been diagnosed with asthma.
 35.1% of eighth graders have drunk alcohol in the last month.

POPULATION

TOTAL	62,695
All children	13,019

Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.

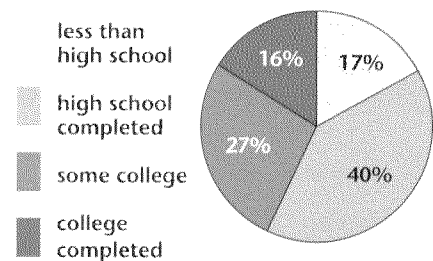


COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	1,239	14	17% Better	13.3	18% Worse
Head Start / Oregon PreKindergarten	253	78	Same	NA	31% Better
3rd Grade Reading Proficiency	503	91.3	4% Better	83.8	4% Better
3rd Grade Math Proficiency	484	88.2	1% Worse	77.2	2% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	481	65.7	9% Better	57.1	Same
8th Grade Math Proficiency	430	58.7	Same	57.7	10% Worse
High School Dropout	151	4.9	6% Better	4.3	17% Worse
Juvenile Arrests (per 1,000 under age 18)	135	9.7	23% Better	16.6	41% Better
Suicide Attempts (per 100,000 ages 10-17)	15	213.7	16% Better	264.6	4% Better
HEALTH					
Early Prenatal Care	460	74.4	5% Worse	75.9	8% Worse
Infant Mortality (per 1,000 live births)	5	8.0	28% Worse	4.2	41% Worse
Uninsured Children	1,393	10.7	NA	NA	Better
Immunizations	NA	77.5	NA	14.7	Same
Teen Pregnancy (per 1,000 girls ages 15-17)	33	25.0	44% Worse	24.5	9% Worse
Obesity	NA	27.0	NA	NA	8% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	3,138	24.1	12% Worse	21.8	39% Worse
Child Support Payments	NA	58.7	1% Better	60.2	5% Worse
Unemployment	2,133	7.3	20% Better	8.4	20% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	173	13.3	55% Worse	12.8	93% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	104	8.0	14% Worse	8.6	31% Worse
Recurrence of Maltreatment	NA	7.7	NA	NA	25% Better
Foster Care Placement Stability	NA	75.1	1% Better	NA	11% Worse

Mother's Education

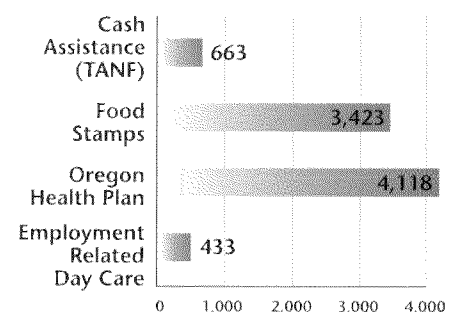
Educational attainment of women who gave birth in 2005.



Family Supports

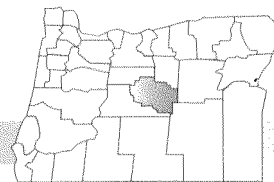
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 5,468



Crook County

STATUS OF OREGON'S CHILDREN 2006

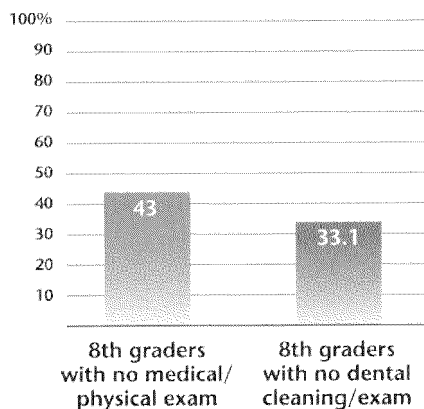


POPULATION

TOTAL	22,776
All children	5,744

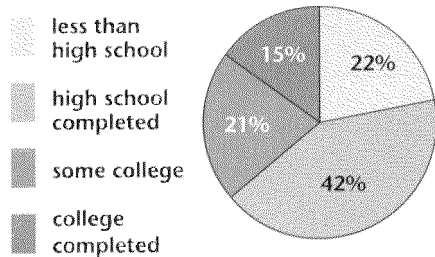
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

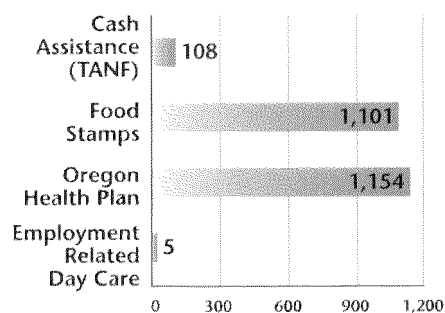
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 2,413



FAMILY FINANCES & STABILITY

\$49,400 is the median family income, which is 19% lower than the state median.
9.61 per 1,000 people filed for personal bankruptcy in 2005, a 31% increase since 2000.
22% of students changed school districts during the 2005-06 school year.
683 households with children receive assistance through the WIC nutrition program in a typical month.
50.5% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,256 children eat free/reduced price lunches during the school year, while no children receive free lunches during the summer.

CHILD WELFARE

83 children are victims of child abuse/neglect (14.4 per 1,000 children).
55% of victims of abuse/neglect are under age 6.
85 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

16.9% of eighth graders are at high-risk for depression.
13.3% of eighth graders have seriously considered suicide.
12.8% of eighth graders have smoked cigarettes in the last month.
18.8% of eighth graders have been diagnosed with asthma.
40.9% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	547	14	Better	10.6	18% Worse
Head Start / Oregon PreKindergarten	57	58	Same	NA	4% Worse
3rd Grade Reading Proficiency	225	86.9	Worse	87.2	Same
3rd Grade Math Proficiency	197	76.4	Worse	77.1	11% Worse

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	145	63.3	Worse	60.4	3% Worse
8th Grade Math Proficiency	133	57.8	Worse	53.6	12% Worse
High School Dropout	54	5.2	Better	5.0	24% Worse
Juvenile Arrests (per 1,000 under age 18)	114	21.5	Better	20.1	31% Worse
Suicide Attempts (per 100,000 ages 10-17)	6	186.9	Better	438.5	16% Better

HEALTH

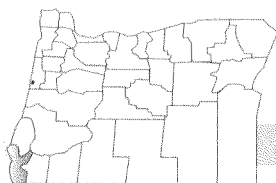
Early Prenatal Care	181	81.9	Worse	87.1	1% Better
Infant Mortality (per 1,000 live births)	2	9.0	Worse	11.1	59% Worse
Uninsured Children	793	13.8	NA	NA	Worse
Immunizations	NA	69.3	NA	14.0	11% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	11	19.6	Worse	19.4	15% Better
Obesity	NA	24.2	NA	NA	3% Better

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	1,074	18.7	Worse	16.7	7% Worse
Child Support Payments	NA	63.1	Better	64.4	2% Better
Unemployment	625	6.7	Better	9.5	10% Worse

CHILD WELFARE

Abuse and Neglect Victims (per 1,000 ages 0-17)	49	8.5	Better	8.7	23% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	34	5.9	Better	7.1	3% Better
Recurrence of Maltreatment	NA	6.3	NA	NA	38% Better
Foster Care Placement Stability	NA	90	Better	NA	6% Better



Curry County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median.
 5.44 per 1,000 people filed for personal bankruptcy in 2005, a 69% increase since 2000.
 18% of students changed school districts during the 2005-06 school year.
 461 households with children receive assistance through the WIC nutrition program in a typical month.
 55.7% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 981 children eat free/reduced price lunches during the school year, while only 379 children receive free lunches during the summer.

CHILD WELFARE

39 children are victims of child abuse/neglect (10.4 per 1,000 children).
 69% of victims of abuse/neglect are under age 6.
 61 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

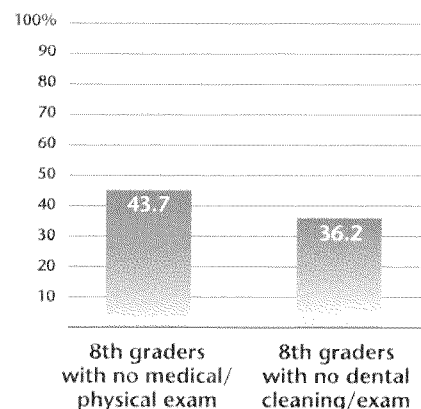
18% of eighth graders are at high-risk for depression.
 13.5% of eighth graders have seriously considered suicide.
 11.8% of eighth graders have smoked cigarettes in the last month.
 18.3% of eighth graders have been diagnosed with asthma.
 36.1% of eighth graders have drunk alcohol in the last month.

POPULATION

TOTAL	21,191
All children	3,746

Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.

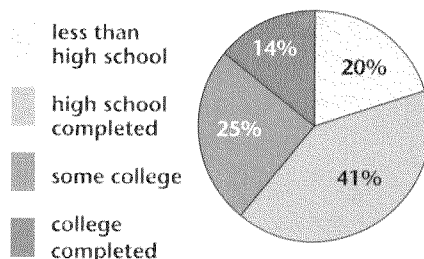


COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	274	11	Same	11.8	35% Worse
Head Start / Oregon PreKindergarten	72	160	Same	NA	167% Better
3rd Grade Reading Proficiency	141	86.0	Better	83.7	1% Worse
3rd Grade Math Proficiency	142	86.6	Same	78.9	Same
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	130	60.2	Better	60.3	8% Worse
8th Grade Math Proficiency	131	60.6	Better	54.8	7% Worse
High School Dropout	45	4.3	Worse	3.7	2% Worse
Juvenile Arrests (per 1,000 under age 18)	45	11.6	Better	15.7	29% Better
Suicide Attempts (per 100,000 ages 10-17)	3	145.3	Better	330.7	35% Better
HEALTH					
Early Prenatal Care	98	68.5	Worse	73.6	15% Worse
Infant Mortality (per 1,000 live births)	0	0.0	Better	7.7	100% Better
Uninsured Children	401	10.7	NA	NA	Better
Immunizations	NA	71.6	NA	14.4	8% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	8	18.0	Worse	22.3	22% Better
Obesity	NA	22.8	NA	NA	8% Better
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	749	20.0	Worse	19.4	15% Worse
Child Support Payments	NA	56.8	Better	58.4	8% Worse
Unemployment	630	6.5	Better	6.7	7% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	26	6.9	Better	9.3	Same
Threat of Harm Victims (per 1,000 ages 0-17)	13	3.5	Better	5.9	43% Better
Recurrence of Maltreatment	NA	11.8	NA	NA	16% Worse
Foster Care Placement Stability	NA	83.3	Better	NA	2% Worse

Mother's Education

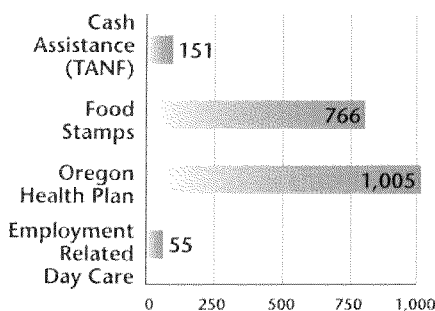
Educational attainment of women who gave birth in 2005.



Family Supports

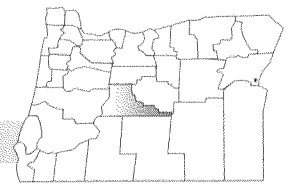
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 1,573



Deschutes County

STATUS OF OREGON'S CHILDREN 2006

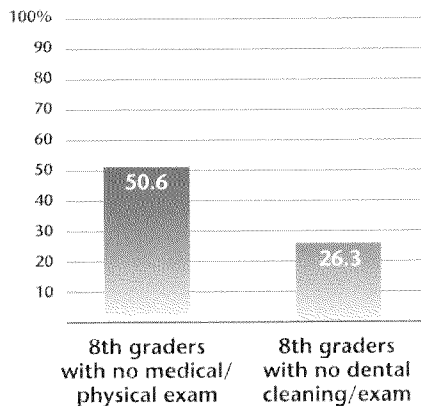


POPULATION

TOTAL	143,491
All children	32,821

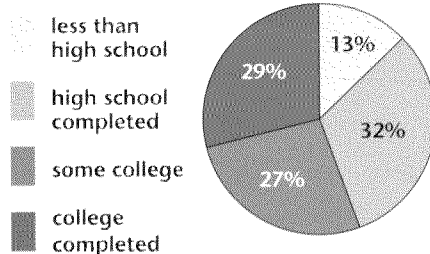
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

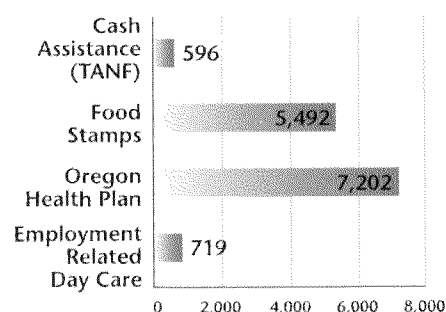
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 13,785



FAMILY FINANCES & STABILITY

\$58,800 is the median family income, which is the same as the state median.
 9.07 per 1,000 people filed for personal bankruptcy in 2005, a 66% increase since 2000.
 21% of students changed school districts during the 2005-06 school year.
 3,728 households with children receive assistance through the WIC nutrition program in a typical month.
 33.7% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 5,302 children eat free/reduced price lunches during the school year, while only 1,016 children receive free lunches during the summer.

CHILD WELFARE

314 children are victims of child abuse/neglect (9.6 per 1,000 children).
 41% of victims of abuse/neglect are under age 6.
 257 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

14% of eighth graders are at high-risk for depression.
 11.8% of eighth graders have seriously considered suicide.
 8.9% of eighth graders have smoked cigarettes in the last month.
 15.8% of eighth graders have been diagnosed with asthma.
 34.3% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	4,886	21	24% Better	16.0	24% Better
Head Start / Oregon PreKindergarten	213	66	Same	NA	9% Better
3rd Grade Reading Proficiency	1,514	87.6	1% Worse	87.0	Same
3rd Grade Math Proficiency	1,487	86.0	4% Worse	80.7	Same

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	1,202	68.3	5% Better	62.1	4% Better
8th Grade Math Proficiency	1,179	67.1	Same	59.9	2% Better
High School Dropout	214	3.0	19% Better	4.1	29% Better
Juvenile Arrests (per 1,000 under age 18)	657	19.8	11% Better	26.6	21% Worse
Suicide Attempts (per 100,000 ages 10-17)	42	258.3	36% Better	319.5	16% Worse

HEALTH

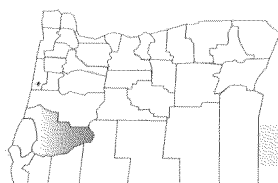
Early Prenatal Care	1,605	90.2	1% Better	89.8	11% Better
Infant Mortality (per 1,000 live births)	4	2.2	63% Better	5.9	61% Better
Uninsured Children	4,529	13.8	NA	NA	Worse
Immunizations	NA	59.0	NA	13.0	24% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	63	22.7	Same	26.7	Same
Obesity	NA	18.6	NA	NA	25% Better

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	5,022	15.3	11% Worse	14.1	12% Better
Child Support Payments	NA	59.4	1% Worse	63.4	4% Worse
Unemployment	4,054	5.5	18% Better	6.8	10% Better

CHILD WELFARE

Abuse and Neglect Victims (per 1,000 ages 0-17)	164	5.0	22% Worse	5.4	28% Better
Threat of Harm Victims (per 1,000 ages 0-17)	151	4.6	10% Worse	5.8	25% Better
Recurrence of Maltreatment	NA	12.2	NA	NA	20% Worse
Foster Care Placement Stability	NA	89.9	1% Better	NA	6% Better



Douglas County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median.
 9.13 per 1,000 people filed for personal bankruptcy in 2005, a 88% increase since 2000.
 20% of students changed school districts during the 2005-06 school year.
 3,531 households with children receive assistance through the WIC nutrition program in a typical month.
 48.3% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 5,435 children eat free/reduced price lunches during the school year, while only 928 children receive free lunches during the summer.

CHILD WELFARE

292 children are victims of child abuse/neglect (12.8 per 1,000 children).
 57% of victims of abuse/neglect are under age 6.
 425 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

19.5% of eighth graders are at high-risk for depression.
 14.1% of eighth graders have seriously considered suicide.
 15% of eighth graders have smoked cigarettes in the last month.
 16.5% of eighth graders have been diagnosed with asthma.
 36.1% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

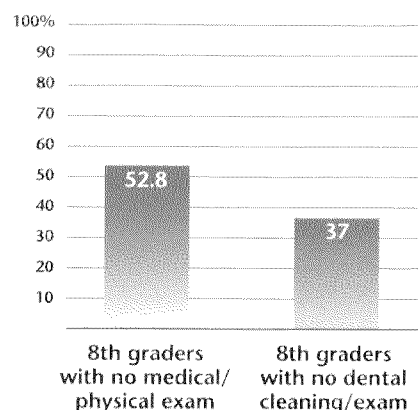
	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	2,663	17	6% Better	16.6	Same
Head Start / Oregon PreKindergarten	318	58	Same	NA	3% Worse
3rd Grade Reading Proficiency	982	88.3	4% Better	82.8	1% Better
3rd Grade Math Proficiency	945	85.0	2% Better	74.3	1% Worse
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	731	57.4	4% Better	52.9	12% Worse
8th Grade Math Proficiency	686	54.3	7% Better	46.8	17% Worse
High School Dropout	238	4.6	10% Better	5.1	10% Worse
Juvenile Arrests (per 1,000 under age 18)	563	23.4	8% Better	31.8	42% Worse
Suicide Attempts (per 100,000 ages 10-17)	26	197.2	25% Better	345.5	12% Better
HEALTH					
Early Prenatal Care	902	82.8	1% Better	85.3	2% Better
Infant Mortality (per 1,000 live births)	8	7.3	34% Worse	7.5	28% Worse
Uninsured Children	2,449	10.7	NA	NA	Better
Immunizations	NA	81.3	NA	14.7	5% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	41	18.6	19% Better	29.2	19% Better
Obesity	NA	25.5	NA	NA	2% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	5,080	22.2	17% Worse	19.0	28% Worse
Child Support Payments	NA	61.0	1% Worse	65.5	1% Worse
Unemployment	3,835	8.1	14% Better	9.0	33% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	158	6.9	50% Worse	6.2	Same
Threat of Harm Victims (per 1,000 ages 0-17)	133	5.8	18% Worse	6.2	5% Better
Recurrence of Maltreatment	NA	4.5	NA	NA	56% Better
Foster Care Placement Stability	NA	87.1	7% Worse	NA	3% Better

POPULATION

TOTAL	102,904
All children	22,884

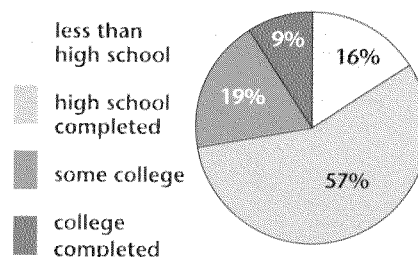
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

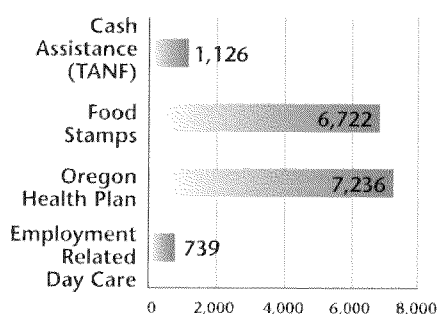
Educational attainment of women who gave birth in 2005.



Family Supports

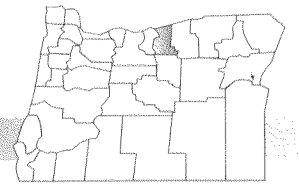
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 9,611



Gilliam County

STATUS OF OREGON'S CHILDREN 2006

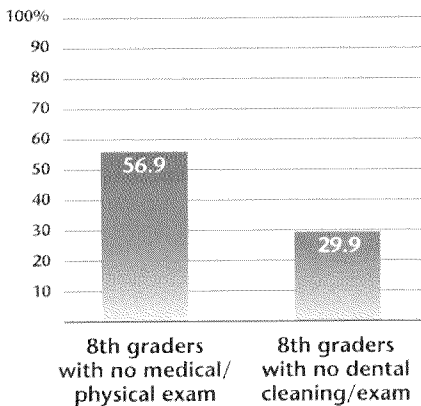


POPULATION

TOTAL	1,891
All children	408

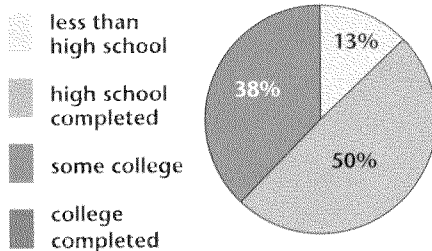
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

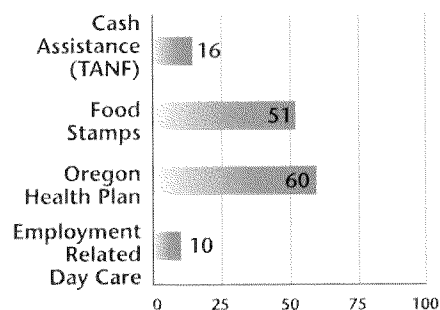
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 171



FAMILY FINANCES & STABILITY

\$49,800 is the median family income, which is 18% lower than the state median. 10.59 per 1,000 people filed for personal bankruptcy in 2005, a 304% increase since 2000.

13% of students changed school districts during the 2005-06 school year.

41 households with children receive assistance through the WIC nutrition program in a typical month.

29.5% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 73 children eat free/reduced price lunches during the

CHILD WELFARE

6 to 13 children are victims of child abuse/neglect (14.7 to 31.8 per 1,000 children). Data unavailable for the percentage of victims of abuse/neglect who are under age 6. 11 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

16.3% of eighth graders are at high-risk for depression.*

17.3% of eighth graders have seriously considered suicide.*

10% of eighth graders have smoked cigarettes in the last month.*

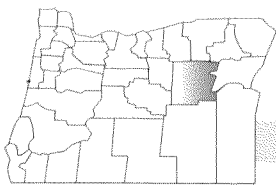
21.3% of eighth graders have been diagnosed with asthma.*

33.4% of eighth graders have drunk alcohol in the last month.*

*Denotes regional data

COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	78	30	Better	12.5	77% Better
Head Start / Oregon PreKindergarten	9	225	Worse	NA	275% Better
3rd Grade Reading Proficiency	17	94.4	Better	91.3	7% Better
3rd Grade Math Proficiency	15	83.3	Worse	84.8	3% Worse
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	16	66.7	Same	66.1	2% Better
8th Grade Math Proficiency	19	79.2	Worse	69.5	21% Better
High School Dropout	4	4.1	Worse	0.6	2% Better
Juvenile Arrests (per 1,000 under age 18)	3	6.9	Worse	10.0	58% Better
Suicide Attempts (per 100,000 ages 10-17)	1	440.5	Worse	439.7	97% Worse
HEALTH					
Early Prenatal Care	14	93.3	Better	82.4	15% Better
Infant Mortality (per 1,000 live births)	0	0.0	Same	0.0	100% Better
Uninsured Children	62	15.1	NA	NA	Worse
Immunizations	NA	57.4	NA	15.6	26% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	0	0.0	Same	0.0	100% Better
Obesity	NA	29.0	NA	NA	16% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	49	12.1	Worse	13.5	30% Better
Child Support Payments	NA	59.6	Worse	69.9	3% Worse
Unemployment	59	5.8	Better	6.0	5% Better
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	1-5	NA	NA	11.2	NA
Threat of Harm Victims (per 1,000 ages 0-17)	1-5	NA	NA	7.3	NA
Recurrence of Maltreatment	NA	0	NA	NA	100% Better
Foster Care Placement Stability	NA	85.7	NA	NA	1% Better



Grant County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median.
 7.81 per 1,000 people filed for personal bankruptcy in 2005, a 263% increase since 2000.
 15% of students changed school districts during the 2005-06 school year.
 176 households with children receive assistance through the WIC nutrition program in a typical month.
 46.4% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 389 children eat free/reduced price lunches during the school year, while no children receive free lunches during the summer.

CHILD WELFARE

43 children are victims of child abuse/neglect (24.3 per 1,000 children).
 Data unavailable for the percentage of victims of abuse/neglect who are under age 6.
 53 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

21% of eighth graders are at high-risk for depression.
 20.5% of eighth graders have seriously considered suicide.
 9% of eighth graders have smoked cigarettes in the last month.
 13.2% of eighth graders have been diagnosed with asthma.
 37.8% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

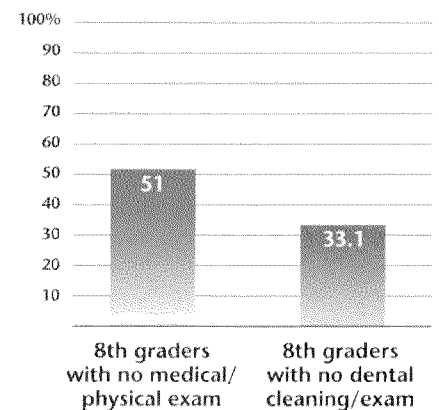
	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	181	16	Better	14.9	6% Worse
Head Start / Oregon PreKindergarten	18	46	Same	NA	23% Worse
3rd Grade Reading Proficiency	NA	> 95%	NA	94.3	Better
3rd Grade Math Proficiency	58	84.1	Worse	88.4	2% Worse
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	78	77.2	Better	62.1	18% Better
8th Grade Math Proficiency	63	62.4	Worse	58.8	5% Worse
High School Dropout	3	0.8	Worse	0.6	81% Better
Juvenile Arrests (per 1,000 under age 18)	6	3.2	Better	13.0	81% Better
Suicide Attempts (per 100,000 ages 10-17)	0	0.0	Better	226.8	100% Better
HEALTH					
Early Prenatal Care	45	80.4	Worse	85.5	1% Worse
Infant Mortality (per 1,000 live births)	0	0.0	Better	9.2	100% Better
Uninsured Children	330	18.6	NA	NA	Worse
Immunizations	NA	81.4	NA	14.3	5% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	0	0.0	Same	6.5	100% Better
Obesity	NA	20.2	NA	NA	19% Better
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	321	18.1	Worse	18.1	4% Worse
Child Support Payments	NA	59.2	Worse	62.5	4% Worse
Unemployment	365	9.9	Better	10.6	62% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	32	18.1	Worse	14.3	162% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	11	6.2	Better	9.3	2% Worse
Recurrence of Maltreatment	NA	17.4	NA	NA	71% Worse
Foster Care Placement Stability	NA	100	Better	NA	18% Better

POPULATION

TOTAL	7,683
All children	1,772

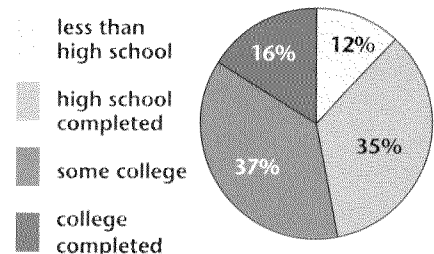
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

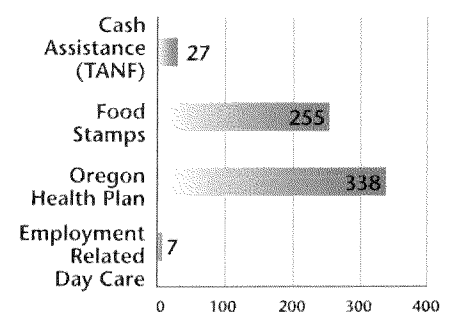
Educational attainment of women who gave birth in 2005.



Family Supports

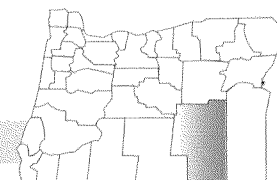
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 744



Harney County

STATUS OF OREGON'S CHILDREN 2006

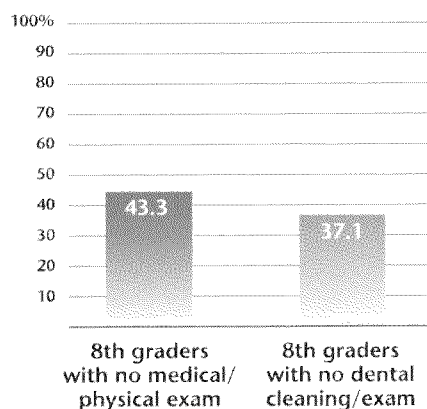


POPULATION

TOTAL	7,662
All children	1,824

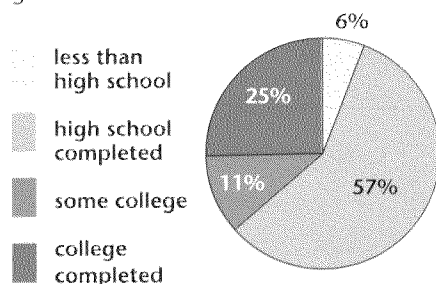
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

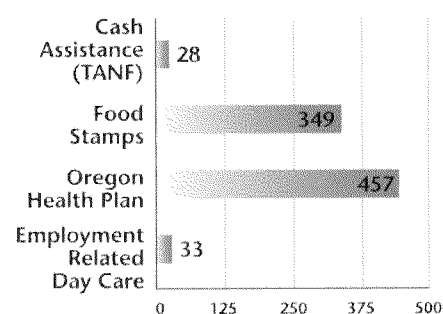
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 766



FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median. 7.68 per 1,000 people filed for personal bankruptcy in 2005, a 144% increase since 2000. 21% of students changed school districts during the 2005-06 school year. 242 households with children receive assistance through the WIC nutrition program in a typical month. 49.9% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 379 children eat free/reduced price lunches during the school year, while only 134 children receive free lunches during the summer.

CHILD WELFARE

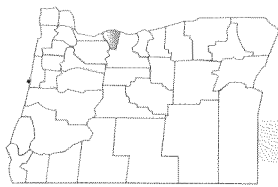
44 children are victims of child abuse/neglect (24.1 per 1,000 children). 30% of victims of abuse/neglect are under age 6. 67 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

17.9% of eighth graders are at high-risk for depression. 14.6% of eighth graders have seriously considered suicide. 12.6% of eighth graders have smoked cigarettes in the last month. 16.8% of eighth graders have been diagnosed with asthma. 31% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	196	16	Better	9.2	6% Worse
Head Start / Oregon PreKindergarten	80	286	Same	NA	376% Better
3rd Grade Reading Proficiency	59	89.4	Better	89.1	2% Better
3rd Grade Math Proficiency	58	87.9	Better	84.5	2% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	86	74.1	Better	70.2	13% Better
8th Grade Math Proficiency	89	76.1	Better	63.0	16% Better
High School Dropout	9	2.0	Same	2.8	52% Better
Juvenile Arrests (per 1,000 under age 18)	26	13.3	Worse	9.1	19% Better
Suicide Attempts (per 100,000 ages 10-17)	4	404.0	Worse	227.6	81% Worse
HEALTH					
Early Prenatal Care	52	81.3	Better	79.9	Same
Infant Mortality (per 1,000 live births)	1	15.2	Worse	4.7	166% Worse
Uninsured Children	339	18.6	NA	NA	Worse
Immunizations	NA	81.7	NA	15.5	5% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	0	0.0	Better	22.8	100% Better
Obesity	NA	28.7	NA	NA	15% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	390	21.4	Worse	20.2	23% Worse
Child Support Payments	NA	63.1	Same	63.6	2% Better
Unemployment	313	9.1	Better	10.9	49% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	37	20.3	Better	16.9	194% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	7	3.8	Better	5.6	38% Better
Recurrence of Maltreatment	NA	20.8	NA	NA	104% Worse
Foster Care Placement Stability	NA	73.9	Better	NA	13% Worse



Hood River County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$50,100 is the median family income, which is 18% lower than the state median.
6.39 per 1,000 people filed for personal bankruptcy in 2005, a 104% increase since 2000.
18% of students changed school districts during the 2005-06 school year.
1,000 households with children receive assistance through the WIC nutrition program in a typical month.
54% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,546 children eat free/reduced price lunches during the school year, while only 394 children receive free lunches during the summer.

CHILD WELFARE

65 children are victims of child abuse/neglect (11.4 per 1,000 children).
49% of victims of abuse/neglect are under age 6.
64 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

15% of eighth graders are at high-risk for depression.
9.9% of eighth graders have seriously considered suicide.
6.5% of eighth graders have smoked cigarettes in the last month.
13.7% of eighth graders have been diagnosed with asthma.
30.5% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

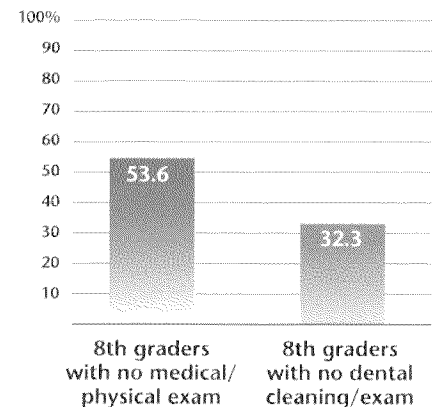
	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	947	23	Better	22.1	35% Better
Head Start / Oregon PreKindergarten	146	109	Better	NA	82% Better
3rd Grade Reading Proficiency	222	83.5	Better	82.9	4% Worse
3rd Grade Math Proficiency	220	82.1	Better	77.3	5% Worse
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	227	67.4	Better	57.3	3% Better
8th Grade Math Proficiency	222	65.9	Better	57.0	1% Better
High School Dropout	31	2.4	Better	3.2	43% Better
Juvenile Arrests (per 1,000 under age 18)	57	9.6	Better	14.6	42% Better
Suicide Attempts (per 100,000 ages 10-17)	11	413.1	Worse	272.6	85% Worse
HEALTH					
Early Prenatal Care	229	81.5	Worse	82.3	1% Better
Infant Mortality (per 1,000 live births)	1	3.4	Better	6.7	40% Better
Uninsured Children	861	15.1	NA	NA	Worse
Immunizations	NA	79.0	NA	16.4	2% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	12	23.5	Better	25.7	2% Worse
Obesity	NA	26.0	NA	NA	4% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	1,095	19.2	Worse	18.9	10% Worse
Child Support Payments	NA	52.8	Worse	60.2	14% Worse
Unemployment	788	6.4	Better	8.7	5% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	51	8.9	Worse	0.0	29% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	14	2.5	Better	6.8	59% Better
Recurrence of Maltreatment	NA	8.3	NA	NA	19% Better
Foster Care Placement Stability	NA	81.4	Same	NA	4% Worse

POPULATION

TOTAL	21,181
All children	5,705

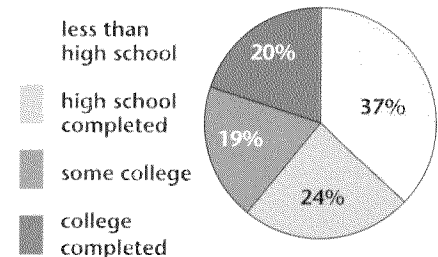
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

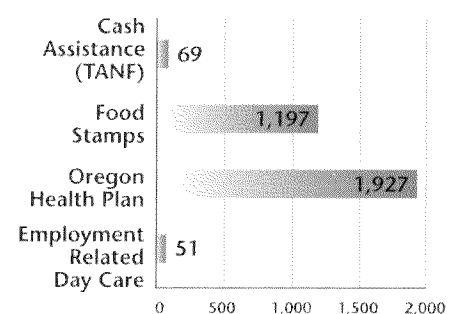
Educational attainment of women who gave birth in 2005.



Family Supports

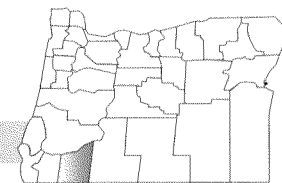
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 2,396



Jackson County

STATUS OF OREGON'S CHILDREN 2006

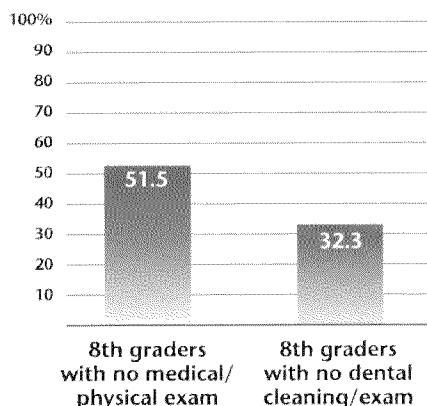


POPULATION

TOTAL 194,514
All children 44,888

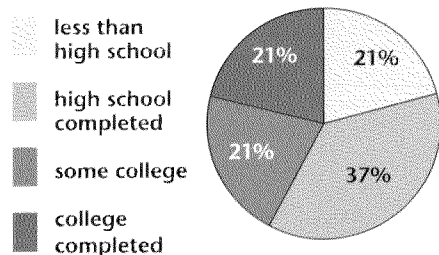
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

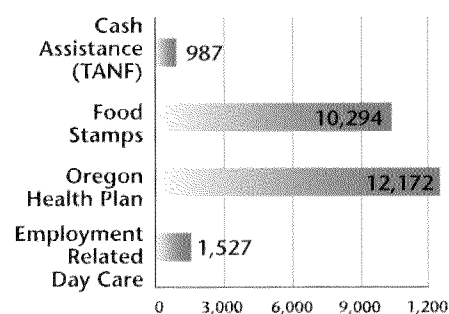
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children:



FAMILY FINANCES & STABILITY

\$52,900 is the median family income, which is 11% lower than the state median. 7.75 per 1,000 people filed for personal bankruptcy in 2005, a 39% increase since 2000. 21% of students changed school districts during the 2005-06 school year. 5,495 households with children receive assistance through the WIC nutrition program in a typical month. 41.3% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 8,099 children eat free/reduced price lunches during the school year, while only 1,115 children receive free lunches during the summer.

CHILD WELFARE

835 children are victims of child abuse/neglect (18.6 per 1,000 children). 54% of victims of abuse/neglect are under age 6. 815 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

18.1% of eighth graders are at high-risk for depression. 13.4% of eighth graders have seriously considered suicide. 9.9% of eighth graders have smoked cigarettes in the last month. 16.1% of eighth graders have been diagnosed with asthma. 30.9% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	4,993	16	Same	18.5	6% Worse
Head Start / Oregon PreKindergarten	578	61	4% Better	NA	2% Better
3rd Grade Reading Proficiency	1,756	89.1	1% Better	87.6	2% Better
3rd Grade Math Proficiency	1,722	87.2	Same	83.1	1% Better

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	1,478	66.8	15% Better	59.9	2% Better
8th Grade Math Proficiency	1,397	63.0	4% Better	57.3	4% Worse
High School Dropout	649	6.9	5% Better	6.5	64% Worse
Juvenile Arrests (per 1,000 under age 18)	1,192	25.7	23% Better	30.3	57% Worse
Suicide Attempts (per 100,000 ages 10-17)	40	176.3	4% Worse	245.7	21% Better

HEALTH

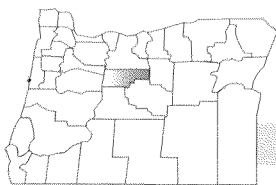
Early Prenatal Care	1,724	78.1	2% Better	78.3	4% Worse
Infant Mortality (per 1,000 live births)	9	4.1	34% Better	6.5	29% Better
Uninsured Children	4,803	10.7	NA	NA	Better
Immunizations	NA	76.2	NA	14.2	2% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	88	21.2	6% Better	27.5	8% Better
Obesity	NA	25.1	NA	NA	Same

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	8,753	19.5	10% Worse	18.3	12% Worse
Child Support Payments	NA	60.8	1% Better	61.5	1% Worse
Unemployment	6,006	6	15% Better	6.6	2% Better

CHILD WELFARE

Abuse and Neglect Victims (per 1,000 ages 0-17)	265	5.9	22% Better	6.0	14% Better
Threat of Harm Victims (per 1,000 ages 0-17)	570	12.7	53% Worse	6.8	108% Worse
Recurrence of Maltreatment	NA	14.2	NA	NA	39% Worse
Foster Care Placement Stability	NA	85.5	1% Better	NA	1% Better



Jefferson County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median.
 10.15 per 1,000 people filed for personal bankruptcy in 2005, a 174% increase since 2000.
 27% of students changed school districts during the 2005-06 school year.
 1,209 households with children receive assistance through the WIC nutrition program in a typical month.
 73.2% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 2,004 children eat free/reduced price lunches during the school year, while only 669 children receive free lunches during the summer.

CHILD WELFARE

85 children are victims of child abuse/neglect (14.4 per 1,000 children).
 55% of victims of abuse/neglect are under age 6.
 84 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

20.6% of eighth graders are at high-risk for depression.
 13.3% of eighth graders have seriously considered suicide.
 9.4% of eighth graders have smoked cigarettes in the last month.
 15.1% of eighth graders have been diagnosed with asthma.
 37.2% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	881	21	Better	18.8	24% Better
Head Start / Oregon PreKindergarten	225	140	Better	NA	133% Better
3rd Grade Reading Proficiency	236	78.4	Worse	78.1	9% Worse
3rd Grade Math Proficiency	204	67.5	Worse	70.3	22% Worse

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	142	51.1	Worse	41.1	22% Worse
8th Grade Math Proficiency	151	54.3	Worse	38.2	17% Worse
High School Dropout	63	5.8	Worse	4.6	38% Worse
Juvenile Arrests (per 1,000 under age 18)	108	18.2	Better	23.4	11% Worse
Suicide Attempts (per 100,000 ages 10-17)	5	184.0	Worse	307.2	18% Better

HEALTH

Early Prenatal Care	239	75.9	Better	67.9	6% Worse
Infant Mortality (per 1,000 live births)	3	9.5	Worse	12.3	66% Worse
Uninsured Children	817	13.8	NA	NA	Worse
Immunizations	NA	77.3	NA	16.2	Same
Teen Pregnancy (per 1,000 girls ages 15-17)	18	32.6	Better	50.9	42% Worse
Obesity	NA	30.3	NA	NA	22% Worse

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	1,361	23.0	Worse	21.2	32% Worse
Child Support Payments	NA	52.3	Worse	56.9	15% Worse
Unemployment	556	6.1	Better	7.1	Same

CHILD WELFARE

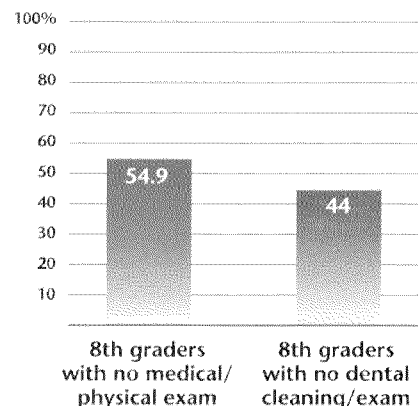
Abuse and Neglect Victims (per 1,000 ages 0-17)	62	10.5	Better	7.0	52% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	23	3.9	Better	3.8	36% Better
Recurrence of Maltreatment	NA	8.9	NA	NA	13% Better
Foster Care Placement Stability	NA	97.6	Better	NA	15% Better

POPULATION

TOTAL	20,600
All children	5,917

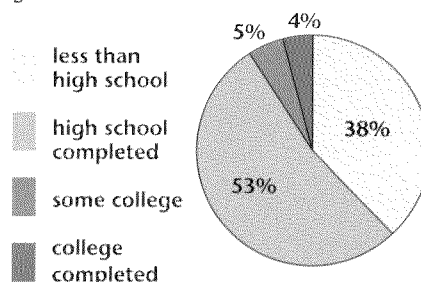
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

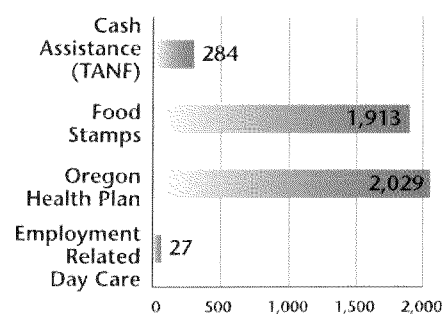
Educational attainment of women who gave birth in 2005.



Family Supports

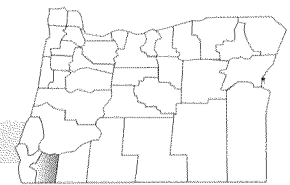
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 2,485



Josephine County

STATUS OF OREGON'S CHILDREN 2006

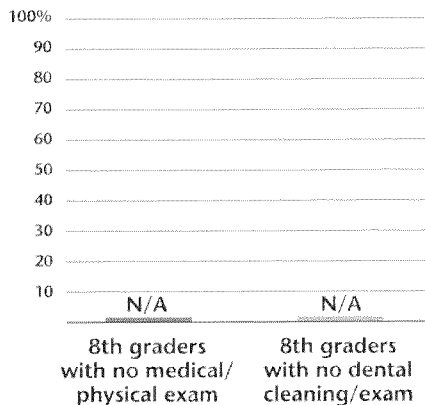


POPULATION

TOTAL	79,645
All children	17,153

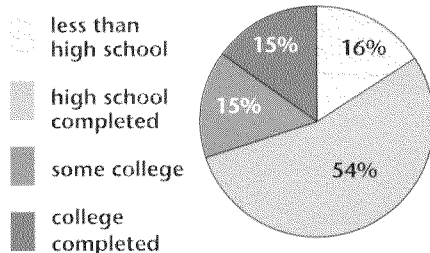
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

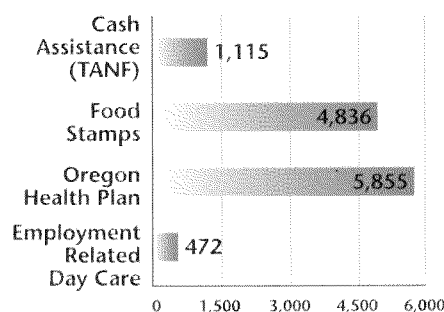
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 7,204



FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median. 6.5 per 1,000 people filed for personal bankruptcy in 2005, a 50% increase since 2000. 18% of students changed school districts during the 2005-06 school year. 2,784 households with children receive assistance through the WIC nutrition program in a typical month. 52.2% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 4,334 children eat free/reduced price lunches during the school year, while only 972 children receive free lunches during the summer.

CHILD WELFARE

224 children are victims of child abuse/neglect (13.1 per 1,000 children). 43% of victims of abuse/neglect are under age 6. 314 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

No data are available on eighth graders at high-risk for depression. No data are available on eighth graders who have seriously considered suicide. No data are available on eighth graders who have smoked cigarettes in the last month. No data are available on eighth graders who have been diagnosed with asthma. No data are available on eighth graders who have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	1,544	13	Same	14.2	24% Worse
Head Start / Oregon PreKindergarten	252	51	1% Worse	NA	15% Worse
3rd Grade Reading Proficiency	700	90.2	1% Worse	90.0	3% Better
3rd Grade Math Proficiency	688	88.8	4% Worse	85.2	3% Better

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	645	71.4	7% Better	62.0	9% Better
8th Grade Math Proficiency	597	66.4	1% Better	57.1	1% Better
High School Dropout	128	3.2	38% Better	5.1	24% Better
Juvenile Arrests (per 1,000 under age 18)	230	12.8	3% Worse	13.5	22% Better
Suicide Attempts (per 100,000 ages 10-17)	14	154.9	52% Better	318.0	31% Better

HEALTH

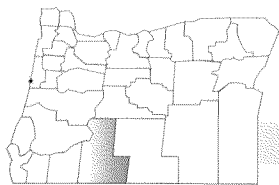
Early Prenatal Care	674	84.9	1% Worse	83.5	5% Better
Infant Mortality (per 1,000 live births)	9	11.3	81% Worse	8.0	99% Worse
Uninsured Children	1,835	10.7	NA	NA	Better
Immunizations	NA	82.4	NA	15.7	6% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	22	13.0	18% Better	24.6	44% Better
Obesity	NA	NA	NA	NA	NA

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	4,323	25.2	7% Worse	23.9	45% Worse
Child Support Payments	NA	54.9	1% Better	58.5	11% Worse
Unemployment	2,426	6.9	16% Better	8.2	13% Worse

CHILD WELFARE

Abuse and Neglect Victims (per 1,000 ages 0-17)	189	11.0	72% Worse	7.2	59% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	36	2.1	36% Better	3.9	66% Better
Recurrence of Maltreatment	NA	9.7	NA	NA	5% Better
Foster Care Placement Stability	NA	85.9	5% Better	NA	2% Better



Klamath County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median.
 8.96 per 1,000 people filed for personal bankruptcy in 2005, a 75% increase since 2000.
 26% of students changed school districts during the 2005-06 school year.
 2,641 households with children receive assistance through the WIC nutrition program in a typical month.
 52.2% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 3,820 children eat free/reduced price lunches during the school year, while only 389 children receive free lunches during the summer.

CHILD WELFARE

355 children are victims of child abuse/neglect (22 per 1,000 children).
 49% of victims of abuse/neglect are under age 6.
 479 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

17.2% of eighth graders are at high-risk for depression.
 14.4% of eighth graders have seriously considered suicide.
 9.5% of eighth graders have smoked cigarettes in the last month.
 14.4% of eighth graders have been diagnosed with asthma.
 34.4% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

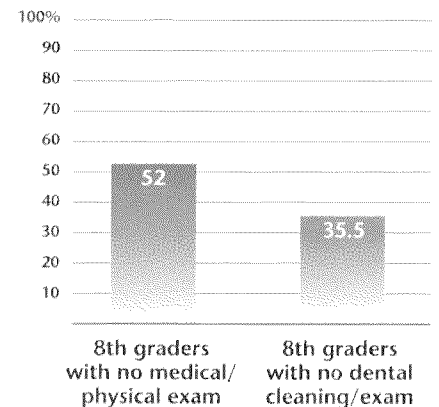
	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	2,081	18	Same	19.5	6% Better
Head Start / Oregon PreKindergarten	338	71	5% Better	NA	19% Better
3rd Grade Reading Proficiency	644	88.1	4% Better	83.7	1% Better
3rd Grade Math Proficiency	606	82.9	3% Better	77.0	4% Worse
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	471	55.4	5% Better	56.2	16% Worse
8th Grade Math Proficiency	480	56.3	17% Better	51.2	14% Worse
High School Dropout	110	3.3	8% Better	4.1	21% Better
Juvenile Arrests (per 1,000 under age 18)	240	14.5	7% Better	17.1	12% Better
Suicide Attempts (per 100,000 ages 10-17)	21	267.9	22% Better	405.3	20% Worse
HEALTH					
Early Prenatal Care	665	82.5	8% Better	77.1	2% Better
Infant Mortality (per 1,000 live births)	10	12.3	82% Worse	6.9	117% Worse
Uninsured Children	3,003	18.6	NA	NA	Worse
Immunizations	NA	81.5	NA	15.4	5% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	28	20.0	35% Better	38.0	13% Better
Obesity	NA	24.4	NA	NA	2% Better
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	3,649	22.6	12% Worse	21.4	30% Worse
Child Support Payments	NA	58.0	2% Better	61.3	6% Worse
Unemployment	2,311	7.6	20% Better	9.3	25% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	129	8.0	9% Better	8.4	16% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	226	14.0	13% Better	14.4	130% Worse
Recurrence of Maltreatment	NA	7.7	NA	NA	25% Better
Foster Care Placement Stability	NA	84.7	Same	NA	Same

POPULATION

TOTAL	65,055
All children	16,144

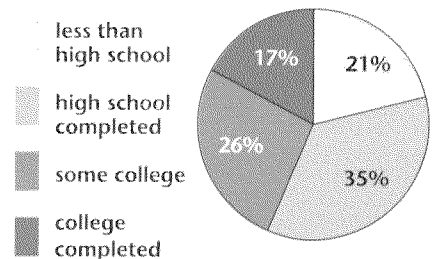
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

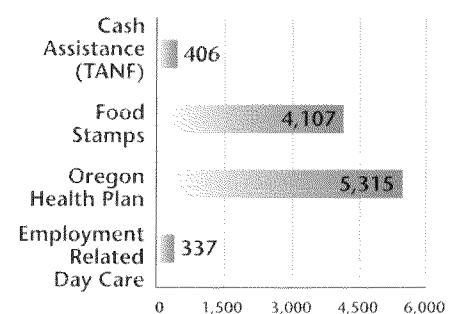
Educational attainment of women who gave birth in 2005.



Family Supports

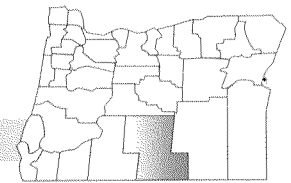
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 6,780



Lake County

STATUS OF OREGON'S CHILDREN 2006

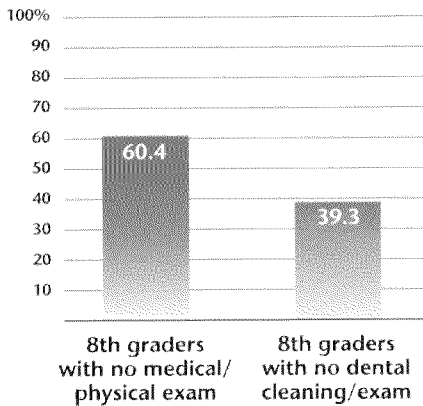


POPULATION

TOTAL	7,507
All children	1,728

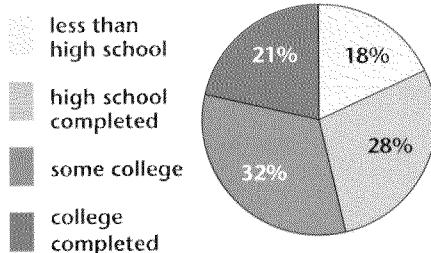
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

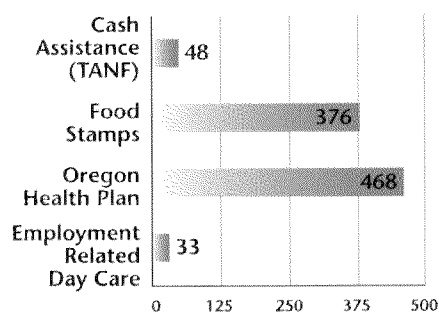
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 726



FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median.
 5.33 per 1,000 people filed for personal bankruptcy in 2005, a 65% increase since 2000.
 21% of students changed school districts during the 2005-06 school year.
 228 households with children receive assistance through the WIC nutrition program in a typical month.
 46.7% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 375 children eat free/reduced price lunches during the school year, while only 43 children receive free lunches during the summer.

CHILD WELFARE

14 children are victims of child abuse/neglect (8.1 per 1,000 children).
 43% of victims of abuse/neglect are under age 6.
 38 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

19.3% of eighth graders are at high-risk for depression.
 12.6% of eighth graders have seriously considered suicide.
 11.9% of eighth graders have smoked cigarettes in the last month.
 23.5% of eighth graders have been diagnosed with asthma.
 36.2% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	135	12	Same	16.5	29% Worse
Head Start / Oregon PreKindergarten	46	115	Worse	NA	92% Better
3rd Grade Reading Proficiency	NA	> 95%	NA	87.1	Better
3rd Grade Math Proficiency	NA	> 95%	NA	85.4	NA

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	57	74.0	Better	70.4	13% Better
8th Grade Math Proficiency	54	70.1	Better	68.7	7% Better
High School Dropout	9	2.2	Worse	1.6	48% Better
Juvenile Arrests (per 1,000 under age 18)	11	6.0	Worse	12.5	63% Better
Suicide Attempts (per 100,000 ages 10-17)	0	0.0	Better	147.9	100% Better

HEALTH

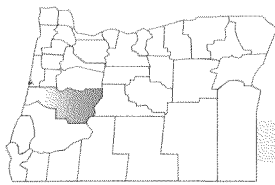
Early Prenatal Care	54	76.1	Worse	82.5	6% Worse
Infant Mortality (per 1,000 live births)	2	28.2	Worse	11.8	394% Worse
Uninsured Children	321	18.6	NA	NA	Worse
Immunizations	NA	78.7	NA	17.0	2% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	4	19.8	Worse	16.0	14% Better
Obesity	NA	23.1	NA	NA	7% Better

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	409	23.7	Worse	21.2	36% Worse
Child Support Payments	NA	56.9	Better	54.4	8% Worse
Unemployment	307	8.5	Better	9.9	39% Worse

CHILD WELFARE

Abuse and Neglect Victims (per 1,000 ages 0-17)	9	5.2	Better	11.3	25% Better
Threat of Harm Victims (per 1,000 ages 0-17)	5	2.9	Better	7.5	52% Better
Recurrence of Maltreatment	NA	0	NA	NA	100% Better
Foster Care Placement Stability	NA	84.6	Better	NA	Same



Lane County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$54,700 is the median family income, which is 8% lower than the state median.
8.61 per 1,000 people filed for personal bankruptcy in 2005, a 82% increase since 2000.
20% of students changed school districts during the 2005-06 school year.
7,881 households with children receive assistance through the WIC nutrition program in a typical month.
40.4% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 12,245 children eat free/reduced price lunches during the school year, while only 3,604 children receive free lunches during the summer.

CHILD WELFARE

824 children are victims of child abuse/neglect (11.4 per 1,000 children).
55% of victims of abuse/neglect are under age 6.
1,659 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

16.8% of eighth graders are at high-risk for depression.
14.5% of eighth graders have seriously considered suicide.
9% of eighth graders have smoked cigarettes in the last month.
22.7% of eighth graders have been diagnosed with asthma.
32.4% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

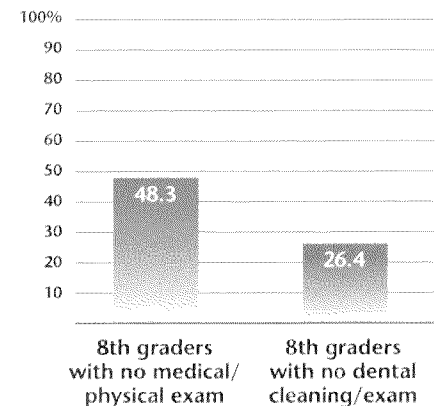
	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	10,273	20	Same	21.8	18% Better
Head Start / Oregon PreKindergarten	808	51	Same	NA	15% Worse
3rd Grade Reading Proficiency	3,060	91.4	3% Better	88.0	4% Better
3rd Grade Math Proficiency	3,031	90.7	2% Better	82.7	5% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	2,517	67.0	8% Better	63.6	2% Better
8th Grade Math Proficiency	2,462	65.4	6% Better	59.6	Same
High School Dropout	521	3.3	Same	4.0	21% Better
Juvenile Arrests (per 1,000 under age 18)	1,329	17.5	12% Better	23.3	7% Worse
Suicide Attempts (per 100,000 ages 10-17)	124	336.6	10% Worse	363.8	51% Worse
HEALTH					
Early Prenatal Care	2,749	79.0	1% Worse	78.2	2% Worse
Infant Mortality (per 1,000 live births)	22	6.3	22% Worse	7.1	10% Worse
Uninsured Children	9,765	13.5	NA	NA	Worse
Immunizations	NA	76.3	NA	15.9	2% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	115	17.6	15% Better	24.7	23% Better
Obesity	NA	23.7	NA	NA	5% Better
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	13,238	18.3	2% Better	17.1	Same
Child Support Payments	NA	61.3	Same	64.3	Same
Unemployment	10,683	6.1	18% Better	6.8	Same
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	398	5.5	10% Worse	5.4	20% Better
Threat of Harm Victims (per 1,000 ages 0-17)	427	5.9	11% Better	8.1	3% Better
Recurrence of Maltreatment	NA	9.3	NA	NA	9% Better
Foster Care Placement Stability	NA	86.1	7% Better	NA	2% Better

POPULATION

TOTAL	336,087
All children	72,336

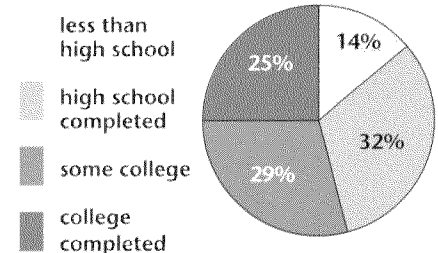
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

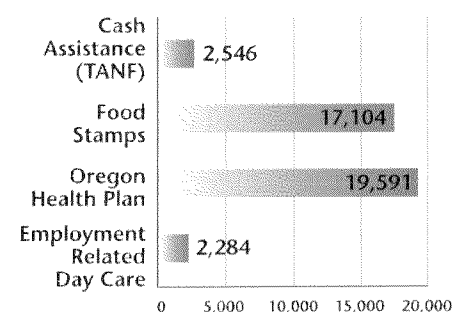
Educational attainment of women who gave birth in 2005.



Family Supports

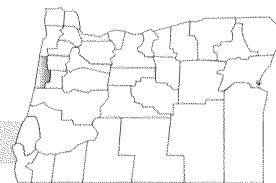
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 30,381



Lincoln County

STATUS OF OREGON'S CHILDREN 2006

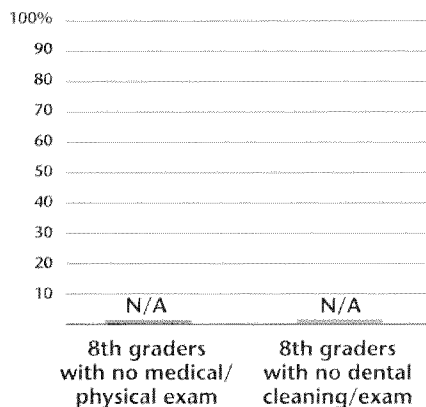


POPULATION

TOTAL	44,407
All children	8,773

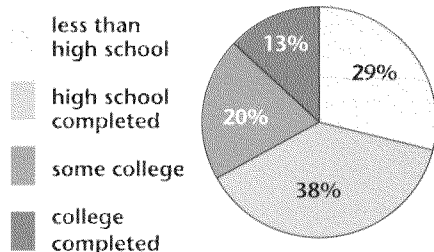
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

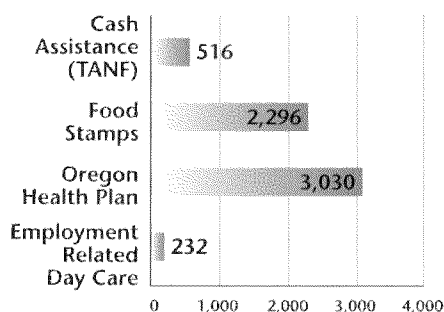
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 3,685



FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median. 8.41 per 1,000 people filed for personal bankruptcy in 2005, a 50% increase since 2000. 22% of students changed school districts during the 2005-06 school year. 1,357 households with children receive assistance through the WIC nutrition program in a typical month. 51% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,969 children eat free/reduced price lunches during the school year, while only 282 children receive free lunches during the summer.

CHILD WELFARE

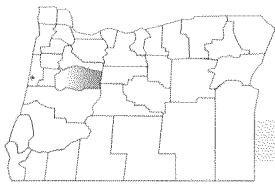
186 children are victims of child abuse/neglect (21.2 per 1,000 children). 46% of victims of abuse/neglect are under age 6. 243 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

No data are available on eighth graders at high-risk for depression. No data are available on eighth graders who have seriously considered suicide. No data are available on eighth graders who have smoked cigarettes in the last month. No data are available on eighth graders who have been diagnosed with asthma. No data are available on eighth graders who have drunk alcohol in the last month.

COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	1,029	17	Better	16.2	Same
Head Start / Oregon PreKindergarten	180	86	Better	NA	43% Better
3rd Grade Reading Proficiency	356	87.0	Better	79.1	Same
3rd Grade Math Proficiency	359	87.8	Better	75.4	2% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	306	68.0	Better	59.2	4% Better
8th Grade Math Proficiency	280	62.1	Better	50.9	5% Worse
High School Dropout	117	5.6	Worse	6.7	33% Worse
Juvenile Arrests (per 1,000 under age 18)	179	18.9	Better	25.2	15% Worse
Suicide Attempts (per 100,000 ages 10-17)	8	164.8	Worse	162.6	26% Better
HEALTH					
Early Prenatal Care	317	75.8	Better	77.1	6% Worse
Infant Mortality (per 1,000 live births)	1	2.4	Better	14.1	58% Better
Uninsured Children	1,298	14.8	NA	NA	Worse
Immunizations	NA	82.6	NA	15.6	7% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	27	30.6	Worse	30.1	33% Worse
Obesity	NA	NA	NA	NA	NA
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	2,071	23.6	Worse	21.9	36% Worse
Child Support Payments	NA	51.7	Worse	58.4	16% Worse
Unemployment	1,503	6.7	Better	7.5	10% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	136	15.5	Worse	14.9	125% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	50	5.7	Worse	2.8	7% Better
Recurrence of Maltreatment	NA	8.7	NA	NA	15% Better
Foster Care Placement Stability	NA	71	Worse	NA	16% Worse



Linn County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$53,400 is the median family income, which is 10% lower than the state median.
 11.97 per 1,000 people filed for personal bankruptcy in 2005, a 94% increase since 2000.
 19% of students changed school districts during the 2005-06 school year.
 3,540 households with children receive assistance through the WIC nutrition program in a typical month.
 44.3% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 5,774 children eat free/reduced price lunches during the school year, while only 1,339 children receive free lunches during the summer.

CHILD WELFARE

571 children are victims of child abuse/neglect (21.2 per 1,000 children).
 49% of victims of abuse/neglect are under age 6.
 563 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

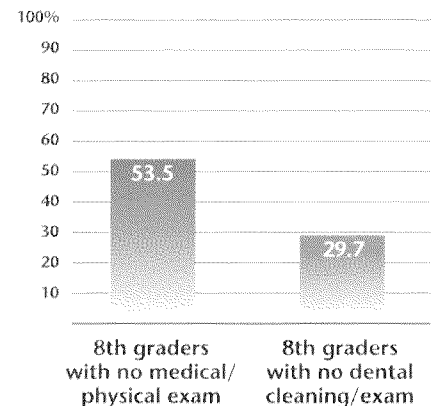
19.3% of eighth graders are at high-risk for depression.
 15.7% of eighth graders have seriously considered suicide.
 10.6% of eighth graders have smoked cigarettes in the last month.
 20.1% of eighth graders have been diagnosed with asthma.
 31.9% of eighth graders have drunk alcohol in the last month.

POPULATION

TOTAL	107,150
All children	26,918

Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.

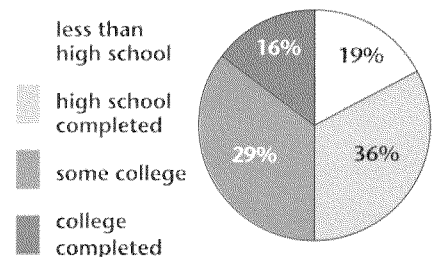


COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	2,631	14	8% Better	15.0	18% Worse
Head Start / Oregon PreKindergarten	292	56	4% Worse	NA	7% Worse
3rd Grade Reading Proficiency	1,264	88.5	1% Better	85.9	1% Better
3rd Grade Math Proficiency	1,263	88.6	1% Better	80.9	3% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	1,047	72.7	11% Better	62.3	11% Better
8th Grade Math Proficiency	1,031	71.5	2% Better	59.4	9% Better
High School Dropout	257	4.5	13% Better	5.6	7% Worse
Juvenile Arrests (per 1,000 under age 18)	437	15.9	6% Better	17.8	3% Better
Suicide Attempts (per 100,000 ages 10-17)	17	132.2	24% Better	154.6	41% Better
HEALTH					
Early Prenatal Care	1,078	79.7	1% Better	79.5	2% Worse
Infant Mortality (per 1,000 live births)	10	7.3	28% Worse	5.5	29% Worse
Uninsured Children	3,634	13.5	NA	NA	Worse
Immunizations	NA	73.5	NA	14.9	5% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	43	18.0	7% Better	30.9	22% Better
Obesity	NA	24.7	NA	NA	Same
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	4,980	18.5	Worse	15.9	6% Worse
Child Support Payments	NA	57.3	Same	61.4	7% Worse
Unemployment	3,911	7.4	Better	9.1	21% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	293	10.9	Worse	7.8	58% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	277	10.3	Worse	6.5	69% Worse
Recurrence of Maltreatment	NA	16.0	NA	NA	57% Worse
Foster Care Placement Stability	NA	83.4	Worse	NA	1% Worse

Mother's Education

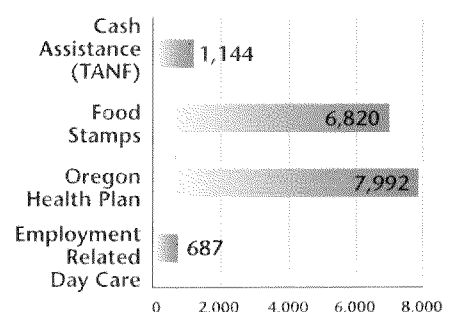
Educational attainment of women who gave birth in 2005.



Family Supports

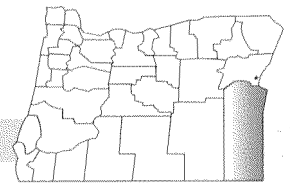
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 11,306



Malheur County

STATUS OF OREGON'S CHILDREN 2006

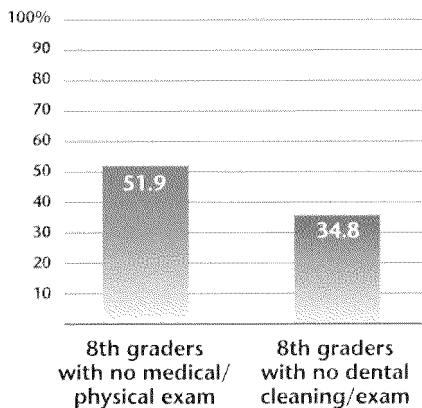


POPULATION

TOTAL	31,799
All children	8,386

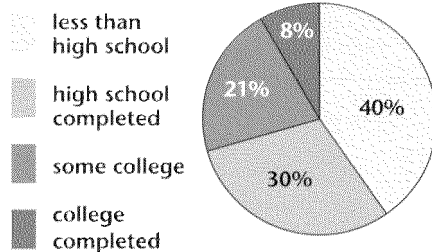
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

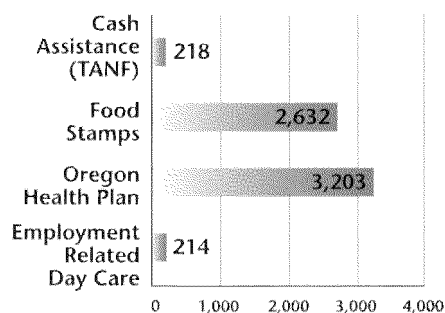
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 3,522



FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median. 4.09 per 1,000 people filed for personal bankruptcy in 2005, a 39% increase since 2000. 27% of students changed school districts during the 2005-06 school year. 1,618 households with children receive assistance through the WIC nutrition program in a typical month. 66.8% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 2,615 children eat free/reduced price lunches during the school year, while only 542 children receive free lunches during the summer.

CHILD WELFARE

190 children are victims of child abuse/neglect (22.7 per 1,000 children). 47% of victims of abuse/neglect are under age 6. 164 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

19.4% of eighth graders are at high-risk for depression. 14.7% of eighth graders have seriously considered suicide. 12.7% of eighth graders have smoked cigarettes in the last month. 14% of eighth graders have been diagnosed with asthma. 36.2% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	632	10	Worse	13.8	41% Worse
Head Start / Oregon PreKindergarten	272	96	Worse	NA	61% Better
3rd Grade Reading Proficiency	321	85.8	Better	80.2	1% Worse
3rd Grade Math Proficiency	305	81.3	Worse	74.2	6% Worse

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	273	58.7	Better	56.5	11% Worse
8th Grade Math Proficiency	245	52.8	Better	50.7	19% Worse
High School Dropout	52	3.3	Worse	3.0	21% Better
Juvenile Arrests (per 1,000 under age 18)	192	22.0	Worse	20.3	34% Worse
Suicide Attempts (per 100,000 ages 10-17)	5	128.5	Worse	94.9	42% Better

HEALTH

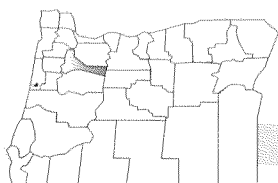
Early Prenatal Care	300	67.7	Worse	71.9	16% Worse
Infant Mortality (per 1,000 live births)	5	11.3	Worse	6.2	98% Worse
Uninsured Children	2,180	26.0	NA	NA	Worse
Immunizations	NA	76.1	NA	15.0	2% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	28	44.0	Worse	34.9	91% Worse
Obesity	NA	26.3	NA	NA	6% Worse

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	2,122	25.3	Worse	25.0	45% Worse
Child Support Payments	NA	52.6	Worse	59.5	15% Worse
Unemployment	1,131	8.8	Better	9.0	44% Worse

CHILD WELFARE

Abuse and Neglect Victims (per 1,000 ages 0-17)	105	12.5	Worse	7.6	81% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	85	10.1	Worse	2.8	66% Worse
Recurrence of Maltreatment	NA	6.7	NA	NA	34% Better
Foster Care Placement Stability	NA	91.2	Better	NA	8% Better



Marion County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$56,800 is the median family income, which is 4% lower than the state median.
 10.29 per 1,000 people filed for personal bankruptcy in 2005, a 63% increase since 2000.
 21% of students changed school districts during the 2005-06 school year.
 15,004 households with children receive assistance through the WIC nutrition program in a typical month.
 49.5% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 22,092 children eat free/reduced price lunches during the school year, while only 3,266 children receive free lunches during the summer.

CHILD WELFARE

1,558 children are victims of child abuse/neglect (19.4 per 1,000 children).
 51% of victims of abuse/neglect are under age 6.
 2,288 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

16.8% of eighth graders are at high-risk for depression.
 13.8% of eighth graders have seriously considered suicide.
 8.4% of eighth graders have smoked cigarettes in the last month.
 17.5% of eighth graders have been diagnosed with asthma.
 31.9% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	8,993	15	Same	19.4	12% Worse
Head Start / Oregon PreKindergarten	903	43	Same	NA	28% Worse
3rd Grade Reading Proficiency	3,442	79.3	5% Better	75.7	8% Worse
3rd Grade Math Proficiency	3,380	77.8	Same	70.3	10% Worse

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	2,512	56.8	3% Better	55.0	13% Worse
8th Grade Math Proficiency	2,620	59.2	6% Better	50.9	10% Worse
High School Dropout	1,046	6.2	7% Worse	6.8	48% Worse
Juvenile Arrests (per 1,000 under age 18)	1,722	21.0	22% Worse	17.4	28% Worse
Suicide Attempts (per 100,000 ages 10-17)	77	213.4	16% Worse	261.4	4% Better

HEALTH

Early Prenatal Care	3,448	73.4	1% Better	73.2	9% Worse
Infant Mortality (per 1,000 live births)	29	6.2	30% Worse	5.2	8% Worse
Uninsured Children	10,862	13.5	NA	NA	Worse
Immunizations	NA	75.0	NA	14.6	3% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	232	37.1	5% Worse	37.6	62% Worse
Obesity	NA	25.9	NA	NA	4% Worse

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	16,897	21.0	12% Better	20.1	14% Worse
Child Support Payments	NA	57.1	2% Better	60.8	7% Worse
Unemployment	9,600	6.4	16% Better	6.9	5% Worse

CHILD WELFARE

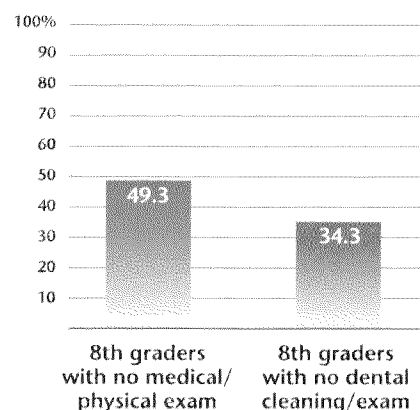
Abuse and Neglect Victims (per 1,000 ages 0-17)	966	12.0	22% Worse	7.8	74% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	595	7.4	21% Worse	5.4	21% Worse
Recurrence of Maltreatment	NA	11.2	NA	NA	10% Worse
Foster Care Placement Stability	NA	89.4	2% Worse	NA	6% Better

POPULATION

TOTAL	302,135
All children	80,462

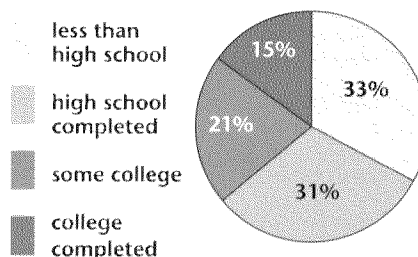
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

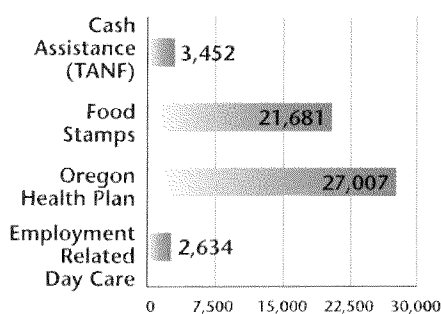
Educational attainment of women who gave birth in 2005.



Family Supports

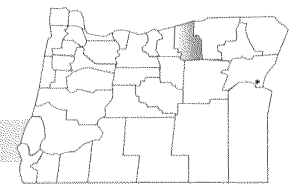
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 33,794



Morrow County

STATUS OF OREGON'S CHILDREN 2006

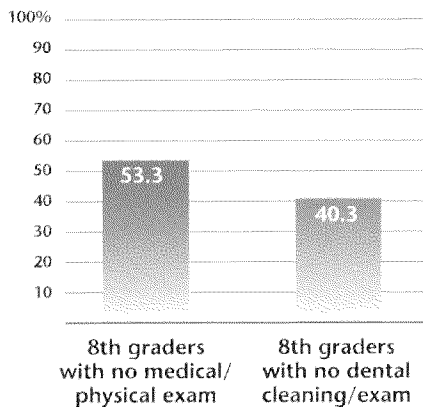


POPULATION

TOTAL	11,945
All children	3,437

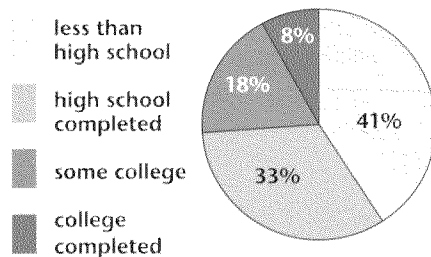
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

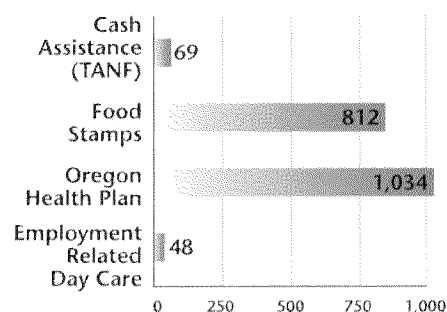
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 1,443



FAMILY FINANCES & STABILITY

\$49,400 is the median family income, which is 19% lower than the state median. 8.49 per 1,000 people filed for personal bankruptcy in 2005, a 92% increase since 2000. 20% of students changed school districts during the 2005-06 school year. 602 households with children receive assistance through the WIC nutrition program in a typical month. 66% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,259 children eat free/reduced price lunches during the school year, while only 380 children receive free lunches during the summer.

CHILD WELFARE

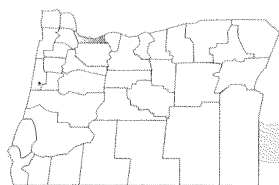
57 children are victims of child abuse/neglect (16.6 per 1,000 children). 40% of victims of abuse/neglect are under age 6. 42 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

15.8% of eighth graders are at high-risk for depression. 15.3% of eighth graders have seriously considered suicide. 5.9% of eighth graders have smoked cigarettes in the last month. 16.1% of eighth graders have been diagnosed with asthma. 36.8% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	195	8	Worse	12.2	53% Worse
Head Start / Oregon PreKindergarten	61	72	Worse	NA	20% Better
3rd Grade Reading Proficiency	148	93.1	Worse	83.5	6% Better
3rd Grade Math Proficiency	137	85.6	Better	75.7	1% Worse
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	114	61.0	Better	48.4	7% Worse
8th Grade Math Proficiency	112	60.2	Better	44.2	8% Worse
High School Dropout	20	3.1	Worse	2.7	26% Better
Juvenile Arrests (per 1,000 under age 18)	53	15.4	Worse	15.9	6% Better
Suicide Attempts (per 100,000 ages 10-17)	1	64.1	Better	173.9	71% Better
HEALTH					
Early Prenatal Care	82	63.6	Better	66.5	22% Worse
Infant Mortality (per 1,000 live births)	0	0.0	Same	5.0	100% Better
Uninsured Children	519	15.1	NA	NA	Worse
Immunizations	NA	78.5	NA	14.6	1% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	9	31.1	Worse	28.1	35% Worse
Obesity	NA	27.4	NA	NA	10% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	656	19.1	Worse	17.1	10% Worse
Child Support Payments	NA	54.7	Same	59.4	11% Worse
Unemployment	418	7.5	Better	10.2	23% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	33	9.6	Better	10.2	39% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	24	7.0	Better	7.1	15% Worse
Recurrence of Maltreatment	NA	10.0	NA	NA	Same
Foster Care Placement Stability	NA	84.6	Worse	NA	Same



Multnomah County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$66,900 is the median family income, which is 12% higher than the state median.
9.36 per 1,000 people filed for personal bankruptcy in 2005, a 79% increase since 2000.
23% of students changed school districts during the 2005-06 school year.
19,178 households with children receive assistance through the WIC nutrition program in a typical month.
48% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 26,180 children eat free/reduced price lunches during the school year, while only 7,162 children receive free lunches during the summer.

CHILD WELFARE

2,212 children are victims of child abuse/neglect (14.3 per 1,000 children).
48% of victims of abuse/neglect are under age 6.
3,747 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

18.1% of eighth graders are at high-risk for depression.
13.2% of eighth graders have seriously considered suicide.
8.6% of eighth graders have smoked cigarettes in the last month.
15.8% of eighth graders have been diagnosed with asthma.
30.6% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

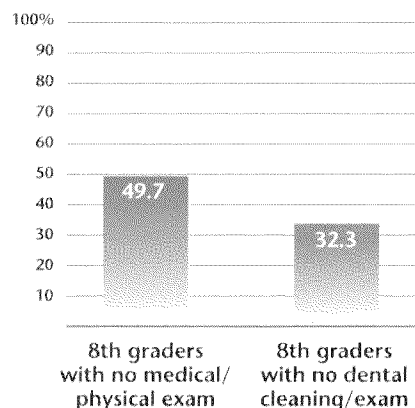
	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	20,690	18	5% Worse	19.8	6% Better
Head Start / Oregon PreKindergarten	1,941	63	Same	NA	6% Better
3rd Grade Reading Proficiency	5,708	83.2	Same	81.8	4% Worse
3rd Grade Math Proficiency	5,749	83.9	Same	77.9	3% Worse
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	4,404	64.4	4% Better	61.2	2% Worse
8th Grade Math Proficiency	4,456	65.1	3% Better	58.8	1% Worse
High School Dropout	1,570	5.7	21% Better	8.1	36% Worse
Juvenile Arrests (per 1,000 under age 18)	3,110	19.9	16% Worse	13.9	21% Worse
Suicide Attempts (per 100,000 ages 10-17)	177	262.0	10% Worse	253.3	17% Worse
HEALTH					
Early Prenatal Care	7,586	79.8	1% Better	80.1	1% Worse
Infant Mortality (per 1,000 live births)	58	6.0	6% Worse	5.2	6% Worse
Uninsured Children	16,204	10.5	NA	NA	Better
Immunizations	NA	79.0	NA	15.6	2% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	338	30.7	2% Worse	37.8	34% Worse
Obesity	NA	23.4	NA	NA	6% Better
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	39,353	25.5	9% Worse	18.8	39% Worse
Child Support Payments	NA	57.9	3% Better	60.4	6% Worse
Unemployment	22,785	6.2	18% Better	7.2	2% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	1,065	6.9	8% Worse	5.4	Same
Threat of Harm Victims (per 1,000 ages 0-17)	1142	7.4	6% Worse	5.2	21% Worse
Recurrence of Maltreatment	NA	12	NA	NA	18% Worse
Foster Care Placement Stability	NA	80.6	2% Worse	NA	5% Worse

POPULATION

TOTAL	692,823
All children	154,327

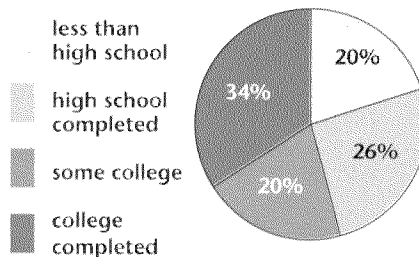
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

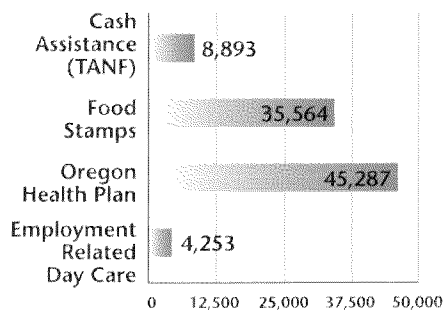
Educational attainment of women who gave birth in 2005.



Family Supports

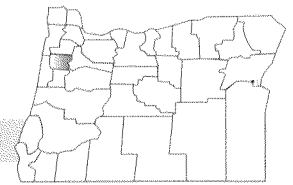
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 64,817



Polk County

STATUS OF OREGON'S CHILDREN 2006

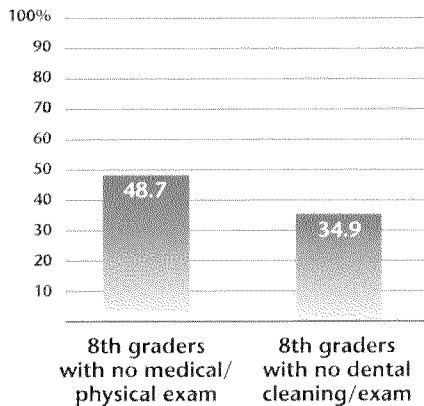


POPULATION

TOTAL	65,670
All children	15,516

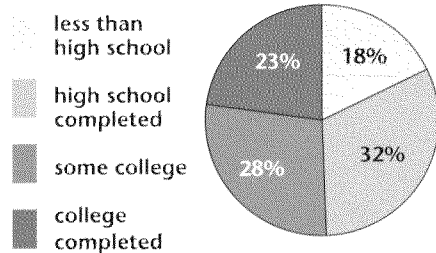
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



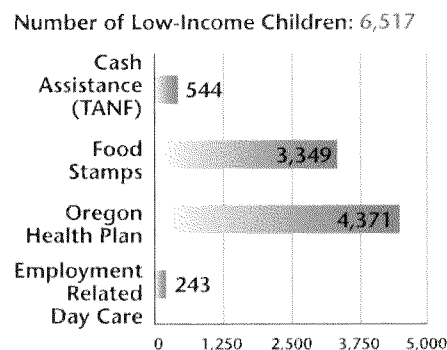
Mother's Education

Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.



FAMILY FINANCES & STABILITY

\$56,800 is the median family income, which is 4% lower than the state median.
 8.24 per 1,000 people filed for personal bankruptcy in 2005, a 69% increase since 2000.
 18% of students changed school districts during the 2005-06 school year.
 1,368 households with children receive assistance through the WIC nutrition program in a typical month.
 51.1% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,974 children eat free/reduced price lunches during the school year, while only 155 children receive free lunches during the summer.

CHILD WELFARE

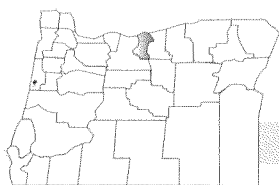
250 children are victims of child abuse/neglect (16.1 per 1,000 children).
 47% of victims of abuse/neglect are under age 6.
 292 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

18% of eighth graders are at high-risk for depression.
 11.2% of eighth graders have seriously considered suicide.
 8.9% of eighth graders have smoked cigarettes in the last month.
 20.1% of eighth graders have been diagnosed with asthma.
 27.5% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	1,424	13	Same	16.0	24% Worse
Head Start / Oregon PreKindergarten	140	51	9% Better	NA	15% Worse
3rd Grade Reading Proficiency	453	88.1	7% Better	82.4	1% Better
3rd Grade Math Proficiency	457	88.7	4% Better	80.0	3% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	334	64.1	7% Better	59.6	2% Worse
8th Grade Math Proficiency	334	65.0	9% Better	54.8	1% Worse
High School Dropout	60	2.9	17% Better	4.6	31% Better
Juvenile Arrests (per 1,000 under age 18)	302	18.4	32% Worse	17.4	12% Worse
Suicide Attempts (per 100,000 ages 10-17)	15	184.7	146% Worse	150.5	17% Better
HEALTH					
Early Prenatal Care	654	79.1	4% Better	78.8	2% Worse
Infant Mortality (per 1,000 live births)	2	2.4	80% Better	7.4	58% Better
Uninsured Children	1,629	10.5	NA	NA	Better
Immunizations	NA	78.2	NA	14.7	1% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	30	23.7	9% Better	22.8	3% Worse
Obesity	NA	32.3	NA	NA	30% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	2,312	14.9	20% Worse	13.4	14% Better
Child Support Payments	NA	65.9	1% Worse	66.2	7% Better
Unemployment	1,921	5.5	17% Better	6.1	10% Better
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	137	8.8	19% Worse	5.2	28% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	113	7.3	92% Worse	3.4	20% Worse
Recurrence of Maltreatment	NA	17	NA	NA	67% Worse
Foster Care Placement Stability	NA	84	14% Better	NA	1% Worse



Sherman County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$52,400 is the median family income, which is 12% lower than the state median.
6.29 per 1,000 people filed for personal bankruptcy in 2005, a 202% increase since 2000.
5% of students changed school districts during the 2005-06 school year.
37 households with children receive assistance through the WIC nutrition program in a typical month.
46.7% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 103 children eat free/reduced price lunches during the school year, while no children receive free lunches during the summer.

CHILD WELFARE

1 to 5 children are victims of child abuse/neglect (2.3 to 11.7 per 1,000 children).
Data unavailable for the percentage of victims of abuse/neglect who are under age 6.
No children in the county have been in foster care during the past year.

CHILD HEALTH

16.3% of eighth graders are at high-risk for depression.*
17.3% of eighth graders have seriously considered suicide.*
10% of eighth graders have smoked cigarettes in the last month.*
21.3% of eighth graders have been diagnosed with asthma.*
33.4% of eighth graders have drunk alcohol in the last month.*

*Denotes regional data

COUNTY INDICATORS

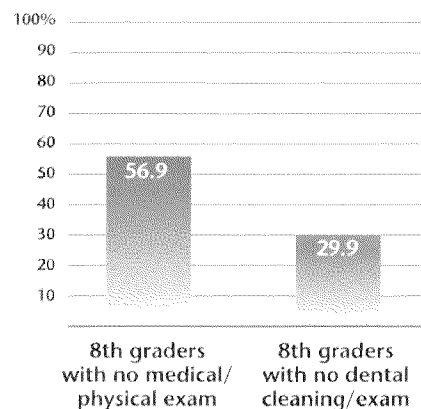
	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	85	33	Better	11.9	94% Better
Head Start / Oregon PreKindergarten	17	243	Better	NA	305% Better
3rd Grade Reading Proficiency	NA	> 95%	NA	84.0	Better
3rd Grade Math Proficiency	NA	> 95%	NA	81.4	NA
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	13	48.1	Worse	66.4	27% Worse
8th Grade Math Proficiency	22	81.5	Better	71.9	24% Better
High School Dropout	0	0.0	Better	0.3	100% Better
Juvenile Arrests (per 1,000 under age 18)	10	21.1	Better	18.0	29% Worse
Suicide Attempts (per 100,000 ages 10-17)	0	0.0	Same	224.5	100% Better
HEALTH					
Early Prenatal Care	11	91.7	Better	66.4	13% Better
Infant Mortality (per 1,000 live births)	1	76.9	Worse	0.0	1250% Worse
Uninsured Children	64	15.1	NA	NA	Worse
Immunizations	NA	86.0	NA	11.8	11% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	0	0.0	Same	0.0	100% Better
Obesity	NA	29.0	NA	NA	16% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	80	18.8	Worse	18.1	8% Worse
Child Support Payments	NA	54.4	Better	56.0	12% Worse
Unemployment	64	7.2	Better	10.0	18% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	0	0.0	Better	9.2	100% Better
Threat of Harm Victims (per 1,000 ages 0-17)	1-5	NA	NA	10.0	NA
Recurrence of Maltreatment	NA	NA	NA	NA	NA
Foster Care Placement Stability	NA	100	Better	NA	18% Better

POPULATION

TOTAL	1,880
All children	426

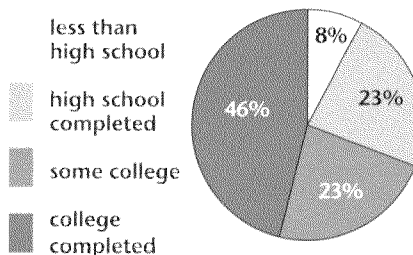
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

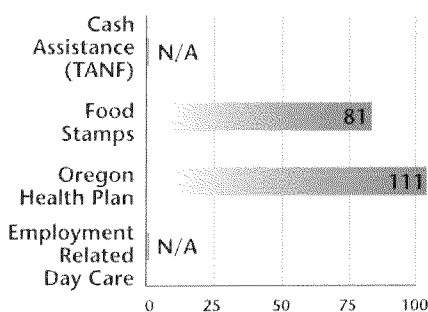
Educational attainment of women who gave birth in 2005.



Family Supports

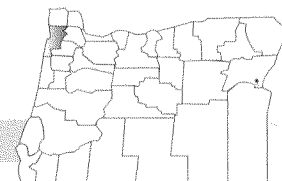
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 179



Tillamook County

STATUS OF OREGON'S CHILDREN 2006

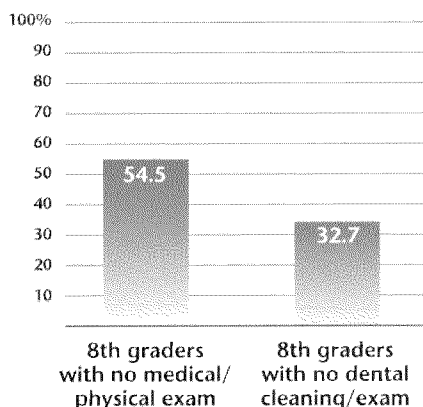


POPULATION

TOTAL	25,206
All children	5,091

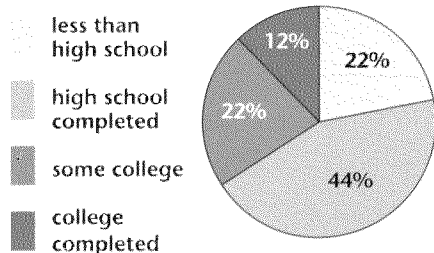
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

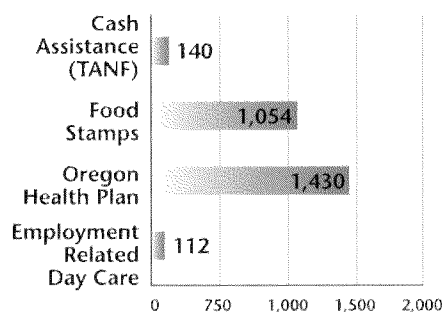
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 2,138



FAMILY FINANCES & STABILITY

\$49,000 is the median family income, which is 20% lower than the state median. 6.17 per 1,000 people filed for personal bankruptcy in 2005, a 27% increase since 2000. 22% of students changed school districts during the 2005-06 school year. 765 households with children receive assistance through the WIC nutrition program in a typical month. 50.2% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,189 children eat free/reduced price lunches during the school year, while only 101 children receive free lunches during the summer.

CHILD WELFARE

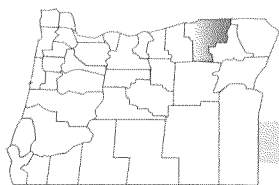
84 children are victims of child abuse/neglect (16.5 per 1,000 children). 50% of victims of abuse/neglect are under age 6. 62 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

14.1% of eighth graders are at high-risk for depression. 9.4% of eighth graders have seriously considered suicide. 6% of eighth graders have smoked cigarettes in the last month. 15.6% of eighth graders have been diagnosed with asthma. 35.3% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	548	16	Better	16.8	6% Worse
Head Start / Oregon PreKindergarten	70	62	Same	NA	3% Better
3rd Grade Reading Proficiency	198	89.6	Better	80.2	2% Better
3rd Grade Math Proficiency	191	86.8	Better	75.7	1% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	189	68.2	Better	55.8	4% Better
8th Grade Math Proficiency	190	68.6	Better	55.2	5% Better
High School Dropout	36	3.0	Better	4.1	29% Better
Juvenile Arrests (per 1,000 under age 18)	39	7.1	Better	14.0	57% Better
Suicide Attempts (per 100,000 ages 10-17)	0	0.0	Better	178.8	100% Better
HEALTH					
Early Prenatal Care	210	78.7	Same	84.5	3% Worse
Infant Mortality (per 1,000 live births)	1	3.7	Worse	3.3	36% Better
Uninsured Children	753	14.8	NA	NA	Worse
Immunizations	NA	85.6	NA	15.8	10% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	15	27.6	Worse	23.3	20% Worse
Obesity	NA	20.2	NA	NA	19% Better
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	3,852	20.2	Worse	19.1	16% Worse
Child Support Payments	NA	63.2	Better	63.7	2% Better
Unemployment	747	6	Better	5.9	2% Better
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	162	8.5	Worse	5.5	23% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	55	10.8	Worse	11.3	77% Worse
Recurrence of Maltreatment	NA	0	NA	NA	100% Better
Foster Care Placement Stability	NA	95.8	Better	NA	13% Better



Umatilla County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$50,800 is the median family income, which is 16% lower than the state median.
 9.15 per 1,000 people filed for personal bankruptcy in 2005, a 92% increase since 2000.
 22% of students changed school districts during the 2005-06 school year.
 3,721 households with children receive assistance through the WIC nutrition program in a typical month.
 56.3% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 4,945 children eat free/reduced price lunches during the school year, while only 1,711 children receive free lunches during the summer.

CHILD WELFARE

298 children are victims of child abuse/neglect (15.6 per 1,000 children).
 58% of victims of abuse/neglect are under age 6.
 290 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

16.2% of eighth graders are at high-risk for depression.
 11.6% of eighth graders have seriously considered suicide.
 9.2% of eighth graders have smoked cigarettes in the last month.
 13.1% of eighth graders have been diagnosed with asthma.
 32.8% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	2,211	16	11% Worse	17.1	6% Worse
Head Start / Oregon PreKindergarten	393	86	4% Worse	NA	44% Better
3rd Grade Reading Proficiency	895	89.6	2% Better	80.3	2% Better
3rd Grade Math Proficiency	848	84.9	2% Better	73.0	2% Worse

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	671	59.8	10% Better	52.5	9% Worse
8th Grade Math Proficiency	660	58.9	3% Worse	54.2	10% Worse
High School Dropout	93	2.5	25% Worse	4.3	40% Better
Juvenile Arrests (per 1,000 under age 18)	415	21.2	10% Worse	23.6	29% Worse
Suicide Attempts (per 100,000 ages 10-17)	8	89.0	35% Better	161.4	60% Better

HEALTH

Early Prenatal Care	484	65.9	Same	71.0	19% Worse
Infant Mortality (per 1,000 live births)	7	6.6	253% Worse	3.6	15% Worse
Uninsured Children	2,880	15.1	NA	NA	Worse
Immunizations	NA	72.3	NA	13.6	7% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	25	15.9	10% Better	34.6	31% Better
Obesity	NA	29.4	NA	NA	18% Worse

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	3,852	20.2	13% Worse	19.1	16% Worse
Child Support Payments	NA	56.8	2% Better	59.9	8% Worse
Unemployment	2,904	7.9	4% Better	7.6	30% Worse

CHILD WELFARE

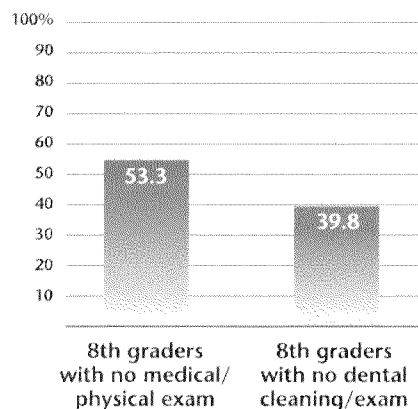
Abuse and Neglect Victims (per 1,000 ages 0-17)	162	8.5	33% Worse	5.5	23% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	135	7.1	42% Worse	4.0	16% Worse
Recurrence of Maltreatment	NA	10.1	NA	NA	Same
Foster Care Placement Stability	NA	76.1	10% Worse	NA	10% Worse

POPULATION

TOTAL	72,394
All children	19,071

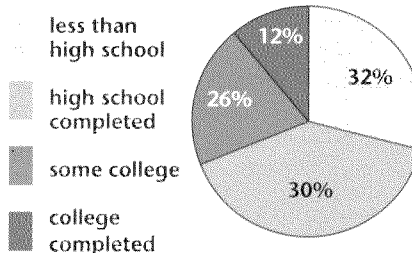
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

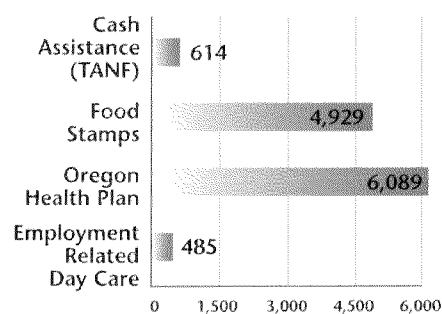
Educational attainment of women who gave birth in 2005.



Family Supports

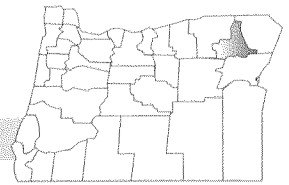
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 8,010



Union County

STATUS OF OREGON'S CHILDREN 2006

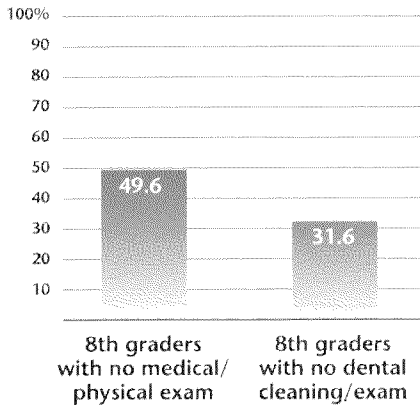


POPULATION

TOTAL	24,951
All children	5,919

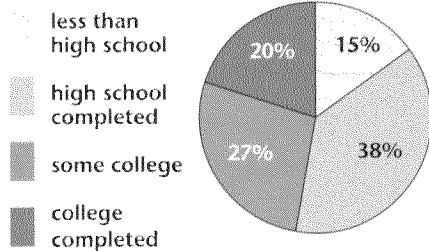
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

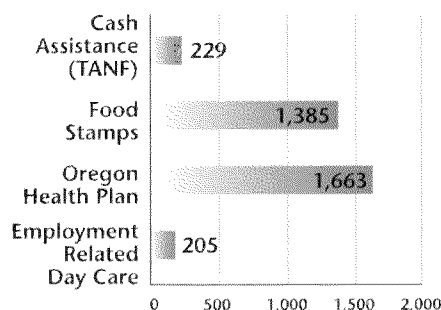
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 2,486



FAMILY FINANCES & STABILITY

\$49,300 is the median family income, which is 19% lower than the state median. 6.64 per 1,000 people filed for personal bankruptcy in 2005, a 109% increase since 2000. 16% of students changed school districts during the 2005-06 school year. 905 households with children receive assistance through the WIC nutrition program in a typical month. 41.2% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,132 children eat free/reduced price lunches during the school year, while only 106 children receive free lunches during the summer.

CHILD WELFARE

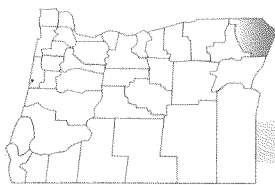
102 children are victims of child abuse/neglect (17.2 per 1,000 children). 57% of victims of abuse/neglect are under age 6. 105 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

15% of eighth graders are at high-risk for depression. 13% of eighth graders have seriously considered suicide. 5.1% of eighth graders have smoked cigarettes in the last month. 17.5% of eighth graders have been diagnosed with asthma. 22.5% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	979	24	Better	18.7	41% Better
Head Start / Oregon PreKindergarten	101	84	Same	NA	40% Better
3rd Grade Reading Proficiency	256	86.5	Worse	83.9	1% Worse
3rd Grade Math Proficiency	269	90.9	Better	81.9	5% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	196	63.2	Better	61.4	4% Worse
8th Grade Math Proficiency	211	67.8	Same	60.3	4% Better
High School Dropout	31	2.4	Worse	2.7	43% Better
Juvenile Arrests (per 1,000 under age 18)	77	12.5	Worse	16.3	24% Better
Suicide Attempts (per 100,000 ages 10-17)	7	227.5	Better	220.9	2% Worse
HEALTH					
Early Prenatal Care	264	81.7	Better	79.4	1% Better
Infant Mortality (per 1,000 live births)	2	6.1	Worse	8.2	7% Worse
Uninsured Children	1,539	26.0	NA	NA	Worse
Immunizations	NA	72.2	NA	15.3	7% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	7	12.1	Better	18.8	47% Better
Obesity	NA	25.9	NA	NA	4% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	1,042	17.6	Worse	15.8	Same
Child Support Payments	NA	67.6	Better	69.4	10% Better
Unemployment	811	6.9	Better	6.1	13% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	69	11.7	Worse	12.0	70% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	33	5.6	Better	7.6	8% Better
Recurrence of Maltreatment	NA	17.2	NA	NA	69% Worse
Foster Care Placement Stability	NA	84.3	Worse	NA	Same



Wallowa County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median.
 3.56 per 1,000 people filed for personal bankruptcy in 2005, a 71% increase since 2000.
 11% of students changed school districts during the 2005-06 school year.
 156 households with children receive assistance through the WIC nutrition program in a typical month.
 41.2% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 249 children eat free/reduced price lunches during the school year, while only 159 children receive free lunches during the summer.

CHILD WELFARE

34 children are victims of child abuse/neglect (22.5 per 1,000 children).
 50% of victims of abuse/neglect are under age 6.
 18 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

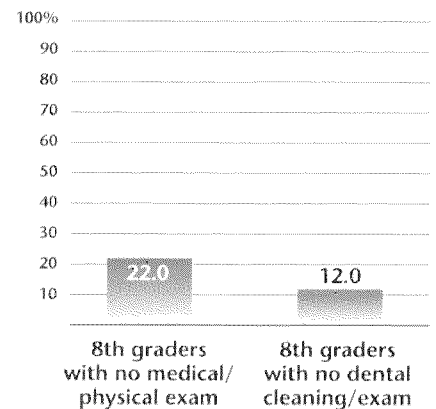
6% of eighth graders are at high-risk for depression.
 12% of eighth graders have seriously considered suicide.
 4% of eighth graders have smoked cigarettes in the last month.
 14% of eighth graders have been diagnosed with asthma.
 32% of eighth graders have drunk alcohol in the last month.

POPULATION

TOTAL	7,129
All children	1,511

Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



COUNTY INDICATORS

EARLY CARE AND EDUCATION

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	193	21	Better	14.6	24% Better
Head Start / Oregon PreKindergarten	30	68	Worse	NA	14% Better
3rd Grade Reading Proficiency	NA	> 95%	NA	94.5	Better
3rd Grade Math Proficiency	NA	> 95%	Better	85.6	NA

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	51	71.8	Better	73.5	9% Better
8th Grade Math Proficiency	45	62.5	Worse	69.6	5% Worse
High School Dropout	0	0.0	Same	0.2	100% Better
Juvenile Arrests (per 1,000 under age 18)	11	6.5	Better	12.0	60% Better
Suicide Attempts (per 100,000 ages 10-17)	0	0.0	Better	106.2	100% Better

HEALTH

Early Prenatal Care	48	82.8	Worse	87.3	2% Better
Infant Mortality (per 1,000 live births)	0	0.0	Same	2.9	100% Better
Uninsured Children	393	26.0	NA	NA	Worse
Immunizations	NA	86.1	NA	15.2	11% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	1	5.2	Worse	8.5	77% Better
Obesity	NA	25.7	NA	NA	3% Worse

FINANCIAL STABILITY

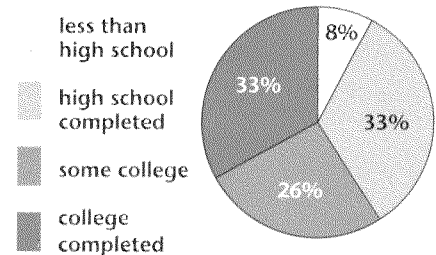
Childhood Poverty (ages 0-17)	279	18.5	Worse	16.6	6% Worse
Child Support Payments	NA	67.0	Better	66.8	9% Better
Unemployment	268	7.6	Better	9.7	25% Worse

CHILD WELFARE

Abuse and Neglect Victims (per 1,000 ages 0-17)	29	19.2	Worse	6.3	178% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	5	3.3	Worse	2.5	46% Better
Recurrence of Maltreatment	NA	14.3	NA	NA	40% Worse
Foster Care Placement Stability	NA	75	Worse	NA	11% Worse

Mother's Education

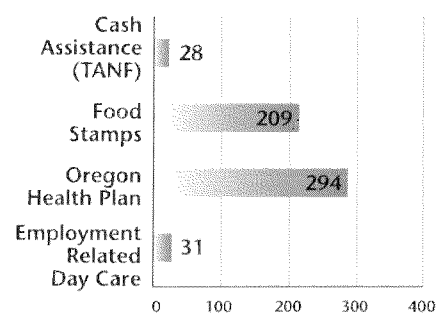
Educational attainment of women who gave birth in 2005.



Family Supports

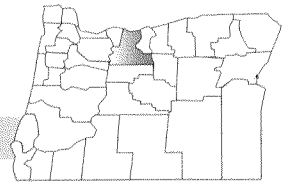
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 634



Wasco County

STATUS OF OREGON'S CHILDREN 2006

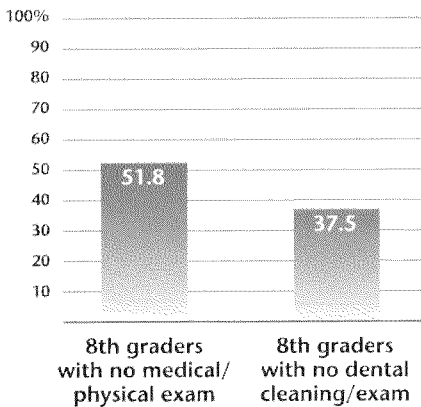


POPULATION

TOTAL	23,933
All children	5,897

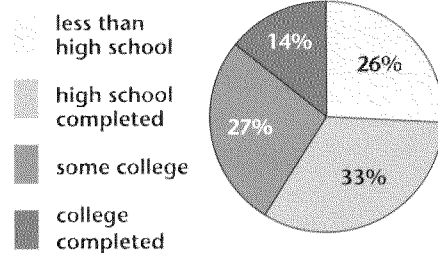
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

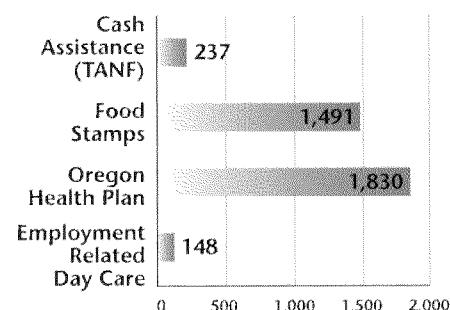
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 2,477



FAMILY FINANCES & STABILITY

\$51,200 is the median family income, which is 15% lower than the state median. 9.58 per 1,000 people filed for personal bankruptcy in 2005, a 153% increase since 2000. 23% of students changed school districts during the 2005-06 school year. 995 households with children receive assistance through the WIC nutrition program in a typical month. 55.3% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 1,173 children eat free/reduced price lunches during the school year, while only 520 children receive free lunches during the summer.

CHILD WELFARE

93 children are victims of child abuse/neglect (15.8 per 1,000 children). 47% of victims of abuse/neglect are under age 6. 143 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

18.6% of eighth graders are at high-risk for depression. 14.7% of eighth graders have seriously considered suicide. 14% of eighth graders have smoked cigarettes in the last month. 13.6% of eighth graders have been diagnosed with asthma. 33.7% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

EARLY CARE AND EDUCATION

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
Child Care Supply (slots per 100 ages 0-12)	1,337	33	Better	21.1	94% Better
Head Start / Oregon PreKindergarten	108	87	Better	NA	45% Better
3rd Grade Reading Proficiency	197	83.1	Same	79.2	4% Worse
3rd Grade Math Proficiency	191	80.6	Better	67.0	7% Worse

YOUTH DEVELOPMENT AND EDUCATION

8th Grade Reading Proficiency	176	58.5	Better	56.2	11% Worse
8th Grade Math Proficiency	184	61.1	Worse	53.6	7% Worse
High School Dropout	16	1.4	Better	4.2	67% Better
Juvenile Arrests (per 1,000 under age 18)	118	19.7	Worse	19.7	20% Worse
Suicide Attempts (per 100,000 ages 10-17)	10	344.1	Worse	273.8	54% Worse

HEALTH

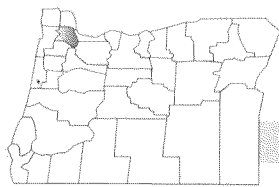
Early Prenatal Care	250	87.7	Better	85.7	8% Better
Infant Mortality (per 1,000 live births)	1	3.4	Better	4.9	40% Better
Uninsured Children	890	15.1	NA	NA	Worse
Immunizations	NA	78.8	NA	13.9	2% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	9	16.2	Better	31.4	30% Better
Obesity	NA	30.1	NA	NA	21% Worse

FINANCIAL STABILITY

Childhood Poverty (ages 0-17)	1,250	21.2	Worse	18.6	22% Worse
Child Support Payments	NA	62.8	Better	64.5	2% Better
Unemployment	910	7.1	Better	9.2	16% Worse

CHILD WELFARE

Abuse and Neglect Victims (per 1,000 ages 0-17)	45	7.6	Better	10.6	10% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	48	8.1	Better	8.1	33% Worse
Recurrence of Maltreatment	NA	6.5	NA	NA	36% Better
Foster Care Placement Stability	NA	80.8	Worse	NA	4% Worse



Washington County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$66,900 is the median family income, which is 12% higher than the state median.
8.45 per 1,000 people filed for personal bankruptcy in 2005, a 98% increase since 2000.
21% of students changed school districts during the 2005-06 school year.
12,483 households with children receive assistance through the WIC nutrition program in a typical month.
31.1% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 19,600 children eat free/reduced price lunches during the school year, while only 3,656 children receive free lunches during the summer.

CHILD WELFARE

1,006 children are victims of child abuse/neglect (7.6 per 1,000 children).
49% of victims of abuse/neglect are under age 6.
1,526 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

16.3% of eighth graders are at high-risk for depression.
12.9% of eighth graders have seriously considered suicide.
8.3% of eighth graders have smoked cigarettes in the last month.
16.2% of eighth graders have been diagnosed with asthma.
27.4% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

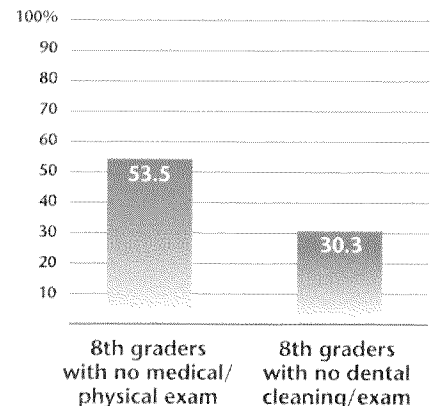
	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	16,582	17	Same	18.4	Same
Head Start / Oregon PreKindergarten	687	46	4% Worse	NA	23% Worse
3rd Grade Reading Proficiency	5,426	89.0	2% Better	84.3	2% Better
3rd Grade Math Proficiency	5,418	88.8	Same	81.5	3% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	4,235	70.0	1% Better	66.9	7% Better
8th Grade Math Proficiency	4,314	71.1	Same	64.2	9% Better
High School Dropout	742	3.1	14% Better	4.3	26% Better
Juvenile Arrests (per 1,000 under age 18)	1,315	10.2	3% Better	11.5	38% Better
Suicide Attempts (per 100,000 ages 10-17)	108	197.5	10% Worse	195.2	11% Better
HEALTH					
Early Prenatal Care	6,542	87.0	1% Worse	88.9	7% Better
Infant Mortality (per 1,000 live births)	39	5.2	8% Better	4.7	9% Better
Uninsured Children	13,845	10.5	NA	NA	Better
Immunizations	NA	81.0	NA	15.8	5% Better
Teen Pregnancy (per 1,000 girls ages 15-17)	254	26.0	22% Worse	27.6	13% Worse
Obesity	NA	20.7	NA	NA	17% Better
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	17,274	13.1	9% Worse	10.1	29% Better
Child Support Payments	NA	64.0	1% Better	65.1	4% Better
Unemployment	13,767	5.2	17% Better	5.7	15% Better
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	503	3.8	3% Better	2.8	45% Better
Threat of Harm Victims (per 1,000 ages 0-17)	503	3.8	25% Better	3.2	38% Better
Recurrence of Maltreatment	NA	5.1	NA	NA	50% Better
Foster Care Placement Stability	NA	86.3	7% Worse	NA	2% Better

POPULATION

TOTAL	489,784
All children	131,861

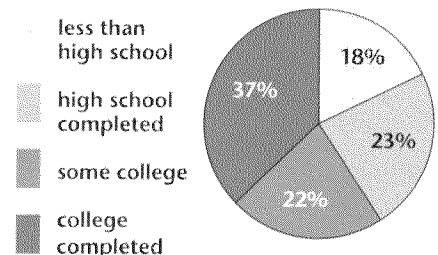
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

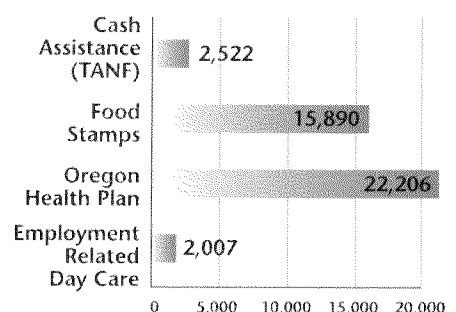
Educational attainment of women who gave birth in 2005.



Family Supports

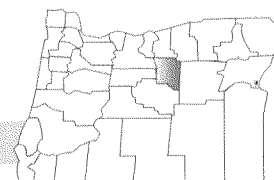
The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 55,381



Wheeler County

STATUS OF OREGON'S CHILDREN 2006

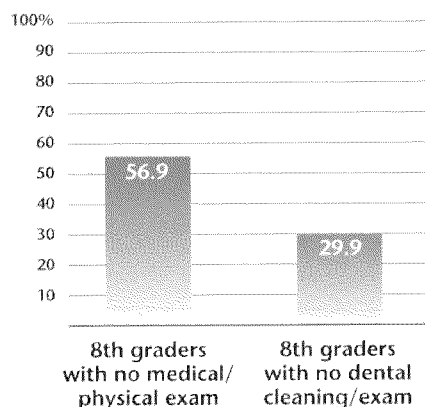


POPULATION

TOTAL	1,549
All children	313

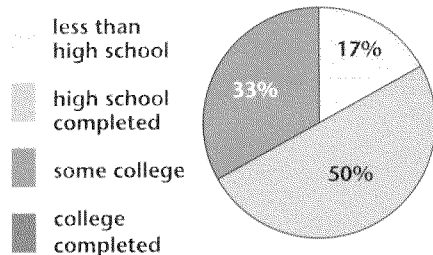
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

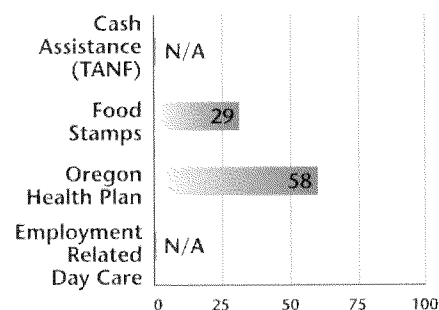
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 132



FAMILY FINANCES & STABILITY

\$48,200 is the median family income, which is 22% lower than the state median. 6.19 per 1,000 people filed for personal bankruptcy in 2005, a 852% increase since 2000. 20% of students changed school districts during the 2005-06 school year. 12 households with children receive assistance through the WIC nutrition program in a typical month. 58.6% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 106 children eat free/reduced price lunches during the school year, while no children receive free lunches during the summer.

CHILD WELFARE

No children are victims of child abuse/neglect (0 per 1,000 children). There are no victims of abuse/neglect who are under the age 6. No children in the county have been in foster care during the past year.

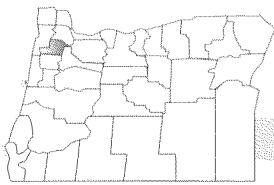
CHILD HEALTH

16.3% of eighth graders are at high-risk for depression.* 17.3% of eighth graders have seriously considered suicide.* 10% of eighth graders have smoked cigarettes in the last month.* 21.3% of eighth graders have been diagnosed with asthma.* 33.4% of eighth graders have drunk alcohol in the last month.*

*Denotes regional data

COUNTY INDICATORS

	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	31	17	Better	9.8	Same
Head Start / Oregon PreKindergarten	7	117	Worse	NA	94% Better
3rd Grade Reading Proficiency	9	90.0	Worse	87.3	3% Better
3rd Grade Math Proficiency	9	90.0	Better	73.1	4% Better
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	NA	> 95%	Better	64.1	NA
8th Grade Math Proficiency	16	94.1	Better	53.1	44% Better
High School Dropout	1	1.1	Worse	0.5	74% Better
Juvenile Arrests (per 1,000 under age 18)	0	0.0	Better	2.4	100% Better
Suicide Attempts (per 100,000 ages 10-17)	1	492.6	Worse	327.8	121% Worse
HEALTH					
Early Prenatal Care	NA	NA	NA	NA	NA
Infant Mortality (per 1,000 live births)	0	0.0	Same	0.0	100% Better
Uninsured Children	47	15.1	NA	NA	Worse
Immunizations	NA	73.5	NA	13.3	5% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	0	0.0	Same	0.0	100% Better
Obesity	NA	29.0	NA	NA	16% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	66	21.1	Worse	22.3	21% Worse
Child Support Payments	NA	48.5	Better	64.0	21% Worse
Unemployment	43	6.4	Better	8.5	5% Worse
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	0	0.0	Better	8.3	100% Better
Threat of Harm Victims (per 1,000 ages 0-17)	0	0.0	Better	14.2	100% Better
Recurrence of Maltreatment	NA	NA	NA	NA	NA
Foster Care Placement Stability	NA	85.5	Worse	NA	1% Better



Yamhill County

STATUS OF OREGON'S CHILDREN 2006

FAMILY FINANCES & STABILITY

\$66,900 is the median family income, which is 12% higher than the state median.
 9.46 per 1,000 people filed for personal bankruptcy in 2005, a 73% increase since 2000.
 19% of students changed school districts during the 2005-06 school year.
 3,548 households with children receive assistance through the WIC nutrition program in a typical month.
 41.7% of public school children are eligible to receive free/reduced price lunches during the school year. On average, 4,662 children eat free/reduced price lunches during the school year, while only 1,583 children receive free lunches during the summer.

CHILD WELFARE

258 children are victims of child abuse/neglect (11.5 per 1,000 children).
 43% of victims of abuse/neglect are under age 6.
 211 children in the county have been in foster care at least once during the past year.

CHILD HEALTH

18.2% of eighth graders are at high-risk for depression.
 14.4% of eighth graders have seriously considered suicide.
 9.2% of eighth graders have smoked cigarettes in the last month.
 15.8% of eighth graders have been diagnosed with asthma.
 29.4% of eighth graders have drunk alcohol in the last month.

COUNTY INDICATORS

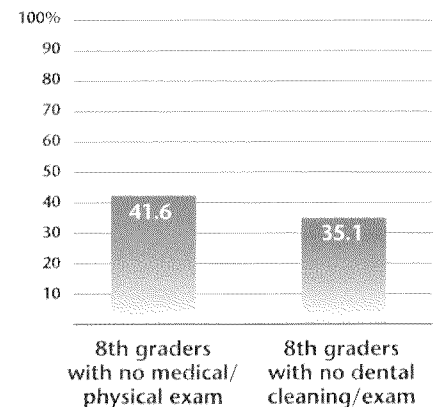
	Current Total Number	Current Rate	Rate Change from Previous Year	Avg. Rate Previous 5 Years	Current Rate Compared to Oregon
EARLY CARE AND EDUCATION					
Child Care Supply (slots per 100 ages 0-12)	2,253	14	8% Better	15.3	18% Worse
Head Start / Oregon PreKindergarten	197	65	Same	NA	9% Better
3rd Grade Reading Proficiency	1,041	88.4	3% Better	83.5	1% Better
3rd Grade Math Proficiency	782	63.1	3% Better	61.9	4% Worse
YOUTH DEVELOPMENT AND EDUCATION					
8th Grade Reading Proficiency	782	63.1	3% Better	61.9	4% Worse
8th Grade Math Proficiency	832	67.3	4% Better	59.5	3% Better
High School Dropout	218	4.3	8% Worse	5.5	2% Worse
Juvenile Arrests (per 1,000 under age 18)	474	19.8	17% Worse	18.7	21% Worse
Suicide Attempts (per 100,000 ages 10-17)	15	133.0	26% Better	202.2	40% Better
HEALTH					
Early Prenatal Care	942	82.2	Same	80.5	1% Better
Infant Mortality (per 1,000 live births)	9	7.8	200% Worse	6.4	37% Worse
Uninsured Children	2,360	10.5	NA	NA	Better
Immunizations	NA	75.5	NA	15.0	3% Worse
Teen Pregnancy (per 1,000 girls ages 15-17)	41	22.8	Same	26.9	Same
Obesity	NA	29.5	NA	NA	18% Worse
FINANCIAL STABILITY					
Childhood Poverty (ages 0-17)	3,349	14.9	16% Worse	12.9	14% Better
Child Support Payments	NA	62.8	Same	64.2	2% Better
Unemployment	2,686	6.1	18% Better	6.8	Same
CHILD WELFARE					
Abuse and Neglect Victims (per 1,000 ages 0-17)	173	7.7	17% Worse	7.8	12% Worse
Threat of Harm Victims (per 1,000 ages 0-17)	85	3.8	12% Worse	2.6	38% Better
Recurrence of Maltreatment	NA	3.3	NA	NA	68% Better
Foster Care Placement Stability	NA	85.5	11% Worse	NA	1% Better

POPULATION

TOTAL	90,310
All children	22,474

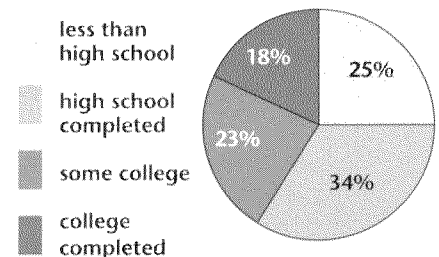
Accessing Health Care

This chart shows the percent of 8th grade students who did NOT go to the doctor or dentist in the previous year.



Mother's Education

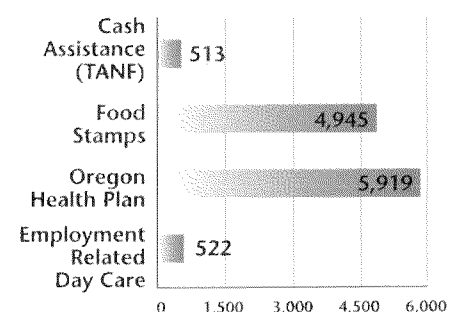
Educational attainment of women who gave birth in 2005.



Family Supports

The chart shows the number of children helped by several key family supports in a month.

Number of Low-Income Children: 9,439



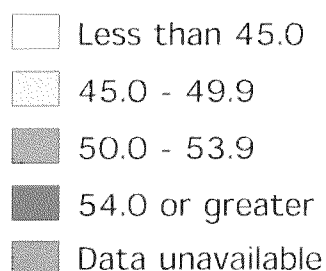
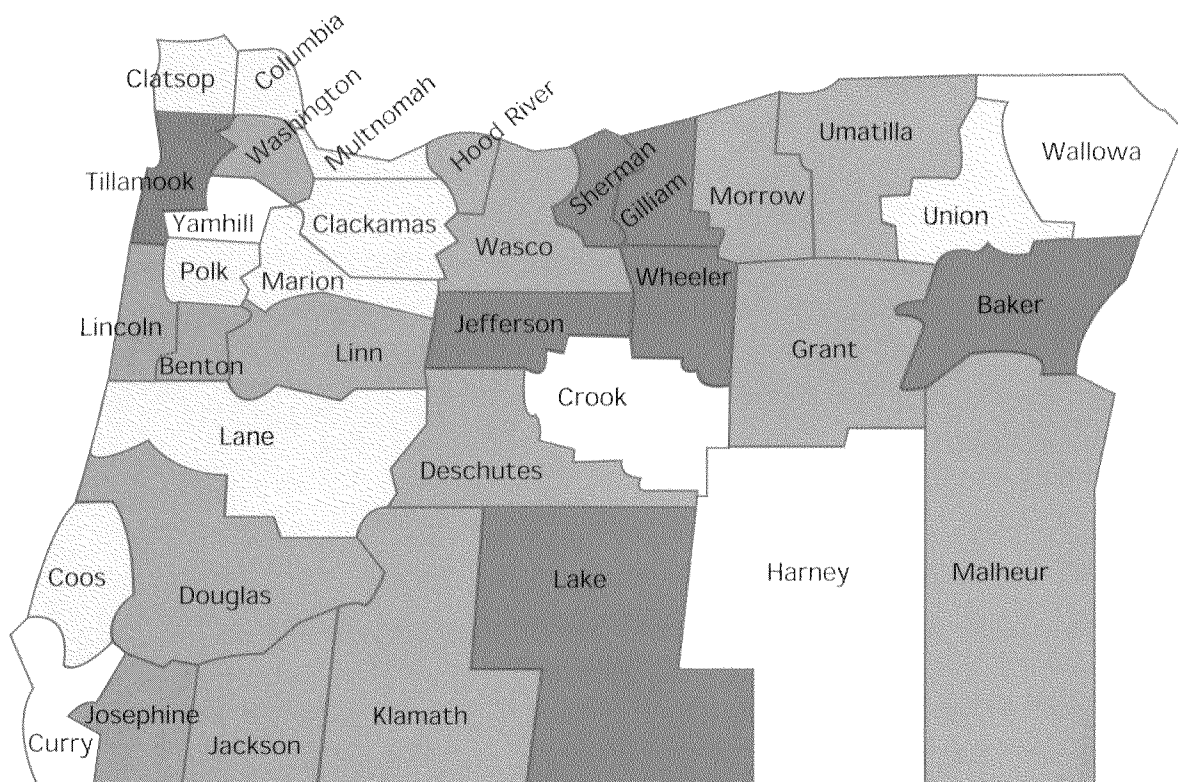


Comparing Measures of Child Well-Being across Oregon

Medical Care

Percent of 8th graders who have not had a medical check-up or physical exam in the previous year.

The healthy physical, emotional and cognitive development of a child is best supported by regular visits with health care professionals. According to the Oregon Healthy Teens Survey, more than half of Oregon 8th-grade students have not seen a doctor or nurse practitioner for a check-up or physical exam in the previous year.

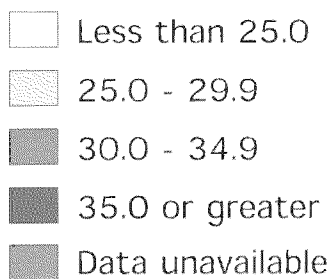
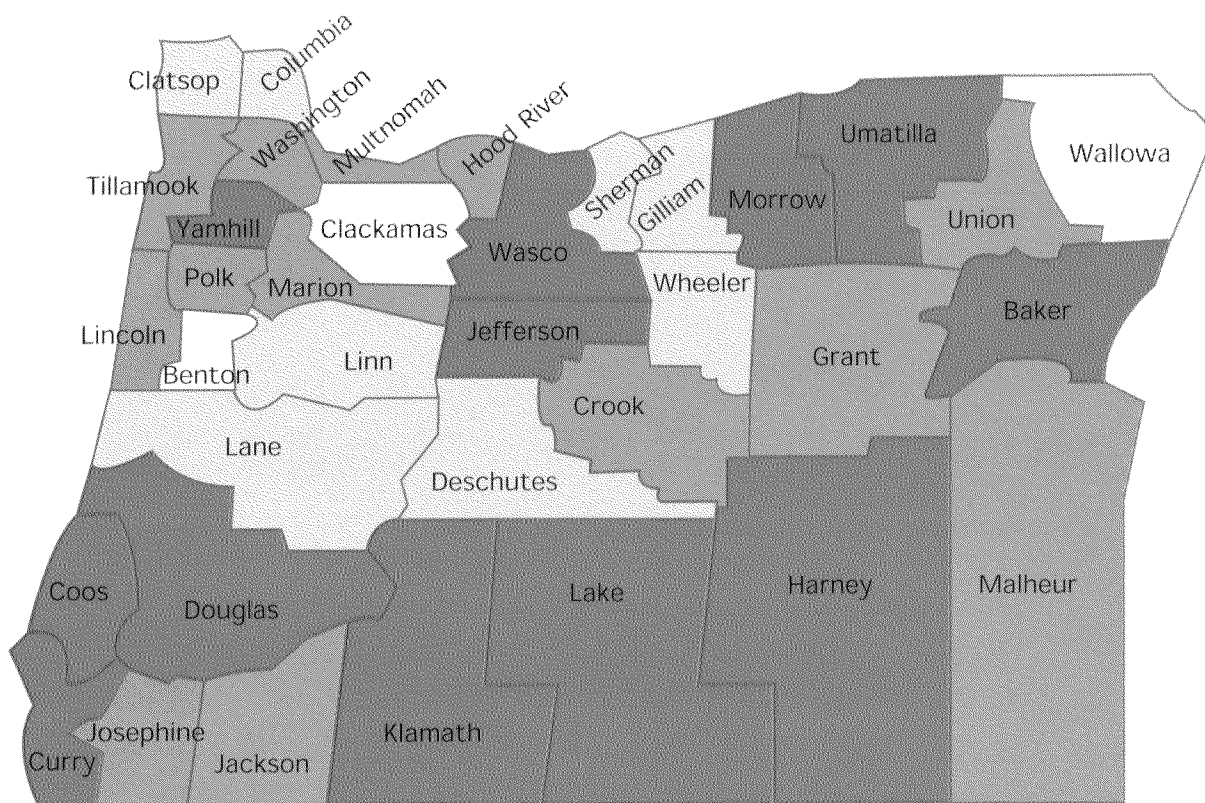


Note: Lower percent is better.

Dental Care

Percent of 8th graders who have not had a dental check-up or cleaning in the previous year

Oral health is critical to the overall well-being of children and youth. Regular check-ups and cleanings are essential for preventing and addressing the results of tooth decay and other oral disease. According to the Oregon Healthy Teens Survey, one in three Oregon 8th-grade students have not seen a dentist or dental hygienist in the previous year.

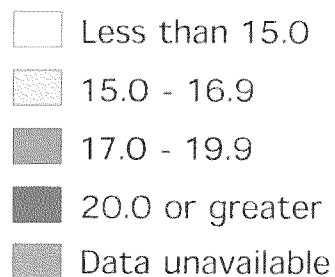
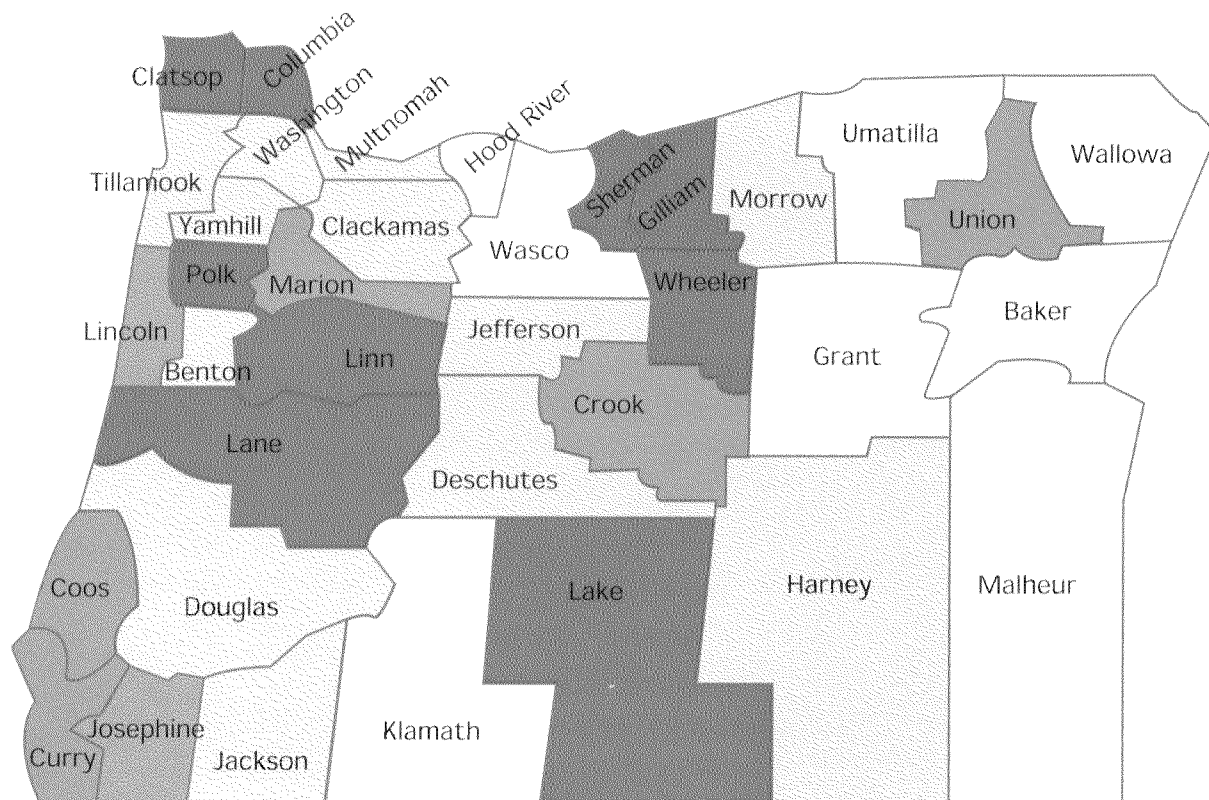


Note: Lower percent is better.

Asthma

Percent of 8th graders who have been diagnosed with asthma

Nationally, asthma is the cause of 14 million missed school days annually and is the third-ranking cause of hospitalization among children under 15 years of age (Centers for Disease Control and Prevention). In Oregon, more than 17 percent of 8th graders report being diagnosed with asthma.

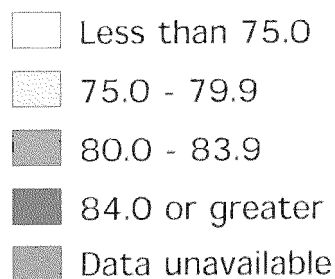
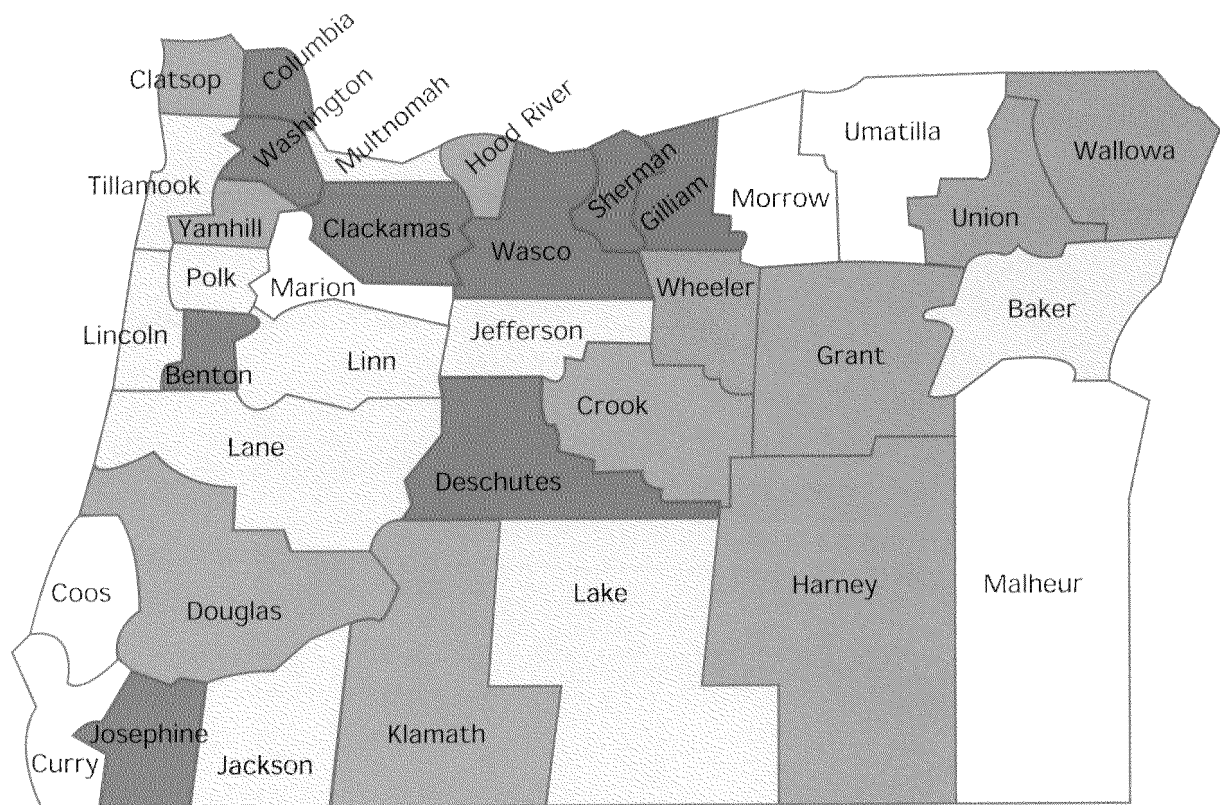


Note: Lower percent is better.

Prenatal Care

Percent of babies born to mothers who receive early prenatal care

Prenatal care for mothers in their first trimester is proven to improve birth outcomes and prevent low birthweight. In Oregon, 81 percent of babies are born to mothers who receive early prenatal care. However, more than 8,000 births occurred in 2005 where mothers received later care or no prenatal care at all.

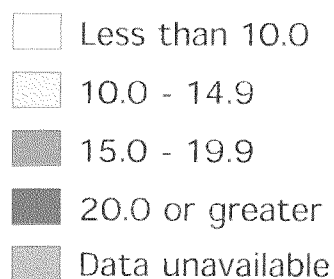
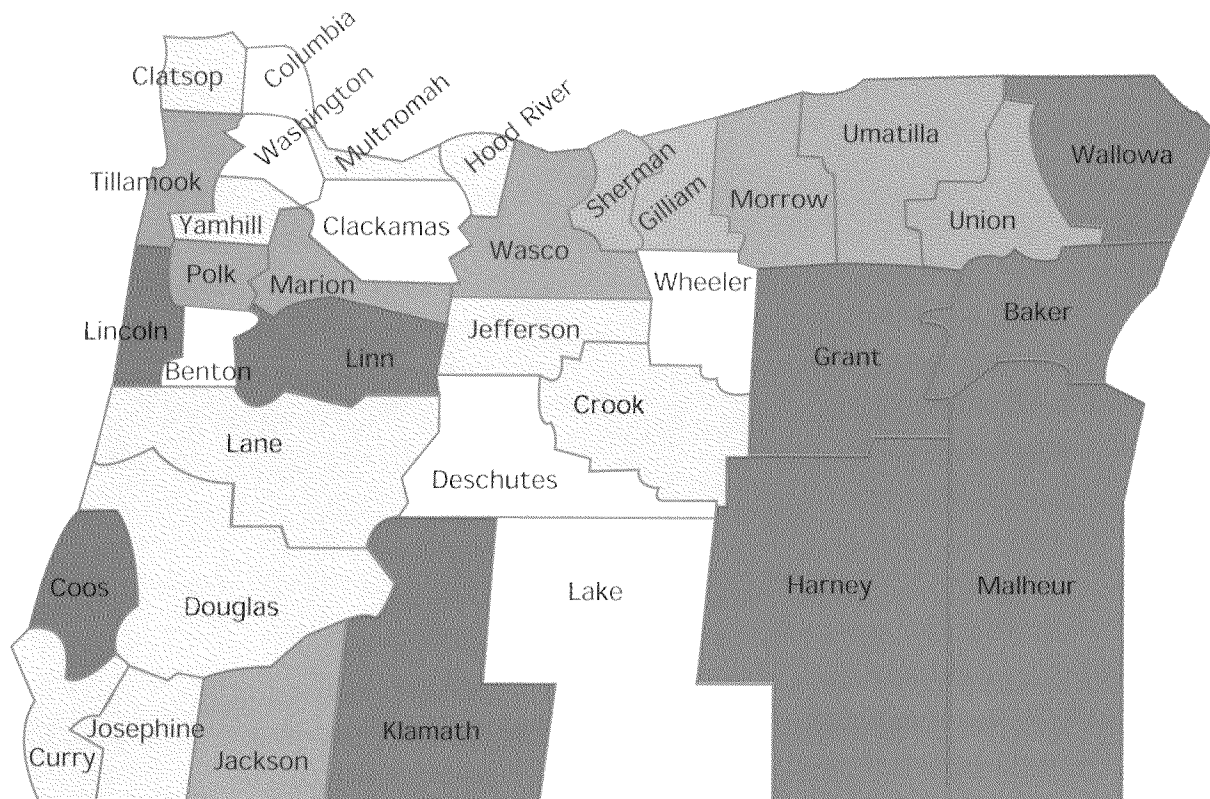


Note: Higher percent is better.

Abuse / Neglect

*Number of confirmed child abuse/neglect and
"threat of harm" victims per 1,000 children*

Cases of child abuse/neglect include physical or sexual abuse of a child, mental injury and neglect. "Threat of harm" victims are children living in conditions or circumstances found to represent a substantial risk of harm. When combined, the statewide rate of confirmed victims of child maltreatment is 13.0 per 1,000 children, an 8 percent increase from the previous year's rate and a 20 percent increase from two years ago.

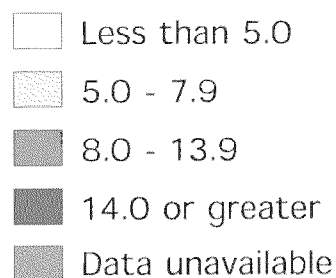
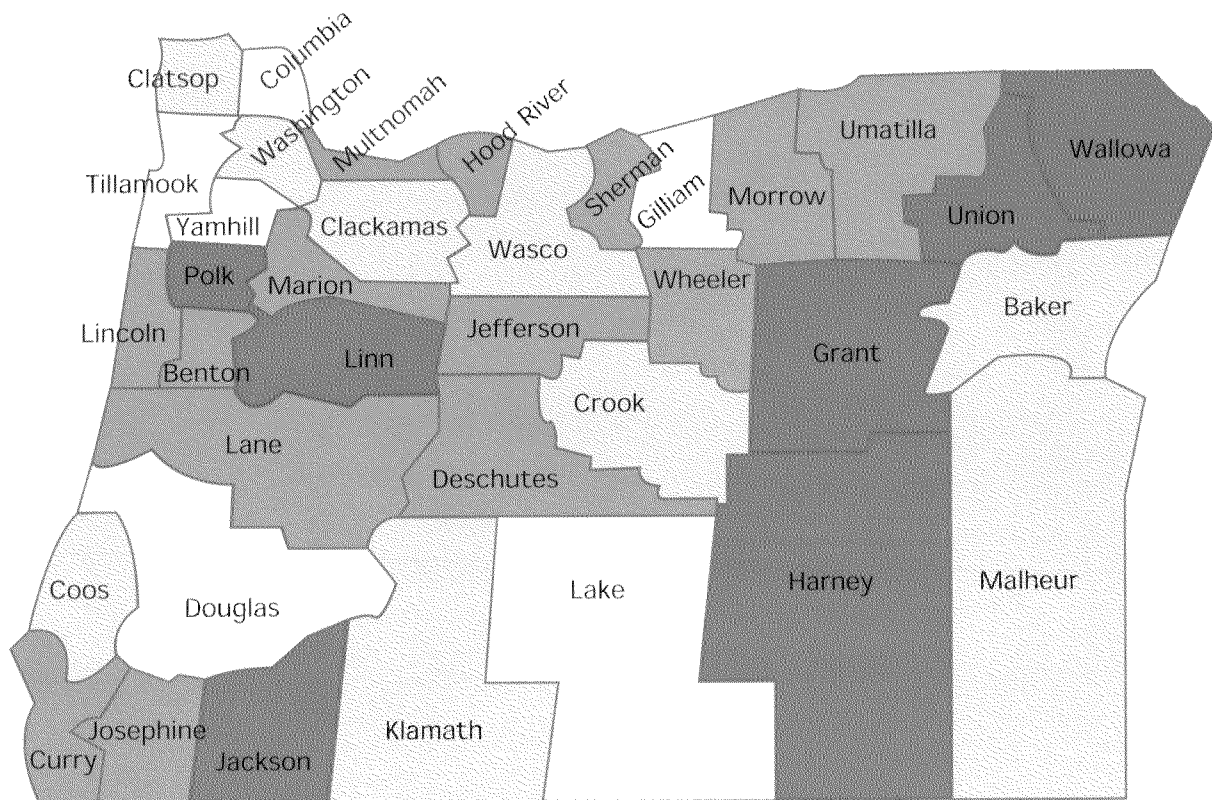


Note: Lower rate is better.

Recurrence of Maltreatment

Percent of confirmed child abuse/neglect victims who are reabused within six months of prior victimization

"Recurrence of maltreatment" is one of the criteria the federal government uses to evaluate state child welfare systems. It is also an Oregon Department of Human Services key performance measure. Statewide, 10.2 percent of abuse/neglect victims are reabused within six months of prior victimization. This percent has climbed from 7.6 in 2003 and 9.2 in 2004.

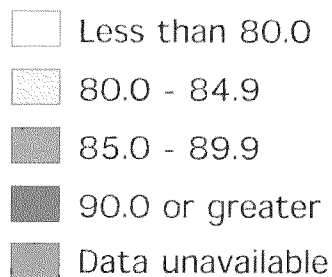
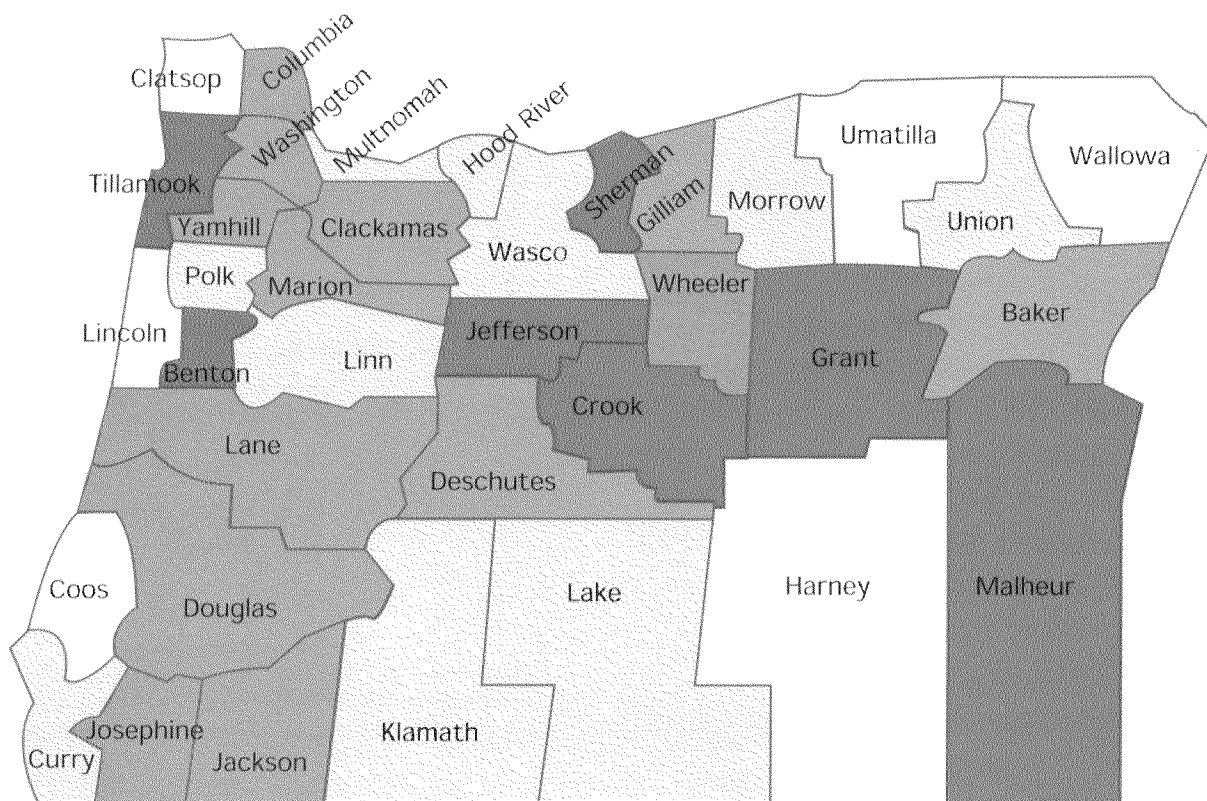


Note: Lower rate is better.

Foster Care Placement Stability

Percent of children in foster care who have two or less placements settings

"Stability of foster care placements" is one of the criteria the federal government uses to evaluate state child welfare systems. Reducing the number of placement settings is critical to improving outcomes for children in foster care. Statewide, 84.6 percent of children and youth in foster care have two or fewer placements, a number that has dropped from 86.1 in 2003 and 85.8 in 2004.



Note: Higher percent is better.

SIDE BAR DATA AND GRAPHS

POPULATION Estimated population of Oregon and its counties by age (2005). Source: Population Research Center, Portland State University.

ACCESSING HEALTH CARE Percent of 8th grade students who report not having a medical or physical exam in the last 12 months and percent of 8th grade students who report not having a dental cleaning or exam in the last 12 months (state 2006, counties 2005-2006 composite). Data for Gilliam, Sherman and Wheeler counties combined. Source: Oregon Healthy Teens Survey.

Beware of Small Numbers

Counties vary significantly in population, size, and geography and this variance should be considered when interpreting the differences among counties. Be aware that small counties may have a small number of events (e.g., child deaths, suicide attempts) that can cause rates to vary considerably from year to year; such variations may not reflect significant changes in the indicators. Rates based on less than five events are considered unstable. Similarly, percent changes in the rates are not reported for counties with less than 45,000 people.

What is Being Measured

Several types of data information are available for each indicator, and it is important to distinguish among them. The number, rate, percentage change between years, the five-year average, and the county rate compared to Oregon are all very different measures. A relevant column heading explains the information presented in the county indicator box. To get a better understanding of how the indicators themselves are defined, refer to the data definitions in this section.

Some Challenges with Data

For many of these indicators there are no perfect methods to measure data outcomes. Counties have varying reliability in their record keeping systems or resources committed to counting occurrences.

Children First relies on the data that is available from various state agencies. Many of these measures are in need of improvement. However, interpreted carefully, data presented here can be very useful tools for developing a meaningful assessment of child well being.

Data Tells Only Part of the Story

While these data provide important baseline information, they must be understood in a broader context. Remember that a data snapshot provides one way to look at how children are doing in the county. There are many other important perspectives to include and consider in piecing together an accurate composite. Some of the other sources of critical viewpoints include: human service agencies, government, schools, parents, and young people themselves.

MOTHER'S EDUCATION Educational attainment of women who gave birth in 2005. Source: Oregon Department of Human Services, Center for Health Statistics.

FAMILY SUPPORTS Number of low-income children is the number of related children ages 0-17 who live in households with incomes under 200% of the Federal Poverty Level (FPL). Public benefits data are for September 2006. Income eligibility levels for the programs are as follows: cash assistance (or Temporary Assistance for Needy Families) is approximately 45% FPL; food stamps is 185% FPL for most applicants; Oregon Health Plan/Medicaid (includes Children's Health Insurance Program) is 185% FPL; and Employment Related Day Care is 150% FPL. Sources: CFFO analysis of U.S. Census Bureau data and state population estimates; Oregon Department of Human Services, the Division of Children, Adults and Families and the Division of Medical Assistance Programs.

FAMILY FINANCES AND STABILITY

MEDIAN FAMILY INCOME Estimated median family income (2006). Source: HUD Area Median Income Search, eFannieMae.com.

PERSONAL BANKRUPTCY Rate per 1,000 (total population) of personal bankruptcy filings, includes Chapter 7 and Chapter 13 filings (2005). Source: FDIC Regional Economic Conditions (RECON) database.

STUDENT MOBILITY Percent of students who changed school districts, including those moving in and out of state, during the school year (2005-06 school year). Source: Oregon Department of Education, Office of Analysis and Reporting.

WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM Households who were served by the WIC Program during a month (August 2006). Source: Oregon Department of Human Services, Office of Family Health, Oregon WIC Program.

SCHOOL MEALS Percent of children eligible to receive free or reduced-price lunch (2005-06 school year). Income eligibility levels are 130% of the Federal Poverty Level (FPL) for "free" and 185% FPL for "reduced-price." Average number of children served a free or reduced-price lunch on a school day (2005-06 school year). Source: Oregon Department of Education.

SUMMER MEALS Average number of children served a meal (breakfast, lunch or dinner) during the summer at federally-funded Summer Food Service Program or National School Lunch Program "seamless waiver" sites (2006). Source: CFFO analysis of Oregon Department of Education, Child Nutrition Programs data.

CHILD WELFARE

CHILD ABUSE/NEGLECT VICTIMS Combined rate and number of abuse/neglect and threat of harm victims per 1,000 children (FFY 2005). Source: Oregon Department of Human Services, Division of Children, Adults and Families.

VICTIMS UNDER SIX Percent of confirmed victims of child abuse/neglect and/or threat of harm under age 6 (FFY 2005). Source: Oregon Department of Human Services, Division of Children, Adults and Families.

FOSTER CARE Number of children from the reporting county who spent at least one day in substitute care during the year (FFY 2005). Substitute care involves temporary, out-of-home placement for children found by a court to be in need of protection or removal from their home. Substitute care includes foster family care or placement with non-custodial relatives, emergency shelter, group-home care, therapeutic foster care, respite care, and residential treatment care. Source: Oregon Department of Human Services, Division of Children, Adults and Families.

CHILD HEALTH

DEPRESSION RISK Percent of 8th grade students who report feeling sad or hopeless every day for two weeks or more in a row, during the previous 12 months, such that they have stopped doing some usual activities (state 2006, counties 2005-2006 composite). Data for Gilliam, Sherman and Wheeler counties combined. Source: Oregon Healthy Teens Survey.

SUICIDAL IDEATION Percent of 8th grade students who report seriously considering a suicide attempt during the previous 12 months (state 2006, counties 2005-2006 composite). Data for Gilliam, Sherman and Wheeler counties combined. Source: Oregon Healthy Teens Survey.

ASTHMA Percent of 8th grade students who report ever being diagnosed with asthma (state 2006, counties 2005-2006 composite). Data for Gilliam, Sherman and Wheeler counties combined. Source: Oregon Healthy Teens Survey.

CIGARETTE USE Percent of 8th grade students who report smoking cigarettes in the previous 30 days (state 2006, counties 2005-2006 composite). Data for Gilliam, Sherman and Wheeler counties combined. Source: Oregon Healthy Teens Survey.

DRINKING Percent of 8th grade students who report drinking beer, wine or hard liquor in the previous 30 days (state 2006, counties 2005-2006 composite). Data for Gilliam, Sherman and Wheeler counties combined. Source: Oregon Healthy Teens Survey.

COUNTY INDICATORS

CHILD CARE SUPPLY Number of identified child care slots available for every 100 children under age 13 (2005). Source: Oregon Child Care Research Partnership.

HEAD START / OREGON PREKINDERGARTEN Number and percent of eligible children served by Head Start or the Oregon Prekindergarten Program (2006). Percent of eligible students based on estimated population ages 3 and 4 under the federal poverty level. Source: Oregon Department of Education.

COUNTY INDICATORS KEY

CURRENT NUMBER

Number of incidents for the most recent year of data.

CURRENT RATE

County rate for the most recent year of data.

RATE CHANGE FROM PREVIOUS YEAR

Percentage change between rate in previous year and most recent year of data. Percentage change is not reported for counties with less than 45,000 people due to small number of events, or in instances where updated data since the previous County Data Book are not available.

AVERAGE RATE PREVIOUS 5 YEARS

Average of the previous five years of data, not including most recent year of data.

CURRENT RATE COMPARED TO OREGON

Comparison of most recent county rate with Oregon rate for same year.

NA

Data not available.

3RD GRADE READING PROFICIENCY Percent of 3rd grade students who met or exceeded state standards in reading (2005-06 school year). Source: Oregon Department of Education.

3RD GRADE MATH PROFICIENCY Percent of 3rd grade students who met or exceeded state standards in math (2005-06 school year). Source: Oregon Department of Education.

8TH GRADE READING PROFICIENCY Percent of 8th grade students who met or exceeded state standards in reading (2005-06 school year). Source: Oregon Department of Education.

8TH GRADE MATH PROFICIENCY Percent of 8th grade students who met or exceeded state standards in math (2005-06 school year). Source: Oregon Department of Education.

HIGH SCHOOL DROPOUT Percent of students who dropped out of high school during the school year and did not complete a General Equivalency Degree (2005-06 school year). Source: Oregon Department of Education.

JUVENILE ARRESTS Number of juvenile arrests for person or property crimes and rate per 1,000 children ages 0-17 (2004). Source: Uniform Crime Reporting Program, Department of State Police.

SUICIDE ATTEMPTS Number of reported suicide attempts resulting in hospitalization or death per 100,000 children ages 10-17 (2004). Source: Oregon Department of Human Services.



EARLY PRENATAL CARE Percent of births to mothers who received prenatal care beginning in their first trimester (2005). Source: Oregon Department of Human Services.

INFANT MORTALITY Number of infant deaths under one year of age per 1,000 live births (2005 preliminary). Source: Oregon Department of Human Services.

UNINSURED CHILDREN Percent of children ages 0-17 estimated to be without health insurance (2004). Oregon Population Survey data for counties is combined into nine regions: (1) Clatsop, Columbia, Lincoln, Tillamook; (2) Clackamas, Multnomah, Washington, Yamhill; (3) Benton, Lane, Linn, Marion, Polk; (4) Coos, Curry, Douglas, Jackson, Josephine; (5) Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler; (6) Crook, Deschutes, Jefferson; (7) Grant, Harney, Klamath, Lake; and (8) Baker, Malheur, Union, Wallowa. Source: CFFO analysis of 2004 Oregon Population Survey data distributed by Office for Oregon Health Policy and Research, March 2006.

IMMUNIZATIONS Percent of two-year-olds being up to date for their 4:3:1:3 immunization series (2005). Source: Oregon Department of Human Services, Public Health Division, Immunization Program.

TEEN PREGNANCY Sum of resident live births and induced abortions among females ages 15-17 and rate per 1,000 females ages 15-17 (2005 preliminary). Source: Oregon Department of Human Services.

OBESITY Percent of 11th grade students at-risk for overweight (85th-95th percentile Body Mass Index) and overweight (\geq 95th percentile Body Mass Index), based on self-reported height and weight (state 2006, counties 2005-2006 composite). Data for Gilliam, Sherman and Wheeler counties combined. Source: Oregon Healthy Teens Survey.

CHILDHOOD POVERTY Number and percent of children estimated to live in families with incomes at or below 100% of the Federal Poverty Level. Most recent available poverty rates are reported (2003 and 2004). Sources: 2005 American Community Survey for State of Oregon and these counties – Clackamas, Lane, Marion, Multnomah and Washington (2004). Small Area Income and Poverty Estimates (SAIPE), U.S. Census Bureau for remaining counties (2003). County comparisons to the state rate are conducted using the comparable rate.

CHILD SUPPORT PAYMENTS Average percent of court-ordered child support payments that were actually paid (FFY 2005). Source: CFFO analysis of Oregon Department of Justice, Child Support Division data.

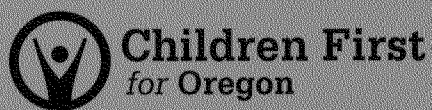
UNEMPLOYMENT Percent of the population who are unemployed and seeking work (2005). Source: Oregon Employment Department.

ABUSE AND NEGLECT VICTIMS Number of confirmed child victims of abuse or neglect (excluding Threat of Harm) and rate per 1,000 children under age 18 (FFY 2005). Source: Oregon Department of Human Services, Division of Children, Adults and Families.

THREAT OF HARM VICTIMS Number of confirmed threat of harm victims and rate per 1,000 children under age 18 (FFY 2004). "Threat of Harm" victims are children living in conditions or circumstances determined to represent a substantial risk of harm, such as living in a serious domestic violence situation. Source: Oregon Department of Human Services, Division of Children, Adults and Families.

RECURRENCE OF MALTREATMENT Percent of known victims of abuse/neglect with a second victimization within six months of a prior victimization (FFY 2005). Definition of "reabuse rate" corresponds to federal guidelines. Source: Oregon Department of Human Services, Division of Children, Adults and Families.

FOSTER CARE PLACEMENT STABILITY Average percent of children in foster care with two or fewer placement settings, of those children who have been in foster care less than 12 months from the time of the latest removal (FFY 2005). Definition of "placement stability" corresponds to federal guidelines. Source: Oregon Department of Human Services, Division of Children, Adults and Families.



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