

**United Way of Lane County
2010/2011 Strategic/Preventive Proposal**

A. Name of Organization: Willamette Family, Inc.

1. Contact Person: Susie Dey

2. Address: 687 Cheshire Avenue
Eugene, Oregon 97402

3. Phone: 541-343-2993 Email: susied@wfts.org

B. Name of Proposed Services:

Willamette Family, Inc. Ready To Go (RTG) Project

C. Amount of Funding Requested for a 12 month period:

\$48,750.00

The undersigned confirm that the information provided in this application is true and accurate and that the application has received / will receive Board approval.

Michele Kunkles 3/5/10

Signature: Agency Director Date



Signature: President, Board of Directors Date

March 5, 2010

SECTION I: Strategic/Preventive Action Area

Which Community Investment Strategic Action Area do the proposed services primarily address? (Please see Appendix A UWLC 2010 Strategic/Preventive Goals and Funding Strategies for EDUCATION, INCOME and HEALTH.)

1. Action Area: (select one)

- Education:** Preparing children to succeed in school and life.
- Income:** Moving families from poverty to financial stability.
- Health:** Ensuring people have basic access to healthcare.

2. Strategies: Based on your selection above, list the specific strategy or strategies the proposed services are designed to address. (Note: Strategy or strategies listed must come from Appendix A referred to above.)

See Attached (pages numbered 1 and 2)

3. Provide a *brief* (no more than one paragraph) executive summary of how you will address the strategies you listed in Question 2, above. Details will be expanded in Section II, questions 1-3.

See Attached (pages numbered 2 and 3)

SECTION II: SERVICE IMPACT

1. Need, Target Population and Program Description

A. Need/Target Population

Identify the community problem/need the strategies described in Section I address, including the number of Lane County residents affected. Clearly link the need to the Community Investment Strategic Action Area goals and strategies selected in 1 and 2 above. *Also, include local trend information over the last five years as available/appropriate.* Describe how the proposed service(s) reach the intended target population for your Action Area (see Appendix A) and is appropriate to the need.

See Attached (pages numbered 3, 4, 5, and 6)

B. Service Description

Describe the proposed services for which you are requesting funds. Be very specific. The description should be a clear and logical response to needs outlined in Section 2, question 1A. Describe how your proposed services are designed to effectively meet the Community Investment Strategic Action Area goals and strategies selected in Section 1. Describe the research or evidence based methods which justify the proposed approach.

See Attached (pages numbered 6, 7, 8, and 9)

What systems will be used to track the impacts and outcomes of the services provided and support continuous improvement? (e.g., telephone logs, client files, client satisfaction survey, pre-test/post-test, software systems, etc.) Please note if a tracking system is already in use, or if it will be developed to support the program.

See attached (pages numbered 11 and 12)

SECTION III: SERVICE MANAGEMENT

1. Client Involvement

Describe your client involvement systems and how they lead to more efficient and effective services. For example: How are clients involved in service planning, offering feedback or making suggestions about your services? How do you measure client satisfaction? How do your feedback systems lead to more effective services? Please provide examples.

See attached (page numbered 12)

2. Coordination/Collaboration

Describe specifically how you work with others in the community to maximize service to the people you serve. List any formal relationships, the nature of the partnership and the type of agreement (i.e. Memorandum of Understanding, Service Agreement, Contract or other documentation.)

See attached (pages numbered 12 and 13)

3. Diversity / Accessibility

“United Way of Lane County believes that respect for and understanding of all cultures, peoples, and lifestyles are central to our mission of helping people care for one another. To that end, United Way will demonstrate that it values diversity in its funding of programs in Lane County. We will attempt to promote and recognize programs and organizations which provide culturally appropriate services, ensure access for people needing those services, and show a valuing of diversity in volunteer, staff, and service systems.” --United Way of Lane County's Diversity Statement

Describe how diverse segments of the community have access to the proposed services. Describe your efforts to continuously improve services to underserved populations. Diversity can include but is not limited to: race, gender, ethnicity, physical ability, sexual orientation, age, familial status, economic status, rural/urban location.

See attached (pages numbered 13 and 14)

4. Use of Volunteer and Partnership Resources

Describe how you use volunteers. Include type of positions they hold, number of volunteers, and total

volunteer hours per year. Describe your capacity to mobilize additional community partners and/or in-kind resources in conjunction with the proposed services.

See attached (page numbered 14)

5. Budget

A. Complete the budget form (Appendix B) included separately.

B. Describe the return on the UWLC investment. Include such factors as demonstrated cost effectiveness and efficiency of service delivery, how you will leverage other financial investments to support the work and the sources of other financial investment for this work. Describe how the work improves the effectiveness of the human services network in Lane County.

See attached

C. If you are requesting funding for Capital investment, including funding for physical space or renovation, you must include the full cost of the capital project and how you will fund the balance outside the UWLC amount.

See Budget attached

6. Follow-Up

If you received a United Way Allocation in 2009, the United Way volunteer-led review panel will receive copies of your most recent panel summary report. Were there any concerns or conditions for continued funding identified by the United Way review panel during the last review?

Yes No

If yes, how have these been addressed by your agency?

See attached

7. Governance, Management & Organizational Capacity

Briefly describe how this program fits into your organizational structure, how it will be managed, and how oversight will be provided. ***Complete Appendix C, Required Compliance Documentation, Exhibit A – Best Organizational Practices and Management.***

Describe the ability of the organization to carry out the proposed services successfully and efficiently based on current resources, i.e. expertise of staff, diversity of funding sources, board composition and involvement, fiscal and governance systems and facilities.

See attached

8. Policy Adherence

UWLC requires all service partner organizations to follow and adhere to the following UWLC Policies and Certification Documents:

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Read and sign Exhibit B, United Way of Lane County Policies and Certification Documents, included in Appendix C.

Willamette Family: Ready To Go! (RTG) ProjectStrategies: A. Education; B. Health; C. Increase Rural Access to Treatment**SECTION I: Strategic/Preventive Action Area****1. ACTION AREA:**

A. EDUCATION: Evidence based practice and services (EBP) will target underserved, unrepresented families with children ages 0- 6 and expectant parents to increase parental abilities that support, enhance, and encourage children's development in all life domains: cognitive, socio-emotional, health and mental health, behavioral that lead to their children's early literacy/language and social/emotional development.

Specific high risk target populations: low income/homeless/families in poverty who experience multiple family stressors that impact their children's safety, health, well-being, learning, and developmental progress particularly children who have been traumatized by child abuse and are in/at imminent risk for foster care placement: *single parents, children with health and disability issues resulting from parental substance abuse; families with parental mental health, addiction, and domestic violence issues; and who have limited parenting and life skills.*

2. STRATEGIES:**Strategy #1: Increase at-risk children's literacy/language and social/emotional development:**

- ❖ Implement services and activities that promote children's physical health needed for optimal development and learning (also integrates UWLC Strategic Health Initiative)
 - Identification and priority admission to residential substance abuse treatment for pregnant women (partnership with Project FEAT, UofO Early Intervention Program)
 - Drug affected infants and children will receive all appropriate medical care
 - All children will receive developmental screening and indicated services
 - All RTG children will receive early childhood immunizations and Well Baby Screenings
- ❖ Strengthen parent-child attachment: the key foundation for learning and development:
 - Co-residency for women and their children through age 6 at WF residential treatment to prevent attachment disruption
 - Involve mothers daily in their child's program at the WF Child Development Center and life activities to promote bonding and responsive relationship
 - Provide reunification services for foster children being reunited with their parents, including supervised enhanced visits during transition
- ❖ Teach early learning language and literacy skills utilizing the existing onsite WF Child Development Center and WF Family Reunion Program services, augmented by:
 - Establishing individualized child development and learning plans with parents
 - Providing enhanced therapeutic, age appropriate classroom experiences to promote learning by integrating Early Head Start practices with existing curricula
 - Assuring children's caregivers are responsive to child's needs and provide wide array of learning opportunities for each child to explore
 - Promoting literacy and language development through planned, increased reading and verbal interactions
- ❖ Promote development of childhood resiliency to equip them with capacities to handle stress
- ❖ Provide trauma-informed mental health services as indicated for families

Strategy #2: EB Parent Education, support and mentoring to support children's Early Literacy/Language and Social/Emotional Development

- ❖ Expand WF Family Reunion Project to enhance attachment as a protective factor
- ❖ Provide 24/7 mentoring, respite and support for families in residential treatment
- ❖ Utilize EBP *Circles of Security* to teach appropriate parent responsiveness
- ❖ Strengthen parent self-esteem and confidence utilizing psycho-educational groups and video taping that emphasize their strengths

- ❖ Teach parents childhood developmental stages
- ❖ Teach parents daily parenting skills including positive discipline, reading, talking, basic needs, family and cultural traditions
- ❖ Provide substance addiction treatment to sustain recovery, strengthen parenting abilities, provide a safe environment, and foster self-sufficiency
- ❖ Establish community linkages to ongoing support services for families

B. HEALTH: Families below 200% of FPL will have increased access to health care

- 100% of target population are below 100% FPL and will have access to substance abuse assessment and treatment (WF data). This is an expansion of UWLC 100% Medical Access Initiative
- 98% of target children will receive required immunizations
- 100% of target families will be offered and can access mental health services (individual, family, group). All mental health services are trauma informed, and integrate Cognitive Behavioral Therapy (CBT) in conjunction with their addiction treatment plan to manage the chronic disease of addiction
- All children receive developmental screenings and indicated interventions
- Residential staff provide 24/7 supervision of medications taken by mothers and their children; children needing breathing and heart monitoring, as well as titration from opiates, will be supervised by trained staff
- Parents will learn how to use public transportation for medical appointments

C. RURAL: Substance abuse treatment and family services are available in Cottage Grove through a contractual partnership between WF and Family Relief Nursery. WF treatment and family services are accessible to families in the Thurston area of east Springfield.

3. EXECUTIVE SUMMARY: Willamette Family seeks UWLC funding in the amount of \$48,750 to implement the Ready To Go! (RTG) project that addresses the Strategic *Education* Initiative, and also integrates the UWLC *Health* initiative to expand access. Funding will be used for 1FTE Family Advocate; .5FTE Mental Health therapist and program support. RTG will provide innovative, Evidence Based Practice (EBP) and services to the highest risk children, with special focus on children who are in the child welfare and foster care system, and who face the greatest peril for school failure and social/emotional problems that impact all community systems. It will build upon the successful WF Family Reunion Program that has demonstrated effectiveness in strengthening families and safely preventing the need for foster care and its related consequences. RTG implementation will result in increased literacy/language skills needed for school success and social/emotional development that are key to positive life outcomes with special emphasis on strengthening positive parent-child attachment and child resiliency. RTG is anchored in recognition of the importance of integrating and leveraging educational, health, and prosperity resources to achieve individual potential as well as community change.

Strategic Program Context:

“Our Lives, our community, our future.”

“Income, health and education are inextricably linked to each other and to family and individual well being in Lane County.”

United Way of Lane County Community Needs Assessment 2009

As our community struggles to stabilize and rebound from the current recession, the findings from the most recent UWLC Needs Assessment both underlines the complex severity of these times, as well as providing a challenge and road map for our future. “Just one thing” won’t solve our difficulties; rather, it is in the interplay among income, health, and education that real individual and community growth and change can occur. By strengthening each element, the resulting impact is far greater than simply making health more

accessible, or increasing wealth, or improving high school graduation rates (though each is a commendable outcome individually). Investment in each of the initiatives directly impacts the forward movement of all three, and synergistically creates systemic reform that can fundamentally improve lives and our community well being. Indeed, these are truly *strategic investments* in our future.

“If our American way of Life fails the child...it fails us all” ... Pearl Buck

SECTION II: SERVICE IMPACT: EDUCATION Initiative: READY TO GO! (RTG)

1. Need, Target Population and Program Description

A. Need/Target Population:

A-1: Need: The WF RTG Project directly aligns with the UWLC’s Education Strategic Initiative targeting multiple factors that create barriers to child health and safety, as well as success in school and in life for those children at the highest risk of failure and abuse. RTG target children inherit family legacies of child abuse, trauma, domestic violence, overwhelming poverty, generational substance addiction, lack of basic education and job skills, and a future that tends to repeat their parent’s life experiences and be passed to their children.

Table 1: WF Family Reunion Program Data March 2010

IDENTIFIED FAMILY FACTOR	MOTHER	CHILD
Substance involved	100%	100% (affected by parental use)
Domestic violence	70-80% (reported)	70-80%
Mental Health Issues	75%	>5%
Criminal justice involvement	60% (convicted)	N/A
Mother was under 18 at time of first child’s birth	55%	N/A
Poverty	99%	99%
Homelessness	40%	40%
Mother abused as a child	70%	N/A
Mother in foster care as a child	40% (stats were not initially kept so this is low)	N/A
Child born substance involved/addicted	N/A	40% (this is more than “affected”)
Developmentally delayed	30%	40%
Social/emotional issues	100%	75%
Physical impairment	15%	5%

Children from target families are likely to have both physical and mental health issues, and most will rely upon public financed services for at least a portion of their lives. Because of their mothers’ histories of substance addiction, every child served by WF has been affected by alcohol or drugs to varying degrees, and each of the project children have either experienced or are at significant, imminent risk of child maltreatment and foster care placement. All come from impoverished environments and family/neighborhood violence is a common experience (Jaffee). Individually, each of these factors impairs a child’s potential and capacity for learning, thriving, achieving developmental milestones and social/emotional/behavior competencies. Combined, they become toxic, and without intervention, can become the predictors of lifelong difficulties.

Table 2: WF’s Child Development Center reports the following issues identified in children served

Birth to one year	Cleft palate in newborns; vision problems; lactose intolerance; premature birth; low birth weight; congenital heart defect; compromised immune system resulting in asthma, RSV and congestion; failure to thrive; feeding issues; tremors; sensitivity to touch, light, and sound; inconsolable crying; developmental delays
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1 year olds	Gross motor delays; asthma; allergies; feeding issues; low immune systems leading to colds and viral illnesses; difficult to comfort
2 year olds	Same as above plus: behavioral issues including aggression, biting; cursing; hearing loss; dental problems; major speech delays
3 year olds	Similar to 2 year olds plus: delayed potty training; continued use of pacifiers; cases of physical and sexual abuse become apparent
4 year olds	Multiple behavioral issues including sexual acting out; continuing developmental delays; emotional/mental health issues beginning to emerge; ongoing health issues
5 year olds	Behavioral/social issues; depression; developmental delays; vision and hearing problems; continued attachment difficulties; autism disorders
6 year olds	Behavioral issues including aggression; sexually acting out; screaming; ongoing developmental delays and emotional difficulties; lack of school readiness skills

Clearly, these are children with the highest risk for learning and social/emotional difficulties. Their behaviors, in turn, distance them from others and prevent healthy attachment and barriers in establishing positive relationships that persist through life.

A-1-a: **The community problem/need in context:**

Table 3:

<p>✓ FACT CHECK FOR CHILDREN: 2009 DATA</p> <ul style="list-style-type: none"> ➤ 346,560: Total number of children in Lane County; up 7.3% since 2000 (2008 Census) ➤ 5.4%: Increase in number of children under 5 in Lane County since 2000 ➤ 11,090 Oregon children were victims of child maltreatment (DHS 2009)—an increase of 6.4% over 2008; 48.1% were under age 6 ➤ 1,021 Lane County children were victims of child maltreatment; (DHS 2009), an increase of 2.7% per 1000 children since 2007 ➤ 13 Oregon children died as a result of child maltreatment; 11 were under 5 ➤ Foster care rate per 1,000 children: <table style="margin-left: 20px;"> <tr> <td>OREGON:</td> <td>2006: 10.9</td> <td>2007: 10.1</td> <td>2009: 9.7</td> </tr> <tr> <td>LANE COUNTY:</td> <td>2006: 16.2</td> <td>2007: 15.3%</td> <td>2009: 15.5</td> </tr> </table> ➤ Children in foster care safely reunited with their parent(s) <table style="margin-left: 20px;"> <tr> <td>OREGON:</td> <td>58.1% (2009)</td> </tr> <tr> <td>LANE COUNTY:</td> <td>44% (2009)</td> </tr> <tr> <td>NATIONAL BENCHMARK:</td> <td>76%</td> </tr> <tr> <td>WF Family Reunion Project:</td> <td>82% (2009)</td> </tr> </table> ➤ 60-80% of parents with children in foster care have substance abuse issues (DHS); 99% of all termination of parental rights cases involve addiction (Lane Co. H&HS) ➤ Children who experienced foster are 4 times more likely to commit delinquencies early in life linking violence in early childhood to future criminal behaviors (Alltucker) ➤ High Risk Indicators for children: <ul style="list-style-type: none"> ❖ Prenatal exposure to alcohol/drug use ❖ Age 0-6 ❖ Impaired parent child attachment; poor resilience capacity ❖ Non responsive, inconsistent and undeveloped parenting skills ❖ History of abuse, neglect, domestic, foster care ❖ Parental substance abuse, mental illness, criminality ❖ Poverty, lack of a healthy safe home/neighborhood; lack of education ❖ Stresses due to health, economic pressures ❖ Lack of access to basic needs 	OREGON:	2006: 10.9	2007: 10.1	2009: 9.7	LANE COUNTY:	2006: 16.2	2007: 15.3%	2009: 15.5	OREGON:	58.1% (2009)	LANE COUNTY:	44% (2009)	NATIONAL BENCHMARK:	76%	WF Family Reunion Project:	82% (2009)
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NATIONAL BENCHMARK:	76%															
WF Family Reunion Project:	82% (2009)															

Lane County generally represents approximately 10% of Oregon’s overall demographic profile. Yet, the percentage of children in foster care is significantly higher in Lane County and the number of foster children safely reunited with their parents is substantially below State and national reunification benchmarks. This is

significant for educational outcomes as statistics indicate that foster children are poorly prepared for Kindergarten, have greater than average behavioral and learning problems, and miss more school days than children in their own homes (*New Horizons: Education and Children in Foster care*). Only 60% of foster children graduate from high school (*Ibid.*) A growing body of research finds that children who experience child maltreatment along with cumulative stresses resulting from attachment disruption, multiple foster care placements, lack of permanence and predictability, and inadequate and inconsistent nurturing may suffer profound trauma that can last a lifetime. By definition, foster care is temporary and frequent moves create lack of predictability and security for children. Brain development can be altered and re-wired for survival rather than exploration and healthy growth; developmental milestones may be delayed or not achieved; and all aspects of health, mental health, cognitive and behavioral development, as well as critical socio-emotional skills are damaged early in life, and without intervention they become permanent (Anda). These residual traumatic effects lead to poor school outcomes, high rates of mental health and substance abuse problems, difficulties in establishing positive relationships, and impaired ability to achieve, earn, and be productive members of our community. The “human costs” are devastatingly personal for the child and often destroys families. The cost to all of us in fiscal terms impacts special education, health care, child welfare, the criminal justice system, public assistance, and the social safety net in general. It has been estimated widely that \$1 spent on preventive services saves \$7.63 in related remedial interventions. Ghastly as it sounds, those costs skyrocket as each new generation relives the cycles that destroy potential and costs lives. We can and we must do better.

The health, safety, and well being of children have long been among Lane County’s highest priorities. Success by Six generated community awareness and engagement, creating momentum that made significant strides in improving key child outcomes, and in fact contributed significantly to UWLC’s strategic education initiative. Within the findings of the current Needs Assessment, that progress is threatened along with other community indicators of well-being. Family stressors embedded in the recession and financial instability create a fragile crucible in which our children are struggling, albeit sometimes quietly and in ways that are not always immediately apparent. For the youngest among them, the vulnerability is greatest: they are most often the victims of child abuse/neglect and they comprise the largest population demographic in foster care (40%: DHS 2009).and up to 80% of them come from families in which one or both parents abuse alcohol/drugs. Nearly 60% were victims of neglect, often the most pernicious type of child maltreatment (Lowenthal). RTG directly targets this underserved, vulnerable population.

A-2: Ready to Go! (RTG) Target Population

TARGET POPULATIONS: 1) children age 0-6 who are at high risk for literacy, language, and developmental social/emotional delays due child maltreatment and placement into the foster care system; 2) parents with minimal parenting skills that impede their child’s learning progress

Strategy 1 Increasing children’s literacy/language and social/emotional development: RTG will provide children with the safety and services needed to promote positive outcomes in all life domains, particularly early literacy/language and social/emotional development. Without this secure base, learning and developmental progress are severely compromised. Building upon the successful outcomes of the WF Family Reunion Project, RTG will intensify focus on children’s language/literacy and social/emotional development. Round-the-clock supervision, mentoring, and support for children living with their mothers at the WF treatment center is the “milieu” environment built upon the evidence based Sanctuary Model that establishes safety, predictability, structure, therapeutic services, and parental engagement in every aspect of the child’s life and are also the essential elements that promote learning and healthy functioning. WF data shows that for over 80% of the target families, these elements, in conjunction with proven parent education, therapeutic child care and developmental services, and trauma informed family and mental health interventions, will keep children safe, prevent the need for foster care, and lay the solid foundation for strengthening parent child attachment and developing nurturing and protective parenting skills. For those children being reunited with their parents from foster care, supervised and instructive visitations will help prepare each child for the move

and teach the mother how to soothe and reconnect with her child. Extensive research identifies “transition points” as key stressors for children that impact all developmental spheres thus, visitation services play a critical role in minimizing that impact. The UWLC Needs Assessment clearly defines current community factors that increase stress on families and children. These stressors, combined with other Adverse Childhood Experiences (ACEs) that children experience when growing up in homes affected by substance abuse, strongly correlate to increased risks for child maltreatment and foster care placement. These experiences can impair children’s brain development as well as cause negative consequences in all life domains that impede learning and successful life functioning (Anda). Foster care typically has been the *de facto* response to toxic family environments which expose young children’s growing brains to consistently high levels of stress that can damage their learning potential (Center for Children & Poverty); yet the unpredictability and impermanence of foster care adds additional trauma: the very system designed to protect children, inadvertently, adds to the potential damage.

Strategy 2: Parent Education: RTG integrates evidence based (EB) parent education, support and coaching into the center-based “milieu” sanctuary model that incorporates addiction treatment, parent advocacy, daily parent engagement in every aspect of her child’s life; onsite child development center; and family support services. Each RTG parent will be assigned to a Family Advocate who will provide 1:1 parent education teaching developmental stages, behavior management skills, and who will administer the EB North Carolina Family Preservation and Reunification Scale to chart progress and identify areas of need. As an Early Head Start site, WF has adopted the Circle of Security EB therapeutic parent education model along with Make Parenting a Pleasure. Classroom activities at the onsite Child Development Center will emphasize reading, talking/language skill development, and social/play activities will further improve bonding and attachment. Additionally, The UofO Early Childhood and Infant Mental Health programs provide consultation, group training and individual video-taped feedback for parents, Graduate and doctoral students from each of these programs are embedded with WF staff and are part of the intervention teams. Pregnant women receive priority admission to treatment, and their children are born substance free as a result. A specialized parenting group for pregnant and perinatal moms is co-led by Infant Mental Health doctoral students and WF staff which focuses on child developmental milestones and attachment. All parenting women attend Make Parenting a Pleasure classes. In addition to formalized parent education, parents will receive mentoring and coaching daily from trained WF staff, with 24/7 support and respite available at the center. Upon completion of the residential treatment program, parents may “step down” to the WF SAFE House, a neighborhood-based residential program that assists in successful transition back to the community. Home visitation by RTG Family Advocates will continue up to an additional 3 months, as needed. With RTG funding, mental health services will be expanded to those not covered by OHP and will focus on issues related to their individualized parenting needs/concerns. Because pervasive poverty affects this population profoundly, research also supports the need for comprehensive “concrete” services to meet their daily survival needs including housing, transportation, nutrition, life skill development, child care, and parent support services. In fact, recent recommendations for early childhood mental health propose that “a medical home” model that integrates comprehensive services be located at a child caring center (Healthy Development Summit), as fragmentation of services impedes successful parenting practices.. Oregon’s “Wraparound Initiative” further recognizes the multiple, complex array of services this highest risk population needs, supporting the findings in the UWLC Assessment. RTG addresses those needs.

B. SERVICE DESCRIPTION:

The WF-RTG Project in conjunction with the existing WF Family Reunion Program will provide comprehensive child development, parent education, family and mental health services to keep children safe, living with their mothers while she is in addiction treatment, and prevent the need for foster care placement. With parental substance abuse the leading factor in child abuse/foster care cases, (DHS 2009), it is essential to treat both issues together. Allowing the child (0-6) to reside with h/her mother at the WF Women’s Center provides a safe, therapeutic alternative to foster care and supports parent-child attachment so critical for healthy development and learning. WF is the only resource in Lane County that is licensed to provide co-residency, and is among only 9.5% of gender-specific addiction treatment programs nationally that offers this option (DASIS Report).

B-1: Increasing children's literacy/language and social emotional development: To achieve success in school and life, children need a secure foundation built upon consistent, predictable, safe, responsive, nurturing attachment with their parents (*Cherish Every Child*). Their physical and mental health concerns must be addressed, and any developmental delays identified early with appropriate interventions implemented as soon as possible. The target population has already experienced early childhood traumatic events, including child maltreatment, that have disrupted the healthy progression of their development. Many have health issues related to parental substance use. Foster children have had additional exposure to traumas resulting from attachment disruption/removal from their parents; impermanent, unpredictable and potentially multiple foster home placements; and inconsistent caregiver responses and nurturing depending upon the foster families' parenting styles and cultures. RTG will provide the following specific intervention and services:

B-1-a: PHYSICAL CARE (also supports the UWLC HEALTH INITIATIVE) Physical and emotional health are fundamental to all aspects of child development and learning. For the target population, prenatal care is critically important to minimize/avoid effects of maternal substance addiction. Pregnant women will receive priority admission to residential addiction treatment as well as ongoing prenatal care, good nutrition, and parenting classes to understand their child's developmental stages and encourage behaviors to promote attachment (*Cherish the Child*). Children born drug affected will receive medical treatment and WF staff will supervise medical titration procedures for infants withdrawing from opiate addiction, as well as heart and breathing monitoring. All RTG children will receive developmental screenings using the EB ASQ scale, and identified services will be implemented and progress tracked using the AEPS Assessment Scale. All RTG children will receive immunizations and well-baby check ups and WF staff will transport babies and their moms to medical appointments to insure proper care and to assure that mothers are learning about their child's medical care and health needs.

B-1-b: ATTACHMENT: because attachment is core to the child's entire developmental processes, specific attention and emphasis will be placed on activities and services that support it. Children can live onsite with their mothers in residential treatment that encompasses the EB Sanctuary Model that utilizes a milieu environment and prevents disruption attachment related to removal and foster care placement. Children will be in age-appropriate classrooms at the CDC that provide developmental experiences consistent with their stage of development and which will integrate Early Head Start practices. Each child has h/her own individual plan and parents are actively involved throughout each and every day in their child's learning, activities, and progress.

Children returning from foster care will receive supervised enhanced visits with their mothers to assist with transition and to minimize trauma related to such moves. RTG Family Advocates will work individually with the child and h/her mother to prepare for, teach, role model, mentor and encourage the attachment process that supports successful reunification (WF Family Reunion data). Mary Ellen Riley, RN, is a specialized medical foster parent who will work with RTG staff, the child, and h/her mother to teach attachment behaviors including talking, singing, touching, eye contact, nurturing and soothing skills needed for this transition phase. Ms. Riley will also teach foster parents how to help the child deal with h/her anxiety/separation before and after the transition visits. Ms. Riley, along with RTG Family Advocates, will provide continuing support following the immediate reunification of the child from foster care. Research is clear that transitional phases are key stress points that can result in childhood trauma which impairs the infant/child's ability to learn, communicate, self regulate (Child Welfare Trauma Workbook; Center for Children and Poverty).

B-1-c: EARLY LEARNING/ LITERACY: Early childhood learning experiences are critical to future success. A baby is primed to learn language and is eager to communicate. Yet most RTG children come from homes in which communication is often expressed in physical terms, angry outbursts, or in critical language that undermines self confidence and trust. Because target families often have multigenerational legacies that include pervasive poverty and limited education, alcohol and drug abuse, and family violence parents simply lack the understanding of the importance of talking to their child, or don't know how to translate their own feelings into words. Without intervention, their children will grow up with the same limitations.

Language is the key to other basic developmental competencies that lead to success in school, employment, relationships, and happiness. It plays a fundamental role in our ability to read. Research shows that language experiences in the first 3 years are predictive of reading abilities by third grade (*Creative*

Curriculum.)--an urgent reminder that there is a critical time period in which children must learn the essentials if they are to be competitive and successful in life. RTG will enhance existing and increase focus on reading and verbal communication between children and their caregivers, especially their parent(s).

The brain organizes itself from the experiences it takes in, thus responsive communication that labels and describes experiences is critical to the development of communication skills, self regulation, and emotional and social development (*Brain Development Conference 2009*). It is the vehicle by which we share thoughts, wants, needs, feelings and engage with others (*Cherish Every Child*). Language is key to how we transmit much of our culture through intonations and letter sounds, as well as our shared history. (Kuly). To support the child's learning and development, RTG will augment existing therapeutic classrooms in the Child Development center to provide individualized child development and learning plans created in partnership with the child's mother, classroom teacher, and family advocate. Plans will be implanted and tracked for outcomes and needs. Age appropriate classrooms will provide the safety, security, predictability and scheduled routines that children need to support cognitive development and provide enriched focus on reading and language opportunities. Classroom and daily activities that include their mothers will be provided to RTG children to foster their need to learn from their environment, develop secure relationships with caregivers and peers, explore and receive encouragement from their mother and others (*Creative Curriculum*) Through positive interactions, consistent feedback and response from their mother and caregivers children will learn environmental cues needed for healthy brain development and self regulation (Atwool). Increased emphasis will be placed on reading, talking, modulating sounds and facial gestures to support the child's sense of belonging, trust and safety (Early Head Start)

B-1-d: RESILIENCE: is the pool of resources, behaviors, innate abilities, and acquired skills that allow a child to "master key developmental tasks in adversity." (Atwool). For the target children, intervention and services are all designed to promote the development of skills and resources that can be tapped to sustain healthy learning and development, even when times are tough. Attachment is key to resiliency (Atwool) as it is through positive relationships the child learns to trust, feel secure, and regulate emotions and behavior. And resilience is crucial to overcoming the life events target children have experienced: violence/neglect; parental substance abuse; poverty; poor neighborhoods with high crime rates. Children need to experience consistent parental responsiveness, success in accomplishments, be able to self regulate feelings and communicate with language to establish resilient patterns. Family support and parental responsiveness promotes a child's self worth, encourages exploration and confidence, and develops expectations for positive outcomes. Foster children most poignantly need resiliency abilities. They have experienced child maltreatment and have been removed from their parents. They may live in several different foster homes where parenting practices and culture vary widely. The foster child is left to adjust to repeated and unpredictable changes, and has little opportunity to establish the attachment context needed to understand the world, or h/herself. Brain structure adapts for survival and behavioral adaptations to insure survival develop (such as withdrawal, aggression). In turn, these adaptations create new trauma and loss as h/she progressively is identified as a "problem child." The ability to explore, to learn, to express emotions, to experience success, and to "get along" are compromised. H/she loses h/her parents, family, home, friends--and h/herself. The RTG project will "wrap around" evidence based trauma informed treatment (TF-CBT; Circle of Security) as well as Early Head Start classroom curricula within a therapeutic milieu environment to address these issues *within the context of parental involvement and co-residency at the same center.*

B-1-e: MENTAL HEALTH SERVICES to promote social/emotional development: Project children have increased potential to need mental health services. In their short lives, their developing capacity to experience, regulate, and express emotions, to form close and secure relationships that promote exploration and learning have been imperiled placing them at risk for social and emotional difficulties. A WF mental health therapist will work with RTG parents and their children to first identify any areas of concern and assess needs, and then utilize therapeutic, EB interventions including Circle of Security and CBT to intervene. As with all other developmental areas, mental health services will be provided within the parent-child relationship with focus on building parenting skills and assets to support early childhood mental health (Frankel). For children needing more intensive therapy, WF contracts with a psychiatrist and a licensed psychologist, and has linkages to Lane County Mental Health for additional LaneCare services. All mental

health services are supported by the National Child Traumatic Stress Network, with whom WF has a professional affiliation.

B-2: EB PARENT EDUCATION, SUPPORT, AND MENTORING TO INCREASE PARENTAL INVOLVEMENT & ABILITY TO SUPPORT CHILDREN'S EARLY LITERACY/LANGUAGE/SOCIAL/EMOTIONAL DEVELOPMENT:

Loving interactions between children and their parents maximize the number of positive brain connections that structurally configure the brain; it is therefore essential that parent education commit to teaching parents ways to increase these interactions. As with their children, parents learn best when they feel safe, have their basic needs met, and are healthy. Target parents typically have not consistently experienced these attributes. Violence, substance abuse, poverty, lack of education, and the stress of trying to care for their child(ren) create barriers that impede their progress and consequently impact their abilities to facilitate their child's developmental and educational growth and are only exacerbated by the stressors identified in the UWLC Needs Assessment. Many are also involved with the child welfare system and live in fear that their child might be taken away, proving to everyone they are "bad parents."

Service strategies for parents include integrating enhanced services with the WF Family Reunion Program that focus on improving nurturing activities, reading to children, developing and practicing communication skills, and providing children opportunities to make choices and overcome challenges, while promoting attachment and bonding relationships. Existing WF support services, including 24/7 supervision at the women's residential center, mentoring, and respite care will maximize resources for the families. Implementation of EB *Circle of Security* currently underway as a result of WF's partnership with Early Head Start, will teach parents how to recognize and respond to their children's needs through protective attachment that encourages children's exploration and curiosity that spark and sustain learning. Through this therapeutic process, parents learn how to encourage and support their child's understanding of h/her environment and how to recognize and regulate h/her emotions and behavior. For some target parents, the process is the first time they recognize their own feelings and learn how to verbally communicate them to their child, and to others.

Parents will learn the importance of structure, and of consistent predictable responses to their child's needs and cues to provide safety, continuity, and social reference points for their child's healthy development through Circle of Security, Make Parenting a Pleasure, and Creative Curriculum training, mentoring, and coaching in groups and 1:1 experiences.

Parents will also participate in psycho educational groups to build self-esteem and confidence in their parenting abilities. Video taping will capture positive parent-child interactions and will be used to emphasize parenting strengths and growth. Through participation in parent education classes and 1:1 mentoring, parents will learn childhood developmental stages to better understand their child's needs, reactions, and behaviors and to modulate their own responses appropriately. Specific parenting skills such as positive discipline, discipline reading and talking to their child; nutrition, scheduling, obtaining routine medical care, establishing family rituals and traditions, using praise and reinforcement.

All of the project parents have abused controlled substances. Their children all experience some effect of that use to varying degrees. WF will provide gender specific addiction treatment to promote sustained recovery and thus improve their ability to respond to their child's needs and provide a safe environment. Sobriety also improves birth outcomes and longer gestational periods. Essential linkages to community resources for continuing support services and access to basic necessities will be established prior to termination of services.

2. SERVICE OBJECTIVES: 40 families per year will receive RTG services:

A. Service Objectives

12- Month Service Objectives: 09/01/2010 through 08/31/2011

GOAL STRATEGY 1: increase children's literacy/language and social/emotional development

Proposed Service Objectives:

- Objective #1: As a result of education, physical/mental health care, and services, each child will show preparedness for learning and achieving in all developmental domains
- Objective #2: Each child will demonstrate a positive improvement in their literacy and language skills
- Objective #3: As a result of developmental screening, targeted interventions will be implemented for 100% of children identified with delays or special needs
- Objective #4: Each child develop trusting relationships with their parent/caregivers
- Objective #5: At termination of services, 80% of children will safely live with parent(s)
- Objective #6: Each child will demonstrate skills to regulate emotions and adapt to change
- Objective #7: Each child will engage in age-appropriate play and interactions with others

GOAL STRATEGY 2: Improve parent’s ability to support their child’s literacy/language and social/emotional development:

Proposed Service Objectives:

- Objective #1: Each parent will understand the importance of their influence and involvement is the primary teacher n their child’s life
- Objective #2: As a result of parent education, each parent will know their child’s developmental stages
- Objective #3: Each parent will demonstrate skills to consistently and supportively respond to h/her child cues and needs
- Objective #4: Each parent will read, talk, and increase verbal communication with h/her child daily
- Objective #5: As a result of parent education classes and individual mentoring, each parent will have appropriate, non violent disciplinary skills
- Objective #6: 100% of parents will receive addiction treatment

B. PROPOSED SERVICES OUTCOMES

12-month outcomes: 09/10/2010 through 08/31/11

Proposed Outcomes and Performance Measures for each proposed service:

<p>98% of children have their physical and mental health needs addressed and demonstrate age-appropriate skills and confidence to explore and learn</p>	<ul style="list-style-type: none"> ✓ Each child visits their doctor ✓ Children will receive appropriate physical and mental health treatment to allow them to participate in learning activities; parents will be taught how to provide appropriate physical/medical care as indicated ✓ Each child has an individualized educational goal developed with h/her parent that sets targets and charts progress ✓ Children will be have age appropriate motor skills, abilities to follow directions, engage in peer interactions
<p>70% of children will demonstrate improvement in literacy and language abilities</p>	<ul style="list-style-type: none"> ✓ AEPS Assessment Tool will assess progress in language and literacy skills ✓ Children will have age appropriate abilities to associate letters with sounds, recognize shapes ✓ Child will be inquisitive, explore, use words to express feelings and emotions

<p>100% of children with identified developmental delays or special need will receive appropriate targeted interventions</p>	<ul style="list-style-type: none"> ✓ Each child will receive ASQ screening & AEPS assessments to identify & chart milestone progress ✓ Collaboration with EC Cares to develop optimal intervention plan ✓ RTG staff will implement services identified on intervention plan ✓ EC Cares and RTG staff will track progress and adjust services as indicated
<p>80% of children will demonstrate improved ability to form positive attachment with parent(s) and caregivers</p>	<ul style="list-style-type: none"> ✓ WF staff will administer attachment measurement scale (NCAST) to measure pre-post intervention attachment skills ✓ Infants and toddler will be able to respond & engage in nurturing relationships
<p>80% of children will safely remain with their parent(s) at termination of services</p>	<ul style="list-style-type: none"> ✓ Data will be tracked by WF staff
<p>80% of children will be able to regulate their emotions and show resilience during transitions</p>	<ul style="list-style-type: none"> ✓ Progress will be measured using SEAM assessment scale and AEPS Assessment scale ✓ Children meet age expectations regarding impulse control, delaying gratification, show ability to anticipate responses and respond
<p>80% of children will demonstrate improved age-appropriate social skills and be able to engage with others</p>	<ul style="list-style-type: none"> ✓ AEPS Assessment Tool ✓ Children will be able to participate in age appropriate small group activities
<p>80% of parents take an assertive and confident active role in their child's classroom, play and social activities</p>	<ul style="list-style-type: none"> ✓ Parents will understand and support their child's individual education goals ✓ Parents will participate and practice skills learned in Circles of Security and will be able to describe what they are doing
<p>90% of parents know their child's current developmental stage and understand the optimal ways to create positive supportive opportunities to encourage learning</p>	<ul style="list-style-type: none"> ✓ North Carolina Family Preservation and Reunification Scale (NCFAS) will measure baseline and progress in supporting child's development ✓ Child will progress in developmental skills and demonstrate increased sense of exploration and eagerness to learn
<p>95% of parents will read and talk to h/her child each day</p>	<ul style="list-style-type: none"> ✓ Parents will check out books to read to their child; if parent is illiterate, tapes will be used to augment their verbal interaction ✓ Child will show an increase in verbalizations as a result of interactions with parent ✓ Parent will teach by example how to verbalize feelings and describe objects and emotions
<p>90% of parents will use positive disciplinary methods</p>	<ul style="list-style-type: none"> ✓ Parents will not use physical discipline ✓ Parents will increase use of language to redirect and teach their child
<p>85% of parents will complete addiction treatment and remain in recovery</p>	<ul style="list-style-type: none"> ✓ WF will track data ✓ Parents will connect with positive community support groups (AA/NA/faith based) ✓ Parents will have an active relapse prevention plan and will know whom to call if needed.

3. TRACKING SYSTEMS

Willamette family maintains several tracking systems that compile cumulative as well as program-specific data and outcomes. WF is a member of the NIDA Clinical Trials network and maintains a separate Research

Department which will assist in reporting outcomes for the Ready To Go! Project. Data for each participant will be tracked and maintained to allow for continued monitoring of performance and to assure that feedback from participants are included. WF will use the information from the existing SOS client information system as well as CPMS data along with specific program statistics that are collected and published quarterly. An RTG Tracking Excel file will be created to gather and track the following key elements from the existing software systems for evaluation and milestone purposes: demographic data, number of participating families (and number of children, which may be higher); number of families who remained intact at termination of services; types of services provided; child baseline and performance outcomes. Additionally, data will be obtained from case files and client satisfaction surveys and entered onto the EXCEL file. The tracking system will be updated regularly. A list of referral sources will also be maintained to further evaluate the needs of participants.

SECTION III: SERVICE MANAGEMENT

1. Client Involvement: Each family has an individualized case plan that is developed in partnership with the parent(s). Services are crafted with client input and agreement, and are implemented and evaluated as a team. As multiple programs may be involved with an individual case plan (mental health, addiction treatment, child development, etc), integrated case staffings are held to insure that services are coordinated and goals are clear. 98% of target families will also have DHS involvement. RTG staff will convene Family Decision Meetings with the family, WF staff, DHS caseworker, and relevant other community service providers for a variety of reasons, including facilitating understanding of DHS requirements, reviewing service needs, etc. The family is integral to this process. Client feedback questionnaires are also distributed, collected, and will be included in the tracking/evaluation reports. Additionally, WF holds quarterly QA Committee meetings that include client representation to identify goals, barriers, and progress made on achieving outcomes for mental health services. A similar process will be used for the RTG project. Client feedback is important and valued. Examples of how feedback changed services include communication and program improvements between the transitional Family SAFE House and treatment staff; re-writing client information materials for distribution; and resolving client grievances/concerns.

2. Coordination/Collaboration: WF has extensive relationships and partnerships, both formal and informal, with multiple community colleagues. As WF offers discreet services for this target population (co-residency for children under 6 with their mothers while she is in residential treatment and an onsite therapeutic Child Development Center that includes an Early Head Start site) our services do not duplicate any other program/agency. The “niche” filled by this program is unique and is for the highest risk families who need intensive, integrated, wrap around services to protect, preserve, and reunify substance abusing families who may lose their children.

Because target families experience multiple stressors across all of their life domains, we actively involve other providers while the family is in treatment. This insures that appropriate services are accessed and that important relationships are in place to insure a smooth transition to the community when they graduate from treatment. These collaborations are on individual cases, and mutually support client goals and positive outcomes. Long-standing informal relationships with a wide array of providers allow for easy access/response and trust that commitments will be kept. Releases of information signed with client approval assure that confidentiality is maintained.

Table 4: Collaboratives/Partnerships

Collaborative Activity	Type	Nature	Participants
UofO Early Intervention Program: Project F.E.A.T. (Family Assessment & Treatment Team)	MOU	Identifies, refers, expedites services for infants born to mothers who test positive for drugs/alcohol and drug affected newborns WF gives priority residential admittance to newborns referred by FEAT to prevent foster care and	Early Childhood Specialists; WF; DHS; Relief Nursery; Lane County Human Services; PeaceHealth Hospital; McKenzie Willamette Hospital; Pediatricians

		provide family services	
UofO Early Intervention Program	Formal student placements	Graduate students are assigned to WF classrooms for their field placement; collaboration with faculty	UofO Early Childhood Intervention Program & WF
UofO Infant Mental Health Program	Formal student placements	Doctoral students are part of the WF intervention team focusing on strengthening parent-child attachment	UofO Infant Mental Health Program
Early Head Start	Contract	WF is a community based Early Head Start site	Head Start of Lane County & WF
Family Reunion Project	Contract (DHS)	Intensive family preservation & reunification services provided to children who have experienced child maltreatment & who are in/at risk of foster placement	DHS-Child Welfare; WF; Oregon Community Foundation; Chambers Family Foundation; Eugene/Springfield/Cottage Grove Rotary Clubs; Emerald Empire Soroptimist Clubs; Eugene Active 20-30 Clubs
Family Treatment Services: rural (Cottage Grove)	Contract	WF contracts with Family Relief Nursery in Cottage Grove to provide integrated alcohol and drug treatment and family services	WF & Family Relief Nursery, Cottage Grove
Mental Health Consortium	Contract	WF is a provider of mental health services through Lane Care	LaneCare, WF, Health and Human Services, Relief Nursery, The Child Center, SCAR/Jasper Mountain, Direction Services, Options Counseling, Center for Family Development, Looking Glass (others...)
Trauma Education & Training	Collaborative	Disseminates and trains on trauma informed evidence based practices	University of Oregon, WF
Healthy Babies/Healthy Communities Coalition	Collaborative	Work groups to improve infant outcomes, brain development conferences, community action	Lane County Health & Human Services, Public Health Department, WF...other child-serving agencies
St. Vincent DePaul	Contract	Low income housing	WF & St. Vincent de' Paul
Circles of Support	Contract	Support services for military families & veterans of Iraq& Afghanistan	Sen. Wyden, Rep. DeFazio, Vet Center, OR National Guard, NCTSN
United Way Success by Six (Sb6)	Collaborative	Community action & awareness; improvement of early childhood services	WF is a member of the Sb6 Leadership Team

3. Diversity/Accessibility:

RTG services are available and accessible to all high risk children and families I deleted some words who need treatment and services related to addiction and child welfare involvement. Children of both genders and all racial/ethnic backgrounds who meet the above criteria from birth to six and their parents who are participating in substance abuse treatment will be served. Project children may live with their mothers at the WF Women’s Treatment Center. WF has experience working with hearing and visually impaired children and families and will access ESL services as indicated. The WF Women’s Treatment Center where families may

reside is fully accessible to physically challenged individuals, as it was originally built as a nursing home facility. Like most of Oregon, and Lane County, WF clients reflect a similar preponderance of Caucasian clients (over 83%). There is an over representation of individuals served by WF with Native American ancestry when compared to Oregon (10% compared to 1.4% per US Census); however it is close to the percentage of Native American children in the Oregon foster care system (8.8%). WF data parallels the percentage of individuals of African American heritage receiving services when compared to census data, and is somewhat lower than the state demographic for individuals reporting Latino heritage. It is noteworthy, however, that up to 18% of children served by WF Child Development Center have no racial/ethnicity identified by their parent(s), or who are identified as bi-racial. Because of the age of the project target children (0-6), most of the parents are between 18-35, and most are single parents falling below the poverty level. WF serves individuals from all areas of Lane County and has a satellite office located in Cottage Grove. WF provides gender-specific services at separate sites (the Women's Treatment Center on Cheshire and Carlton House on Greenacres), as well as providing sobering and detoxification services for both men and women at Buckley Center. Gay, Lesbian, Bi-Sexual, and Transgender individuals have full access to all services and WF provides onsite medical screening for HIV/AIDS and Hepatitis C for individuals who may be at risk.

4. Use of volunteer and Partnership Resources: Because of confidentiality requirements, most of WF's volunteers are interns from various schools at the UofO, LCC, PSU, and NCU who are embedded in our programs. An additional 20-40 volunteers assist at the various program sites, providing support services. Our Board of Directors consists of 10 community leader/volunteers. WF is prepared to bring additional resources to RTG to meet the needs of families described above. Existing WF collaborations form the teams who work with these children and parents: existing funding for addiction treatment including co-residency beds for women and children; licensed therapeutic child care and onsite Early Head Start classrooms and services; licensed mental health treatment; in-kind support staff and facilities; and expertise in successfully providing trauma-informed, evidence based treatment along with parent education. Funding from the Oregon Community Foundation, Chambers Family Foundation, the Great Rotary Duck Race, and the Cow Creek Umpqua Indian Foundation (totaling \$95,000) will augment funding provided by UWLC. Several collaborative grants that include WF and the UofO Early Childhood Program have been submitted, and discussions are underway with the Infant Mental Health Program at the UofO to seek Federal funding to implement an innovative intervention model to strengthen parent-child attachment.

5. Budget: See attached

B. Return on investment: The WF-RTG project provides a critical, unique component in our community's system of care that has demonstrated cost-effectiveness and exceptional efficacy in strengthening families so that they may provide their children with the necessary prerequisites for safety, social/emotional competency and educational success. It is the only resource that provides a stabilizing, therapeutic residential environment that keeps families together and parents involved in every aspect of their child's life including therapeutic childcare and education. The existing WF Family Reunion Program (in operation since January 2007) has served over 140 children and their families, succeeding in preventing the need for removal/foster care for 83%, for a savings of over \$1.2 million in foster care reimbursements alone. As shown in Table 1 and Table 2, these children come from the highest risk families and present with multiple obstacles to learning and healthy development. Because WF offers residential addiction treatment for pregnant women, their babies have fewer impacts from maternal alcohol and drug use, thus reducing their reliance upon special education, healthcare, and other system supports that tend to be lifelong consequences.

Onsite parent education occurs through classroom/group experiences, 1:1 teaching and practice sessions, and is reinforced by round-the-clock mentoring, modeling, support, and respite that will access other WF resources. Intensive family reunification services, mental health treatment and wraparound services result in a comprehensive and effective therapeutic milieu that provides unduplicated support for children's development and parent success. WF is prepared to bring additional resources to the project to leverage the impact of this initiative. These include: existing funding for addiction treatment, including co-residency for children with their moms; child car block grant federal funding for licensed therapeutic childcare; onsite Early

Head Start classes and services; licensed mental health treatment; in-kind staff support and facilities; and experience in successfully providing trauma-informed, evidence based treatment and parent education. Funding from the Oregon Community Foundation, Chambers Family Foundation, the Great Rotary Duck Race, Community 101, and the Cow Creek Umpqua Indian Foundation, plus DHS system of care funding will augment funding provided by UWLC. If funded, RTG will allow a significant enhancement with focus on child learning/language and education and will utilize practices consistent with the onsite Early Head Start Program, which has proven its effectiveness over many decades.

The extensive array of WF collaboratives and partnerships (Table 4) demonstrate the degree of integration and networking that occurs on daily basis. These relationships benefit individual client/families as they provide a coordinated, comprehensive array of services that are all focused on achieving the successful outcomes described above. For example, for Family Reunion clients, WF acts as the principal facilitator of family decision meetings because WF is the “base” at which the child and h/her parent live and/or receive wrap-around services. Typically those meetings include DHS, the Relief Nursery, and other providers who offer specialized services (such as Pearl Buck, ECCares, Head Start, mental health providers, etc.) making it possible for one meeting to meet the multiple objectives of each provider offering services (efficiencies, cost savings) as well as engaging the client as a partner “at the table.” These meetings also establish links to community providers so when families “graduate”, they will “step-down” to less intensive services provided within the community to support their ongoing success and recovery. At the community system level, multiple collaborations and partnerships have already achieved community change. Project F.E.A.T (Table 4) has created a system whereby newborns and their moms are referred to WF directly from hospitals after birth and receive priority admission to residential treatment. Cost savings and efficiencies of this project are realized by hospitals, DHS, physicians, medical foster parents, and, significantly, parents whose children are not removed at birth by DHS and placed into foster care. An outgrowth, and community resource, that has developed from F.E.A.T. (though not part of the original focus!) has been the strong partnership between WF and two UofO programs: Early Intervention and Infant Mental Health. Both of these schools are seeing federal grant funding that will include specific funding for continuation/expansion of WF infant/family programs. Placement of graduate and doctoral students from these programs are another “leveraged asset” that is embedded at WF and will add to the RTG resource pool.

7. Governance, Management, and Organizational Capacity: (see attached documents). For over 45 years, WF has provided evidence based, successful substance abuse treatment for thousands of individuals and families in Lane County, and has been designated as a SAMHSA Site of Excellence. As the complexity and extent of substance abuse has increased, WF has continually evolved and adapted its array of services to meet new demands, and stands ready to implement the Ready to Go! Project. WF consistently and efficiently responds to changing needs of families, and is only 1 of 6 Oregon substance abuse treatment agencies to provide co-residency and onsite child care. The expansion of services has been planned and fiscally responsible, resulting in WF growth by 18% from FY 2006/07 to its current budget of %6.2M. Over the past 3 years, its fund-raising has increased, both in terms of private gifts as well as in charitable foundation grants. The Board is actively involved in all aspects of Agency administration, and represents a broad array of business and community leaders. The project director for RTG is Susie Dey, MSW who was Lane County DHS child welfare manager for over 21 years and is the current Director for Children and Family Services at Willamette Family. Edith Baumgart will be the RTG project manager who brings 13 years of child development expertise/management at WF to the initiative, and is currently WF’s operational liaison and coordinator with Early Head Start. RTG’s mental health services will be provided by a Qualified Mental Health Professional WF therapist, and the Family Advocate has a masters degree and over 14 years of experience. All child development staff meet current Early Head Start standards. Micki Knuckles has provided recognized leadership for the agency for nearly 20 years as both Program Director and, since May 2009, as Executive Director of the agency. Ms. Knuckles pioneered women and family treatment services treatment services in Oregon, and instituted the National Demonstration Model: “Families in Recovery” upon which current WF family services were built.

Strategic/Preventive Investment Application

Proposed Services BUDGET

(fill in the yellow cells)

Agency Name:

WILLAMETTE FAMILY, INC.

Proposed Services:

EDUCATION

	Prior 12 Months	Future 12 Months
REVENUE/SUPPORT		
United Way Funding/Request (do NOT include Donor Designations)	\$0.00	\$48,750.00
Public Support: Contributions/Fundraising Events (include Donor Designations)	\$21,989.00	\$24,000.00
Government Funding	\$222,936.00	\$225,000.00
Foundation/Corporation/Other Grants or Major Gifts	\$59,136.00	\$64,000.00
Program Service Fees or Membership Dues	\$36,150.00	\$41,000.00
Other Revenue	\$1,046.00	\$1,200.00
Total Revenue	\$341,257.00	\$403,950.00

	Actual	Estimated
EXPENSES		
Personnel Related	\$238,206.00	\$301,411.00
Client Assistance	\$26,223.00	\$29,500.00
Other Direct Program Expenses	\$40,265.00	\$36,063.00
Administrative Overhead	\$36,563.00	\$36,976.00
Total Expenses	\$341,257.00	\$403,950.00

NET (should be zero)	\$0.00	\$0.00
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What percent of your **agency** budget do these proposed services represent?
 What percent of your **agency** revenue is the United Way request?
 Number of employee FTE's (full-time equivalents) in proposed services?
 Percentage United Way request to overall proposed services revenue
 Administrative overhead percentage applied to proposed services

5%	7%
0%	1%
8.00	9.00
0%	12%
12%	10%

Completed by:

Pamela S Strutz, CPA (Finance Director)

Willamette Family UW Education Proposal Budget

	FTE	Salary	Benefits	Total
Family Advocate	1.0	\$ 29,120	\$ 10,920	\$ 40,040
MH Therapist	0.5	<u>\$ 16,120</u>	<u>\$ 6,045</u>	<u>\$ 22,165</u>
Total Personnel		\$ 45,240	\$ 16,965	\$ 62,205
Staff training				<u>\$ 1,000</u>
Total Budget				<u>\$ 63,205</u>
Amount Requested				<u>\$ 48,750</u>

Attachment A

United Way of Lane County Best Organizational Practices and Management

Agency Name: Willamette Family Inc. (Buckley Center)

The following questions represent generally accepted best practices for the management and governance of non-profit organizations. Please respond with **Yes** or **No**. If **No**, provide a brief explanation. (Note: These are not required and some policies and activities may not be appropriate for your agency.)

ORGANIZATIONAL MISSION AND DIVERSITY	Yes	No	Other/Explain
A. Mission			
1. Our agency has a written mission statement that reflects our purposes and values.	X		
2. The board regularly reviews our agency's mission statement.	X		
3. Our agency engages in annual planning that helps define organizational and divisional goals.	X		
B. Diversity			
1. Our agency's governance and operations strive to be inclusive of all parts of our community.	X		
2. Our agency strives to reflect the diversity of the community we serve.	X		
3. Our agency has a written policy and practice of non-discrimination in the following areas:	X		
a. Employment (recruitment, hiring, assignment, promotion, discipline, termination)			
b. Board and committee participation			
c. Volunteer selection			
d. Service delivery			

FINANCIAL MANAGEMENT	Yes	No	Other/Explain
A. Audit			
1. Our agency has an annual audit or review done by an independent certified public accounting firm.	X		
2. If yes, the reports and management letter (if provided) are reviewed by a finance committee or the board.	X		
B. Financial Transactions and Controls			
1. Our board has approved a policy specifying that dual signatures are required on checks over a certain amount.	X		
2. Our board has approved a delegation of authority to specified levels of management that shows types and limits of spending or approval authority.	X		

C. Money & Investments	Yes	No	Other/Explain
1. Bank deposits are FDIC insured and account balances are at or below the \$250K limit.	X		
2. The board has adopted an investment policy that is regularly reviewed.	X		
3. Securities, mortgages, insurance policies and similar instruments are under the control of the executive director, chief financial officer, or board member.	X		
D. Capital Equipment	Yes	No	Other/Explain
1. The board approves all equipment purchases, leases, and related renewals over a certain dollar amount.	X		
2. Periodic physical inventories are taken and compared with the capital equipment ledgers.	X		
E. Accounts Payable	Yes	No	Other/Explain
1. The board has approved a written purchasing policy.	X		
2. All deposits for payroll taxes, employee retirement contributions, etc. are made in a timely manner.	X		
3. Purchases for or on behalf of employees are made pursuant to a board-established policy.	X		
4. Credit cards are issued in the agency's name but assigned to specific employees and in line with board policy.	X		
5. Credit card usage by employees is limited to use specified by board policy and is periodically reviewed by supervisors or, in the case of the executive director, the budget or finance committee.	X		
F. Employees Expense/Reimbursement	Yes	No	Other/Explain
1. We have a board-approved policy governing if and when salary advances (draw), travel advances, and per diems are provided to staff.	X		
2. There is a travel and employee expense reimbursement policy approved by our board.	X		
3. Employees are required to submit expense reports for all reimbursements within 60 days of expenditures.	X		
4. The board assures that the executive director's travel and expense reimbursement are reviewed and approved.	X		
G. Budgeting and periodic financial reports	Yes	No	Other/Explain
1. Our agency forecasts financial requirements for proposed program activity and optimum use of funds.	X		
2. The executive director prepares an annual comprehensive operating budget and capital budget, presents the budget to the board for approval, and establishes controls to assure that budgetary objectives are achieved.	X		
3. Substantial changes in the budget are presented to the board for approval.	X		
4. Our board, or the financial committee:			
a. Reviews the financial statements (statement of activities, statement of position) on a quarterly basis	X		
b. Receives explanations of major variances.	X		

c. Receives a comparison of actual to budgeted expenditures for the reporting period and year-to-date by program.	X		
d. Reviews source and amounts of funding by function.	X		
GOVERNANCE	Yes	No	Other/Explain
A. Board of Directors			
1. Our agency has a governing board of citizen leaders.	X		
2. Our board is a volunteer group serving without compensation.	X		
3. Each board member has received training, as well as guidance materials on board governance and our agency operation.	X		
4. Our board ensures the creation of and approves agency policies and procedures.	X		
5. Our board hires, terminates, evaluates, and sets compensation for the executive director.	X		
6. Our board delegates responsibility for day-to-day agency operations to the executive director.	X		
7. Our board meets at least quarterly. Indicate how often: Monthly (over 8 per year)	X		
8. Our agency creates and maintains permanent board minutes.	X		
9. Our agency ensures continuity by having overlapping board member terms.	X		
10. Our board's nominating process ensures that the board remains appropriately diverse with respect to gender, ethnicity, culture, economic status, disabilities, and skills and/or expertise.	X		
11. Our board has a process for handling urgent matters between meetings.	X		
12. Each board member has contact information for the entire board.	X		
13. Our board evaluates the executive director on an annual basis.	X		
14. Over the last year, at what percent of your board meetings did you have a quorum in attendance? Indicate percentage 100%	X		
B. Bylaws and Policies	Yes	No	Other/Explain
1. Our agency has written bylaws.	X		
2. Our agency provides each board member a copy of the bylaws.	X		
3. Our bylaws state the requirements for a board quorum.	X		
4. Our board regularly reviews the bylaws.	X		
5. Our agency has written operational policies and procedures.	X		
6. Our board has approved a code of ethics for both staff	X		

and volunteers, which includes provisions for ethical management, client confidentiality, publicity and fundraising practices.			
7. Our agency has a written conflict of interest policy and a mechanism for resolving conflicts should they occur.	X		
8. Our board ensures that the agency has personnel policies and written job descriptions.	X		
C. Board Committees	Yes	No	Other/Explain
1. Our agency has standing and special committees that have been established to achieve efficiency of operations and share responsibility for decision-making.	X		
2. Our agency's board members serve on at least one board committee.	X		
3. Our agency committees meet on a regular basis (monthly or quarterly).	X		
4. Our agency committees' activities and recommendations are reported to the board (verbally or in writing) for approval/action.	X		
D. Compliance with legal requirements	Yes	No	Other/Explain
1. Our agency complies with all applicable legal, local, state, and federal operating and reporting requirements, including non-discrimination and non-profit requirements.	X		
2. We have been the subject of a governmental investigation in the last 24 months.		X	
E. Insurance	Yes	No	Other/Explain
1. We have liability insurance covering volunteers, staff and board of directors.	X		
2. We have general liability coverage.	X		

Agency Name: Willamette Family, Inc.

Prepared By (Name): Chris Stole

Title: Corporate Secretary

Date: January 11, 2010

Attachment B

United Way of Lane County UWLC Policies and Certification Documents

"I hereby certify that

Willamette Family Inc. (Buckley Center)

(print agency name)

agrees to follow and adhere to the following UWLC Policies and Certification Documents:"

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Signature, Agency Director: Micki Knuckles

Print name: Micki Knuckles, Executive Director

Date: January 11, 2010