



Investing in our future
**portland
children's
levy**

**Goals, Strategies, and Accountability Metrics
2014 - 2019**

Introduction

This document describes the goals, funding strategies and accountability metrics used by the Portland Children's Levy (PCL) to gauge its performance, and the performance of its grantee investments, over the next five years, 2014 – 2019.

Background on the Portland Children's Levy

In November 2002, Portland voters passed Measure 26-33, known as the Portland Children's Levy (PCL). PCL invested an average of \$9.5 million per year over five years in proven programs located in the City of Portland to help prepare young children for school, prevent child abuse and neglect, provide safe and constructive before- and after-school alternatives and mentoring relationships for children. In November 2008, Portland voters renewed PCL for an additional five years beginning July 1, 2009. PCL invested an average of \$11.5 million per year in proven programs in early childhood, child abuse prevention/intervention, foster care, after school and mentoring.

In May 2013, Portland voters again renewed the PCL for five additional years beginning July 1, 2014. Depending upon annual tax receipts, PCL will invest more than \$10.5 million per year in proven programs in six areas: early childhood, child abuse prevention/intervention, foster care, after school, mentoring, and hunger relief.

All investment decisions are made by a five-member Allocation Committee that is composed of one City of Portland Commissioner, one Multnomah County Commissioner, one representative of the business community and two citizens with expertise in children's issues. The Allocation Committee also oversees annual and ongoing performance of PCL and its grantee investments.

Process for Determining Goals and Strategies

After discussion and public input during the summer and early fall of 2013, the PCL Allocation Committee adopted overall goals for the Levy and goals for each of the program areas specified in the 2013 ballot measure. PCL also used three sources of information to shape funding strategies and priorities aligned with goals:

1. An extensive public input process
2. A compilation of key local data on children's outcomes and indicators of well-being
3. A review of research literature on best practices in PCL's six program areas

Analysis of these sources, summarized below, indicated ***who ought to be served*** by PCL funded programs and ***which types of service strategies*** are most needed and/or most likely to produce desired outcomes for the populations of children prioritized for services

Public Input Process¹

PCL conducted an extensive four month public input process in summer and fall 2013 to inform Levy funding priorities for the next five years. The input process included a written survey (500 respondents),

¹ See full Community Input Report, <http://www.portlandchildrenslevy.org/sites/default/files/PCL%20Community%20Input%20Report%202013.FINAL.10.28.13.pdf>

meetings with key stakeholder, policy and community groups (39 groups, over 300 people), and open public meetings (100 people). Across all sources of input, a few key priorities rose to the top:

- A focus on populations most at-risk for negative outcomes, especially children of color who experience significant disparities in outcomes compared to white children, and a focus on providing services in high poverty areas of the city (especially outer East and North Portland);
- Intensive, longer-duration, relationship-based services that intentionally focus on child and family goals;
- Culturally responsive and culturally specific services that integrate culture in how services are designed and provided; and
- Increased professional development in all program areas.

Compilation of Key Local Data²

PCL staff read and reviewed important and basic descriptive data on children in Portland related to the goals and program focus areas of the Portland Children’s Levy. The data were compiled into a brief report provided to the PCL Allocation Committee and available to the public.

Taken as a whole, the data presented in the report paint a concerning picture of Portland’s children, particularly for children of color. There are significant numbers of children living in poverty and that poverty disproportionately affects children of color. The data suggest that children who have not yet entered school are especially vulnerable with high rates of poverty, hunger, child maltreatment and foster care placement. The data indicate that children of color suffer a significant achievement gap on multiple indicators, and ultimately graduate from high school at substantially lower rates than white students. Geographically, the data suggest significant concentrations of child poverty and children of color in East Portland and North Portland.

Review of Best Practices in PCL Program Areas

Recent literature on best practices in each of the six PCL program areas was used, alongside public input and key local data, to shape PCL’s adopted strategies. Summaries of the research, local data, and public input per program area are featured in Appendices A – F.

Relationship Between PCL Goals and Other Community Efforts

It is important to note that the Portland Children’s Levy alone will not move Portland toward realizing the aspirational goals it has set. PCL adopted its goals in the context of other systems and collective impact efforts that also strive to achieve these goals. Efforts such as Early Learning Multnomah, the SUN Service System, Oregon’s Child Protective Services, the array of federal, state and county-level hunger relief efforts, and the local school districts serving Portland’s children all play a part in providing services or improving system-level coordination. PCL’s work complements and in some cases seeks to amplify those efforts and services. The All Hands Raised Partnership, in its collective impact approach to improving outcomes for children in Multnomah County, supports these multiple systems to come together around increased attention to data-driven continuous improvement and shared accountability. Portland Children’s Levy goals mirror its commitment to those endeavors and to working together with its system and service partners.

² Portland’s Children: Overview of Key Local Data,
<http://www.portlandchildrenslevy.org/sites/default/files/Local%20Data%20Profile.PortlandChildren.FINAL.10.08.130.pdf>

Summary of Adopted Goals and Strategies for 2014 - 2019

Using public input, local data, best practices, and community context, the Allocation Committee adopted funding strategies and priorities aligned with its adopted goals. The committee also set goals for the portion of total investment to be allocated per program area and sub-allocated to each strategy.

Tables on the following pages summarize the adopted goals and strategies for PCL as a whole and each of the program areas in which it funds services; outline the allocation targets per program area and per strategy set by the Allocation Committee; and list the number of grants and total 3-year funding investments per program area resulting from PCL’s 2014 funding process.

Figure 1. Portland Children’s Levy Adopted Goals, 2014 - 2019

Overall Goals for the Levy	Prepare children for school. Support children’s success inside and outside of school. Reduce racial and ethnic disparities in children’s well-being and school success.
Program Area	Program Area Goals
Early Childhood	Support children’s early development and readiness for kindergarten.
Child Abuse Prevention & Intervention	Prevent child abuse and neglect and support vulnerable families.
Foster Care	Support the well-being and development of children and youth in foster care.
Mentoring	Connect children and youth with caring adult role models that support their well-being.
After School	Provide safe, constructive after-school and summer programming that supports children’s well-being and school success.
Hunger Relief	Expand access to healthy, nutritious food for hungry children.

Figure 2. Adopted Strategies and Investment Allocation Goals, 2014 - 2019

Overarching Strategy and Allocation Goal	All investments seek to address the overarching goals of PCL. PCL also adopted a goal of allocating at least 30% of total funding, and 30% of funding in each program area for culturally specific services.
Program Area and Allocation Goal (as % of Total Allocation)	Program Area Strategies and Allocation Goal per Strategy (as % of Program Area)
Early Childhood 31%	Intensive home visiting for children prenatal – 3 years old (50%)
	Preschool, Head Start, or structured preschool-like experiences for 3 – 5 years olds (35%)
	Early Childhood mental health consultation (15%)
Child Abuse Prevention & Intervention 19%	Strengthen parenting skills and resilience (60%)
	Address trauma through therapeutic intervention (40%)
Foster Care 12%	Academic support, early childhood – college (40%)
	Support for youth in the transition to adulthood, ages 14-24 (30%)
	Permanency for youth (30%)
After School 19%	Intensive academic support (60%)
	Enrichment programming (20%)
	New SUN Community Schools (20%)
Mentoring 11%	Supports for students’ academic achievement and/or post-secondary pursuits (100%)
Hunger Relief* 8%	Increase access to/utilization of existing programs
	School-based food pantries
	Increase access to food during summer and out-of-school time
	Alternative approaches

* Note: No allocation goals were set for Hunger Relief strategies.

Overview of 2014 Funding Process and Results

During spring 2014, the Allocation Committee conducted a competitive funding process for each of the 6 program areas. Request for Investment (RFI) documents for each program area featured the adopted strategies and priorities. Applications in response to the RFIs were reviewed and scored by volunteer reviewers using evaluation criteria published with the RFI.

PCL staff formulated funding recommendations for the Allocation Committee's consideration. Staff used the following criteria: clearly fit the program area strategies, scored highly in the program area, strong overall program design, convincingly addressed applicable priorities in the program area, and demonstrated experience and/or infrastructure to manage the proposed program and grant. The Allocation Committee made final funding decisions weighing staff recommendations with other relevant factors in order to foster a balanced and integrated citywide system of services.

The table below shows the number of grants and the 3-year funding investment total by PCL, with subtotals per program area. Grants made during the 2014 process are renewable for an additional two years (through June 30, 2019) pending performance and available levy resources.

Figure 3. Program Area Investments for 2014- 2017

Program Area	Number of Grants	3-year Investment Amount
Grand total funds invested by the Portland Children's Levy	59	\$32,881,078
Early Childhood	14	\$10,322,000
Child Abuse Prevention and Intervention	14	\$6,482,272
Foster Care	8	\$3,824,401
After-School	16	\$6,005,000
Mentoring	5	\$3,616,919
Hunger Relief	2	\$2,630,486

Accountability Structure and Grantee Performance

Portland Children's Levy has established an extensive accountability plan to gauge the overall performance of the Levy and its specific grant investments. Agreements between PCL and each grantee describe the program/service model to be implemented and the outcome(s) the program projects to achieve with the population it serves. The program service models and their related outcomes align with the strategies and goals of PCL's program areas.

PCL uses 5 five metrics to track progress toward its goals. These metrics are used to monitor progress by individual grantees and to aggregate collective performance of program areas and the entire PCL.

The tables on the following pages explain why the 5 selected metrics are used, list the most common types of information collected for each of the 5 metrics, and feature examples of program outcomes tracked by grantees in each program area. Following the tables is a brief explanation of how data are collected, analyzed and reported to gauge PCL and grantee progress.

Figure 4. Accountability Metrics

Metrics	Rationale for PCL’s use of Metric
Grant Service Goals	Agreements with grantees indicate the number of children & families to be served and outline the amount of service activities each grantee projects to provide annually. Monitoring implementation of these activities assures that providers fulfill their obligations for receiving PCL funding.
Demographics of Clients Served	An established body of research and local data indicates a significant correlation between children’s demographics and their outcomes. In order to advance its goal of reducing racial/ethnic disparities in children’s well-being and school success, PCL must gauge how well it reaches youth most affected by disparities, particularly youth of color. Likewise, socioeconomic status, primary language in the home, and geographic residence are also demographics that strongly correlate with children’s outcomes. Taken together, these variables indicate whether and how PCL investments are reaching children with significant barriers to success.
Client Participation in Services	Agreements with grantees specify participation expectations of clients. Children/families that reach “minimum dosage” expectations have been shown, either by research or program experience, to have the greatest likelihood of achieving the program’s desired outcomes.
Client/Program Outcomes	Agreements with grantees specify each program’s projected client outcomes, and those outcomes align with PCL’s strategies and goals. Many grantees measure and report multiple program outcomes. PCL monitors how well clients meet each intended outcome of the program and how well the program does achieving its multiple outcomes.
Program Staff Turnover	The majority of the services supported by PCL are programs in which the relationship between staff and the child/family participants is a key influence on program outcomes. Staff turnover can negatively impact the child/family’s experience in the program. In addition, turnover is costly as new staff must be recruited and trained. Experienced, well-trained, stable staffing is a feature of program effectiveness and of cost efficiency.

Figure 5. Common Data Indicators for Metrics

Metrics	Common Data Indicators
Grant Service Goals	Number of clients to be served and the number of service activities/events provided during the year, portion of contract service goal met at year end.
Demographics of Clients Served	For children/primary caregivers served by each program: race/ethnicity, gender, age, primary language spoken in the home, geographic residence by zip code, client with disability, and socioeconomic status.
Client Participation in Services	Number and portion of children/families participating, at varying thresholds in different service activities offered by the grantee. Number and portion that exit services before meaningful engagement and the number and portion that meet a “minimum dosage” of service likely to produce desired outcomes.
Client/Program Outcomes	Number and portion of clients that met each of the program’s projected outcomes, number and portion of total outcomes met by the program.
Program Staff Turnover	Number and portion of PCL-funded staff positions that turned over during the reporting period, number of times each position turns over.

Figure 6. Most Common Program Outcomes Measured by PCL Grantees

Program Area	Examples of Program Outcomes
Early Childhood	Children meeting developmental milestones, parents improving and/or demonstrating positive parenting practices
Child Abuse Prevention & Intervention	Parents improving and/or demonstrating positive parent-child interaction, parents connecting with and/or utilizing community supports, children meeting developmental milestones
Foster Care	Children and youth actively engaged in/attending school, youth increasing life skills, children and youth improving permanency status
After School	Youth attending 90% of school days, regular/improved homework completion, positive social behaviors, positive attitude toward school, improved self confidence
Mentoring	Youth demonstrating positive engagement in school, making progress toward graduation, and those classified as seniors graduate from high school
Hunger Relief³	Number of children/caregivers served, number of meals provided, pounds of food provided, access barriers experienced by clients

³ In the Hunger Relief program area PCL monitors service outputs to indicate the outcome of relieving hunger; the outcomes tracked in the other program areas focus more on knowledge, skills, attitudes, and behaviors.

Methods for Measuring Progress: Approaches to Data Collection, Analysis, and Reporting

Annual Data Collection Methods

Data used to measure progress on the 5 metrics described above are collected through annual reports completed by PCL grantees. Grantees track their client and program data within their organizations. Each July, they report program-level results to PCL using a PCL-required report template. The report requests aggregate program data (not individual client-level data/results), and it includes opportunities for the grantees to analyze their own data, reflect on what the data suggest about the program's performance for the year, and discuss future programmatic improvements/changes.

In the past, PCL has retained consultants with expertise in evaluation, outcome measurement and data collection systems to provide grantees with technical assistance to develop and/or strengthen their outcome measurement methods, internal data collection and reporting procedures. In addition, PCL staff have made separate site visits to all grantees to check data tracking systems and improve the integrity of the data reported in annual reports to PCL.

Approaches to Analysis and Reporting

Data reported in grantee annual reports are used by PCL in three ways:

Individual Grantee Contract Monitoring. At the individual grantee level, data are analyzed by PCL staff to gauge the grantee's performance compared to its own stated service goals and contract obligations.

Performance of Grantees in a Program Area. PCL staff aggregate data on different metrics in each program area in order to understand how the group of grantees performed, on average. PCL staff analyze performance of each grantee against the average performance in its respective program area. PCL staff prepare these analyses annually and provide each grantee with a summary of its performance compared to performance of its program area peers.

Performance of the Levy. Data collected from grantee annual reports are also aggregated by PCL staff for the entire Levy to understand progress against program area goals and Levy goals. PCL staff prepare those aggregate data each year and issue a *Performance and Progress Report* to the PCL Allocation Committee typically in the December or January following the close of the fiscal year. The reports are available on the PCL website⁴. In addition, data culled from those reports are used in PCL's *Annual Report* to the community, and copies of those reports are also available on PCL's website⁵.

CONCLUSION

The goals, strategies and accountability framework adopted by the PCL Allocation Committee underscore its commitment in the Levy ballot language to "proven, cost-effective programs." Moreover, the approach provides a continuous improvement lens for PCL grantees and the Levy overall. During this Levy period, this approach will also help identify and guide further investments in quality improvement such as training and professional development, and technical assistance focused on program quality and program evaluation.

⁴ PCL annual data reports and presentations: <http://portlandchildrenslevy.org/governance/evaluation/progress>

⁵ PCL Annual Reports by year: <http://portlandchildrenslevy.org/governance/evaluation>

Early Childhood Adopted Strategies, 2014- 2019

Appendix A of Goals, Strategies, Accountability Metrics

Goal for Program Area

Support children's early development and readiness for Kindergarten.

Introduction and Background

For the past two decades, a growing body of research confirms that children's first years of life are critical to their academic success and overall wellbeing in later years. Best practice interventions to support children's early development, including intensive home visiting, high quality preschool, and early childhood mental health consultation, are shown to strengthen children's development and to mitigate the risk of negative outcomes caused by adversity early in life.ⁱ

Local dataⁱⁱ indicate approximately 26,000 – 30,000 children birth to 5 years old in Multnomah County are at risk of entering school unprepared for kindergarten. Research-based risk factors include poverty and low level of education of mothers, and characteristics of race/ethnicity and primary language spoken in the home. Data reveal that child poverty rates in Multnomah County are higher for children of color. Recent County data also indicate that 75% of 3,000 births to women with less than a high school education were to women of color.ⁱⁱⁱ These data suggest children's need for early childhood services that support their early development.

In addition, **public input in this program area** indicated the following priorities^{iv}:

- Invest in high-quality, affordable preschool opportunities for children least likely to arrive at school ready for kindergarten.
- For younger children, focus investments on home visiting services that provide intensive relationships (e.g. such as Early Head Start).
- Support programs that intentionally develop parenting skills, such as parenting classes, and parent-child activities that strengthen parent-child relationships.
- Provide access to mental health consultants that specialize in helping parents and early childhood professionals learn skills and tools to guide and manage child behavior.
- Prioritize serving children at highest risk of not being ready for kindergarten: children in poverty, children of color, immigrant/refugee children and English Language Learners, children with disabilities. Focus investments in East Portland and North Portland.
- Invest in culturally responsive or culturally specific programs; seek out best practices that are culturally specific or that are adapting to become culturally specific or more culturally responsive.
- Make informed investments in the context of other major local/state initiatives; align outcomes and share Levy data with those efforts for continuous system improvement.
- Offer workforce development for early childhood professionals and program technical assistance, including strengthening supervision and use of trauma-informed care.

The Allocation Committee adopted the following strategies and priorities for the Early Childhood program area.

Strategy 1. Intensive Home-Visiting for children prenatal- 3 years old	
Investment Goal	Up to \$ 5,096,567 over 3 years (50% of funding in this program area)
Services	Intensive home-visiting services using best practice models that support children and their development by strengthening parent-child relationships and parenting skills
Eligible Population	Children prenatal to 3 years old at time of intake into services [children older than three may continue to be served in the proposed program if they were at least 3 years old at time of intake/enrollment into the proposed program], and their parents/guardians
Priorities	<ul style="list-style-type: none"> • Children from low-income families, children of color including immigrant/refugee children • Providing services in high poverty areas of Portland
Definitions	<p><u>Intensive</u>: Visits of at least one hour, provided weekly or twice-monthly, and offered to families for at least one year, preferably multiple years, for each child served^v</p> <p><u>Best Practice Models</u>: Parents As Teachers and Early Head Start home-based model, and other models with similar best practice features^{vi}</p> <p><u>Low-income</u>: Children in families with annual incomes at 185% or less of the Federal Poverty Level.</p>

Strategy 2. Preschool, Head Start, or structured preschool-like experiences	
Investment Goal	Up to \$ 3,567,597 over 3 years (35% of funding in this program area)
Services	Opportunities for children to attend high-quality preschool, including Head Start/ Oregon Pre-Kindergarten, or to attend structured, weekly “preschool group activities” devoted to children acquiring skills in early learning, early math, and healthy social behavior.
Eligible Population	Children age 3 to 5 years old at time of intake into services, and their parents/guardians
Priorities	<ul style="list-style-type: none"> • Children from low-income families, children of color including immigrant/refugee children, and children with disabilities • Providing services in high poverty areas of Portland.
Definitions	<p><u>High-Quality preschool</u>: Meets nationally or state-recognized best practice standards for early education, such as federal Head Start Quality Standards, Oregon Programs of Quality, a four-star or five-star rating on Oregon’s Tiered Quality Rating System, National Association for the Education of Young Children (NAEYC) accreditation, or any other documented best practice standards on high quality preschool.</p> <p><u>Preschool-like Experiences</u>: Weekly preschool group activities provided at least 2 hours per week for at least 6 months of the school year for each child served; serves the same group/s of children (8 – 10 children per group to 1 adult group leader/facilitator/teacher) for the duration of the service; and group activities focus on children’s early learning in reading, math and social skills.</p> <p><u>Low-income</u>: Children in families with annual incomes at 185% or less of the Federal Poverty Level.</p>

Strategy 3. Early Childhood Mental Health Consultation	
Investment Goal	Up to \$ 1,528,970 (15% of funding in this program area)
Services	Early childhood mental health consultation, including Positive Behavior Intervention Supports, for children in childcare, preschool/Head Start/Early Head Start, and home-visit settings.
Eligible Population	Children birth to 5 years old at time of intake into services, their parents/primary caregivers, and their early childhood teachers/home visitors
Priorities	<ul style="list-style-type: none"> Serving childcare settings (including Head Starts, preschools, and family childcare) where the majority of children served are low-income children, and/or children of color including immigrant/refugee children. Providing services in high poverty areas of Portland.
Definitions	<p><u>Early Childhood Mental Health Consultation:</u> “Early childhood mental health consultation involves a professional consultant with mental health expertise working collaboratively with early care and education staff, programs and families to improve their ability to prevent, identify, and respond to mental health issues among children in their care. In contrast to direct therapeutic services, ECMHC offers an indirect approach to reducing problem behaviors in young children and, more broadly, promoting positive social and emotional development.”^{vii}</p> <p><u>Positive Behavior Intervention Supports:</u> “...An application of a tiered prevention framework for young children... a ‘teaching pyramid’ as a continuum of supports and services designed to build social competence and prevent challenging behaviors for young children.”^{viii}</p>

ⁱ See reports published at the Center for Developing Child at Harvard University, <http://developingchild.harvard.edu/>

ⁱⁱPortland’s Children: Overview of Key Local Data,

http://www.portlandchildrenslevy.org/sites/default/files/Local%20Data%20Profile.PortlandChildren.FINAL.10.08.13_0.pdf.

ⁱⁱⁱ 2010-2011 Oregon Birth Certificates: Center for Health Statistics, Center for Public Health Practice, Public Health Division, Oregon Health Authority prepared by Multnomah County Health Department. (Prepared per request by PCL. Available upon request.)

^{iv} See full Community Input Report,

<http://www.portlandchildrenslevy.org/sites/default/files/PCL%20Community%20Input%20Report%202013.FINAL.10.28.13.pdf>

^v Threshold based on recent research regarding effective home visiting services: US Dept. of Health and Human Services, Administration of Children and Families, <http://homvee.acf.hhs.gov/programs.aspx>; and Child Trends, What Works for Home Visiting Programs, 2010: <http://www.childtrends.org/wp-content/uploads/2005/07/2010-17WWHomeVisit.pdf>

^{vi} Home Visiting Evidence of Effectiveness. US Dept. of Health and Human Services, Administration of Children and Families, <http://homvee.acf.hhs.gov/programs.aspx>

^{vii} Georgetown University, Center for Child and Human Development. <http://gucchd.georgetown.edu/67637.html>

^{viii} http://www.pbis.org/community/early_childhood/default.aspx

Child Abuse Prevention and Intervention Adopted Strategies, 2014- 2019

Appendix B of Goals, Strategies, Accountability Metrics

Goal for Program Area

Prevent child abuse and neglect and support vulnerable families.

Introduction and Background

Local dataⁱ indicate that in 2011, the Multnomah County Child Abuse Hotline received 17,624 reports of suspected child abuse or neglect. 7,116 of those reports were referred for assessment, confirming 2,200 victims of child abuse and/or neglect. Almost half of the victims were five years old or younger. Data reveal that Native American and African American children are overrepresented as victims of abuse as compared to their proportions in the general population.

Research has shown that child abuse and neglect can result in short-term and long-term physical, psychological and behavioral consequences for children. The extent of the impact varies widely and is affected by multiple factors, such as the child's age at time of the abuse, type of maltreatment, and frequency and severity of maltreatment. High quality, evidence-based services that focus on reducing risks and enhancing protective factors, including strengthening parental capacity and resilience and supporting the social and emotional development of children, can prevent child abuse and neglect and mitigate the risk of negative outcomes caused by adversity in childhood.ⁱⁱ

In addition, **public input in this program area** indicated the following prioritiesⁱⁱⁱ:

- Invest in intensive, comprehensive parenting education and parenting support programs; and assist parents in accessing concrete supports (e.g. financial, housing, childcare) that help them meet their basic needs.
- Invest more heavily in prevention than intervention services.
- Focus services on populations with risk factors for child abuse and neglect, especially families of color who are overrepresented in the child welfare system, those who are low income, those with a history of child abuse, those impacted by domestic violence and those with alcohol and drug issues.
- Assure that all child abuse prevention and intervention programs are either culturally responsive or culturally specific, and assure that parents are supported in developing skills and accessing services and supports that help them protect and care for their children.
- Set expectations around trauma-informed care and provide technical assistance to child abuse prevention programs to assist with implementation.

The Allocation Committee adopted the following strategies and priorities for the Child Abuse Prevention and Intervention program area.

Strategy 1. Strengthen parenting skills and resilience	
Investment Goal	Up to \$3,748,443 (60% of the funding in this program area)
Services	Parenting programs explicitly focused on reducing risks for abuse and neglect and enhancing protective factors
Eligible Population	Families with children aged 0-18 with risk factors for child abuse and neglect (e.g. low income, history of child abuse, domestic violence, drug and alcohol issues)
Priorities	<ul style="list-style-type: none"> • African American and Native American children/families because of their overrepresentation in the child welfare system • Intensive and comprehensive parenting programs • Programs that assist parents in accessing concrete supports that help them meet their basic needs
Definitions	<p><u>Comprehensive</u>: addresses the range of family risk factors and needs.</p> <p><u>Intensive</u>: a minimum of 25-40 contact hours per parent/family with a minimum of 12 sessions. For home visiting services, visits of at least one hour need to occur weekly or twice-monthly, and be offered to families for at least one year. For programs that last for at least 6 to 8 months, regular contact at least four times per week via classes, home visits and telephone calls ^{iv}</p> <p><u>Overrepresentation</u>: the percentages of children of a certain racial or ethnic group in the child welfare system are greater than the percentage of that same group in the general population. African American and Native American children are overrepresented in Oregon’s child welfare system.</p> <p><u>Protective factors</u>: help prevent children from being abused or neglected.</p> <p><u>Risk factors</u>: include a combination of individual, relational, community, and societal factors that contribute to the risk of child maltreatment. ^v</p>

Strategy 2. Address trauma through therapeutic intervention	
Investment Goal	Up to \$2,498,962 (40% of the funding in this program area)
Services	Programs that promote the social and emotional well-being of vulnerable children
Eligible Population	Children who have experienced or are at high risk for child abuse or neglect, aged 0-18
Priorities	<ul style="list-style-type: none"> African American and Native American children because of their overrepresentation in the child welfare system Evidence-based and evidence-informed interventions for the treatment of trauma
Definitions	<p><u>Child abuse (acts of commission)</u>: words or overt actions that cause harm, potential harm, or threat of harm to a child. Acts of commission are deliberate and intentional; however, harm to a child may or may not be the intended consequence. This includes physical abuse, sexual abuse and psychological abuse.</p> <p><u>Child neglect (acts of omission)</u>: failure to provide for a child’s basic physical, emotional, or educational needs or to protect a child from harm or potential harm. This includes physical neglect, emotional neglect, medical/dental neglect, educational neglect, inadequate supervision, and exposure to violent environments.^{vi}</p> <p><u>Evidence-based or evidence-informed</u>: Program models listed on the National Child Traumatic Stress Network list, and other models with similar best practice features.^{vii}</p> <p><u>Overrepresentation</u>: the percentages of children of a certain racial or ethnic group in the child welfare system are greater than the percentage of that same group in the general population. African American and Native American children are overrepresented in Oregon’s child welfare system.</p> <p><u>Promote social and emotional well-being</u>: to attend to children’s behavioral, emotional and social functioning – the skills, capacities, and characteristics that enable young people to understand and navigate their world in healthy, positive ways.^{viii}</p> <p><u>Vulnerable children</u>: children who have experienced or are at high risk for child abuse or neglect.</p>

ⁱ Portland’s Children: Overview of Key Local Data, http://www.portlandchildrenslevy.org/sites/default/files/Local%20Data%20Profile.PortlandChildren.FINAL.10.08.13_0.pdf

ⁱⁱ Child Maltreatment Prevention: Past, Present and Future, Child Welfare Information Gateway, https://www.childwelfare.gov/pubs/issue_briefs/cm_prevention.pdf; and

See reports published at the Center for Developing Child at Harvard University, <http://developingchild.harvard.edu>

ⁱⁱⁱ See full Community Input Report,

<http://www.portlandchildrenslevy.org/sites/default/files/PCL%20Community%20Input%20Report%202013.FINAL.10.28.13.pdf>

^{iv} Threshold based on recent research regarding effective parenting education programs, To What Extent is Your Parenting Education Program Structured to Address Risk Factors for Child Abuse/Meet Participants Needs,

<http://www.performwell.org/index.php/isd/child-a-youth-development/27-questions/277-to-what-extent-is-your-parenting-education-program-structured-to-address-risk-factors-for-child-abuse-meet-participant-needs> and effective home visiting US Dept. of Health and Human Services, Administration of Children and Families, <http://homvee.acf.hhs.gov/programs.aspx>; and Child Trends, What Works for Home Visiting Programs, 2010: <http://www.childtrends.org/wp-content/uploads/2005/07/2010-17WWHomeVisit.pdf>

^v Refer to the Center for Disease Control list of risk and protective factors,

<http://cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html>

^{vi} Definitions for child abuse and child neglect from the Center for Disease Control, <http://www.cdc.gov/>

^{vii} National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices,

<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>

^{viii} Definition from U.S. Department of Health and Human Services, Administration of Children and Families,

<http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>

Foster Care Adopted Strategies, 2014- 2019

Appendix C of Goals, Strategies, Accountability Metrics

Goal for Program Area

Support the well-being and development of children and youth in foster care.

Introduction and Background

Local foster care dataⁱ indicate that in 2011, 2,813 children spent at least one day in some kind of foster care. Approximately 37% of the youth in foster care were aged 13 and older, 35% were 5 and younger and 28% were 6-12 years old. 776 children exited foster care, with a median length of time in care of 20.4 months. 137 youth aged out of foster care during the year. Data reveal that Native American and African American children are overrepresented in foster care as compared to their proportions in the general population.

Research indicates that children in foster care are more likely than other children to exhibit high levels of behavioral and emotional problems. They are also more likely to be suspended or expelled from school, and to exhibit low levels of school engagement and involvement with extracurricular activities. Children in foster care are also more likely to have a limiting physical, learning, or mental health condition, or to be in poor or fair health.ⁱⁱ

Youth who age out of foster care instead of returning home face challenges to making a successful transition to adulthood. They are less likely than their peers in the general population to achieve academic milestones, including high school graduation and postsecondary education. These youth are less likely to be employed and, even when they are employed, are more likely to be in jobs that do not pay a living wage. They are more likely to experience violence, homelessness, mental illness, and other poor health outcomes. They are more likely to be incarcerated, to abuse substances and to experience early parenthood out-of-wedlock.ⁱⁱⁱ

In addition, **public input in this program area** indicated the following priorities^{iv}:

- Invest in programs that provide intensive and continuous support for youth in foster care and those aging out of foster care; programs that recruit, train and support foster parents; provide educational supports for children in foster care (early childhood through college); and provide services that lead to permanency.
- Focus services on African American and Native American children in foster care and the highest risk populations of children in foster care, including those with APPLA (another planned permanent living arrangement), teen parents in foster care, and LGBTQ youth.
- Assure that all foster care programs are either culturally responsive or culturally specific, and assure that children and youth in foster care are supported and empowered.
- Set expectations around trauma-informed care and provide technical assistance to foster care programs to assist with implementation.

The Allocation Committee adopted the following strategies and priorities for the Foster Care program area.

Strategy 1. Academic Support (early childhood – college)	
Investment Goal	Up to \$1,578,292 (40% of the funding in this program area)
Services	Programs that provide intensive academic support and educational advocacy for children and youth in foster care
Eligible Population	Children and youth in foster care, or have aged out of foster care, aged 0-24
Priorities	<ul style="list-style-type: none"> • Highest risk populations of children in foster care, including but not limited to, children with APPLAs (another planned permanent living arrangement), teen parents and LGBTQ youth • African American and Native American children because of their overrepresentation in foster care • Programs that include the involvement and training of foster parents
Definitions	<p><u>Academic Support</u>: services designed to help prepare children for school, accelerate their learning progress, meet learning standards, or generally succeed in school through focused supports such as tutoring, coaching, homework support, and/or supplemental academic classes. Program staff personally and regularly connect with, as applicable, school staff (including teachers), DHS caseworkers, and parents (foster or birth) regarding academic issues and progress.</p> <p><u>Aged out</u>: youth who leave foster care because they are too old to remain in care, not because they were reunified with their families or adopted.</p> <p><u>Educational Advocacy</u>: services designed to monitor a child’s educational progress and communicate to ensure he or she receives needed educational supports and accommodations to which he or she is entitled.</p> <p><u>Intensive</u>: is not defined for this strategy because of the wide range of academic support services that may be proposed. Applicants are expected to demonstrate that the level of service intensity proposed is appropriate for the population to be served.</p> <p><u>Overrepresentation</u>: the percentages of children of a certain racial or ethnic group in the child welfare system are greater than the percentage of that same group in the general population. African American and Native American children are overrepresented in Oregon’s child welfare system.</p>

Strategy 2. Support for Youth in the Transition to Adulthood	
Investment Goal	Up to \$1,183,719 (30% of the funding in this program area)
Services	Programs that work in partnership with youth to develop a plan for the future, prepare them for independent living and support them in reaching their goals
Eligible Population	Youth in foster care, or youth who have “aged out” of foster care, aged 14-24
Priorities	<ul style="list-style-type: none"> • Services for youth in foster care who are at the highest risk for homelessness and other negative outcomes (e.g. youth with Another Permanent Planned Living Arrangement) • Programs that include the involvement and training of foster parents

Strategy 3. Permanency for Youth	
Investment Goal	Up to \$1,183,719 (30% of the funding in this program area)
Services	Programs that work in partnership with youth to establish permanent connections. Permanency can be achieved through reunification with birth parents, adoption, guardianship or relationships with kin or other caring, committed adults
Eligible Population	Children and youth in foster care, or have aged out of foster care, aged 0-24
Priorities	<ul style="list-style-type: none"> Youth at-risk of not establishing permanency (e.g. older youth, youth with disabilities) African American and Native American children in foster care because of their overrepresentation in foster care Latino children in foster care because of their growing presence in foster care Programs that include the involvement and training of foster parents
Definitions	<p><u>Overrepresentation</u>: the percentages of children of a certain racial or ethnic group in the child welfare system are greater than the percentage of that same group in the general population. African American and Native American children are overrepresented in Oregon’s child welfare system.</p> <p><u>Permanency</u>: is about supporting lifelong family connections. There are three types of permanency^v:</p> <ul style="list-style-type: none"> Legal – a legally established relationship such as reuniting with birth parents, adoption, or legal guardianship; Physical - having a home or place to be; Relational - an emotional attachment between youth, caregivers and other family and kin <p>Permanency for children in foster care ideally includes all three types of permanency. However, when legal permanency is not likely, youth need to be supported in developing physical and relational permanence.</p>

ⁱ Portland’s Children: Overview of Key Local Data,

http://www.portlandchildrenslevy.org/sites/default/files/Local%20Data%20Profile.PortlandChildren.FINAL.10.08.13_0.pdf

ⁱⁱ Child Trends Databank, <http://www.childtrends.org/?indicators=foster-care>

ⁱⁱⁱ *Improving Outcomes for Older Youth in Foster Care*, Casey Family Programs,

http://www.casey.org/Resources/Publications/pdf/WhitePaper_ImprovingOutcomesOlderYouth_FR.pdf

^{iv} See full Community Input Report,

<http://www.portlandchildrenslevy.org/sites/default/files/PCL%20Community%20Input%20Report%202013.FINAL.10.28.13.pdf>

^v Definition from *Enhancing Permanency for Youth in Out-of-Home Care*, Child Welfare Information Gateway,

<https://www.childwelfare.gov/pubs/focus/enhancing/enhancing.pdf>

Mentoring Adopted Strategies, 2014- 2019

Appendix D of Goals, Strategies, Accountability Metrics

Goal for Program Area

Connect children and youth with caring adult role models that support their well-being.

Introduction and Background

For the past two decades, a growing body of research confirms that youth, including those at-risk of negative academic outcomes and problem behaviors, can experience myriad positive developmental and academic outcomes by participating in a high quality mentoring relationship with a caring adult or adults.ⁱ

Prior to adopting the strategy, the PCL Allocation Committee reviewed a collection of local data that included academic achievement data for Multnomah County students disaggregated by race/ethnicity, school disciplinary data disaggregated by race/ethnicity, and chronic absence data.ⁱⁱ Local data reveal significant needs for additional academic, behavior and attendance support for a significant portion of students attending school in Portland. Data also reveal a significant gap in academic achievement between white students and students of color, disciplinary actions that fall disproportionately on students of color, and chronic absence rates that are significantly higher for some students of color at some grade levels.

In addition, public input received from meetings with stakeholders, public meetings and a written survey indicated the following prioritiesⁱⁱⁱ:

- Invest in mentoring services that intentionally focus on youth’s academic achievement, including their performance in school as well as supporting them to set and pursue career and college goals.
- Support culturally specific services in which mentoring is designed to help keep youth of color in school, on track to graduate, and focused on post-secondary pursuits.
- Direct resources to support models that feature longer-term, more intensive relationships between youth and mentors.
- Aim to serve mainly youth “at-risk” of poor academic outcomes- youth in poverty, youth of color, youth in foster care, and academic priority youth.
- Make teens (middle school and high school) the priority population of children served.

The Allocation Committee adopted the following strategies and priorities for the Mentoring program area.

Strategy 1. Supports for students’ academic achievement and/or post-secondary pursuits	
Investment Goal	Up to \$ 5,096,567 over 3 years (50% of funding in this program area)
Services	Programs that focus intentionally on youth’s academic success in school, their pursuit of college or career goals, or both. This focus could include tutoring, educational advocacy for youth, and supports for transitions between middle school and high school, or from high school to post-secondary pursuits.
Eligible Population	Children and youth age 5 years old – 18 years old
Priorities	<ul style="list-style-type: none"> • Intensive services that have a duration of at least 2 years • Youth in grades 8 – 12 • Youth of color, English Language Learners, youth in foster care or previously in foster care, and/or youth who have been designated “academic priority” by school districts • Providing services in high poverty areas of Portland.
Definitions	<u>Intensive</u> : Matches that meet at least 4 hours per month ^{iv}

ⁱ DuBois, et al. *How Effective Are Mentoring Programs for Youth? A Systematic Assessment of Evidence*. 2011 <http://www.rhodeslab.org/files/DuBoisetalMeta.pdf>; and Herrera, et al. *The Role of Risk: Mentoring Experiences and Outcomes for youth with Varying Risk Profiles*. 2013. http://www.mdrc.org/sites/default/files/Role%20of%20Risk_Final-web%20PDF.pdf

ⁱⁱ Portland’s Children: Overview of Key Local Data, http://www.portlandchildrenslevy.org/sites/default/files/Local%20Data%20Profile.PortlandChildren.FINAL.10.08.13_0.pdf

ⁱⁱⁱ See full Community Input Report, <http://www.portlandchildrenslevy.org/sites/default/files/PCL%20Community%20Input%20Report%202013.FINAL.10.28.13.pdf>

^{iv} Threshold based on past decade of PCL experience and on best practice standards associated with academic success/post-secondary pursuit outcomes, see PerformWell.org at <http://www.performwell.org/index.php/isd/child-a-youth-development/27-questions/85-do-youth-experience-enduring-high-quality-mentoring-relationships>; and see MENTOR: National Mentoring Partnership. *Elements of Effective Practice for Mentoring* http://www.mentoring.org/downloads/mentoring_1222.pdf

After-School Adopted Strategies, 2014- 2019

Appendix E of Goals, Strategies, Accountability Metrics

Goal for Program Area

Provide safe and constructive after-school and summer programming that supports children's well-being and school success.

Introduction and Background

More than fifteen years of research confirms that children and youth who participate in after-school and summer programs can reap many benefits including increased academic achievement, better school attendance, fewer disciplinary actions such as suspension and expulsion, improved social and emotional outcomes such as decreased depression and anxiety, reduction in risky behaviors, and improved health and wellness.ⁱ

Prior to adopting the strategies listed below, the PCL Allocation Committee reviewed a collection of local data that included academic achievement data for Multnomah County students disaggregated by race/ethnicity, school disciplinary data disaggregated by race/ethnicity, and chronic absence data.ⁱⁱ Local data reveals significant needs for additional academic, behavior and attendance support for a significant portion of students attending school in Portland. Data also reveals a significant gap in academic achievement between white students and students of color, disciplinary actions that fall disproportionately on students of color, and chronic absence rates that are significantly higher for some students of color at some grade levels.

In addition, **public input in this program area** indicated the following prioritiesⁱⁱⁱ:

- Invest in programs providing academic support, enrichment programs (including those focused on physical activity; arts; Science /Technology/Engineering/Math; Chess), summer programming, and SUN Community Schools.
- Assure that all after-school programs are either culturally responsive or culturally specific, and assure that families are involved and supported to engage in their child's education.
- Focus services on populations with risk factors for poor outcomes, especially youth of color, those who are low income, and those learning English as a second language.
- Assure that services are geographically located in areas of high poverty and concentrations of populations of color, and assure that service is equitably distributed east of 82nd Avenue.

The Allocation Committee adopted the following strategies and priorities for the After-School program area.

Strategy 1. Intensive Academic Support	
Investment Goal	Up to \$3,748,443 over 3 years (60% of available funds in this program area)
Services	After-school programs that provide intensive academic support for school-aged youth that is intentionally and successfully connected to the school, school staff AND parents/caregivers, and is aligned with school curriculum.
Eligible Population	Children aged 5-18
Priorities	<ul style="list-style-type: none"> Youth of color English language learners Youth designated “academic priority by the school district Youth living in high poverty areas of Portland For summer academic supports: programs offering credit recovery for high school students
Definitions	Intensive Academic Support: Offers at least 60 hours per school year of academically focused supports such as tutoring, coaching, educational advocacy, homework support, and/or supplemental academic classes. Program staff personally and regularly connect with school staff (including teachers), and parents/guardians regarding academic issues and progress.

Strategy 2. Enrichment Programming	
Investment Goal	Up to \$1,249,481 over 3 years (20% of funding in this program area)
Services	After-school enrichment programming (any program that supports broadening and deepening knowledge and skills through activities, projects, and/or field trips).
Eligible Population	Children aged 5-18
Priorities	<ul style="list-style-type: none"> Programming that involves physical activity for youth. Arts programming (performing or fine) Programming that is offered at a SUN Community School site, or other site where a full complement of after-school program services of offered (e.g. academic support, other enrichment programming, family engagement) Youth living in high poverty areas of the city.

Strategy 3. New SUN Community Schools	
Investment Goal	Up to \$ 1,249,481 (20% of funding in this program area)
Services	SUN Community School programs at schools where the program is not currently offered.
Eligible Population	Children aged 5-18
Priorities	Programs proposed for schools that are ranked highest on the SUN Equity Index and are located in the City of Portland.

ⁱ After-School Programs in the 21st Century: Their Potential and What It Takes to Achieve It; Harvard Family Research Project, February 2008. Includes a detailed summary of research findings from the previous decade.

ⁱⁱ Portland’s Children: Overview of Key Local Data, <http://www.portlandchildrenslevy.org/sites/default/files/Local%20Data%20Profile.PortlandChildren.FINAL.10.08.130.pdf>

ⁱⁱⁱ See full Community Input Report, <http://www.portlandchildrenslevy.org/sites/default/files/PCL%20Community%20Input%20Report%202013.FINAL.10.28.13.pdf>

Hunger Relief Adopted Strategies, 2014- 2019

Appendix F of Goals, Strategies, Accountability Metrics

Goal for Program Area

Expand access to healthy, nutritious food for hungry children.

Introduction and Background

Childhood hunger is a problem that affects a substantial portion of children living in Multnomah County. In 2011, 24.2% of children in Multnomah County were “food insecure” which indicates disrupted eating patterns or reduced consumption exemplified by skipped meals and smaller portions. Close to half of children aged 0-4 in Multnomah County are receiving benefits from the Supplemental Nutrition Program for Women, Infants and Children (known as WIC). More than one third of children aged 0-17 in Multnomah County received benefits from the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps). Fifty-six percent of the students attending school in Portland school districts were eligible for the school lunch program with an average of 38,191 children served on a school day in 2011/12. Finally, the Oregon Food Bank reported that 34% of the clients eating from emergency food supplied by the Oregon Food Bank network were children.ⁱ

In addition, **public input in this program area** indicated the following prioritiesⁱⁱ:

- Increase access to and utilization of existing hunger relief programs that provide food for children during the school day and outside-of-school times through a variety of methods.
- Increase summer food access by expanding summer feeding sites.
- Increase number of school food pantries, especially at SUN Community schools, and especially in East Portland.
- Invest in programs providing nutrition and cooking education.
- Assure that services are focused on low income families and children, and are offered in high poverty schools and parts of Portland (East and North Portland).

The Allocation Committee adopted the following strategies and priorities for the Hunger Relief program area.

Strategy 1. Increase Access/Utilization of Existing Hunger Relief Programs	
Services	Use a variety of methods (e.g. outreach, increased staffing, increased volunteer coordination) designed to increase access to and use of existing hunger relief programs including WIC, SNAP, federal programs that support school meals and snacks, and summer meals, and school-based emergency food programs. Proposals that add or include nutrition education as a program component are encouraged.
Eligible Population	Children aged 0-18 and their caregivers.
Definitions	WIC: Supplemental Nutrition Program for Women, Infants and Children. SNAP: Supplemental Nutrition Assistance Program.

Strategy 2. School-Based Food Pantries	
Services	Increase the number of school-based food pantries that provide staple food items and fresh foods. Proposals that add or include nutrition education as a component to hunger relief are encouraged.
Eligible Population	Children aged 0-18 and their caregivers.
Priorities	SUN Community School sites located in North and East Portland that do not currently offer food pantries.

Strategy 3. Increase Access to Food During Summer and Out-of-School Time	
Services	Increase the number of sites providing food to children during the weeks of summer vacation, or during other school breaks. Proposals that add or include nutrition education as a program component are encouraged.
Eligible Population	Children aged 0-18 and their caregivers.
Priorities	High poverty areas of the city that currently lack summer meal sites.

Strategy 4. Alternative Approaches	
Services	Employ alternative strategies for hunger relief, and/or include strategies to increase the nutritional value of food provided in existing programs.
Eligible Population	Children aged 0-18 and their caregivers.

ⁱ See Local Data Report, page 9 and corresponding citations to data sources, http://www.portlandchildrenslevy.org/sites/default/files/Local%20Data%20Profile.PortlandChildren.FINAL.10.08.13_0.pdf

ⁱⁱ See full Community Input Report, <http://www.portlandchildrenslevy.org/sites/default/files/PCL%20Community%20Input%20Report%202013.FINAL.10.28.13.pdf>