



**Children First**  
for Oregon

# 2011

## PROGRESS REPORT



**THE STATUS OF CHILDREN IN OREGON**

*20 YEARS OF SPEAKING UP FOR KIDS. . .*





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## PROGRESS REPORT



## THE STATUS OF CHILDREN IN OREGON

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Children First for Oregon has been working for 20 years to improve the lives of vulnerable Oregon children and their families. Focusing our work in the areas where we can make the most meaningful impact on children's well-being is part of our formula for success. In two decades of speaking up for kids, we have learned that significant policy and systemic changes take time.

We all hope for a future where every child grows up healthy, safe and secure. Children First for Oregon's 2011 Progress Report reflects positive changes made over the last year, but also shows the struggles that children and working families continue to face year in and year out.

The Progress Report you hold in your hand tracks specially selected data indicators that best measure progress in the policy areas Children First influences. Some indicators will show drastic changes in the last year. For example, the number of uninsured children in Oregon has dropped significantly due to the success of the Oregon Healthy Kids program, a child health care initiative that was a decade in the making.

Other indicators will show very little or no change, and for some, state budget cuts have limited our ability to collect data - and therefore to track Oregon's progress. Child care affordability is one important area where we have lost vital information. In previous years, data about affordable child care has been a powerful tool in our efforts to ensure that all low-income, working families that need child care assistance have access to Employment Related Day Care, a program that provides early learning environments for children and ensures that parents can afford to work. Not having this data makes our work more difficult, but no less important.

In this modern age, we are bombarded by the message that problems can be "cured" by magic bullets and quick fixes. We want change quickly and are taught to expect almost instant improvement. The reality is that to make lasting, lifelong change for Oregon's children, we need to be patient and persistent in our efforts.

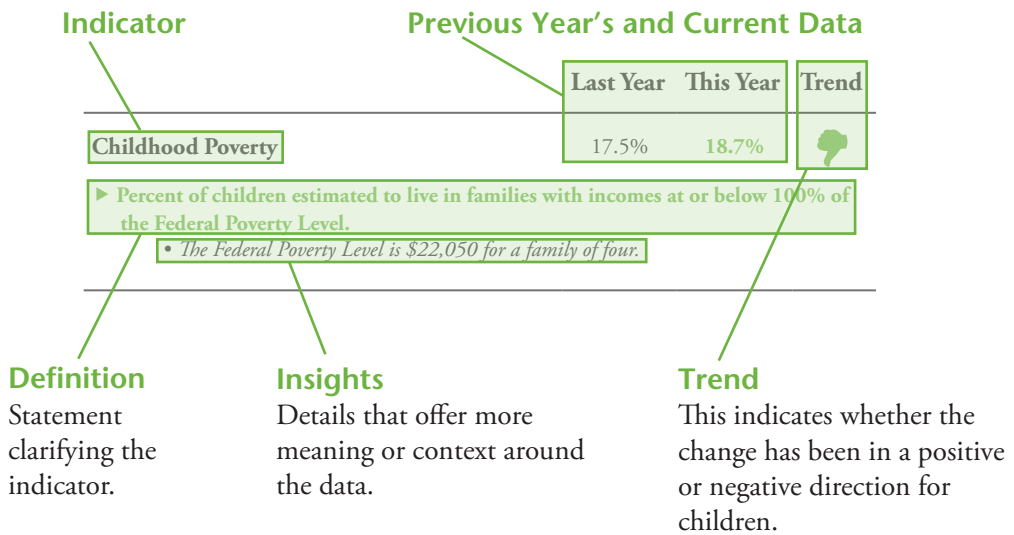
We can only create lasting change by giving each goal the adequate time, attention, resources and support it deserves. Victories for our children don't happen by accident. Investing in proven programs that support strong families and enrich the lives of children is smart public policy and saves taxpayer resources in the long run. It is up to every citizen to hold elected leaders accountable when it comes to doing the right thing for children.

You can help make a difference in the lives of thousands of Oregon children and families. Learn more about child and family issues. Demand strong leadership and good policy choices. Vote for children. By raising your voice, we make Oregon a place that gives every child a better future.

Since 1991, Children First for Oregon has been working to make long-term, systemic change by advocating for programs and policies that keep children healthy and safe, and that strengthen families. By speaking out on their behalf, we give voice to the hundreds of thousands of Oregon children who need access to quality, comprehensive health care, the thousands of children in foster care as a result of abuse and neglect and the nearly 40% of Oregon children who live in financially unstable families.

As a data driven advocacy organization, Children First is committed to the facts. Gathering and analyzing accurate, comprehensive data about children is our expertise. In this year's report, you'll see data indicators that best measure progress in the areas we influence over time.


Because hard data often does not keep pace with real change, it by itself is an insufficient measure of progress. By reporting on our specific efforts to improve policies and programs that keep children healthy and safe, and that strengthen families, we hope to illustrate the critical influence our advocacy agenda has on reaching our goals.






For some indicators, this year's report is the first year in which we have comparative data. Children First consistently works with state administrators and researchers to establish a better system of data collection and reporting so that policy makers have a full picture of the status of Oregon children.

## KEEPING CHILDREN HEALTHY

Kids need to be healthy in order to grow into healthy, successful adults. A child's health impacts their ability to thrive in school. Yet too many Oregon children lack access to health care. In particular, children in low-income families are more likely than their peers to suffer from chronic illness. The cost-effective solution is to provide insurance coverage and preventative health care to kids before they require more costly treatment in the emergency room. While Oregon has made great strides in health insurance coverage for kids, we need to do more to ensure that all kids are getting the preventative care they need.

	Last Year	This Year	Trend
<b>Insured Children</b>	89.6%	<b>91.2%</b>	
<p>► <b>Percent of children under 18 estimated to have health insurance.</b></p> <ul style="list-style-type: none"> <li>• <i>These numbers reflect the latest census data from 2010, which guarantees year-to-year consistency and the greatest accuracy based on the large sample size.</i></li> <li>• <i>The most recent Oregon Health Insurance Survey for 2011 indicates 94.4% of kids have health insurance coverage.</i></li> </ul>			
<b>Pended Health Insurance Applications</b>	NA	<b>28%</b>	—
<p>► <b>Percent of state health coverage applications that are awaiting approval because they are considered incomplete.</b></p> <ul style="list-style-type: none"> <li>• <i>The number of pended applications can be an indicator of barriers to enrollment.</i></li> <li>• <i>Oregon Health Authority does not track children's applications separately from adult applications.</i></li> </ul>			
<b>Well-Child Exams</b>	52.6%	NA	—
<p>► <b>Percent of 8<sup>th</sup> grade students who report not having a medical or physical exam in the last 12 months.</b></p> <ul style="list-style-type: none"> <li>• <i>No data for 2010 is available as the Oregon Healthy Teens survey is now only being conducted in odd-numbered years.</i></li> </ul>			

	Last Year	This Year	Trend
<b>Immunizations</b>	77%	70.3%	
<p>▶ <b>Percent of two-year-olds who are up to date on their 4:3:1:3 immunization series.</b></p> <ul style="list-style-type: none"> <li>• <i>Childhood immunizations protects against: diphtheria, Haemophilus Influenza, Pertussis (whooping cough), Tetanus, Mumps, Measles, and Rubella.</i></li> </ul>			
<b>Access to School-Based Health Centers</b>	8.1%	9.3%	
<p>▶ <b>Percent of students who have access to a certified school-based health clinic in their school.</b></p> <ul style="list-style-type: none"> <li>• <i>In many Oregon communities, a school-based health center is the closest, most accessible health care provider for kids.</i></li> </ul>			
<b>Low-Income Children Getting Dental Care</b>	34.9%	38.8%	
<p>▶ <b>Percent of Medicaid-enrolled children getting dental care.</b></p> <ul style="list-style-type: none"> <li>• <i>Federal Medicaid dollars cover the lowest-income children in Oregon Healthy Kids.</i></li> </ul>			

## IN THE PAST YEAR, CHILDREN FIRST FOR OREGON:

- ▶ Helped pass landmark legislation creating the Oregon Health Insurance Exchange.
- ▶ Co-Chaired the Healthy Kids Steering Committee, which works to reduce enrollment barriers and increase access to health care for all Oregon children.
- ▶ Co-Chaired the Healthy Kids Learn Better Coalition, which promotes policies and programs that reduce physical, social and emotional barriers to learning.
- ▶ Worked with families and state officials to monitor and report on the success of the Oregon Healthy Kids program.
- ▶ Promoted effective outreach and enrollment strategies for Oregon Healthy Kids.



“If my kids get sick, they will be covered. That kind of ease of mind is so important for me and my family.”

## MARY'S STORY

“The Oregon Healthy Kids program has given me peace of mind during a stressful time. In the last year I was struggling with a challenging pregnancy when my husband’s work simply dried up due to the recession.

With no ability to work myself, and my husband unable to find more work in his own field, we simply couldn’t afford to continue to pay for private insurance. In fact, we really couldn’t afford private insurance in the first place!

Before our kids were on the Oregon Healthy Kids program, my 2 year-old son got sick and his doctor ordered a number of tests. But the private insurer simply wouldn’t cover the cost for any of the necessary visits.





Now that we are covered by Oregon Healthy Kids, I don’t have to worry about whether my kids can see the doctor when they need to. If my kids get sick, they will be covered. That kind of ease of mind is so important for me and my family. “




Mary, Hood River

## KEEPING CHILDREN SAFE

While foster care is sometimes necessary, being taken from one's family, even temporarily, is traumatic for a child. Whenever possible, we should help families before they reach the point where their child must be removed. For those kids who need to remain in foster care long-term, we need to ensure that the experience of foster care does not impede their future success.

In the past year, we have seen some important gains in improving the experience of foster care, but the state has lost ground in addressing the factors that can safely keep kids home, such as substance abuse treatment and domestic violence prevention. Providing greater early intervention supports in these areas will reduce the number of children in foster care.

	Last Year	This Year	Trend
<b>Foster Care</b>	13,291	<b>13,129</b>	
<p>▶ <b>Number of children who spent at least one day in substitute care during a year.</b></p> <ul style="list-style-type: none"> <li>• <i>Substitute care involves temporary, out-of-home placement for children who are experiencing abuse, neglect, or threat of harm.</i></li> </ul>			
<b>Foster Care Placement Stability</b>	60%	<b>62.8%</b>	
<p>▶ <b>Average percent of children in foster care with two or fewer placement settings, of those children who have been in foster care less than 12 months from the time of their latest removal.</b></p>			
<b>Domestic Violence</b>	31.7%	<b>32.6%</b>	
<p>▶ <b>Percentage of confirmed abuse/neglect/threat of harm victims where domestic violence was cited as one of the family's stress factors.</b></p>			
<b>Substance Abuse</b>	42.1%	<b>44.4%</b>	
<p>▶ <b>Percentage of confirmed abuse/neglect/threat of harm victims where substance abuse was cited as one of the family's stress factors.</b></p>			

	Last Year	This Year	Trend
<b>Shelter Availability</b>	19,506	22,787	
▶ <b>Number of requests for shelter denied due to lack of shelter space, where domestic violence was the reason for request.</b>			
<b>Relative Placement</b>	34%	38%	
▶ <b>Percent of foster children who are living with a relative.</b>			
<b>Independent Living Program (ILP) Services</b>	40.5%	41.7%	
▶ <b>Percent of eligible foster youth who have access to ILP services, based on program capacity.</b>			
<ul style="list-style-type: none"> <li>• <i>ILP services are intended to help youth leaving foster care achieve independence, and include services such as classes on budgeting, housekeeping, cooking, and career or higher education preparation.</i></li> </ul>			
<b>60 Day Mental Health Assessments</b>	61.3%	61%	—
▶ <b>Percent of children entering foster care that receive a mental health assessment within 60 days of being placed in state custody.</b>			
<b>Psychotropic Medication Assessments</b>	NA	NA	—
▶ <b>Percent of children in foster care receiving mental health assessments before being placed on more than one psychotropic medication or any antipsychotic medication.</b>			
<ul style="list-style-type: none"> <li>• <i>In 2009 the Oregon legislature passed a law (HB 3114) to improve oversight of children in foster care receiving psychotropic and/or antipsychotic medications.</i></li> <li>• <i>At this time, DHS is not able to provide data on the number of youth in care who have been seen by a certified mental health professional before being prescribed psychotropic or antipsychotic medications.</i></li> </ul>			

## Racial Disproportionality

### ► Percent of children in out-of-home placement by race compared to overall percentage of the under-eighteen population by race.

- “Once an abuse or neglect report was substantiated, American Indian/Alaskan Native, Pacific Islander, and African American children were removed from their parents at a higher rate than were white children. Native American/Alaska Native children were placed in out-of-home foster care at over five times the rate of white children. African American children were placed at four times the rate of white children, and Pacific Islander children were nearly two times more likely than white children to be placed in foster care.”

Race	Last Year		This Year	
	% of all Children	% of Foster Children	% of all Children	% of Foster Children
<b>African American</b>	2.4%	8.3%	<b>2.5%</b>	<b>8.3%</b>
<b>Asian</b>	3.6%	0.9%	<b>3.8%</b>	<b>1.0%</b>
<b>Caucasian</b>	69.2%	62.5%	<b>68.0%</b>	<b>64.4%</b>
<b>Hispanic (any race)</b>	19.0%	12.8%	<b>19.8%</b>	<b>13.7%</b>
<b>Native American</b>	1.3%	8.8%	<b>1.3%</b>	<b>6.9%</b>
<b>Pacific Islander</b>	0.3%	0.5%	<b>0.3%</b>	<b>0.5%</b>
<b>Two or more race groups</b>	4.3%	NA	<b>4.3%</b>	<b>NA</b>
<b>Unknown / Not Recorded</b>	NA	6.4%	<b>NA</b>	<b>5.1%</b>

## IN THE PAST YEAR, CHILDREN FIRST FOR OREGON:

- ▶ Passed legislation providing tuition assistance for former foster youth at Oregon community colleges and public universities.
- ▶ Prevented a 50% funding reduction to the Family Support & Connections program, which provides early intervention through drug and alcohol treatment, domestic violence prevention, parenting skills training, housing, and addresses other factors that can lead to foster care.
- ▶ Served on numerous state child welfare advisory committees, such as the Child Safety Workgroup, the Foster Care Safety Team, and the Child Welfare Advisory Committee.



## NICOLE'S STORY

“I was seven when I entered foster care. Over the next 11 years, I lived in six different homes. To stay in the same school through all of my moves, I caught the bus at 5 a.m. In high school, staying in class with my friends – the only support system I had – meant I had to catch 3 city buses to school and back.

I couldn't control when I was going to move, but I fought hard to stay at school and to be in charge of how well I did. I put in the effort and I got good grades. I found time to volunteer as a Salem Police Cadet and as a member of the Oregon Foster Youth Connection, a program of Children First.

I've always known I wanted to go to college, but until now I couldn't afford it. Because of HB 3471, the tuition assistance bill that Children First for Oregon worked to pass this year, I will be attending Portland State University next fall.

With the help of this tuition assistance, I will have the opportunity to graduate, even with no family support system. This bill actually gives me a chance to focus on school, instead of working multiple jobs.

My dream for this bill is that it will spread hope to other foster youth. Because, along with education and success, this bill gives foster youth the opportunity that they need to break the cycle of poverty, abuse and just the simple feeling of hopelessness. Foster youth like me will know that no matter what happens, they have an opportunity for a better future.”



Nicole, Salem





“I’ve always known I wanted to go to college, but until now I couldn’t afford it.”

## STRENGTHENING FAMILIES

All kids should have an equal opportunity at future success. Yet children whose families experience financial instability are less likely to thrive. Growing up in poverty puts children at increased risk of a variety of negative outcomes such as chronic illness, hunger, low educational attainment and, in some situations, death. Given the slow pace of our economic recovery, many families are facing hardships that could affect their children for years to come. Policies that help struggling families will benefit our most vulnerable children as well as Oregon’s present and future economy.

	Last Year	This Year	Trend
<b>Affordable Child Care</b>	30.7%	NA	—
<p>▶ <b>Percent of all Oregon households spending 10 percent or less of household income on child care.</b></p> <ul style="list-style-type: none"> <li>• <i>No data for 2010 is available as the Oregon Population Survey previously used for collecting this information was defunded by the Oregon Legislature.</i></li> </ul>			
<b>Free or Reduced Lunch</b>	70.4%	75.8%	
<p>▶ <b>Percent of children eligible for free or reduced-price school lunches who are eating these lunches.</b></p>			
<b>Food Insecurity</b>	13.1%	13.9%	
<p>▶ <b>Percent of households that report reduced quality, variety, or desirability of diet or uncertainty about having enough food for all household members.</b></p>			
<b>Hunger</b>	6.6%	6.6%	—
<p>▶ <b>Percent of households that report multiple instances of disrupted eating patterns and reduced food intake as defined by skipping meals, reducing portions, or going without food for whole days.</b></p>			

	Last Year	This Year	Trend
<b>Childhood Poverty</b>	19.2%	21%	
<p>▶ <b>Percent of children estimated to live in families with incomes at or below 100% of the Federal Poverty Level (FPL).</b></p> <ul style="list-style-type: none"> <li>• <i>FPL for latest data is \$22,050 annual income for a family of four.</i></li> <li>• <i>Families cannot achieve financial stability until they reach 200% FPL.</i></li> </ul>			
<b>Homeless Students</b>	19,040	20,545	
<p>▶ <b>Number of children in school without a decent, safe, stable, or permanent place to live.</b></p>			

## IN THE PAST YEAR, CHILDREN FIRST FOR OREGON:

- ▶ Prevented deep cuts to the Employment Related Day Care (ERDC) program, which helps families afford to work by providing child care assistance to low-income, working parents. It is important to note, however, the program still lacks funding for all families who need it.
- ▶ Protected Temporary Assistance for Needy Families (TANF) by preventing Oregon from adopting the shortest lifetime limits in the country.
- ▶ Protected and expanded school food programs for Oregon students, such as free and reduced school breakfast and lunch, Farm to School and After School Snack programs.

## MORGAN'S STORY

“I am a single mother of a beautiful 1 year-old boy who depends on me to take care of him. I don't have family around to watch my kids. I don't have any friends that don't work themselves. I don't know what I would do without day care assistance.

I know I'm giving my son the best future I can by moving forward in my career and providing for us both. And he loves his day care – there are so many things to do and learn! He already has a little best friend, a little girl who holds his hand.

Times are tough, and we all have difficulties. I have to pay like everyone else. But I take home maybe \$1400 a month and I have to cover rent, car insurance, utilities, and simply put food on the table for my family. Employment Related Day Care helps me so much. I could never afford to pay for day care without it! And without day care, I would be unable to work and unable to pay rent.

We all want to keep our jobs so that we can make a better life for our children. I know that with the help of Employment Related Day Care, I am giving my son the best life I can.”

Morgan, Portland



“I don’t know what I would do without day care assistance.”

### KEEPINGS KIDS HEALTHY

#### Insured Children:

"Health Insurance Coverage Status." 2010 American Community Survey 1-Year Estimates. American Fact Finder (Table S2701).

#### Pended Health Insurance Applications:

Percentage is based on applications processed through the state's main office (5503). Anna Holowetzki, Research Analyst, Oregon Health Policy & Research, report emailed to CFFO August 11, 2011.

#### Well Child Exams:

"Oregon Healthy Teens 2009 - 8th Grade State Summary Report." Oregon Health Authority.

#### Immunization:

Latest data is from 2009. Oregon Population Based Immunization Rates. Oregon Health Authority. Accessed October 1, 2011. <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/county/OREGON.pdf>

#### Access to School-Based Health Centers:

Calculated as students with a SBHC in their school on October 1, 2010 as a percentage of overall student enrollment for 2009-2010 school year. Loretta Jenkins, Research Analyst, Public Health Division, Oregon Health Authority, email to Children First for Oregon, August 30, 2011. October 1 Enrollment Summary 2009-2010. Oregon Department of Education. Accessed August 30, 2011. <http://www.ode.state.or.us/sfda/reports/r0073Select2.asp>

#### Low-Income Children Getting Dental Care:

"The State of Children's Dental Health: Making Coverage Matter – Oregon." 2010. Pew Center on the States.

### KEEPING KIDS SAFE

#### Foster Care:

Out-of-home care includes relatives, emergency shelter, group-home care, therapeutic foster care, respite care, and residential treatment.

"2010 Child Welfare Data Book." 2011. Oregon Department of Human Services: Children, Adults and Families Division Office of Program, Performance and Reporting.

#### Foster Care Placement Stability:

Definition of "placement stability" corresponds to federal guidelines.

"2010 Child Welfare Data Book." 2011. Oregon Department of Human Services: Children, Adults and Families Division Office of Program, Performance and Reporting.

#### Domestic Violence:

There usually are several family stress factors where child abuse/neglect is present, which may include substance abuse, inadequate housing, or parent involvement with law enforcement.

"2010 Child Welfare Data Book." 2011. Oregon Department of Human Services: Children, Adults and Families Division Office of Program, Performance and Reporting.

#### Substance Abuse:

There usually are several family stress factors where child abuse/neglect is present, which may include domestic violence, inadequate housing, or parent involvement with law enforcement.

"2010 Child Welfare Data Book." 2011. Oregon Department of Human Services: Children, Adults and Families Division Office of Program, Performance and Reporting.

#### Shelter Availability:

Note that this number may include some duplicates when victims are denied from multiple shelters.

"Striving to Meet the Need: Summary of Services Provided by Sexual and Domestic Violence Programs in Oregon." 2011. Oregon Department of Human Services: Children, Adults and Families Division.

#### Relative Placement:

Percent of foster youth living with a relative as of June 30, 2011.

"Dashboard Report – District and Statewide." October 2011. Oregon Department of Human Services: Children Adults and Families Division.

**Independent Living Program (ILP) Services:**

This percentage represents the closest possible estimate for youth accessing ILP services. To be eligible youth must be at least 14 years of age, currently in foster care, or in care for 180 days after age 14, and under age 21. Our calculations are based on the number of teens in foster care within the past year versus the number of youth who accessed ILP services in the past year. We are not able to account for the number of youth who are no longer in foster care, but who are eligible for and may or may not be accessing ILP services. "2010 Child Welfare Data Book." 2011. Oregon Department of Human Services: Children, Adults and Families Division Office of Program, Performance and Reporting.

**60 Day Mental Health Assessments:**

Data is from December 2010-March 2011.

"Dashboard Report – District and Statewide." July 2011. Oregon Department of Human Services: Children, Adults and Families Division.

**Racial Disproportionality:**

"2010 Child Welfare Data Book." 2011. Oregon Department of Human Services: Children, Adults and Families Division Office of Program, Performance and Reporting.

Executive Summary, Governor's Task Force on Disproportionality in Child Welfare: Report to the 2011 Oregon Legislature.

**STRENGTHENING FAMILIES****Affordable Child Care:**

Weber, Bobbie, Becky Vorpapel, and Diana Kruse. 2009. "Child Care and Education in Oregon and Its Counties: 2008." Oregon Child Care Research Partnership.

**Free or Reduced Lunch:**

Income eligibility levels are 130% of the Federal Poverty Level (FPL) and under for "free" and 185% FPL and under for "reduced-price." Percentage is calculated based on average daily participation. 200,716 students are eating free or reduced-price lunches compared to the 264,969 that are eligible. Heidi Dupuis, Program Manager, School Nutrition Programs at Oregon Department of Education, report emailed to CFFO September 30, 2011.

**Food Insecurity:**

Nord, Mark et al. 2010. "Measuring Food Security in the United States: Household Food Security in the United States, 2009." United States Department of Agriculture, Economic Research Service.

**Hunger:**

Nord, Mark et al. 2010. "Measuring Food Security in the United States: Household Food Security in the United States, 2009." United States Department of Agriculture, Economic Research Service.

**Childhood Poverty:**

"Selected Economic Characteristics." 2010 American Community Survey 1-Year Estimates. American Fact Finder (Table DP03).

**Homeless Students:**

Miles, Christine. 2011. "Homelessness now affect over 20,000 students in Oregon." Oregon Department of Education News Release. Accessed October 11, 2011. <http://www.ode.state.or.us/news/announcements/announcement.aspx?ID=7674&TypeID=5>



## Children First for Oregon

The mission of Children First for Oregon is to make long-term, systemic change by advocating for policies and programs that keep children healthy and safe, and strengthen families.

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*This report is made possible by a generous grant from the Annie E. Casey Foundation, KIDS COUNT project.*







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*for Oregon*

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