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2015
COMMUNITY ASSESSMENT
ADDENDUM

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Community Assessment Addendum 2015

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Executive Summary *– written by Carol Foster, Executive Director*

This Community Assessment Addendum was conducted in collaboration with the three grantees, Educational Opportunities for Children and Families (EOCF) and Educational Service District 112 (ESD) administering the Early Head Start and Early Childhood Education and Assistance Program (ECEAP) services in the same service area, as well as Innovative Services Northwest (ISNW) administering ECEAP services for the first time this year in Clark County. These three agencies combined resources to update last year's Comprehensive Community Assessment in the form of an addendum. Input includes all agency programs—Early Head Start, Head Start and ECEAP.

The region covered in this Community Assessment Addendum remains unchanged from 2014 and includes the recruitment and service areas of the three grantees serving the area, in addition to the rest of the Southwest Washington region. The region is comprised of six counties: Clark, Cowlitz, Pacific, Klickitat, Skamania and Wahkiakum. EOCF serves Clark and Pacific Counties, and the Woodland School District in Cowlitz County. ESD 112 serves these counties in addition to parts of Klickitat, Skamania and Wahkiakum Counties.

The three agencies reviewed data to determine whether there are any significant changes to note for this addendum. The narrative that begins on page six discusses the most prevalent issues, ongoing challenges and concerns within Southwest Washington.

Major Issues, Trends, and Concerns

Overall Impact of the Recession Begins to Lessen Slightly

Southwest Washington was hit hard by the economic downturn that began in 2008. The area is just beginning to see an upturn in some areas of the economy. A translatable indicator of poverty for our families is the number of free and reduced lunches, on the increase for both Evergreen and Vancouver School Districts. The five rural counties have free and reduced lunch application rates that are much higher than the state average of 42%, and higher rates of child poverty.

Major challenges facing local communities remain a consistent theme with lack of sustainable family wage jobs, affordable housing, homelessness, mental health issues, substance abuse and lack of transportation. Many families are very limited in their ability to travel to a location farther away than their local neighborhood to receive child care and education services.

Although in 2014-15 unemployment slowed a bit, housing continues to be a major challenge for our families. This contributes to a high mobility rate for our families which impacts enrollment and attendance in our early learning classes. Child poverty continues to be high, specifically in the under-6-year-old population. More households are at or below poverty level, including many "new poor" who have recently fallen into and/or remain in poverty due to economic conditions and unemployment.

Many families throughout the region no longer qualify for state child care subsidies, or cannot sustain qualification for consecutive months or have had their co-pay portion rise beyond their ability to pay. Additionally, working parents often have "on call" jobs with shifts in the evenings and on weekends, necessitating that they find "patchwork" care for their children, especially infants and toddlers.

Feedback from parents, staff, the Parent Policy Council and Board of Directors, and community agencies consistently confirms an increase in the number of children with health issues, nutrition and mental health needs, non-English speaking children, children with disabilities and grandparents as the primary caregivers.

Families continue to consistently access community resources for priority issues: dental care, as well as health care and prescription assistance; employment; food and other emergency assistance; housing, rental assistance, utilities assistance and emergency shelter; money management and budgeting; transportation; and information and referral. State social services and human resource budgets continue to be underfunded, adversely impacting community mental health services and services to children in foster care, resulting in fewer services available to eligible families.

Child Well-being

Obesity continues to be a concern both nationally and locally. High percentages of children enrolled in Head Start, Early Head Start and ECEAP programs are overweight or obese, and this has steadily maintained or increased over the past several years, even with nutrition education and the implementation of physical activity education and intervention (ChildPlus, 2014). Children's overall health is expected to continue to decline due to obesity. Families cannot necessarily travel to grocery stores and farmers' markets to obtain fresh fruits and vegetables, which are typically higher priced. Thus they rely more and more on low-cost fast food or filling, but less nutritious, food.

EOCF participates with the Clark County Food Bank in the "Growing Healthy Futures" program that includes establishing gardens at some of our early learning sites, as well as cooking and nutrition activities and education for children and families.

Family Well-Being

The majority of families indicated a need for Parenting and Health Education.

Twenty-five percent of the parents in the Early Head Start program have less than a high school diploma and in 14% of households with both parents, neither is employed. In single parent families in the Early Head Start Program 60% are not employed, and of this total group only three (3) are in some sort of job training or school. Although there is some improvement this year in these percentages, the majority of the families that EOCF serves utilize Women Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) benefits to meet their basic needs.

Major challenges facing local communities remain a consistent theme with lack of jobs, affordable housing, homelessness, substance abuse and lack of transportation. Families that reside in the rural counties have to deal with transportation issues and lack of any available services. Many of these families have to travel many miles for doctor and dental visits.

Affordable and available Child Care and Preschool Services

Families are paying a significant part of their earnings for child care. The cost of child care increases but family income does not, making child care an extremely difficult financial burden for working families to bear. Families are spending approximately 13% - 18% of their median income on child care. The average cost of infant care in a center increased 2.7%, while the average cost of infant care in a family child care home increased 3.7%. Over three quarters of families enrolled in our programs utilize relatives for child care. Most cannot afford the costs of child care, as they cannot maintain the requirements for child care subsidies. There is a need for affordable and quality child care and preschool programs in high poverty neighborhoods. Parents, staff and board members polled for this assessment all cite the need for more facilities offering early education services.

EOCF moved to an AM/PM model in the 2014-15 program year with the express purpose of providing more scheduling and location options for families in Clark County as well as maximizing facility space and education staffing. Classroom space is very scarce given the recent legislation mandating elementary classroom size reduction and mandatory full-day kindergarten. Agencies continue to explore space possibilities in the community; however, requisite remodeling to meet Head Start and Early Head Start Performance Regulations and leasing costs are prohibitive, given grantees' federal funding allocation.

EOCF and ESD 112 families consistently access community resources such as housing assistance, WIC, TANF, WorkFirst, low or no cost dental care, urgent care clinics and other services that take Medicaid coupons and childcare subsidies. Drastic cuts due to the state and national budget climate are impacting many of these programs, resulting in fewer services available to fewer families.

The need for the services that both ESD 112 and EOCF provide continues to increase. The need for funding for these programs has increased as well, specifically the need for a diversified portfolio of revenue. Unrestricted funds are critically important for the nonprofit sector of the economy, particularly given the reality of sequestration budget reductions and government shutdowns. Programs with specific grants from the Administration of Children and Families, such as Office of Head Start Grants, must secure unrestricted funds to provide a percentage of a Non-Federal Share match (as well as to contribute to service delivery). Acquiring donor funds within this continued depressed local economy translates to heavy competition for scarce funds in this challenging environment.

Recommendations and Priorities

The following recommendations are based on the work compiled in this Community Assessment, the findings listed previously, and recent discussions among EOCF staff, management, EOCF Board of Directors, Parent Policy Council and community stakeholders.

1. Continue efforts to ensure that services to those most in need are occurring, including children in extreme poverty, children with disabilities, children in foster care, and families who are homeless. Continue to evaluate and emphasize services and activities that address these needs of eligible families.

2. Continue to evaluate classrooms to address the needs of our children and families:
    - To further support child and family services for Dual Language Learners (DLL):
        - Provide additional training for existing staff to increase knowledge of how to specifically work with DLL children.
        - Explore offering various levels of second language training to current staff.
        - Continue staff recruitment efforts in selection of bilingual staff.
    - Continue to closely monitor classroom health and safety using the current procedures and tracking via the ChildPlus data system.

3. Promote and establish activities to sustain healthy behaviors for children, families and staff. Data from local sources, as well as our own child outcome aggregated data, reveals the need for more focus on physical activity and nutrition. Food and nutrition are of great importance to our families who often have limited access to fresh foods, as well as limited experience with and knowledge of preparing inexpensive and nutritious meals. EOCF continues collaboration with the Clark County Food Bank and the "Growing Healthy Futures" program. Families receive nutrition education, access to site-based and community gardens, coaching on effective grocery shopping and other related services and activities, resulting in positive benefits and outcomes.

4. Continue to review the aggregated data that has been compiled for all children attending Head Start, Early Head Start and ECEAP for intentional program improvements in the areas of science and math education. Continue to explore possibilities for collaborating in mutual, reciprocal teacher training with school districts.

5. Continue to enhance a) school readiness goals in alignment with the Head Start Early Learning Framework, the Washington State Early Learning Guidelines and local kindergarten program initiatives and b) family engagement activities via implementation of the Parent, Family and Community Engagement Framework in all aspects of our early learning programs and activities with families.

6. Continue expanding partnerships with non-traditional and new potential partners to increase collaboration and services for dual-language families, as well as establishing facilities and services within neighborhoods for increased accessibility for families.

7. Continue to increase and grow partnerships with training and employment programs, physicians and medical groups and potential "wrap-around one-stop-shop" services for families.

8. Continue with and grow coalition work in Southwest Washington to unify systems and efforts on behalf of the children and families we serve, including the Children Can't Wait initiative, Support for Early Learning & Families (SELF), Southwest Washington Early Learning Regional Coalition (SWEL), Healthy Learning Collaborative (HLC), etc.

9. Continue to assess program offerings.
    a. Data indicates many parents employed in on-call jobs with evening and weekend shifts necessitates them finding other child care options.
    b. Data indicates ongoing transportation challenges for families due to limited transit routes and for those families with vehicles, limited funds for fuel to last the month.

10. Continue collaboration with school districts, leveraging combined resources to move early learning sites into neighborhood schools in those areas of greatest need whenever possible. Maintain and update a strategic plan and ongoing discussions with school district personnel and community leadership to sustain a proactive community approach that includes budget projections and realistic timeframes. Continue to explore space possibilities in the community; however, requisite remodeling to meet Head Start and Early Head Start Performance Regulations and leasing costs are prohibitive, given grantees' federal funding allocation.

11. Continue to access Office of Head Start Region X Training and Technical Assistance to further implement Head Start Family Engagement Framework and increase opportunities for father/male engagement, integrating the cultural diversity of our families. Our strategy is to build strong and resilient families and parent leadership and advocacy skills, resulting in long-term family success and academic success of children.

ADDENDUM NARRATIVE

POVERTY

In 2013, 14.1 percent of Washington residents (967,282 people) were living in poverty, up from 13.5 percent (915,278 people) in 2012. Two other states, New Jersey and New Mexico, also saw significant increases in their poverty rates and number of poor residents during this period.

"This increase in the poverty rate alongside higher income inequality shows that the economic recovery has not reached many low-income Washingtonians," said Jennifer Romich, director of the West Coast Poverty Center at the University of Washington and an associate professor of social work.

New Jersey and Washington were the only two states where both poverty and inequality – how inequitably income is distributed – increased.

"The poverty rate is an indicator of how well the most vulnerable do in our economy. The overall national picture suggests that economic growth is failing to reach everyone," Romich said.

Poverty rates vary widely across the state of Washington. For example, Kitsap and Island counties had a poverty rate of 11.3 percent, while 20.8 percent of Yakima County residents were estimated to be poor. As a whole, the Seattle-Tacoma-Bellevue metropolitan area had a lower poverty rate (12.6 percent) than the state, but some cities within the metropolitan area, such as Everett and Tacoma, face higher poverty rates.

Poverty Rate by Race/Ethnicity

Washington	8%	N/A	21%	15%	12%
Location	White	Black	Hispanic	Other	Total

There are an estimated 440,292 individuals in Clark County for whom poverty status is determined. 112,377 of those are under 18 years of age. 111,063 are related children under 18 years of age.

Individuals below:

- 50% of poverty level: 24,383
- 125 % of poverty level: 70,994
- 150% of poverty level: 93,735
- 185% of poverty level: 119,188
- 200% of poverty level: 130,304

http://www.washington.edu/news/2014/09/18/poverty-income-inequality-increase-in-washington-state/

HOUSING

In Washington, the Fair Market Rent (FMR) for a two-bedroom apartment is $1,128. In order to afford this level of rent and utilities — without paying more than 30% of income on housing — a household must earn $3,760 monthly or $45,119 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into an hourly housing wage of $21.69.

State Facts	
Minimum Wage	$9.47
Average Renter Wage	$16.30
2-Bedroom Housing Wage	$21.69
Number of Renter Households	967,699
Percent Renters	37%

While the lack of affordable housing is a large part of why homelessness rates are increasing in Washington, wages have also not kept pace with rising rents. The federal minimum wage has remained at $7.25 an hour without an increase since 2009, generating debate and calls to raise the wage both at the state and federal levels. In no state, even those where the minimum wage has been set above the federal standard, can a minimum wage renter working a 40-hour work week afford a one-bedroom rental unit at Fair Market Rent.

Working at the minimum wage of $9.47 in Washington, a family must have 1.8 wage earners working full-time, or one full-time earner working 73 hours a week to afford a modest one-bedroom apartment.

Distressed areas are counties where the three-year unemployment rate is at least 20 percent higher than the statewide average.

The yearly list of distressed areas (Washington state counties) is compiled by averaging the employment and unemployment numbers for the prior 3 years. We create the distressed-areas list in cooperation with the federal Bureau of Labor Statistics. It is updated annually, usually in the spring.

2014 Distressed Areas[1]

	Three-year average unemployment rate (Jan 12 -Dec 14) (not seasonally adjusted)	Distressed area: unemployment rate greater than or equal to
Washington State	**7.1%**	**8.5%**
Adams County	8.6%	Adams
Asotin County	8.1%	
Benton County	8.6%	Benton
Chelan County	7.1%	
Clallam County	9.5%	Clallam
Clark County	9.2%	Clark
Columbia County	8.3%	
Cowlitz County	9.7%	Cowlitz
Douglas County	8.0%	
Ferry County	13.6%	Ferry
Franklin County	9.1%	Franklin
Garfield County	7.5%	
Grant County	8.5%	Grant
Grays Harbor County	11.7%	Grays Harbor
Island County	7.5%	
Jefferson County	9.1%	Jefferson
King County	5.3%	
Kitsap County	7.1%	
Kittitas County	7.8%	
Klickitat County	9.8%	Klickitat
Lewis County	10.5%	Lewis
Lincoln County	6.7%	
Mason County	9.7%	Mason
Okanogan County	8.4%	
Pacific County	11.3%	Pacific
Pend Oreille County	11.8%	Pend Oreille
Pierce County	8.2%	

San Juan County	5.8%	
Skagit County	8.4%	
Skamania County	10.0%	Skamania
Snohomish County	6.1%	
Spokane County	8.0%	
Stevens County	10.6%	Stevens
Thurston County	7.5%	
Wahkiakum County	11.9%	Wahkiakum
Walla Walla County	7.1%	
Whatcom County	7.3%	
Whitman County	6.0%	
Yakima County	9.7%	Yakima

[1] *Prepared in cooperation with the federal Bureau of Labor Statistics*

In order to afford a modest, one-bedroom apartment at Fair Market Rent in Washington, renters need to earn $17.26 per hour. This is Washington's 2015 one-bedroom Housing Wage, revealed in a national report. Washington, D.C.-based research and advocacy organization National Low Income Housing Coalition and the statewide legislative advocacy organization Washington Low Income Housing Alliance jointly released the Out of Reach 2015 report.
Every year, Out of Reach reports on the Housing Wage for all states, counties, metropolitan areas, and combined non-metropolitan areas in the country. The report presents housing costs nationwide, highlighting the gap between what renters earn and what it costs to afford rent at fair market value.

According to the report, this state is the tenth most expensive state for renters. There is no doubt that the high cost of rental housing is driving increases in homelessness. According to an article published recently in the Journal of Urban Affairs, an increase of $100 in median rent for an area results in a 15 percent (metro areas) and a 39 percent (nearby suburbs and rural areas) increase in homelessness.

The hourly wage (working full-time) needed to afford a modest 2-bedroom apartment jumped by at least 10 percent in six counties:

County	Percentage increase of hourly wage needed to afford a home
King County	26%
Snohomish County	26%
San Juan County	14%
Clallam County	11%
Pacific County	10%
Benton County	10%
Franklin County	10%

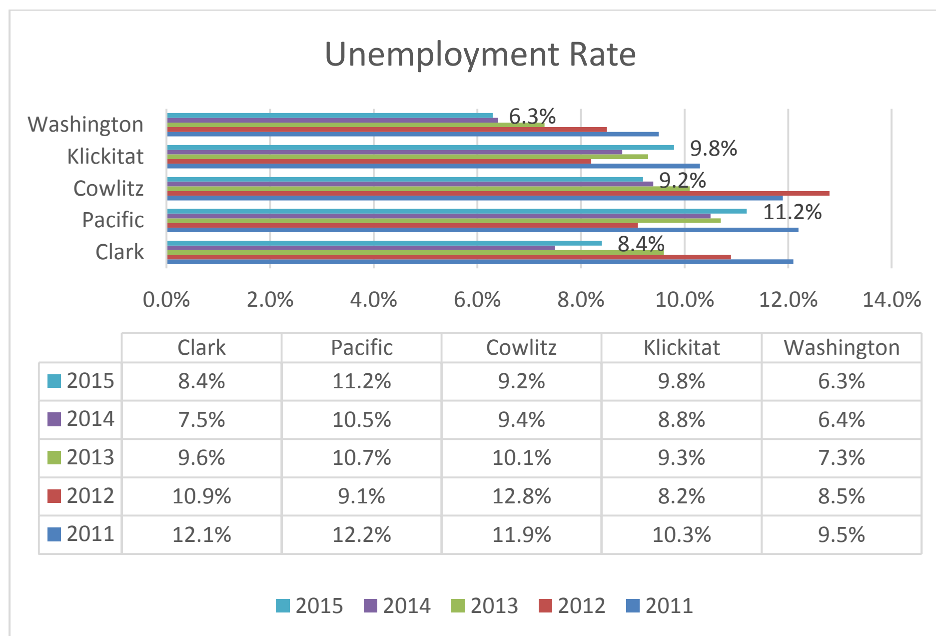
"Opportunities for safe, healthy, affordable homes are decreasing across Washington at alarming speeds," says Housing Alliance Executive Director Rachael Myers. "We knew this trend would happen. That's why we've been working to protect vulnerable renters and increase funding for affordable homes. While lawmakers failed to pass legislation to protect tenants this year, they still have an opportunity to invest in affordable homes before the special session is over."

This is why advocates continue to work at the federal level for national solutions to the nation's growing housing affordability crisis. The Housing Alliance joins with the National Low Income Housing Coalition in supporting the National Housing Trust Fund, which will provide communities with funds to create homes that are affordable for people at the lowest income levels.

HOMELESSNESS

Clark County's Council for the Homeless provides an annual "Project Homeless Connect" for homeless individuals. Services provided include haircuts, housing leads, job assistance, counseling, foot washing, clothing, dental care, and access to social service programs. The Council also conducts a Point in Time (PIT) Count that is a county-wide "one-day homeless count" during the same week each year (a week in January). Many community partners and volunteers help with the Count. (The data for both the PIT Count for 2014 and 2015 are not available on the Council's website.)

UNEMPLOYMENT



	Clark	Pacific	Cowlitz	Klickitat	Washington
2015	8.4%	11.2%	9.2%	9.8%	6.3%
2014	7.5%	10.5%	9.4%	8.8%	6.4%
2013	9.6%	10.7%	10.1%	9.3%	7.3%
2012	10.9%	9.1%	12.8%	8.2%	8.5%
2011	12.1%	12.2%	11.9%	10.3%	9.5%

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2015

Key Findings: The unemployment for Washington State has gone down .01% so far in 2015 compared to 2014. However, Klickitat County unemployment has increased 1%. Clark County increased .09%. Pacific County increased .07%. Cowlitz County decreased .02%. Each of the counties still has an unemployment rate higher than the state rate.

HEALTH CARE - BARRIERS

Poverty and unemployment. A major barrier to receipt of primary healthcare is limited financial means. Health insurance is often tied to employment; individuals with no employment or part-time employment are less likely to have health coverage. In turn, this group of unemployed or underemployed individuals is more likely to delay medical treatment because of cost. High deductibles, co-payments and out-of-pocket expenses can also act as deterrents. Based on the 2010–2012 BRFSS, 16% (±<1%) of adults in Washington State did not see a doctor in the past year due to cost.

These barriers likely affect some racial and ethnic groups in Washington more than others. For example, black and Hispanic residents have higher rates of unemployment than white residents. These groups also have higher percentages of individuals living in poverty than white and Asian groups.

Research indicates there is a current shortage of healthcare providers serving low-income communities. These communities are commonly associated with low rates of insurance coverage and high rates of Medicaid enrollment. According to the Office of Financial Management, the rural parts of western and southwest Washington have the highest percent of providers not accepting Medicaid patients.

Health workforce shortages. The need for primary care services is expected to increase due to the aging of the substantial number of "baby boomers," the Affordable Care Act's (ACA) expansion of health insurance coverage and the influx of adults eligible for Medicaid. As a result, Washington faces a growing shortage of many healthcare providers, including physicians, nurses, physician's assistants, nurse's assistants and other providers.

The Washington State Health Care Personnel Task Force recently projected an annual gap, from 2015 through 2020, of 372 physicians and surgeons, 177 registered nurses, and 45 physician's assistants. About 75% of all family physicians in the state are recruited from outside of the state. The shortage of family physicians is especially worrisome considering that residency positions for family physicians declined nationally.

In Washington, nearly half of the state's nurse practitioners are family practice certified and play a lead role in primary care service delivery. Demographic data suggest that more than half of practicing nurse practitioners are 50 years of age or older. They will soon retire or age out of the workforce, causing further stress to primary care service delivery across the state and especially in rural areas, where a large proportion of nurse practitioners are functioning as primary care providers.

Geographic access and transport. In 2011, an estimated 14% of the state's population lived in areas without any form of public transportation, making access to care difficult for many seniors, disabled persons, and those without reliable transportation. In addition, weather-related road closures and long distances to the nearest healthcare facilities can further isolate rural populations.

Limited English proficiency. Language barriers compromise access to consistent high quality care. Language barriers can lead to misunderstanding of diagnosis, treatment, self-care choices and follow-up care plans; inappropriate use of medications; lack of informed consent for procedures; longer hospital stays; and poor patient satisfaction.

The 2010–2012 American Community Survey (ACS) showed that about 4% of households in Washington were linguistically isolated. Isolation is defined as no one in the household older than 14 years speaks English "very well." (See Technical Notes.) The same survey showed 23% (±2%) of Spanish-speaking households, 15% (±2%) of households speaking other Indo-European languages, 25% (±2%) of households speaking Asian and Pacific Island languages, and 24% (±5%) of households speaking other languages in Washington are considered "isolated."

Other Measures of Impact. In addition to negative health outcomes, a lack of access to health services has lasting economic implications. The annual cost of uncompensated care in Washington was projected at one billion dollars annually for 2011–2013. Costs associated with uncompensated care are partially absorbed by those with insurance through higher medical fees and treatment costs.

Risk and Protective Factors

Medical spending increases and cost containment responses. In the United States, healthcare cost inflation consistently outpaces growth in gross domestic product. Employers who provide health insurance must decide how to handle rising health insurance costs. The cost of health insurance remains the primary reason cited by employers for not offering health benefits. Nationally the percent of all businesses offering health benefits was about 61% in 2011 and about 60% in 2012. In Washington State, the percent of adults younger than 65 who receive employer-based health insurance declined from about 71% in 1993 to about 67% in 2006 and to about 52% in 2011. The ACA will eventually require businesses with 50 or more employees to provide affordable health insurance to employees who are legal citizens. This is, however, one of the few provisions that will be implemented after 2016.

Migrant and seasonal farm workers. In 2011, about 620,000 migrant and seasonal farm workers and dependents lived in Washington. It is uncommon for migrant workers and their families to have a personal HCP or insurance coverage. Common barriers to care and coverage include low family income, language barriers, lack of permanent housing, frequent moves, legal issues and limited transportation options.

Near-poor with health conditions. Individuals in fair or poor health status are more likely to be uninsured compared to those who report being in good or excellent health. This is concerning because those individuals also tend to have greater healthcare needs. Many low-income Washington residents with preexisting conditions and no employer-based health insurance do not qualify for Medicaid. As a result this group's only option for health insurance is through individual health policies. These policies often have high deductibles and expensive monthly premiums. In some situations, preexisting conditions lead to denial of private insurance. The ACA includes provisions, such as prohibiting insurance companies from denying health insurance based on a preexisting health condition, to solve this problem. It is, however, too early to assess the law's impact.

Intervention Strategies

Affordable Care Act (ACA). In March 2010, the ACA was signed into law. The majority of the ACA's provisions became effective on or before January 1, 2014. A central focus of the law is to transform and strengthen primary healthcare to improve patient outcomes and lower costs. Additionally, the ACA implemented reforms designed to improve access to care including, but not limited to: allowing adult children to remain on their parents' insurance plan until the age of 26; expanding Medicaid coverage to low-income adults with household incomes up to 38% higher than the federal poverty limit; establishing "essential health benefits" that must be covered by all health insurance plans; and prohibiting insurance companies from denying coverage based on preexisting health conditions. Washington State is working to fully implement the ACA by expanding Medicaid, implementing a health benefits exchange and supporting patient-centered care, in addition to other reforms. The State Health Care Innovation Plan published in December 2013 outlines these efforts in detail.

Medicaid expansion: Medicaid is the largest single source of major medical coverage serving low-income residents in Washington State. Currently, Medicaid covers nearly 1.5 million Washingtonians, including children under age six and pregnant women with family incomes up to 38% higher than the federal poverty limit and children ages 6–19 with family incomes up to the federal poverty level. In January 2014, Medicaid expanded to include individuals (parents and adults without dependent children) with incomes up to 38% of the federal poverty limit. During January 1-March 27, 2014, 268,000 newly qualified people in Washington enrolled in Medicaid. This number is expected to reach about 325,000 new Medicaid clients over several years.

Health benefit exchanges: In October 2013, Washington State rolled out the "Health Benefit Exchange" as a new marketplace for individuals, families and small businesses to locate, compare and enroll in qualified health insurance plans. Plans are offered in the "metallic" tier system characterized by descending levels of benefit—platinum, gold, silver and bronze. Through this marketplace, consumers whose incomes are up to four times of the federal poverty limit can apply for tax credits and financial help for affordable health coverage. Early estimates show that as many as 400,000

Washingtonians may obtain private health insurance through the exchange. As of March 31, 2014, more than 146,000 people purchased health insurance through the exchange.

Medical homes: The core idea behind the medical home concept is to enhance patient access to a regular source of primary care, create a stable and ongoing relationship with a personal HCP who directs a care team, and provide timely and well-organized healthcare services that emphasize prevention and chronic condition management. During the past several years, the Washington State medical home plan has expanded from a focus on improving care for children with special healthcare needs to improving care for people of all ages. To set the stage for this transformation towards the medical home concept, Washington has already implemented several successful demonstration projects led by both public and private initiatives. The ACA provides an opportunity to strengthen Washington's primary care and to expand the implementation of the medical home concept. The law strengthens primary care by giving patients incentives to obtain annual preventive care free of additional charge, and promotes new payment structures that reward positive patient outcomes rather than fee for service. The law specifically encourages the adoption of medical homes by offering states the option to increase reimbursement to primary care sites designated as "health" homes—a concept similar to medical homes—for Medicaid patients.

Health of Washington State Access to Primary Healthcare Services Washington State Department of Health updated: 07/09/2014

MENTAL HEALTH

Mental health issues for children and families continue to increase with the need exceeding the capacity. Following are authorized Community Mental Health Agencies for Children/Families:

Catholic Community Services (360) 567-2211
9300 NE Oak View Drive
Vancouver, WA 98662-5257
Alternative languages available: American Sign Language, French, Russian and Spanish
www.ccsww.org/

Children's Center (360) 699-2244
415 W. 11th Street
Vancouver, WA 98660
Alternative languages available: Russian and Spanish
www.thechildrenscenter.org/

Children's Home Society (360) 695-1325
309 W. 12th Street
Vancouver, WA 98660
www.childrenshomesociety.org/

Columbia River Mental Health Services (360) 993-3000
6926 E. Fourth Plain Boulevard
Vancouver, WA 98661-7254
Alternative languages available: American Sign Language, Cambodian, Chinese, French, German, Korean, Laotian, Russian, Spanish, Tagalog, Taiwanese, Thai and Vietnamese
www.crmhs.org/

Family Solutions (360) 695-0115
1104 Main Street, Suite 500
Vancouver, WA 98660-2972
Alternative languages available: Spanish
www.manta.com/company/mm8zkmd

TRANSPORTATION

Families continue to indicate that transportation is a challenge for them. Prime reasons include limited transit options, the need for a car, car repair, and sufficient funds for fuel and car seat assistance for the younger children.

Targeted data input and retrieval provides additional details related to families' struggles with transportation. Head Start families reported that transportation is a challenge to their child's consistent attendance.

Approximately 25% indicated the following issues:

car issues - 4%
parent illness - 8%
parent schedule/work schedule conflicts - 13%

Family Advocate staff provided referrals for 9% of the Head Start families and 7% of Early Head Start families related to support with transportation, primarily for car repair and car seats. Two-parent families with only one car are left without transportation when one parent obtains employment requiring use of the vehicle. Families with cars often have mechanical problems without funds to repair them. A number of enrolled families eventually drop out of our program for these reasons; those that remain also struggle with attendance for the year.

Some families do not complete the application process upon hearing there is no transportation. These are most often children of a working parent or of parent/s engaged with Work Source (Washington State's official career and employment site) who need both pre-school and after-school child care transportation.

LANGUAGES AND CULTURE/RACIAL ETHNIC CHARACTERISTICS

The number of dual language families in the area and enrolling in early childhood education programs continues to increase. The most prevalent languages are Spanish, Russian and Vietnamese. The agency is increasing the number of bilingual staff through focused recruitment as well as the number of interpreters.

FINAL NOTE

The comprehensive 2011-14 Community Assessment is available on the EOCF website: http://www.eocfwa.org for complete information and data on all aspects of Southwest Washington Communities in the counties served by EOCF, ESD 112 and Innovative Services NW.

End of 2015 EOCF Community Assessment Addendum