

UMATILLA COUNTY

Coordinated Comprehensive Community Plan for Children and Families

Biennial Update due 4/2/2010

Prepared for the Umatilla County Board of Commissioners
By the Umatilla County Commission on Children and Families

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Executive Summary





a) General Overview of Umatilla County





During the past two years, this county has been impacted by the economic recession just as every other county in Oregon. The decline in family wage jobs and rising unemployment has caused an increased demand on the state and county's Health and Human Services system at the same time that declining revenues have resulted in a drop in available funding to support the system. The requirement to reduce budgets has resulted in some significant changes in how children and families are served in Umatilla County.

The Public Health Division no longer has an office in Milton-Freewater. The office in Pendleton is open every day from 8-5, but clinic hours are only on Monday & Tuesday and alternating Wednesdays with Hermiston. The office in Hermiston is only open every Thursday and Friday from 8-5 and alternating Wednesdays. They also chose to give up the Healthy Start Program and so that contract was put out for an RFP and a new provider was chosen to deliver Healthy Start services which started in July of 2009.

Furthermore, as a cost saving measure, the Youth Services Division closed the Juvenile Detention Center resulting in a reduction of 6.5 FTE regular and 13 FTE on-call positions. Youth that need to be in detention now are transported to either Walla Walla, Washington or NORCOR in The Dalles.

The Commission on Children and Families system, both local and state, has been under intense scrutiny by the state legislature and has undergone a process of self analysis and reflection. We have been asked to justify what value the system brings to children, families and communities as well as prioritize our work. This has been an opportunity to connect with our community partners and reflect on how the system has brought value and what, given the harsh economic realities that exist, will the future of the work look like.

<i>Umatilla County Population</i>				
<i>1980</i>	<i>1990</i>	<i>2000</i>	<i>2005</i>	<i>2008</i>
<i>58,816</i>	<i>59,249</i>	<i>70,548</i>	<i>73,878</i>	<i>73,526</i>
			<i>Umatilla County</i>	<i>Oregon</i>
<i>Persons under 5 years old, 2007</i>			<i>5,386</i>	<i>236,390</i>
<i>Persons under 5 years old, percent, 2007</i>			<i>7.3%</i>	<i>6.3%</i>
<i>Persons under 18 years old, 2007</i>			<i>19,287</i>	<i>862,908</i>
<i>Persons under 18 years old, percent, 2007</i>			<i>26.2%</i>	<i>23.0%</i>
<i>Land Area</i>			<i>3,215.26 Sq. Miles</i>	<i>95,996.79 Sq. Miles</i>
<i>Race and Ethnicity:</i>			<i>County</i>	<i>State</i>
 <i>White persons, percent, 2007 (a)</i>			<i>92.8%</i>	<i>90.3%</i>
 <i>Black persons, percent, 2007 (a)</i>			<i>1.2%</i>	<i>2.0%</i>
 <i>American Indian and Alaska Native persons, percent, 2007 (a)</i>			<i>3.4%</i>	<i>1.4%</i>
 <i>Asian persons, percent, 2007 (a)</i>			<i>1.0%</i>	<i>3.7%</i>

 <i>Native Hawaiian and Other Pacific Islander, percent, 2007 (a)</i>	0.2%	0.3%
 <i>Persons reporting two or more races, percent, 2007</i>	1.5%	2.4%
 <i>Persons of Hispanic or Latino origin, percent, 2007 (b)</i>	18.8%	10.6%
 <i>White persons not Hispanic, percent, 2007</i>	74.8%	80.5%

www.fedstats.gov/

b) Community Process:

The Commission on Children and Families uses the Early Childhood Partnership Team, the Juvenile Crime Prevention Partnership Team, and the Community Interagency Network to implement and monitor the progress of the local comprehensive plan as well as to assist in the gathering of information needed to compile the biennial updates. These groups of community stakeholders meet regularly to discuss issues and community solutions. Also, especially helpful this year, were the members of the Wraparound Umatilla Committee, led by the Umatilla Morrow ESD and the Umatilla County Dept of Health and Human Services, who met to develop a county-wide expansion of the highly successful CARE program which is a school and community collaboration to help connect children and families with resources that will lead to greater school success. This quest to serve children and youth at highest risk in our county has been well supported by the Education Service District, School Administrators, DHS, Lifeways Inc., GOBHI, CCF, A&D, Youth Services, Head Start, and others. Many hours of planning and grant writing has resulted in partners dedicating current staff members to participate in the implementation of the Wraparound Umatilla Program during this current 2009-10 school year.

Beginning early in February 2009, Juvenile Crime Prevention Planning was begun with a discussion led by the Youth Services Division Administrator at the Community Interagency Network meeting. Using local data, he assisted the group in identifying what juvenile delinquency looks like in Umatilla County. From this presentation that included data from 2005-2007 it was clear that during that time

- *Hispanics were committing more violent crimes and females were becoming more active in person to person crimes.*
- *The characteristics of youth offenders who were considered most likely to re-offend and move further in the system in our county were people who cannot connect cause and effect. We are seeing more and more of this type of youth getting involved at a younger age in the juvenile system.*

The CCF staff developed a grid that lists high level outcomes in relation to data indicators to help track the condition of the county. As new data becomes available we share it with our community partners in a number of ways including being discussed at a variety of committee meetings, sent via email to the Community Interagency Network (CIN) and many other members of various committees. The CIN group is an informal organization consisting of representatives from state and local agencies, schools, law enforcement, faith community, medical and mental health providers, private non-profit and other interested community members. The Comprehensive Community Planning Process was an agenda topic on meetings held by the aforementioned "Network" as well as the Early Childhood Partnership Team, the Umatilla County Coalition to Reduce Underage Drinking & Drugging, and the Juvenile Crime Prevention

Partnership Team. All are comprised of a multitude of cross-system, agency and school partners with a broad perspective of viewpoints being shared on a regular basis.

Both the United Way and the Umatilla Morrow County Head Start, Inc. conduct needs assessments and the two hospitals are currently collaborating with the health department and the Community Action Program of East Central Oregon (CAPECO) to conduct a comprehensive community health assessment. After mapping the available services and discussing the systems that these issues fall under, and also through key informant interviews we looked at the information received from existing committees working on these issues and determined that progress is being made in addressing the concerns of the community around preventing child abuse and neglect and its impact on the family and community. This community focus issue continues to be of concern and improvements to the social services delivery system, the education system, the judicial system, etc. all need continued attention and resources brought to bear so that positive change and improvement can be made within the family system. That is where the ultimate responsibility lies in caring for the children. Strong families living in thriving communities will raise healthy children. That is our goal for Umatilla County.

c) Inclusion of diverse populations:

We value the work of the Hispanic Community Project in identifying that their two highest priorities were health care systems that were culturally competent and linguistically accessible, including Alcohol and Drug Treatment and Mental Health Care, and also better access to transportation. We are also fortunate to have leadership from the Oregon Child Development Coalition (OCDC), which runs the Migrant Head Start Program in our county.

The Confederated Tribes of the Umatilla Indian Reservation (CTUIR) provides representation of tribal members on many planning committees including CCF, LADPC, UCCRUD, CIN, & ECPT. *Minority populations are often under-represented on boards and committees. Though efforts are made to recruit them it is obvious that continued attention on filling this gap needs to occur.*

Thirty youth from the Hermiston High Alternative School Classroom were interviewed twice in 2010 to get their perspective on what the issues, gaps, and barriers were. They identified strategies they believed to be helpful in meeting the needs of youth. Also, through the Juvenile Crime Prevention Town Hall planning meetings, diverse community members, including families, consumers and youth took part in strategic development to address pertinent issues.

d) Document the community issues:

In 1999, SB555 directed the Oregon Commission on Children and Families to “map” a Comprehensive Plan of Services that exists in each county. In order to accomplish this task, during Phase 1, the local CCF held numerous planning meetings and focus groups throughout the county and also surveyed community members, agencies and their clients and local volunteers. Some of the most common gaps identified were: Transportation, Child care, After school Programs (school age child care), and Language barriers

In 2001-02, Phase II of the Comprehensive Planning process addressed these and other identified community service gaps. Priorities and Strategies were the focus of that plan. The emphasis on

implementing evidence based best practices and measurable outcomes...solutions to fill the gaps.

With the assistance of our community partners, the Umatilla County Commission on Children and Families compiled the Comprehensive Community Plan that includes the following goals:

1. Strong Nurturing Families
2. Healthy Thriving Children
3. Healthy Thriving Youth
4. Caring Communities

To reach these goals, in conjunction with our community partners, we prioritized among all areas of concern and determined to focus on the following issues:

- Decrease reported rates of repeated child abuse and neglect as reported by DHS Child Welfare's re-abuse rates
- Promote positive youth development activities through school-based and/or community-based programs.
- Strengthen community norms regarding no alcohol, tobacco, or other drug use by youth
- Improve the academic and social success of children by getting more children ready to learn as a result of improved parenting skills with a focus on literacy
- Decrease the school dropout rate
- Reduce domestic violence by increasing family functioning skills and supports
- Reduce poverty by increasing the number of residents with incomes above the federal poverty level
- Reduce adult alcohol, tobacco and illicit drug use / abuse
- Reduce the teen pregnancy rate
- Reduce juvenile arrest and recidivism rates and maintain OYA bed use for repeat youth offenders

The community issues that were identified in the current six year 2008 Comprehensive Community Plan have been expanded and are listed below. *(Recent progress in addressing them is noted in italics and applies to this 2010 biennial update.)*

- Youth and Adult Substance Abuse, especially Meth and alcohol, are tearing families apart and putting a strain on every social system available (enforcement, education, courts). Alcohol and drug abuse escalates criminal behavior. Treatment options are lacking *(for youth so a quasi-juvenile drug court was implemented through the Youth Services Division in 2009).*
- Child Care Availability, Accessibility, Affordability, and Quality are lacking. We have severe child care shortages. We are losing more child care sites than we are gaining. Business leaders are not involved in finding solutions. *(Local community leaders are working toward opening a non-profit day care center in Pendleton. The Pendleton Planning Commission approved a request in March 2010 for a day care center that could employ 7 people and serve 50 children in a building across from Washington Elementary School.)*
- Juvenile Crime and Recidivism and holding youth accountable for their misdeeds. *(Community Accountability Boards in Hermiston, Umatilla, Pilot Rock and Athena-Weston are finding success in holding youth accountable in their own communities.)*

- Increasing Gang activity (*Gang-related activity appears to be leveling off. Hermiston reports that gang activity has dropped significantly from 204 cases in 2008 to 95 cases in 2009. However it should be noted that neighboring communities in Morrow County and Walla Walla, Wa are seeing an increase in gang-related crime which they believe can be attributed to Umatilla County youth and young adults.*)
- Increasingly more children coming into the foster care system with fewer foster families willing to be care providers. (*DHS Child Welfare has implemented a centralized intake unit. They also have implemented many policy changes intended to keep children safer; including the Oregon Safety Model, SAFE home studies for relative providers, 30 day face to face contact, etc. They are also utilizing the Parent Mentor program model with many of their eligible clients, which allows DHS to return children to parents earlier or not remove them in the first place.*)
- Availability of family wage jobs is scarce. (*The recession has resulted in higher unemployment and increased demand for family supportive services.*)
- Homelessness (adults, families, teens) is apparent with no homeless shelters available. (*In the past the Salvation Army in Pendleton opened up overnight after thanksgiving until March 1st but will no longer do that starting in 2010. CAPECO and community partners are currently involved in the writing of a 10-year plan to end homelessness, an extensive needs assessment, increasing the number of food pantries that are operating in the county, and are organizing annual events to provide medical and dental health services to homeless individuals and families. They also assist with resources for the weekend food backpack programs for school age children.*)
- We lack professional shelter care and other respite care services for homeless and troubled youth (*Tonya's House has now contracted with GOBHI to provide temporary shelter care for females with significant mental health needs*)
- Domestic Violence is exacerbated by substance abuse and crosses all socioeconomic boundaries (*CTUIR is planning for a Conference on Family Violence April 7-9, 2010.*)
- Few referral sources for mental health/suicide prevention-intervention strategies. Providing mental health services in the schools for children does not readily occur. School psychologists are shared. Umatilla Morrow ESD lists 7 psychologists and 2 child development specialists in the resource directory. They are shared between 45 different schools in the two counties. Their main job is doing assessments. More child psychologists are needed to provide follow-up care. There does not appear to be a provider network or directory for Mental Health Professionals currently. (*The Wraparound Umatilla Project is working to provide supportive family services, referral and case management to students at highest risk, including those with mental health issues.*)

- Rural communities are resource poor compared to the west side of the I-5 corridor. *(Identifying the strengths that exist locally and raising awareness of resources has resulted in website development of the Community4kids.org site, in conjunction with the Wraparound Umatilla project, with the intent for it to be very user friendly.)*
 - There are very few after school and pre-school programs. *(The Oregon Community Foundation dedicated funding through the Rural Action Initiative and solicited requests for proposals to develop after school and mentoring programs in the nine county region of eastern Oregon. CCF developed a collaborative proposal to benefit the 7 smallest school districts and the Foster Grandparent Program. Other larger schools and organization have also applied.)*
 - Parent Education and obtaining appropriate parenting skills through available programs are under utilized. No Parent Education classes for parents of teenagers. *(The County A&D Program conducted three sessions of the Strengthening Families parenting class in 2009, this is geared to parents of children age 10-14)*
 - Transportation issues: no mass transit, also babies are not allowed on school buses with their teen parents even though they may be enrolled in the early head start classroom across the street. Lack of mass transit system hinders transportation in rural areas. *(In 2009 the CTUIR Public Transit Program has added more transit services and anyone may ride them: The [Tutuilla Tripper](#) was just added in October, 2009. The [Walla Walla Whistler](#) will provide direct services from Pendleton/Mission to Walla Walla. The [Tri-City Trolley](#) provides transit services between Tri-Cities and Hermiston. All persons wanting to go to Tri-Cities must board on the connector bus, The [Hermiston Hopper](#) to Hermiston and transfer onto the Tri-City Trolley.*
- These new routes are being funded by the Federal Transit Administration Tribal Transportation Program. The CTUIR Public Transit intends to operate this service a minimum of one year to determine if there is enough ridership to make these routes permanent. These new routes and all other bus routes are no charge. However, there is a \$2.00 charge per one way trip on the [LaGrande Arrow](#) with the option of purchasing discounted passes.*
- Affordable housing for low-income families is a problem throughout the county *(Planning for building affordable multi-family low income housing units are underway in Pendleton, causing significant concerns about the proposed location because the land supposedly has the ruts of the Old Oregon Trail on it and is next to the cemetery.)*
 - *Pregnant and Parenting Teens. The rates of teen pregnancy are again on the rise and continue to be higher than the state rate.*

In 2007-8 Gaps and Needs surveys were disbursed to community partners and they were asked to identify their top ten most significant issues. The results were very similar to the issues discussed previously. The survey shows that the top ten gaps in the community system to support children, youth and families were:

- Treatment for adult uninsured substance abusers
- Access to alcohol and other drug prevention and treatment services for youth
- Availability of appropriate foster care
- Mental health services for children, youth, and families
- Affordable health care and access for the uninsured
- Drug use during pregnancy
- Affordable child care
- Transportation
- Living wage jobs
- Out of school time activities, including school age child care, summer activities, before and after school time, etc

Gaps identified at the Wraparound Early Childhood Committee Meeting in May 2009:

- *No child care for special needs children*
- *Respite Care for parents and guardians of special needs children*
- *Lack of Respite care services in general*
- *Lack of professional development for Early Childhood and other Teachers and Substitute Teachers, on useful strategies to engage children with significant behavioral disorders. Lack of locally accessible professional development opportunities*
- *No Alcohol & Drug Crisis services for nights and weekends*
- *Cross training of DHS & Law Enforcement needed to eliminate antagonism about child abuse/neglect reporting issues*
- *Relief Nursery is serving clientele that are outside the realm of mandated treatment*
- *Not enough child psychiatry services*
- *Transportation continues to be a gap for many families.*
- *Medical (therapeutic) detox and ideas for funding it*

Resources identified at the Wraparound Early Childhood Committee Meeting in May 2009:

- *Pioneer Relief Nursery*
- *Strong collaboration of ECPT partners*
- *CCR&R services*
- *Head Start, Early Head Start, Migrant Head Start*
- *Healthy Start Program*
- *Public Health programs*
- *C.A.R.E. Program*
- *Weekend Backpack program reduces hunger issues for young children*
- *DHS/EOAF Parent Mentor Program*

Barriers identified at LADPC meeting on July 1, 2009

- *Providing services to patients in Emergency Rooms that enter with high levels of A&D. Mental Health evaluation policy is not to assess if intoxicated.*
- *Lifeways, Inc., the county's mental health provider, receives an average of 110 crisis interventions per month. Needed are professionals in the community to make referrals to for follow-up care.*
- *Drug offenses: Misdemeanor, bench probation must be reported to the DA. There is no probation officer. Offender can be summoned back to court to show cause.*

Focus Issue: By October 2007 data was collected and assessed in community and committee meetings. The community partners decided to identify a single focus area very broadly because of its far reaching impact into the fabric of society. We have determined that the expansive reach of child abuse and neglect is the single-most pervasive and destructive human element that we feel the ability to impact through strategic and intentional investments to improve all systems that network in an effort to reduce it. *This decision was re-affirmed at follow-up committee meetings and gatherings of community partners in 2009-10.*

Describing the issue: The community of Umatilla County has been working to implement strategies that cross system boundaries and have a positive impact on the health and well-being of children by reducing the impact of child abuse and neglect. Recent successes can be seen through specific implementation of The Drug Treatment Court. This model program has been implemented by Umatilla County Community Corrections with the cooperation and collaboration of the State Courts. This is proving to be a very successful venture and has resulted in several personal success stories. Mothers who had previously given birth to drug affected children that were removed from their care are now giving birth to healthy babies that they are able to care for themselves. A strong Court Appointed Special Advocates program with volunteers who put the needs of children first gives a voice to children in court.

The Pioneer Relief Nursery was established in our county by a group of child advocates who recognized the need, investigated the relief nursery concept and then set about to make it happen for this rural area. They networked with members of the Early Childhood Partnership Team (ECPT), traveled to Eugene to tour their facility and met with leaders of the Eugene Replication Project. They organized and established their 501c3 non-profit status, located a building, received tons of volunteer support, wrote and received grant funding, received support from our local state legislators and were able to open their doors on December 1, 2007. This service will be able to *(has been able to)* help potentially high risk families, who may be likely to abuse, find resources to meet their needs and learn coping skills that benefit their children rather than hurt them.

Healthy Start workers are meeting with families in their homes to monitor the health and developmental steps of babies born to young and inexperienced parents. Having appropriate child care that is accessible and affordable is also critical as it pertains to this focus area.

Child Care Resource and Referral (CCR&R) have alerted the Early Childhood Partnership Team to the lack of child care provider issue at each meeting during this past year. They are concerned that neglect may occur because child care is not available which has caused parents to put their own needs for employment or recreation in front of the safety of their children. As a result, unsuitable and unsafe arrangements for care may be put in place. CCR&R tries to educate parents on the importance of leaving their children with a qualified provider but the fact is that there really just are not enough providers throughout Umatilla County.

Not all abuse and neglect occurs to small children. Because our title includes the words “Children and Families” our office tends to receive calls from parents who don’t know who to call but hope that we can steer them in the right direction because they are looking for resources,

referrals, etc that they can access to help their families. On occasion, our local Commission on Children and Families office has received calls from parents of teenagers who are willing to abandon them to the child welfare system because the child is out of control and the parent can no longer deal with them. Discussions with community partners on the JCP Ad Hoc Committee also attest to the fact that they, too, are confronted with this dilemma. They also see teenagers seek help out of dysfunctional family systems where drugs and alcohol have caused parents to abdicate their responsibilities to care for their children and these older youth are tired of taking care of their parents and younger siblings. So they see running away as a survival option and are not prepared for the risks on the streets. This is an area of concern that we need to find better solutions for and with a concentrated effort to develop resources for this target population of youth we hope to reduce incidents of abuse and neglect to them.

Strategic approaches to address the focus issues: Identified below are **resources** that have been identified by community partners as positive examples of what has currently been planned for in Umatilla County.

- Early Childhood Initiatives:
 - Early Learning Collaborative identifies children with developmental delays and refers for EI/ECSE services.
 - Pioneer Relief Nursery
 - Promoting readiness to learn by kindergarten with emphasis on family literacy
 - Healthy Start Program through the Public Health Dept (*as stated earlier, the Healthy Start contract is now held by the Umatilla Morrow Head Start, Inc and they are successfully working to meet the performance measures established by the state. Training new staff, transitioning existing Healthy Start client families and identifying new ones has occurred very smoothly thanks to the hard work and dedication of both organizations.*)
 - The Special Library District's Take Off program promotes early literacy and provides literacy training to child care providers.
 - Child Care Resource and Referral links providers and families and provides training and workforce development opportunities for child care providers.
- Adult Drug Treatment Court
- Celebration of the Family events connect families with resources in the community and emphasizes interagency cooperation. (*This community mobilization effort has resulted in other community partners taking the lead on organizing similar events: Blue Mountain Community College sponsored a Non-Profit Resource Fair, Good Shepherd Hospital has a Family Healthy and Fitness Day in the Hermiston area and CAPECO's Community Connect event focuses on Health related services for Homeless individuals.*)
- Employment Related Day Care (ERDC) reimbursements rates for child care are increasing which may help child care providers be able to stay in business.
- Foster care payments for relative caregivers has been approved by state legislature starting January 1, 2008.
- District Attorney's Multi-Disciplinary Teams are working effectively to prevent child abuse by having agencies that are aware of issues within the family meet together to discuss and strategize about family supports and what is needed for families to be successful.

- Citizen Review Boards meet to review Child Welfare cases and give community members the opportunity to address the policy and procedural application of child welfare cases by providing oversight and giving feedback to DHS and all affected parties
- Court Appointed Special Advocate volunteers work to insure that the best interest of the child is represented in court
- FREE QPR training for suicide prevention by the BMCC Suicide Prevention Specialist and others trained in this method is available.
- Alcohol and Drug Prevention and Treatment Services are collaborating to provide integrated services among providers in the area.
- Community Access for Resource Effectiveness (C.A.R.E.) teams provide a multi-disciplinary approach in the schools to coordinate the delivery of social services to children, youth and families at highest need in the community.
- Functional Family Therapy delivered by the Marigold Program through Homestead Youth Services helps at risk families.
- *Provide A&D services to youth BEFORE they are involved in the criminal system.*

Umatilla County is striving to implement evidence based programs, practices and principles. Abuse and neglect comes in many forms and occurs to those least able to protect themselves. The county and our community partners will advocate for improved service delivery of quality programs, system change that leads to improved coordination among providers and system-wide training opportunities, and increasing community mobilization efforts to build capacity, develop resources and promote outreach efforts.

The local community action program, CAPECO, convened community partners together in a meeting to end Homelessness (April 2009) and are spearheading a 10-year plan to end Homelessness. They also organized community partners to Connect homeless persons with Community based services in October 2009 calling it "Community Connect". They continue to meet regularly and are conducting a comprehensive health and needs assessment (birth-death) of the area. As a result of this partnership, a committee from St. Anthony's Hospital and local community stakeholders (which includes CCF and Public Health) is doing a feasibility study to develop a free medical clinic.

Our planning process is an ongoing activity. We have strong collaboration from many community partners ranging from the faith community, schools, state, local and non-profit agencies, law enforcement, and the courts. We are confident that continuing to build relationships and keeping the lines of communication between interagency networks open will lead to productive progress and improved outcomes for families.

Umatilla County Indicator Data Document appears after signature page:

Signature Page

**Umatilla County
COMPREHENSIVE COMMUNITY PLAN UPDATE,
Due April 2, 2010**

APPROVAL PAGE

**Umatilla County Comprehensive Community Plan Update, April 2010 was
approved by the Board of County Commissioners on _____ (April 7, 2010) _____
Date**

***_____(Original on File)_____*
Chairperson's Signature
Board of County Commissioners**

***_____(Dennis D. Doherty)_____*
Chairperson's Name**

TREND	Umatilla County	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Source
Goal 1: STRONG, NURTURING FAMILIES														
WORSE	1. Reduce adult substance abuse – abuse/dependency of any drug including alcohol. Total # of individuals receiving A&D Treatment Services													DHS / AMH / PAE Unit / CPMS
	Umatilla County													
	Adult Females			556	593	605	532	577	565	696		661		
	Adult Males			1529	1455	1495	1554	1695	1455	1472		1515		
	Youth Females			38	53	65	56	53	67	83		72		
	Youth Males			135	160	176	133	116	132	174		146		Note: based on treatment demand, it appears that the drug of choice for girls is alcohol and for boys is marijuana.
	TOTAL			2258	2251	2341	2275	2441	2219	2425		2394		
	2a. Reduce domestic violence- Reported as the number of Domestic Disturbance Arrests in Umatilla County				269	298	316	267	353					Oregon Uniform Crime Reporting Domestic Disturbance Reporting Summary
	2b. Reduce rate of all property crimes reported to police per 10,000 pop. (i.e. larceny, burglary, MV theft)													
WORSE	Umatilla County			587	537	560	554	540	692	746		731	Na	http://www.oregon.gov/DHS/addiction/ad/data/umatilla2000-08.pdf DHS AMH Epidemiological Report 2000-2008
BETTER	Oregon			669	697	675	695	665	644	579		546	Na	
	2c. Crimes Against Family													Oregon Criminal Justice Commission Crimes Against Family defined as ...
BETTER	# of reported arrests in Umatilla County	34	43	54	69	68	89	67	40					http://159.121.112.123/CrimeData/UCRCrimes.php
	Arrests per 10,000	Umatilla County	5.0	6.2	7.6	9.7	9.6	12.5	9.3	5.5		7.1	4.0	
		Oregon	2.4	2.1	2.8	3.2	3.5	3.2	2.8	2.5		2.6	2.9	
BETTER	3. Reduce poverty – Percent of all people with incomes below 100% of the federal poverty level													Oregon Progress Board 2007 report generator for data before 2004. US Census Bureau American Community Survey Data for 2005-2007.
	Umatilla County	15.8	12.7	13.6	13.9	13.3	13.8	14.9	15.4	17.0		14.9		
	Oregon	12.8	11.6	11.6	10.8	11.7	11.7	12.1	14.1	13.3		12.9		
WORSE	3a. Unemployment annual rate													Oregon Progress Board 2007 report generator
	Umatilla County	6.4%	6.4%	6.2%	7.0%	7.7%	8.2%	8.0%	7.9%	6.7%		5.8%	6.4%	9.5%
	Oregon	5.7%	5.5%	5.1%	6.4%	7.6%	8.1%	7.3%	6.2%	5.4%		5.1%	6.5%	11.1%
WORSE	3b. Percent of children under 18 living below poverty level													http://factfinder.census.gov/servlet/GCTSubjectShowTablesServlet?_ts=238431973719 (US Census Bureau)
	Umatilla County			19.6					19.3	21.9		21.9	17.1	20.7
	Oregon			15.1					18.4	16.8		16.8	16.9	17.8
WORSE	3c. Students Eligible for Free & Reduced lunch													Oregon Dept. of Education
	Umatilla County	43.9%	42.0%	46.2%	47.7%	50.1%	52.2%	56.2%	53.1%			56%	59%	59.9%
Goal 2: HEALTHY, THRIVING CHILDREN														
WORSE	4. Reduce child maltreatment (rate per 1,000 children 0-17)													
	Umatilla County	9.3	9.2	9	8	9	10.3	11.4	15.6	13.1		13.6	14.9	15.6
	Oregon	12.2	13.5	12.2	9.6	9.7	10.8	12.0	13.0	13.8		12.2	11.8	12.5
WORSE	5. Improve prenatal care - percent of babies whose mothers received prenatal care beginning in the first trimester													Oregon Progress Board 2007 report generator
	Umatilla County	73.0%	71.1%	71.1%	76.4%	72.8%	66.2%	67.5%	65.9%	67.0%		65.2%		http://www.dhs.state.or.us/dhs/ph/chs/data/birth/lbft.shtml
	Oregon	80.2%	80.9%	81.3%	81.5%	81.6%	81.1%	80.3%	81.0%	79.2%		78.4%		
WORSE	6. Increase immunizations - measured by the percentage of two-year-olds who are adequately immunized													Oregon Progress Board 2007 report generator
	Umatilla County		79%			67.90%	na	68.20%	72.30%	81.70%		na	79.7%	77.8%
	Oregon		73%			72.70%	75%	79%	81%	75%		na		77.0%
	7. Reduce alcohol, tobacco and other drug use during pregnancy													DHS Vital Statistics County Data
WORSE	7.a Alcohol use during pregnancy - self report by mother													http://www.dhs.state.or.us/dhs/ph/chs/data/cdb.shtml
	Umatilla County	1.3%	1.7%	1.3%	.40%	1.4%	2.2%	.80%	1.4%	Na				
	Oregon	1.6%	1.9%	1.4%	1.0%	1.3%	1.6%	1.4%	1.4%	Na				

TREND	Umatilla County	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Source
WORSE	7.b Tobacco use during pregnancy - self report by mother													DHS Vital Statistics County Data
	Umatilla County	16.6%	12.2%	13.1%	11.7%	13.2%	15.0%	13.9%	14.4%	14.4%	15.1%			http://www.dhs.state.or.us/dhs/ph/chs/data/cdb.shtml
	Oregon	15.2%	14.5%	13.3%	12.8%	12.6%	12.0%	12.4%	12.4%	12.3%	11.7%			
WORSE	7.c Illicit drug use during pregnancy - self report by mother													DHS Vital Statistics County Data
	Umatilla County	1.1%	1.1%	1.1%	0.8%	1.0%	2.2%	2.3%	2.0%	Na	Na			http://www.dhs.state.or.us/dhs/ph/chs/data/cdb.shtml
	Oregon	0.7%	1.0%	1.0%	0.9%	1.0%	1.2%	1.8%	2.1%	na	na			
BETTER	8. Increase child care availability reported as number of child care slots available for every 100 children under age 13													Oregon Progress Board 2007 report generator
	Umatilla County	16.7	16.8	17.9	15.7	16.4	na	17.6	16.3	15.6	na	16	18	2009 data: Children First for Oregon www.cffo.org
	Oregon	21.1	20.7	20.4	18.5	18	17	17	17	17	na	17	18	
BETTER	9. Improve readiness to learn - reported as percentage of children entering school ready to learn													Oregon Progress Board 2009 Benchmark Highlights Report generator. (Data for 2008 not comparable due to changes in the Kindergarten Readiness Survey content and rating codes.)
	Umatilla County			66.1%		70.9%		79.2%		81.6%				
	Oregon			66.5%		76.2%		80%		80%		46%		
Goal 3: HEALTHY, THRIVING YOUTH														
WORSE	10. Decrease teen alcohol use - measured as percent of 8th grade alcohol use in the last 30 days													Oregon Progress Board 2007 report generator
	Umatilla County	24.3	NA	29.6	21.1	15.2	20	29.4	Combine w/05-06	32.8	Combine With 2007-08	29.1%	Na	
	Oregon	26	NA	26.4	24.9	25.4	25	30.0	30.1	31.9	30.9%	28.9%	23.1%	
BETTER	11. Decrease teen drug use - measured as percent of 8th grade illicit drug use in the last 30 days (includes marijuana, inhalants, stimulants, cocaine, heroin, ecstasy, hallucinogens)													Oregon Progress Board 2007 report generator
	Umatilla County	15.6	NA	13.8	11.3	12.6	14.5	17.0	Combine w/05-06	13.9	Combined With 2007-08	14.7	Na	
	Oregon	18.6	NA	13.3	18.1	18.3	18.5	15.9	15.3	15.7	15.9	14.6	18.2	
WORSE	12. Decrease teen tobacco use - measured as percent of 8th graders who smoked a cigarette in the last 30 days													Oregon Progress Board 2007 report generator
	Umatilla County	14.3%		15.9%		7.8%		8.5%	Combine w/05-06	9.1%	Combine With 2007-08	8.3%	Na	
	Oregon	20%	15%	12.9%	12.3%	10.7%	10.5%	8.1%	9.8%	8.7%	9.0%	8.6%	9.9%	
WORSE	13. Decrease juvenile arrests - reported as juvenile arrests for person and property crimes combined per 1,000 juveniles													Oregon Progress Board 2007 report generator
Since 2005	Umatilla County	29.6	25.0	28.1	25.5	20.3	19.1	21.2	17.9	Na	17.7	18.6		Children First for Oregon
	Oregon	21.8	19.6	18.6	16.8	14.9	16.6	16.4	14.8	Na	14.7	15.0		
	14. Maintain Oregon Youth Authority (OYA) bed use: Umatilla County joins other counties in the Central and Eastern Oregon Juvenile Justice Consortium (CEOJJC) to share beds and stay within state limits.													
	15. Reduce juvenile recidivism - new juvenile criminal referral within 12 months of initial referral													Oregon Progress Board 2007 report generator
BETTER	Umatilla County	41.9%	38.7%	36.3%	35.1%	31.0%	33.8%	38.0%	33.9%	34.7%	40.9%	31.2%		
BETTER	Oregon	36.9%	36.6%	34.8%	34.1%	32.2%	32.1%	31.3%	31.5%	31.0%	29.9%	29.2%		
	15.a. Chronic offenders: % of youth receiving 3 or more subsequent referrals http://www.oregon.gov/OYA/jjis_data_eval_rpts.shtml#Statewide Recidivism Reports													OYA JJIS Reports
BETTER	Umatilla County					7.0%	9.4%	9.0%	9.8%	11.4%	9.1%			
BETTER	Oregon					6.8%	6.3%	6.2%	6.2%	5.4%	5.1%			
	16. Reduce teen pregnancy (rate per 1,000 females)													DHS Vital Statistics County Data
BETTER BUT	Umatilla County (10-17 yrs)	20.9	21.3	21.3	14.6	14.5	13.7	12.8	10.5	12.6	12.7	10.6		http://www.dhs.state.or.us/dhs/ph/chs/data/cdb.shtml
	(15-17 yrs)	48.6	50.6	51.4	35.8	36.3	31.8	31.9	26.1	32.9	32.6	27.1		
	Oregon (10-17 yrs)	17.2	15.9	14.0	12.6	10.9	10.5	9.5	9.5	10.6	10.1	9.7		
	(15-17 yrs)	42.1	39.3	35.2	31.7	27.6	26.4	23.8	24.2	27.2	25.7	25.0		

BETTER	17. Decrease youth suicide - reported as total number of suicide attempts by 7-17 year olds											DHS Vital Statistics County Data		
	Umatilla County	9	15	15	6	12	8	16	6	Na	Na	na	http://www.dhs.state.or.us/dhs/ph/chs/data/cdb.shtml	
	Oregon	761	802	865	876	922	920	773	621	Na	Na	na		
	Note: 5.5% of 8 th graders and 7.5% of 11 th graders attempted suicide (2006 OHT Survey-self reported) equating to 65 actual 8 th graders in Oregon. In 2008 there were 9% of 8 th graders and 5% of 11 th graders that attempted suicide in the county compared to the state with 8% of 8 th graders and 6% of 11 th graders.											http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohteens/2006/county/index.shtml		
TREND	Umatilla County	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Source
BETTER	18. Reduce high school dropout rate													
BUT...	Umatilla County	9.2%	9.0%	7.0%	5.0%	4.3%	3.0%	2.0%	2.5%	2.9%	2.6%	1.08%		Oregon Progress Board 2007 report generator
	Oregon	6.9%	6.6%	6.3%	5.3%	4.9%	4.4%	4.6%	4.2%	4.1%	4.2%	3.7%		
Goal 4: CARING COMMUNITIES														
	19. Increase community engagement : Voting (percent turnout)													
	Umatilla County	46.6%	79.6%		62.9%		80.9%		63.4%		80.09%			http://www.co.umatilla.or.us/deptwebs/elections/11-07-06.pdf (2008 data)
	Oregon	60	80%		70		85%		72%		85.7%			http://oregonvotes.org/nov42008/g08stats.pdf
	Total # of Criminal Arrests													
	Umatilla County				8303	7889	7860	13,749	14,424					http://egov.oregon.gov/OSP/CJIS/docs/2006_Section_1_Statewide_Summary.pdf
	Oregon				435,481	452,211	449,281	448,670	426,495					