

# UMATILLA COUNTY

## Coordinated Comprehensive Community Plan Update for Children and Families

Prepared for the Umatilla County  
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# **Umatilla County Coordinated Comprehensive Community Plan Update 2004-2006**

The 1999 Oregon Legislature adopted Senate Bill 555, which declared “Communities provide the context for healthy children and families, and strong families and healthy communities are interdependent.” To support this focus on children, families, and communities, the legislation directed state agencies and local communities to plan together to provide programs that address needs, strengths and assets. Phase I included mapping of data and services and brief analysis of that information in the fall 2000. Phase II (June 2002) was an update of the mapping, completion of the analysis, and selection of priorities and strategies. Phase III (June 2003) broadened the scope of the Comprehensive Plans to incorporate Juvenile Crime Prevention, Basic Service and Diversion Service Plans, Mental Health & Addictions Services Prevention plans and common allocation reports (showing how funds were addressing needs identified in the comprehensive plans across multiple state funding sources). Key areas of needed state support were identified to assist legislators and state agencies. Phase III also continued to document successes and challenges in implementation of the county plans.

The opportunity to provide the state with a report on a biennial basis gives us a chance to reflect on the many changes that have taken place in Umatilla County in a relatively short time. As we have worked with our planning partners on this task we are encouraged that, even though our resource base has shrunk considerably, there has still been progress made that has given us hope and shows us that our work is making a difference in Umatilla County. However it has been rough.

The Coordinated Comprehensive Community Plan for Children and Families is organized around four goals. Within each goal, there are high-level outcomes, each representing long-term objectives. It takes the collective work of many partners towards a variety of intermediate outcomes to impact these broader outcomes. Intermediate steps based on best practices (based on research) are identified to direct efforts and provide intermediate objectives to reach the main high-level goals. The following are the goals and high-level outcome areas outlined by the state for review in each county:

**GOAL 1: Strong, nurturing families**

1. Reduce adult substance abuse
2. Reduce domestic violence
3. Reduce poverty

**GOAL 2: Healthy, thriving children** (looking at children 0-8)

4. Reduce child maltreatment
5. Improve prenatal care
6. Increase immunizations
7. Reduce alcohol, tobacco and other drug use during pregnancy
8. Increase child care availability
9. Improve readiness to learn

**GOAL 3: Healthy, thriving youth (positive youth development focusing on older children)**

10. Decrease teen alcohol use

11. Decrease teen drug use
12. Decrease teen tobacco use
13. Decrease juvenile arrests
14. Maintain Oregon Youth Authority (OYA) bed use
15. Reduce juvenile recidivism
16. Reduce teen pregnancy
17. Decrease youth suicide
18. Reduce high school dropout rate

**GOAL 4: Caring Communities**

19. Increase community engagement

Oregon Administrative Rules require counties to conduct a biennial update of their coordinated comprehensive plans for children and families. The update, along with additional tracking and reporting on outcomes, completes the phase-in of Senate Bill 555 (1999).

This update process provides counties with an opportunity to:

- reassess the original plan to test its relevancy to current community conditions and expectations;
- revise the plan to incorporate significant changes in funding levels;
- refine priorities, strategies, and outcomes based on updated information;
- expand, strengthen, or acknowledge effective partnerships through discussion of priorities and strategies in the plan; and
- communicate successes and challenges with state partners.

This plan update (due June 30, 2004) includes our review of the four goal areas and each of the 19 high level outcomes. The stresses that the weakened economy has forced upon us must be addressed. Umatilla County has been in a bit of a recession. Employment has been hard to find and hard to keep. Major employers (Simplot, Sykes,) have announced that they will shut down their operations in Umatilla County this year. Poverty can be found among our citizens. The cost of living rises with gasoline prices well over \$2.00 per gallon. Milk and meat prices are increasing. Our country is at war and many of our sons and husbands as well as daughters and wives are out of the country leaving the burden of providing for their families on already-stressed support systems. Many law enforcement agencies find that some of their officers, who are in the National Guard Reserves, are being called up for active duty resulting in a decline of available public safety officers. This also impacts small businesses whose workforce is comprised of individuals who might be members of the National Guard.

Health care and insurance is prohibitive to many since the Oregon Health Plan is in jeopardy. Education is under-funded along with every other social service in Oregon. Quality and affordable childcare is extremely hard to find. Infant/toddler care is so very rare and odd-hour care is relatively non-existent. Alcohol and Drug Prevention and Treatment dollars have been slashed. Government has been asked to do more with less and yet somehow it gets done. It's not magic. It is dedication, hard work and a commitment to serving those who are less fortunate.

The Umatilla County Commission on Children and Families has asked our community partners to help us take a look at the priorities that were established, with their help, during the last round

of planning. This year surveys were sent out, community meetings were conducted and opportunities to review and comment were given. The priorities previously established were still considered to be relevant and important. However, the resources to devote to the various strategies are scarce. Thus, those priorities that are tied to legislative mandates may be given a higher precedent than strategies identified by community partners that are tied to local data indicators.

We have used our available funding from CCF grant streams and Juvenile Crime Prevention to implement strategies that have a basis of research that shows evidence of best practices.

Beginning in the 2001-2003 biennium and continuing to the present time, the work that has been accomplished by the CCF has resulted in a variety of actions that impact the services given to children and families. What follows is a sampling of some of those impacts.

1. Several collaborations have occurred since the Commission on Children and Families of Umatilla County has taken the lead role as planners for the Community Comprehensive Plan. An emphasis on preventing risk factors and increasing protective factors has brought many critical players/stakeholders to the planning table.
2. We work with the Local Alcohol and Drug Planning Committee (LADPC), which is an active leader in the prevention and treatment of addictive disorders. The LADPC advises the Board of County Commissioners and also promotes the activities of several local community coalitions that receive funding from the Oregon Together grant funds. These coalitions have their own varying levels of participation from youth and adults who are committed to a drug free lifestyle. Some are based out of city organizations, others out of a school base but all have the decrease of drug use at the core of their purposes.
3. The Umatilla County Coalition to Reduce Underage Drinking is a collaborative of CCF prevention, OLCC, law enforcement, public health, Head Start, Schools, Mental health, Juvenile Dept, faith community, and others. This group also works closely with the Umatilla County Coalition Against Tobacco to reduce youth access to tobacco. Increasing retailer compliance checks and vendor training is a focus as well as increased education and awareness through media. Recently a workshop on Party Disbursal practices and Decoy Operations (Compliance Checks) was hosted in Pendleton for this region of Oregon.
4. The C.A.R.E. program (Community Access for Resource Effectiveness) is a collaborative school one-stop that brings agencies, schools, & parents of troubled children together to develop appropriate strategies to assist the child to achieve success. This program has been very successful at wrapping around the resources available to help families. A variety of issues have been resolved by bringing the partners to one place in a spirit of concern and caring for a family in need. During the next school year they will also be helping transition high risk pre-schoolers to regular school.
5. The Commission on Children and Families was given the opportunity to partner with Umatilla-Morrow Head Start when they applied to the Robert Wood Johnson and Doris Duke Foundations to receive a multi-year "Free to Grow" grant to address the reduction of

Substance Abuse and Child Abuse in the West End of Umatilla County. They are to accomplish this by strengthening the community through neighborhood revitalization and leadership development. The Head Start organization has taken the training and methods and imbedded them in their organization so that they are able to apply a very comprehensive approach in addressing the needs of their clients. Though pre-school age children do not abuse drugs, they are very affected by the adults in their lives who do. The community partners of Head Start are very involved in supporting this effort and have been active participants in this process. Head Start also takes the lead on serving teen parents, many of whom may have issues with substances. "Free to Grow" has been getting the word out about the devastation that drug abuse can do to a community. Through community oriented policing and a strong partnership with law enforcement, the housing authority, the schools, and faith communities, Hermiston is becoming a place where kids are free to grow healthy.

6. Hands on Parenting Excellence (H.O.P.E.) is the Umatilla County Public Health Department's home visiting program combining maternity case management, universal newborn home visits, Babies First, Healthy Start, and CaCoon. H.O.P.E. uses a combination of nurses and lay professionals (Home Visit Specialists) depending on the type (social or medical) and severity of risk factors. Child development, immunization, family planning, tobacco prevention and education, and safety information are reviewed during the visits. All of the Home Visit Specialists are trained in the Parents As Teachers curriculum, which is utilized in all of the home visits. Monthly parenting groups, named "Pampered Moms" are offered in both Hermiston and Pendleton for all mothers in the area with children ages 0-3. Books are offered, both in English and Spanish, to families to improve literacy rates. Staff are either bi-lingual or have an interpreter available to provide culturally sensitive visits. Written information is available in either English or Spanish. Services are closely coordinated with Umatilla Morrow Head Start/WIC (which includes Early Head Start) and the Confederated Tribes of the Umatilla Indian Reservation's Even Start Program. C.A.R.E. (Community Access for Resource Effectiveness) is a multi-disciplinary meeting for high-risk children in elementary school. As members of C.A.R.E. teams, county home visit nurses are also working closely with area elementary schools and agencies providing case management services for these children as well. All of these activities have been identified in the Coordinated Plan for Children and Families (SB 555) H.O.P.E. does more than just provides a healthy link to parents of newborns. The extra training and care that Umatilla County families receive is helping to reduce the risks and increase the protective factors thereby improving wellness for children and families of Umatilla County.
7. The Birth to Five Multi-Disciplinary Team (0-5 MDT) has been operating since May 2001. It is an extension of the District Attorney's MDT that meets twice monthly, with the purpose of sharing information about high-risk children in order to target service deficits and avoid duplication of services, etc. Since its inception, the percentage of children who enter foster care that receive developmental evaluations has increased significantly. Most children under 6 years old in foster care in the county will receive a screening and evaluation, if it is needed, by the Early Intervention / Early Childhood Special Education Team at the Education Services District. This allows the team to determine significant risk factors for the children and provide specialized instruction if needed through special education or provide referrals to the health dept., Head Start, etc. For the most vulnerable children, those in foster care and

others, this team provides a group of people with the knowledge about young children who follow them, often through several foster placements, sometimes through different communities in the county. This allows their services to be transferred quickly from place to place when the children are moved, which provides some continuity to the children.

The collaboration between the participating agencies has been excellent. The participants are highly involved and highly committed. In many cases, the agencies have been able to accommodate different referral methods for children in foster care, as they often don't have the same access to children from intact families.

A focus of the team is on the wellness of the child. The team has recently lost a member due to staffing and budget cuts at Umatilla County Mental Health. As services are cut in each agency, the need for us to work together to serve children and their families becomes more important and this team is committed to that goal.

8. The Commission on Children and Families is committed to doing everything possible to insure that children enter school ready to learn. We are active participants on local boards and committees to give a strong voice advocating for family friendly policies and approaches that put children and families first. We are actively involved with the following community coalitions in order to better mobilize the community toward wellness:

- Umatilla Morrow Safekids
- Reducing Adolescent Pregnancy Partnership (RAPP)
- Umatilla County Coalition to Reduce Underage Drinking (UCCRUD)
- Umatilla County Coalition Against Tobacco (UCCAT)
- Local Alcohol & Drug Planning Committee (LADPC)
- Local Public Safety Coordinating Council (LPSCC)
- Head Start Health Advisory Committee
- Child Care Resource and Referral
- Free To Grow Governance Board
- Community Safety Net (CSN)
- Community Interagency Network (CIN)
- CARE Steering Committee
- Early Childhood Partnership Team/Caring Community Connections (Healthy Start Advisory)
- Local Interagency Coordinating Council (LICC)
- Umatilla County Youth Suicide Prevention Coalition
- St. Anthony's Hospital Healthier Communities Coalition
- 0-5 Multi-Disciplinary Team
- Citizen's Review Board
- Marigold Program
- Special Library District's Take Off (Early Literacy) Program

**The following questions were asked by the Oregon Commission on Children and Families to each Local CCF in order to provide the collection of consistent information across the state.**

*1.a.) Please outline the process you used to complete the plan update in your county.*

Umatilla county CCF is involved in an on-going process of information gathering and data analysis. CCF members and/or staff have been participating on all planning for children and families with our community partners. The following steps were taken to complete the update process in 2004:

- High Level Outcome Data is updated by CCF staff.
- Data sheets are distributed to community planning partners: CCF, Mental Health Treatment and Prevention, Public Health, Education, Juvenile/Youth Services, Community Corrections, Early Childhood & other Diverse groups at Community Interagency Network meetings and via email.
- CCF staff will attend and take part in implementation planning discussions for County Mental Health, Youth Services and Public Health Programs.
- A Survey based on the 6 required questions will be distributed to the previous and current planning partners and key community leaders via email. To be returned by March 15.
- CCF staff and members will compile the responses and look for consensus.
- A meeting of the planning partners will be held to discuss the outcome of the survey and develop a joint response to the questions by April 15<sup>th</sup>.
- Tasks may be broken down and assignments made to participating community partners based on their willingness to provide input to the plan.
- Any changes in priorities, strategies, or data collection to the original plan will be made by the CCF staff with input from the CCF board and our community partners.
- Public input and comment will be sought at every phase.
- The final update will be approved by the CCF Chair and BOCC and forwarded to the OCCF via email and regular mail to be received by June 30, 2004.
- Updated version will appear on Umatilla County CCF website when completed.

1.b.) Please indicate by checkmark which partners participated in this Plan Update process.

Community residents:

- General population
- Youth
- Clients/ consumers
- People with special needs
- Groups of diverse populations
- County human services agency
- Other county government entity: Economic Development

Juvenile justice:

- Juvenile departments
- Parole/probation
- Service providers

Dept. of Human Services:

- Abuse and neglect
- Food, cash, housing
- Disability services
- Service providers
- Community Partnership Teams
- Safety Net

Alcohol & drug prevention:

- Prevention coordinators
- Service providers
- Public health departments
- Local mental health authority
- Mental health organizations
- Domestic violence organizations
- Advocacy groups
- After-school programs
- Child care providers
- Child Care resource and referral
- Early childhood team representatives
- Head Start/Oregon Pre-Kindergarten / Early Head Start
- Businesses
- Chamber of Commerce
  - Service Clubs
  - Faith Community
  - tribal governments
  - Police
- Neighborhood coalitions (Oregon Together groups)

K-12 education:

- Specific schools
- Early Intervention/Early Childhood Special Education
- Parent teacher associations
- School Board
- School district
- Alternative schools
- Educational Service District
- Community Action Agency
- Community Partnership Teams

Other:

1.c.) What new partners have been added since the 2001 planning process?

Lost and Found Program, Marigold Program, St. Anthony Hospital Healthier Communities Coalition, Community Access for Resource Effectiveness (CARE) Teams

*What is their role?*

They are working with CCF to promote prevention best practices, at-risk youth outreach, functional family therapy, collaborative case management and community capacity building.

*Have any stopped participating?*

Umatilla County Total Intervention and Prevention Program is no longer part of Umatilla County Mental Health. Significant staffing changes have occurred resulting in the shifting of Prevention Services to the Youth Services (old Juvenile Services) Division. Adolescent Cognitive Intervention Services (ACIS) is now provided to youth in the 90-Day Treatment Program in the secure facility at Northeast Oregon Regional Youth Center in Pendleton.

*2.a.) Data and data analysis -- What significant differences, if any, in the county population were shown in the current demographic data? (See pages 19-20 for benchmark data.)*

The following are the most significant differences in the data:

Benchmarks showing improvements from 1998-2003:

- Domestic Violence
- Readiness to Learn
- Teen Pregnancy
- High School Dropout
- Juvenile Arrests
- Juvenile Recidivism
- Youth Suicide
- Child Abuse and Neglect (declined through 2000, increased 2002)

Benchmarks showing worsening conditions from 1998-2003:

- Poverty – 20% of all children in Umatilla County under 18 are living in poverty.
- ATOD use during pregnancy
- Teen Alcohol and Drug use

*2.b.) Priorities & strategies:* We will maintain emphasis on those priorities and strategies established during Phase 2.

**Priorities**

1. Decrease reported rates of child abuse and neglect.
2. Promote positive youth development activities. Strengthen community norms regarding no alcohol, tobacco, and other drug use by youth.
3. Improve the academic and social success of children by getting more children ready to learn.
4. Decrease the number of high school students who drop out of grades 9-12 in any given year.
5. Increase family functioning skills and supports to reduce domestic violence.
6. Reduce poverty by increasing the number of Umatilla County residents with incomes above the federal poverty level.
7. Reduce adult alcohol, tobacco, and other drug use.
8. Reduce the number of pregnant teens.

**Strategies**

- Improve parenting supports. Outreach to families under stress with children age 0-17.
- Expand after school options for youth that are research based, culturally competent, gender specific and implement Positive Youth Development principles.
- Strengthen parenting skills through home visitations, parenting classes and linking with basic needs supports.
- Improve school performance of at-risk youth i.e., improve attendance, graduation rate, by increasing options for after school programs. Increase service coordination for at-risk youth and their families to provide them with supports.
- Improve social supports by increasing service coordination to at-risk families who receive intervention services through the court system. Strengthen community norms re: domestic violence.
- Provide basic employment supports. Improve job readiness.
- Improve prevention, treatment and after care supports
- Reduce sexual activity in teens by using research based sex education curricula. Providing parents with educational material and advice.

2.c.) (Step 8 -Measurement) As a result of your plan review, did your county make any changes in the measurement area? No changes as of this time, however because of significant funding reductions at the state and county level it is anticipated that the collection and analysis process will be streamlined. An effort to provide consistent statewide data to counties we hope will continue. We understand that there have been, or were going to be, pilot counties selected that were to assist the state in providing a template process for the rest of the counties to follow.

2.d.) What other changes, if any, were made to the Plan? No other changes

3.a.) Which of the following methods do you use to regularly assess your county's progress in implementing the local comprehensive community plan (check as many as apply):

- Regular meetings with partners specifically to discuss progress (or as a specific agenda item at a meeting)
- Work plans/action plans
- Signed Interagency Agreements
- Common data base used by multiple organizations
- Step 8 data collection results
- Presentations to community organizations
- Evaluations
- Other \_\_\_\_\_
- Not currently tracked

3.b.) Is the local community mental health plan included in or attached to your county's comprehensive plan? Yes

3.c.) Is the local community public health plan included in or attached to your county's comprehensive plan? Yes

4.a.) *Our county's efforts to better coordinate and improve services have resulted in:*

- No change in programs and services
- Improved coordination with no change in programs or services
- Improved coordination with change in programs or services
- Change in programs or services only
- Other \_\_\_\_\_

4.b.) *What change in services and supports to children and families has occurred as a result of planning and partnership work in your county?*

- The creation of C.A.R.E. teams that provide a multidisciplinary, school-site intensive case management for high needs students and their families is occurring in 3 school districts. Pooled funding from the participating school districts, the Umatilla Morrow Education Service District, and the County supports the position of the coordinator of the C.A.R.E. team. State, county, and non-profit agency representation on the team has been very good and is seen by everyone that participates as the most effective tool we've got that is providing immediate results.
- Changes within DHS Child Welfare has resulted in improvements in responsiveness through their Guided Assessment Process (GAP). Other Child Welfare changes include the use of Team Decision Meetings, the use of case specific funding coordination between GOBHI and DHS, Child Welfare's active involvement on the CARE team, and technical assistance and training of Healthy Start staff as well as partnering with them for occasional home visits to clients.
- Teens at Pendleton High School initiated a peer-mentoring program on drug prevention aimed at 8<sup>th</sup> graders at Sunridge Middle School. These teens had been meeting with the Umatilla County Coalition Against Tobacco (UCCAT). Despite tobacco prevention funding being dropped from UCCAT, the teens wanted to keep tobacco prevention and education in the county moving forward. They continued to meet and explore ways they could make a difference. When they received the results from the Oregon Healthy Teens Survey and saw the percentage of 8<sup>th</sup> graders using marijuana and alcohol, they were concerned that middle school students were not getting enough information to help them make healthy choices. The result of that concern was bringing a strong refusal skill training and drug education message to the 8<sup>th</sup> graders during the spring of 2004. They intend to continue their efforts in the next school year as well.
- Tobacco Prevention and Education grant was cut, but UCCAT kept on meeting both in Pendleton and Hermiston. (See note above for Pendleton) In addition, we were still able to change community norms. The Hermiston School District strengthened school policy and now has a tobacco free policy for staff, students and visitors.
- The Reducing Bullying and Harassment in Schools and Communities group started meeting last summer, and although it has no funding, has been meeting monthly. Their goal is to make sure that schools and communities are safe from bullying and harassment. This group works closely with Youth Suicide Prevention (YSP) which also has no funding source.

- Recruiting membership and receiving input from the faith community and the Confederated Tribes of the Umatilla Indian Reservation has been a planning priority for the Umatilla County Commission on Children and Families. We feel encouraged by the dedication to the community planning process that has been exhibited by the following church organizations who have made an effort to respond to our requests for their involvement and input: Salvation Army, the Ministerial Associations, the LDS and SDA churches as well as other individual church ministries and St. Anthony's Hospital's Catholic Health Initiative partners.
- The tribe has made youth education and juvenile crime prevention a priority. A new charter school has been established on the reservation and will be accepting new students for the 2004-2005 school year. Truancy reduction initiatives, mentoring, and pre-school education are strategies that have a cultural emphasis and are working to show positive outcomes. The tribe is represented on the CARE team, the RAPP committee, the LADPC, CIN and other local committees. They also have a strong commitment to the environment and to improving local economic conditions. Through the philanthropy of the Wildhorse Foundation, many grant dollars have supported local efforts that impact children and families in Umatilla County.
- Through planning and partnerships Community Safety Net (CSN) has been able to open the referral process to a certain few community partners. Prior to this all referrals had to come from DHS Child Welfare in order to insure that none of them had open cases with that agency. However, since implementing GAP (as described previously) more families were being identified as rising to the level of needed interventions. By allowing Law Enforcement, Public Health, Schools, DHS-Self Sufficiency, C.A.R.E. and the 0-5 Multi-Disciplinary Team to also initiate referrals to CSN more families can be offered services and more partners can be part of the referring process.
- Domestic Violence Services (DVS) of Umatilla County has worked closely with DHS Child Welfare, local schools, the Police Agencies and the Victim's Assistance Program on Teen rape cases. They work with the child and family towards getting the case to trial and getting offenders convicted. DVS also provides 1.5 hour weekly parenting classes for women in treatment at Eastern Oregon Alcoholism Foundation (EOAF). The classes have been warmly received and the EOAF clients and staff person finds them rewarding.
- Emphasis on early literacy programs has seen the successful implementation of a program through the special library district, called TAKE OFF, which makes books available to child care providers and brings excitement for reading to young children.
- We also encourage volunteering in the schools with the SMART program. After school educational opportunities are also supported that provides supervision and educational enhancement for young learners.

*4.c.) Many counties have made significant improvements in programs, services and supports for their diverse populations. Please briefly highlight what your county has done in the past two years to improve services to all residents as a result of partnership efforts. Are there things you*

*have done or learned that other counties might find helpful? Who was involved and how did you make it happen?*

In regards to Confederated Tribes of the Umatilla Indian Reservation and outreach to the Native American population please see response to 4b above.

In Milton-Freewater, the DVS bi-lingual advocate works with all programs in DHS to provide Domestic Violence / Sexual Assault (DV/SA) services. Orchard Homes (migrant camp) also gives the bi-lingual advocate referrals. They have 2.5 FTE bi-lingual advocates in Umatilla County. They provide outreach to diverse populations by providing DV/SA presentations and information in Spanish at high schools throughout Umatilla County. They also post flyers with the crisis line number on it in Spanish in many places throughout the county.

The need for Culturally Competent/Gender Specific Services has resulted in additional A&D treatment and prevention providers who are Latino. Also, the formation of the Youth Services' Girl's Circle groups and the Marigold Program caters to the need for female specific services.

The Reducing Bullying and Harassment in Schools and Communities group has been meeting monthly. This group (which has no funding) started as an off-shoot of Youth Suicide Prevention (YSP) because one of the strategies for reducing youth suicide is to reduce bullying and harassment. In conjunction with YSP they have provided education to school districts and the community around Lesbian, Gay, Bisexual & Transgender issues, and the challenges these individuals face.

With the support of a group of statewide partners, *E3: Employers for Education Excellence* has launched its Partnership for Student Success initiative and Hermiston was selected as one of six pilot sites in Oregon. Leadership teams, comprised of key education, business and civic leaders are forming in each of the six communities. These teams are currently developing plans to get their communities focused on a specific student achievement goal.

*E3: Employers for Education Excellence* is committed to engaging the broader community to improve student learning and achievement in Oregon's public schools. The vision is that all children will learn and achieve at the highest levels in the nation. In light of Oregon's challenging economy and school funding difficulties, this vision is very much at risk. Quality and reform efforts are in danger of being overshadowed.

Hermiston High School already has a number of strong components in place to prepare its students for post-secondary education. In the past year, students have doubled the number of credits earned from community college while still in high school. Over a third of all students are involved in an internship or other structured real-life learning experience in the community. The number of students taking the SAT exam has climbed steadily. Freshmen are grouped into smaller "houses" designed to support stronger relationships with teachers. And a federal Gear Up grant provides additional support for college readiness.

"Partnership for Student Success will involve the community in building off these assets," says Wilson. Community groups and individuals will be asked to mentor students, to provide more real-life learning experiences, to provide incentives for achievement, and to raise the level of expectation through a variety of activities.

This communications and community engagement campaign is intended to equip education and community leaders to talk about quality and accountability. The initiative will strengthen commitment to Oregon's education improvement plan by providing clear information about how it works, the results it is achieving, the challenges it faces, and the role the community can play in promoting student success. The short-term goal is to improve the climate for K – 12 education improvement in Oregon. The long-term goal is to help our citizens to stay focused on the prize...ensuring educational excellence for Oregon's children.

5.a.) *What barriers to implementation has the partnership encountered? (Check as many as apply)*

- Community capacity
- Program capacity (waiting lists, etc.)
- Key leader or key staff turnover
- Partners unwilling to participate
- Partners unable to participate/Lack of staff time
- Inadequate financial resources
- Complexity of implementation
- Inflexible state administrative rules or statutes
- Lack of support from businesses and other community organizations
- Ability to fund best practices programs with current funding
- Other: lack of specialized treatment resources

5.b.) *Besides inadequate financial resources, which one of the following conditions has the most impact on your partnership's ability to achieve plan outcomes? (Check only one)*

- Community capacity
- Program capacity (waiting lists, etc.)
- Key leader or key staff turnover
- Partners unwilling to participate
- Partners unable to participate/Lack of local staff time
- Complexity of implementation
- Inflexible state administrative rules or statutes
- Lack of support from businesses and other community organizations
- Other
- Other

5.c.) From the list in question 5.a. above, are there barriers that state agencies could resolve or reduce? If so, please list in the following table and tell your thoughts about what needs to be done.

Barrier	Proposed Actions
Lack of Alcohol and Drug Treatment Providers and Options	DHS is establishing A.R.T. teams in each Service Delivery Area.
It is not currently against the law for a minor to be in possession of a controlled substance by consumption as it is for alcohol	Need a state law similar to MIP-A (Minor in Possession of alcohol) by consumption for other drugs
Currently 18-21 year olds are past the juvenile system but still in need of prevention, intervention and treatment supports.	Include this age group in the mandated service delivery of existing agencies.
Federal Early Intervention (EI) preschool evaluation does not recognize/value church sponsored pre schools	Change federal guidelines to allow EI services to be provided to children attending church pre schools (voluntarily) and not “ding” EI when parents choose to place their children in these settings.
Competition between state agencies	Need more cooperation between state agencies reducing competition over limited revenues
Limited collaboration, coordination, planning funds	CCF is funded to convene partners but partners are not funded to participate in community planning, collaboration, etc. This duty is delegated to agency exempt employees along with unfunded mandates.

**6. Impacts of local plans for state agency 2005-07 budgets.**

6.a.) The following 11 areas have gaps that are the most critical to fill in our county in order for us to achieve the plan outcomes (in the 2005-07 biennium).

JUVENILE CRIME	ALCOHOL AND DRUG	EARLY CHILDHOOD	OTHER SYSTEMS AND CROSS-SYSTEM SUPPORTS
<input type="checkbox"/> Basic services (JCP)	<input type="checkbox"/> Alcohol and drug treatment services for adults	<input type="checkbox"/> Home visiting	<input type="checkbox"/> Mental health services for adults
<input type="checkbox"/> Aftercare support	<input checked="" type="checkbox"/> <i>Alcohol and drug treatment services for youths</i>	<input type="checkbox"/> Child care (hard to find) Includes infant and toddler, after hours, special needs, match with home culture, etc.	<input checked="" type="checkbox"/> <i>Mental health services for children and youth</i>
<input type="checkbox"/> Diversion services	<input checked="" type="checkbox"/> <i>Alcohol and drug prevention services – access to services that change community norms, public awareness</i>	<input checked="" type="checkbox"/> <i>Quality Child care (affordable)</i>	<input checked="" type="checkbox"/> <i>Health care access</i>
<input type="checkbox"/> Juvenile crime prevention – access to services	<input type="checkbox"/>	<input type="checkbox"/> Preschool	<input type="checkbox"/> Access to contraceptive information
<input checked="" type="checkbox"/> <i>Involve families in family therapy and prevention efforts</i>	<input checked="" type="checkbox"/> <i>After care support</i>	<input type="checkbox"/> Early childhood workforce development	<input type="checkbox"/> Youth suicide prevention
Other _____	Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Emergency shelter
			<input type="checkbox"/> Foster care
			<input checked="" type="checkbox"/> <i>Family support services to higher risk families</i>
			<input type="checkbox"/> Domestic violence services
			<input type="checkbox"/> Domestic violence awareness & education
			<input checked="" type="checkbox"/> <i>After school activities</i>
			<input type="checkbox"/> Alternative education
			<input type="checkbox"/> Truancy/school attendance
			<input type="checkbox"/> Workforce training
			<input type="checkbox"/> Positive youth development activities
			<input checked="" type="checkbox"/> <i>Mentoring</i>
			<input type="checkbox"/> Parenting education
			<input type="checkbox"/> Provider training
			<input type="checkbox"/> Safe, decent, affordable housing
			<input checked="" type="checkbox"/> <i>Transportation</i>
			<input type="checkbox"/> Living wage jobs
			<input type="checkbox"/> other

*On April 16, 2004 the Umatilla County Youth Services and Umatilla County Mental Health Program facilitated a discussion regarding the resources and needs of children 0-18 yrs. in relation to the services locally available to care for their mental health issues. This discussion helped to identify many things that have been started since the submission of Phase 2 of the Community Comprehensive Plan that should be added in this updated version. The following is a summary of that discussion:*

## **Mapping of Current Services**

### **Strengths**

- Umatilla County Mental Health Provides 24 hr. Crisis Services without funding
- Collaboration with Mental Health and Youth Services for wraparound services in Hermiston
- CARE team provides connection for Mental Health: (Elementary age, Pendleton, Hermiston, Umatilla only)
- Willingness of community agencies to attend partnering meetings
- Connection between Pendleton High School and Juvenile (YS) Dept is good
- Mental Health receptionist is helpful to public health clients
- Domestic Violence Shelter and Sexual Assault Counselor is helpful
- 90 day treatment program – collaborative with A&D, MH, YS: dual diagnosis w/Glen Snively
- more collaborative working relationships with YS and MH: co-facilitation of programs
- Community Interagency Network meetings allow sharing of information: often though the it doesn't filter down to line staff
- Medication Management services for adults and children
- Youth Investment Program/CASA (Mel Carter has a wealth of knowledge and experience)
- Teen Alcohol & Drug Diversion – Not My Kid: graduated sanction MH/YS collaboration
- DHS Family Decision-making Meetings (FDM)
- DHS Team Decision Meetings: focus on safety plans and prevention of foster care placement
- Marigold Program, a division of Homestead Youth and Family Services: working with at-risk youth 11-18 yrs old and their families as well as family case management
- Tribal Programs: tutoring, education counselors, tribal court, Youth A&D prevention
- Girl's Circle (gender specific collaboration between MH, YS, Tribe)
- Head Start: early identification of High Risk child
- Mental Health CRT's with Jennifer Y.
- Pendleton H.S. & Sunridge Middle School's Reconnecting classes for A&D sanctioned kids
- School Based Health Centers are implementing the Columbia University Teen Screen
- Lost and Found Program: faith based/community based after school program
- CAPECO's several programs: tutoring, employment help, college visits, housing assistance
- Mental Health has access to regional youth coordination (EOSCH) (Jennifer Y)
- Tonya's House
- OCDC (migrant head start) contracts with MH for 4 hrs per week

### **WEAKNESSES / NEEDS / GAPS IN SERVICES**

- Only 1 sexual assault counselor in county sexual assault intervention referral
- Lack services for sexually abused males

- Physician/medical community involvement
- No child psychiatrist in county. Have access to one from Union county for a few hours twice a month
- Dental care access and availability
- Data Collection to impact legislature
- Mental Health Program needs more contracting opportunities like that with OCDC
- Innovation in meeting community needs when they don't fit a billing code
- Broadening existing programs
- Adding to home-based services: case mgmt, transportation, after school programs, mentoring
- No therapeutic foster care providers
- Traumatized children need specialized care providers
- More Summer programs providing supervision for children
- When problems occur in families over the summer the schools are not informed or prepared for the affected child when they return to school
- Interagency information sharing and education that filters all the way through the organization
- Need pooled resources for training
- 0-5 age group services
- 7-11 age group services
- Community protocol for trauma response....possibly through the MDT? ...
- Need more bi-lingual agency partners
- Intensive adolescent A&D Outpatient treatment for kids who have not gotten into trouble with the legal system yet and when parents are not supportive.

Umatilla County

Data Update

June 2004

Umatilla County		1998	1999	2000	2001	2002	2003	Source
<b>TREND</b>	<b>Goal 1: Strong, nurturing families</b>							
<b>BETTER</b>	1. Reduce adult substance abuse - adult abuse/dependency of any drug including alcohol							DHS 2002 County Data Book and SB555 Joint Data Book
	Umatilla County		12.30%			11.50%		
	Oregon		15.28%			15%		
<b>BETTER</b>	2. Reduce domestic violence - reported as the rate of domestic violence arrests of partners per 1,000 adults							LEDS - Law Enforcement Data
	Umatilla County	7.8	8.1	7				
	Oregon	5.5	4.6	7.4				
<b>WORSE</b>	3. Reduce poverty - Percent with incomes below 100% of the federal poverty level							Census
	Umatilla County	15.8	14.1	13.6				
	Oregon	12.1	11.3	10.6				
	2000 census data - 19.6% of all Umatilla County children under 18 living in poverty (15.1% state)							
	50.2% of students in Umatilla County School Districts are on Free/Reduced Lunch (2003-04)							
	<b>Goal 2: Healthy, thriving children</b>							
<b>BETTER</b>	4. Reduce child maltreatment (rate per 1,000 children 0-17)							
	Umatilla County	9.3	9.2	9	8	9		DHS
	Oregon	12.2	13.5	12.2	9.6	9.7	10.8	
<b>BETTER</b>	5. Improve prenatal care - percent of babies whose mothers received prenatal care beginning in the first trimester							DHS
	Umatilla County	73.0%	71.1%	71.1%	76.4%	72.8%		
	Oregon	80.2%	80.9%	81.3%	81.5%	81.6%		
<b>BETTER</b>	6. Increase immunizations - measured by the percentage of two-year-olds who are adequately immunized							DHS
	Umatilla County		79%			67.90%		
	Oregon		73%			72.70%		
					2.7%	religious exemptions across the state		
	7. Reduce alcohol, tobacco and other drug use during pregnancy							DHS
<b>WORSE</b>	7.a Alcohol use during pregnancy - self report by mother							
	Umatilla County	1.3%	1.7%	1.8%	0.4%	1.4%		
	Oregon	1.6%	1.9%	1.4%	1.0%	1.3%		
<b>WORSE</b>	7.b Tobacco use during pregnancy - self report by mother							DHS
	Umatilla County	16.6%	12.2%	13.2%	11.7%	13.2%		
	Oregon	15.2%	14.5%	13.3%	12.8%	12.6%		
<b>LOW</b>	8. Increase child care availability reported as number of child care slots available for every 100 children under age 13							
	Umatilla County	16.7	16.8	17.9	15.9	16.3		Oregon Progress Board
	Oregon	21.1	20.7	20.4	18.5	18		
<b>BETTER</b>	9. Improve readiness to learn - reported as percentage of children entering school ready to learn							Oregon Dept of Education
	Umatilla County			66.1%		70.9%		
	Oregon			66.5%		76.2%		

Umatilla	County		1998	1999	2000	2001	2002	2003	Source
<b>TREND</b>	<b>Goal 3: Healthy, thriving youth</b>								
<b>WORSE</b>	10. Decrease teen alcohol use - measured as 8th grade alcohol use in the last 30 days								
	Umatilla County		24.3		29.6	21.1	15.2	20	DHS OHT Survey
	Oregon		26		26.4	24.9	25.4	25	
<b>WORSE</b>	11. Decrease teen drug use - measured as 8th grader illicit drug use in the last 30 days (includes marijuana, inhalants, stimulants, cocaine, heroin, ecstasy, hallucinogens)								
	Umatilla County		15.6		14.2	12	12.6		Indications of Meth use increasing
	Oregon		18.6		13.8	17.5	18.3		Data possibly regional
<b>BETTER</b>	12. Decrease teen tobacco use - measured as 8th grade smoked a cigarette in the last 30 days								
	Umatilla County		20.0%	17.0%	14.0%		12.0%	4.0%	DHS OHT Survey
	Oregon		20%	15%	13%		12%	11%	
<b>BETTER</b>	13. Decrease juvenile arrests - reported as juvenile arrests for person and property crimes per 1,000 juveniles								
	Umatilla County		29.6	25.0	28.1	25.5	20.3		Oregon Progress Board
	Oregon		21.8	19.6	18.6	16.8	14.9		
	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.								
<b>BETTER</b>	15. Reduce juvenile recidivism - new juvenile criminal referral within 12 months of initial referral								
	Umatilla County		41.9	38.7	36.3				JJIS (Juv. Justice Info. System)
	Oregon		36.9	36.6	34.8				
<b>BETTER</b>	16. Reduce teen pregnancy (rate per 1,000 females ages 10-17)								
	Umatilla County		20.9	21.3	21.3	14.6	14.5	8.7	DHS-ODHS (Health Div.)
	Oregon		17.2	15.9	14	12.6	10.9	9.6	
<b>BETTER</b>	17. Decrease youth suicide - reported as total number of suicide attempts by 7-17 year olds								
	Umatilla County		9		15	15	6		DHS-ODHS (Health Div.)
	Oregon		761		802	865	876		
	In 2003, 13% of Umatilla County 8th graders reported they considered suicide in the past 12 months (Student Survey)								
	In 2003, 13% of Umatilla County 11th graders reported they considered suicide in the past 12 months (Student Survey)								
<b>BETTER</b>	18. Reduce high school dropout rate								
	Umatilla County		9.2%	9.0%	7.0%	5.0%	4.3%		ODE (Dept. of Education)
	Oregon		6.9%	6.6%	6.3%	5.3%	4.9%		
	<b>Goal 4: Caring Communities</b>								
	19. Increase community engagement								
	No statewide data available on this measurement								
	Umatilla County								
	Oregon								