

# UMATILLA COUNTY

## Coordinated Comprehensive Community Plan Update for Children and Families

Prepared for the Umatilla County  
Board of Commissioners  
By the Umatilla County  
Commission on Children and Families  
216 SE 4<sup>th</sup> Street, Pendleton OR 97801  
Phone (541) 278-5486, fax (541) 278-5488

**SUBMITTED TO OCCF  
JANUARY 31, 2006**

# **Umatilla County Coordinated Comprehensive Community Plan Update 2006-2008**

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 & Addiction 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 CCF and our community partners 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 still 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. 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.

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

**Part 1 – Update process and partnerships**

*1.a) Please submit an updated Executive Summary of your Coordinated, Comprehensive Plan.*

This plan update (due January 31, 2006) includes our review of the four goal areas and each of the 19 high level outcomes.

When the 2004 update was written, the announcement of the closing of several major employers in the county had just been made. Since its submission, the economic condition has stabilized a bit and resources to assist displaced workers through CAPECO (Community Action Program of East Central Oregon) have helped many local residents to secure education and employment in other fields. However, there still remains to be a shortage of family wage jobs. Local government and Economic Development organizations are looking at ways to attract businesses to Eastern Oregon in the hopes that jobs for local residents can be acquired.

The impact of the War on Terror continues to divert resources from domestic programs and has impacted the lives of area service men and their families. Sadly, five brave soldiers from our county were killed in Iraq and Afghanistan since our last update. We are grateful for their service and sacrifice on our behalf and hope that we will soon see a safe return of all the troops. The

Umatilla County Veteran's Services Division has seen a huge increase in requests for their assistance.

Education continues to be under-funded along with every other social service in Oregon.

Quality and affordable childcare remains extremely hard to find. Infant/toddler care is still rare and expensive. Odd-hour care (defined as early morning, late night and weekend) is minimal. The local Child Care Resource and Referral indicated at the last meeting of the Early Childhood Partnership Team that we are down to 54 exempt (161 slots), 54 registered (452 slots), and 4 certified (48 slots) family child care home providers in the Umatilla-Morrow county region. Of these 112 family child care providers 37 provide evening care, 44 early morning care, 26 overnight care, and 20 weekend care. We are losing providers twice as fast as we are gaining them, with infant/toddler care taking the biggest hits. In addition there are 15 full day centers (1058 child care slots) and 18 part day programs (549 slots). Infant/toddler care slots in these centers account for 270 of the 1607 slots.

A committee of concerned citizens has convened of late to discuss the needs of children of incarcerated parents. Since there are two state correctional facilities in Umatilla County, efforts to improve the outcomes of these families are being highlighted by the Early Childhood Partnership Team. This is being led by a collaboration of professionals representing Eastern Oregon Correctional Institution, Umatilla County Commission on Children and Families, the Foster Grandparent Senior Companion Program, and the Children's Justice Alliance. One outcome of this collaborative endeavor is identifying if there is a need for and then, if so, the implementation of a Crisis Relief Nursery. One of the first steps being taken is to hold a community training, "And How Are the Children" that will be taking place in spring 2006.

Alcohol and Drug Prevention and Treatment dollars have been significantly reduced and with the current economic recovery it appears that the restoration of these funds is not going to occur within the next biennium. This has resulted in a loss of jobs in the treatment provider field. The efforts by local coalitions to reduce tobacco use, underage drinking, and illicit drug abuse have improved communication between partnering agencies, schools, and the faith communities and increased direct prevention services to youth at risk of drug abuse by providing a forum for service providers to convene and plan for the needs identified in the county. The Local Alcohol and Drug Planning Committee is also a strong force for change and lead the charge to improve outcomes. They have consistently worked to get a drug court established and we are now in the final stages of applying for funds to initiate a drug court.

The impact that poverty and economic deprivation has on children and families cannot be understated.

Covered employment and wage information for the first quarter of 2005 is available at [www.QualityInfo.org](http://www.QualityInfo.org). First quarter 2005 data provides the first look at industry employment and wages in Umatilla County following the December 2004 closure of Simplot's Hermiston-based food manufacturing facility.

At the industry level, food manufacturing shows a significant decline in 2005, with employment from January through March falling by 768 jobs compared with the same period in 2004. Payroll

in food manufacturing lost just over \$6 million and average wages during the quarter fell by \$200. Food manufacturing lost another firm when Tree Top's Milton-Freewater facility closed at the end of the 2005 harvest season.

At the total all-industries level, which includes covered agricultural employment, the net loss was cushioned by growth outside food manufacturing. Overall, Umatilla County's all-industries employment level was down 559 jobs and payrolls were down \$0.5 million.

Food manufacturing wasn't the only private industry posting a job loss. The total private industry loss in the first quarter of 2005 was 950 jobs. Payrolls declined about \$4.8 million but average wages were up \$68 compared with the same period in 2004.

Professional and business services was another significant source of lost jobs for the private sector. The administrative support services sub-sector was down by 329 jobs and \$1.4 million in payroll, and professional, scientific and technical services fell by 52 jobs and \$0.8 million in payroll.

Secondary impacts were the likely reason for private-industry job losses in accommodations (-36) and food service and drinking places (-24). Retail trade was flat, losing two jobs and gaining just \$0.4 million in payroll, which was relatively insignificant for an industry with nearly 3,100 jobs.

There were some notable gains in the private sector. Transportation equipment manufacturing gained 96 jobs and \$0.4 million in payroll, and specialty trade contractors were up 89 jobs and nearly \$0.7 million in payroll.

Government ownerships were the source of strength that offset a portion of the private-sector loss, gaining 391 jobs and \$4.3 million in payroll. All ownerships within the public sector added jobs over the year, with state government leading the way. State government employment rose by 274 jobs and payrolls climbed by \$1.2 million. A substantial portion of the growth in state government reflects service payments to home care providers that contract with state agencies. Federal government only added only 20 jobs but its payroll growth was substantial at nearly \$1.8 million. Local government gained 97 jobs and just under \$1.4 million in payroll.

So how big is the government sector in Umatilla County? From a job standpoint, it represented nearly 27 percent of the all-industries total during the first quarter of 2005 and the payroll portion was 33 percent.

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 Coordinated Comprehensive Community Plan Update. In 2005 we conducted monthly community meetings starting in July to review the plan, strategies, and data. Suggestions for changes were identified and recommendations for improved data collection were made by various partners. The priorities previously established were still considered to be relevant and important. The resources to devote to the various strategies continue to be scarce due to either a lack of funding or a reduction in funding resulting in modification of the resources to fit within

the available funding. 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 allocated available funding from the CCF grant streams and Juvenile Crime Prevention to implement strategies and programs that have a basis of research that shows evidence of best and /or promising practices.

Beginning in the 2001-2003 biennium and continuing into the present, 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. Projects requiring collaborative relationships between child and family serving organizations 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 decreasing risk factors and increasing protective factors has brought many critical players/stakeholders to the planning table.
2. CCF works with the Local Alcohol and Drug Planning Committee (LADPC), which is an active leader in the prevention and treatment of alcohol, drug, and gambling 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. [In the current biennium all Oregon Together grant funds previously devoted to support these coalitions have been cut from the budget.](#)
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. A workshop on Party Disbursal practices and Decoy Operations (Compliance Checks) was hosted in Pendleton for this region of Oregon. [A slight increase in Underage Drinking grant funds is providing Umatilla County with an opportunity to initiate some strategies aimed at preparing law enforcement and community coalition partners to implement appropriate party dispersal practices and compliance checks, as well as provide for a statewide media campaign. One of the success stories of this coalition was the first ever dispersal of the “senior kegger, aka The BBQ” of Pendleton High School in 2005. State Police, Tribal Police and Pendleton Police all worked together with members of this coalition to stop this party before it got started. These efforts helped to send a message to PHS students that we are getting serious about the enforcement of underage drinking laws.](#)

4. The Pendleton Police Department is now offering free, confidential drug screens to parents who suspect their children may be using drugs or alcohol, but need help substantiating their suspicions. They call this program Parent Aid.
5. The Community Access for Resource Effectiveness (C.A.R.E.) program is a collaborative school based program that brings agencies, school staff, and family members of children identified as being at-risk together to develop appropriate strategies to assist the child and family to develop a healthy family system. The focus of C.A.R.E. is prevention and early intervention. This program has been very successful at wrapping available resources around these children and families to assist them in meeting the goals and objectives established by the C.A.R.E. team. The risk factors often identified often include: homelessness, medical problems, financial concerns, child-care needs, transportation issues, in-home services, social/emotional concerns, etc. During the course of the meeting the team develops a plan to assist the family in creating healthy family systems. The program has contracts with the Hermiston, Pendleton, Umatilla, & Pilot Rock School Districts, Umatilla-Morrow ESD and Umatilla Morrow Head Start, Inc. The program serves birth through elementary school in those areas. Positive results have been demonstrated through the use of wrap around services with at risk youth and families
6. 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. The grant has now ended but the Head Start organization has taken the training and methods and imbedded them in their organization so that they are able to apply a comprehensive approach to address the needs of their clients. They accomplish this in a two pronged approach: family strengthening and community strengthening.

The long-term goals of the Free to Grow initiative are the prevention of substance abuse and child abuse. One of the core strategies of the Free to Grow approach is their unique collaboration of partners which includes the police departments, school districts, Oregon Department of Human Services, Umatilla County Commission on Children and Families, local business owners, faith based organizations, housing authority and Umatilla Morrow Head Start. These partners have worked together to meet the aforementioned goals of Family Strengthening and Community Strengthening.

Family Strengthening focuses on increasing Head Start's and the community's capacity to provide ongoing case management, with a focus on intervention strategies around family use of illegal substances, misuse of legal substances, and associated high risk behaviors associated with child abuse and neglect. New interventions/collaborations include: Unity Meetings (coordinated case management with all organizations involved in a family's life), Incredible Years parenting courses offered in English and Spanish (12 week course with support group follow-up), and substance abuse intervention.

Community strengthening focuses on collaborative efforts to increase local grassroots community leadership and advocacy by developing knowledge and skills among Head Start families and community residents in a target community. What began in Hermiston has

since grown to Umatilla and Pendleton. Some of these strategies include providing a training entitled, "Building Leadership for Community Development," increasing Neighborhood and Community Watch programs in neighborhoods, and developing a Neighborhood Revitalization program.

Neighborhood Revitalization stems from research showing that a lack of attachment to neighborhoods and schools where families live increases the chances of children engaging in high risk behaviors. These behaviors include substance abuse, defacing property, and also increase isolation among adults which can lead to child abuse and substance abuse. With the Neighborhood Revitalization strategy, a core team, consisting of the Housing Authority, Police Department, Head Start, Fire Department, City Building and Code Enforcement, and Community Action Agency come together to focus outreach and intervention in the neighborhoods that meet the criteria for needing revitalization. These are neighborhoods in which there is a high "call for services" from the police department and have health and safety concerns on living conditions. The strategies of the intervention include: provide support for families in need (substance abuse intervention, parenting classes, referrals for housing, mental health, food, utilities, and clothing), neighborhood clean up, housing repairs, assist landlords in recognizing and correcting unsafe housing/rental practices; develop neighborhood leadership; and assist with developing neighborhood watch programs. The outcomes of these combined efforts are 1) Increase neighborhood and school attachment; 2) Decrease neighborhood crime; 3) Increase grassroots leadership and community involvement; and 4) Decrease isolation. These outcomes will meet the long-term goal of prevention of child abuse and substance abuse.

The expansion of Free To Grow to the cities of Pendleton and Umatilla is underway and the organization is finding very receptive neighbors who are excited to see the tangible results of neighborhood revitalization and the specific outcomes associated with Family and Community strengthening strategies as noted in the list below:

#### FAMILY STRENGTHENING:

- Training around substance abuse issues for all Umatilla Morrow County Head Start, Inc. staff and community members
- Provided free Motivational Interviewing trainings for all UMCHS staff and community partners, including school principals, teachers, DHS staff, County Health Department staff, parole and probation officers, juvenile justice staff, and prison staff
- Provided free "train the trainer" workshop for UMCHS, Inc. family development staff and community partners (including Umatilla County DHHS staff, DHS staff, Substance abuse counselors, Mental Health staff, and school district staff).
- Provided free parenting courses for Head Start parents and community residents (English and Spanish language).
- Provided cultural diversity training
- Provided substance abuse counseling options for Head Start parents.
- Co-Partner with Umatilla Housing Authority to provide on-site family support services.

## COMMUNITY STRENGTHENING

- Created a unique Governance team by combining non-traditional organizations (i.e., schools, police dept) with service organizations and local faith based, business leaders and community residents.
  - Provide free “Community Leadership and Advocacy Training” to Head Start parents, community residents, and UMCHS, Inc. staff.
  - Co-sponsored “Community Problem Solving Training” with the Hermiston Police Department.
  - Co-sponsor of “Community Graffiti Clean Up Operation” with the Hermiston Police Department
  - Sponsor annual “Free To Grow Community Picnic” (includes outreach with the Police, Fire Dept., Umatilla County Coalition Against Tobacco, and Alcoholics Anonymous.)
  - Co-sponsored “Red Ribbon Week” with the Hermiston School District. (Substance abuse awareness activities and media outreach.)
  - Co-sponsor family support activities with the Housing Authority of Umatilla County.
  - Sponsored Neighborhood Revitalization Training
  - Created Neighborhood Revitalization Teams
7. Hands on Parenting Excellence (H.O.P.E.) is the Umatilla County Public Health Department’s home visiting program combining maternity case management, [newborn home visits to first time parents](#), 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. Home Visit Specialists are trained in the Parents As Teachers curriculum, which is utilized in all of the home visits. Children’s Books are offered, in both 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. H.O.P.E. does more than just provide 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. [This biennium \(2005-07\) Healthy Start funding was reduced statewide. Locally, this has resulted in staff reductions as well as reductions in service availability. The program continues to be offered to first time moms only and results in positive outcomes to families who volunteer for services. The need to prioritize services is occurring due to reductions in funding.](#)
8. The Umatilla County Court Appointed Special Advocates program (CASA) is a volunteer based program that is run by a ½ time coordinator. There are currently eleven

active CASA volunteers. CASA volunteers are appointed to abused and neglected children involved in court proceedings and seek to assure safe, permanent families for them as quickly as possible. They make sure the child is not lost in the system and that the best interests of the child are represented in all procedures. The county has approximately 175-200 children in care through DHS Child Welfare. The CASA Director feels that the program really needs at least 20 volunteers to be able to best serve the needs of the children in care locally. Due to this shortage of volunteers not all children are represented by a CASA. The CASA Director attends all of the shelter care hearings when possible. Within 30 days of the shelter care hearing a Mediation hearing takes place. At that hearing it is determined what the child's needs are and the case is prioritized and either assigned a volunteer or is documented as "monitor only". If a case involves physical abuse a CASA is automatically assigned. Other things that affect the decision would be if there were a prior history, age of child, & the allegations associated with the petition. The CASA director maintains a very open, honest and workable relationship with DHS and all associated community partners. CASA volunteers try to work with the families, if possible, during their involvement with the case but their primary concern and focus is the child.

9. 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. All children in foster care in the county under the age of three will receive a screening and evaluation, if it is needed, by the Early Intervention / Early Childhood Special Education Team at the Umatilla-Morrow Education Services District. All children in foster care over the age of three will receive a mental health screening by Lifeways Umatilla, Inc. within 60 days of placement and /or jurisdiction being established. 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 transition continues from Umatilla County Mental Health to Lifeways Umatilla, Inc. As resources are reduced services maybe modified and challenges are greater in each agency. The need for us to work together to serve children and their families becomes more important and this 0-5 team is committed to that goal.

10. 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:

- 0-5 Multi-Disciplinary Team
- CARE Steering Committee
- Child Care Resource and Referral Advisory
- Citizen's Review Board
- [Children of Incarcerated Parents Workgroup](#)
- Community Interagency Network (CIN and CIN West)
- [Family Support & Connections](#)
- Early Childhood Partnership Team
- Free To Grow Governance Board
- Head Start Health Advisory Committee
- Healthy Start Advisory
- Local Alcohol & Drug Planning Committee (LADPC)
- Local Interagency Coordinating Council (LICC)
- Local Public Safety Coordinating Council (LPSCC)
- Marigold Program
- [Pendleton Mentoring Program](#)
- [Pendleton School Based Health Centers](#)
- Reducing Adolescent Pregnancy Partnership (RAPP)
- Special Library District's Take Off (Early Literacy) Program
- St. Anthony's Hospital Healthier Communities Coalition
- Umatilla County Coalition Against Tobacco (UCCAT)
- Umatilla County Coalition to Reduce Underage Drinking (UCCRUD)
- Umatilla County Youth Suicide Prevention Coalition
- Umatilla Morrow Safe Kids

11. In 2005 Umatilla County received the federal designation of being labeled a High Intensity Drug Trafficking Area (HIDTA). Being designated a HIDTA county brings with it both opportunity and responsibility. There is increased federal funding that comes with this label. It also increases certain expectations. The increased emphasis on the criminal consequences of drugs has also provided an opportunity to educate and inform the community regarding the human services consequences. As law enforcement gets tough on methamphetamine manufacturers and traffickers, more children are identified in Meth homes and consequently removed and brought into the child welfare system. This is taxing an already overburdened child protection system. The Commission on Children and Families has sought out opportunities to arrange speakers for civic groups to educate the public about these issues.

12. The Children of Incarcerated Parents program operating out of the two state correctional facilities that are located in our county is also looking at ways to improve the outcomes to

children whose parents are housed within their walls. As we extrapolate the possibilities of what could happen to our human services systems if nothing is done to curtail the rate of individuals being admitted into the criminal justice system we can see that the answer does not lie in building more prisons to warehouse criminally convicted individuals, but rather in preventing the behavior that occurs when people make bad choices.

13. Umatilla County is no longer the provider of mental health services. Lifeways Umatilla, Inc. holds the contract to provide mental health and crisis intervention services for the county. Alcohol and drug treatment and developmental disabilities services are still being handled by Umatilla County Community Human Services.
14. Since the last update there has been a philosophical shift within Juvenile Services in Umatilla County. A name change occurred to better describe the theoretical approach to Case Management being adopted within Juvenile Services, the new name being Youth Services, to indicate the departments shift to case management and prevention services to youth and their families. With this change came the move of the Umatilla County Prevention Coordinator from Mental Health to Youth Services enhancing prevention services to children/youth identified to have risk factors placing them at risk of future referrals for delinquency behavior. The coordinator is a bilingual, bi-cultural F.T.E. She provides direct services to children of ages 5-11 years old; the services may include intensive case management, home visits, and individual visits with the child/youth for prevention services (such as building life skills, anger management, and etc.). She also coordinates training, program oversight/technical assistance, evaluation and provides the Spanish curriculum to the students for schools that are implementing the Project Northland ATOD prevention program for 6th through 8th graders. This is an evidence based, model program. The goals of the program are to delay the age when young people begin drinking, reduce alcohol use among young people who have already tried drinking, and limit the number of alcohol-related problems of young people. Currently there are 5 school districts participating in the program (Milton-Freewater, Helix, Echo, Stanfield and Umatilla.) She is available to assist all local schools in their ATOD prevention efforts by providing supplies for Red Ribbon Week, increasing awareness of ATOD use and abuse, providing technical assistance, and supporting the efforts of campus/community coalitions.
15. Changes within DHS Child Welfare have 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.
16. 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 had increased, 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.

17. The 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 policies and now has a tobacco free policy for staff, students and visitors. [Funding was partially restored for the Tobacco Prevention program in 2005 and with their efforts the Tobacco Coalition gathered community support to help pass a Pendleton City ordinance to ban the free sampling of tobacco, becoming the first city in Oregon to put a stop to this practice. The ordinance took effect in January 2005, and had a huge impact on reducing the visibility of tobacco at the Pendleton Round-Up this past September.\(2005\)"](#)

[Youth in Ukiah, Milton-Freewater, Stanfield, Hermiston, Pendleton and Umatilla participated in Operation Storefront activities in the spring of 2005, highlighting the enormous presence of tobacco advertising in retail locations. They will be working with store owners to reduce the amount of advertising in these establishments.](#)

18. The Reducing Bullying and Harassment in Schools and Communities committee started meeting last summer, and although it has no funding, has been meeting monthly. Their goal is to work with schools and communities to implement policies and practices that ensure the safety of children/youth including being safe from bullying and harassment. This group works closely with Youth Suicide Prevention (YSP) which also has no funding source.
19. 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 ([i.e., Cornerstone Community Church](#)) and St. Anthony's Hospital's Catholic Health Initiative partners.
20. The tribe has made youth education and juvenile crime prevention a priority. A new charter school has been established on the reservation and began accepting students during 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. Tribal court has a Youth Prevention Specialist who is working with counseling youth and parents about anger management, bullying, and other issues that pertain to mentoring. The prevention specialist also works with youth to help prevent pregnancy in a girls support group after school by using the "Baby Think It Over" program in which they use Native American simulated baby dolls. The Confederated Tribes of The Umatilla Reservation have also started the "Rez Watch" which is a community coalition approach to help prevent the Meth problem.

21. Through planning and partnerships the Community Safety Net (CSN) has been able to open the referral process to specific 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.

Changes at the state level have required the CSN program to change their name to the Family Support & Connections. Families receiving (Temporary Assistance to Needy Families) TANF from DHS are now given priority for delivery of the network's services. The referral processes have also changed.

22. 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. Both have found classes to be rewarding.
23. 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. The Umatilla County Special Library District is also implementing another new program aimed at increasing the number of young patrons with a library card. It is called Up and Away. This program encourages families to take their children to the library where there is more going on than just being a place to check out books. Hermiston's Public Library recently started a Teen Advisory Council which is giving the organizations some great new ideas on how to engage youth and increase literacy. They received a grant from the Trust Management Foundation and have purchased 110 different materials earmarked for teens that are very popular. A Tea Party and a Battle of the Comedians are two successful events that were planned by the Teen Council.

24. [CCF and their community partners](#) encourage volunteering in the schools with the SMART program. After school educational opportunities are also supported that provide supervision and educational enhancement for young learners.
25. [Eastern Oregon Alcoholism Foundation](#) has completed the construction of new transitional housing facilities in Pendleton. This will provide much needed space for families in recovery to get their feet back under them and prepare for a successful move from residential treatment into the regular community. It allows adults completing treatment to have their children with them.
26. [Pendleton High School](#) received federal grant funding to develop a mentoring program. The Pendleton Mentoring Program hired a coordinator who works at the School District Office. Community members and High School upperclassmen are matched with 4<sup>th</sup>-8<sup>th</sup> graders. 2005-06 will be the first year of the program.
27. [Blue Mountain Community College](#) received a federal Campus Suicide Prevention grant. A suicide prevention project director will be hired and we look forward to working closely with this person and supporting their efforts.
28. The Behavior Support Programs at the Hermiston School District are designed to provide intensive services to children and families so that children with severe behavioral issues may continue in a regular educational setting. These programs focus on wrap-around service delivery by linking families to the appropriate agencies within the community for support. It also offers 24 hour crisis consultation as well as intensive behavioral work with their children. One on one counseling services along with group work are provided weekly with the goals of improving pro-social behavior within the schools and the community. Partnering with agencies to ensure that families are supported is key to success.
29. The Oxford House organization has established several homes in the county which provide much needed transitional housing for men and women recovering from alcohol and drug addictions. These are peer managed and democratically run residences that both support the client in recovery and teach important life skills. They have zero tolerance for alcohol and drugs.
30. [Umatilla County Youth Services](#) has implemented gender specific services for females utilizing the “Girl’s Circle Curriculum”.

***1.b) Checklist of Plan update Participants***

Community residents:

- General population
- Youth
- Clients/consumers
- People with special needs
- Groups of diverse populations

Local Governments

- County human services agency

- Law Enforcement
- Tribal governments
- Juvenile departments
- Parole/probation
- Service providers
- Other county government entity

Dept. of Human Services:

- Abuse and neglect
- Food, cash, housing
- Disability services
- Service providers
- Safety Net
- Community Partnership Teams
- Alcohol & drug prevention
- Prevention coordinators
- Service providers

Health

- Public health departments
- Local mental health authority
- Mental health organizations
- Health Maintenance Organizations
- Hospitals
- Other Health Care Providers (WIC)

Community Providers

- Domestic violence organizations
- Community Action Agency
- Public Housing Authorities
- Other affordable housing providers
- Advocacy groups
- After-school programs
- Child care providers
- Child Care resource and referral
- Early childhood team representatives
- Early Intervention/Early Childhood Special Education
- Head Start/Oregon Pre-Kindergarten

Private Sector

- Businesses
- Chamber of Commerce
- Service Clubs
- Faith Community
- Neighborhood coalitions

K-16 education:

- Specific schools
- Parent teacher associations
- School Board
- School district
- Alternative schools
- Community Colleges
- Educational Service District
- Workforce Providers

Other \_\_\_\_\_

**1.c 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

**1.d.) Is the local community mental health plan included in or attached to your county's comprehensive plan?**

- Yes  
 No. If no, when do you anticipate that it will be attached? \_\_\_\_\_

**1.e.) Is the local community public health plan included in or attached to your county's comprehensive plan?**

- Yes  
 No. If no, when do you anticipate that will it be attached? \_\_\_\_\_

**Part 2- Plan Analysis: Reviewing the plan – Where are we now?**

**2.a.) Plan Analysis-Where are we now demographically? What significant differences, if any, in the county population were shown in the most current population estimates? Include a review of race/ethnicity:**

Race and ethnicity population totals from the OJJDP.NCJRS.ORG webpage titled “Easy Access to Juvenile Populations” show the total **year 2003** populations for Umatilla County and the state of Oregon by race and ethnicity in the following table:

<b>Year 2003</b>	<b>Age 0-17</b>			<b>Age 18+</b>		
<b>Race/Ethnicity</b>	<b>County</b>	<b>%</b>	<b>State</b>	<b>County</b>	<b>%</b>	<b>State</b>
White	17,998	2.3	768,399	49,692	2.0	2,513,138
Black	264	.98	27,042	566	1.1	49,604
American Indian	888	5.0	17,632	1,774	4.4	40,598
Asian	237	.66	36,099	589	.6	107,084
Hispanic	5,429	4.4	123,371	7,192	3.5	202,990
Non-Hispanic	13,958	1.9	725,801	45,429	1.8	2,507,434
Total	19,387	2.3	849,172	52,621	1.9	2,710,424
<b>Total Pop. age 0+</b>	<b>Umatilla County: 72,008 is 2.0% of State: 3,559,596</b>					

Components of Population change from April 1, 2000 to July 1, 2004 from PSU show that there was an increase of 1,702 residents showing a 2.4% increase. There were 3,733 births and 2,019 deaths showing a natural increase of 1,714. Thus the net migration for the time period was -12.

<b>Year 2004</b>		Ages 0-17		Ages 18-64		Ages 65+		
State / County	Population	Percent of County	Population	Percent of County	Population	Percent of County	Total Population	
Oregon	883,999	24.7%	2,243,223	62.6%	455,378	12.7%	3,582,600	
Umatilla	19,592	27.1%	43,555	60.3%	9,103	12.6%	72,250	

The unincorporated areas of the county have a current population of 21,650. It is that number that does not receive city services. Therefore, the Umatilla County Sheriff's department and the State Police must provide the public safety personnel for this number of citizens as well as their regular duties. Funding for both agencies is inadequate.

2.b.) *Priorities & strategies: Where are we in terms of county specific high level outcomes?*  
(See pages 32-33 for benchmark data.)

The following are the most significant differences in the data:

Benchmarks showing improvements from 1998-2005

- Readiness to Learn
- Teen Pregnancy
- High School Dropout
- Juvenile Arrests
- Juvenile Recidivism
- Poverty – Yet still unacceptable when 20% of all children in Umatilla County under 18 are living in poverty.

Benchmarks showing worsening conditions from 1998-2005:

- Child Abuse and Neglect
- Domestic Violence
- ATOD use during pregnancy
- Teen Alcohol and Drug use
- Youth Suicide
- Prenatal Care

2.c.) *In spring of 2004, Local Commissions on Children and Families conducted an informal survey about homeless and runaways. The survey sought input on three categories of information: estimates of Oregon's homeless and runaway populations, community perceptions of homeless and runaway youth, and recommended actions regarding the homeless and runaway population. Since that time:*

a) *What changes in demographics have occurred?*

Twice a year CAPECO, local community action program, administers the state wide One Night Shelter Count distributed through Oregon Housing and Community Services. This count encourages local social service agencies and organizations to report demographics on those households who are homeless or at risk of being homeless. Our local reporting network increased during this past funding cycle but still meets with resistance from organizations due to staffing requirements to collect the information.

During the past year, the runaway youth count has remained level but other statistics indicate an increase in the number of families with children considered homeless. CAPECO has received a small increase in funds for emergency housing to accommodate this increase.

*b) What are your county's greatest concerns regarding the homeless and runaway population?*

Locally, the development of scattered site transitional housing units (22 total) for homeless households is due to successful grant applications to HUD's Continuum of Care process. While this is a positive, the downside is the lack of emergency shelters that can provide a quick resolve to homelessness for a runaway youth or family while waiting to access a transitional housing unit. We were also successful in securing funding from HUD's Continuum of Care for Rusty's House, a woman's transitional housing shelter for women who have successfully completed drug and alcohol treatment and their children. That funding is paying for supportive services for a site manager, child care, and transportation.

Maintaining emergency shelter services and mentoring to work with youth and families with the ultimate goal of family reunification, such as what Tonya's House provides. For the past four years, the services for runaway and homeless youth have increased. Community knowledge and information about the program has grown.

*c) What recommendations are most critical for the statewide system of services to consider?*

- Financially support emergency shelter services to runaway and homeless youth. Tonya's House is an established emergency shelter and needs funding to sustain its services for homeless and runaway youth in Umatilla County.
- Restore funding for Shelter and Evaluation Centers which can house runaway youth while plans and services are offered to families to reintegrate youth into the home.
- To get a more comprehensive collection of demographics from more than just a few agencies as this report is submitted to legislators to give a snapshot of the homeless population across the state. It should involve state agencies, churches, private and non-profit agencies that provide any type of emergency services. To make it work, it needs to be correlated to funding. So if an agency/organization chooses not to participate then they would not be entitled to receive any funding tied to CFC, United Way, Emergency Food and Shelter Program and state or federal funds.

- Have one agency designated as the clearinghouse to provide and link services to our homeless population. Homeless households get bounced from one agency to another while attempting to gain services so why not create a one stop where people can attain access to multiple services. This system would reduce the stress and despair felt by the homeless household and ultimately stabilize their housing in a shorter time period.
- Provide a consistent definition of what “homeless” is. There are many varying parameters depending upon which organization or funding entity is making the decision. Somebody needs to devise one definition and have everybody agree to it.

*d) What would your county recommend for a new High Level Outcome regarding the homeless and runaway population?*

- Increase the number of organizations collaborating to do the one night shelter count in order to better insure accurate reporting of homelessness in Umatilla County.
- Increase the number of students impacted by homelessness that will receive a consistent education. (Each school district is required to appoint a liaison to facilitate “consistency of educational programming” for children identified as “homeless”.)
- Support and maintain emergency shelter care for runaway and homeless youth.

*2.d.) Where are we in terms of gaps that are the most critical to fill in your county in order for your county to achieve the plan outcomes? Please limit the number checked on the table below to **ten**. Add any additional categories relevant to your county’s continuum of services, but avoid listing specific programs. (Items marked with a  refer to the previous update, items with an arrowmark and bolded are identified in the current update. Notice that several are identified in both updates)*

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
➤ <b>Aftercare support- Re-integration</b>	➤ <input checked="" type="checkbox"/> <b>Alcohol and drug treatment services for youths</b>	<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"/> <b>Mental health services for infants, toddlers, children and youth</b>
<input type="checkbox"/> Diversion services	<input checked="" type="checkbox"/> <b>Alcohol and drug prevention services – access to services that change community norms, public awareness</b>	<input checked="" type="checkbox"/> Quality Child care (affordable)	➤ <input checked="" type="checkbox"/> <b>Health care access</b>
<input type="checkbox"/> Juvenile crime prevention –	<input type="checkbox"/>	<input type="checkbox"/> Preschool	<input type="checkbox"/> Access to contraceptive information

access to services			
<input checked="" type="checkbox"/> Involve families in family therapy and prevention efforts	<input checked="" type="checkbox"/> After care support	<input type="checkbox"/> Early childhood workforce development	<input type="checkbox"/> Youth suicide prevention
Other_____	Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Emergency shelter
			➤ Foster care
			➤ <input checked="" type="checkbox"/> <b>Family support services to higher risk families</b>
			<input type="checkbox"/> Domestic violence services
			<input type="checkbox"/> Domestic violence awareness & education
			<input checked="" type="checkbox"/> After school activities
			<input type="checkbox"/> Alternative education
			➤ <b>Truancy/school attendance0.</b>
			<input type="checkbox"/> Workforce training
			<input type="checkbox"/> Positive youth development activities
			➤ <input checked="" type="checkbox"/> <b>Mentoring</b>
			<input type="checkbox"/> Parenting education
			<input type="checkbox"/> Provider training
			➤ <b>Safe, decent, affordable housing</b>
			➤ <input checked="" type="checkbox"/> <b>Transportation</b>
			<input type="checkbox"/> Living wage jobs
			<input type="checkbox"/> other

- Includes infant and toddler, after hours, special needs, match with home culture, etc.

### Part 3 – Implementation and Successes: How did we do?

3.a.) How did we do in addressing our priorities and strategies? Provide specific examples.

We intend to maintain an emphasis on the priorities established in the original Comprehensive Community Plan of 2001.

#### Priorities

1. Decrease reported rates of repeated child abuse and neglect as reported by re-abuse rates. (We launched a child abuse awareness campaign during child abuse awareness month. Articles were written in the newspaper, a “trouble tree” with figures of the number of abused and neglected children in the county was on display in the county courthouse. Horizon’s Youth Action Council decorated a tree with blue ribbons in Milton-Freewater and had a press conference highlighting the issue.)
2. Promote positive youth development activities. Strengthening community norms regarding no alcohol, tobacco, and other drug use by youth. (CCF staff has provided grant writing technical assistance to the Lost and Found Program as they applied for foundation grants to be able to expand the work that they do for high-risk

youth. CCF coordinator is the Chair of the Umatilla County Coalition to Reduce Underage Drinking, on the governance board of Free to Grow, provides staff support to the Local Alcohol & Drug Planning Committee, is a member of the Umatilla County Coalition Against Tobacco, Reducing Adolescent Pregnancy Partnership & Safe Kids Coalition. There are also several CCF Board members who are regular participants of these coalitions and also provide community support.)

- 3. Improve the academic and social success of children by getting more children ready to learn.**

(The Healthy Start program has partnered with the Special Library District to receive children's books to distribute to families. We also support the SLD's Take Off early literacy project with our CCF grant dollars and are so pleased with the growth of the program. Also, Umatilla Morrow Head Start, Inc. is part of an Early Reading First grant that was awarded to the Northwest Regional Education Laboratory. It also has a RIF (Reading is Fundamental) grant whereby they distribute books to all children enrolled in Head Start three times a year, as well as a ROAR (Reach Out And Read) program which provides books to WIC, Pediatricians, and the Umatilla County Health Department through their Healthy Start program to distribute to families.

- 4. Decrease the number of high school students who drop out of grades 9-12 in any given year.**

(Youth Investment Program dollars have supported the Hermiston School District's Behavior Support Programs (CREW, Choosing Responsible and Educational Ways, and SIP, Student Intervention Program), which are basically day treatment programs for behaviorally challenged, at-risk youth. We also funded gender specific and culturally appropriate support groups for youth in the Hermiston schools conducted by LCSWs. The Lost and Found Program provided after school activities consisting of tutoring and recreational opportunities for middle, high, and alternative school youth in Pendleton. Tonya's House does provide emergency shelter services and outreach to runaway and homeless youth. The School Based Health Centers provides medical services to children attending Pendleton High School and Sunridge Middle School. Horizon Project in Milton-Freewater is a very successful program serving youth in Milton-Freewater. They partner with the school district to provide after school activities, they run a summer camp, and increase leadership opportunities for underprivileged youth.)

- 5. Increase family functioning skills and supports to reduce domestic violence.**

(We support the Free to Grow systems approach to family strengthening through leadership development and neighborhood revitalization that was implemented within the Umatilla Morrow Head Start, Inc. agency using grant funding from Robert Wood Johnson and the Doris Duke Foundation to re-design the way that they conduct their program. Collaboration with community partners has been critical to the success of this approach. We value our involvement with them. We also support the Community Access for Resource Effectiveness (C.A.R.E.) teams which provides a system of care approach to identifying children with social, emotional, or physical high needs and works with the families and community partners to identify what services may be available to them. It involves referral, case management, home visits, etc. to families with children from preschool through 6<sup>th</sup> grade in four out of ten school districts.)

6. Reduce poverty by increasing the number of Umatilla County residents with incomes above the federal poverty level.

(We participate with the Oregon Department of Human Services on their SDA 12 Review committee. The CCF Coordinator is also the Chairperson of the Family Support & Connections program. We value our collaborative opportunities with state agencies, CAPECO, and the faith communities that have a focus to improve the economic condition of residents in poverty. The CCF coordinator is also a member of the Youth Committee of TOC/OWA. Opening up job training opportunities for youth is a major focus of that group.)

7. Reduce adult alcohol, tobacco, and other drug use.

(See #2 above in reference to teen ATOD use. In regards to adult use we have worked along side many others to bring awareness of the Methamphetamine problem in Umatilla County. We have supported the efforts to bring a drug court model in to the county and collaborate with the LADPC to insure that CCF contributes to their work. Community Corrections chairs the LADPC and has developed within their organization a very successful A&D treatment program for adult offenders. We also support the efforts of the Eastern Oregon Alcoholism Foundation as they expand their services. The need for transitional housing remains though new opportunities have occurred with the advent of several Oxford House Recovery Homes in our area as well as the construction of new housing associated with EOAF.)

8. Reduce the number of pregnant teens.

(CCF staff provides fiscal agent support for the Umatilla County Reducing Adolescent Pregnancy Partnership. Through this group the Public Health Department's Baby Think It Over program has been supported. The S.T.A.R.S. program is encouraged, and annual live presentations by Brad Henning of Life Resources, Inc are given to all county 8<sup>th</sup> graders. Media campaigns and male responsibility efforts are also strategies employed locally. Umatilla Morrow Head Start is now providing case management for pregnant and parenting teens and using the CARE team meetings to staff these at risk youth. Umatilla Morrow Head Start, Inc. provides teen parent programs for Pendleton and Hermiston Schools.)

### Strategies

- Improve parenting supports. Outreach to families under stress with children age 0-17.
- Expand after school options for children and youth that are researched and evidenced 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 and/or the successful completion of a G.E.D. 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 regarding domestic violence, [ATOD use and abuse, and other risk factors](#)
- 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.
- [Increase community awareness regarding meth use and abuse](#)
- [Increase the capacity to treat and provide alternate placement options for children and adolescents who have sexually abused.](#)

*3.b.) Based on the Step 8 data collected so far, how is your county doing in achieving its output and outcome targets for children and families? (Counties may refer to the Progress Board review of local plans' Step 8 data, to be released in September of 2005.)*

We are making progress. CCF continues to monitor and report our outcomes to the state on CCF funded programs. We meet with community partners regularly and discuss the progress of system integration efforts and collaborative opportunities. The report from the Progress Board on the review of our local plans' Step 8 data showed positive remarks. We are lacking in a formal plan for data collection for the high level outcome regarding community mobilization yet we have been involved with increasing opportunities for community partners to network and facilitate appropriate referrals to social service organizations. We hope that the state will establish a standardized method for this high level outcome that would allow counties to be able to measure their progress equitably statewide.

### **Implementation - What is slowing your progress in implementing the plan?**

*3.c.) 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
- Lack of support from key leaders
- 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

3.d.) 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

3.e.) From the list in question 3.c. 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.

**Implementation - What are your successes related to implementation of the plans?**

3.f.) 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
- 

3.g.) Describe any specific improvement made in the early childhood system as a result of the efforts of the Early Childhood Team.

A group has convened recently to discuss the needs of children of incarcerated parents. Since there are two state correctional facilities in Umatilla County, efforts to improve the outcomes of these families are being highlighted by the Early Childhood Partnership Team. This is being led by a collaborative consisting of EOCI, CCF, Foster Grandparents, and the Children's Justice Alliance. One outcome of this collaborative endeavor is identifying the need to establish a Crisis Relief Nursery in Umatilla County. Planning meetings are being conducted to see what actions could be taken to move the process along. A community training is being organized entitled "And How Are the Children" that will be taking place in the spring of 2006.

3.h.) 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?

Last year we found it a great asset to have a youth representative on our CCF board who was Hispanic. Umatilla Morrow Head Start, Inc. provides the "Building Leadership for Community Development" classes in both English and Spanish.

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 [past Superintendent Jerry 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.

[Current Superintendent Darce Driskell reports that Employers for Educational Excellence \(E-3\) selected the Hermiston School District to participate in Partnership for Student Success program. This program, known locally as Project College Bound, is a cooperative effort between local businesses and the district to increase the number of Hermiston High School graduates attending post-secondary education. The project has received a \\$5,000 grant from the Juan Young Trust to sponsor overnight trips to colleges in Washington, Idaho, and Oregon. The community goals are](#)

strong adult mentoring program for each child and more school-to-work opportunities for secondary school age children by local businesses and government.

A similar program is Generation College where one of their teachers is providing guidance for students who will possibly be first generation college attendees. He has raised approximately \$10,000 by selling aboard game entitled Hermistonopoly which is based on the popular Monopoly game. Minority children make up the majority of the students benefiting from this program.

3.i.) Explain how the community has been mobilized by the implementation of the plans. Provide specific examples.

The emphasis on system integration remains enforced, thus reducing the duplication of effort. We value providing best practice programs or at least elements of best practices in all programs funded by CCF. The efforts on community mobilization dictate CCF staffing priorities. The Celebration of the Family events that are conducted annually in two locations bring numerous human services organizations under one roof to showcase their family friendly services and bring awareness to the strengths that families possess when they are functioning effectively. Also, the Free to Grow approach to family strengthening through neighborhood revitalization and leadership training targets increasing protective factors and reducing risk factors in high crime neighborhoods. The successful collaboration of community partners that are involved in that effort continues to be a model to the rest of the nation on how the Head Start organization has taken their role as an agent for change very seriously.

#### Part 4 – Priorities and Strategies: Where do we want to go and how?

4.a.) Considering answers from questions #2 through #4, list any changes made for 2006-08 or attach a copy of revised section(s) with changes clearly indicated.

- Changes were made to the plan and reported in the table below
- Changes were made to the plan and the revised section(s) from the plan is attached
- No significant changes in the priorities or strategies

High Level Outcome	Change in Priority and/or Strategy	Comments (optional)
Sample: HLO #6 Decrease 8 <sup>th</sup> grade tobacco use	Sample: Delete: strategy 6.1.a. Public awareness campaign Add: 6.1.a. Life skills curriculum offered in after school programs for 6 <sup>th</sup> & 7 <sup>th</sup> graders	
#4 Reduce Child Maltreatment	Add: Increase the capacity to treat and provide alternate placement options for children and adolescents who have sexually abused.	DHS Child Welfare suggested that a better data indicator to use would be the reduction of child <b>re-abuse</b> rates
	Add: Increase community awareness regarding meth use and abuse	

4.b.) (Measurement- Step 8) As a result of changes in priorities and strategies, did your county make any changes in the measurement area?

- No changes at this time.
- Changes were submitted with latest submission of Step 8 data.
- Changes were made to the logic model or data collection plan: Please attach revised version.

4.c.) What other changes, if any, were made to the Plan?

- No other changes
- Changes to other parts of the plan: Describe, or attach revised section(s)

*Describe plan changes other than priorities and strategies here, or attach the revised section(s) from the plan*

***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: **Current (Jan.31, 2006) conditions will appear in blue type if they are additions or deleted if they no longer apply.*****

## Mapping of Current Services

### Strengths

- CARE team provides connection for Mental Health: (Elementary & pre-school age, Pendleton, Hermiston, Umatilla, & Pilot Rock only)
- Willingness of community agencies to attend partnering meetings
- Connection between Pendleton High School and Juvenile (YS) Dept is good
- Domestic Violence Shelter and Sexual Assault Counselor is helpful
- 90 day treatment program – collaborative with A&D, YS: dual diagnosis w/ Charlie Carnes
- more collaborative working relationships with YS and Lifeways Umatilla, Inc.: co-facilitation of programs
- Community Interagency Network meetings allow sharing of information: often though 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 Umatilla County Community Human Services/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. Marigold has expanded its services (prompted by their contract with OYA) to serve youth beyond 18 yrs. old if they meet other referral criteria. Functional Family Therapy (Marigold's service delivery model) is a model best practice program for substance abuse intervention. There is lots of data supporting its efficacy in reducing substance abuse. Their own data indicate that youth who finish the program have reduced substance use.

- Tribal Programs: tutoring, education counselors, tribal court, Youth A&D prevention, [Native American Baby Think it Over Program for 13-18 year old teens](#)
- Girl's Circle (gender specific collaboration between 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 at Sunridge Middle School. [They will begin the Teen Screens at the Pendleton High School in February 2006.](#)
- Lost and Found Program: faith based/community based after school program
- CAPECO's several programs: tutoring, employment help, college visits, housing assistance
- [Lifeways Umatilla, Inc.](#) has access to regional youth coordination (EOSCH) (Jennifer Y)
- [Tonya's House: youth runaway and homeless emergency shelter and outreach](#)
- OCDC (migrant head start) contracts with MH for 4 hrs per week
- [Federal Grant for a Pendleton Mentoring Program was received and implementation began in 2005-06 school year.](#)

#### **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 bilingual 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.
- [Need more access to residential youth A&D treatment services](#)
- [Inadequate Resources for sheltering of homeless families](#)

Umatilla County

Data Update

January 2006

Umatilla County		1998	1999	2000	2001	2002	2003	2004	2005	Source
<b>TREND</b>	<b>Goal 1: Strong, nurturing families</b>									
	1. Reduce adult substance abuse – adult abuse/dependency of any drug including alcohol (INSUFFICIENT DATA TO DETERMINE TREND)									DHS 2002 County Data Book
	Umatilla County		12.30%			11.50%				and SB555 Joint Data Book
	Oregon		15.28%			15%				
<b>WORSE</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	5.1	5.7	6.0			Oregon Uniform Crime Reporting Domestic Disturbance Reporting Summary
	Oregon	5.5	4.6	7.4						
<b>BETTER</b>	3. Reduce poverty – Percent with incomes below 100% of the federal poverty level									Oregon Progress Board 2005 Data Book
	Umatilla County	15.8	12.7	13.6	13.9	13.3	Na			
	Oregon	12.1	11.6	10.6	11.1	11.3	Na			
	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)									ODE
	<b>Goal 2: Healthy, thriving children</b>									
<b>WORSE</b>	4. Reduce child maltreatment (rate per 1,000 children 0-17)									
	Umatilla County	9.3	9.2	9	8	9	10.3	11.4		Oregon Progress Board 2005 Data Book
	Oregon	12.2	13.5	12.2	9.6	9.7	10.8	12.0		
<b>WORSE</b>	5. Improve prenatal care - percent of babies whose mothers received prenatal care beginning in the first trimester									Oregon Progress Board 2005 Data Book
	Umatilla County	73.0%	71.1%	71.1%	76.4%	72.8%	66.2%	67.5%		
	Oregon	80.2%	80.9%	81.3%	81.5%	81.6%	81.1%	80.4%		
<b>BETTER</b>	6. Increase immunizations - measured by the percentage of two-year-olds who are adequately immunized									Oregon Progress Board 2005 Data Book
	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									Oregon Progress Board 2005 Data Book
<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%	2.2%	1.3%		
	Oregon	1.6%	1.9%	1.4%	1.0%	1.3%	1.6%	1.5%		
<b>WORSE</b>	7.b Tobacco use during pregnancy - self report by mother									Oregon Progress Board 2005 Data Book
	Umatilla County	16.6%	12.2%	13.2%	11.7%	13.2%	15.0%	14.1%		
	Oregon	15.2%	14.5%	13.3%	12.8%	12.6%	12.0%	12.6%		
<b>WORSE</b>	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%		
	Oregon	0.7%	1.0%	1.0%	0.9%	1.0%	1.2%	1.8%		
<b>BETTER</b>	8. Increase child care availability reported as number of child care slots available for every 100 children under age 13									Oregon Progress Board 2005 Data Book
	Umatilla County	16.7	16.8	17.9	15.9	16.3	na	17.6		
	Oregon	21.1	20.7	20.4	18.5	18		16.5		
<b>BETTER</b>	9. Improve readiness to learn - reported as percentage of children entering school ready to learn									Oregon Progress Board 2005 Data Book
	Umatilla County			66.1%		70.9%		79.2		
	Oregon			66.5%		76.2%		79.8		

Umatilla County		1998	1999	2000	2001	2002	2003	2004	2005	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	29.4	38.5	Oregon Progress Board 2005 Data Book	
	Oregon	26		26.4	24.9	25.4	25	30.0	30.1		
<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)									Oregon Progress Board 2005 Data Book	
	Umatilla County	15.6		14.2	12	12.6	14.5	17.0	16.0	Indications of Meth use increasing	
	Oregon	18.6		13.8	17.5	18.3	18.5	17.0	15.9	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%	8.4%		Oregon Progress Board 2005 Data Book	
	Oregon	20%	15%	13%		12%	11%	8.0%			
<b>BETTER</b>	13. Decrease juvenile arrests - reported as juvenile arrests for person and property crimes per 1,000 juveniles									Oregon Progress Board 2005 Data Book	
	Umatilla County	29.6	25.0	28.1	25.5	20.3	19.2	na	Na		
	Oregon	21.8	19.6	18.6	16.8	14.9	16.6	Na	na		
	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									JJIS (Juv. Justice Info. System)	
	Umatilla County	41.9%	38.7%	36.3%	27.0%	22.0%	33.8%				
	Oregon	36.9%	36.6%	34.8%	17.1%	15.5%	32%				
<b>BETTER</b>	16. Reduce teen pregnancy (rate per 1,000 females ages 10-17)									DHS-ODHS (Health Div.)	
	Umatilla County	20.9	21.3	21.3	14.6	14.5	13.7				
	Oregon	17.2	15.9	14	12.6	10.9	10.5				
<b>WORSE</b>	17. Decrease youth suicide - reported as total number of suicide attempts by 7-17 year olds									DHS-ODHS (Health Div.)	
	Umatilla County	9		15	15	6	12				
	Oregon	761		802	865	876	922				
	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%	3.0%	2.0%		Oregon Progress Board 2005 Data Book	
	Oregon	6.9%	6.6%	6.3%	5.3%	4.9%	4.4%	4.6%			
	<b>Goal 4: Caring Communities</b>										
	19. Increase community engagement	No statewide data available on this measurement									
	Umatilla County										
	Oregon										