

Enhancing the Educational Attainment of Our Region's Children



A report to the citizens in the region
between Burbank and Dayton and
from the Snake River to Milton-Freewater
Spring 2009





On November 11, 2008, an ambitious effort was undertaken by more than 70 concerned citizens in the region comprised of the area between Burbank and Dayton and from the Snake River to Milton-Freewater. More than 2,500 hours were volunteered by these individuals to help prepare our region for the future by addressing the problems of today. Beyond any accomplishment that this study may have, it is a testament to the richness of this region that people are willing to give their valuable time at such a dedicated level. This report is the product of their hard work, and its conclusions and recommendations were achieved by consensus.

*Roger Bairstow
2008-09 Study Chairman*



The 2008-09 Study Committee met for 24 weeks at the St. Francis of Assisi Church parish hall to assess the educational, mental health and housing needs of our region's children. During the course of study about 70 people participated, some of whom are shown here.

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Executive Summary

This summary provides an overview of the study. The reader is encouraged to read the report in its entirety to understand the breadth of the topic and the linkages between each stage of the study process—Findings to Conclusions to Recommendations

Children are our future. For children to thrive and to be prepared for their adult roles, a variety of needs must be met, including those at the core of the Community Council's first study—education, mental health and housing.

Approximately 15,000 children live in our region, defined as between Burbank and Dayton and from the Snake River to Milton-Freewater. Will they be ready to meet the challenges that life will offer them?

Educational attainment is one way to measure that readiness. The Study Committee, open to all citizens of the region, framed its study with the question, "How can the region best coordinate its educational, mental health and housing stability services to improve the educational attainment of its children?" The study could easily have been three (or more) distinct topics; however, each presentation demonstrated that the three are interrelated and that considering them together is crucial.

During 24 weekly meetings, the Committee heard from 35 resource speakers representing schools, governmental agencies, nonprofit programs and service users who shared their knowledge and experiences. An effort was made to make the study representative of the whole region. Because of time limitations, the breadth of the topic, and the region's geographic size and diversity (two states, three counties, rural areas, and towns of varying sizes and resources), not every topic was addressed for every community; however, representation was present.

The study presentations spanned early learning, in-school counseling, alternative high school programs, mentoring, community mental health resources (public agencies and private practitioners), housing, shelters and homelessness, the

effect of adverse childhood experiences, truancy and drop-out prevention, the juvenile justice system, foster care, teen pregnancy support, and parenting. One of the Committee's most poignant presentations featured two parents whose children have mental health problems. They presented the family's perspective about accessing services and programs.

From these presentations and supplemental resources, the Study Committee learned that there are many effective local resources. The Committee also learned that students face significant barriers pertaining to the basic needs of safety, health, love and nurturing. The impact of those challenges on academic achievement can be mistakenly attributed to lack of effort or academic ability.

Study Highlights

The Study Committee spent 15 weeks gathering accurate information about the topics and nine additional weeks developing (by consensus) conclusions and recommendations. As the Committee moved from summarizing the *findings* of what they learned to developing *conclusions* and then *recommendations*, care was taken to ensure that there were direct connections between each.

Conclusions

- Early learning experiences (between birth and 5 years of age) are essential for success in school and in life. When students are not ready to enter kindergarten, a major issue in the region, they start behind and stay behind in their social, emotional and academic development. Early learning programs are limited in number and accessibility, and quality child care is inadequate to meet local needs.
- School performance is tied to attendance. If students stay in school, they usually graduate. Barriers to attendance include: housing instability, insufficient supervision (no one ensuring that they attend), family responsibilities (such as caregiving, translating, working, parenting), mental health issues, and drug or alcohol problems, including self-medication.
- Learning environments outside of school and positive relationships between students and adults are essential to building students' sense of well-being and motivating school attendance.
- Lack of communication and coordination among social service agencies, schools and the region's citizens is a weakness.

- Lack of quality, affordable housing is a barrier to maintaining family stability, affecting a child's ability to learn.
- Adverse childhood experiences affect brain development, learning ability and successful social interactions.
- Local mental health resources are not adequate to meet local needs. Shortages of early intervention services, appropriate treatment and access to services affect the academic performance of students with mental health problems.
- More local foster homes that take children and teenagers are needed. Those that currently exist are always occupied.
- Current sex education programs in the public schools are not adequate to address the real needs emerging from youth sexual activity.
- Parents' effectiveness as life models affects their child's development and success in life. More parenting skills education is needed in the region.

Recommendations

These recommendations are grouped in general categories for the reader's convenience. It is essential to realize that these sections are not mutually exclusive, they are intricately interrelated.

Education

- **Make quality early learning opportunities available for all children by:**
 - Collaboratively creating, funding and implementing a "school readiness" framework.
 - Increasing availability of child care services for infants and children with special needs, and by increasing available weekend and evening care.
 - Teaching Spanish-speaking students in their native language to help build verbal competency.
- **Increase school attendance by:**
 - Prioritizing programs which result in consistent attendance, and supporting them with a coordinated implementation/enforcement effort.
 - Developing and promoting learning environments outside of school and opportunities that encourage positive relationships between students and adults in the community.

- Providing opportunities for all children to participate in extracurricular activities.

- **Enhance effective parenting through parenting skills classes and increased awareness of parenting resources, including programs for teen mothers and teen fathers.**
- **Support public schools' efforts to help residents acquire English and Spanish language skills. Expand English as a Second Language programs to reduce parents' dependence on their children as translators, to enhance the parents' ability to access needed resources and to enable their participation with the educational system.**
- **Include age-appropriate, comprehensive reproductive health education as part of public schools' basic curriculum.**

Mental health

- **Improve availability of and access to mental health services in schools and communities by:**
 - Recruiting a pediatric psychiatrist.
 - Providing youth inpatient mental health services.
 - Improving access to publicly funded mental health services.
- **Extend the use of the Adverse Childhood Experiences (ACEs) model for understanding the effects of childhood trauma.**
- **Emphasize prevention as the first step toward mental health treatment.**
- **Increase the capacity of the region's foster care system to accept children and teens.**

Housing

- **Coordinate efforts to increase the availability of affordable housing.**

Increase regional awareness of and access to Educational, Mental Health and Housing Services.

Findings

The purpose of this study was to determine how the region can best coordinate its educational, mental health and housing stability services to improve the educational attainment of our region’s children. While evaluating existing systems that fund and deliver educational, mental health and housing services, the Study Committee identified strengths, inefficiencies, duplications, lack of coordination, and inadequacies in delivering such services.

Since “region” is defined as “between Burbank and Dayton and from the Snake River to Milton-Freewater,” it was necessary to understand how multiple political, geographic, agency and program boundaries define these issues.

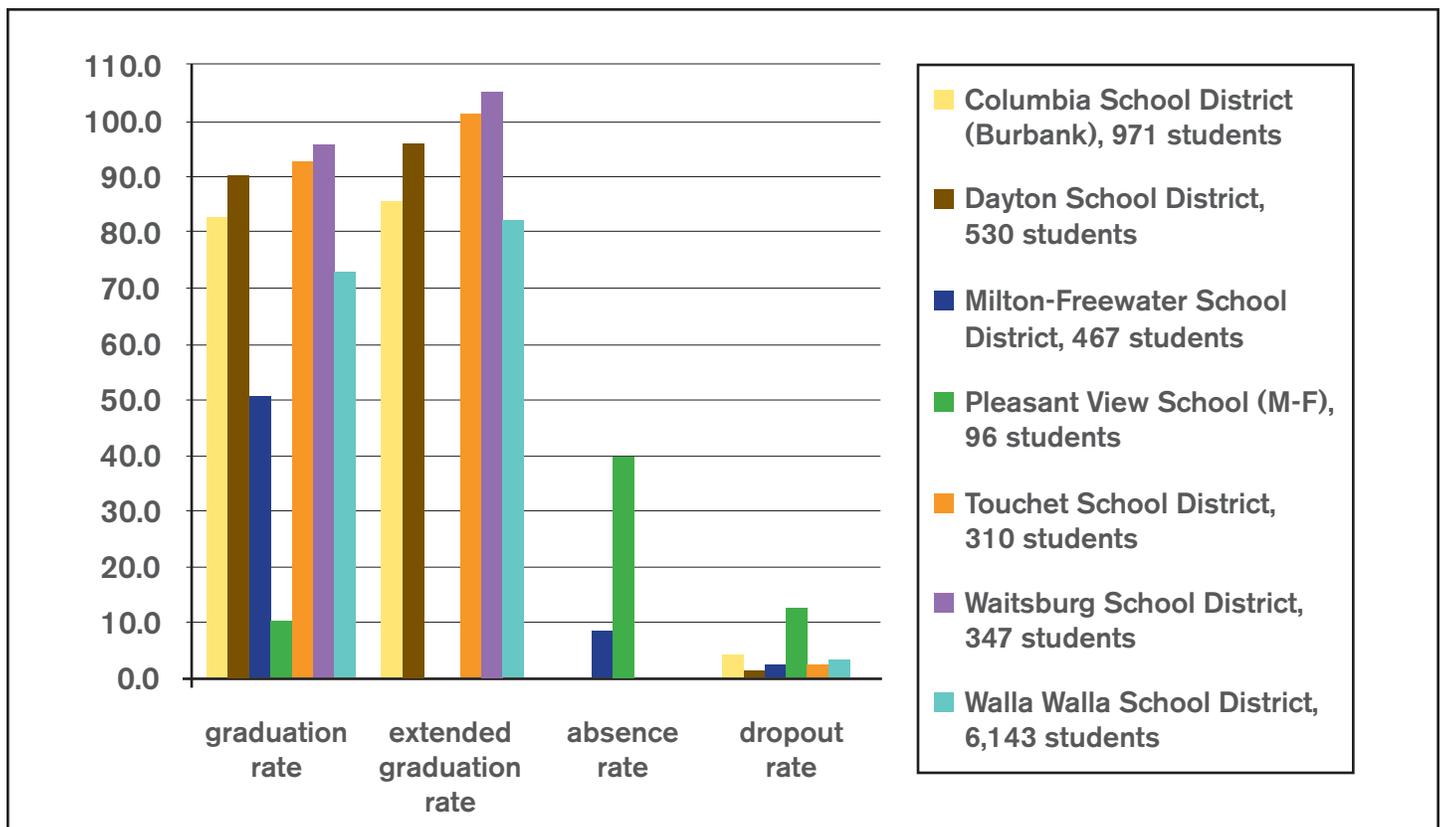
These findings represent the information received by the Study Committee. They are derived from published materials, from facts reported by resource people and from a consensus of the Committee’s understanding of the opinions of the resource people.

Educational attainment sets the stage for life

Children are our future. For children to thrive and to prepare through optimal educational attainment for their adult roles in life, a variety of needs must be met, including those at the core of this study—education, mental health and housing stability.

Graduating high school can make a significant difference in students’ lives.

- Graduating has a significant impact on an adult’s lifetime earning potential. A full-time working high school graduate can expect to earn more than a student who drops out of school before graduation.
- Graduating qualifies students for post-high school education programs—academic and vocational—in which they can build upon the knowledge and skills they have already accumulated.
- Graduating provides the student with the psychological boost of achievement and the realization that other goals are within reach.



This graduation data combines information included on the Washington and Oregon State websites for their respective education departments. Note: Burbank, College Place, Dixie, and Prescott do not have high schools. Private school data are not included.

Start behind, stay behind

Studies show that students who are behind when they start school are likely to remain behind. The gaps are magnified as students get older.

“Readiness to learn” is identified by educators and parents in this region as a major obstacle to educational attainment for students. School readiness is not just language and number skills; it also reflects social and emotional development. In a local elementary school study, whether or not a child was at grade level directly correlated to the student’s “thriving” index, measured by the descriptors: *happy, loved, curious, not hungry* and *read-to*.

Educational Service District and school district personnel cited studies that indicate positive early learning experiences—at home or in a child care setting—increase the likelihood that children will become literate, employed, and college-bound. Children who are successful in their early years will be better able to achieve higher education and job training as adults.

“Early learning” focuses on children from birth to 5 years and acknowledges that parents are the child’s first and most important teachers. It also targets others who care for and teach children in the early years. Bonding with the caregiver is important to a child’s emotional development.

If parents do not talk, read and listen to their child at home, the child will arrive at kindergarten unprepared. Toddlers whose parents speak more words to them develop bigger vocabularies than children who hear less speech. One University of Kansas study concluded that children from upper-income backgrounds hear 30 million more words by age 3 than those from lower income families.

About one-third of our region’s children (birth to 5 years) spend the day with family, friends or neighbors; one-third are cared for in licensed centers or licensed family child care homes; and an equal number attend public and private preschools.

Programs to train and license care providers are available through Walla Walla Community College, but there are very few certified child care providers in Walla Walla for children younger than 2 years and no licensed child care programs for nights and weekends. There are certified providers in Milton-Freewater, but they are not affordable for the minimum wage earner. Currently there is only one nationally accredited child care center in Walla Walla County, Kids Place, located at Whitman College.

Publicly funded programs serving young children include Walla Walla School District’s Special Education Preschool, Early Head Start, Head Start, Migrant Head Start, and Early Childhood Education and Assistance Program (ECEAP). With the exception of the Special Education Preschool, access

to these programs is income-dependent, and one program component is connecting families with resources for non-education needs. One example is Head Start, a federal program started in 1968, for income-eligible families. It serves children ages 3 to 5 years. Preference is given to homeless children or those in foster care. The program addresses the whole family through training, mental health, wellness, dental care and dealing with housing issues. Funding for Head Start is allocated at the federal level.

Many families do not have access to Head Start because their income falls above the qualifying level. They may desire high-quality early learning settings but may not enroll because of cost. Not all families are requesting child care.

Some smaller communities have limited early learning programs. For example, there is no preschool in Touchet. One main day care center is the only organized program in town for children not yet school-aged. The community is considered too small to qualify for ECEAP or Head Start programs, even though, according to the Superintendent of Schools, Touchet has 34 children who will be at the grade school within three years. (The 2000 Census showed Touchet’s population as 396, so nearly 9 percent is preschool aged.)

Relationships are pivotal to a child's success

Developing relationships between students, adult staff, and other community adults is pivotal to students' school attendance and success.

Pleasant View School, Milton-Freewater's alternative education program, emphasizes role modeling by staff and other adults who help at the school. Lincoln Alternative High School in Walla Walla builds relationships with families by helping them meet basic, non-school needs. The trust built through this interaction makes the parents more comfortable engaging in their students' education.

A study, *Imaginative actuality: Learning in the arts during the non-school hours* by S. Brice Heath and A. Roach, determined that "young people who learn the rigors of planning and production in the arts will be valuable employees in the idea-driven workplace of the future." Learning environments outside of schools attract young people to sustained participation, performance and production of high quality. Touchet's after-school program to help youngsters plan for the future and solve problems came to an end when funding by a Department of Education 21st Centuries Learning

Grant ended. After-school and summer programs for children in Milton-Freewater are also limited.

A Junior Internship Program in Dayton prepares young people for life after graduation and develops lifelong mentors who advocate for youth. Each high school junior is matched with a business mentor who treats the student as an employee for one or two semesters. The experience enables students to see possibilities for their future. An exit survey is taken at graduation and feedback from the students is collected 18 months and five years after graduation. The internship program, modeled after a program at Hi-Tech High in San Diego, California, was started in Dayton with a Gates Foundation grant. It is now funded by Community Network.

Between 2003 and 2008, Dayton's graduation rates improved from 76 to 97 percent. The internship program and senior seminar are two things that have contributed to that improvement. Also playing key roles are the district's standards of practice, student-led conferences, the advisory program, etc.



If students stay in school, they are usually able to graduate

Attendance is the key to accumulating the knowledge and credits necessary to meet graduation requirements.

Pleasant View School and Lincoln High School provide options for students for whom traditional school has stopped working and who have become severely credit-deficient.

Pleasant View serves 100 middle and high school students, and Lincoln's enrollment is 250, ranging in age from 14 to 20 years. Lincoln also serves a high percentage of special education students.

Staff at the two schools asserted that if children can be kept in school, they usually are able to achieve their high school diploma. The major barriers to consistent attendance are:

1. Lack of housing stability.

- Moving from school district to school district and/or from school to school within a district creates gaps in a student's education and makes it challenging to pass state achievement tests and to earn enough credits to graduate.
- Homelessness and trying to deal with related issues distracts the students from focusing on school. One in four students at Lincoln reports having been homeless in the past two years, and 70 percent of those students report having been homeless for more than two weeks. Often they are "couch surfing"—moving between friends' homes.

2. Family responsibilities.

- Many times students are the primary caregivers to other children in the family.
- There may be a need for the student to find a job and to help support his or her family.
- Work may cause students to enter school later in the school year or to leave for several months.
- Students may be the primary language negotiators for the family. When parents need them to conduct business, they miss school.
- Students may be parents themselves.



3. Drug/alcohol use and mental health issues.

- These are sometimes difficult to differentiate because students self-medicate. Often prescribed medications are hoarded or abused. Methamphetamine use and alcohol abuse are significant. There is an effort to engage the students in programs that will help them avoid these problems. Trilogy is one program that has been implemented at Lincoln High School to support students who are trying to stay sober.

4. Insufficient supervision in the home by a person in authority or perceived to be in authority.

5. Lack of school-based activities.

- Students' success in programs such as welding, theater, music or sports may motivate them to continue striving academically.

Mental health issues and truancy are major contributors to dropping out of school.

In Walla Walla the schools, Juvenile Justice Center, the Department of Child and Family Services (DCFS) and the Courts are collaborating to address these issues.

The Department of Human Services (DHS) does initial intakes and provides service on-campus for Lincoln High School students. The school joins forces with the Juvenile Justice Center in Walla Walla to treat anger and related behaviors. A school-based health clinic to treat mental and physical health problems is slated to open in August 2009. (Funding has not yet been secured.)

The Department of Child and Family Services offers Family Reconciliation Services, a program that provides a Comprehensive Family Assessment,

Links among affordable housing and major social problems

Washington State Family Policy Council; Krista Goldstine-Cole, M.Ed., Katherine Porter, 2003

– When affordable housing is not available –

Sample factors affecting access to affordable housing:

- Credit history.
- Work history.
- Divorce, domestic violence and other issues affecting marital status and income stability.
- Access to transportation.
- Access to jobs.
- Sewage system hook-up costs.
- Policy or access restrictions on occupancy.
- Distance from extended family supports.
- Level of service cost in urban growth area prohibitive.
- Cost of acreage in rural area prohibitive.
- What's affordable is not safe.
- Devaluation of home results in inability to liquidate assets necessary for life circumstance.
- Fluctuations in local housing market.
- Presence of rental units in housing stock.

Families overspend on housing

Which results in:

- Overcrowding.
- Higher mobility.

And fewer resources for:

- Food.
- Health care.
- Heating.

Which results in disproportionate instances of:

- Malnutrition.
- Prolonged illness.
- Lost time at school.
- Lack of bonding to school and community.

Families live in substandard housing

Which results in:

- Illness.
- Lead-related disability.

Which results in disproportionate instances of:

- Special education.
- Lost time at school.
- Lack of bonding to school and community.

Families are homeless

Which results in:

- Serious illness.
- Trauma/depression.
- Absence from school.
- Social isolation.

Which are risks predictive of:

- Dropping out of school.
- Youth violence.
- Child abuse and neglect.

Families stay in violent situations

Which results in:

- Witnessing domestic violence.
- Witnessing community violence.
- Child abuse.

Which are risks predictive of:

- Dropping out of school.
- Youth substance abuse.
- Youth violence.
- Youth suicide.
- Teen pregnancy.

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- Colorado Affordable Housing Partnership, "Colorado's Housing Crisis Puts Children at Risk," <http://www.coloradoaffordablehousing.org>.
- <http://www.searchinstitute.org>.



recommendations and services from a social worker. Services can include 12 hours of crisis family intervention counseling (24/7 access to mental health provider) to any parent or youth, ages 12 to 18, who requests assistance and, in some cases, temporary placement. The program assists with assessments and filing of “Child In Need of Services Petitions” and “At Risk Youth Petitions” which give the parents court support in enforcing curfews and compliance with individual and family counseling, etc. These are civil actions and can be requested without having a Child Protective Services (CPS) investigation open. Family Reconciliation Services has formed a successful partnership with the Superior Courts and the Juvenile Justice Center.

Any community member can call DCFS intake and request voluntary services for families. If the family does not want services, a voluntary service case will not be opened. Family Reconciliation Services works with all involved parties including school representatives, mental health providers and significant adults to develop effective service plans. The greatest number of calls comes from Juvenile Court Services, Garrison Middle School, and Lincoln and Walla Walla high schools.

Lincoln High School absences have been reduced by nearly half in the last year as a result of a revamped truancy process and court procedures which are holding the students accountable for their actions. Court orders to attend school, signed by their parents, are helping to keep students in school. Because they are staying in school, they are earning the credits necessary to graduate.

The goals of Washington’s juvenile justice system are to rehabilitate, treat, educate and provide vocational training. Additional mandates are to protect the community from dangerous offenders and to hold the offenders accountable for their actions. Rehabilitation, such as cognitive behavioral therapy, is emphasized locally. Walla Walla County detention focuses on education as its most effective treatment. Offenders who have struggled in school often experience their first academic success in the detention school. Another program, Pathways Back, academically assists 10 students who are under court jurisdiction but who are not in custody. Both programs are operated by Educational Service District 123 to prepare the students to return to the public school system.

Not having to worry about basic needs frees a child to focus on education

Being hungry or worried about a place to sleep at night and whether it will be safe, takes precedence over everything else in a child’s life. Until basic needs are met, it is difficult to focus on school.

Housing is one of life’s basic needs. Housing stability is defined as the ability to secure and retain affordable and safe living accommodations. Locally, as well as nationally, homelessness is attributed to a lack of affordable housing.

Affordability means different things to different people. The United States Department of Housing and Urban Development (HUD) sets “fair market value” to determine what is considered “affordable” for regions across the U.S. HUD levels are also used by many banking and other institutions. To be “affordable” by HUD standards, housing costs should require no more than 30 percent of a family’s gross annual income. Families who pay more than 30 percent for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care because their available funds are being expended on housing.

2008 fair market rent (FMR) for Walla Walla was \$890 per month. According to the Walla Walla Housing Authority (December 2008), to afford a three-bedroom rental at FMR a family of two parents and two children needed an annual income of \$35,600. Census data indicate that one of every five children in Walla Walla County are living in poverty (U.S. Census, Estimate for Washington Counties, 2007), meaning that 20 percent of children are living in families whose parents earn less than is needed to rent at “affordable” levels. The 2009 Federal Poverty Threshold in the U.S. is \$22,050.

Overcrowding is a problem. If single families cannot afford housing, multiple families may combine incomes and seek accommodations for their households to share. One speaker commented that the space may be too small for all who are sharing it—sometimes the children sleep in the house, while parents sleep in the car. Another option is for a family to move into substandard housing with poor physical conditions, such as no heating and cooling or pest infestations, which can cause significant health issues. Several of the speakers said some children find themselves living in unstable environments and/or in environments with child, spousal or drug abuse. Or they may become homeless.

Families with children are the fastest-growing segment of the homeless population. Each year, a

Walla Walla County point-in-time survey of homelessness is conducted. In 2006, 392 households were homeless, including 176 children under 18 years of age. 2007 found 382 households and 216 children homeless, while 321 households, including 277 children, reported being homeless in 2008.

Walla Walla's two temporary shelters, the YWCA and Christian Aid Center, provided 23,493 bed-nights for people in crisis during 2008. Both increased services in past years, and the YWCA elevated services to the non-English-speaking clients by adding Spanish-speaking staff. Currently 43 percent of the YWCA's clients are Hispanic. Shelters are serving generational homeless (having sheltered parents and later their adult children) and those who are homeless for the first time. Both shelters prioritize services for families with children. Between August and October 2007, shelters turned away 113 households (94 because of lack of space). During that same period in 2008, 154 households were turned away (97 for lack of space).

Walla Walla Housing Authority's (WWHA) 12 programs serve 1,200 families with a turnover rate of about 20 per month. Forty-one percent of the families have children; 38 percent of those children are school-age. As of December 2008, WWHA was working with approximately 800 single-parent households. WWHA provides Columbia County with rental assistance, but many who receive this assistance move to Walla Walla to be near other services.

WWHA has a burgeoning wait list of about 1,800 families (44 percent of those households include children) who are seeking affordable housing. Because housing stock is limited (rental vacancy rate is below 4 percent) and because WWHA prioritizes placement of the elderly (defined as 55 or older), the disabled, victims of domestic violence, and homeless veterans, the wait for families may be as long as five years. Current housing authority policies limit those who can be served (i.e. the head of household must have a Social Security number and be at least 18 years of age; the head of household must have legal status; the size of the house limits the number of occupants). Those living in WWHA units often stay three to four years before they are self-sufficient.

HUD's direct funding is insufficient to meet local needs. Funding for the Section 8 Voucher program (rental assistance enabling families to rent in the private sector) is appropriated annually by Congress. There are specific rules about how many families can be served by the program and at what level. WWHA's maximum is 719 families per month for this program. Congress also appropriates monies for the low-rent public housing program, but it has not been fully funded for many years.

Blue Mountain Action Council (BMAC) offers a transitional housing program, the step between shelter and permanent housing. It serves 15 families at a time (about 22 to 25 families, annually). The

current program is only available to families with children.

The trend for longer shelter stays (while families wait for housing they can afford to become available) is reducing the shelters' ability to fulfill their missions of providing temporary refuge. If the shelters are full there are limited options for the families in crisis. The wait for housing to become available and the approval process for subsidies are so lengthy that some people give up.

Unaccompanied minors are not currently served by any formal shelter or housing program.

Walla Walla has a 10-year plan to address homelessness. One strategy being employed by the local Homeless Alliance is advocacy for the preservation of multi-family residential zoning in Walla Walla.

Housing is just one of a family's basic needs. Those in need of housing often require other assistance as well. Social service agencies have found that helping families find needed resources such as food, medical or mental health assistance, parenting skills training, etc. has increased their likelihood of achieving stability.

One resource speaker, a psychologist, said the following socio-economic issues are some of the prevalent ones with which she works. The information was reiterated by other speakers during the study:

1. Drug and alcohol abuse by parents, siblings, and students themselves. Use of methamphetamines is an emerging problem in the area and abuse of prescription drugs is increasing in Walla Walla, while funding to address chemical dependency is being cut.
2. The child and/or family are not eating well.
3. Parents are unemployed.
4. Parents are working two to three jobs, so their children have unstructured time and little discipline (particularly older students).
5. Homelessness or frequent moves lead to children's isolation—no relationships, limited trust, few attachments. Homeless children often reflect family pressures through anxiety, depression and other mental health issues, fear and grief over loss of possessions, home and security. Problem behaviors such as violence, substance use, teen pregnancy, and suicide are common in children who are homeless.
6. Young people are raising children (younger siblings or their own children).
7. Children are being raised by adults who are not their legal guardians. This creates issues of confidentiality for service providers.

8. A family member is incarcerated. There are no programs specifically designed for children with incarcerated family members. (While the size of this issue was not quantified for the whole region, Lincoln High School representatives reported that 25 percent of the school's students have had at least one family member in jail. Sixty-five percent of Pleasant View students report that a family member has been incarcerated. Twenty-six percent report that the number of incarcerated family members was more than three.



9. Immigrant children (predominantly Hispanic in this area) are thrust into leadership roles in their families because they must translate or interpret for parents who do not speak English. According to one psychologist, these responsibilities cause stress for the children, contribute to their inability to focus and take on responsibility at school, and lead to attendance problems.
10. Lack of skills (social and academic) because no one at home is modeling them.

In a recent Healthy Youth Survey students in Walla Walla County school districts self-reported emotional and mental health needs in high numbers. One in three students reported that they would like to have mental health services available to them.

Mental health problems in children can be difficult to diagnose because they are usually related to broader family issues. Some children have endured multiple traumas that exacerbate pre-existing conditions and may later lead to mental illness. Some have a family history of mental illness. One of the study's resource speakers categorized challenges to educational attainment as "trauma" problems, rather than "poverty" or "minority" problems. This statement reflects findings in current studies of the effects of Adverse Childhood Experiences (ACEs). The Center for Disease Control and the Kaiser Health Plan conducted a joint survey of 17,400 people in San Diego. They found that brain development is affected by childhood trauma and that the effects are cumulative. The frontal lobe of the brain, especially the cognitive and behavior centers, does not fully develop when children experience several ACEs, such as child abuse, neglect, maltreatment; witnessing domestic violence; substance abuse; mental health issues in the home; loss of a parent because of death, divorce or abandonment; or incarceration of a family member.

There is a definite link between mental health and the ability to progress in school and to succeed in a social context

Schools are at the front line in dealing with students' issues.

Mental health issues differ from community to community, from school to school, and grade by grade. A student's need for mental health services is usually identified by parents, school counselors or teachers, the juvenile justice center, or the criminal system. Students with mental health problems are often failing in school, not engaging in peer relationships, and not participating in age-appropriate venues. They cannot interface with their world and may engage in destructive behaviors directed toward themselves or others.

School principals and district superintendents have expressed the need for on-site school mental health counselors. In some schools Educational Service District school psychologists conduct early childhood assessments, provide crisis response and trainings, and work with students at all school levels. School counselors may see students 15 to 20 minutes per week and usually spend that time doing social or academic skills training. School personnel conduct assessments for education problems when a student's work is declining. Based on the assessment(s), individual education plans (IEPs) are developed. Mental health issues are considered if the student continues to have problems the IEP strategy cannot address. Students are referred to the school or ESD psychologist or to mental health resources



in the community when they are threats to others, cause property damage, are not performing at grade level or threaten suicide. In-school counseling is always short-term and involves the parents.

Some counseling in Columbia and Walla Walla county schools is funded through the ESD 123 drug and alcohol education program. Small districts have limited mental health resources. Staff members have multiple responsibilities. For instance, mental health issues in Touchet's grades 6 through 12 are the purview of a half-time counselor, while the superintendent is responsible for elementary students' mental health issues. Dayton has a counselor one day each week. Because of budget constraints, Dayton reduced school counseling staff with mental health skills. A nursing cooperative provides a nurse for fewer than four hours each week in Dayton and one day per month in Touchet.

During crises, there is sharing of resources among the school districts and the ESD. There is no cooperative mental health care or social work because the small districts do not have personnel with the necessary training, and if the larger districts have staff allocated to this work, they do not have adequate time to help other districts. There are also issues of what information can and cannot be shared. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides federal protections for personal health information and patients' rights with respect to that information.

Dayton and Touchet would like to find a way to share a mental health social worker. Their superintendents noted that schools do not have the tools, yet they are expected to provide the services. A social worker in the school structure is able to identify risk factors of environment or peer problems and to take action.

Walla Walla Public School elementary students

with behavior problems may be placed in a Prospect Point classroom where intense focus on behavior and expectations is possible because of small class size and strong adult-student ratio (1:2). Addressing behavior is only part of dealing with a child with mental health needs, however. Behavior programs can only be effective when medications the child is taking, if any, are stabilized.

Regional pediatric mental health resources are inadequate to meet the need.

Medication monitoring is a major issue in this region because psychotropic drugs are best prescribed and monitored by psychiatrists. Income-eligible Washington patients have access to a psychiatrist through the Walla Walla County Department of Human Services (DHS). There are no public pediatric psychiatrists. There is a nationwide, as well as local, scarcity of pediatric psychiatrists. Pediatricians and general practitioners, who openly acknowledge their discomfort with monitoring medications, must try to fill the gap.

There are no mental health inpatient beds in Walla Walla or Columbia counties. The privately insured population must go out of the community for psychiatric services. They often wait for months to be served—if they are not turned away because there is such demand for services. If they are treated, there is poor coordination of treatment on their return home because no pediatric psychiatrist is available in this area.

Mental health treatment is costly. There is a gap in service for the working poor because they do not have Medicaid or private insurance. Those covered by Molina (Medicaid-managed health care system) may go to private therapists, but Molina covers only 12 sessions per year. Serious problems may need longer treatment. Private insurance coverage is also limited.

The work of DHS includes mental health services for the Title 19 (Medicaid) population, programs for the developmentally disabled and chemical-dependent, and crisis response. Medicaid mental health funding is distributed by the state through the Department of Social and Health Services Regional Support Network (RSN). The Greater Columbia Behavioral Health RSN includes Walla Walla and Columbia counties in its 13-county region. (Washington is one of just a few states that still use a regional mental health system.) Treatment for mental illness is not currently funded at the same level as medical treatment.

Criteria, dictated by the RSN, define eligibility and access to local intervention services, generally restricting services to serious mental illness unless other serious conditions exist. Often the problems that do not qualify for treatment worsen.

A contracted external utilization management company decides whether a potential client qualifies for services. By the time students reach DHS, parents and educators have usually tried a number of things, and medication or hospitalization may have been requested. Access-to-care standards for inpatient crisis resources are stringent—there must be imminent risk to the child or to others, *and* there must be no other means for care.

It is particularly difficult for teens to navigate local, state and federal service systems. In Washington, children 13 or older can decide whether to engage mental health services, including therapy and medication management.

The legislature has mandated implementation of the Mental Health Recovery model, but has done so without increased funding. Model components are: services are directed by the child, family and key players in the child's life; individualized services are geared to the child; the child's decision-making is empowered; focus is on the child's and family's strengths; and peer support is incorporated. The system is moving away from institutionalization of people with mental illness or disorders. No prevention services are offered. The Children's Mental Health Bill 1088, intended to enhance access to outpatient services for children who would not qualify under existing criteria and to provide more preventive services, is unfunded.

While 5 to 8 percent of Walla Walla Clinic's pediatric patients are treated for mental health issues, many people wait until the need is at a "crisis level" to access mental health services because of the costs. Limited funds to handle these crises and stress are causing high burnout among mental health providers.

Walla Walla has a variety of counseling and social services, but rules about how to make referrals change periodically. It is difficult to know who is providing services, their credentials, and criteria the child must meet to qualify for those services.

The lack of transportation between communities is a significant barrier in a rural area where services are not available in every community. DHS indicates that transportation is a limiting factor for their services. Clients have difficulty getting to them, so DHS employees often make home visits or meet the students at schools. That is time-consuming for the DHS staff which, in turn, limits the number of students they are able to see.

Lifeways, Umatilla County's mental health service contractor, is the only community mental health resource for Milton-Freewater. Because there are limited office hours in Milton-Freewater, it is often necessary to travel to Pendleton for

appointments. With budget cutbacks the office is slated to close in 2009. One parent noted that not only did she need to travel, but the frequency and distance required her to use vacation time to keep the appointments.

Two private counselors provide services for children in Dayton. One accepts state insurance. Blue Mountain Counseling also deals with children. Child Protective Services is in the community three days each week.

Another often-expressed need is for more male therapists to work with children 10 and younger. Boys, especially, benefit from positive male role models.

Parents of children who have mental health problems expressed the need for respite care, advocacy, centralized coaching, parent support groups, and summer and after school care options. Those resources would enable them to share information and to feel less isolated by their burden of care, as well as provide options for an occasional rest break.

Foster homes in the region are too few to meet current needs.

When a child is removed from his or her home by the courts, he or she must be placed in a home that is licensed. Becoming licensed requires training which is limited in Walla Walla. Non-licensed homes may be used if the child or a parent identifies the home as a place for the child to find safety and stability while a family situation is reconciled.

More foster homes are needed. There are three foster homes for runaway or homeless children in Walla Walla. One bed is available for 30-day stays while a social worker seeks to stabilize a child's situation. One bed accommodates children coming out of detention for 10 days. One accepts a five-day placement of children not able to return home because they are out of control. Twelve other homes take teenagers—all are full all of the time. It is sometimes necessary to send children to accommodations in Yakima which removes them from their support system.

Dayton residents are working with the Department of Child and Family Services and Juvenile Justice Center to provide an "options bed," a home which will accommodate pre-adjudicated youth, runaways, or homeless youth.

Sexual abuse treatment options for young victims are limited.

According to multiple speakers, services are lacking for victims of sexual abuse who are young children. In years past Walla Walla had a team that provided both physical exams and psychiatric services for young sexual abuse victims, but it has not been in place for a number of years.

Since the 1990s, there has been a gradual decline

in the number of families referred to Child Protective Services for child sexual abuse. Children's Home Society currently has grants to work with sexual abuse victims and child victims other than sexual abuse and domestic violence.

Teen sexual abuse treatment is particularly difficult for the victim. They have to access three agencies (funded by federal, state, and local monies and the funding streams change frequently) and tell their story three different times to different people: 1) the YWCA which provides an ombudsman to go to the hospital and police with them; 2) during initial counseling; and 3) as they're healing and need treatment to deal with post-traumatic stress, sleep disruption and fear.

Teenage pregnancy is an individual, family and social issue.

Walla Walla County's teen pregnancy rate is the fourth highest in the state of Washington.

Often teenage mothers reflect a generational pattern of a lack of parenting. According to one parenting resource, parents want a better life for their children, but in reality some do not care enough to make the sacrifices or commitments it takes to be the best parents they can be.

Teenage Mothers of Preschoolers (Teen MOPS), a Milton-Freewater program, serves 51 teen mothers. Teen MOPS is trying to break that generational cycle by encouraging, equipping and developing every young mother not only as a mother but as a leader in the community:

1. Through mentoring relationships.
2. By connecting the mothers with resources.
3. By providing needed information about such topics as dating, domestic violence, drug and alcohol addiction, the female reproductive system, the variety of family planning options available, etc.

Many of the Teen MOPS mothers have more than one child. Child care is a barrier to continuing education for teen mothers. Teen MOPS encourages the girls to stay in school, and Pleasant View School allows teen mothers to bring their babies to class with them. The young mothers are also encouraged to utilize opportunities such as TRiO, a federal program that provides college tuition and child care during classes for first generation college students, students who meet low income criteria, and students with disabilities, and Temporary Assistance



to Needy Families (TANF) for students who work 20 hours a week.

The Milton-Freewater program plans to involve young fathers in this program in the future. Young Lives, a program similar to Teen MOPS, is being started in Walla Walla.

Communication is a barrier to mental health treatment in several ways:

1. Better communication between service providers and school personnel could change the focus from short-term disruptions of the school day to the child's long-term ability to learn.
2. Parents may choose to limit communication about their child's problems. Without a full understanding of the problems it is difficult, if not impossible, for professionals to coordinate treatment.
3. Staff turnover and issues of confidentiality become barriers to service because necessary information is incomplete.
4. Service providers who are not bilingual have difficulty obtaining and dispensing necessary information.
5. Agencies and individuals report varying levels of success in accessing services at DHS. Even trained social workers reported difficulties completing the paperwork DHS requires. One agency reported difficulty accessing services through Children's Home Society.

Training helps parents be their child's primary teachers and advocates

Parents' ability to provide the basic necessities for their family, to interact with their child effectively, and to access developmental resources is crucial to the child's emotional well-being, educational attainment and success in life.

The speakers cited the importance of the parent's role as the child's first and primary teacher. Parents help the child develop physical, emotional, and behavioral self-control and self-reliance.

Parents may not know how to access what their children need to thrive, and they often have no confidence in their ability to learn how to do so. Social isolation is a problem for parents and lack of effective social networks is a risk factor for families. Parent education classes address both of these concerns. The classes teach parenting skills, and teacher and peer support provide feedback to help parents implement those skills. A few examples are:

- Walla Walla High School (WaHi) schedules family life (pre-parenting) classes.
- Children's Home Society's Early Head Start (for those who are already parents) enables participants to learn by doing.
- Walla Walla Community College Parent Co-op Preschool offers a hands-on opportunity as parents assist a teacher in the classroom. This program is open to families in Walla Walla, Burbank, College Place, Pomeroy, Waitsburg and Dayton.
- Milton-Freewater's Head Start program provides parent training through meetings and home visits. There are also adult literacy programs for monolingual Spanish-speaking adults.
- Trust-building within neighborhoods effectively leads to parents accessing programs. One example is Children's Home Society's Play and Learn groups, held in neighborhood centers to develop caregiver relationships.
- With a Born Learning grant, parenting classes to Spanish-speaking families were started in 2006. Bilingual parenting education supports monolingual Hispanic parents who attempt to establish good emotional and social boundaries for their children.
- Abriendo Puertas provides small group and one-on-one exchanges of information that helps

parents make decisions related to their child's education.

Informing families about parenting programs is often successfully accomplished through churches, community advocates, and the school staff, but those who attend are not always those who are most in need of parenting skills training. There is no coordination or marketing of parenting resources or how to access them. At one time a parenting coalition coordinated these activities in Walla Walla, but it ceased due to lack of funding.

Multiple speakers cited a shortage in Walla Walla of parenting classes, in general, and a shortage of age-specific classes, particularly for parents of children ages 5 to teen. Touchet has no structured parenting classes. Instruction was given in the context of English as a Second Language classes, but funding for that program has expired, and is occasionally mixed with summer and after school programs.

Federal and state funding supports Head Start, Early Childhood Education and Assistance Program (ECEAP), WWCC Parenting Education and Early Learning Programs. Some programs receive grant awards from sources such as Blue Mountain Community Foundation, and some have other local support, such as the partnership between the Tot Spot and Walla Walla General Hospital.

Resource speakers literally and figuratively demonstrated the following points:

1. The issues are circular.
2. Funding is the major barrier. When budgets for prevention, intervention, and treatment must be cut, prevention services are often the first to be cut—intervention and treatment are usually viewed as critical, and the funding is concentrated there.
3. Sustained effort, that is focusing on one generation for a full prevention, intervention, treatment cycle, would greatly reduce the problem.
4. Concentrating on generational change is the ideal.



Conclusions

Conclusions express the value judgments of the Committee and are based on the findings.

- Early learning experiences between birth and 5 years of age are essential for later success, academically and in life generally. School readiness is a major issue in the region.
- Oral language development can be greatly influenced by parents' socioeconomic status. Children who are not talked to, listened to or read to, start behind and stay behind in all facets of development—social, emotional and academic. There is need for parental education around the importance of verbal and emotional interaction with children.
- Early learning programs are limited in number and accessibility. Because of income requirements, publicly funded programs such as Head Start and Early Childhood Education and Assistance Program are not open to middle and upper income families. More high-quality, affordable early learning programs are needed.
- Unique obstacles related to population and local priorities make it difficult to provide early childhood learning opportunities in smaller communities.
- Quality licensed child care is not accessible to all children in the region and is inadequate to meet the residents' needs. Certified child care is especially lacking for nights and weekends, for children 2 years and younger, and in the region's smaller communities. Those who do not qualify for low-income child care may not have the resources to afford private child care.
- Because of their size, traditional high schools have more extracurricular programs that link students with adults, such as athletics, clubs, and after-school programs, than do alternative schools. At-risk children have fewer positive relationships with adults. Non-academic activities motivate students' attendance and retention.
- Positive adult role models build a student's emotional well-being and sense of belonging in the community. Opportunities that encourage relationships between students and adults in the community help to increase student success.
- Learning environments outside of school, such as mentoring and after-school programs, support achievement.
- Mentoring opportunities are limited but crucial.
- Helping families meet non-school needs builds parents' trust in educational programs. That trust encourages parents to work with the schools to help their children succeed.
- Relationship-based programs that are dependent on local human resources and funding from sources outside the region are often discontinued when the funding ends. Lack of funding inhibits sustained effort.
- Community members often are not aware of local demographics and children's issues and needs.
- Students face numerous barriers for achieving academic success other than lack of effort or academic ability.
- School performance is tied to attendance. If students stay in school, they usually graduate. Barriers to attendance include: housing instability, insufficient supervision (no one ensuring that they attend), family responsibilities (such as caregiving, translating, working, parenting), mental health issues, and drug or alcohol problems, including self-medication.
- Alternative education programs can provide options, such as babysitting and an extended graduation timeline, to students who fail to thrive in traditional programs.
- Coordinated response among social services, legal services and schools enhance children's ability to succeed. Some agencies are working together and have positive relationships, but more coordination is needed.
- Legal requirements, intended to protect the child, may hinder partnerships formed by school and service entities to assist the child.
- Walla Walla County's multiagency approach to dealing with truancy is valuable and continues to improve.
- Family reconciliation services, offered by the Department of Child and Family Services, are free and provide valuable assistance to families and youth in the community.
- Walla Walla County Juvenile Justice Center's most effective detention treatment is education. It is valuable in helping youth build self-esteem.
- The disproportionate number of special education students at Lincoln Alternative High School creates challenges for staff and other students.

- The supply of publicly funded housing and affordable rentals in the region is inadequate.
- Many families are spending more on rent than they can afford. The parents of 20 percent of children in the region earn less than is needed to afford fair market-valued rental housing.
- The Walla Walla Housing Authority Board of Directors determines service priorities.
- Lack of affordable housing is a barrier to maintaining family structure. Many factors, such as inadequate food, parenting, mental health and medical service, and child, spousal, or drug abuse, affect housing stability and can lead to homelessness.
- Families with children are the fastest growing segment of the homeless population. Local shelters and housing programs are unable to meet the demand.
- Living in overcrowded conditions and moving frequently are profound stressors for children, causing anxiety, depression, isolation, relationship and attachment issues, and gaps in education.
- Children of immigrant parents experience a unique set of stresses. If the parents were more comfortable with English and felt confident in their ability to navigate English-speaking society without their children's help, the children might be freer to pursue their education.
- Until basic needs are met, it is difficult for children to focus on school, which ultimately correlates to their level of success.
- Mental health problems in children are difficult to separate from family system issues; therefore, diagnosing and treating mental health issues is difficult.
- Conclusive evidence that adverse childhood experiences affect brain development holds implications for learning ability and success in social contexts.
- There are links between mental health and the ability to progress in school and to succeed in a social context. Shortages of early intervention, appropriate treatment, and access to services affect academic performance of students with mental health problems. Limited access to mental health services is a major barrier locally.
- Schools do not have staff, time, external support, or training to address student mental health



issues, yet they are at the front line to do so. Mental health issues extend beyond a school's ability to address the need.

- Very few programs or resources address the needs of children who have or have had an incarcerated family member.
- Mental health resources are not adequate to meet local needs. Care for serious chronic mental health problems is scarce and costly.
- The existing Regional Service Network system (Washington's Medicaid mental health delivery system) is not well understood by those outside the system. Funding and service are not equally accessible across the state, and local funding is not adequate. There is little local control.
- Some children do not meet eligibility criteria for the Department of Human Services. Those who are eligible, especially teens, find the system difficult to navigate. Even trained social workers report difficulties completing paperwork.
- There are no pediatric psychiatrists available to the general public in Walla Walla and only one provides limited services to an income-defined population. Pediatricians and general practitioners are monitoring psychotropic medications, but are uncomfortable doing so. Medication

management in the school setting is also an issue.

- Sexual abuse diagnosis and treatment resources are inadequate in this region. Treatment is difficult for teens to access.
- The current mental health system focuses on crisis treatment rather than prevention. Because of the cost, many people wait for a mental health crisis before seeking help. There are too few mental health pre-crisis services for children and no inpatient mental health beds in Walla Walla or Columbia counties. The emergency room and county jail are overused providers for mental health problems.
- Lack of communication and coordination among social service agencies, the schools and the community is a weakness.
- There is little or no support structure for families dealing with mental health issues. Respite care resources are few.
- Male therapists are needed, particularly as counselors for young boys.
- There are too few bilingual mental health therapists.
- Limited intra- and inter-community public transportation affects access to mental health services. The Department of Human Services is not on the bus route.
- There is a limited understanding of how to access available services in the community.
- A clearinghouse or website to communicate current programs and requirements for accessing mental health programs is needed. It would increase awareness of available services and how they can be accessed.
- Children are sometimes sent to out-of-the-region foster homes because local foster homes that take teenagers are occupied all of the time.
- Current sex education programs in the public schools are not adequate. More and better sex education is needed.
- The rate of teen pregnancies in the region can be a barrier to educational attainment. Walla Walla County has the fourth highest teen pregnancy rate in Washington.
- Teen pregnancy is a complex social issue, and it can reflect a generational pattern of parenting.
- Services for teen parents are limited, and there are no programs for young fathers.
- Parents are the child's first and most important teachers. Good parenting is essential for our regional community.
- Parents' effectiveness as life models affects a child's development and success in life. Some parents are not prepared for parenting. Sustained effort that focuses on one generation for a full prevention, intervention, treatment cycle would greatly reduce the problem.
- More parenting skills education is needed in the region. Parenting skills classes are limited or absent in some communities. Meeting Spanish-speakers' needs complicates delivery.
- Providing parenting skills classes for dealing with children in specific age groups is important. There is a particular shortage of classes for parents of children who are 5 to teen-aged.
- The public is not aware of available parenting resources. There is no coordination or effective marketing of resources or how they can be accessed.
- Parenting programs tend not to draw those who most need them. Bringing parenting and other resources to neighborhoods where trust has been built through other programs can be an effective way to increase participation in parenting skills classes. It also negates the lack-of-transportation challenge.
- Lack of effective social networks is a risk factor for families.

Recommendations

Recommendations are the Committee's specific suggestions for change, based on the findings and conclusions. They are not prioritized, but are arranged to reflect the phases of a child's life.

[Note: Examples used in these recommendations are to be considered solely as reference points. There may be other, similar programs and organizations to which no reference was made, and it is not the intention of the Study Committee to promote particular agencies, organizations or programs.]

1. School readiness should be a high priority in the region. Quality early learning programs should be available for all children and parents; funding should not limit access.
 - a. **A committee of representatives from all education entities should prioritize quality early learning by seeking funding, especially public funds at all levels (federal, state, county and local), and by collaboratively creating and implementing a "school readiness" framework.**
 - b. **Communities should offer early learning opportunities modeled after the Early Head Start program for children ages birth to 3 years and preschools for all pre-kindergarten children.**
 - i. Available community resources should be inventoried and pooled creatively. For example, local schools or colleges could offer programs in church facilities with financial or in-kind support of businesses or community organizations.
 - ii. Collaborative groups, such as Walla Walla Valley Early Learning Coalition, should be expanded and strengthened.
 - iii. Alternative approaches, such as providing transportation to programs in other communities, should be considered.
 - c. **Early learning programs should teach Spanish-speaking students in their native language to help them build verbal competency. Spanish-speaking adults should be encouraged to become Early Learning educators.**
2. Agencies and organizations already working with families should ensure that their programs emphasize early learning.
 - a. **Encourage the development of healthy verbal and emotional interactions between parents and children.**
 - b. **Expand and promote library and developmental programs, such as Books for Babes, to increase awareness of programs that promote literacy skills.**
3. To meet the regional need for quality child care services:
 - a. **Coordinate efforts to:**
 - i. Recruit, train and license additional child care providers for infants, for children with special needs, and for weekends and evenings.
 - ii. Increase availability of night and weekend child care.
 - b. **Develop a mechanism with which employers can pool resources to support licensed child care for their employees.**
4. Entities throughout the region should coordinate efforts to increase the availability of affordable housing.
 - a. **Walla Walla County should continue to implement its 10-year homeless plan with the support of the Homeless Alliance.**

- b. **Counties and cities should revise regulations to enhance the availability of quality, affordable multi-family housing, such as high-density housing, mixed housing (affordable housing not confined to just one area, but throughout community), creative zoning, incentives for landlords to rent to low income families, a facilitated permit process, and energy efficiency.**
- 5. Efforts to raise awareness of and increased access to resources and services should be regional and well-coordinated.
 - a. **A community clearinghouse, possibly online, should be established and periodic meetings held to raise professionals' awareness of available social services, legal services and agencies, and how to access them.**
 - b. **Expand the local child care providers' booklet to include parenting resources.**
 - c. **Educate the community about current and ongoing needs of children through forums, community-wide activities and newspaper articles. Local newspapers should regularly print a section that focuses on local children's issues and available resources. Establish a parenting hotline. Offer information in a bilingual format.**
- 6. Extend the use of the Adverse Childhood Experiences (ACEs) model for understanding the effects of childhood trauma.
- 7. Learning environments outside of school and opportunities that encourage positive relationships between students and adults in the community should be developed and promoted.
 - a. **Provide opportunities for all children to participate in extracurricular activities by supporting efforts to build stronger PTAs. Encourage pooling of resources between PTAs.**
 - b. **Students in each district's high schools and alternative high schools should be encouraged to participate in shared extracurricular activities.**
 - c. **Increase awareness of the benefits of mentoring children. Increase links between children and adults who are positive role models, by using existing programs and by implementing model mentoring curriculums.**
 - i. School districts and local mentoring programs, such as Friends, should establish formal relationships.
 - ii. Local colleges and school districts are potential resources to coordinate the recruitment, training and best utilization of mentors. Potential sources of volunteers are service clubs and other organizations, such as Rotary and retired federal employees.
 - iii. School districts should establish innovative programs for high school students to mentor preschool children.
- 8. Implement programs to bridge and eventually eliminate communication barriers which limit a family's ability to access needed resources and to effectively participate with the education system.
 - a. **Support public schools' efforts to help residents increase English and Spanish language acquisition skills.**
 - b. **Show support for the Garrison Night School program and similar programs in other communities that help English as a Second Language (ESL) parents to be autonomous without having to rely on their children.**
- 9. **Programs which result in consistent school attendance should be made a high priority and be supported by a coordinated implementation/enforcement effort.**
 - a. **Parents should be clearly informed and educated about the importance of their children's attendance.**

- b. **To overcome barriers to school attendance, public school districts should:**
 - i. Hire social workers to spend some time in each of the schools to help students and families with non-educational needs and to work with parents to break barriers to school attendance.
 - ii. Provide child care for children of students.
 - c. **Walla Walla County's truancy committee should be expanded to include all agencies that provide services to children and families.**
 - d. **Home visitation by multiple agencies should be consolidated to better serve the family and system by addressing all needs during one visit.**
 - e. **Programs that have been proven to enhance attendance, such as Walla Walla County's truancy process, should be implemented in other communities.**
10. A regional collaborative effort, involving schools, private service providers, and public agencies, should be made to maximize the effective use of mental health resources for children and families.
- a. **Assess mental health counseling resources, staffing, and activities in the region's schools as the first step toward improving mental health and substance abuse treatment.**
 - b. **Representatives of all social service agencies should meet regularly to coordinate services for area youth.**
 - c. **Family Reconciliation Services, offered by Department of Child and Family Services, should be more widely promoted.**
 - d. **Support and promote the establishment of school-linked health centers.**
 - e. **The hospitals in the region should collaborate to establish one critical access hospital to deal with mental health crises.**
11. Emphasize prevention as the first step toward mental health treatment.
12. Public school districts in the region should include age-appropriate, comprehensive reproductive health education as part of the basic curriculum.
13. A coordinated communitywide effort should be made to develop juvenile psychiatric services.
- a. **Recruit a pediatric psychiatrist or support a pediatric psychiatry student who agrees to practice in this region after graduation.**
 - b. **Recruit additional child psychologists and therapists.**
 - c. **Find ways to provide inpatient mental health services for youth in this area.**
14. Improving access to publicly funded mental health services should be a high priority.
- a. **Based upon presenters' comments during the study, Walla Walla County's current mental health service provider is not meeting local needs. An assessment using specific criteria and community expectations should be carried out by the county with follow-up action to be based on the findings.**
 - b. **To increase transparency, County Commissioners should require the Department of Human Services to make a detailed, comprehensive report (understandable by lay people) that includes numbers served and demographics.**
 - c. **The state of Washington should evaluate the Regional Service Network's functionality and accessibility by all regions and consider models that would be more effective, efficient and functional.**

- d. Valley Transit should have a stop at Department of Human Services on Dalles Military Road.
15. Increase the region's foster care system capacity to accept children and teens.
16. Since parents are a child's primary teachers, effective parenting should be supported.
- a. A decentralized program of parenting skills classes should be offered throughout the region. Classes should address skills needed to parent children of different ages and should be presented in Spanish and English.
 - b. Schools, faith-based and community organizations and agencies should be encouraged to form parent support groups.
 - c. New parents should not leave the hospital without access to parenting resources.
 - d. Support should be given to programs for teen mothers and teen fathers, such as Teen MOPS.
 - e. Home visits should help parents understand the importance of education to their children's well-being.



Best Practices and Supplemental Resources

Resource speakers and Study Committee members provided the following resources for supplemental information and model programs.

Books and Articles

Berck, Judith. *No Place to Be: Voices of Homeless Children* (Houghton Mifflin, 1992).

Brice Heath, S., with Roach, A. (1999). *Imaginative actuality: Learning in the arts during the non-school hours.*

Fiske, E. (ed.) *Champions of Change*, Washington DC: Arts Education Partnership.

Burt, Martha; Aron, Laudan; and Lee, Edgar. *Helping America's Homeless: Emergency Shelter or Affordable Housing* (Urban Institute Press, 2001).

Chapin Hall, *Educating Homeless Children in Chicago: A Case Study in the Family Regeneration Program*, www.chapinhall.org.

Department of Human Services, Walla Walla County, *Walla Walla County Agency Resource Guide, 2007-09.*

Featherly, Kevin. *Of Human Capital*, <http://www.minnestoamonthly.com/media/Minnesota-monthly/January-2006/OfHumanCapital>.

Friedman, Donna Haig. *Parenting In Public: Family Shelter and Public Assistance* (Columbia University Press, 2000).

Ghate, Deborah and Hazel, Neal. *Parenting in Poor Environments: Stress, Support, and Coping* (Kingsley Publishers, 2002).

Heckman, James J. *Catch 'em Young*, Published in *The Wall Street Journal*, January 10, 2006, http://www.minneapolisfed.org/publications_papers/studies/earlychild/media/heckman.cfm.

Juel, C. (1988). *Learning to read and write: A longitudinal study of 54 children from first to fourth grades.* *Journal of Educational Psychology*.

Lawrence, D., Jr. (2003). "NGA Pre-K Forum." *Speech for the National Governors Association Forum on Quality Pre-School.*

Warner, Judith, *Children in the Mental Health Void*, *The New York Times*, April 3, 2009, <http://warner.blogs.nytimes.com/2009/02/19/is-there-no-place-on-earth/?emc=eta1>.

Vissing, Yvonne. *Out of Sight, Out of Mind: Homeless children and families in small-town America* (University Press of Kentucky, 1996).

Walla Walla Children's Forum, *The Valley's Children 2008.*

Washington State Child Care Resource and Referral Network 2007 Statewide Data Report, September 2007.

Curricula

- **Families and Schools Together (FAST)**

www.wcer.wisc.edu/projects

- **Kids Matter**

www.earlylearning.org/kidsmatter

- **Love and Logic**

www.loveandlogic.com

- **Nurturing Parenting**

www.nurturingparenting.com, www.hippyusa.org

- **Parents as Teachers**

www.parentsasteachers.org, www.connectionparenting.com

Model Programs

North Idaho Children's Home, a residential treatment program in Lewiston, Idaho

GEAR Up, a Washington State University program

"Invest in Kids"—the "Nurse-Family Partnership", Colorado, www.iik.org/nurse_family

Cocoon House, Everett, Washington, www.cocoonhouse.org

Union Gospel Mission, Seattle, www.ugm.org

Pioneer Relief Nursery, Inc., Pendleton, Oregon

Website Resources

40 Developmental Assets

(www.search-institute.org)

Adverse Childhood Experiences Study

<http://acestudy.org>

Building Changes, End Homelessness Together

<http://buildingchanges.org>

Center for Substance Abuse Prevention (CSAP) Model Programs

<http://modelprograms.samhsa.gov>

Center for the Study and Prevention of Violence, Blueprints for Violence Prevention

<http://www.colorado.edu/cspv/blueprints/index.html>

Department of Education, Safe and Drug-Free Schools

<http://www.ed.gov/admins/lead/safety/exemplary01/index.html>

Evidence-based Practices in Suicide Prevention Program

http://www.sprc.org/featured_resources/ebpp/ebpp_factsheets.asp

Inland Northwest Alliance for Early Learning (Spokane)

www.earlylearningcommunity.org

Johns Hopkins Bloomberg School of Public Health

<http://www.jhsph.edu/PreventYouthViolence/Resources/Model-Promising%20Programs.html>

Minnesota Early Learning

www.education.state.mn.us/MDE/Learning_Support/Early_Learning_Services/Early_Childhood_Programs/Early_Childhood_Family_Education/index.html

National Institute on Drug Abuse

<http://www.nida.nih.gov/prevention/examples.html>

Northeast CAPT Database of Prevention Programs

<http://captus.samhsa.gov/home.cfm>

Office of Justice Programs, Community-based Programs

<http://www.ojp.usdoj.gov>

Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide

http://www.dsgonline.com/mpg2.5/mpg_index.htm

Promising Practices Network on Children, Families and Communities

<http://www.promisingpractices.net/programs.asp>

Strengthening America's Families: Effective Family Programs for Prevention of Delinquency

<http://www.strengtheningfamilies.org> See also <http://sfp.wsu.edu> and www.strengtheningfamilies.net

Surgeon General's report on youth violence

<http://www.surgeongeneral.gov/library/youthviolence/chapter5/sec3.html>

Washington Department of Early Learning

www.del.wa.gov

Washington State's Community, Trade and Economic Development 10-year plan to overcome Homelessness

<http://www.cted.wa.gov/site/823/default.aspx>

Washington State's 2008 annual report on the 10-year plan to reduce homelessness by 50 percent by 2015

<http://www.cted.wa.gov/DesktopModules/CTEDPublications/CTEDPublicationsView.aspx?ItemID=6803&Mid=870&wversion=Staging>

2008–09 Community Council Study Committee

Study Committee members met 24 times from November 11, 2008, through May 12, 2009. The Management Team developed the study curriculum in September and October and continued to meet frequently throughout the study to guide the process.

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2008-09 Study Resource Speakers

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Bunny Baker	Garrison Middle School	Dan McDonald	Touchet Public Schools
Teri Barila	Walla Walla County Community Network	Megan Millar	Department of Child and Family Services
Brooke Bouchey	Lincoln Alternative High School	Mark Mulvihill	Umatilla-Morrow Education Service District
Samantha Bowen	Early Learning Coalition	Donna Painter	Head Start, Blue Ridge School
Melinda Brennan	Walla Walla Community College Early Learning	Richard Pankl	Children's Home Society
Michelle Coleman	Mental Health Counselor	Tammy Patrick	Parent
Kathy Covey	Blue Mountain Action Council	Judy Peasley	Walla Walla Public Schools
Debbie Dumont	Department of Human Services	Theresa Rencken	Teen MOPS
Brian Gabbard	Pleasant View School	Renee Rooker	Walla Walla Housing Authority
Norrie Gregoire	Walla Walla County Juvenile Justice Center	Sharon Saffer	Department of Human Services
Chris Howard	Social worker	Anne-Marie Schwerin	YWCA
Alison Kirby	Pediatrician	Sandy Snook	Migrant Head Start
Lawson Knight	Blue Mountain Community Foundation	Jim Sporleader	Lincoln Alternative High School
Genoveva Lendesma-Morales	WSU GEAR Up!	Rich Stewart	Dayton Public Schools
Mel Mangum	Education Service District 123 (retired)	Daniel Varnel	Department of Human Services
Ginger Mastor	Department of Human Services	Cindy Wallace	Christian Aid Society
		Jenny Zitterkopf	School psychologist, UMESD

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*denotes 2008 Board member



Glossary

The following definitions were used throughout the study and in preparation of this report.

Children Preschool through post-secondary age.

Educational Attainment A preschool to post-secondary student's ability to succeed in becoming a healthy and happy participant in society.

Educational Services Services and activities occurring within educational organizations that are peripheral to issues related to curricula and instructional activities occurring inside the classroom. Terms like co-curricular issues, discipline, outreach concerns, counseling, etc. are descriptive of what the study committee will use as a guide.

Housing Stability Ability to secure and retain affordable and safe living accommodations.

Mental Health How we think, feel, and act as we cope with life. It also helps determine how we handle stress, relate to others and make choices.

Region Between Burbank and Dayton and from the Snake River to Milton-Freewater.

Special Education Specially designed instruction, at no cost to the parents, to meet the unique needs of a student eligible for special education services as identified through a comprehensive multidisciplinary assessment. Specially designed instruction means adapting the content, methodology or delivery of instruction to address the child's needs that result from the disability, and ensure access to the general education curriculum so that the student can meet the state education standards. These services include instruction in the classroom, in the home, in hospitals and institutions, and in other settings. Special education also includes the provision of speech and language therapy, occupational therapy, physical therapy, audiology services, vocational education and orientation and mobility services.

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