



Community Council

Enhancing the Educational Attainment of Our Region's Children

Robert Zagelow, Chairman

Final Report
of the
Implementation Task Force

October 2011

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Summary

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 Community Council's first study—education, mental health, and housing. Chaired by Roger Bairstow, the 2008-09 study committee framed its six-month study with the question, "How can the region best coordinate its educational, mental health and housing stability services in order to improve the educational attainment of its children?" Each area of exploration could have been a study in itself; but because they are closely interrelated, considering the three topics together was crucial.

Despite 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), it is apparent that there are many effective local resources. Children also face significant barriers. The study committee's report to the community, released in June 2009, offered 16 overarching recommendations and as many sub-goals to address those challenges.

The Enhancing Educational Attainment Implementation Task Force, under the leadership of Robert Zagelow, retired Superior Court judge, began its work advocating for those recommendations September 1, 2009. Nineteen individuals were involved at various stages of the two-year project. Because the recommendations fell into four general categories: education and parenting, mental health, housing stability, and community awareness/communication, the task force was divided into four corresponding subcommittees. The full group met six times to develop strategic steps, determine priorities, and establish a timeline, and over the course of the implementation period, subcommittees met separately in committee or with community members at least 76 times.

A starting point for all the subcommittees was to recognize that Community Council facilitates the identification of problems and potential solutions and then works with organizations already established in the community to implement the solutions so they are most effective and sustainable. Accordingly, one of the first steps taken by each subcommittee was to inventory existing services and to determine what group, agency or governmental entity was in a position to make the recommended changes. The subcommittees were pleased to discover more service providers than expected, but with the drawback that such services often were not well known in the community.

Once the stakeholders were identified, implementation went forward in three phases, as suggested by the Community Council model. The first is to educate the parties about the recommendations and factual findings of the study report. Not surprisingly, service providers sometimes were not aware of the community's concerns and needed to be educated. The second phase is that of advocacy for the Study Committee's recommendations. Providers sometimes agreed that changes were necessary, but others disagreed with or at least questioned the need for change. The third phase is to monitor those entities that agreed to make changes to confirm that actions are carried out and are effective.

Given that this is the first time the Community Council has gone full cycle (research, analysis, action, monitoring) on a given topic, it is appropriate to step back and view the process as a whole before reviewing the results of this task force's efforts. That is, can we draw some conclusions as to whether the process will work effectively? In doing so, it is important to define what Community Council is attempting to accomplish.

One thing is sure from this study: there are no easy or simple solutions to problems as broad as impediments to learning and dealing with chronic and multidimensional problems. The reason this study was so broad is that a multitude of factors inhibit educational attainment in the Valley. That being the case, a single solution is not going to address all of the problems; instead, changing multiple factors on an incremental basis will need to occur—perhaps small steps individually, but having a significant impact when considered collectively. A second factor in terms of gauging success is the recurring nature of some of the issues. A prime example would be the mental health issues considered by this task force. No matter how successful the task force is in effecting change, barring some medical advances not presently known, mental health concerns are not going to disappear. Accordingly, what is being sought is better management of conditions that will continue to occur in the future.

Given the preceding parameters, can the conclusion be reached that the process has worked in this study? The answer is clearly “yes”. This is not to say this task force was successful with every recommendation. It was not. Some recommendations simply were beyond our Valley's ability to implement. Some goals were not reached because the study issues were so broad that task force manpower was insufficient to fully consider all of the recommendations. That does not diminish the fact that because of task force efforts, positive changes have occurred in multiple areas and will significantly better the chances for improved educational attainment for our children. Some of the changes described in this report occurred with input and influence from task force members; others occurred independently of task force involvement. Of the 43 recommendations, 17 were substantially implemented, 14 were partially implemented, and 12 were not implemented.

Perhaps the most important contribution of the task force was the degree to which it elevated regional awareness of how educational needs, mental health and housing issues affect children's ability to achieve in school. While the Implementation Task Force certainly does not claim direct responsibility for all of the achievements that helped address the recommendations, we are confident that our efforts were instrumental in bringing greater focus to these issues and helped to influence favorable outcomes.

We also recognize that actions taken in the two-year implementation period are first steps; the issues are complex and resources for addressing them vary throughout the region. As you will see throughout this report, other individuals, groups and organizations in our region's communities are working to accomplish many of the same goals recommended by Community Council's study committee, and we expect that these efforts will continue.

Recommendations and Outcomes of Advocacy Efforts

Recommendation 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.*

Actions and Results:

The Walla Walla Valley Early Learning Coalition (ELC) continues to act as a catalyst for building the early learning system in the Walla Walla Valley. The ELC used the study report to support its successful application for multiple grants, securing funds from local and state foundations. The current work of the ELC addressed virtually all of the recommendations for Walla Walla County’s children in the birth-5 age range. ELC partners continue to work collaboratively to address the needs of families with children birth to age 5. The ELC has facilitated partnerships between multiple agencies to provide free, quality early learning programs, such as Tot Spot, to families throughout the community. These programs included Spanish-speaking students taught by Spanish-speaking parent educators. However, these programs are typically grant funded and the availability of the program depends upon the availability of funds.

Early Head Start, the model program noted above, is a federally funded program to provide a “head start” for very young children by helping to overcome barriers due to their families’ low income status that, when compared to other children, places them at disadvantage for school readiness. The program provides comprehensive, parenting, child development and family life supports at no cost to the families. Services provided are relevant to a family’s culture and language (primarily English and Spanish in our region), and programs coordinate with many other organizations in the communities to serve the children’s and families’ needs. The providers must meet more than 1,200 standards mandated by the federal Head Start Office to ensure high quality programs. In this region, Children’s Home Society of Washington (CHSW) provides both home visiting and center-based Early Head Start in Walla Walla, College Place and the Farm Labor Homes, serving more than 100 children, birth to 3, pregnant mothers and their families each year. CHSW offers a related service for the families, called SPARK (see Recommendation 16) that helps the parenting caregivers to work as a team for the children’s well-being. Walla Walla Public Schools provides Head Start/ECEAP programs for children age 3 to 5. The Washington State Migrant Council’s Migrant Head Start Program, located at the Farm Labor Homes, also provides Early Head Start and ECEAP services to children birth to age 5 and their families. The Oregon Child

Development Coalition provides Head Start services in the Milton-Freewater area. These programs help parents to provide the best care for their children and to foster healthy development and learning. These currently are the only Early Head Start programs in this region, and we are aware of no others being planned at this point.

The committee inventoried community resources for early learning (0-5), pre-teens (6-12) and teens (13-18), identifying five key areas: parenting skills classes, parenting information and support, home visiting programs, extracurricular activities, and mentoring. While the ELC has successfully engaged partners to work together for families with children birth to age 5, there remains a gap for families with children ages 6-18.

The areas not addressed by this committee include alternative approaches, such as providing transportation to participate with programs in other communities; working with Columbia County ECAP/Birth to age 3 and finding Milton-Freewater contacts; and encouraging Spanish-speaking adults to become early learning educators.

Final Status ➤ Recommendation 1 A-C Partially Implemented

Recommendation 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.*

Actions and Results:

- A. The Walla Walla Valley Early Learning Coalition (ELC) facilitated collaboration between agencies and organizations serving families with young children. This included identifying agencies focused on healthy interactions and collaborating to provide free, quality early learning programs to families throughout the community. The ELC also secured a Culture of Literacy grant (2010 & 2011) from Thrive by Five Washington to promote early literacy.

Final Status ➤ Recommendation 2A Substantially Implemented

- B. The ELC partnered with the Walla Walla County Rural Library District to provide free early literacy focused programs at the Burbank library for families with children birth to age 3. The ELC also distributed age-appropriate, bilingual books to children birth to age 5 throughout the area. As part of the Culture of Literacy grant, the ELC expanded Reach Out and Read, a national early literacy program (www.reachoutandreadwa.org), to Walla Walla Clinic, the largest pediatric clinic in the area, serving more than 5,000 children at well-check visits each year.

The Children's Home Society (CHSW) offers an after school homework club for K-6 grade students living at the Farm Labor Homes. Called the Academic Fun Club, the program assists the children with their homework, provides work sheets and other activities to enhance learning skills, coordinates with the children's teachers, and engages parents in assisting the children. To foster literacy success,

the program includes a 500-book library that is available to the children during homework club hours and the children are periodically provided with free books obtained through grants from educational organizations. During the summer, CHSW also offers to the children at the Farm Labor Homes a 10 -week recreation and educational enrichment program that emphasizes reading skills, science, learning about different cultures of the world, and includes field trips to the library, Children’s Museum and camping.

Final Status ➤ Recommendation 2B Substantially Implemented

Recommendation 3

To meet the regional need for quality childcare services:

- A. *Coordinate efforts to:*
 - i. *Recruit, train and license additional childcare providers for infants, for children with special needs, and for weekends and evenings.*
 - ii. *Increase availability of night and weekend childcare.*
- B. *Develop a mechanism with which employers can pool resources to support licensed childcare for their employees.*

Actions and Results:

- A. In looking for ways to increase recruitment of and training for childcare providers, committee members discovered major obstacles.
 - Contractor registration, required for state reimbursement for snacks, is very complicated, and the cost and process are overwhelming for providers. The state agency is not responsive to callers with requests for waivers.
 - Caring for babies limits what providers can do and limits providers’ income.
 - Child-care facilities limit the numbers of state-paid enrollments because the state does not fully reimburse the costs.

Final Status ➤ Recommendation 3A Not Implemented

- B. No action taken.

Final Status ➤ Recommendation 3B Not Implemented

Recommendation 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 multifamily 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.*

Actions and Results:

- A. Two task force members attend the meetings of the Homeless Alliance. When the implementation phase began, they communicated Community Council's support for ongoing efforts to implement Walla Walla County's 10-year homeless plan. The Implementation Task Force has continued to monitor progress on the plan.

Final Status ➤ Recommendation 4A Substantially Implemented

- B. Because of changes in the national and local economy following the study's conclusion, unemployment has increased and prices of homes for sale have decreased. Therefore, the committee's efforts to promote affordable housing encompassed both multi-family rentals and single-family homes for sale. They met with representatives of: Walla Walla Housing Authority (WWHA), Blue Mountain Action Council, Walla Walla County Homeless Alliance, Walla Walla Downtown Foundation's task force on housing, City of Walla Walla Development Services department, Home Builders' Association, Hayden Homes, Walla Walla Valley Chamber of Commerce, Vista Hermosa and Snake River Housing, Blue Mountain Community Foundation, and Walla Walla County Housing Authority.

With the goal of having multi-family areas included on the zoning map, the task force worked with Walla Walla Planning Department, City Attorney, and other officials to determine how the zoning regulations match the plan.

The task force provided the City of Walla Walla with information about a Washington statute (RCW 84.14) that provides incentives to developers who build multi-family rental units that include affordable housing.

The two housing authorities in the region, WWHA and Walla Walla County Housing Authority, have increased their level of cooperation, as evidenced by WWHA's construction of 60 townhouse-style apartments on land owned by Walla Walla County Housing Authority. These apartments replace 60 apartments at Farm Labor Homes that were in poor condition. The two housing authorities are engaged in discussions about how best to serve the low-income housing needs in the Walla Walla area, which may include a contract for services between the two, a merger, or creation of a new joint housing authority.

July 25, 2011, the Walla Walla County Commissioners adopted new guidelines for administering affordable housing and homeless housing funds that flow through the county, including those codified in SHB 2060 and ESSHB 2163, 1359 and 2331. "The Human Services Advisory Board will begin to review applications for [these funds] and make award recommendations to the Director of the Department of Human Services. These awards must be made in accordance with the Interlocal Agreement [between Walla Walla County and the cities of College Place, Prescott, Waitsburg and Walla Walla] and the Walla Walla County 10-Year Homeless Plan...."

Final Status ➤ Recommendation 4B Partially Implemented

Recommendation 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 childcare providers' booklet to include parenting resources.*
- C. *Educate the community about current and ongoing needs of children through forums, communitywide 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.*

Actions and Results:

- A. The committee explored the establishment of an online, inclusive and up-to-date resources webpage, and concluded that entities willing or able to maintain such a webpage were unavailable. Focusing on facilitating better access to existing resources was the best avenue to pursue.

An informal survey by task force members revealed resources currently used:

- *Where Can I Go For Help?* a handout updated at least once a year
- *Walla Walla County Agency Resource Guide*, updated every two years
- 211 Information Network
- Walla Walla Public Schools (WWPS) resource booklet for teachers and often given to parents
- Versions of *Where Can I Go For Help?* modified to fit a specific community such as Dayton

Walla Walla County Agency Resource Guide is the resource most widely used by professionals. *Where Can I Go for Help?* is the resource list most widely used by frontline workers and is made available to clients. The committee focused on improved usability of and access to these two resources.

The Department of Human Services (DHS) prepares the Walla Walla County Agency Resource Guide and, due in part to funding cuts, plans an online-only version in 2011. The committee's recommendations for improving the usability of *Walla Walla County Agency Resource Guide* were presented to the DHS advisory board. Recommendations included responsive updating, searchability, ease of access on the web, efforts for community-wide awareness of the directory, and a Spanish language version. The advisory board was supportive of these recommendations.

The Walla Walla Council for the Prevention of Child Abuse developed the one page handout called "Where Can I go For Help"—one side in English and the other side in Spanish—as a convenient guide for families looking for specific resources and made these available through many outlets. The Children's Forum Committee updated and made them available through the forums and the Children's Forum website. Debbie Kelley at the Juvenile Justice Center currently maintains the information. *Where Can I Go For Help?* appears to adequately meet the needs of front line workers and consumers.

The committee focused on making *Where Can I Go For Help?* more widely distributed. WWPS has emailed *Where Can I Go For Help?* to parents and others on their email list, has placed the flyer on

their webpage, has distributed it on Facebook, and Tweeted how to access the flyer. WWPS has agreed to send the flyer home with students at the first of the school year. Waitsburg and Burbank schools have agreed to distribute the flyer in similar ways. Other area schools have been asked to do the same.

In the Tri-Cities, forms for free and reduced-price school lunches have been modified to include a check box for social service needs. An information fair in concert with school functions such as parent conferences or one-on-one follow-up is used to match family need to agency resource and to assist families to access current programs. WWPS has produced a form with a box for parents to request further information for medical insurance, food/housing assistance, counseling, family safety, and substance abuse. Blue Mountain Action Council has agreed to explore being WWPS' screening partner responsible for matching requests to available community services. Waitsburg and Burbank have also agreed to add this resource box to their school lunch forms. Waitsburg's screener will be the school counselor. College Place, Touchet and Prescott schools were approached with the same request.

The Court Facilitator position for low income and *pro se* access to the legal system has been vacant since January 2011. Agencies' staffs, in most cases, are not able to help with legal forms. The YWCA has agreed to spearhead the production of a handout with the appropriate available resources and to request the handout be made available at the Walla Walla County courthouse and elsewhere. A committee member supplied a Benton County handout used for similar purposes as a suggested template.

Final Status ➤ Recommendation 5A Substantially Implemented

- B. A committee member met with the Education and Parenting Task Force and there is a commitment to include *Where Can I Go For Help?* in the childcare booklet; however, users must obtain it from Walla Walla Community College. Its childcare referral line is only partially staffed.

Final Status ➤ Recommendation 5B Partially Implemented

- C. Walla Walla Union-Bulletin answered the call for regular information on children's issues and a centralized, up-to-date resource guide. They began publishing *Family Focus*, a quarterly magazine available free in high traffic locations throughout the region and upon request, by mail. *Family Focus* is printed in English; the Union-Bulletin is unable to provide a Spanish-language version.

In working on awareness and access for responsibility A (above), committee members determined that social service providers were well aware of the need for bilingual, bicultural resources, and are actively working to address the issue. Recent budget cuts may hinder progress towards access for bilingual and bicultural clients.

Final Status ➤ Recommendation 5C Partially Implemented

Recommendation 6

Extend the use of the Adverse Childhood Experiences (ACEs) model for understanding the effects of childhood trauma.

Actions and Results:

The Children's Resilience Initiative (CRI) is a collaborative community-wide effort to create a community conversant in Adverse Childhood Experiences (ACEs) and resilience and is dedicated to launching a long-term effort to reduce ACEs in the childhood population while fostering resilience in children and adults in the Walla Walla Valley.

The Community Council study recognized the importance of the ACEs model, and the study report was one document used to support successful requests to the Sherwood Trust and to the Bill and Melinda Gates Foundation for funding to support CRI's effort. In its 21-month existence, the CRI team has pursued a multi-pronged approach in order to accomplish its two major goals: 1) create a community conversant in ACEs and resilience and 2) build community capacity to sustain the ongoing work within existing systems once the infrastructure of CRI itself is no longer needed.

CRI has worked in three major areas: service providers, parents, community. Major accomplishments include:

- Formation of a 24-member CRI team (comprised of school district personnel, social service and medical providers, parents, business representatives, etc.) in February 2010 with monthly meetings thereafter; 42 preliminary one-on-one meetings were held with community leaders to describe the foundational research and establish an understanding of CRI prior to its formation
- Multiple presentations to community groups and conferences—parents, businesses, social service providers, service clubs, schools and agencies
- Development of a computer model for service delivery through the lens of ACEs and the creation of an interactive website to serve the purpose of ongoing education and resource referral
- Creation of materials for effective dissemination of information such as the deck of 52 ACE/Resilience cards with parent handbook, posters, and PowerPoint presentations (materials are in both Spanish and English)
- Secured financial support from Sherwood Trust, First Fruits, a program of Blue Mountain Community Foundation, and a three-year grant award from the Bill and Melinda Gates Foundation
- Sponsored trainings on complex trauma by Dr. John Medina and Natalie Turner for community partners and Lincoln Alternative High School staff. Medina's visit via the Children's Forum resulted in school closure so that every WWPS staff member could participate. Natalie Turner will provide follow-up training with Lincoln High School staff
- Participated in the Learning Community of the Complex Trauma Training Network, from Boston, MA, the leading national trauma expert

- Sponsored generation of Behavioral Risk Factor Surveillance System data at the county level to obtain ACE scores for Walla Walla County
- Created pilot project at Lincoln High School to incorporate ACE understanding with complex trauma training
- Participated in consultation and exchange of ideas with the two co-lead researchers of the original ACE study (Dr. Rob Anda of the Centers for Disease Control and Prevention and Dr. Vincent Felitti of Kaiser Permanente) as well as various community, state and national leaders involved in ACE-related initiatives
- Invited to present at regional and state conferences, such as the Washington State Mentoring Conference, Whitman College's Violence Prevention Workshop and the Washington State Family Policy Council's Think Tank
- Participated in Community Council's Implementation Task Force subcommittees for mental health and early learning

Through the end of the grant, October 31, 2012, CRI intends to increase community familiarity with basic concepts, to continue presentations and train-the-trainer events, to enhance the materials including the interactive website and to ensure sustainability of the effort in the hand-off to service providers as they incorporate and embed ACE and resilience research and concepts into their own systems.

Final Status ➤ Recommendation 6 Substantially Implemented

Recommendation 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 Parent Teacher Associations (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 of Children of Walla Walla (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.*

Actions and Results:

- A. All schools in the Walla Walla School District were contacted regarding their PTA activity. Many of the schools have a parent group, but most function solely for fundraising.

Some schools in the district are no longer involved with PTA. Parents' schedules and low levels of interest cause low attendance at PTA meetings. Some schools have a Parent Teacher Organization (PTO) that does not collect dues and is loosely organized. The district-wide council has been disbanded.

Parent involvement is a focus at all Walla Walla schools, but Title I schools are required by federal law to partner with parents. Blue Ridge, Green Park, Edison, Sharpstein, and Garrison have Title I programs. Lincoln has a Targeted Assistance Program. Students at qualifying schools may qualify for public school choice and/or free tutoring if they meet the requirements.

The district at times provides workshops for parents, including parenting skills and techniques for supporting students in reading and math. Individual schools also have events and programs that focus on reading and mathematics and other subjects to help build partnerships with parents.

Recently, WWPS adopted a new parent involvement policy, which may be found on the website www.wwps.org.

Final Status ➤ Recommendation 7A Partially Implemented

- B. Lincoln High School (LHS) students are allowed to participate in extra-curricular activities with Walla Walla High School students, but the activities are very competitive and require much family support and expense. LHS students rarely try out, and it is even more uncommon for a LHS student to make the team and play in the games. It takes substantial drive, ambition and talent for students to leave fellow students to compete in a serious and tense atmosphere with individuals they do not know. Therefore, LHS has occasionally formed its own teams. More students can participate, and the activities build school spirit.

Final Status ➤ Recommendation 7B Substantially Implemented

- C. No action taken by the task force. Friends of Children of Walla Walla, Children's Home Society, and other mentoring programs continue to facilitate caring relationships through which adult mentors and tutors help children to enhance their success in school and in all areas of their lives.

Final Status ➤ Recommendation 7C Not Implemented

Recommendation 8

Implement programs to bridge and eventually eliminate communication barriers that 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.*

Action and Results:

No action taken

Final Status ➤ Recommendation 8A and 8B Not Implemented

Recommendation 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 noneducational needs and to work with parents to break barriers to school attendance.*
 - ii. *Provide childcare 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.*

Action and Results:

- A. Because of the Becca Law, schools are required to notify parents if their children are absent. All schools in the Walla Walla School District comply with this law. Information regarding attendance is in every handbook and addressed at open house events.

Schools and teachers have their own strategies for encouraging families to be consistent with attendance. In severe cases of absenteeism, court services are involved. Each school has an intervention specialist whose role is to help support families when attendance becomes an issue.

Final Status ➤ Recommendation 9A Substantially Implemented

- B. Lincoln High School students are now able to access childcare available in a Blue Mountain Action Council facility adjacent to the school.

Final Status ➤ Recommendation 9B Partially Implemented

- C. Walla Walla is one of the few counties in the state that takes truants to court. In the past few years, several models have been in place to address the truancy issue. The priority is to engage students

rather than use the court system. If students do not have a criminal history, they can work on truancy issues through a diversion committee. Schools are working on intervention as well.

The Interagency Truancy Committee consists of a representative from each Walla Walla and College Place school that has a child in the truancy process, as well as Children's Home Society, Child Protective Services, and Department of Social and Health Services. The committee connects families with community resources and does follow up.

Local school districts usually comply with the law as it pertains to filing truancy petitions after a child has seven unexcused absences within a month or 10 unexcused absences within a school year. Prior to filing of the petition, the districts document the type and number of attempted interventions to address absenteeism. In some cases, but not consistently, school districts continue to expand, increase, or maintain intervention strategies. Once the petition is filed and signed, intervention is often reduced to the court's review of the student's progress. Often the judge warns the child at a review hearing that further absenteeism will result in criminal charges of contempt. That warning is sometimes the extent of the intervention provided.

The interagency truancy committee has been meeting for approximately 10 years. Representatives from all school districts and local service providers are welcome and invited to attend. The committee meets to address "red flag" absenteeism at each school and to monitor the seven in a month/10 in a year earmark for filing petitions. In some cases, coordination and referrals between schools and other agencies or development of strategies to address a family's need took place at these committee meetings. During the 2010-11 school year, committee meetings dropped from monthly to quarterly and resulted in a breakdown of information sharing between agencies. Court Services intends to request that the truancy committee return to monthly meetings to provide a consistent time to review cases and plan strategies.

They will also continue to address the need to maintain truanies in civil court under the petition and convince the schools that the civil petition provides them with more control and empowers school officials to order children into services. Once a petitioned child is referred to criminal court for a contempt charge, the process, timeframe, and outcome are completely up to the courts.

Final Status ➤ Recommendation 9C Not Implemented

- D. In December 2010, the Early Learning Coalition compiled a list of home visiting programs in Walla Walla County. Included are: Children's Home Society—Early Head Start, Children's Home Society—Home Team, Walla Walla Public Schools Head Start/ECEAP, WSMC Early Head Start/Head Start/ECEAP, Family Medical Center First Steps, Public Health Department—Children with Special Health Care Needs Program, Department of Early Learning—Early Support of Infants & Toddlers, Commitment to Community, and the Moms Network. No further action was taken.

Final Status ➤ Recommendation 9D Substantially Implemented

- E. No action was taken to expand the services provided by the Walla Walla County Juvenile Justice Center.

Final Status ➤ Recommendation 9E Not Implemented

Recommendation 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.*

Action and Results:

- A. The mental health subcommittee inventoried counseling, intervention and psychologist staffing at Walla Walla and College Place schools. Since the study committee made its recommendations, the schools are receiving less funding and things are changing.

Final Status ➤ Recommendation 10A Partially Implemented

- B. After talking with stakeholders about area-wide meetings to facilitate better knowledge among social service agencies, schools, and other stakeholders, the committee had concerns that additional meetings would not be well attended. Efforts were made to encourage information sharing in conjunction with existing cross-agency meetings, such as the Domestic Violence/Sexual Assault Coalition, the Walla Walla Council for Prevention of Child Abuse, and the Family Advocacy Resiliency Team in Dayton. The Community Service Council is another resource for interagency sharing.

The Department of Human Services (DHS) is willing to support area-wide resource meetings. Agency sharing will be facilitated by Walla Walla County's purchase of the DHS office building; several social services agencies plan to relocate to the building and a bus stop for access to DHS and future tenants has been implemented.

Final Status ➤ Recommendation 10B Not Implemented

- C. The study committee's perception that there was a lack of community awareness of the services offered by Family Reconciliation Services (FRS) was found to be incorrect. FRS is used to capacity. There is funding for FRS services, and the Walla Walla office has designated a worker to do work in support of FRS, in addition to his or her other duties. When a family needs FRS, that worker is assigned if he or she has capacity on his or her caseload. Juvenile Justice Center and local professionals refer clients for services when appropriate. Due to limited staff capacity, there may be a wait. When that happens, the local office informs those making the request and offers the option of receiving services later. FRS is sometimes referred to as a "non-essential" service of Department of Child and Family Services (as compared to the "essential" service of abuse/neglect investigation). That puts the FRS program at risk during any budget crisis.

Final Status ➤ Recommendation 10C Substantially Implemented

- D. Implementation Task Force members discussed availability of and access to mental health services on a timely basis in order to institute early treatment and prevent worsening of conditions and supported the Lincoln Health Center (LHC) as a resource.

After the study committee adopted this recommendation, LHC opened to serve the health needs – including mental health – of students attending Lincoln High School. The facility is housed adjacent to Lincoln High School in a building owned by Blue Mountain Action Council. LHC is a private, nonprofit provider. Services are provided at no cost to students, although the agency accesses insurance if it is available. Private mental health service providers provide pro bono services. LHC will require ongoing advocacy, promotion, financial and other support.

In addition to LHC, there have been and are initiatives to bring other health and health-related services to the schools. These include alcohol and drug use prevention, intervention, and recovery from addiction services, counseling and mental health treatment, reproductive health services, and sexual abuse prevention.

The Trilogy Recovery Community (TRC) provides services to assist chemically dependent youth in recovery. The majority of their program is substance abuse recovery support. Services include individual recovery support through trained recovery coaches, recovery support groups, a parent/caregiver/family support group, community awareness and education, and advocacy. St. Mary Medical Center is providing use of a house near the hospital for use as TRC headquarters. The TRC board of directors is undertaking strategic planning, which includes developing ongoing revenue to sustain the services and consideration of school-linked initiatives.

Substance use prevention, intervention and recovery services are also offered to students at Lincoln High School and the Juvenile Detention Center via Education Service District 123 funded staffing.

School-linked mental health services have been provided through contracts with area practitioners. Walla Walla area schools have referred students to service providers and provided payment for mental health services when other resources were lacking. These included in-school services when necessary and appropriate. These services continue on an as-needed basis.

Planned Parenthood provides school-linked health services by invitation, primarily education regarding reproductive health. In the past and in coordination with the Walla Walla Council for the Prevention of Child Abuse, the Health Educator has also provided information to help students regarding issues of sexual abuse.

Final Status ➤ Recommendation 10D Substantially Implemented

- E. Inpatient psychiatric care is no longer available locally. All three area hospitals have stated that providing inpatient care is not feasible because of associated high costs and unavailability of specially trained personnel. The Department of Human Services decides how crises are handled. With the new national health plan, more people will be covered and more clinicians will be needed to address needs.

Final Status ➤ Recommendation 10E Not Implemented

Recommendation 11

Emphasize prevention as the first step toward mental health treatment.

Action and Results:

To implement this recommendation, efforts were focused in three areas:

- Adverse Childhood Experiences (ACEs) are precursors to mental disorders and other problems in adulthood. The Children's Resiliency Initiative (CRI) provides awareness of ACEs and the means to address them in order to prevent and ameliorate negative outcomes. (See Recommendation 6.)

Through CRI, area service providers are learning to focus on ACEs as significant risk factors to children's healthy development and ability to achieve educational success, to plan and implement protective factors to ameliorate the impact of adverse childhood experiences, and thus prevent future problematic outcomes for the children.

- Encouraging Walla Walla County Department of Human Services (DHS) to improve transparency, openness and collaboration with other services in the community, and to shift from crisis to prevention

Efforts by the DHS and its new director to improve transparency, openness and collaboration with other services in the community are addressed in Recommendation 14. There has been identifiable progress to implement prevention services as DHS is allocating funding for prevention. As of August 2011, DHS is soliciting contract proposals from area providers for preventing use of alcohol, tobacco and other drugs.

- Chemical addiction co-occurring with mental health disorders and the need for specialized services, cross training of professional practitioners in both fields, and better coordination of services

The Implementation Task Force identified dual diagnosis and related services for youth who demonstrate both chemical addiction and mental disorders as a major barrier affecting the students' ability to learn and achieve academically and invited specialists to present information. Few professionals are trained to diagnose and treat co-occurring chemical addiction and mental disorders. Suggestions for addressing this issue included:

- Professionals should be open to communicating with each other to determine diagnosis.
- Licensing/regulatory bodies (Washington Department of Health) should require cross training. This would require legislative action.
- Agencies could make cross training as a requirement for employment.
- Training must stay current.
- Community should be made aware of co-occurring disorders, and County Commissioners must recognize issues with treatment of mental health and chemical dependency.

Although the task force recommends cross training and coordination of services by service providers treating youth with co-occurring chemical addiction and mental health disorders, the committee did not move forward to implement steps to bring that about. The committee recommends that this topic be the focus of a future Community Council study. (See also Recommendation 13-C)

Final Status ➤ Recommendation 11 Partially Implemented

Recommendation 12

Public school districts in the region should include age-appropriate, comprehensive reproductive health education as part of the basic curriculum.

Action and Results:

The Task Force is working with Walla Walla Public Schools (WWPS) to arrange access for conducting a student/teacher/administrator survey about the effectiveness of current human development and reproductive education programs. Walla Walla Community College students will also be surveyed to obtain a fuller understanding of the needs. The Mt. Baker Planned Parenthood survey, modified to fit WWPS policy, will be the basis for a local survey. Whitman College volunteers will help conduct the survey. The survey was to take place in Spring 2011, but was postponed to Fall 2011 due to administrative procedures required for the project.

WWPS staff members who teach the human development curriculum may be surveyed in order to identify resources they need and ways they can become more comfortable with teaching this subject.

Final Status ➤ Recommendation 12 Partially Implemented

Recommendation 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.*

Action and Results:

- A. Meetings with administrators at Providence St. Mary Medical Center, Walla Walla General Hospital, Department of Human Services (DHS), the Veteran's Administration Medical Center, Dayton General Hospital and the Lincoln Student Health Center confirmed that the number of children needing services is increasing and that local capacity to serve families with troubled children is limited. Because mental health services are decentralized, it is difficult to determine how many children seeking treatment are turned away.

Because there is a shortage of psychiatrists in the United States, the chance of recruiting a child psychiatrist to the Walla Walla Valley is slim. DHS has a supervising psychiatrist on staff and, for a time, considered instituting a psychiatric residency program to help meet local needs. That plan was abandoned for a more cost effective plan that would serve a larger clientele. DHS proposed a 1/10th of 1% sales tax initiative to the Walla Walla County Commissioners for the purpose of increasing its ability to provide mental health and chemical dependency services. The findings and

recommendations in the 2008-09 Community Council Study Report were used to support the proposal. October 10, 2011, the Walla Walla County Commissioners unanimously voted to authorize the sales tax increase. DHS expects to be able employ two additional psychiatric prescribers, support staff and increase by 150% its ability to serve clients in this venue. It would also develop prevention, early intervention and educational services for youth related to substance abuse and addiction.

Final Status ➤ Recommendation 13A Partially Implemented

- B. DHS has recruited two additional child therapists and uses social work interns from Walla Walla University. Director Daryl Daug's reports that DHS staff sees more clients and is providing more services—non-crisis and crisis—than at the time of the study.

One psychologist opened a new private practice in Walla Walla in 2010.

The YWCA and Children's Home Society provide specialized therapy to help child and adolescent victims of sexual abuse/assault, domestic violence and physical abuse, and their non-offender family members recover and heal from their trauma. Grant funding from the Washington Office of Crime Victims Advocacy and other resources enables families to receive free services.

Final Status ➤ Recommendation 13B Partially Implemented

- C. An impediment to providing full mental health services occurs when mental health and substance abuse are present concurrently. Few professionals are trained to make dual diagnoses. The community needs to find a way to cross-train mental health workers and those treating substance abuse. The dual-diagnosis issue compounds with privacy constraints between providers and members of the family. (See Recommendation 11.)

The need for inpatient mental health services for youth in this area has increased, not decreased, since the study. Walla Walla County providers share a common interest in finding ways to provide psychiatric services—adult and pediatric—in the region. They agree that local inpatient mental health care is not feasible because of costs and the need for specialized training for staff. They have begun meeting to find ways to provide services and to prevent the need for those services.

Crisis services are provided through single bed certification that authorizes a local hospital's emergency room to hold a patient until an inpatient bed is available at one of the few places they are provided in the state. In the past, single bed certification happened once or twice a year—now it is needed frequently. It is very hard on the hospital staff because they do not have the specialized training necessary to treat these patients. Holding a patient for mental health and safety reasons without providing services is contrary to the legislative mandate of providing treatment.

The number of available beds statewide has decreased while the need has risen. Federal, state and local legislation is needed to address this issue.

Final Status ➤ Recommendation 13C Not Implemented

Recommendation 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.*

Action and Results:

- A. Walla Walla County has not assessed the Department of Human Services (DHS) using specific criteria and community expectations. A consultant was hired to analyze DHS's organizational structure and recommendations to revamp its administration have been implemented. A group of the Implementation Task Force members attended a meeting of the Walla Walla County Commissioners to express the study committee's concerns about DHS. They offered a list of suggestions and volunteered to be involved with the recruitment of the new director. The selection committee used the suggestions, and the new director, Daryl Daus, was hired February 2010.

Final Status ➤ Recommendation 14A Partially Implemented

- B. The DHS director's monthly reports to county commissioners have progressed toward transparency. They include budget and expenditure detail, as well as information about DHS's reserve funds and how they are allocated. Changes in financial information management and the implementation of new software have made it easier to access information needed internally and information requested by the public. Mr. Daus indicates that department heads will be involved in developing the 2012 budget and that transparency will continue to improve.

Mr. Daus has sought considerable input and collaboration from a newly formed Human Services Advisory Board that meets monthly. The bylaws of the advisory board mandate that needs of county citizens be determined, that the board is involved in the budgetary process of DHS, and that the board monitors DHS programs and provides semi-annual recommendations to the commissioners. Mr. Daus plans a 2011 year-end report to the Human Services Advisory Board that will include actions taken and an accounting of revenues and expenditures. This will also be distributed electronically to the public.

Final Status ➤ Recommendation 14B Substantially Implemented

- C. Regional Services Network (RSN) is in flux due to future funding, legislative action and national health care reform. During the 2011 Washington legislative session, eliminating the RSN was considered. That possibility died in committee because there was no plan for replacing it. The RSN that includes Walla Walla and Columbia counties has a history of working more collaboratively than

many of the other RSNs. Its regional network ensured a minimum level of funding so that the smaller counties could function. In 2011, regional funding formulas did not include base funding for counties and, based upon population and population on Medicaid, the larger counties (Yakima and Benton-Franklin) have been using more of the funds. Those two counties also receive more funding because they provide services that RSN deems critical to its functioning.

Final Status ➤ Recommendation 14C Not Implemented

- D. Fall 2011, DHS will be accessible by Valley Transit. This seemingly simple achievement was accomplished through a complicated process. Permission for Valley Transit to add another route that incorporates a DHS stop has been secured through federal, state and local authorities. A new bus, specially designed to accommodate passengers with disabilities, will stop every half hour on a loop that includes Providence St. Mary Medical Center, the Veterans' Administration, nursing homes and retirement communities and counselors on Dalles Military Road. DHS has purchased the building in which it operates and will be renting space to tenants such as Blue Mountain Action Council and Friends of Children of Walla Walla who will also be served by the stop.

Final Status ➤ Recommendation 14D Substantially Implemented

Recommendation 15

Increase the region's foster care system capacity to accept children and teens.

Action and Results:

This recommendation addresses two issues: the need for more homes to accept children and teens and the current state-administered system of child welfare/foster care services. A task force member met with a Division of Children and Family Services (DCFS) administrator with regard to both the need for more foster care capacity and systemic issues that would affect this capacity and inventory of available homes. The administrator stated that the recommendation should include the homes of relatives, as well as foster homes. He also stated that systemic problems are not the issue. He recommended community involvement, such as having neighborhood-based events, to support the department in recruiting homes to increase the inventory.

During the implementation period, Teri Barila with Community Network, Susan Kralman with the Homeless Alliance and Tim Meliah with Catholic Charities, have moved ahead with implementing an overnight shelter to meet the immediate need for homeless youth in Walla Walla. Efforts have included preparing marketing materials for and assembling community volunteers to assist with creating awareness of the proposed service and determining feasibility and potential community support for the shelter. Feedback indicates acceptance of the need and potential for support; planning for the shelter continues.

During this period, the Washington State legislature passed House Bill 2106, which transfers to private organizations most of the child welfare services currently provided by Washington's DSHS/DCFS, including foster home recruitment and licensing. To prepare for such a transfer, the department sent Requests for Proposals and suggested that agencies provide these services via contract. A lawsuit filed by the DSHS employees' union has halted the process.

Another systemic issue was identified through a class action lawsuit filed against the department by a Seattle based law firm on behalf of foster parents. The suit alleges that the state is not paying the full cost of care as mandated by federal regulations.

More action is needed on an ongoing basis to improve foster care recruitment and retention. In the context of increased capacity to accept and care for children and teens, this recommendation was not implemented, other than progress for an overnight youth shelter, the lawsuit to increase reimbursement to foster parents and the potential for some form of systemic change in DCFS resulting from the initiative to privatize services.

Final Status ➤ Recommendation 15 Not Implemented

Recommendation 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 Teenage Mothers of Preschoolers [Teen MOPS].*
- E. Home visits should help parents understand the importance of education to their children's well-being.*

Action and Results:

- A. The committee inventoried community resources for early learning (0-5), pre-teens (6-12) and teens (13-18). They identified parenting skills classes, home visiting, parent support, school-based extra-curricular activities and mentoring. Parenting classes are limited, especially for families with children 6-18. Funding is limited.

Some of the programs identified are:

- Washington State Migrant Council, Walla Walla Public Schools, and Children's Home Society (CHSW) offer classes to Head Start-eligible families and families in Head Start receive parenting education as part of the program.
- CHSW offers individual and group parenting education and support programs in addition to Early Head Start. Programs are offered at the CHSW facility, in family homes, and at other locations in the community, including the Farm Labor Homes. The *Home Team Parent Aide Program*, a partnership with the Walla Exchange Club, offers volunteer mentors to help at-risk parents overcome challenges and improve their own well-being, parenting skills and family life. The *Strong Partners and Relationships for Kids* (SPARK) program provides interactive workshops—available in both Spanish and English—for couples and single parents to strengthen their relationships and their care of the children, using Gottman Institute's evidence-based "Loving Couples, Loving Children" curriculum. Most of the parents are Head Start eligible, but SPARK includes others as well. Both Home Team and SPARK include parenting teens. (See Recommendation 16D.) In addition to these programs, CHSW Family Resource Center offers a group specifically to support fathers and fathering

and parenting classes using the “Nurturing Parenting” curriculum. Helping parents support their children’s learning and educational success is a goal of all parenting programs. CHSW advertises through local service providers, Mom’s Network, Union Bulletin’s “Family Focus” magazine, medical offices, and schools.

- Green Park School offers a program for bilingual and Title 1 parents, Parent Effectiveness Leadership Training.
- WWCC Early Learning & Parent Education collaborated with Lincoln High School to offer Tot Spot parent education classes to Lincoln students (Spring 2010 & 2011). Tot Spot expanded to Jefferson Park Senior Center and the Commitment to Community office located in the Washington Park Apartments.
- Bledsoe Parenting with Dignity, College Place.
- Planned Parenthood offers parent-child communication classes upon request. In October, Planned Parenthood highlights parent-child communication on sexual education.
- Project Safe and Cocoon House offer helpline advice.

In the past, Washington Education Service District 123 has provided some funding for a parent resource center. That funding ended August 30, 2011.

Final Status ➤ Recommendation 16A Substantially Implemented

- B. Topic-specific support groups are offered through Walla Walla chapters of Parents, Families and Friends of Lesbians and Gays (PFLAG) and the National Association of Mental Illness (NAMI). The Kinship Navigator Program offers support for grandparents rearing grandchildren. Trilogy Recovery Community offers a support group for parents of children/youth with addictions.

Final Status ➤ Recommendation 16B Substantially Implemented

- C. The Walla Walla Council for Prevention of Child Abuse and Neglect purchases, fills, and distributes baby bags to new parents at both Walla Walla hospitals. In addition to other information to help new parents, each “Hug Your Baby” bag includes a copy of the “Period of Purple Crying”, a DVD about shaken baby syndrome. The Council is also coordinating the effort to show the “Period of Purple Crying” to every new parent before they leave the hospital; this includes in-service training at each hospital and monitoring of outcomes.

The Early Learning Coalition is putting together a new parent resource guide for a child’s first five years. It will be printed in English and Spanish. The resource guide will be given to all new parents before they leave the hospital and will be available at agencies throughout the community.

Final Status ➤ Recommendation 16C Substantially Implemented

- D. WWCC Early Learning & Parent Education collaborated with Lincoln Alternative High School to offer Tot Spot parent education classes to Lincoln students, including teen parents (Spring 2010 & 2011). Young Lives, Walla Walla, offers a support group for teen parents and in 2011 received funding to hire a part-time coordinator for the program. Blue Mountain Teen MOPS, Milton-Freewater, became inactive soon after the study committee made its recommendations, but it is being reinstated Fall 2011.

Final Status ➤ Recommendation 16D Substantially Implemented

- E. Home visits should help parents understand the importance of education to their children's well-being.
Early Learning Coalition partners are incorporating into their programs messages related to the importance of early learning and education, including home visiting. CHSW Home Team Parent Aide and after school programs also use home visits to engage with parents.

Final Status ➤ Recommendation 16E Substantially Implemented



The following individuals participated in some portion of the implementation process for the Enhancing Educational Attainment study. Their interest and dedication are sincerely appreciated.

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