

2013

The Valley's Children

A snap shot of Walla Walla County Children's data.



8th Children's Forum, April 12, 2013

It takes a Community to
STOP CHILD ABUSE and VIOLENCE
against children.

And How Are The Children?

Reverend Dr. Patrick T. O'Neill

Among the most accomplished and fabled tribes of Africa, no tribe was considered to have warriors more fearsome or more intelligent than the mighty Masai. It is perhaps surprising then to learn that the traditional greeting between the Masai warriors...Kasserian ingera, means...And how are the children?

It is still traditional greeting among the Masai, acknowledging the high value that the Masai always place on their children's well-being. Even warriors with no children of their own would always give the traditional response...All the children are well. Meaning, of course, that peace and safety prevail, that priorities of protecting the young and powerless are in place, that Masai society has not forgotten its reason for being, its proper functions and responsibilities. All the children are well means that life is good. It means that the daily struggles of existence, even among a poor people, do not preclude proper caring for its young people.

I wonder how it might affect our consciousness of our own children's welfare if in our culture we took to greeting each other with this same daily question...And how are the children? I wonder if we heard that question and passed it along to each other a dozen times a day, if it would begin to make a difference in the reality of how children are thought of or cared for in the country?

I wonder if every adult among us, parent and non-parent alike, felt an equal weight for the daily care and protection of all the children in our town, in our state, in our country. I wonder if we could truly say without any hesitation...the children are well, yea, all the children are well.

What would it be like...if the President began every press conference or every public appearance by answering the question...And how are the children, Mr. President? If every governor of every state had to answer the same question at every press conference...And how are the children, Governor? Are they well? Wouldn't it be interesting to hear their answers?



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THE VALLEY'S CHILDREN PRIORITIES ... 2013

A Brief History of the Children's Forum: 1998-2012

Since 1998, Walla Walla Valley community members representing a wide array of organizations and backgrounds have convened the Children's Forum. The Forum's mission is to study and gain a greater understanding of the status of our region's children and their families. The Forum provides a context for routinely sharing updated data and information with community members and organizations, and also for raising awareness in the community about the very real challenges facing children and families in our Valley. The process of discussing and disseminating these data has proven highly valuable: for professionals (social service providers, educators, community leaders, etc.), and also for laypeople, who must make informed decisions within their own families and in the voting booth.

The Forum was established by a core group of individuals who realized that basic information about the pressing needs of children and families was not widely or easily accessible; the group's intent was simply to collect and make available to the larger community data on Walla Walla's children and their families in a non-partisan, non-political way. And if the data revealed community problems that required collective action, the Children's Forum would serve as gathering space for those most concerned about and interested in discussing those problems and pursuing actions to remedy them.

The first Forum was held in November of 1998, and focused on the challenges and needs of school-aged children. The needs identified were after-school programs for children and support for parenting. Participants in the Forum created the Friends of Walla Walla program, the Community Center for Youth, and the Parenting Coalition. In response to feedback from the 1998 Forum, the 2000 Children's Forum focused on the needs of early childhood. Several early childhood initiatives emerged from the 2000 Forum, including United Way's Success by Six Program. The third Forum, in 2002, focused on the mental health and emotional well-being of children in the Valley. In 2004, Forum participants focused on community norms, articulating values, and establishing a set of ideals for all families in the Valley. The six ideals established by the participants were expressed as norms – shared aspirations and values – which community organizations would embrace and emphasize in their work with children and families:

1. Create the "norm" that values the critical role of parenting.
2. Create the "norm" of family wage jobs, family friendly workplaces, and adequate medical health care coverage and quality child care that support strong families.
3. Create the "norm" that every child is a critical resource in our community and deserves to be raised in an environment that fosters connection, communication, core values and a culture of relationship-based opportunities.
4. Create the "norm" of zero tolerance for alcohol and other drugs for our youth.
5. Create the "norm" around education that parent(s) are the primary teacher and school is the environment for education partnered with parents and the community.
6. Create the "norm" that every person in the community has a role to play and is responsible in some way to give back to the community.

THE VALLEY'S CHILDREN PRIORITIES ... 2013

We restate these norms again with this Forum's Data Book because shared beliefs about how a community or group should function substantially affect that community's success in addressing issues of concern. A community's capacity to respond to the needs of ALL children is reflected in the coherence and alignment of its beliefs - not just in public policies and procedures, but in daily decisions made by community members and our leaders. Children are safer when they are valued. When we take the time to formulate our beliefs about the value of children, and then collectively enact those values in a range of practices, children will thrive. A community's norms and values, which shape how adults respect, care for, and protect children, provide much stronger safety nets than laws or criminal enforcement alone.

In 2006 the Children's Forum Planning Team joined other community partners in evaluating a model of citizen engagement that had been implemented in Jacksonville, Florida. Three community meetings were held (in lieu of one Forum) to examine whether Jacksonville's model would align with Walla Walla's goal of expanded civic engagement. In-depth analysis showed that alignment was possible, and these meetings led to the formation of the Community Council, which is now in its fourth cycle of studying issues of concern to Valley residents.

The 2008 Forum focused on poverty's wide-ranging impact on children, families and communities, tied together by new research on children's development. At the heart of this research is compelling evidence that traumatic childhood experiences - ranging from parental abuse and neglect to chronic substance abuse and incarceration of a family member - have lifelong effects, and that the only solutions which effectively buffer their impact on children incorporate strong partnerships between the schools, children's families, their peer groups, and the community as a whole.

Information on the impact of early adverse childhood experiences (ACEs) has become increasingly prominent in discussions of childhood well-being and adult health; the 2011 Forum featured research on the effects of ACEs on children's brain development and the importance of resilience in mitigating the experiences' negative effects. The 2011 Forum stands out for its significant community participation and impact; the School Board voted unanimously to close the Walla Walla School District so that every employee of the district, from bus drivers to the superintendent, could attend. Whitman College's Cordiner Hall, the largest venue in town, hosted a 1400+, standing-room-only audience - which reflected Walla Walla's concern about, and commitment to, addressing collectively the critical needs of our children

Children's Forum: 2013

Welcome to the 2013 Forum, which focuses on child abuse and all forms of violence against children. We honor the work that began 30 years ago, when the Walla Walla Council for the Prevention of Child Abuse and Neglect organized a day-long symposium on this topic. The purpose of our 2013 Forum is both to build on that work and to assess how our community is faring with respect to the norms developed in 2004. We are confident that a community that acknowledges the important role parents play in childhood development - and that supports parents in direct, tangible ways in caring for children - will create an environment where child abuse is much less likely to occur.

INTRODUCTION

Today's Children

Like much of contemporary American society, Walla Walla has many thriving families and also many families in need. We have countless dedicated individuals and organizations working to improve the lives of our Valley's families and their children. We have made great strides toward improving communication between organizations, gathering good data, and implementing programs to benefit our community and our children. *But we still have much work to do.* Our ongoing efforts focus on **schools, families, peer groups**, and the **community** as a whole. These four "domains" provide the central framework for organizing material in this Data Book.

Data, or systematic elements of information that can be analyzed by invested constituents, are important ingredients for our work on behalf of children and families. But how do we know if we have good information on our families and children? How do we present data so that they are accessible to many audiences? How do we ensure that carefully analyzed information informs and help shape sound policies and programs?

When we think about effective communities and plan strategically to eliminate problems like child abuse in the Walla Walla Valley, we know that we first need good, detailed information. Obtaining empirically sound data, interpreting information accurately, and creating effective communication channels to share that information with others can lead to sound policy. Sound policy will then enhance, inspire, and fund strong programs. And these programs, assessed with valid evaluation techniques, will then continue to thrive and meet the changing needs of our community. This Data Book represents a collection of information, intended to inspire Children's Forum participants and others to think critically about successes, challenges, and areas for improvement. We hope to benefit our Valley's children — at the policy and program levels, as well as within families. Throughout the book you will see connections between the focused theme of child abuse and the holistic themes of children's learning, safety, health, and well-being.

A "norm" is a shared belief or expectation about how a community or group should operate. As referenced in the Children's Forum History on the previous page, six goals for the development of supportive and effective community norms frame this Data Book. These effective norms provide a framework for understanding how children and youth can best thrive. Norms underlie and inform the day-to-day functioning of families, schools, peer groups, and the community as a whole. On the next page, you will see some striking overview statistics that represent data about our community in relation to each of these norms — both where we stand today, and where we need improvement. Then, throughout the rest of the Data Book, additional information is presented that contextualizes and complicates these initial overview statistics.

As you review the data, please keep in mind several questions: What has improved for Walla Walla families and youth in the last four years? Where do families and children seem to be doing well? Where do they appear to be struggling? Who is struggling? Are some specific populations struggling more than others—and if so, why? In addition to identifying needs and difficulties, we also want to consider resources, strengths, and solutions. What programs and resources in our community support families and youth? What are we doing in the Walla Walla Valley that assists families and children in need? What is not working? What aspects of our community may

INTRODUCTION









disadvantage (or work against) families, and how can we remedy these problems? Are there organizations and individuals not currently involved who should be involved? And finally, what information is missing? What data do we need in order to improve our understanding of problems in our community related to child abuse that will enable us to move forward toward better protecting and supporting children—and how do we get that information?

The purpose of today's Forum is to answer these questions, and to determine what we are willing and able to do about Walla Walla's ongoing challenges in supporting and protecting our families, youth, and children. We anticipate that the data provided here will both guide and enhance the good work that many members of our community do. We hope that the data will help us identify programs that are truly working—both so that we can continue to support them, and also so that we will acknowledge with pride the many agencies in our community that are currently meeting real needs. We also hope the data will help us identify gaps in services, so that we can understand specific ongoing needs and develop strategies to fill those gaps quickly and effectively. Most importantly, we hope and expect that the data will help us determine how to create a stronger, even healthier Walla Wally Valley for our children and families – with the ultimate goal of creating a Valley and a world where all children thrive.







Resilience cards featured throughout the data book are from the Children's Resilience Initiative,
www.resiliencetrumpsaces.org.

HOW ARE WE DOING?

Community Norm	Indicators	Domain/ Page	Assessment
1 Create the norm that values the critical role of parenting.	A new preschool at the Walla Walla YMCA targets families of 4 year olds on the waiting list for Head Start/ECEAP; in partnership with Walla Walla Public Schools and the Early Learning Coalition. The program supports development of parental knowledge, responsibility, and the understanding of critical early childhood development.	School Page 53	
	33.1% of Washington State adults (32.1% Walla Walla County) report growing up in a household with emotional abuse and may pass this parenting style on to their children. Emotional abuse has the greatest negative impact on the development of resilience.	Individual/ Peer Page 49	
2 Create the norm of family wage jobs, family friendly workplaces, and adequate medical health care coverage and quality child care that support strong families.	The housing affordability index and the median housing price have improved. However, median household income has only increased 1.39% since 2007, while the cost of living index has averaged 2.34% for the same period.	Community Laws & Norms Page 8	
	Poverty rate for families with children under six is higher, as is the Free and Reduced Lunch Rate.	Community Page 11	
3 Create the norm that every child is a critical resource in our community and deserves to be raised in an environment that fosters connection, communication, core values and a culture of relationship-based opportunities.	ACE awareness/visibility and understanding of these impacts on child brain development has increased significantly.	Individual/ Peer Page 49	
	While gang participation increased, the Community Council's Study Team recommended a tattoo removal program, which potentially increases the employability of ex-gang members.	Individual/ Peer Page 33	
4 Create the norm of zero tolerance for alcohol and other drugs for our youth.	Trilogy Recovery Community provides support services to youth and families to make recovery a reality.	Individual/ Peer Page 45	
	The new marijuana law and liquor sales in grocery stores increase perception of tolerance of alcohol and drugs. Prescription drug abuse is on the rise.	Community Laws & Norms Page 7	

HOW ARE WE DOING?

Community Norm	Indicators	Domain/ Page	Assessment
5 Create the norm around education that parent(s) are the primary teacher and school is the environment for education partnered with parents and the community.	County-wide high school graduation rates are up.	School Page 69	
	However, the number of Washington public school students who started 9 th grade in 2006 but dropped out by 2011 (18% of the 9 th grade class or 14,817) is a concern. A new math exam graduation requirement may create additional drop-outs.	School Page 69	
6 Create the norm that every person in the community has a role to play and is responsible in some way to give back to the community.	IRS tax records show that Walla Walla County residents donate at rates nearly double the state average. Our median contribution exceeds the national median by 40%, even as our discretionary income is 17% less than the national median.	Community Page 11	
	Friends of Children of Walla Walla still maintains a waiting list of boys who need an adult male mentor. Community Center for Youth still struggles to maintain a sustainable funding base to remain open and available to at-risk, underserved teens.	Individual/ Peer Page 33 Page 49	



COMMUNITY LAWS & NORMS

In 2004, 6 norms were identified following the Children's Forum. These were goals that we, as a community, decided to set for ourselves, our children, and our community. They were:

1. Create the "norm" that values the critical role of parenting, including:
 - the partnership of shared responsibility between parents;
 - the choice to stay at home and parent children directly;
 - the role parent education has in developing the skills, providing the resources and support, and recognizing the challenges in active parenting;
 - respecting the worth and uniqueness of each individual family member.
2. Create the "norm" of family wage jobs, family friendly workplaces, and adequate medical health care coverage and quality child care that support strong families.
3. Create the "norm" that every child is a critical resource ("the next tribal leader" idea) in our community and deserves to be raised in an environment that fosters:
 - connection, communication, core values and a culture of relationship-based opportunities (such as life-long mentoring relationships in childhood, as young adults, as new parents and as elders);
 - basic human dignity, leaving no child to drop through the cracks, or be subject to abuse or neglect.
4. Create the "norm" of zero tolerance for alcohol and other drugs for our youth. Treat the first offense or first indication of use as life-threatening, with immediate referral for treatment.
5. Create the "norm" around education that parent(s) are the primary teachers and school is the environment for education partnered with parents and the community. "Ownership" and expectations belong to parents, the community and teachers accordingly.
6. Create the "norm" that every person in the community has a role to play and is responsible in some way for giving back to the community. This is the "connecting" that weaves through all domains-family, school, individual/peer and community.

The community risk factors - the aspects of a community that increase the likelihood of problem behaviors - are availability of guns and drugs, and economic deprivation. The focus of this forum is on the effect of Adverse Childhood Experiences (ACEs), especially those dealing with child maltreatment. This is a good time to see how our families are doing.

COMMUNITY LAWS & NORMS

GOAL #1: CREATE THE NORM OF VALUING PARENTING:

If unmet, one potential problem behavior is child abuse/neglect

Good News:

More community focus:

- Union Bulletin's WW Family Forum
- LifeStyles Magazine
- Early Learning Coalition

More resources for parents to access:

- Availability of parenting education and support
- Parenting events with nationally recognized experts
- The Mom's Network with 475 members
- Children's Resilience Initiative and website

But...Risk Factors remain:

- Teen parenting
- Ongoing devastation of drugs and alcohol
- Impact of gun violence
- Economic deprivation of families
- Intergenerational transmission of ACEs

GOAL #2: CREATE A NORM OF ECONOMIC WELL-BEING TO SUPPORT STRONG FAMILIES:

If unmet, one potential problem behavior is delinquency & teen pregnancy

- | | |
|--|--|
| • Housing affordability is positive | • Household income only increased 1.39% (2007-2011) |
| • Interest rates are at historical lows | • Adequate medical health care coverage: where are we? |
| • Median housing price is down (11.45%) | • Cost and availability of child care |
| • Washington State has highest minimum wage standard | • Living wage jobs with benefits: increase or decrease |

GOAL #3: CREATE THE NORM THAT EVERY CHILD IS A CRITICAL RESOURCE:

If unmet, one potential problem behavior is depression/anxiety & suicide

- | | |
|---|---|
| • Strong response to gun violence | • Inadequate mental health resources to meet needs |
| • Mentoring opportunities are a focus | • The absence of caring relationships in a child's life |
| • Early Learning Coalition focus | |
| • Still based on neighborhood and economic status | |

COMMUNITY LAWS & NORMS

GOAL #4: CREATE A NORM OF ZERO TOLERANCE FOR DRUGS & ALCOHOL FOR YOUTH: **If unmet, one potential problem behavior is substance abuse**

- Are we more vigilant today in decreasing access to drugs and alcohol? The recent passage of legalizing marijuana in Washington State and the sale of hard liquor in grocery stores and retail outlets suggests our youth may create a higher risk.
- As adults, are we more aware and knowledgeable of the negative impacts of drugs and alcohol on children's development?
- Is there a zero tolerance for drugs and alcohol for our youth? For prescription drugs being misused?
- Who cares? See p. 73-74 for resources.

GOAL #5: CREATE A NORM OF VALUING EDUCATION, BOTH IN SCHOOL & AT HOME: **If unmet, one potential problem behavior is dropping out of school**

- Early Learning Coalition is a strong proponent for early childhood development (www.earlylearningwallawalla.org).
- The earlier the focus on emotional development, the more likely the child will be ready for school.
- Recognizing and valuing the role of parents is significantly stronger than previously; a negative is, are children adequately prepared for pre-school/kindergarten?
- How can we maintain our schools and home safe from violence from within, and attack from without?

GOAL #6: CREATE THE NORM OF COMMUNITY CONNECTION: **If unmet, potential problem behaviors are delinquency & teen pregnancy**

- Mentoring opportunities offer the critical link of connecting children with community, yet all mentoring groups maintain waiting lists for adult volunteers.
- An emerging focus is the Community Connections Investors, a policy team endeavoring to connect policy and children's issues.
- The Community Council brings people together to identify, address, and solve major issues facing our community (www.wvcommunitycouncil.org).
- Commitment to Community connects neighbors and community and builds human and social capacity (www.c2cwallawalla.org).
- The Children's Resilience Initiative connects the community on Adverse Childhood Experiences and how to build Resilience into all our lives (www.resiliencetrumpsaces.org).

COMMUNITY ASSETS

CONTACT INFO

Please refer to **"Where Can I Go For Help?"** on pages 73-74.

Learn more about Capacity Development AND Resilience by visiting www.resiliencetrumpsaces.org. The Community Portal informs on capacity development. Resilience support is built in throughout the website. In particular, check out the **Resilience Services Circle** to find local support in fostering resilience (click on *All Roads Lead to Resilience*).

COMMUNITY LAWS & NORMS

FACES. . .FACTS

COMMUNITY CAPACITY

Individuals, groups and organizations can contribute significantly to the health and vitality of their community through a process called “capacity development.” The Washington Family Policy Council (FPC) defines “general community capacity” as “the ability of the community to identify and address or prevent existing problems.” Communities in which individuals, groups, and organizations work together effectively toward common goals are regarded as *high capacity communities*. Communities build capacity when many partners (representing different interest groups and segments of the community) work collaboratively, continuously, and over time to tackle shared concerns. Communities with high capacity for coming together to address important issues are more effective in solving problems, and are more resilient in responding to challenges. Such communities also can better support individuals in developing resilience and coping strategies. Resilience - the ability to adapt to life stressors - is accepted as one aspect of positive, healthy development. Resilience must be fostered, modeled, promoted and intentionally built into a child’s life. Resilience allows a person or community to prevent, minimize, or overcome the damaging effects of adversity.

A study by the FPC measured community capacity across four categories: focus, learning, results and leadership. They found that high capacity communities produce significantly positive results for individuals who live in them. For example, young adults living in high capacity communities have a better-than-predicted rate of achieving a high school education, a likelihood of having an ACE score less than 3, and higher resiliency scores. Child out-of home placements tend to be lower, along with teen pregnancy and youth felony crime filings. This study also documented that people with disabilities are more likely to be employed in high capacity communities, even in bad labor markets.

Walla Walla County is identified as a high capacity community. What will you do today to help increase our capacity development and build resilience? The most recent research in Resilience tells us **that nurturance is reparative and restorative to brain function**. This is powerful information that indicates that the physiological effects of stress, which can alter brain development, can be reversed well into adolescence or even adulthood. The brain can heal, and our actions make a difference; this knowledge inspires hope, which is one of the hallmarks of our community response that defines us as a high-capacity community. What simple action will you perform today that nurtures someone?

Making all of our systems trauma-informed is a social movement. It addresses a big missing piece of human rights — children’s rights.

Children are safer when they have value.

A community’s norms and values about how adults respect children and children’s development provide stronger safety nets than law enforcement can do alone.



CALL TO ACTION

- GET INVOLVED! Find the best fit for your interests and skills and help build community capacity in your own individual style!

Source: Compiled from research by: Paul Flaspohler, Ph.D. 2008; Edith Grotberg, Ph.D. 1995; Dario Longhi, Ph.D. and Laura Porter 2010

COMMUNITY DOMAIN

INDICATOR 1 ECONOMIC WELL-BEING

A. FAMILY INCOME:

MEDIAN HOUSEHOLD INCOME IN WALLA WALLA COUNTY IN 2011:

\$44,606

(80% of state average)

	WW 08	WW 09	WW 10	WW 11
Median Housing Price	190,500	176,400	180,000	170,900
Median Household Income	44,940	44,267	44,117	44,606
Housing Affordability Index*	122.9	153.8	160.9	172.8

*A higher score indicates greater affordability

% OF EMPLOYEES ACROSS INDUSTRIES IN WALLA WALLA, RELATIVE TO WAGES (2011)

Industry	% of Employment	% Total Wage	Avg. Annual Wage
Government	20.8	27.7	\$48,960
Health Care/Social Asst.	14.4	16.2	\$41,400
Ag, Forestry, Fish & Hunting	13.3	8.0	\$22,107
Manufacturing	12.9	16.5	\$47,108
Retail	9.1	6.1	\$24,763
Accommodations/Food Service	5.9	2.5	\$15,610

B. % OF POPULATION BELOW POVERTY LEVEL - WALLA WALLA COUNTY:

	2006	2007	2008	2009	2010
Under 18	17.4	17.4	17.7	17.8	15.7
All Ages	22.3	22.0	21.9	21.3	22.2

C. THE FEDERAL POVERTY LEVEL (FPL):

The FPL in 2011 was \$22,350 for a family of 4 living in the contiguous United States.

The income counted in the FPL calculation includes wage & salaries, unearned income, and most transfer payments.

The calculations do not include the value of non-cash benefits such as food stamps, housing subsidies, or Medicaid.

D. UNEMPLOYMENT RATES - WALLA WALLA COUNTY:

	2006	2007	2008	2009	2010	2011
Walla Walla County	5.4	4.8	5.4	6.8	7.6	7.6
Washington State	4.9	4.8	5.4	9.4	9.9	9.2

E. FREE/REDUCED LUNCH: (Does not reflect total share of students who participate, only those that are eligible.)

	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11
Walla Walla County %	48.2	50.3	53.7	50.3	52.3	52.1	54.0	54.7
Washington State %	37.0	37.5	37.9	37.5	38.2	39.6	42.2	44.0

COMMUNITY DOMAIN

F. SHARE OF POPULATION RECEIVING TANF:

(Temporary Assistance to Needy Families is the primary Federal welfare program)

	2003	2004	2005	2006	2007	2008	2009	2010
Walla Walla County	3.3	4.3	4.4	4.3	3.7	3.6	3.7	4.1
Washington State	4.1	4.1	4.0	3.8	3.4	3.3	3.6	4.0

G. SHARE OF POPULATION AGED 18-64 THAT IS CURRENTLY UNINSURED:

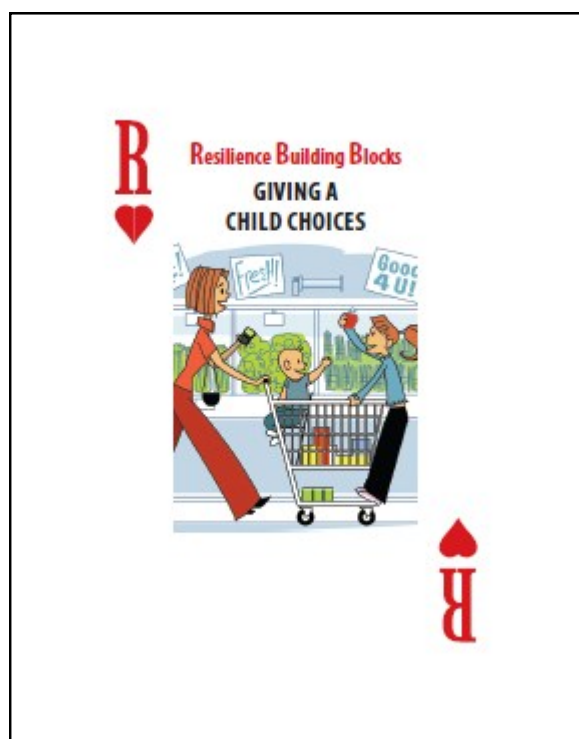
	2004-2006	2007-2008	2009-2010
Walla Walla County	19%	14%	25%
Washington State	17%	16%	18%

H. FOOD INSECURITY:

Food insecurity means that individuals are “financially stretched to the point where they cannot be certain that all of their household members will not go hungry.”¹ The food insecurity rate in Walla Walla is roughly 14.7% or 8,500 people as of 2009, according to Feeding America’s Map the Meal Gap². The food insecurity rate for Washington in 2009 was 14.8%. Among the food insecure in Walla Walla County, 72% fall below USDA Supplemental Nutrition Assistance Program (SNAP) thresholds of 200% poverty, whereas 61% fall below this rate for Washington State as a whole.

¹ www.foodlifeline.org/hunger/resources/documents/WallaWalla_web.pdf

² www.feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx



Source: A Port of Walla Walla, www.portwallawalla.com
 B-G Walla Walla Trends, www.wallawallatrends.ewu.edu
 H Walla Walla Head Start/Early Childhood Education and Assistance Program 2012 Community Needs Assessment

COMMUNITY DOMAIN

FACES. . .FACTS

"We had never eaten dinner at a table until we came to the YWCA. We are safe and in our own home now. We didn't have everything we needed when we first moved, but we did have a table, and that is the most important thing. Eating together every day made my family healthier and stronger. Now that my kids are older and in school, they do their homework at the table after dinner. We learned that at the YWCA, and it is the way we live now. My grandma always talked about her kitchen table. Now I know why."

Anonymous Client of YWCA

A fascinating new look at giving has been released by the Chronicle of Philanthropy, [www.philanthropy.com](http://philanthropy.com/article/Interactive-How-America-Gives/133709/#), called "How America Gives" (<http://philanthropy.com/article/Interactive-How-America-Gives/133709/#>). It looks at "exact dollar amounts released by the Internal Revenue Service showing the value of charitable deductions claimed by American taxpayers." Data comes from 2008 IRS tax information. Here is a look at Washington, and Walla Walla County in particular.

How does Walla Walla stack up compared to the State and the Nation? Amazingly and generously well! The following table compares Walla Walla County to the State and the Country:

	<i>United States</i>	<i>Washington</i>	<i>Walla Walla County</i>
Total Contributions	\$135.8 Billion	\$3 Billion	\$22.1 Million
Median Contribution	\$2,564	\$2,319	\$3,610
Median Discretionary Income	\$54,783	\$56,282	\$45,311
Percent of Income Given	4.7%	4.1%	8.0%

"Walla Walla gives at rates nearly double the state average. Its median contribution exceeds the national median by 40% at the same time discretionary income is 17% less than the national median.

It has been a feeling that the Blue Mountain area is a generous place. Here is the data to back it up."

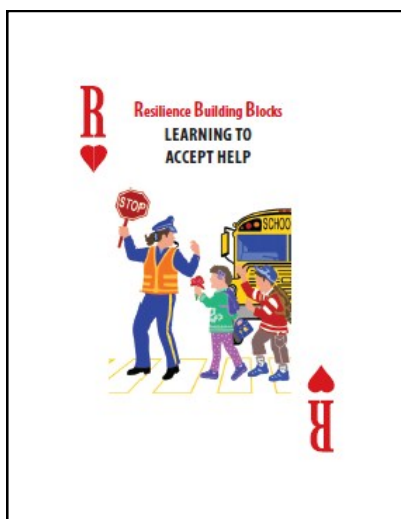
Lawson Knight, Blue Mountain Community Foundation

COMMUNITY DOMAIN

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO	SERVICES
Port of Walla Walla	509-525-3100	Economic & community development, leadership, tourism
Walla Walla Trends Website	www.wallawallatrends.ewu.edu/	
Community Council	509-40-6720	
Downtown Walla Walla Foundation	509-529-8755	
Tourism Walla Walla	509-525-8799	Strong employment assistance
Blue Mountain Action Council	509-529-4980	
WorkSource Walla Walla	509-527-4393	
Walla Walla Community College	509-525-2500	
Division of Developmental Disabilities	509-527-4374	
Department of Vocational Rehabilitation	509-527-4502	
Goodwill Industries	509-525-5992	
Lillie Rice Center	509-525-3532	

Commitment to Community (C2C), a grassroots neighborhood outreach initiative, works with local neighbors to empower civic engagement. C2C helps neighbors recognize their skills & strengths, in order to take ownership in addressing issues important to them. Building strong neighborhoods results in community development, which in turn creates economic stability. For more information, call their office at 509-529-4980.



CALL TO ACTION

- Get involved. The Community Council annually forms a regional Study Committee to discuss priority issues for the region. Join the Study Team or participate in other ways to be part of the future of our Valley's children. For information, contact Julie Reese, (509) 540-6720.
- Know your community and data. Walla Walla Trends, www.wallawallatrends.ewu.edu/, provides regional data of interest to everyone living in the Valley.

FAMILY DOMAIN

INDICATOR 1 CHILDREN'S LIVING ARRANGEMENTS

A. TOTAL CHILDREN LIVING IN WALLA WALLA - AGES 0-17:

	2009	2010	2011	2012
	13,238	13,293	13,225	13,112

B. CHILDREN IN STATE CUSTODY NOT LIVING AT HOME: (includes court ordered foster, kinship, and suitable care)

	2009	2010	2011	2012
	171	171	171	121

C. LIVING IN GROUP QUARTERS: (Walla Walla, includes institutions and shelters) EMERGENCY SHELTER ASSISTANCE PROGRAM (HELPLINE)

	2009	2010	2011	2012
Total Households Served	171	171	147	175
Total Bed Nights	2,833	3,342	5,320	7,819
Children (Under age 18) Bed Nights	590	749	1,059	2,153

CHRISTIAN AID CENTER (FAMILY SERVICES)

	2009	2010	2011	2012
Intakes	99	130	122	120
Bed Nights	12,599	12,566	11,148	11,466

YWCA

	2012
Women - Number	186
Women - Bed nights	3,428
Children - Number	186
Children - Bed nights	3,408

D. HOMELESS INDIVIDUALS:

	2009	2010	2011	2012
	547	521	521	583

E. HOMELESS HOUSEHOLDS:

	2009	2010	2011	2012
	316	294	281	323

FAMILY DOMAIN

F. HOMELESS CHILDREN - AGES 0-17:

	2009	2010	2011	2012
	242	159	191	214

G. HOMELESS INDIVIDUALS IN TRANSITIONAL HOUSING:

	2009	2010	2011	2012
	141	226	163	222

H. HOMELESS INDIVIDUALS IN SHELTERS:

	2009	2010	2011	2012
	103	121	81	59

I. HOMELESS INDIVIDUALS TEMPORARILY LIVING WITH FAMILY OR FRIENDS:

	2009	2010	2011	2012
	264	148	199	260



Source: A Walla Walla County Point in Time Data
 B Department of Children and Family Services, Walla Walla
 C Data from all emergency shelter programs
 D-I Walla Walla County 10 Year Plan, Point in Time Data

FAMILY DOMAIN

FACES...FACTS

NOT SOMEWHERE ELSE. HERE IN WALLA WALLA.

Sara steals food from a local grocery store simply to survive. John attends school irregularly because he lacks stable housing. Jennifer trades sex with two adult males in exchange for housing. Juan sells marijuana for income purely to exist.

Fifty kids “bounce” between households nightly, often in houses where drugs and alcohol are the priority activity. These kids, and others like Sara, John, Jennifer and Juan (all true stories of local teens) need a safe shelter. Did you know Walla Walla has no shelter for teens between the ages of 13-17?

Teen homelessness is an unmet need in Walla Walla. For well over a decade, this topic continues to generate discussion and planning, yet the obstacles to finding solutions often seem truly overwhelming. Most kids facing homelessness are affected by parental drug use, imprisoned parents, strife with parents, conflict between parents, and/or serious neglect or abuse. Recognize the Adverse Childhood Experiences in that list?

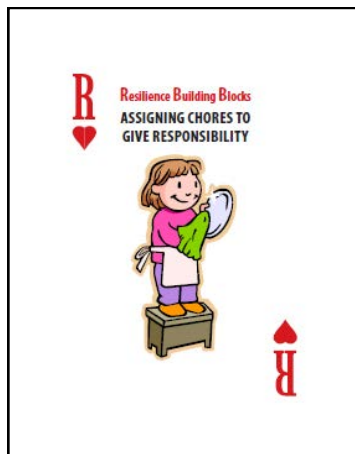
Recently, Catholic Charities, the Community Network, Blue Mountain Action Council and the Walla Walla County’s Ten-Year Homeless Plan Coordinator brought community partners together to discuss a broader concept than just a shelter. Because a safe bed alone cannot address the issues leading to homelessness, a Community Youth Facility is under discussion that would combine partner resources in a multi-functional facility capable of addressing the underlying causes leading to homelessness. Providing quality child care for parent teens, for example, would allow those students to stay in high school and graduate. Providing mental health wellness support services, through the Health Center at Lincoln, is another example of services that could be offered. Creating relationships is the bottom line answer to diverting kids from further consequences of teen homelessness, and a multi-partner, multi-service “one stop shop” can help close the chapter on this unmet need. “What works best...is a healthy community to buffer the pain, distress and loss caused by early trauma...and to increase the number and quality of a child’s relationships” (Dr. Bruce Perry). That is what the Community Youth Facility can do.



FAMILY DOMAIN

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO	SERVICES
Christian Aid Center	509-525-7153 202 W. Birch St., WW	Emergency housing, meals, & case management for homeless families
BMAC Emergency Shelter	509-529-4980 342 Catherine St., WW www.bmacww.org	Housing services, energy assistance & education, tenant advocacy, job training, food assistance
Helpline/STEP Women's Shelter	509-529-3377 1520 Kelly Pl., Suite 180, WW www.helplineww.org	Emergency social services: food, clothing, transportation, shelter, outreach, & many other services
First Congregational Church, Homeless Coalition, CORD, Helpline	Monday 2-4 P.M. contact Helpline (info above)	Homeless shower & laundry facility
YWCA Emergency Shelter	509-525-2570 23 S. 1st St., WW 24 hr. Crisis Line: 529-9922 www.ywcaww.org	Emergency Shelter for women & children, assault counseling, youth groups
Community Youth Facility	509-525-0572 Catholic Charities	Planning team working to address homeless teens



CALL TO ACTION

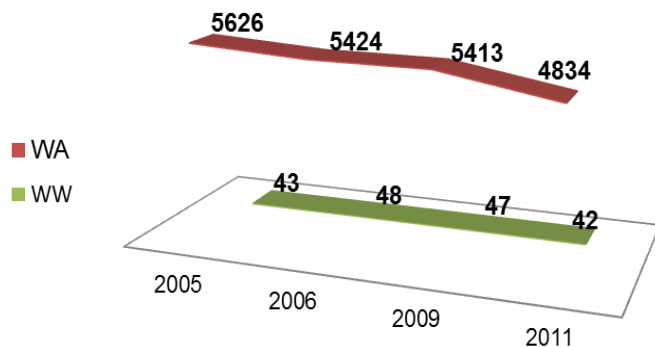
- Donate your extra food, clothing, and household items to Helpline; 509-529-3377; 16 S. Colville St., Walla Walla; www.helplineww.org
- Pass on clothes and hygiene items to the YWCA and Helpline and help keep women and children in our community safe; 509-525-2570; 23 S. 1st St., Walla Walla; www.ywcaww.org

FAMILY DOMAIN

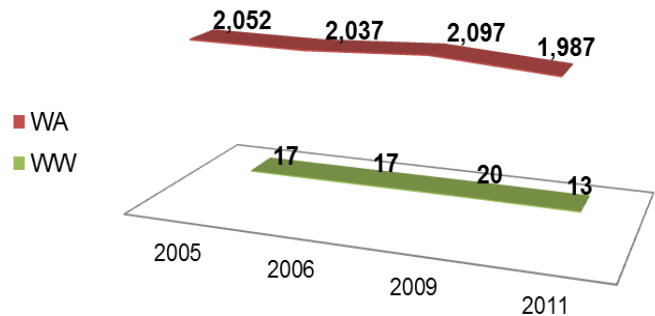
INDICATOR 2 CHILD CARE

Family child care (FCC) businesses account for over 74% of the 65 licensed facilities in Walla Walla County. In the past five years, the overall number of licensed facilities has increased by 5, or 8%.

Family Child Care Trend



Child Care Center Trend



Walla Walla County Population	58,154
Children under 5 years	3,562
Children under 14 years	11,004
% of Children under 18 living in poverty	26.9%
Average # of children on child care subsidy	71/month

CRITICAL ISSUES 2013

- Little to no licensed infant care (under the age of 2 years) is available in Walla Walla or Columbia County.
- Wait list is one to two years for infant care (under age 2) in Walla Walla County.
- Evening and overnight childcare is scarce, one provider is open until 9:00 p.m., one offers overnight care.
- There is a need for licensed Spanish-speaking childcare providers.
- Summer care is limited and does not cover children of all ages in the area.

FAMILY DOMAIN

HOW MANY CHILDREN ARE IN LICENSED CHILD CARE IN WALLA WALLA COUNTY?

	2002	2004	2008	2012
Centers	501	512	643	821
Homes	369	266	324	401
TOTAL	870	778	967	1,222

HOW MUCH DOES CHILD CARE COST IN WALLA WALLA COUNTY?

- The annual median household income in 2012 was \$46,793.
- The tables below indicate the annual median price of full-time care for one child by age group & type of care.
- The median price indicates that half the providers in the area charge more & half charge less than the prices quoted here.

Centers	2012 Median Annual Cost for 1 Child	% of 2012 Median Household Income
Infant	\$9,888	21%
Toddler	\$8,840	19%
Preschool	\$8,164	17%
School Age	\$7,852	17%

Family Child Care	2012 Median Annual Cost for 1 Child	% of 2012 Median Household Income
Infant	\$7,592	16%
Toddler	\$7,540	16%
Preschool	\$6,968	15%
School Age	\$5,772	12%



Source: Walla Walla Community College Child Care Aware, www.wwcc.edu/parent; Washington State Child Care Aware, www.familycareresources.org/

FAMILY DOMAIN

FACES. . .FACTS

Who licenses child care providers?

The Washington State Department of Early Learning (DEL) licenses approximately 7,000 child care providers in Washington. There are three types of licensed child care: child care centers, family home child care providers (those who offer care in their homes) and school-age programs. Each follows its own set of state licensing rules, including minimum standards for health and safety. Licensed child care providers must post their licenses.

Ask the provider to show you the license, which will show the ages and number of children the provider is licensed to care for. To find out if a child care home or center is licensed, and to get a complaint history, visit DEL's online Licensed Child Care Information System at www.del.wa.gov or call 1-866-482-4325.

The benefits of licensed child care include:

- Health and safety checks on the facilities. DEL staff visit child care centers at least once a year, and visit family home child care providers at least once every 18 months.
- Child development training.
- First aid training.
- CPR training.
- Criminal background checks on the provider and staff (and household members, if relevant).

Learn more about the Department of Early Learning on-line at www.del.wa.gov.



FAMILY DOMAIN

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO	SERVICES
Washington State Department of Early Learning Early Achievers	509-529-5744 www.del.wa.gov/care/qrisc 1-877-992-9922 (x5744)	Early Achievers, Washington's Quality Rating & Improvement System (QRIS), is Washington's voluntary program for helping licensed child care providers offer high-quality care
Child Protective Services	509-527-4385 24-Hour Hotline	Investigates complaints about child care providers & centers
Department of Early Learning	360-725-4665 www.del.wa.gov	Regulates licensing of family child care providers & child care centers
Walla Walla Community College Child Care Aware	509-529-5744 1-877-992-9922 (x5744) www.wbcc.edu/CMS/index.php?id=903	Information on available licensed child care, Training & Technical Assistance for child care providers
Walla Walla Community College Early Childhood Education Programs	509-527-4237 www.wbcc.edu/parent	Provides early childhood education, degrees, & certification, including STARS approved training



CALL TO ACTION

- Become a licensed child care provider.
- Encourage your child care provider to participate in Washington State's Early Achievers program.
- Join local efforts that focus on quality child care.

FAMILY DOMAIN

INDICATOR 3 **FAMILY SAFETY CONCERNS**

Child Protective Services (CPS)

- The goal of CPS is to protect children from child abuse and/or neglect while preserving the family's integrity and cultural and ethnic identity to the maximum extent possible, consistent with the safety and permanency needs of the children. CPS also can provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing child abuse and/or neglect. CPS attempts to prevent or remedy child abuse and/or neglect in the shortest reasonable period of time, attempts to prevent or reduce out-of-home placement, and provide a safe and permanent home for a child.
- CPS investigations are assigned when an allegation of abuse or neglect is received and meets the legal definition of abuse or neglect. Based on the result of the investigation, the case may be closed, referred for services, or - in some cases - removal of children may be necessary. When children are removed, the case is then transferred to the child and family welfare services unit.
- The most common types of child abuse and neglect investigated are:
 - ♦ Negligent Maltreatment
 - ♦ Physical Abuse
 - ♦ Sexual Abuse

Family Reconciliation Services (FRS)

- The goal of FRS is to preserve, strengthen, and reconcile families in conflict. The range of services provided is designed to help families find solutions to their conflicts by developing skills and supports to maintain the family unit. Services are voluntary, family-focused, and rely on the family's participation. FRS is available at no cost to the family. FRS is comprised of two service categories: Assessment and Brief Intervention, and Contracted Counseling. To qualify for these services children must be between the ages of 12-17.

Family Voluntary Services (FVS)

- The goal of FVS is to keep families intact while providing services to address concerns about child abuse and/or neglect. There is no court involvement during FVS intervention and the goal is to prevent removal of children while strengthening families. Unlike FRS services, this program has no age criteria for children and families do not have to be in conflict.

Child and Family Welfare Services (CFWS)

- The purpose of CFWS intake is to determine whether the family's need for services would be most appropriately addressed by a Division of Children and Family Services (DCFS) assessment or by referral to another agency or other family members. When children have been removed from the home and placed in foster care or relative care, the CFWS unit then refers for services to remediate any identified parental deficiencies. The goal is to reunite families as quickly and safely as possible. When children are returned to the home, they are monitored by DCFS and the judge presiding over the case for a minimum of 6 months.

For more information call (509) 524-4900.

FAMILY DOMAIN

A. CHILD NEGLECT, SEXUAL, AND PHYSICAL ABUSE:

2012

Total Investigations

347

B. DOMESTIC VIOLENCE:

	2008	2009	2010	2011	2012
Adult Cases - WWPD	440	442	402	415	408
Adult Arrests - WWPD	159 135M/24F	184 153M/31F	139 116M/23F	177 140M/37F	131 93M/38F

Are you a victim of family violence? Does the person you love...

- | | |
|---|---|
| <ul style="list-style-type: none"> • Track all of your time? • Constantly accuse you of being unfaithful? • Prevent you from working or attending school? • Criticize you for little things? • Control all finances and force you to account for what you spend? • Destroy personal property or sentimental items? • Threaten to hurt you or the children? • Threaten to commit suicide? • Imprison/lock you in a car or room? | <ul style="list-style-type: none"> • Discourage your relationships with friends and family? • Anger easily when drinking or on drugs? • Humiliate you in front of others? • Hit, punch, slap, kick, or bite you or your children? • Use or threaten to use a weapon against you? • Force you to have sex against your will? • Make you feel like you are unable to make decisions? |
|---|---|

If you answered "YES" to even one of these questions, you may be in an abusive relationship. You are not alone and you have choices, no one deserves to be abused.

C. YWCA CLIENT SERVICES 2012:

New Victims of Domestic Violence	747
Legal Advocacy Clients	107
Protection Order Clinic Clients	419
New Victims of Sexual Assault	104
Calls for Sexual Assault Information, Referral, and Crisis	1,318
Calls for Domestic Violence Information, Referral, and Crisis	681
Support Groups	90
Ongoing Clients Served (Total Served, Unduplicated)	410
New Domestic Violence & Sexual Assault Primary	235
Ongoing Services	175

Source: A Department of Social and Health Services, Child Protective Services, Walla Walla County
 B Walla Walla Police Department., YWCA
 C YWCA
 D Walla Walla County Traffic Safety Task Force, Walla Walla Valley Passenger Safety Team & Blue Mt. Safe Kids Coalition
 E Washington Traffic Safety Commission

FAMILY DOMAIN

D. CHILD PASSENGER SAFETY 2012:

<i>Car Seat Inspection/Installation</i>	<i>Car Seat Misuse Rate</i>	<i>Seatbelt Misuse Rate</i>
87	90%	57%

The Traffic Safety Task Force provides education programs for parents, daycare providers, and others who provide transportation for children. They also provide the nationally certified car seat 32-hr. technician class. Car seat check-up events are scheduled throughout the year and are free to the public. Individual appointments can also be made with local technicians. For further information, contact the Walla Walla County Traffic Safety Task Force at 509-524-2920.

Car Seat Check-up Locations in Walla Walla County

- **Nancy McClenny-Walters**, *Walla Walla Traffic Safety Task Force*, Department of Human Services 509-524-2920, nmcclenny-walters@co.walla-walla.wa.us, by Appointment
- **Alicia Gonzalez**, Family Medical Center, 509-525-6650, by Appointment
- **College Place Police Department**, 509-525-7778, by Appointment

E. VEHICLE SAFETY RESTRAINT USE:

Parents, to comply with the law:

- Children up to age 13 must ride in the back seat, when practical to do so.
- All children must ride in an appropriate car seat or booster seat until at least age 8 or 4'9" tall.
- Children age 8 and older, or 4'9" tall or taller, shall be properly restrained with the seat belt properly adjusted and fastened OR remain in a booster seat until they can fit properly in a seat belt.

Collisions are the number one cause of unintentional death for kids. If drivers follow the law, this will better protect children from injuries and deaths caused by vehicle collisions.

For the best protection, Safety Experts recommend:

- Rear-facing until at least age 2 or as long as a convertible seat allows.
- Forward-facing harness up to maximum height and weight limit of seat.
- Everyone in the car must be properly restrained.

If your child is NOT riding in a booster, try this 5-step Test:

1. Does the child sit with hips all the way back against the auto seat?
2. Do the child's knees bend comfortably at the edge of the auto seat?
3. Is the lap belt on the top part of the thighs?
4. Is the shoulder belt centered on the shoulder and chest?
5. Can the child stay seated like this for the whole trip?

If you answered "NO" to ANY of these questions, your child needs a booster seat to ride safely in the car.

Boosters are OK!
Boosters are for older kids!

Source: D Walla Walla County Traffic Safety Task Force, Walla Walla Valley Passenger Safety Team & Blue Mt. Safe Kids Coalition
E Washington Traffic Safety Commission

FAMILY DOMAIN



FAMILY DOMAIN

FACES. . .FACTS

While teaching a class on gender studies at the Washington State Penitentiary in Walla Walla several summers ago, I learned a huge amount about the lasting effects of childhood trauma. I taught 20 men in medium security; each student was pursuing an AA degree and had to be free of conduct or other disciplinary violations for a minimum of six months in order to enroll in the program. They came from diverse racial, cultural, and economic backgrounds. Most had histories of criminal violence, and all were serving time for felonies.

I had taught essentially the same class many times previously in a lecture setting at a large public university, where my students were typically 90% female. The intimacy of the smaller classroom, the unique setting, the radically different gender makeup, and the fact that some of the men were doing time for crimes against women made teaching at the Penitentiary a pedagogically challenging and eye-opening experience. I was consistently impressed by my students' determination to think critically about topics that were new and sometimes threatening to them. I admired their commitment to reading, writing, and expanding their understanding of women and gender relations - despite the daily difficulties of living in the penitentiary environment.

One of our units covered the topic of domestic violence, which is standard curriculum for gender studies. In prior experiences teaching this unit, students had disclosed personal stories of domestic violence to me. I expected this from women. However, I did not expect the responses I got from the male inmates. This unit elicited more personal storytelling, unsolicited (unassigned) writing responses, and honest classroom discussion than any other unit in the 9-week course I taught at the Penitentiary.

In the class of 20, virtually every man had been subjected to violent physical abuse in childhood, and/or had witnessed a woman close to him being victimized. The experience of domestic violence was unquestionably the strongest common thread that linked these diverse men together. The unit unleashed stories of powerless children enduring terrible abuse, and/or witnessing their mothers, aunts, and grandmothers traumatized or disfigured by years of repeated beatings. One of the best writers (who was serving time for abusing his girlfriend) submitted a detailed, painfully honest personal narrative, integrating course readings to analyze the connections between his experiences of childhood abuse and his development into an abusive adult. He disclosed that the unit had triggered flashbacks and nightmares. He explained that while it had been helpful to enhancing his self-understanding, and he had benefited from discussing the material with his counselor, he couldn't wait for the unit to be over.

Another student - who had never contributed to discussions during the prior 7 weeks of the quarter - spontaneously explained to his peers one night as we talked about post-traumatic stress disorder, "I have PTSD, from the smell of blood, because I saw three people murdered before I was five. And because there was a lot of blood when they were shot and stabbed, one of the people was lying in a pool of blood right in front of me, and now the smell of blood makes me crazy." That student (who was enrolled in a vocational program, employed within the Penitentiary, and clearly well on his way to establishing emotional stability) credited his counselor for helping him understand the link between those childhood experiences and his violent "craziness" as an adult.

Clearly, not every child subjected or exposed to abuse ends up in prison as an adult. Yet the undeniable correlation between domestic violence and adult imprisonment in the small sample of men with whom I worked makes it clear that we cannot ignore the tremendous long term costs and consequences of childhood abuse. The pain, loss of human potential, and diminished life opportunities are excruciatingly real.

Former Washington State Penitentiary Instructor

FAMILY DOMAIN

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO
Walla Walla Council for the Prevention of Child Abuse, Dick Cook	509-529-1924
Walla Walla Valley Child Passenger Safety Team	509-523-2936
Domestic Violence and Sexual Assault Coalition, YWCA	509-525-2570
Walla Walla Police Department Domestic Violence Services Officer	509-527-4434
YWCA Sexual Assault & Domestic Violence Intervention Services	509-525-2570 or 509-529-9922 (Crisis Only)
Division of Children & Family Services	509-524-4900 (8 AM - 5 PM, M-F) 1-800-562-5624 (24 hr. Emergency)
Children's Home Society	509-529-2130 www.childrenshomesociety.org
Friends of Children of Walla Walla	509-527-4745 www.wallawallafriends.org
Community Center for Youth	509-524-2571
Department of Human Services	509-524-2920



CALL TO ACTION

INVEST IN PREVENTION:

- Volunteer for a program.
- Get to know your neighbors.
- When you are worried about someone's safety, ask, call, help them get help.

FAMILY DOMAIN

INDICATOR 4 PARENTING EDUCATION & FAMILY SUPPORT

FAMILIES Matter: IMPROVING OUTCOMES FOR CHILDREN AND FAMILIES IN WASHINGTON STATE

STRATEGIES FOR PARENTING EDUCATION AND FAMILY SUPPORT:

- Increase availability and access to parenting education, home visitation services and resources.
- Increase number and percentage of children who live in safe, stable and supportive families.
- Increase problem solving, coping skills, and parental knowledge to support children's health and development.

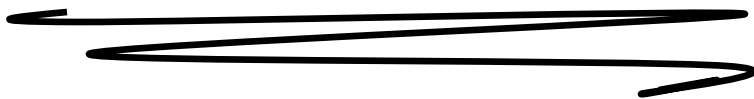
By reaching out to parents and encircling them with support, we can help strengthen families, which protects children and builds stronger communities overall. Preventing child abuse and neglect is an important way to promote healthy child and family development.

Strengthening Families Washington is an initiative within the Department of Early Learning (DEL) that focuses on helping families:

- Strengthen family bonds
- Understand childhood development
- Cope with the challenge of parenting
- Develop positive discipline skills



There is a **CRITICAL** need for Parenting Education, Home Visitation and Family Support Services for the health, safety and success of our Valley's children and families.



FAMILY DOMAIN

OUTCOMES OF ADVERSE CHILDHOOD EXPERIENCES (ACES) FROM 54 PARENTS INVOLVED IN HOMETEAM PARENT AIDE PROGRAM SERVICES:

	0-3 ACES	4-9 ACES
CPS Involvement	49% of parents	64% of parents
Depression	79% of parents	92% of parents
Attempted Suicide	43% of parents	72% of parents

HOMETEAM PARENT AIDE PROGRAM - WHO WE SERVED IN 2011-2012:

- 120 parents and children
- 67% - 26-39 years old
- 68% - 6-17 years old
- 49% - 6-24 months in home services

PROGRAM AND SERVICE OUTCOMES:

- 79% of parents have **improved physical security** and ability to provide a **healthy environment for their children.**
- 86% of parents have **improved parenting skills** and demonstrated the ability to **effectively parent their children.**
- 80% of parents have **effective problem solving skills and improved relationships with their children.**

ASK YOURSELF...

- Do you ever feel your child is trying to irritate you?
- Do you ever get so angry you feel out of control?
- Do you want to be the best parent you can, but don't know how?
- Do you need extra parenting support and somebody to share your struggles with?
- Are you concerned about how your personal circumstances are impacting your child's potential to grow and succeed?

If you answered "YES"...Help IS available!

Stephanie Biegel, HomeTeam Program Coordinator, Children's Home Society of Washington
(509) 529-2130, stephanieb@chs-wa.org

CHILDREN'S HOME SOCIETY'S PARENT EDUCATION AND FAMILY SUPPORT SERVICES SERVED 457 PARENTS & CHILDREN IN THE FOLLOWING PROGRAMS:

- Loving Couples Loving Children & Nurturing Parenting Program
- Dads for Dads/De Padre a Padre
- Strong Family Connections/ Conexiones Familiares Fuertes

PROGRAM AND SERVICE OUTCOMES:

- 93% of parents report communication skills improved
- 96% of parents report their conflict resolution skills improved
- 79% of parents reported seeing a positive change in their children's behavior
- 86% of parents felt their relationship with their children had improved

FAMILY DOMAIN

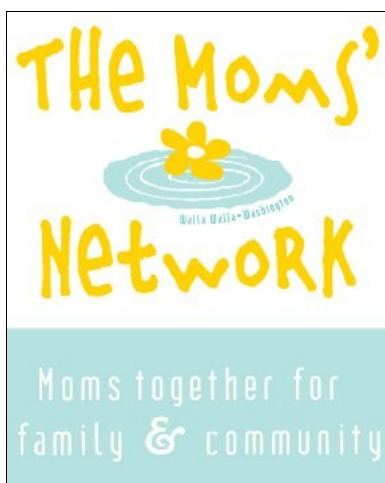
THESE ORGANIZATION OFFER PARENTING EDUCATION, HOME VISITATION AND FAMILY SUPPORT SERVICES.



Washington State Community and Technical College Parenting Education Programs are committed to building stronger and healthier families by increasing knowledge and skills through participation in adult-child learning environments.

Walla Walla Community College's Parenting Education Program provides a strong, developmentally appropriate curriculum. We believe parents and children learn best by "doing." Parents and children learn to see themselves as problem-solvers, discoverers and inventors. Enriched play experiences will help children develop skills needed for success in school. Partial scholarships available!

Call 509-527-4237 to learn more!



THE MOMS' NETWORK...It's all about connecting kids, caregivers and our community. **460** Moms' Network members, **40 scholarships** given to moms in need...**TMN gives back to the community.** Members collected **14,149 diapers** donated to Helpline, SonBridge Community Center, and Catholic Charities to distribute to local families in need. **Led 2 Parenting Classes** at the YMCA, **offered 5 FREE Parent Workshops**, brought together **27 attendees cooking 8 meals at our Family Meal Time Events.**

WANT TO KNOW MORE? Please contact:
Beth Swanson, beth@themomsnetworkww.com or visit the website, www.themomsnetworkww.com

FAMILY DOMAIN

FACES...FACTS

Period of PURPLE Crying: New Research on Baby Crying

The PURPLE Program helps parents of new babies understand an infant developmental stage that can be alienating and frustrating to new parents; until recently, this issue has not been widely known or discussed. This program explains the characteristics of early infant crying in normal, healthy babies and teaches parents how to cope with and keep new babies safe. Some parents respond to extended crying by shaking babies; PURPLE alerts parents to the dangers of shaking a baby. PURPLE education is provided to new parents, primarily by hospital health professionals in the Walla Walla Valley. In 2009, the Walla Walla Council for the Prevention of Child Abuse and Neglect began providing the PURPLE CRYING DVD to Providence St. Mary's and WW General Hospitals through their "Hug Your Baby" bag project, which also provides general parenting information. "Hug Your Baby" is primarily funded by the WW Exchange Club & "Riding Against Child Abuse" and is affiliated with a National Approach to Shaken Baby Syndrome Prevention.

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO	SERVICES
Children's Home Society	509-529-2130 www.childrenshomesociety.org	HomeTeam program, Nurturing Parenting & Early Head Start provides parenting skills classes, resources, & family support services
Mom's Network	beth@themomsnetwork.com www.themomsnetwork.com	Parent education & resources
WWCC Parent Education Programs	509-527-4237 www.wwcc.edu/parent	Parent Cooperative Preschool, Parent-Toddler relationship classes, TOT SPOT
Providence St. Mary Medical Center	509-525-3320 www.smmc.com	Parenting classes
Family Medical Center	509-525-6650	First Steps
Walla Walla General Hospital	509-525-0480 www.wwgh.com	Parenting classes



CALL TO ACTION

- Take "time out" to take care of yourself.
- Attend a parenting class or parent support group.
- Make time to play together; turn off the TV, talk to your children, read a book together or do something your child enjoys.
- Be a role model—apologize to your children when YOU make a mistake.
- Volunteer at events or organizations that strengthen families.
- Donate time or resources to organizations or coalitions that strengthen families.
- Make parenting and education a cultural norm in our community.

INDIVIDUAL/PEER DOMAIN

INDICATOR 1 JUVENILE CRIME

A. TOTAL JUVENILE POPULATION - AGES 10-17:

	2003	2006	2009	2010
	6,378	6,382	6,159	6,114

B. TOTAL ARRESTS:

	2003	2006	2009	2010
Total Cases	482	311	279	300
Rate/1000	75.6	48.7	45	
% Male/Female	68/32	64/36	—	—

C. VIOLENT CRIME:

	2003	2006	2009	2010
Total Cases	18	18	8	12
Rate/1000	2.8	2.8	1	2
% Male/Female	67/33	89/11	—	—

D. DRUG/ALCOHOL:

	2003	2006	2009	2010
Total Cases	94	59	71	70
Rate/1000	14.7	9.2	11	11
% Male/Female	76/24	66/44	—	—

E. PROPERTY CRIME:

	2003	2006	2009	2010
Total Cases	267	134	95	114
Rate/1000	41.9	21	15	19
% Male/Female	65/35	58/42	—	—

F. ALL OTHER:

	2003	2006	2009	2010
Total Cases	103	100	105	NA
Rate/1000	16.1	15.7	17	NA
% Male/Female	71/29	67/33	—	—

G. WALLA WALLA DETENTION FACILITY:

	2003	2004	2005	2006	2009	2010
Total Admissions	0	377	401	427	485	524

Source: 2011 Juvenile Justice Annual Report

INDIVIDUAL/PEER DOMAIN

FACES...FACTS

We need to talk about the pink elephant in the room. If I am a 14 year old, undocumented Hispanic boy looking at my future this is what it boils down to for me:

I can possibly get my high school diploma and then work in the fields for the rest of my life, making minimum wage, if that. Or, I see the gang bangers driving Escalades with 20 inch spinners; they have plenty of cash, nice clothes, and the girls hanging around.

Which future do you think that 14 year old boy is going to choose? We need to provide him with hope. Hope in the form of opportunities in education, vocational training, recreation, immigration and naturalization, and most importantly, viable, living wage employment. Without these opportunities, that 14 year old boy sees no hope for his future other than with the gang.

Scott Bieber, Walla Walla Chief of Police

The Community Council Implementation Task Force on Preventing Gang Membership released its findings in Summer 2011, find it at www.wwcommunitycouncil.org.

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO
Juvenile Justice Center	509-524-2800
Juvenile Diversion Program	509-524-2817
Crime Watch	509-525-3342
Community Police Officers	509-527-4434
Commitment to Community	509-529-4980
City Parks and Recreation	509-527-4527
Community Center for Youth	509-526-2571
Recreational Leagues	contact your school, city directory
Youth Yellow Pages – student reference for help and services	509-524-2920
Friends of Children of Walla Walla	509-527-4745
Mentoring programs in schools, colleges, & the Juvenile Detention Center	
Intervention Specialist at every public school	



CALL TO ACTION

- Volunteer at a school, with a recreational league, or at the Community Center for Youth.
- Know where your kids are and who they are with.
- Whether your child is 7 or 17, get to know the parents of your children's friends, make arrangements for activities *directly with them* to avoid any 'miscommunication' as to your expectations for your child's safety and supervision.
- Help children become involved in healthy outlets:
 - ♦ pay for a low-income child's participation in band, sports, drama, art;
 - ♦ coach, lead, or assist;
 - ♦ serve on an advisory board, the new Community Council; or
 - ♦ help a kid connect with a caring, responsible adult.
- Share responsibility with local community policing efforts – be the eyes and ears of your neighborhood – participate in crime watch activities or commitment to community in the Edith-Carrie, Washington Park and Jefferson Park neighborhoods.

INDIVIDUAL/PEER DOMAIN

INDICATOR 2 CHILDREN'S PHYSICAL HEALTH

A. TEEN PREGNANCY RATE: *Pregnancies per 1,000 15-17 year old females*

Walla Walla County 2008-2010	23.7
Washington State 2008-2010	24.4

B. TEEN BIRTH RATE: *Births per 1,000 15-17 year old females*

Walla Walla County 2008-2010	15.9
Washington State 2008-2010	14.2

C. TEEN ABORTION RATE: *Abortions per 1,000 15-17 year old females*

Walla Walla County 2008-2010	7.80
Washington State 2008-2010	10.09

D. UNINTENDED PREGNANCIES: *% of pregnancies that are unwanted or mistimed*

Walla Walla County 2008-2010	50.0%
Washington State 2008-2010	50.4%

E. PRENATAL CARE INITIATION IN FIRST TRIMESTER: *% of pregnant women who started prenatal care in the first three months of pregnancy*

Walla Walla County 2008-2010	79.5%
Washington State 2008-2010	78.2%

F. SMOKING IN 3RD TRIMESTER: *% of women with live births who smoked during the last three months of pregnancy*

Walla Walla County 2008-2010	8.1%
Washington State 2008-2010	8.0%

G. PRE-TERM BIRTHS: *% of births that were early (<37 weeks)*

Walla Walla County 2008-2010	10.2%
Washington State 2008-2010	10.2%

H. LOW BIRTH WEIGHT: *% of newborns weighing less than 2,500g*

Walla Walla County 2008-2010	5.5%
Washington State 2008-2012	6.3%

INDIVIDUAL /PEER DOMAIN

I. INFANTS BREASTFEEDING: % of infants reported breastfed

Walla Walla County 2008-2010	91.6%
Washington State 2008-2012	91.7%

J. INFANT MORTALITY RATE: Deaths (all causes) per 1,000 infants less than one year old

Walla Walla County 2006-2010	5.5
Washington State 2006-2010	4.9

K. COMPLETE CHILD IMMUNIZATIONS REPORTED TO THE CHILD PROFILE REGISTRY: % of children 19-35 months old with complete vaccination records on file (4-DTP, 3-Polio, 1-MMR, 3-Hib, 3-HepB, 1-Varicella, 4-PCV)

Walla Walla County 2010	36%
Washington State 2010	50%

L. CHILDREN WITHOUT HEALTH INSURANCE: % of children less than 18 years old without health insurance

Walla Walla County 2009-2011	10.8%
Washington State 2009-2011	7.1%

M. CHILDREN WITHOUT HEALTH INSURANCE: % of children less than 6 years old without health insurance

Walla Walla County 2009-2011	9.0%
Washington State 2009-2011	5.8%

N. CHILDREN ON MEDICAID: % of 0-18 year olds enrolled in Medicaid

Walla Walla County 2009-2011	42.5%
Washington State 2009-2011	51.7%

O. CHILD MORTALITY RATE: Deaths per 100,000 1-22 year olds

Walla Walla County 2006-2010	32.9
Washington State 2006-2010	31.0

Source: A-B, E-I Maternal and Child Health Performance Measures, Washington Birth Certificate Data
 C Community Health Assessment Tool, Washington State Department of Health
 D Maternal and Child Health Performance Measures, First Steps Database, Washington State Department of Social and Health Services, Research and Data Analysis Division 2008-2010
 J Maternal and Child Health Performance Measures, Washington Birth Certificate Data, Linked Infant Birth File
 K Maternal and Child Health Performance Measures, Child Profile Registry (Note: Not all clinics in Walla Walla County use Child Profile.)
 L-M Maternal and Child Health Performance Measures, American Community Survey
 N Maternal and Child Health Performance Measures, Washington State Department of Social and Health Services
 O Maternal and Child Health Performance Measures, Washington Death Certificate

INDIVIDUAL /PEER DOMAIN

P. DENTAL CARE:

	<i>Untreated Cavities</i>	<i>Treated Cavities</i>	<i>Rampant Decay (>7 Teeth w/Cavities)</i>	<i>Caries</i>
Pre-School Age: 3-5	6.1%	32.8%	23.3%	34.3%
Elementary School Age: 5-10	12.1%	48.1%	20.0%	48.9%

Q. CHILDHOOD AND ADOLESCENT OBESITY:

- 31.5% of 2-5 year old children enrolled in WIC are overweight or obese¹
- 27% of 8th graders reported being overweight or obese²
- 24% of 10th graders reported being overweight or obese²
- 25% of 12th graders reported being overweight or obese²

R. ACCESS TO CARE:

- Condition that physicians most often must refer out of the area: Autism.
- Parents are most often referred out of the area to Neurologists and Ophthalmologists/Ocularists.
- 100% of physicians and parents surveyed responded that children and parents would benefit from having specialty services available locally.

FACES...FACTS

DENTAL DECAY: Dental decay is a significant public health problem for low-income preschool and elementary children in Walla Walla County. This is primarily due to a limited numbers of providers who accept Medicaid reimbursement; children who do not receive adequate oral health assessments or treatments to prevent dental damage often suffer pain and other consequences, including school absences.

CHILDHOOD OBESITY: Children 2-5 years old who are overweight are at increased risk for most major health problems, especially Type II diabetes, hyperlipidemias (high cholesterol and triglycerides), high blood pressure, and polycystic ovarian diseases, among others. Families need in-depth, ongoing intervention and therapy—including behavioral/psychosocial and nutrition counseling—to successfully combat negative health consequences associated with obesity and to maintain healthy weight throughout childhood. Case conferencing and a team approach are vital for successful weight management.

ACCESS TO SPECIALIST CARE: In 2011, the Walla Walla County Health Department conducted a survey to examine the gaps in child healthcare access. Both parents and physicians expressed the view that children would benefit from having specialty and subspecialty care available locally. One parent explained: "Having specialists in these areas would be great. Traveling to Seattle every month is a strain on our family." The survey was conducted for the Walla Walla Children's Center Visioning Group, a passionate community group that endorses creating a new Walla Walla center offering specialty services and support to children and their families. Such a local center would make services more affordable and simplify the coordination of complete care, leaving families more time to enjoy ordinary activities.

HPV AND CANCER: There is a vaccine available to prevent infection by the virus that causes 70% of all cases of cervical cancer, the HPV vaccine. This vaccine can also prevent other cancers caused by this virus in both men and women. HPV is short for human papillomavirus, a common virus passed from one person to another during skin-to-skin sexual contact. Approximately 50% of sexually active people will get HPV at some time in their lives, though most will never know it. It is the most common sexually transmitted infection in our country. The HPV vaccination is recommended for preteen girls and boys at age 11 or 12, when the immune response to the vaccine is best and before they engage in sexual activity. It is given as a series of 3 injections over a 6 month time period. Girls through the age of 26 and boys through the age of 21 should be vaccinated. Consult your Child's physician or contact the Walla Walla County Public Health Department, 314 W. Main St., Walla Walla, 509-524-2650.

INDIVIDUAL /PEER DOMAIN

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO
Access to Baby and Child Dentistry	509-524-2657
Walla Walla County Health Department	509-524-2650
Family Medical Center First Steps	509-525-6650
SOS Health Services	509-529-1481
WIC Family Medical Center	509-525-0422
WIC Walla Walla County Health Department	509-524-2680
Molina Nurse Advice Line	1-888-275-8750
Medical Information	211
The Health Center at Lincoln/Blue Ridge	509-525-0704
Head Start/ECEAP Blue Ridge Elementary	509-527-3066
Children's Home Society EHS	509-529-2130
4-H	509-524-2685
Campfire Boys and Girls	509-526-2591
Community Center for Youth	509-526-2591
Walla Walla Parks and Rec Programs	509-527-4527
YMCA	509-525-8863
YWCA Adventure Club	509-525-2570
Boy Scouts & Girl Scouts	509-525-7578
Birthright International	509-529-8678
Planned Parenthood	509-529-3570
Washington State Prescription Drug Program	1-800-913-4146 www.rx.wa.gov/
Washington Apple Health for Kids	hrsa.dshs.wa.gov/applehealth/
Pediatricians, Family Practitioners, Pharmacies, Churches, Athletics	See phone book



CALL TO ACTION

- Provide healthy role models.
- Talk to children and youth about healthy behaviors.
- See a dentist regularly every six months.
- Involve children and youth in youth development programs.
- Advocate for health care access.

Source: P Blessing Smile Survey 2010, Walla Walla County Health Department
Q 1. Women, Infants and Children 2009-2011; WIC Client Data, Washington State Department of Health;
2. Healthy Youth Survey 2010
R Walla Walla Children's Focus Group Surveying and Needs Assessment 2011

INDIVIDUAL/PEER DOMAIN

INDICATOR 3 CHILDREN'S MENTAL HEALTH

The mental health and emotional well-being of children and youth in our community are defined by four measures: youth self-reported protective factors; youth self-reported risk factors; youth participation in community assets (i.e. extracurricular activities); and variety and availability of youth mental health services/supports.

A. YOUTH REPORTED PROTECTIVE FACTORS - HEALTHY YOUTH SURVEY 2010:

Protective Factors	Grades			
	6	8	10	12
Access to Care ¹	—	66%	55%	54%
Opportunities for Involvement ²	—	53%	59%	63%
Moderate Activity ³	33%	35%	29%	21%
Safe at School ⁴	92%	83%	85%	84%
Neighborhood Aversion to Smoking ⁵	74%	61%	41%	25%
Neighborhood Aversion to Alcohol ⁶	71%	50%	36%	20%
Neighborhood Aversion to Marijuana ⁷	80%	69%	53%	43%
Total Surveyed	546	506	546	395

B. YOUTH REPORTED RISK FACTORS - HEALTHY YOUTH SURVEY 2010:

Risk Factors	Grades			
	6	8	10	12
Weapon Carrying at School ¹	—	7%	10%	10%
Bullying ²	32%	26%	22%	11%
Depression ³	—	27%	33%	26%
Contemplation of Suicide ⁴	—	16%	18%	13%
Total Surveyed	546	506	546	395

C. YOUTH REPORTED RISK FACTORS - B. BOUCHEY, LINCOLN HIGH SCHOOL, 2007:

Risk Factors	% Reported
Students who report depression for more than 1 week at a time	3/4
Students who considered suicide in the last 6 months	23%
Students who have felt anger to the point of rage	82%
Students who have engaged in intentional self-harm behavior for emotional release	1/3
Students who report feeling their life was out of control	78%
Total Surveyed	110

INDIVIDUAL /PEER DOMAIN

D. COMMUNITY SUPPORTS - YOUTH-ORIENTED PROGRAMS:

There are a number of opportunities for children/youth to engage in extra-curricular activities in the Walla Walla Valley. These opportunities help connect children and youth to others, and enable them to feel like a vital part of our community life. They also provide opportunities for skill mastery, a vital aspect of healthy child/adolescent development. Being connected and valued are protective factors for children's mental health and emotional well-being. Youth-serving organizations include, but are not limited to: sports leagues, recreational facilities, social and skill-building organizations, mentoring organizations, school sports and other after school programs, and faith-based organizations (see Community Assets).

2012 YWCA Program Participation

My Friends' House	62	Fun Factory	2,987	Parenting Classes	62
Adventure Clubs	91	Ice Chalet	14,379	Enrichment Classes	159
Mariposa	99	Advocacy Training	9		

E. MENTAL HEALTH SERVICES/SUPPORTS 2012:

	0-5 years	6-12 years	13-18 years	Total
Public Agency ¹	37	166	218	421
Private Non-profit ²	9	88	51	139
Private Individual ³	—	—	—	261
TOTAL				821

- A) 1 Percent of students who report visiting a doctor for a routine checkup in the past year
 2 % of students who report that they have lots of chances for involvement in school
 3 % of students who report meeting recommendations for moderate activity (5 or more days a week)
 4 % of students who report feeling safe at school
 5 % of students who report that adults in their neighborhoods think youth smoking is "very wrong"
 6 % of students who report that adults in their neighborhoods think youth drinking is "very wrong"
 7 % of students who report that adults in their neighborhoods think youth marijuana is "very wrong"
- B) 1 % of students who report carrying a weapon on school property in the past 30 days
 2 % of students who report being bullied in the past 30 days
 3 % of students who report being severely depressed in the past year
 4 % of students who report having seriously considered suicide in the past year
- C) Out of 110 students surveyed:
- 56 were female, 54 were male
 - 66% of students are from separated homes
 - 1 in 4 are on probation
 - 1/5 students and 1/3 females report having been sexually assaulted
 - 46% of students report they have wanted to talk to SOMEONE but had NO ONE they felt they could trust
 - 81% of students have used the Lincoln Health Center and 73% have health insurance
- D) Triple Point Walla Walla, a program of Children's Home Society of Washington, has served local lesbian, gay, bisexual, transgender, questioning, intersex and straight ally youth for the past 5 years. Triple Point has served over 165 unduplicated youth in the Walla Walla Valley and continues to provide support, education, resources and advocacy for our young people.

Source: E ¹Walla Walla County Department of Human Services; ²Catholic Charities, Children's Home Society; ³Eleven Individual Practitioners Reporting

INDIVIDUAL /PEER DOMAIN

FACES. . .FACTS

RESILIENCE AND EARLY INTERVENTION

Families continue to face a variety of stressors ranging from financial hardships, demanding schedules, and other daily challenges all often leading to strained relationships. All the while, they face one of the hardest jobs they will ever have, parenting. Raising a child is simultaneously a wonderful experience and a challenging task. The demands of parenting are tremendous and the results of parenting are often long term. Parenting reactions, interactions and decisions will impact a child's emotional, social, and physical well-being in the moment and for years to come.

Recent research shows that adverse childhood experiences (ACEs) are significant childhood traumas that result in actual changes in brain development -- changes that affect a child's cognitive, social, and emotional well being. In fact, the Centers for Disease Control view ACEs as "one of, if not the leading determinant of the health and social well-being of our nation."

The National Academies in their March 2009 report "Preventing Mental, Emotional, and Behavioral Disorders among Young People" cites that studies indicate that mental, emotional, and behavioral (MEB) disorders are a major health threat to young people. The report states that, "MEB disorders also interfere with young people's ability to accomplish developmental tasks such as establishing healthy interpersonal relationships, succeeding in school, and making their way in the workforce".

There are answers. These include early intervention using evidence-based practice to "prevent the occurrence of disorders, establish building blocks, for the healthy development in all young people, and limit the environmental exposures that increase risk". It is important that a disorder be addressed at an early age and not to wait until it is well-established and considerable harm has been done. A study by the National Research Council and the Institute of Medicine gave the following recommendations for enhancing the psychological and emotional well-being of young people.

"Strengthen families by targeting problems such as substance use or aggressive behavior; teaching effective parenting skills; improving communication; and helping families with disruptions (such as divorce) or adversities (such as parental mental illness or poverty)."

"Strengthening individuals by building resilience and skills and improving cognitive processes and behaviors."

"Preventing specific disorders, such as anxiety or depression, by screening individuals at risk and offering cognitive training or other preventive interventions."

"Promoting mental health in schools by offering support to children encountering serious stresses; modifying the school environment to promote prosocial behavior; developing students' skills at decision making, self-awareness, and conducting relationships; targeting violence, aggressive behavior, and substance use."

"Promoting mental health through health care and community programs by promoting and supporting prosocial behavior, teaching coping skills, and targeting modifiable life-style factors that can affect behavior and emotional health, such as sleep, diet, activity and physical fitness, sunshine and light, and television viewing."

As a counteracting force, child resilience is one of the most important factors that offsets the negative outcomes of ACEs. Resilience is a protective factor...in fact, one of many protective factors. Protective factors enable us to counter the risk factors that endanger our health.

It is important to develop a system that will enable individuals to address challenges and build skills towards developing resilience. It is also important for a community to be united in its approach. Just as an individual's negative approach can have wide-reaching impact on the community, so can a community's positive approach. A system which embraces prevention, early intervention, and resilience can change the course for many young people and set the bar high for a proactive, healthy, cohesive community.

INDIVIDUAL /PEER DOMAIN

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO	SERVICES
Serenity Point	509-529-6037	Substance abuse assessment & treatment for youth/adults in both Spanish & English
Children's Home Society of Washington	509-529-2130 www.childrenshomesociety.org	Child & family counseling, family support services, Early Head Start, Home Team, parenting classes, Triple Point
Catholic Charities of Walla Walla	509-525-0572	Individual, child, adolescent, & family counseling
Walla Walla County Department of Human Services Children's Mental Health Unit	509-524-2920	Child & adolescent mental health services
Crisis Response Team Walla Walla County Department of Human Services	509-524-2999	24 hours a day/7 days per week crisis line
Trilogy	509-525-7958	Dedicated to walking alongside youth who are struggling to overcome alcohol or other drug problems while offering compassionate support to their families
Children's Resilience Initiative	509-386-5855	Impact of trauma on child development
National Alliance for Mentally Ill (NAMI)	509-529-6160	Provides mutual support, education, & advocacy for families of mentally ill persons, of mentally ill persons themselves, & of friends
Walla Walla Public School District Special Services Department	509-527-3000 www.wwps.org	Information, referral, assessment & planning services for students with disabilities
Birth to 3	509-524-2920 or 509-527-3000	Early intervention for children birth to 3 years of age
Medical Home Team	509-524-2665	Coalition to address children's mental health

Private practitioners/counselors - see yellow pages for listings

Please see the "Where Can I Go For Help?" section at the end of this book for more resources.



CALL TO ACTION

- For more information about adverse childhood experiences and resiliency, go to the locally developed Children's Resilience Initiative website at www.resiliencetrumpsaces.org.
- Recreation and hobbies are educational too - engage with your child! Check out the Community Center for Youth, the YMCA, the City of Walla Walla Parks and Recreation, Campfire, the YWCA and many more local organizations that have much to offer.
- Pick up a Friends of Children of Walla Walla volunteer application and start mentoring a child in need; 509-527-4745; 120 W. Birch St. #10, Walla Walla; www.wallawallafriends.org.

INDIVIDUAL/PEER DOMAIN

INDICATOR 4 CHILDREN WITH DEVELOPMENTAL DISABILITIES/SPECIAL NEEDS

A. 0-3 YEARS OLD:

	2005-2006	2006-2007	2007-2008	2010-2011	2011-2012
Walla Walla County	39	35	51	43	39

B. WALLA WALLA COUNTY STUDENTS RECEIVING SPECIAL SERVICES:

In the 2011-2012 school year, **1,173** Walla Walla County students had been identified as having some type of special need and were receiving special education services. A total of **9,033** students were enrolled in public schools in Walla Walla County based on the May 2012 headcount.

PERCENTAGE OF STUDENTS RECEIVING SPECIAL EDUCATION SERVICES* WALLA WALLA COUNTY SCHOOL DISTRICTS

District	2006-2007		2007-2008		2011-2012	
	% w/Special Needs	Total # of Students	% w/Special Needs	Total # of Students	% w/Special Needs	Total # of Students
Columbia	12.6%	943	12.3%	933	15%	909
College Place	13.1%	824	14.7%	806	13%	809
Dixie	19.2%	25	26%	23	36%	25
Prescott	11.4%	247	9.2%	227	9%	360
Touchet	9.3%	300	9.3%	309	10%	260
Waitsburg	12%	357	13%	349	13%	317
Walla Walla	11.7%	6,102	12.4%	5,991	13%	6,353

*Special education percentages may include students between 18-21 still receiving educational services through the respective districts.

C. 107 CHILDREN WITH SPECIAL HEALTH CARE NEEDS (ACTIVE CASES AGE 8-18) WERE SERVED BY THE WALLA WALLA COUNTY HEALTH DEPARTMENT IN 2012:

According to the Washington State Department of Health, children with special health care needs have serious physical, behavioral, or emotional conditions that require health and related services beyond those required by children generally.

Source: A Data from Birth to Three/County Interagency Coordinating Council
 B District Demographic information 2011-2012, OSPI Website: www.k12.wa.us/edprofile/districtreport
 C Walla Walla County Health Dept., 2011

INDIVIDUAL/PEER DOMAIN

FACES...FACTS

As we all know, significant brain development occurs during a child's first three years of life. If a child has a delay in development, the Birth to Three Program can help. This program, known as the Early Support for Infants and Toddlers (ESIT), helps both English and Spanish speaking families with infants and toddlers connect with resources they need to help their children reach their age-appropriate levels of skill development. These skills include gross motor skills (learning to crawl and walk), fine motor skills (holding a bottle or crayon), social/emotional (playing with peers and relating to adults), adaptive (dressing and grooming), speech (understanding language and speaking), cognitive (understanding the world around them and decision making), and visual and/or hearing abilities. The program provides service coordination and ongoing specialized services to families of eligible children. When a child has a documented delay, the necessary early intervention services are identified through family resources coordination and the child is followed until age three.

Every child's development is important, at every age. Brain development peaks at age two and at puberty. **Don't wait to call if you have any concerns.** The Family Resources Coordinator will help your family find the resources your child needs to catch up.

For details contact your child's primary care physician or Alex Luft, Lead Family Resources Coordinator for Walla Walla County Birth to 3 at (509) 524-2920.

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO	SERVICES
Walla Walla County Health Department - Children with Special Health Care Needs Program	509-524-2650	Nurse case management for families with special health needs
Birth to 3, County Interagency Coordinating Council	509-524-2920	Early identification of disabilities & coordination of services
Early Head Start	509-529-2130	Parent education & family support
Parent-to-Parent	509-527-3278 or 1-800-821-5927 Spanish speaker available	Provides emotional support & information to parents of children with special needs
Headstart - Lillie Rice Serendipity Child Development Center	509-525-3532	Child care for special needs infants & children
Contact your local school district		



CALL TO ACTION

- Early intervention is the key—babies can't wait!
- Treat all children as special—special needs children are children first!

INDIVIDUAL/PEER DOMAIN

INDICATOR 5 DRUG/ALCOHOL ISSUES

A. THE WASHINGTON STATE HEALTHY YOUTH SURVEY 2010:

During the year of 2010, all Washington public schools serving Grades 6, 8, 10, or 12 were invited to participate in the *Healthy Youth Survey 2010*. A standardized questionnaire was sent out statewide. In Walla Walla, the survey sample consisted of 1,993 students (395 - 12th graders, 546 - 10th graders, 506 - 8th graders, 546 - 6th graders). The *Healthy Youth Survey 2010* included a new question about use of specific narcotics or painkillers. Using prescription drugs to get high is a growing trend among Washington youth, with 10th and 12th graders most likely to report misuse.

Alcohol is, once again, the substance most frequently used by Washington youth. In Walla Walla alcohol was followed closely by marijuana and cigarette smoking.

B. DRUG ABUSE TRENDS COMPARISON:

<i>Walla Walla County</i>	<i>Washington State</i>
Walla Walla County 6 th Graders said: <ul style="list-style-type: none">• 34% perceived drugs as easy to obtain• 28% had drunk more than one sip of alcohol in their life	Washington State 6 th Graders said: <ul style="list-style-type: none">• 31% perceived alcohol as easy to obtain• 26% had drunk more than one sip of alcohol in their life
Walla Walla County 8 th Graders said: <ul style="list-style-type: none">• 21% had ridden with a driver in the past 30 days who had been drinking alcohol• 14% had smoked marijuana at least once in their life	Washington State 8 th Graders said: <ul style="list-style-type: none">• 18% had ridden with a driver in the past 30 days who had been drinking alcohol• 13% had smoked marijuana at least once in their life
Walla Walla County 10 th Graders said: <ul style="list-style-type: none">• 7% had used illegal drugs in the past 30 days• 11% report using a painkiller to get high in	Washington State 10 th Graders said: <ul style="list-style-type: none">• 7% had used illegal drugs in the past 30 days• 8% report using a painkiller to get high in the last 30 days
Walla Walla County 12 th Graders said: <ul style="list-style-type: none">• 26% had had 5 or more drinks at least once in the past 2 weeks• 20% had been drunk or high at school in the past year	Washington State 12 th Graders said: <ul style="list-style-type: none">• 26% had had 5 or more drinks at least once in the past 2 weeks• 19% had been drunk or high at school in the past year

INDIVIDUAL/PEER DOMAIN

HIGHLIGHTS FROM THE HEALTHY YOUTH SURVEY 2010 - 30-DAY USE:

<i>Drank Alcohol (beer, wine, or hard alcohol)</i>	<i>6th Grade</i>	<i>8th Grade</i>	<i>10th Grade</i>	<i>12th Grade</i>
Walla Walla County	6%	18%	34%	45%
Washington State	4%	14%	28%	40%
<i>Used Marijuana or Hashish</i>	<i>6th Grade</i>	<i>8th Grade</i>	<i>10th Grade</i>	<i>12th Grade</i>
Walla Walla County	2%	10%	27%	24%
Washington State	2%	9%	20%	26%
<i>Smoked Cigarettes</i>	<i>6th Grade</i>	<i>8th Grade</i>	<i>10th Grade</i>	<i>12th Grade</i>
Walla Walla County	2%	7%	15%	23%
Washington State	7%	7%	13%	20%
<i>Used Pain Killers to Get High</i>	<i>6th Grade</i>	<i>8th Grade</i>	<i>10th Grade</i>	<i>12th Grade</i>
Walla Walla County	—	6%	11%	10%
Washington State	—	4%	8%	8%

C. DRUG ABUSE TRENDS IN WASHINGTON STATE:

- Among Grade 12 students, males were more likely than females to report being drunk or high at school.
- Among Grade 8 and 10 students, females were more likely than males to report riding in a vehicle driven by someone who had been drinking.
- No significant change in the percentages of students who reported tobacco use on school property occurred from 2002 to 2010.
- Among Grade 8 students, females were more likely than males to report binge drinking in the past two weeks. By Grade 12, males were more likely than females to report binge drinking in the past two weeks.
- Grade 10 students, on average, first had more than a sip of beer, wine, or hard liquor at 12.8 years of age. Grade 10 students, on average, began drinking alcoholic beverages at least once or twice a month at 13.8 years of age.
- Grade 8 students were more likely than Grade 12 students to get painkillers from a family member and grade 8 and 10 students were more likely than Grade 12 students to take painkillers from home.

D. PRESCRIPTION DRUG USE AMONG TEENS (2008):

A survey done by The National Center on Addiction and Substance Abuse found:

- More teens said prescription drugs are easier to buy than beer (first in the history of the survey).
- The proportion of teens saying it is easier to buy prescription drugs jumped 46% from 2007.
- The top two places to get prescription drugs from are (1) home (parent or medicine cabinet) (34%) and (2) friends/classmate (31%).

Source: A-C [Healthy Youth Survey 2010 Analytic Report](#), Washington State Department of Health, Office of the Superintendent of Public Instruction, Department of Social and Health Services, Department of Commerce, Family Policy Council and Liquor Control Board, June 2011

D The National Center on Addiction and Substance Abuse at Columbia University, 2008 *National Survey of American Attitudes on Substance Abuse XIII: Teens and Parents*

INDIVIDUAL/PEER DOMAIN

FACES. . .FACTS

Chemical addictions to alcohol and other drugs, including prescription drugs, negatively affect all members of a community. Addictions affect many groups of people directly: children who are carried and born to actively using mothers, and/or who grow in a families with addicted parents, those who are addicted themselves or living with an addicted spouse/partner, and victims of alcohol-intoxicated or drug-affected others. Additionally, there are many indirect effects, including the costs associated with the consequences of addiction: medical, legal (including incarceration), lost work time and productivity, to name a few. Chemical addiction among our youth, nationally and locally, is the truly major tragedy, a crisis that requires immediate, coordinated community action. We may not be able to eliminate addictions, but we can deal with them proactively, and we must, especially for our children's sake. All of us must work together, from a common set of norms (as described in Community Laws and Norms) toward a common goal: the goal of zero tolerance for youth use of alcohol and other drugs, including smoking and prescription drugs. We advocate treating the first indication of alcohol or drug use as a life-threatening illness, with immediate intervention and help.

How big is the challenge? The data on the previous pages tell part of the story. Further, in 2012, two community organizations - Trilogy Recovery Community and Serenity Point Counseling - served nearly 100 youth with serious addictions, including pre-teens and their family members. To put this in perspective, these are only those who sought help or were mandated to get help.

There is help and there is hope. With thanks to the Trilogy Recovery Community Organization, following are three stories of help and hope for recovery. Such stories could certainly come from other providers as well. Do you relate to them?

From a parent: *"Trilogy's Family Support Group was there when I had no place else to turn. As my child started down the destructive path of drug and alcohol addiction, I realized that I couldn't control their deadly path. Trilogy helped me work through the pain and fear, supporting me when I felt alone and abandoned, giving me resources that helped our family come together when we were being torn apart, providing education that even the doctors didn't understand or provide. We are so grateful to Trilogy for helping our family survive the unbearable."*

A youth: *"Trilogy's Youth Support Groups are a great way to relieve stress. You can talk about your problems and get stuff off your chest. Trilogy offers great sober activities and opportunities to hang out with good people, make friends, have fun, and meet good role models. At Trilogy you can talk about anything without anyone criticizing or judging you. I love hearing other people's stories and learning the strategies they use to help them stay clean and sober – hearing their stories makes me want to fight for my sobriety."*

And a community member: *"Trilogy's Community Education Efforts opened my eyes to the epidemic of adolescent drug use and addiction. As the father of three children, I know that young people are exposed to alcohol and other drugs and many will "experiment" with drugs. We all know people who have experienced serious addiction problems that have either taken them from us or seriously altered their lives."*

The message is clear. If you need help for yourself, a loved one, or a friend, there are resources in our community - see "Community Assets" on the next page. However, these organizations and resources need your help and support as well - not only financially, but also and especially we need your voice for zero tolerance of alcohol and other drugs for our youth. Become involved in community efforts to combat this terribly destructive epidemic.

INDIVIDUAL/PEER DOMAIN

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO
Serenity Point Counseling	509-529-6036
Trilogy Recovery Community	509-876-4525
Alcoholics Anonymous	509-522-5059
Al-Anon/Alateen	509-522-5056 or 1-800-356-9996
Narcotics Anonymous	509-522-7842 or 1-818-780-3951
Walla Walla County Department of Human Services (Information & Referral)	509-524-2920
Walla Walla County Health Department Tobacco Prevention & Control & Tobacco Quit Line	509-524-2625 1-800-Quit Now (1-800-784-8669)
Blue Mountain Counseling	509-382-1164 (Dayton)
Umatilla County Human Services	541-938-3988 (Milton-Freewater)
Student Assistance Programs:	
Walla Walla High School, 509-527-3020	Lincoln High School, 509-527-3083
Garrison Middle School, 509-527-3043	Walla Walla Valley Academy, 509-525-1050
Pioneer Middle School, 509-527-3053	De Sales Catholic School, 509-525-3030
Sager Middle School, 509-525-5300	



CALL TO ACTION

- Be a caring adult; ask young people to talk about their goals and dreams. Find ways to encourage them.
- Teach children to say **NO** and set boundaries for them.
- Find kids who need our help early -- and help.
- Invest in prevention.
- Support parents, especially those who may have lost communication with a teen.
- Be a responsible host – chaperone all gatherings at your home, making certain no alcohol or drugs are present, and don't allow your children to visit at other homes unless the same standards apply.
- Learn the names of children and teenagers who live or work near you – greet them by name.

INDIVIDUAL/PEER DOMAIN

INDICATOR 6 EMOTIONAL WELL-BEING

Adverse Childhood Experiences (ACEs): Maltreatment in childhood leaves emotional scars that can last a lifetime. In fact, ACEs are so strongly correlated with chronic, serious adult illnesses that Dr. Rob Anda, co-principal investigator of the original ACEs Study funded by the US Centers for Disease Control (CDC) explains: ***“The chronic public health disaster of ACEs and their effects on human development are real. They are common, they are endemic and they burden the lives of the people of Washington. The impact is enormous.”*** Empirical data gathered from thousands of case histories and scientific studies since 1995 demonstrates that ACEs constitute a very real public health crisis; adverse childhood experiences are significant risk factors for the leading causes of illness, death and poor quality of life in the United States. The greater the number of ACEs a person has endured, the greater that individual's risk of serious illness, addiction, suicide, and premature death. The links are direct, cumulative, and undeniable. For more information on the ACE study and its findings, see www.cdc.gov/ace/.

What are ACEs? ACEs fall into two general categories: Child Maltreatment (child sexual, emotional and physical abuse; child emotional and physical neglect) and Family Dysfunction (exposure to drug, alcohol and mental illness, loss of a parent through divorce or death, witnessing domestic violence, incarceration of a family member). While there are other childhood traumas and adult traumas, these are the ten traumas included in the original CDC study.

Efforts to raise awareness of the impact of ACEs have been ongoing in Walla Walla for the last five years. The Children's Resilience Initiative has helped to create broad-based understanding of ACEs in our community, providing those who work with youth a conceptual framework, language, and concrete tools and skills for working with those affected by ACEs. Beginning with a pilot study of youth in juvenile detention (which was featured in the 2008 Data Book), we began to develop an empirical record of the deep impact of ACEs in the Walla Walla community. The local data support Dr. Anda's contention that maltreatment in childhood creates tremendous challenges to an individual's capacity to thrive. And the costs of ACEs extend *far* beyond the life of a particular injured individual and his or her family; the negative effects are often also felt by peers, in schools, by medical providers and employers, and in the criminal justice system. The ripple-out costs of ACEs to society are enormous, and the “solutions” our society has historically provided tend to treat the symptoms, not the roots of the problem.

But it does not have to be this way. ACE consequences and outcomes are not locked in stone, nor is a person doomed to illness or unhappiness if ACEs have been part of his or her childhood. New research is also showing that **cultivating strategies which increase resilience** can counter the effects of negative childhood experiences, and lead to a more effective, productive and healthy life.

What is Resilience and why is it so powerful? Resilience is the ability to adjust to misfortune or change. All humans are innately resilient to some degree, but in order to build powerfully resilient children, skills must intentionally be promoted, modeled, taught and discussed. Such “resilience training” creates a solid foundation on which children build the capacity to thrive, both when life poses its ordinary and inevitable challenges and disappointments, and - more importantly - when children are under the stress of adverse home environments. The current research offers great hope, indicating that nurturance can be reparative and restorative, even under extremely adverse conditions. This suggests that **each of us can immediately make a difference by being more nurturing as we move through our daily lives!** Some of the most powerful evidence to date suggests that an empathic response to negative behavior, rather than the more traditional punitive response, can help an individual feel valued and understood, thus leading to a higher level of accountability than a punishment cycle could ever produce. Empathy - a fundamental, unique, and defining capacity of the human species - must be learned and shaped by adult role models. Punishment neither models nor creates empathic human connections, nor does it encourage the genuinely cooperative behaviors we want in children. Punishment, deprivation and force merely re-traumatize children and exacerbate their problems (Perry 2007).

It is a fact: early trauma changes how the brain develops. When children (and adults) experience maltreatment and/or chronic stress, the body produces high levels of certain chemicals. The young human brain develops

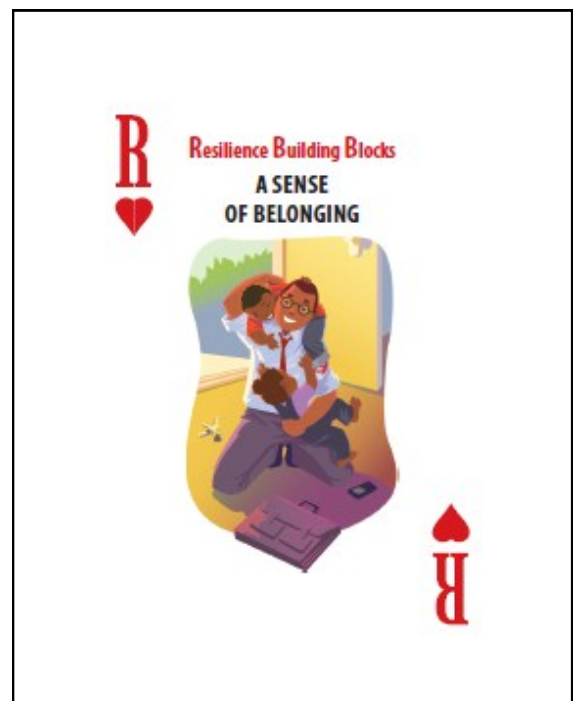
INDIVIDUAL/PEER DOMAIN

differently under heavy loads of these stress chemicals, which can result in changes in emotional and behavioral health in addition to poor physical health consequences. Thus, it is crucial to increase awareness of the effects of ACEs in all sectors of our community: in pre-schools and schools, community programs, with medical providers, coaches, religious leaders, and so forth. The Institute of Medicine states that there are clear windows of opportunity to prevent MEB disorders and related problems before they occur. While some symptoms of early trauma are immediately clear, the average 7 to 9 year delay between adverse experiences and the onset of diagnosable mental illness is a critical time period - one in which effective interventions could decrease the likelihood of developing mental illness. **Imagine reducing mental illness by as much as 50%.** Another telling analysis is provided by Dr. Vincent Felitti, the physician and co-principal investigator of the ACE study in San Diego. Based on extensive work with patients and research on the impact of trauma on health, he explains that **80% of diagnostics comes from knowing family history.** Talk to your physician about your family history - it can tremendously change his or her ability to work with you on truly healing, rather than simply treating the symptoms of problems that may be robbing you of a thriving, healthy life.

It is clear what we need to focus on in our Valley for our children. The Children's Resilience Initiative (CRI) emphasizes the teaching and community-wide deployment of effective resilience strategies to combat the damage of ACEs. CRI is comprised of critical partnerships, including the Early Learning Coalition, school districts, law enforcement agencies, service providers, and many others. Each partner uses information on early trauma, brain development, and resilience in ways that best fits that partner's mission, service objectives, and daily practices. For example, at Walla Walla's Lincoln High School, understanding the consequences of ACEs led to a paradigm shift; staff learned that students would be neurologically incapable of rational, cognitively focused discussions when they were in the "red" zone. When stressed out, students with a history of childhood trauma would be trapped in the most primitive part of the brain (the limbic area, or "red" zone), which orients immediately to fight, flight, or freeze mode when challenged. Instead of trying to force rational conversations about behavior or discipline, staff now engage in alternative methods of interaction, in which they role model self-calming, support, and de-escalation of conflict for upset students. After thinking and judgment mode are restored, they proceed to address the issue and its consequences.

Stress chemicals (cortisol and adrenaline) are powerful agents, and teaching a child to recognize the triggers that create "red zone" reactions is critical. Teaching children to self-calm, to connect emotions to words, and to develop the language of resilience provides them with the building blocks for developing more adaptable, self-confident mindsets. Adults who learn to reframe their own responses in order to help a child develop social and emotional skills are doubly benefitted: by helping the child, and by strengthening and practicing an essential interpersonal skill. Criticizing a child for a skill he has not yet mastered is not as productive as teaching, demonstrating and modeling the skill we want. Teaching is more effective than punishing. Blaming and shaming a child for what is not developed typically just spirals the child further into resentment and negative behavior.

Blue Ridge Elementary School recently hosted a "Resilience Treasure Map Hunt," in which parents helped their children practice a few resilience activities that explicitly connect feelings with behavior. Building resilience in the early years of childhood and intentionally promoting resilience strategies, including developing a "language of resilience," can help develop life-long foundation of emotional stability, health, and positive self-efficacy. The Children's Resilience Initiative's website, www.resiliencetrumpsaces.org, and Facebook provide many other examples of how partners and parents are responding to this information, and effectively implementing exciting developments in neurobiological research into the practices of our daily lives.



INDIVIDUAL/PEER DOMAIN

ACES ARE PREVALENT, PERVASIVE, AND CROSS ALL SECTORS OF POPULATION:

Washington State has its own ACE Score based on the Behavioral Risk Factor Surveillance Survey/ Department of Health self-report

- 62%: at least 1 ACE
- 25%: 3 or more ACE
- 5%: more than 6
- Cluster/co-occur

Rate of each category of ACE

- 1 in 3 Emotional Abuse
- 1 in 4 Sexual Abuse
- > 1 in 5 Substance Abuse
- > 1 in 5 Loss of Parent
- 1 in 7 Mental Illness
- 1 in 7 Physical Abuse
- 1 in 8 Domestic Violence

ODDS RATIO - NUMBER OF TIMES MORE LIKELY AN OUTCOME IS COMPARED TO WHEN NO ACE IS PRESENT:

Before Age 14:	Verbal Abuse	Physical Abuse	Sexual Abuse	Mentally Ill Parent	Witnessed Domestic Violence	Parent Drug Abuse	Divorce	Incarcerated Parent
Smoking	2.3	2.0	2.0	1.7	1.7	1.9	1.8	2.1
Drug	2.4	1.8	2.8	2.3	2.1	3.7	2.5	3.3
Alcohol	2.5	2.2	2.8	2.3	2.0	2.8	2.1	3.0
Suicide (any age)	5.0	3.4	3.4	3.3	2.6	2.1	1.9	2.5



Source: Washington State Data via Department of Health BRFSS, Krista Goldstine-Cole, Senate Democratic Caucus

INDIVIDUAL/PEER DOMAIN

FACES. . .FACTS

The Washington State Division of Vocational Rehabilitation (DVR) is the newest partner in understanding the impact of ACEs in the Work Force. DVR helps individuals with disabilities to participate fully in their communities and become employed. It is their purpose and passion, and they are right here in Walla Walla, ready to help with employment services and counseling. DVR also helps students with disabilities transition into the job market.

A recent report to DVR reveals how important resilience is in the work place and in a community. When an individual feels supported socially and emotionally, feels fortunate in life, and has hope for the future - *all critical resilience factors* - rates of unemployment actually drop for a large portion of adults with disabling conditions! In communities with high capacities for coming together to address important issues - like Walla Walla does through its Children's Forum - people with disabilities are more likely to be employed, even in bad labor markets. Building emotional well-being is as important as building job skills.

The Community Center for Youth is another example of a partner understanding the power of emotional well-being in our kids. Recently, an article was written for the Union Bulletin about CCY. In that article, the Director tells the story of her involvement with a young person struggling with emotional despair. "I never want to witness another young person's face again that is void of hope. Joe's face is etched in my mind and heart. **It is there to remind me why and what we need to do every day to help our community's youth.**" CCY builds relationships and emotional well-being every day.

COMMUNITY ASSETS

ORGANIZATION

CONTACT INFO

Children's Resilience Initiative, www.resiliencetrumpsaces.org

509-386-5855

Girl's Council: A Walla Walla Valley non-profit organization formed in 2006 by local professional women. Their mission is "empowering girls to become strong women" through research-based, gender-specific programming. The Council promotes self-esteem and self-reliance, and helps girls face the challenges of an ever-changing, uncertain world through girl-to-girl mentor leadership training.

509-240-0543
www.girlscouncil.org

Many organizations support building emotional well-being. As important, is understanding that we EACH build emotional well-being when we do anything that is nurturing to another human being.



CALL TO ACTION

- Read the four page Brief by the Institute of Medicine at the end of the Data Book on recommendations on how to help develop strong emotional wellness in our community. Then select your own Call to Action.

SCHOOL DOMAIN

INDICATOR 1 EARLY LEARNING & PRE-SCHOOL

“Quality learning experiences help lay the groundwork for children’s success. By age 5, children who have benefited from nurturing attention from preschool teachers, parents, and caregivers are ready to learn when they begin kindergarten.”

- Bill & Melinda Gates Foundation

PUBLIC PROGRAMS:	Children Enrolled 2012-2013
Children’s Home Society - Early Head Start	92
Walla Walla Public Schools - Head Start/ECEAP Programs	249
Walla Walla Community College - Parent Education & TOT SPOT	212
Washington State Migrant Council - Head Start/ECEAP Programs	200
Walla Walla YMCA Preschool	16

PRIVATE PROGRAMS:

Approximately **25** private preschool programs are operating in Walla Walla County

EARLY HEAD START:

Early Head Start focuses on early childhood development and serves low-income families with young children, prenatal - age 3, pregnant women, or expecting fathers. Families participate in home visits, family center activities, center-based child care, and referral to other community resources.

EARLY CHILDHOOD EDUCATION & ASSISTANCE PROGRAM (ECEAP) & HEAD START:

ECEAP and Head Start are comprehensive preschool programs that provide free services and support to eligible children and their families. The goal of both programs is to help ensure all Washington children enter kindergarten ready to succeed. The programs include:

- Early learning preschool
- Family support and parent involvement
- Child health coordination and nutrition
- Education/Disabilities services

Source: Bill & Melinda Gates Foundation, www.gatesfoundation.org, 2012 Enrollment Data provided by: Walla Walla Public Schools, Walla Walla Community College Parent Education Program, Walla Walla Community College Child Care Aware, Washington State Migrant Council, and Children’s Home Society

SCHOOL DOMAIN

FACES. . .FACTS

Last year, a three-year-old boy came to our preschool with many family and personal issues. His family came to us because they knew their child would benefit from preschool experience. They also heard that we could support them with scholarship and that we offered college credit classes. They were excited for all of the benefits we had to offer: education for them and their child, and preschool experience to support their child towards a future life that would be different from their own. The boy would come most mornings hungry, exhausted, and angry. Throughout the last year, this family has changed from one struggling with custodial issues, financial issues, and lack of education (to name a few), to a family actively seeking out and growing from many of the benefits of our program. Today this little boy still struggles a little with anger issues, but he is a leader among the other children in our program. He is ready for kindergarten. His mother will receive her AA degree this summer from our community college, she got a job this month, and the family has our preschool community supporting, encouraging, and celebrating all of their achievements. I am so proud of this family for embracing the new skills and possibilities available to them and for working hard towards success for themselves.

Staci Gloyn - Parent Educator/Adjunct Faculty at Walla Walla Community College

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO	SERVICES
Blue Mountain Association for the Education of the Young Child	Katie Christiansen, President www.bmaeyc.org	Local affiliate of NAEYC for early childhood professionals
Love, Talk, Play	www.lovetalkplay.org	An innovative public engagement campaign that helps parents, caregivers, & communities create quality early learning opportunities for young children
Children's Home Society	509-529-2130 www.childrenshomesociety.org	Early Head Start
Walla Walla Community College Parent Education Programs	509-527-4237 www.wwcc.edu/parent	Parent Cooperative Preschools, Parent-Toddler Relationship Classes, TOT SPOT
Walla Walla Public Schools	509-527-3066 ext. 5011 www.wwps.org	Early Childhood Education & Assistance Program (ECEAP), Head Start
Washington State Migrant Council	509-522-0610 www.wsmconline.org	Migrant Seasonal Head Start, Early Head Start
Children's Museum of Walla Walla	509-526-7529 www.cmww.org/	Hands-on interactive experiences



CALL TO ACTION

- Be an active participant in a child's early learning
- Jump right in and play, forget the rules!
- Let a child guide the play
- Encourage a child's imagination through make believe

SCHOOL DOMAIN

INDICATOR 2 SCHOOL READINESS

Policymakers, practitioners, and parents need meaningful and useful long-term measures of school readiness, and of factors that shape early learning, in order to identify areas where families may need help before children enter kindergarten.

SCHOOL READINESS REQUIRES TAKING AN “ECOSYSTEM” APPROACH...

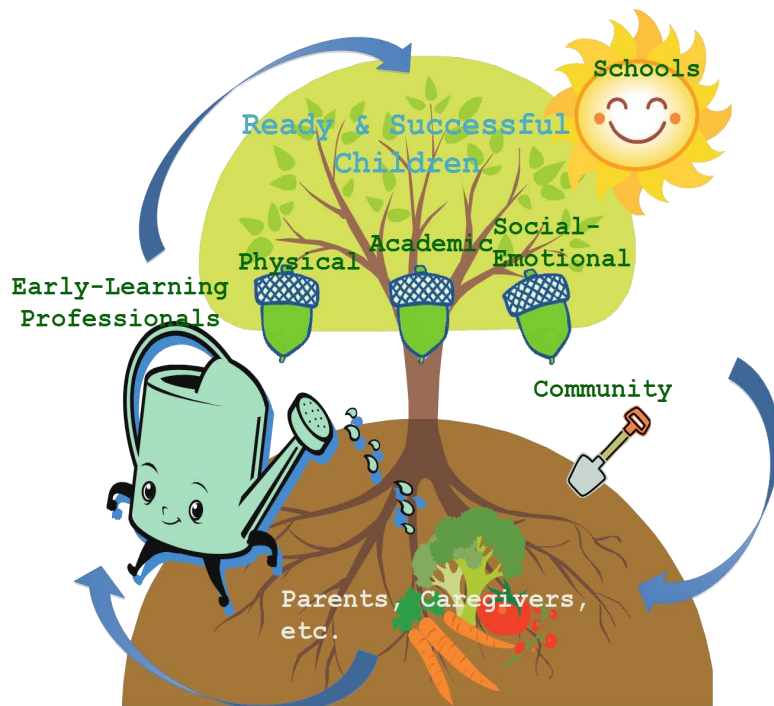
Children’s readiness for school depends on many pieces of our “system”:

- Ready and Successful Parents and Caregivers
- Ready and Successful Community
- Ready and Successful Early Learning Professionals
- Ready and Successful Schools

By identifying key indicators that are meaningful, accessible, and track-able over time, the Walla Walla Valley will be following national and state research and recommendations to use good data for decision-making about the needs of our children.

“While policymakers may recognize the importance of early learning and school readiness, they also need measurable indicators that enable them to track progress... The regular tracking of school readiness indicators enables policymakers and community leaders to identify areas most in need of intervention, track the results of investments, and monitor trends over time.”

From “Getting Ready: Findings from the National School Readiness Indicators Initiative” (2005)



The Walla Walla Valley Early Learning Coalition is in the process of identifying key indicators of school readiness (physical health, academic readiness, and socio-emotional readiness), as well as factors that precede kindergarten (ready and successful community, school, parents/caregivers, and early learning professionals) in order to identify areas where improvement can take place, and in order to guide future programming and decision-making so that all the Valley’s children are ready for school and ready for life.

SCHOOL DOMAIN

FACES/FACTS

Kindergartens in the Walla Walla Valley are an exciting and energizing place to be! The teachers, who are trained in the latest practices and updated technology, align our teaching to the common core standards of Washington State. We cater to the needs of our diverse students in many different arenas. In the Walla Walla Public Schools, our full-day program has enjoyed six years of success; we know that a year of Kindergarten plays an integral part in successful schooling. We are aware of the many needs of our students, and work daily to help them develop the necessary skills they will require to achieve success in their future schooling and lives.

Terry Morgan, Dual Immersion Kindergarten, Sharpstein Elementary

COMMUNITY ASSETS

ORGANIZATION	CONTACT INFO	SERVICES
Department of Early Learning	www.del.wa.gov	The Department of Early Learning develops, implements & coordinates system oversight to early learning policy & programs that create safe, healthy, nurturing learning experiences for all Washington children
Foundation for Early Learning	www.earlylearning.org	The Foundation for Early Learning is a non-profit organization that supports the learning of children, birth through age five
Thrive by Five Washington	www.thrivebyfivewa.org	Thrive by Five Washington is the State's nonprofit public-private partnership for early learning
Walla Walla Valley Early Learning Coalition	509-527-4453 www.earlylearningwallawalla.org	The mission of the ELC is to mobilize the community to support parents as their children's first teachers & to improve access to high-quality early learning opportunities for all young children
Children's Museum of Walla Walla	509-526-7529 www.cmww.org	The Children's Museum of Walla Walla inspires visitors of all ages & cultural backgrounds to learn, explore, & think creatively through interactive play



CALL TO ACTION

- Continue to research the needs of families with young children, using meaningful and accessible measures to establish benchmarks and note trends over time.
- Connect with other local agencies and groups who are working to improve community resources to ensure that the needs of families with young children are highlighted in larger community conversations and programs.
- Ensure that parents continue to have access to resources that prepare their children for kindergarten.

SCHOOL DOMAIN

INDICATOR 3 **TEST SCORES, ENROLLMENT & REPORT CARDS**

WASHINGTON STATE ASSESSMENT SYSTEM

What is the Washington State School Report Card? The Washington State School Report Card provides parents, educators, policymakers, researchers, and other stakeholders in Washington State with information about K-12 public schools. It includes demographic information about students at the school, district and state levels, and data about student achievement on state-wide assessment. It also provides information about teachers, administrators, and other school staff.

Why the report cards? The State of Washington releases this information so members of the public can see how well public schools are performing, and make informed judgments about how to get involved in their communities to help all children succeed in the classroom. State and federal laws mandate publication of this information.

What test results are on the report card? Washington uses the Measurements of Student Progress (MSP) and the High School Proficiency Exam (HSPE) to test its students. The HSPE is used as the state's high school exit exam for Reading, Writing and Science. End of Course (EOC) exams are given for high school mathematics. Measurements of Student Progress (MSP): This test is given to students in grades 3-8, and the goal of the test is to measure student progress in Reading, Writing, Mathematics and Science. High School Proficiency Exam (HSPE): This test measures the proficiency of high school students in Reading, Writing, and Science. It serves as the state's exit exam. Students must pass this assessment or a state-approved alternative in reading and writing to be eligible to graduate. End of Course Exam (EOC): These tests measure proficiency of students in Algebra I/Integrated Math and Geometry/Integrated Math II.

What is WAAS? The Washington Alternate Assessment System is designed for and administered to students with disabilities who, even with accommodation, would not be able to take the Measurements of Student Progress or the High School Proficiency Exam. More information can be found online at www.k12.wa.us/assessment/AlternativeAssessment/default.aspx.

What do these tests actually measure? The tests are designed to measure students' progress in meeting learning objectives that Washington educators have established in each subject area. These academic standards specify what all students should know and be able to do by graduation. Student progress toward these learning goals is measured by these tests as well as by a variety of other classroom assessments.

Has Washington always used these tests? The Measurements of Student Progress (MSP) and the High School Proficiency Exam (HSPE) replaced the Washington Assessment of Student Learning (WASL) in 2010. Washington Assessment of Student Learning (WASL) was given as the state assessment from spring 1997 to summer 2009. The new tests are shorter but equally rigorous. The new tests have been available online since 2010.

SCHOOL DOMAIN

Why is testing important? The Office of Superintendent of Public Instruction (OSPI) maintains that statewide testing is important because it helps ensure that all public school students, no matter where they go to school, receive a quality education. Washington students are regularly tested by the state to assess their progress as they move through elementary and middle school. In high school, students are tested on their proficiency of basic skills and must pass specific assessments to be eligible to graduate.

OSPI is responsible for the development, selection, and administration of all state assessments. It also reports achievement data for students, schools, districts and the state. This information assists districts and schools in refining instructional practices and curriculum and gives families information about how well their children are doing and where additional help might be needed.

One requirement of the Federal No Child Left Behind Act of 2001 is that states have their assessment programs approved for technical quality by the U.S. Department of Education. Washington's assessment program has received a "Fully Approved" rating through this process.

What other state-administered tests do students take?

Second Grade Fluency and Accuracy Assessment: Every student is assessed at the beginning of second grade using a grade-level equivalent oral reading passage.

Washington Language Proficiency Test II (WLPT-II): The WLPT-II assesses the annual growth of the state's English language learners in grades Kindergarten through 12 toward English proficiency in reading, writing, listening and speaking. These skills will enable them to exit the ELL program and be ready for mainstream classroom instruction.

National Assessment of Educational Progress (NAEP): NAEP is a national assessment that allows educational achievement to be compared across states. Federal law requires every state to give the NAEP in reading and math at grades 4 and 8 every two years. States and school districts that receive Title I federal funding to aid educationally disadvantaged students in high poverty areas must participate in these assessments. Other subjects are also tested.

Classroom-Based Assessments (CBAs) and Classroom-Based Performance Assessments (CBPAs): The state supports the development of classroom-based assessments that are based on the state's learning standards and help guide day-to-day instruction. State curriculum specialists create tasks and questions that model good assessments and provide them to local school districts.

What is Adequate Yearly Progress (AYP)? As required by The No Child Left Behind (NCLB) legislation (2001 ESEA Reauthorization), Washington State has developed a statewide accountability assessment to measure whether schools, school districts and the state as a whole have made AYP in reading and mathematics achievement. The system is designed to ensure that:

- All public school students in grades 3-8 and 10 are included in the state assessment system;
- At least 95% of the students enrolled in the tested grades participate in assessment;
- All student groups reach the states proficiency levels in reading and mathematics by 2013-14;
- Schools and districts that do not meet the state's AYP requirements are identified as needing improvement.

AYP is based on students attaining a target level of achievement in reading and math, and disaggregating student scores into nine subgroups for each school and district. A minimum number of continuously enrolled students per subgroup has been set for reliable AYP determination. For more information, please visit the following website: www.k12.wa.us/ESEA/default.aspx.

SCHOOL DOMAIN

AYP results are reported for each of 9 student groups: All students, American Indian, Asian or Pacific Islander, Black, Hispanic, White, Special Education, Bilingual, and Low Income students. Results are reported for **Proficiency**, the percent of students percent meeting standard; **Participation rate**, the percent of students who are assessed; and an **Other Indicator**.

No Child Left Behind (NCLB) specifies a participation rate of 95% in the state assessment. NCLB also requires each state to use an "other indicator." The Other Indicator is the unexcused absence rate at the elementary, middle-school and junior-high school grade levels, and the extended graduation rate at the high school level (this is the "on-time" rate, plus the students who get a diploma after their expected year of graduation). When a high school is not authorized to graduate students, the annual dropout rate is used (noted in *italics*). For more information on AYP, please visit the following website:
www.k12.wa.us/ESEA/pubdocs/AYP-FAQ-August2010.doc.

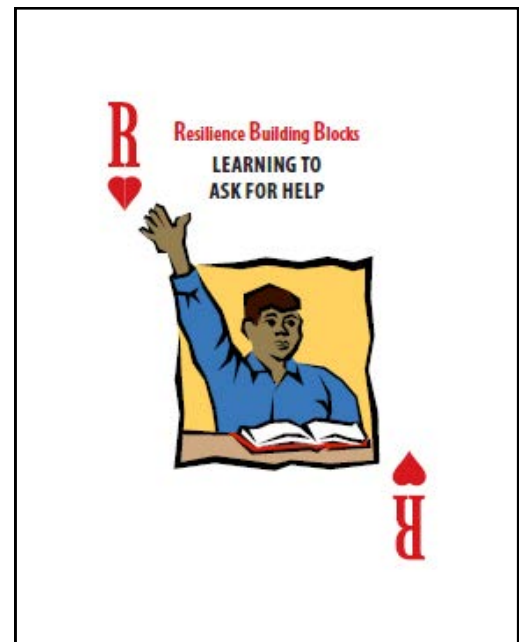
Why are MSP/HSPE results and AYP proficiency results not the same? MSP/HSPE and AYP proficiency results may be different for the following reasons:

- Continuously Enrolled - AYP results only include students who have been continuously enrolled from October 1 through the test administration; MSP/HSPE results include all students tested, regardless of when they enrolled.
- Margin of Error - AYP results are adjusted upward with a confidence interval (a margin of error); MSP/HSPE results are not adjusted in this way.
- Reporting Counts - AYP results are generated for any group of students that has a designated number of continuously enrolled students (30); MSP/HSPE results are generated for groups that have at least 10 students, regardless of how long they have been enrolled.

What is Compare My School (My District)? The Compare My School (or My District) tool generates a list of at least ten schools (or districts) with characteristics similar to those of the comparison school (or district). It is important to remember that the comparisons made using this tool are based solely on an individual criterion and should not be used to rank schools (or districts). Instead, the intent is to help identify similar schools (or districts) that may be using successful strategies to overcome gaps in achievement and to encourage the sharing of best practices among schools and districts. There are many complex factors that influence student and school (or district) performance, all of which should be considered when analyzing a school's (or district's) overall performance.

Who can answer my questions about the information in the report card? Your child's school is your best resource. Contact the principal or staff.

Where can I get more information? To learn more about state testing, visit www.WAtesting.com. For questions, write to: StateTesting@k12.wa.us.



Source: OSPI

SCHOOL DOMAIN

WASHINGTON STATE

2011-12 MEASUREMENTS OF STUDENT PROGRESS RESULTS - % MET STANDARD:

<i>Grade Level</i>	<i>Reading</i>	<i>Math</i>	<i>Writing</i>	<i>Science</i>
3 rd Grade	68.8%	65.3%	—	—
4 th Grade	71.5%	59.4%	61.4%	—
5 th Grade	71.1%	63.8%	—	66.3%
6 th Grade	70.7%	61.5%	—	—
7 th Grade	71.3%	59.2%	71.0%	—
8 th Grade	67.3%	55.5%	—	66.4%
10 th Grade	81.3%	See EOC below	85.4%	See EOC below

<i>Grade Level</i>	<i>EOC Math Year 1</i>	<i>EOC Math Year 2</i>
All Grades	71.1%	79.1%

<i>Grade Level</i>	<i>EOC Biology</i>
All Grades	64.3%

FREE & REDUCED LUNCH DATA BY SCHOOL:

Walla Walla School District

Berney Elementary	49.4%
Blue Ridge Elementary	72.5%
Edison Elementary	71.1%
Garrison Middle School	53.8%
Green Park Elementary	68.5%
Head Start/ECEAP	100%
Lincoln High School	78.6%
Pioneer Middle School	56.5%
Prospect Point Elementary	34.4%
Sharpstein Elementary	62.3%
Walla Walla High School	38.4%

College Place School District

Davis Elementary	65.9%
John Sager Middle School	63.9%
Meadowbrook Intermediate	62.7%

Columbia School District

Columbia Elementary	55.9%
Columbia Middle School	47.0%
Columbia High School	40.7%

Dayton School District

Dayton Elementary	51.4%
Dayton High School	37.7%

Prescott School District

Jubilee Leadership Academy	17.8%
Prescott Elementary	90.4%
Prescott Jr./Sr. High	83.3%
Vista Hermosa Elementary	82.4%

Touchet School District

Touchet Elementary & High School	53.1%
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Waitsburg School District

Preston Hall Middle School	39.0%
Waitsburg Elementary	51.2%
Waitsburg High School	27.4%

SCHOOL DOMAIN

COLLEGE PLACE SCHOOL DISTRICT REPORT CARD

STUDENT DEMOGRAPHICS:

Enrollment (May 2012)

Student Count	809
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Gender (October 2012)

Male	52.8%
Female	47.2%

Ethnicity (October 2012)

American Indian or Alaskan Native	0.3%
Asian or Pacific Islander	1.1%
Black	0.4%
Hispanic	46.2%
White	50.0%

Special Programs (May 2012)

Free or Reduced-Price Meals	65.9%
Special Education	13.2%
Transitional Bilingual	22.5%
Migrant	3.3%

Other Information

Unexcused Absences Rate (2011-2012)	0.4%
Extended Graduation Rate (Class of 2010)	95.8%

2011-12 MEASUREMENTS OF STUDENT PROGRESS RESULTS - % MET STANDARD:

Grade Level	Reading	Math	Writing	Science
3 rd Grade	61.0%	55.1%	—	—
4 th Grade	63.5%	51.8%	47.6%	—
5 th Grade	53.4%	44.6%	—	51.4%
6 th Grade	63.0%	59.8%	—	—
7 th Grade	62.2%	50.0%	64.6%	—
8 th Grade	58.0%	29.6%	—	49.4%

Grade Level	EOC Math Year 1	EOC Math Year 2
All Grades	93.8%	—

SCHOOL DOMAIN

COLUMBIA/BURBANK SCHOOL DISTRICT REPORT CARD

STUDENT DEMOGRAPHICS:

Enrollment (May 2012)

Student Count	909
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Gender (October 2011)

Male	50.2%
Female	49.8%

Ethnicity (October 2011)

American Indian or Alaskan Native	0.4%
Asian or Pacific Islander	0.3%
Black	1.0%
Hispanic	28.6%
White	67.6%

Special Programs (May 2012)

Free or Reduced-Price Meals	48.6%
Special Education	15.1%
Transitional Bilingual	12.0%
Migrant	3.4%

Other Information

Unexcused Absences Rate (2011-2012)	0.2%
On-Time Graduation Rate (Class of 2011)	81.0%
Extended Graduation Rate (Class of 2010)	78.3%

2011-12 MEASUREMENTS OF STUDENT PROGRESS RESULTS - % MET STANDARD:

Grade Level	Reading	Math	Writing	Science
3 rd Grade	44.1%	32.4%	—	—
4 th Grade	47.6%	46.0%	54.0%	—
5 th Grade	74.6%	18.3%	—	63.4%
6 th Grade	75.0%	34.4%	—	—
7 th Grade	66.7%	48.7%	64.1%	—
8 th Grade	67.6%	57.7%	—	73.6%
10 th Grade	75.6%	See EOC below	92.1%	See EOC below

Grade Level	EOC Math Year 1	EOC Math Year 2
All Grades	70.0%	73.2%

Grade Level	EOC Biology
All Grades	47.5%

SCHOOL DOMAIN

DAYTON SCHOOL DISTRICT REPORT CARD

STUDENT DEMOGRAPHICS:

Enrollment (May 2012)

Student Count	469
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Gender (October 2011)

Male	50.3%
Female	49.7%

Ethnicity (October 2011)

American Indian or Alaskan Native	2.1%
Asian or Pacific Islander	3.4%
Black	2.1%
Hispanic	12.3%
White	79.9%

Special Programs (May 2012)

Free or Reduced-Price Meals	51.4%
Special Education	13.9%
Transitional Bilingual	0.0%
Migrant	0.0%

Other Information

Unexcused Absences Rate (2011-2012)	0.5%
On-Time Graduation Rate (Class of 2011)	91.1%
Extended Graduation Rate (Class of 2010)	84.8%

2011-12 MEASUREMENTS OF STUDENT PROGRESS RESULTS - % MET STANDARD:

Grade Level	Reading	Math	Writing	Science
3 rd Grade	84.4%	78.1%	—	—
4 th Grade	100.0%	65.0%	66.7%	—
5 th Grade	48.8%	28.6%	—	71.4%
6 th Grade	46.4%	35.7%	—	—
7 th Grade	70.5%	52.3%	63.6%	—
8 th Grade	65.6%	40.6%	—	75.0%
10 th Grade	79.4%	See EOC below	84.8%	See EOC below

Grade Level	EOC Math Year 1	EOC Math Year 2
All Grades	46.6%	92.9%

Grade Level	EOC Biology
All Grades	80.6%

SCHOOL DOMAIN

DIXIE SCHOOL DISTRICT REPORT CARD

STUDENT DEMOGRAPHICS:

Enrollment (May 2012)

Student Count	25
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Gender (October 2011)

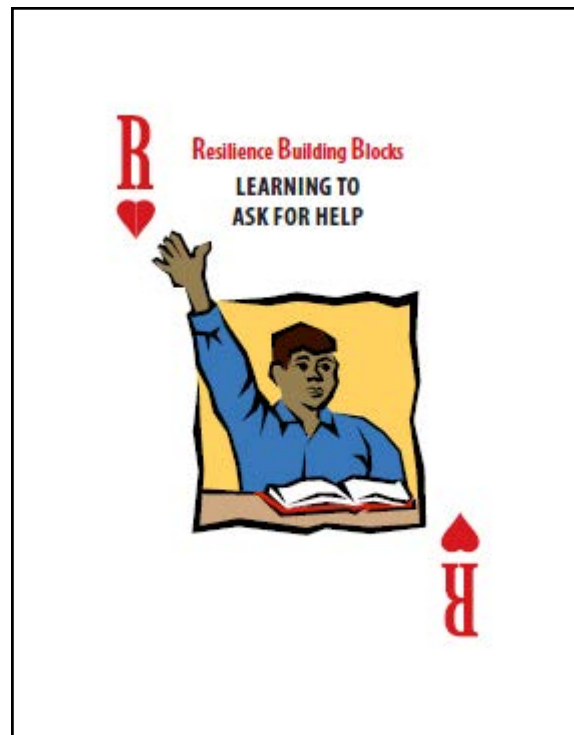
Male	46.2%
Female	53.8%

Ethnicity (October 2011)

Hispanic	7.7%
White	92.3%

Special Programs (May 2012)

Free or Reduced-Price Meals	76.0%
Special Education	36.0%
Transitional Bilingual	0.0%
Migrant	0.0%



SCHOOL DOMAIN

PRESCOTT SCHOOL DISTRICT REPORT CARD

STUDENT DEMOGRAPHICS:

Enrollment (May 2012)

Student Count	360
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Gender (October 2011)

Male	54.7%
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Female	45.3%
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Ethnicity (October 2011)

Hispanic	77.5%
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White	20.8%
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Special Programs (May 2012)

Free or Reduced-Price Meals	76.1%
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Special Education	8.9%
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Transitional Bilingual	29.7%
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Migrant	0.0%
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Other Information

Unexcused Absences Rate (2011-2012)	0.1%
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On-Time Graduation Rate (Class of 2011)	93.1%
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Extended Graduation Rate (Class of 2010)	100%
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2011-12 MEASUREMENTS OF STUDENT PROGRESS RESULTS - % MET STANDARD:

Grade Level	Reading	Math	Writing	Science
3 rd Grade	50.0%	37.5%	—	—
4 th Grade	35.5%	22.6%	41.9%	—
5 th Grade	53.8%	30.8%	—	23.1%
6 th Grade	61.9%	38.1%	—	—
7 th Grade	52.2%	43.5%	43.5%	—
8 th Grade	48.4%	35.5%	—	45.2%
10 th Grade	65.2%	See EOC below	70.4%	See EOC below

Grade Level	EOC Math Year 1	EOC Math Year 2
All Grades	49.2%	58.8%

Grade Level	EOC Biology
All Grades	40.7%

SCHOOL DOMAIN

TOUCHET SCHOOL DISTRICT REPORT CARD

STUDENT DEMOGRAPHICS:

Enrollment (May 2012)

Student Count	260
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Gender (October 2011)

Male	50.6%
Female	49.4%

Ethnicity (October 2011)

American Indian or Alaskan Native	0.8%
Black	0.4%
Hispanic	39.4%
White	56.4%

Special Programs (May 2012)

Free or Reduced-Price Meals	53.1%
Special Education	10.4%
Transitional Bilingual	10.4%
Migrant	1.2%

Other Information

Unexcused Absences Rate (2011-2012)	0.1%
On-Time Graduation Rate (Class of 2011)	91.7%
Extended Graduation Rate (Class of 2010)	96.0%

2011-12 MEASUREMENTS OF STUDENT PROGRESS RESULTS - % MET STANDARD:

Grade Level	Reading	Math	Writing	Science
3 rd Grade	58.3%	41.7%	—	—
4 th Grade	66.7%	38.9%	61.1%	—
5 th Grade	85.7%	35.7%	—	28.6%
6 th Grade	47.6%	57.1%	—	—
7 th Grade	55.0%	45.0%	50.0%	—
8 th Grade	76.7%	43.3%	—	43.3%
10 th Grade	90.6%	See EOC below	83.3%	See EOC below

Grade Level	EOC Math Year 1	EOC Math Year 2
All Grades	87.2%	80.7%

Grade Level	EOC Biology
All Grades	56.3%

SCHOOL DOMAIN

WAITSBURG SCHOOL DISTRICT REPORT CARD

STUDENT DEMOGRAPHICS:

Enrollment (May 2012)

Student Count	317
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Gender (October 2011)

Male	53.1%
Female	46.9%

Ethnicity (October 2011)

American Indian or Alaskan Native	0.6%
Asian or Pacific Islander	0.9%
Black	0.6%
Hispanic	6.7%
White	85.0%

Special Programs (May 2012)

Free or Reduced-Price Meals	39.7%
Special Education	13.2%
Transitional Bilingual	0.0%
Migrant	0.0%

Other Information

Unexcused Absences Rate (2011-2012)	0.1%
On-Time Graduation Rate (Class of 2011)	96.7%
Extended Graduation Rate (Class of 2010)	97.1%

2011-12 MEASUREMENTS OF STUDENT PROGRESS RESULTS - % MET STANDARD:

Grade Level	Reading	Math	Writing	Science
3 rd Grade	31.3%	12.5%	—	—
4 th Grade	45.5%	27.3%	36.4%	—
5 th Grade	63.2%	57.9%	—	78.9%
6 th Grade	65.0%	65.0%	—	—
7 th Grade	60.6%	36.4%	45.5%	—
8 th Grade	54.5%	22.7%	—	68.2%
10 th Grade	88.5%	See EOC below	88.5%	See EOC below

Grade Level	EOC Math Year 1	EOC Math Year 2
All Grades	87.0%	84.6%

Grade Level	EOC Biology
All Grades	75.0%

SCHOOL DOMAIN

WALLA WALLA SCHOOL DISTRICT REPORT CARD

STUDENT DEMOGRAPHICS:

Enrollment (May 2012)

Student Count	6,353
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Gender (October 2011)

Male	50.0%
Female	50.0%

Ethnicity (October 2011)

American Indian or Alaskan Native	0.3%
Asian or Pacific Islander	1.4%
Black	1.1%
Hispanic	35.8%
White	58.8%

Special Programs (May 2012)

Free or Reduced-Price Meals	51.0%
Special Education	12.9%
Transitional Bilingual	11.9%
Migrant	1.1%

Other Information

Unexcused Absences Rate (2011-2012)	0.3%
On-Time Graduation Rate (Class of 2011)	84.4%
Extended Graduation Rate (Class of 2010)	83.7%

2011-12 MEASUREMENTS OF STUDENT PROGRESS RESULTS - % MET STANDARD:

Grade Level	Reading	Math	Writing	Science
3 rd Grade	64.4%	60.5%	—	—
4 th Grade	62.2%	46.0%	56.6%	—
5 th Grade	71.3%	52.0%	—	68.9%
6 th Grade	58.0%	41.7%	—	—
7 th Grade	63.2%	38.7%	67.5%	—
8 th Grade	62.5%	49.6%	—	62.2%
10 th Grade	84.0%	See EOC below	88.8%	See EOC below

Grade Level	EOC Math Year 1	EOC Math Year 2
All Grades	74.7%	75.2%

Grade Level	EOC Biology
All Grades	69.0%

SCHOOL DOMAIN

INDICATOR 4 GRADE 12 GRADUATION & DROP-OUT RATES and ALTERNATIVE ENROLLMENTS

District	2006-2007		2011-2012	
	On-Time Graduation	Extended Graduation	On-Time Graduation	Extended Graduation
Columbia	82.7	84.7	81	78
Prescott	69.7	75.5	93	100
Touchet	93	101.1	92	96
Waitsburg	95.5	104.5	97	97
Walla Walla	72.8	81.7	84	84
Washington State	72.4	77.4	76	78

In 2011-2012, Walla Walla County graduation rates had increased by approximately 7% since 2008. Prescott, Touchet, and Waitsburg High Schools all showed graduation rates above 95%.

Source: Washington State Report Card (reportcard.ospi.k12.wa.us).

ALTERNATIVE EDUCATION PROGRAMS:

There are 4 alternative education programs in the Walla Walla School District that educate about 16% of high school students. Of the 2,277 high school students in the district, the breakdown, by school or program is:

	2006-2007		2011-2012	
Walla Walla High School (WWHS)	1,837	81%	1,915	84%
Running Start, Full-time (59 part-time students are included in WWHS count)	72	3%	66	3%
Alternative Education Program (AEP) at Walla Walla Community College (WWCC)	84	4%	115	5%
Lincoln High School	262	12%	181	8%
Opportunity	See program information on next page.			

RUNNING START - a program created by the Washington State Legislature, provides an opportunity for juniors and seniors in public high schools to enroll in courses at Walla Walla Community College (WWCC). This program provides academically qualified students an opportunity to attend college courses and earn college credits, tuition-free, while completing high school graduation requirements. Currently, about 140 Walla Walla County students attend the Running Start Program at WWCC. This number has remained steady since 2008.

AEP - provides students an educational opportunity outside the traditional high school system at WWCC. Selected students between 16 and 20 years of age, who have not earned a high school diploma, but have a sufficient amount of time to complete high school requirements, may be eligible to participate. The program, which is a joint venture with the local school districts, covers the cost of tuition and books for program participants.

SCHOOL DOMAIN

LINCOLN HIGH SCHOOL - The mission of Lincoln High School is to provide a unique education with a focus on school-to-work transition. We envision Lincoln as a safe, caring educational environment in which opportunities are provided for students to:

- Develop a solid foundation of basic academic skills
- Develop confidence in their ability to learn, create, think, and work with others
- Feel valued, respected, motivated and proud of their school
- Celebrate our diverse, multi-cultural student population
- Accept and respond to personal, family, and community responsibilities
- Become increasingly proficient and productive individuals
- To interact with caring, committed teachers and staff
- Develop healthy, active lifestyles, and
- Become people who adapt with ease to a changing global society.

OPPORTUNITY PROGRAM RETURNS TO WALLA WALLA PUBLIC SCHOOLS - WWPS has re-established a contract-based, alternative learning program that primarily targets 5th and 6th year credit-deficient seniors. Opportunity offers students who are not able to attend school during regular school hours more flexibility and one-to-one, off-site instruction for about one hour per week. Contract-based learning is also used on-site, at Lincoln High School and Walla Walla High School. In February 2013, 139 Opportunity students were enrolled (75 at WWHS & 64 at the WWPS Administration Building).



FACES. . .FACTS

NEW STATE MATH REQUIREMENTS, HIGH SCHOOL GRADUATION, and ACEs - Washington State may soon be adding 14,704 high school seniors to our State's drop-out totals because of one math exam. This new state standard for high school graduation includes an End of Course assessment in either Algebra or Geometry. A student who is on track to graduate in all other requirements, and has the demonstrated aptitude, motivation, and skill set many employers are seeking, may still find him or herself labeled a "drop out" because of inability to successfully perform complex math functions as measured by a single standardized exit exam. This is unfair, particularly since a growing body of empirical research demonstrates a correlation between childhood trauma and math performance. Young brains developing in the context of adverse, highly stressful home situations are different neurologically than those that develop in nurturing, non-adverse conditions. The inability to perform complex math is one of the after-effects of ACEs and toxic stress. Quite literally, the brain wiring of some high school seniors is different than that of others - for reasons that are no fault of their own. No matter how motivated, complex math will be beyond the neurological capacity of some Washington State students.

Educators, parents, and all who work with students must urgently pose honest and probing questions about this exit exam. Is creating a potential underclass of 16,000 students who cannot graduate from high school what Washington State REALLY meant to do with its drive to increase rigor and standards for a high school diploma? Or did the research on the strong correlation between disrupted neurodevelopment and toxic stress in childhood (which is now well researched and documented) simply get overlooked as the new math standard was being developed? How can members of our local community take a leadership role in insisting that state educational standards and established scientific research on the human brain be compatible?

We believe this is about an omission of scientific findings, and presuming so, this omission must be remedied quickly. We hope and expect that with more awareness of the research findings on neurodevelopment and ACEs, and a consideration of the ramifications of the new math standards, Washington State policy makers will reconsider this critical issue and modify the policy. As noted above, we currently may have as many as 16,000 competent, creditable high school seniors who - because of a profound (and unseen) neurological condition - cannot pass the new requirement, yet who are proficient in the basic math skills necessary for entry into many of our current jobs.

SCHOOL DOMAIN

COMMUNITY ASSETS

- Walla Walla Valley families have many choices. Our children may attend out-of-district public schools, private schools, Walla Walla Public Schools Opportunity Program, Lincoln High School, Walla Walla Community College Alternative Education Program, and Running Start.
- Lincoln Health Center - In 2008 community leaders identified the many at-risk and/or underserved students of Lincoln High School as being among the highest priority children for supportive intervention in Walla Walla. The Health Center was established in response to this need. Today, the Lincoln Health Center provides free medical, mental health, and social-support services to more students than ever (about 1900 visits last year).

It may seem shocking, but Lincoln Health Center regularly sees children with the following problems:

- physical and/or sexual abuse
- serious neglect and/or homelessness
- mentally ill, addicted, and/or incarcerated family member
- the responsibility to provide for the health and safety of a younger family member

Not surprisingly, when faced with these untenable situations, many youth cope by turning to drugs and the companionship of friends who are similarly at-risk. Truancy is common among this population, as are depression and thoughts of suicide. The Health Center is able to intervene in a variety of ways to protect and support the students. Often it is through receiving routine medical care that students draw attention to the counseling services they most need—counseling that they would otherwise not receive.

Note: A similar health center was recently started at Blue Ridge Elementary School in Walla Walla.



CALL TO ACTION

- As concerned residents, citizens, parents, and grand-parents, all of us are ethically obligated to take an active interest in the education of our community's children. Each of us must learn more about our schools and their mission to "leave no child behind." And each of us, in harmony with our interests and talents, should find a way to help in tangible ways.
- As parents, take an interest in your child's education. Read to your child daily or ask another family member or friend to help. Ask each of your child's teachers how you can best support their education. As parents and grandparents, learn more about the variety of excellent educational choices available in our Valley. Promoting the best possible education for all our children is vital to their future and to the future of our country.

WHERE CAN I GO FOR HELP?

Police - Fire - Ambulance 911
Poison Control Center 1-800-222-1222



Emergency #'s

College Place Police Department 509-525-7773
 Walla Walla Police Department 509-527-4434
 Walla Walla County Sheriff's Office 509-524-5400
 Columbia County Sheriff's Office 509-382-2518
 Milton-Freewater Police Department 541-938-5511
 Umatilla County Sheriff's Office 541-966-3651

Suicide Prevention

Emergency 911
 Walla Walla Crisis Response Unit 509-524-2999
 Blue Mountain Counseling 509-382-1164
 Oregon Suicide Hotline & Crisis Center 800-452-5413
 National Suicide Prevention Hotline 800-273-TALK

Domestic Violence Services

Call **ANY** police agency in your area or 911

YWCA 24-hr Crisis Line for victims 509-529-9922
 WA – Adult Protective Services 509-524-4900
 WA Child Protective Services 800-643-4159
 WA Domestic Violence Crisis Line 800-562-6025
 Oregon Children's Services 800-547-3897
 Oregon DV Services for Seniors & Disabled 877-877-7254
 OR Domestic Violence Crisis Line 800-833-1161
 Oregon SafeNet 800-SafeNet
 National Child Abuse Hotline 800-422-4453
 Counseling for domestic violence offenders 509-735-2271

Youth Crisis Services

Anorexia & Bulimia Hotline 800-452-5413
 Boys & Girls Aid 877-932-2734
 National Child Abuse Hotline 800-422-4453
 Triple Point of Walla Walla 509-529-2130
 Walla Walla Co Homeless Youth Program 590-524-2816
 Oregon Youthline - teen to teen hotline 877-YOUTH-911
 Oregon Suicide Hotline & Crisis Center 800-452-5413
 National Runaway Switchboard 800-621-4000
 National Runaway Hotline 800-231-6946
 Suicide Prevention Hotline 800-273-TALK



Mental Health Services & Supports

Walla Walla County Mental Health 509-524-2920
 Walla Walla Crisis Response Team 509-524-2999
 Walla Walla Alliance for the Mentally Ill 509-529-6160
 Blue Mountain Counseling - Dayton 509-382-1164
 Blue Mountain Recovery Center - Pendleton 541-276-0810
 Eastern Oregon Children's Center 541-276-0057
 OR Mental Health Crisis 24-hr Hotline 866-343-4473
 OR - LifeWays Counseling Services 866-343-4473

Birth Control, Pregnancy Support & Services

Birthright 509-529-8678
 Boys & Girls Aid 1-877-932-2734
 Walla Walla Co. Health Department 509-524-2650
 Family Medical Center 509-525-6650
 Women's Center 509-529-8444
 Planned Parenthood-WW 866-904-7721
 Oregon SafeNet 800-SafeNet
 OR Pregnancy Hotline 800-234-4658
 Pregnancy Talkline 800-342-6688
 Emergency Contraception 888-not-2-late



WA & OR Social Service Info

211

Food & Shelter Assistance

Helpline –Resource Referral 509-529-3377
 Blue Mountain Action Council 509-529-4980
 Christian Aid Center 509-525-7153
 DSHS – Community Service Office 509-522-4297
 WIC – Walla Walla Co. Health Department 509-524-2680
 WIC – Family Medical Center 509-525-0422
 Walla Walla Salvation Army 509-529-9470
 Walla Walla Housing Authority 509-527-4542
 Walla Walla Co. Justice Center 509-524-2816
 YWCA 24-hr. Crisis Line 509-529-9922
 WIC – Milton-Freewater Office 541-938-5595
 Milton-Freewater – Valley Cupboard 541-938-7161
 Milton-Freewater Transient Aid 541-938-5511
 Oregon CAPECO 800-752-1139
 Umatilla County Housing Authority 800-221-6729



Doctor or Dental Care

Children's Dental Group of Walla Walla 509-525-2787
 DSHS-Community Service Office 509-522-4297
 Family Medical Center 509-525-6650
 Helpline 509-529-3377
 SOS Clinic 509-529-1481
 SOS Dental – call helpline 509-529-3377
 Oregon SafeNet 800-SafeNet



Health Services & Support

Providence St. Mary's Medical Center 509-525-3320
 Walla Walla General Hospital 509-525-0480
 Wainwright VA Medical Center 509-525-5200
 Walla Walla Co. Health Department 509-524-2650
 Washington Tobacco QUIT Line 800-QUIT-NOW
 Dayton General Hospital 509-382-2531
 Columbia County Public Health Service 509-382-2181
 St. Anthony's Hospital, Pendleton, OR 541-276-5121
 Umatilla Co. Health Dept. Pendleton 541-278-5432
 Oregon Health Plan 800-359-9517
 OR ESD Early Intervention 541-966-3131
 Oregon Tobacco QUIT Line 800-784-8669
 Oregon Teen Health Info/SafeNet 800-998-9825
 Anorexia & Bulimia Hotline 800-452-5413
 AIDS Hotline 800-342-2437

Confidential Info/Support/Testing for AIDS/HIV

Blue Mountain Heart to Heart 509-529-4744
 Family Medical Center 509-525-6650
 Planned Parenthood of Walla Walla 509-529-3570
 Triple Point of Walla Walla 509-529-2130
 Oregon AIDS & STD Hotline 800-777-2437
 Walla Walla City/Co. Health Department 509-524-2650

Parents & Friends of Lesbians & Gays

PFLAG Walla Walla 509-529-4459
 PFLAG Umatilla County 541-966-8414
 Division of Children & Family Services 509-524-4900
 Umatilla Co Youth Investment Program 541-278-6291

GED & HS Diploma Services

Lincoln Alternative High School 509-527-3083
 Walla Walla Community College 509-522-2500
 Blue Mountain Community College M-F 541-938-4494
 Pendleton 541-278-5803



WHERE CAN I GO FOR HELP?

Childcare

Adventure Club - YWCA	509-525-2570
My Friends House Preschool - YWCA	509-525-7034
WA Child Care Resource & Referral	509-527-4333
Oregon Child Development Coalition	541-938-3170
OR Child Care Resource & Referral	800-559-5878



Activities for Youth

4-H Clubs	509-524-2685
Adventure Club - YWCA	509-525-2570
Boy Scouts of America	509-525-7578
Campfire Boys & Girls	509-525-3180
Community Center for Youth – Walla Walla	509-526-2591
Walla Walla Parks & Rec Programs	509-527-4527
YMCA	509-525-8863



Parenting Support

Blue Mountain Counseling	509-382-1164
Catholic Children & Family Services	509-525-0572
Children's Home Society	509-529-2130
Christian Counseling Center	509-527-2310
Cocoon Project Safe	877-339-4179
County Dept. of Human Services	509-524-2920
County Juvenile Justice Center	509-524-2800
Family Support Group – alcohol & other drugs	509-529-2130
Friends of Children of Walla Walla	509-527-4745
Good Samaritan Ministries	509-529-2322
Oregon Head Start	541-938-6129
Parent to Parent	509-524-2920
The Mom's Network	509-301-7471
Trilogy Recovery Community	509-876-4525
Umatilla County Child Support Services	541-278-6280
WWCC Parent Education Programs	509-527-4237
Walla Walla Parent Co-op Preschool	509-527-4237
WA Division Children & Family Services	509-524-4900



Services for Disabled Children

ARC of Umatilla County	866-600-7615
Birth to Three	509-524-2920
DSHS-Div of Developmental Disabilities	509-526-2580
Lillie Rice Center	509-525-3532
Parent to Parent	509-524-2920
Learning Disabilities Assoc of WA	425-882-0820
Valley Residential Services	509-522-0400
Walla Walla Co. Health Department	509-524-2650
OR ESD Early Intervention/Special Education	541-966-3131
OR Dept. Comm. Human Services, M-F	541-938-6627
Oregon Special Olympics	541-938-5862

Adult Disability Services

ALTC – Aging & Disability Resources	509-529-6470
ALTC – Aging & Disability Resources, Dayton	509-382-4787
DSHS-Div of Developmental Disabilities	509-526-2580
E. OR Center for Independent Living	877-711-1037
Horizon Project, Inc	541-938-5658
M-F Senior/Disabled Taxi Tickets	541-938-5531
OR Dept. Human Services – seniors & disabled	541-938-4925
OR CAPECO Lifespan Respite Program	541-276-0452
Arc of Umatilla County	866-600-7615



Addiction & Recovery Services

Advocates for Wellness	509-783-8833
Alcoholics Anonymous	509-522-5059
Serenity Point Counseling Services	509-529-6036
Trilogy Recovery Community	509-876-4525
Celebrate Recovery support group	509-529-1212
County Dept. of Human Services	509-524-2920
WA DSHS – Family Services	509-524-4900
Gambling Addiction Hotline	800-233-8479
Narcotics Anonymous	800-766-3724
WA Alcohol & Drug 24-hr Hotline	800-278-2558
Wainwright VA Medical Center	509-525-5200
Blue Mountain Counseling	509-382-1164
Eastern Oregon Alcoholism Foundation	541-276-3518
Umatilla Co. A & D Program, M-F Office	541-938-3988
Umatilla County Detox Center	541-278-2558
OR Alcohol & Drug 24-hr Hotline	800-621-1646

Transportation

Appointment Keepers Trans.	509-522-5097
Valley Transit Bus Service	509-525-9140
Dial-A-Ride	509-527-3779
Grapeline Bus Line	877-433-4775
People for People Medicaid Trans.	800-233-1624
Columbia County Public Transportation	509-382-1647
Milton-Freewater Trans. Services	541-938-5531
Trans. Solutions-elderly/disabled	509-386-4983
CTUIR Walla Walla Whistler, free	541-276-6476



Bus line between Umatilla Co & Walla Walla Co.

Job Search

Blue Mountain Action Council, 16 & older	509-529-4980
Goodwill Industries	509-525-5992
IMPACT! Displaced Homemakers Program	509-524-5166
The STAR Project – formerly in jail/prison	509-525-3612
WA Vocational Rehabilitation	509-526-2590
WA Division of Developmental Disabilities	509-526-2590
Work Source Dial-A-Job	509-527-1835
WorkSource of Walla Walla	509-527-4393
WorkSource of Milton-Freewater	541-938-3373
Oregon CAPECO-Work Force Investment Act	800-752-1139
Oregon Employment Dept. Pendleton	541-276-9050
Milton-Freewater	541-938-3371

Senior Services

Aging & Long Term Care	509-529-6470
Social Security Administration	509-522-7867
Walla Walla Senior Citizens Center	509-527-3775
Meals-On-Wheels Walla Walla Co. & Columbia Co.	509-527-3775
Dayton Senior Center	509-382-2006
M-F Senior/Disabled Taxi Tickets	541-938-5531
Milton-Freewater Senior Citizens Center	541-938-3311
OR Senior Companions Program	541-276-4474
OR Social Security Administration	800-405-0480



Legal Services

Blue Mountain Action Council	509-529-4980
Columbia Legal Services	888-201-9735
Northwest Justice Project	888-201-1014
NW Immigrants Rights Project	509-854-2100
WA Court Appointed Special Advocates	509-524-2801
OR State Bar – Legal Problem Solvers Program	800-452-7636
OR Court Appointed Special Advocates	541-564-6878



REPORT BRIEF FOR **POLICYMAKERS** • MARCH 2009

PREVENTING MENTAL, EMOTIONAL, AND BEHAVIORAL DISORDERS AMONG YOUNG PEOPLE

PROGRESS AND POSSIBILITIES

Mental, emotional, and behavioral (MEB) disorders—which include depression, conduct disorder, and substance abuse—affect large numbers of young people. Studies indicate that MEB disorders are a major health threat and are as commonplace today among young people as a fractured limb—not inevitable but not at all unusual. Almost one in five young people have one or more MEB disorders at any given time. Among adults, half of all MEB disorders were first diagnosed by age 14 and three-fourths by age 24.

Many disorders have life-long effects that include high psychosocial and economic costs, not only for the young people, but also for their families, schools, and communities. The financial costs in terms of treatment services and lost productivity are estimated at \$247 billion annually. Beyond the financial costs, MEB disorders also interfere with young people's ability to accomplish developmental tasks, such as establishing healthy interpersonal relationships, succeeding in school, and making their way in the workforce.

Clear windows of opportunity are available to prevent MEB disorders and related problems before they occur. Risk factors are well established, preventive interventions are available, and the first symptoms typically precede a disorder by 2 to 4 years. And because mental health and physical health problems are interwoven, improvements in mental health will undoubtedly also improve physical health. Yet the nation's approach to MEB disorders has largely been to wait to act until a disorder is well-established and has already done considerable harm. All too often, opportunities are missed to use evidence-based approaches to prevent the occurrence of disorders, establish building blocks

Preventing Mental, Emotional, and Behavioral Disorders Among Young People

Progress and Possibilities



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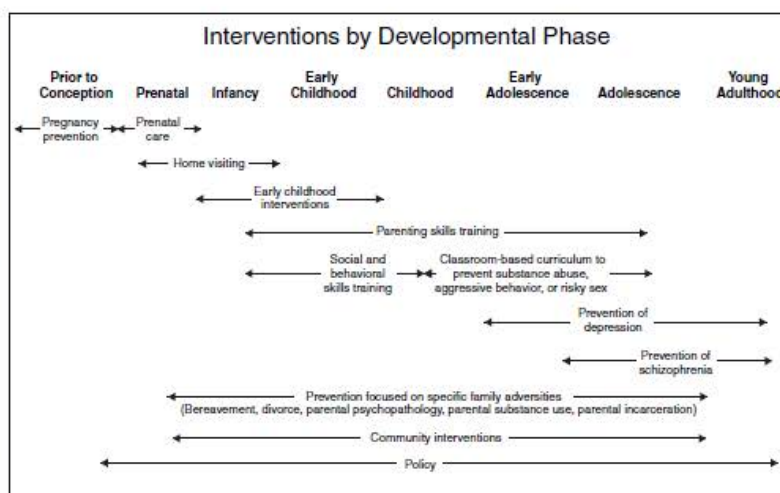
for healthy development in all young people, and limit the environmental exposures that increase risk—approaches likely to be far more cost-effective in addressing MEB disorders in the long run.

Interventions before a disorder manifests itself offer the best opportunity to protect young people. Such interventions can be integrated with routine health care and wellness promotion, as well as in schools, families, and communities. A range of policies and practices that target young people with specific risk factors; promote positive emotional development; and build on family, school, and community resources have proven to be effective at reducing and preventing MEB disorders. Making use of the evidence-based interventions already at hand could potentially save billions of dollars by preventing or mitigating disorders that would otherwise require expensive treatment.

PROVEN APPROACHES

A recent study by the National Research Council and the Institute of Medicine reviewed the research on the prevention of mental disorders and substance abuse among young people and recommended multiple strategies for enhancing the psychological and emotional well-being of young people. Research including meta-analyses and numerous randomized trials demonstrate the value of:

- *Strengthening families* by targeting problems such as substance use or aggressive behavior; teaching effective parenting skills; improving communication; and helping families deal with disruptions (such as divorce) or adversities (such as parental mental illness or poverty).
- *Strengthening individuals* by building resilience and skills and improving cognitive processes and behaviors.
- *Preventing specific disorders*, such as anxiety or depression, by screening individuals at risk and



Source: Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults, 2009

offering cognitive training or other preventive interventions.

- *Promoting mental health in schools* by offering support to children encountering serious stresses; modifying the school environment to promote prosocial behavior; developing students' skills at decision making, self-awareness, and conducting relationships; and targeting violence, aggressive behavior, and substance use.
- *Promoting mental health through health care and community programs* by promoting and supporting prosocial behavior, teaching coping skills, and targeting modifiable life-style factors that can affect behavior and emotional health, such as sleep, diet, activity and physical fitness, sunshine and light, and television viewing.

The key to most of these approaches is to identify risks—biological, psychological, and social factors—that may increase a child's risk of MEB disorders. Some of these risks reside in specific characteristics of the individual or family environment (such as parental mental illness or substance abuse or serious family disruptions), but they also include social stresses such as poverty, violence, lack of safe schools, and lack of access to health care. Most risk factors tend to come in clusters and are associated with more than one disorder. Currently, treatment interventions tend to isolate single

problems, but there is growing evidence that well-designed prevention interventions reduce a range of problems and disorders and that these efforts are sustained over the long term. These programs often help children, families, and schools build strengths that support well-being. A focus on prevention and wellness can have multiple benefits that extend beyond a single disorder.

POLICY IMPLICATIONS

Officials at the local, state, and federal levels all play a role in mental health promotion and the prevention of MEB disorders. Many providers and agencies are responsible for the care, protection, or support of young people: the child welfare, education, and juvenile justice systems, as well as medical and mental health care providers and community organizations. Yet resources within these agencies are scattered, not coordinated, and often do not effectively support prevention programs or policies. The result is a patchwork that does not perform as an integrated system and fails to serve the needs of many young people and their families.

National leadership is necessary to make systematic prevention efforts a high priority in the health care system as well as an integral aspect of the network of local, state, and federal programs and systems that serve young people and families. Leaders at the national, state, and local levels need to pursue specific strategies, such as:

- A *White House initiative to develop an inter-departmental strategy* that identifies specific prevention goals, directs multiple federal agency resources toward these goals, and provides guidance to state and local partners.
- *Development of state and local systems* involving partnerships among families, schools, courts, health care providers, and local programs to create coordinated approaches that support healthy development.

National leadership is necessary to make systematic prevention efforts a high priority in the health care system as well as an integral aspect of the network of local, state, and federal programs and systems that serve young people and families.

- *Investment in prevention and promotion*, including setting aside resources for evidence-based prevention in mental health service programs and investment in proven prevention approaches by school systems.
- *Workforce training*, including development of prevention training standards and training programs across disciplines including health, education, and social work.
- *Long-term tracking* of the prevalence and frequency of MEB disorders.
- *Implementation and evaluation of screening* with community involvement, parental support, valid tools, and interventions to address identified needs.
- *Continued research* on both the efficacy of new prevention models and real-world effectiveness of proven prevention and wellness promotion interventions;
- *Adaptation of research-based programs* to cultural, linguistic, and socioeconomic subgroups;

- *Public education*, with mass media and the internet offering the opportunity to greatly expand the reach of specific messages about risk factors and available resources, to reduce stigma, and to deliver some kinds of interventions.

Implementing a systems focus will require innovative efforts to provide societal institutions that affect young people—families, schools, health care systems, and community programs—with the tools to promote healthy development and prevent MEB disorders.

Policies are also needed to

help ensure families' financial security, provide safe neighborhoods and schools, improve access to health care and other services, and provide enriched early childhood environments.

Tools to equip young people who are at risk with the skills and habits they need to live healthy, happy, and productive lives are available. What is lacking are the will, social policies, and collaborative strategies to adequately support the healthy development of the nation's young people.

**COMMITTEE ON PREVENTION OF MENTAL
DISORDERS AND SUBSTANCE ABUSE AMONG
CHILDREN, YOUTH AND YOUNG ADULTS:
RESEARCH ADVANCES AND PROMISING
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FOR MORE INFORMATION ...

Copies of the report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, are available for sale from the National Academies Press at (888) 624-8373 or (202) 334-3313 (in the Washington, DC metropolitan area) or via the NAP home page at www.nap.edu. Full text of the report and a free pdf copy of the Summary are also available at www.nap.edu. The study was funded by the Substance Abuse and Mental Health Services Administration, National Institute of Mental Health, National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism.

This policy brief is one in a series of three briefs with highlights from the report.

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This study is a project of the Board on Children, Youth, and Families (BCYF) within the Division of Behavioral and Social Sciences and Education of the National Research Council and the Institute of Medicine.

www.bocyf.org

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NOTES

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NOTES

A Prayer/Pledge of Responsibility for Children

By Ina J. Hughs

We pray for Children

who put chocolate fingers everywhere, who like to be tickled,
who stomp in puddles and ruin their new pants,
who sneak popsicles before supper,
who erase holes in math workbooks,
who can never find their shoes.

And we pray for those

who stare at photographers from behind barbed wire,
who can't bound down the street in a new pair of sneakers,
who never "counted potatoes,"
who are born in places we wouldn't be caught dead,
who never go to the circus,
who live in an X-rated world.

We pray for Children

who bring us sticky kisses and fistfuls of dandelions,
who sleep with the dog and bury goldfish,
who hug us in a hurry and forget their lunch money,
who cover themselves with Band-aides and sing off key,
who squeeze toothpaste all over the sink,
who slurp their soup.

And we pray for those

who never get dessert,
who have no safe blanket to drag behind them,
who watch their parents watch them die,
who can't find any bread to steal,
who don't have any rooms to clean up,
whose pictures aren't on anybody's dresser,
whose monsters are real.

We pray for Children

who spend all their allowance before Tuesday,
who throw tantrums in the grocery store and pick at their food,
who like ghost stories,
who shove dirty clothes under the bed, and never rinse out the tub,
who get visits from the tooth fairy,
who don't like to be kissed in front of the carpool,
who squirm in church or temple and scream in the phone,
whose tears we sometimes laugh at and whose smiles can make us cry.

And we pray for those

whose nightmares come in the daytime,
who will eat anything,
who have never seen a dentist,
who aren't spoiled by anybody,
who go to bed hungry and cry themselves to sleep,
who live and move, but have no being.

We pray for children who want to be carried and

for those who must,
for those we never give up on and for those
who don't get a second chance.

For those we smother ... and for those who will grab
the hand of anybody kind enough to offer it.

Being Ruthless for Children

James Squires, PhD., President of the National Association of Early Childhood

Specialists in State Departments of Education

Ruthless

We must be ruthless against the poverty that causes children to go to bed hungry and awaken to barren cupboards.

We must be ruthless against bureaucracies that cause children to be denied basic medical and dental care.

We must be ruthless against politics that promote unconscionable inequities in educational opportunities for children.

We must be ruthless against the abuse, neglect and exploitation of children.

We must be ruthless against businesses and consumers who benefit unfairly from the labors of children.

We must be ruthless against media that glorify violence, hatred, and intolerance for children to model.

We must be ruthless against industries which profit from weapons that blindly injure, maim, and kill innocent children.

We must be ruthless against governments and groups that turn their children into warriors.

We must be ruthless against forces that pressure children beyond the breaking point, robbing them of their childhood and extinguishing all hopes and dreams.

For those amongst us who sincerely care about children, the time has come to be ruthless.

We must be ruthless against our own ignorance, arrogance, and indifference.

For if we are not ruthless, we have truly lost our compassion.