



**King County**

# **Best Starts for Kids Implementation Plan**

**Department of Community and Human Services  
Public Health – Seattle & King County**

## TABLE OF CONTENTS

<b>Executive Summary</b> <ul style="list-style-type: none"> <li>• Vision for <i>Best Starts for Kids</i></li> <li>• BSK Results</li> <li>• Expected Revenue and Funding Allocations</li> <li>• Strategy Areas, Funding Levels and Programmatic Approaches</li> <li>• Investment Flexibility</li> <li>• Headline Indicators</li> <li>• Implementation Drivers</li> <li>• Procurement</li> <li>• Fiscal Management</li> <li>• Evaluation</li> <li>• Junior Taxing District Prorationing</li> <li>• Youth and Family Homelessness Initiative</li> <li>• Next Steps</li> </ul>	Pages 5-19
<b>Section I</b> <b>The <i>Best Starts for Kids</i> Levy – History, Values and Approach</b> <ul style="list-style-type: none"> <li>• The Policy Basis for BSK</li> <li>• Shaping the BSK Levy</li> </ul>	Pages 20-24
<b>Section II</b> <b>BSK Implementation – Guided by Data and Focused on Outcomes</b> <ul style="list-style-type: none"> <li>• Children, Youth, Families and Communities – <i>What the Data Are Telling Us</i></li> <li>• Headline Indicators to Guide the Work</li> </ul>	Pages 25-28
<b>Section III</b> <b>BSK Implementation – Grounded in Science and Research</b> <ul style="list-style-type: none"> <li>• The Importance of Early Childhood</li> <li>• Adolescent Brain Development</li> <li>• The Impact of Adverse Childhood Experiences (ACEs), Trauma and Toxic Stress</li> <li>• Building Resilience and Strengthening Protective Factors</li> </ul>	Pages 29-34
<b>Section IV</b> <b>BSK Implementation – Led by Community Priorities and Delivered through Partnerships</b> <ul style="list-style-type: none"> <li>• Consultation with King County Residents and Community Partners</li> <li>• What We’ve Learned from Communities – Themes Driving the Implementation Plan</li> <li>• Partnering with Communities on Procurement</li> </ul>	Pages 35-39

<b>Section V</b> <b>Prenatal – 5 Years, Approach and Investments</b> <ul style="list-style-type: none"> <li>• Overview of Prenatal to 5 Years Result, Strategies and Indicators</li> <li>• Investments and Approaches for Prenatal – 5 Years</li> <li>• The BSK Help Me Grow Framework for King County</li> <li>• Programs and Services for Prenatal – 5 Years <ul style="list-style-type: none"> <li>○ Innovation Fund</li> <li>○ Home-based Services</li> <li>○ Community-Based Parenting Supports</li> <li>○ Parent/Peer Supports</li> <li>○ Information for Parents/Caregivers on Healthy Development</li> <li>○ Child Care Health Consultation</li> <li>○ Direct Services and System Building to Assure Healthy Development</li> <li>○ Workforce Development</li> <li>○ Investment in Public Health’s Maternal/Child Health Services</li> </ul> </li> </ul>	Pages 40-61
<b>Section VI</b> <b>5 – 24 Years, Approach and Investments</b> <ul style="list-style-type: none"> <li>• Overview of 5 – 24 Years Results, Strategies and Indicators</li> <li>• Investments and Approaches for 5 -24 Years</li> <li>• Programs and Services for 5 - 24 Years <ul style="list-style-type: none"> <li>○ Build Resiliency of Youth and Reduce Risky Behaviors</li> <li>○ Help Youth Stay Connected to Families and Communities</li> <li>○ Meet the Health and Behavior Needs of Youth</li> <li>○ Help Young Adults Who Have Had Challenges Successfully Transition into Adulthood</li> <li>○ Stop the School-to-Prison Pipeline</li> </ul> </li> </ul>	Pages 62-83
<b>Section VII</b> <b>Communities of Opportunity</b> <ul style="list-style-type: none"> <li>• Working toward Equity through Communities of Opportunity</li> <li>• The Communities of Opportunity Approach</li> <li>• Results</li> <li>• COO Theory of Change: Three Interlocking Elements</li> <li>• </li> <li>• Communities of Opportunity as Part of <i>Best Starts for Kids</i></li> <li>• COO/BSK Investment Strategies</li> <li>• Balancing Investment Strategies</li> <li>• Management of COO/BSK Funds</li> </ul>	Pages 84-96
<b>Section VIII</b> <b>Evaluation and Performance Measurement Framework</b> <ul style="list-style-type: none"> <li>• Overview</li> <li>• Methods</li> <li>• Reporting and Dissemination Products</li> <li>• Evaluation Experience and Capacity</li> </ul>	Pages 97-105

Section IX Junior Taxing District Levy Prorationing <ul style="list-style-type: none"> <li>• Background</li> <li>• Best Starts for Kids Ordinance</li> <li>• Prorationing Impact of <i>Best Starts for Kids</i> Levy</li> </ul>	Pages 106-108
Section X Endnotes	Pages 109-114
Section XI Appendices <ol style="list-style-type: none"> <li>1. Best Starts for Kids Indicators</li> <li>2. Infographics</li> <li>3. Children and Youth Advisory Board Members</li> <li>4. Science &amp; Research Panel Members</li> <li>5. Juvenile Justice Equity Steering Committee<sup>1</sup></li> <li>6. Community Conversations</li> <li>7. Implementation Science</li> <li>8. Communities of Opportunity Results-Based Accountability Framework</li> <li>9. Communities of Opportunity History</li> <li>10. Best Starts for Kids Dashboard</li> <li>11. Communities of Opportunity Dashboard</li> </ol>	Pages 115-154

## EXECUTIVE SUMMARY

This section of the implementation plan addresses:

- Vision for *Best Starts for Kids*
- BSK Results
- Expected Revenue and Funding Allocations
- Strategy Areas, Funding Levels and Programmatic Approaches
- Indicators
- Implementation Drivers
- Procurement
- Fiscal Management
- Evaluation
- Junior Taxing District Prorationing
- Youth and Family Homelessness Initiative
- Next Steps

### VISION FOR *BEST STARTS FOR KIDS*

*Best Starts for Kids* (BSK) is an initiative **to improve the health and wellbeing of all King County residents by investing in promotion, prevention and early intervention for children, youth, families and communities.**

The *Best Starts for Kids* Levy is rooted in the fundamental belief – from within King County government, and across King County’s richly diverse communities – that our county is a region of considerable opportunity, and that we all benefit when each and every County child, youth and young adult is supported to achieve their fullest potential. Lives of health, prosperity and purpose must be within reach for every King County resident. With *Best Starts for Kids*, we will work to assure that neither ZIP code, or family income constrain our young people from pursuing lives of promise and possibility.

BSK investments will be driven by the abundance of research which identifies key windows of human development – prenatal through early childhood, and again in adolescence – in which we can maximize strong and healthy starts in children’s early years, as well as sustained gains and successful transitions for youth and young adults.

In developing the *Best Starts for Kids* initiative, which led to this implementation plan, King County staff sought guidance from multiple perspectives to assure that our approach to investments is grounded in science, responsive to community needs and capable of achieving tangible and positive outcomes.

BSK intends to forge a new way of partnering to support the wellbeing of children, families and communities. Through the engagement of a Children and Youth Advisory Board (CYAB) that was appointed by the King County Executive and confirmed by the King County Council, the County will assure that BSK responds to community-prioritized needs, and addresses those needs through funding approaches that are community-based and community-driven. BSK will recognize that policy solutions will not be the same for all children and will deliver services in a culturally sensitive way.

BSK implementation will mirror the County's commitment to equity, and a transformed approach to human services investments that is focused on promotion, prevention and early intervention for children and youth. These two County policies – Equity and Social Justice (ESJ), and Health and Human Services Transformation – are fundamental to BSK:

- **Equity and Social Justice.**<sup>2</sup>

Consistent with our ESJ Ordinance and the historical and persistent patterns of inequities, King County focuses on equity impacts on communities of color,<sup>3</sup> low-income populations, and limited English-speaking residents when undertaking a body of work. We recognize that true opportunity requires that every person has access to the benefits of our society regardless of race, ethnicity, gender, religion, sexual orientation, ability or other aspects of who we are, what we look like, where we come from, where we live and what we believe in.

Best Starts for Kids recognizes historic and structural inequities and the fact that these have impacted populations to varying degrees. Some of the resulting disparities and disproportionalities may be difficult to document because of lack of adequate data. Thus, Best Starts for Kids will invest investments aimed at expanding quantity and quality of data. Best Starts for Kids will also seek to contribute to systemic and structural solutions as it continues to partner with communities to develop and implement programs that work for them.

- **Health and Human Services Transformation.** The Health and Human Services Transformation Plan defines an accountable, integrated system of health, human services, and community-based prevention for King County. Our vision is that by 2020, the people of King County will experience significant gains in health and wellbeing because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery and eliminates disparities by providing access to services that people need to realize their full potential.

As part of the County's commitment to these two policies, in April 2015, County Executive Dow Constantine transmitted an ordinance to the King County Council proposing that a property tax levy to fund *Best Starts for Kids* be placed on the November 2015 ballot. In July 2015, Council approved an ordinance (Ordinance 18088) to send the BSK Levy to the voters for the purpose of funding prevention and early intervention strategies to improve the health and wellbeing of children, youth and their communities. The BSK Levy was approved by King County voters in November 2015.

## BSK RESULTS

All the work of *Best Starts for Kids* will aim to drive toward the following results, which we envision for all of King County's children, youth and young adults.

BSK RESULTS	
	<ul style="list-style-type: none"> <li>Babies are born healthy and are provided with a strong foundation for lifelong health and wellbeing.<sup>4</sup></li> </ul>
	<ul style="list-style-type: none"> <li>King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their communities.</li> </ul>
	<ul style="list-style-type: none"> <li>Communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live.</li> </ul>

## EXPECTED REVENUE AND FUNDING ALLOCATIONS

Per the August 2016 forecast from the King County Office of Economic Analysis, the BSK Levy is expected to generate almost \$399 million over the next six years, at a cost to the average King County property owner of approximately \$56 per year:

Expected Revenue (in millions)	
2016	\$59.5
2017	\$62.1
2018	\$64.9
2019	\$67.7
2020	\$70.3
2021	\$73.7
<b>2016-2021 TOTAL:</b>	<b>\$398.6</b>

BSK revenue will support the County and its community partners to achieve the BSK Results (above) for all King County children, youth, families and communities. The *Best Starts for Kids* Levy ordinance<sup>5</sup> mandates the following funding allocation for the total levy, excepting \$19 million in initial collections for a youth and family homelessness prevention initiative and amounts for costs attributable to the election:

BSK FUNDING ALLOCATIONS	
	<ul style="list-style-type: none"> <li><b>Invest Early. Fifty percent</b> will be invested in promotion, prevention and early intervention programs for children under age five, and pregnant women. The science and evidence shows us that the earlier we invest, the greater the return for both the child's development and our society.</li> </ul>

- **Sustain the Gain. *Thirty-five percent*** will be invested in promotion, prevention and early intervention programs for children and youth age five through 24. The science and research tells us that adolescence is a critical time for brain development; prevention efforts addressed at key developmental stages or transition points in a young person's life help to sustain the gains made earlier in life.
- **Communities Matter. *Ten percent*** will be invested in strategies to create safe and healthy communities, such as increasing access to healthy, affordable food and expanding economic opportunities and access to affordable housing. This strategy will build on the partnership between King County and The Seattle Foundation on **Communities of Opportunity**, which is based on the latest research regarding the impact of place on individual and population health and wellbeing outcomes. It also supports local communities in building their own capacity to create positive change.
- **Outcomes-Focused and Data-Driven. *Five percent*** will support evaluation, data collection, and improving the delivery of services and programs for children and youth. This will ensure *Best Starts for Kids* strategies are tailored for children from diverse backgrounds and that we deliver on the results for every child in King County. A portion of proceeds in this category may also be used for eligible services provided by certain junior taxing districts, subject to certain limitations.

The table below shows how the allocations described on the previous page tie, at a high level, to the funding levels contained in the rest of the document.

Expenditures	Levy Total (2016-2021)	
Eligible expenditures out of the first year’s levy proceeds (Ord. 18088, Section 5.A)		
Youth and Family Homelessness Prevention Initiative	\$19,000,000	
Election Costs	\$117,000	
SUBTOTAL:	\$19,117,000	
Eligible expenditures allocated by percentage (Ord. 18088, Section 5.C)		
Invest Early (Prenatal to 5 Years)	\$184,265,000	50%
Sustain the Gain (5-24 Years)	\$128,985,000	35%
Communities of Opportunity	\$36,853,000	10%
Evaluation, Improvement, and Accountability <i>Of this amount, \$1,000,000 is reserved for eligible services provided by prorated fire and parks districts</i>	\$18,426,000	5%
SUBTOTAL:	\$368,529,000	100%
Levy Reserves (60 days of expenditures)	\$10,960,000	
TOTAL USE OF LEVY PROCEEDS:	\$398,606,000	



## STRATEGY AREAS, FUNDING LEVELS AND PROGRAMMATIC APPROACHES

The charts below summarize the overarching BSK strategy areas for each of the funding allocation categories above, and projected funding levels and implementation approaches. The funding levels meet the mandated percent allocations for the levy once the expenditure reserves (which are not shown in the tables below) required by County financial policies are included.

### Invest Early

These are the overarching strategy areas for BSK investments in Prenatal – 5 Years:

BSK STRATEGY AREAS – Invest Early (Prenatal – 5 Years)	
Support parents, families and caregivers	Screen children to prevent potential problems, intervene early and effectively link to treatment
Cultivate caregiver knowledge	Support high quality child care (in home and in centers, licensed and unlicensed)

The chart below provides an overview of funding levels and programmatic approaches that support the Invest Early strategy areas, and which we believe will lead to the BSK results:

Invest Early (Prenatal – 5 Years)		
Estimated Funding Levels		Programmatic approaches
2016	2017-2021 average	
\$350,000	\$1,554,000	Innovation Fund for programs driven by specific community interests/needs
\$497,000	\$9,193,000	Home-Based Services, including investments such as: <ul style="list-style-type: none"> <li>• Home visiting</li> <li>• Community-based programs and innovative approaches</li> </ul>
\$95,000	\$2,351,000	Community-Based Parenting Supports, including investments such as: <ul style="list-style-type: none"> <li>• Prenatal and breastfeeding support</li> <li>• Immunization education</li> <li>• Oral and auditory health</li> <li>• Healthy vision</li> <li>• Injury prevention</li> <li>• Environmental health, including asthma, lead and toxins and asthma</li> </ul> Parent/Peer Supports, including investments such as: <ul style="list-style-type: none"> <li>• Play &amp; Learn Groups</li> <li>• Community-based groups based on community interest and need</li> </ul>

\$0	\$598,000	Information for Parents/Caregivers on Healthy Development, including investments such as: <ul style="list-style-type: none"> <li>Expanding access to VROOM</li> <li>Other research-based brain development initiatives</li> </ul>
\$93,000	\$2,221,000	Child Care Health Consultation, including investments such as: <ul style="list-style-type: none"> <li>Onsite support to licensed child-care providers – family child-care homes and child-care centers – to promote children’s health and development, and assure healthy and safe care environments</li> <li>Community-based trainings on child health and safety</li> </ul>
\$795,000	\$7,281,000	Direct Services and System Building to Assure Healthy Development, including investments such as: <ul style="list-style-type: none"> <li>Developmental screenings for all very young children</li> <li>Early intervention services</li> <li>System building for infant/early childhood mental health</li> </ul>
\$126,000	\$1,434,000	Workforce Development, including investments such as: <ul style="list-style-type: none"> <li>Training and information for medical providers, child-care and home-based services on multiple topics that promote healthy early childhood development, including information on newborn safety</li> </ul>
\$3,481,000	\$9,552,000	Investment in Public Health’s Maternal/Child Health Services
\$449,000	\$1,484,000	Help Me Grow Framework-Caregiver Referral System
<b>Invest Early (Prenatal – 5 Years) Totals:</b>		
\$5,886,000	\$35,675,800	Total over the life of the levy (2016-2021): \$184, 265,000 (50% of total expenditures, excepting year-one set-asides)

## Sustain the Gain

These are the overarching strategy areas for BSK investments in 5 - 24 Years:

<b>BSK STRATEGY AREAS – Sustain the Gain (5 – 24 Years)</b>		
<b>Build resiliency of youth, and reduce risky behaviors</b>	<b>Meet the health and behavior needs of youth</b>	<b>Create healthy and safe environments for youth</b>
<b>Help youth stay connected to their families and communities</b>	<b>Help young adults who have had challenges successfully transition into adulthood</b>	<b>Stop the school-to-prison pipeline</b>

The chart below provides an overview of funding levels and programmatic approaches that support the Sustain the Gain strategy areas, and which we believe will lead to the BSK results:

Sustain the Gain (5 - 24 Years)		
Estimated Funding levels		Programmatic approaches
2016	2017-2021 average	
\$1,121,000	\$10,957,000	Build Resiliency of Youth and Reduce Risky Behaviors, including investments such as: <ul style="list-style-type: none"> <li>• Trauma-informed schools and organizations</li> <li>• Restorative justice practices</li> <li>• Healthy relationships and domestic violence prevention for youth</li> <li>• Quality out-of-school time programs</li> <li>• Youth leadership and engagement opportunities</li> </ul>
\$219,000	\$2,938,000	Help Youth Stay Connected to Families and Communities, including investments such as: <ul style="list-style-type: none"> <li>• Mentoring</li> <li>• Family engagement and support</li> </ul>
\$385,000	\$5,598,000	Meet the Health and Behavior Needs of Youth, including investments such as: <ul style="list-style-type: none"> <li>• Positive identity development</li> <li>• School-based health centers</li> <li>• Healthy and safe environments</li> <li>• Screening and early intervention for mental health and substance abuse</li> </ul>
\$100,000	\$1,474,000	Helping Young Adults Who Have Had Challenges Successfully Transition into Adulthood, including investments such as: <ul style="list-style-type: none"> <li>• Supporting youth to stay in school</li> <li>• Supporting Opportunity Youth to re-engage</li> </ul>
\$500,000	\$4,363,000	Stop the School-to-Prison Pipeline, including investments such as: <ul style="list-style-type: none"> <li>• Prevention/Intervention/Reentry Project</li> <li>• Youth and Young Adult Employment Project</li> <li>• Theft 3 and Mall Safety Pilot Project</li> <li>• Students Creating Optimal Performance Education (SCOPE)</li> </ul>
<b>Sustain the Gain (5-24 Years) Totals:</b>		
\$2,325,000	\$25,332,000	Total over the life of the levy (2016-2021): \$129,483,000 (35% of total expenditures, excepting year-one set-asides)

## Communities of Opportunity

These are the overarching strategy areas for BSK investments in Communities of Opportunity (COO):

BSK STRATEGY AREA – Communities of Opportunity		
Support priorities and strategies of collaborations in communities with much to gain	Engage multiple organizations in institutional, system and policy change work	Foster innovations in equity through a regional learning community

The chart below provides an overview of funding levels and programmatic approaches that support the Communities of Opportunity (COO) strategy areas, and which we believe will lead to the BSK results:

Communities of Opportunity		
Estimated Funding levels		Programmatic approaches
2016	2017-2021 average	
\$489,000	\$7,272,800	Places: Awards to Community Partnerships <ul style="list-style-type: none"><li>Investments in original place-based sites</li><li>Awards to other place-based sites</li><li>Awards to cultural communities, including rural communities</li></ul>
		Institutional, System and Policy Change
		Learning Community <ul style="list-style-type: none"><li>Strategic investments to benefit COO partners broadly</li><li>Forums</li><li>Technical assistance</li></ul>
<b>Communities of Opportunity Totals:</b> Total over the life of the levy (2016-2021): \$36,583,000 (10% of total expenditures, excepting year-one set-asides)		

King County is home to many organizations and programs that provide vital supports to youth, young adults, and their families, and as a result, many families have the tools necessary to give their children the best start possible. Throughout this Plan, certain organizations are highlighted and offered as examples of efforts that have been successful in reaching some of this Plan's identified goals, and could be eligible for funding through Best Starts for Kids. It should be noted, however, that *the inclusion of an organization in this Plan does not imply that the organization will be guaranteed funding, or even given priority in funding decisions*. King County recognizes that in order to reach the goal of giving all kids the best start, it will be necessary to address the inequities that result in disparities, and work with a range of community partners, including those with whom King County has not yet had the opportunity to engage.

## INVESTMENT FLEXIBILITY

The investment level estimates in this implementation plan are based on both fiscal and programmatic assumptions. As BSK strategies are deployed and programs are funded, implementers should remain flexible and responsive to changes in the overall environment. Thus, this plan is intended to allow for flexibility for a range of eventualities that might require program or funding level adjustments. Among these are the possibility that, as some programs are deployed, there will be an increase in the demand for services. An example of this might be an increase in children, families and youth seeking services as a result of BSK's support for a range of screening programs and services. BSK investments may adjust to meet this greater need.

Flexibility may also be required to make adjustments to address changing needs as we learn more during deeper implementation planning and implementation itself. An example of this might be needs identified by communities themselves as we continue partnering with them during implementation planning. Likewise, BSK's investments in data may result in identification of new needs. As implementers learn about new, changing or previously unknown needs of families, youth and communities, BSK may adjust to respond to those emerging needs.

To achieve the best outcomes, Best Starts for Kids will be flexible and support collaborative efforts that seem likely to achieve results in the areas identified in the plan and respond directly to community concerns. The collaborative efforts may include but are not limited to programs and services provided by private non-profit agencies, public-private partnerships, or public agencies such as school districts. This is in recognition of the fact that there are many different models and ways to provide services and BSK seeks to find the most effective.

Section VIII of this plan provides for how changes in the investment portfolio, including changes in what programs are to be funded, should be reported. In considering changes, BSK implementers should balance new needs against sustaining funding for agencies and groups that are addressing existing needs.

## HEADLINE INDICATORS

BSK strategies will contribute toward progress in a set of headline indicators. The headline indicators are aspirational measures that help quantify BSK's three overarching results, and will be used to align partners and investment strategies. The headline indicators were vetted with the Children and Youth Advisory Board and other experts and community partners.

Headline indicators are about an entire population, (for example, young adults in King County) and are impacted by factors outside of BSK investments. Through a Results-Based Accountability framework<sup>6</sup>, we have defined how BSK will contribute to improving headline indicators. These headline indicators will be measured and reported annually as part of the Annual Report discussed in Section VIII, Evaluation and Performance Measurement Framework.

The charts below list the headline indicators for each of the three BSK results. **A full explanation of the technical definitions and a list of example secondary, supporting indicators are included in Appendix 1.**

**HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)**

- Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates
- Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness
- Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy and mathematics
- Lowering the rate of child abuse or neglect

**HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)**

- 3<sup>rd</sup> graders who are meeting reading standards
- 4<sup>th</sup> graders who are meeting math standards
- Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation
- Youth and young adults who are in excellent or very good health
- Youth who graduate from high school on time
- Youth and young adults who are either in school or working
- High school graduates who earn a college degree or career credential
- Youth who are not using illegal substances

**HEADLINE INDICATORS – Communities of Opportunity**

- Households earning a living wage, above 200 percent of poverty
- Youth and young adults who are either in school or working
- Youth who have an adult to turn to for help
- Adults engaged in civic activities
- Renters paying less than 50 percent of their income for housing
- Renters paying less than 30 percent of their income for housing
- Life expectancy
- Physical activity levels among youth and adults
- Involuntary displacement of local residents

Intermediate measures that more closely align with BSK investments/strategies will be identified as part of the Performance and Evaluation Plan. Intermediate measures may take the form of performance measures that are specific to BSK investments, population-level measures that the investments are most likely to change within ten years, and qualitative data to complement quantitative measures.

The intermediate, performance-based measures will be those for which BSK is accountable, and which measure the performance (for example: How much is delivered? How well? Is anyone better off?) of BSK strategies. Performance measures are about individuals who are directly served by programs. The chart below provides a summary of evaluation types contemplated, their purpose and the questions each type of evaluation would seek to answer.

Evaluation	Purpose	Types of questions
<b>Outcomes</b>	Prove	Did the expected change take place? For whom?
<b>Process</b>	Improve	Why did/didn't we see a change take place? Did we implement the program as intended (or was there fidelity to the program model)? How well did we do it? Why or why not?
<b>Developmental</b>	Support innovation and nimble decision-making before there's an established program model	Right now, what are the most crucial questions and data that could help us develop our strategy? What concerns or opportunities do we need to respond to or use to adapt the strategy for success?

As we move further into implementation and planning, we will develop performance indicators and measures that will allow County leadership, staff and partners to track outcomes and desired results over a multi-year period. These will be measured and reported at least annually, as part of the Annual Reports discussed in Section VIII, Evaluation and Performance Measurement Framework, and, in many cases, more frequently, such as during periodically offered or requested progress report briefings to the King County Council or the Regional Policy Committee, or its successor.

## IMPLEMENTATION DRIVERS

BSK will be implemented in King County within the context of several other public and private initiatives focused on improving outcomes, promoting equity and social justice, and reducing disproportionality across our communities. We will look to partner wherever possible to assure well-aligned, well-informed and non-duplicative programs and services. We will also assure that BSK leverages other funding and expertise to maximize the impact of public and private investments in healthy outcomes for children, youth, families and communities in King County.

Throughout this plan, we detail the key factors that will drive and inform the implementation of *Best Starts for Kids*. They are: **data and outcomes**, **science and research**, and **community priorities and partnerships**.

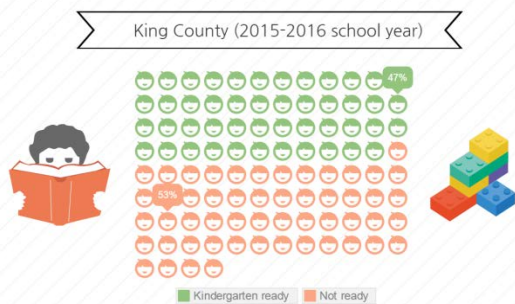
## BSK IMPLEMENTATION – Guided by Data and Outcomes

*Best Starts for Kids* will support all King County residents and regions to achieve their full potential by balancing and aligning King County's other crucial investments addressing crises and chronic problems with the BSK approach, which is focused on promotion, prevention and early intervention, leading to health, prosperity and equity across our County.

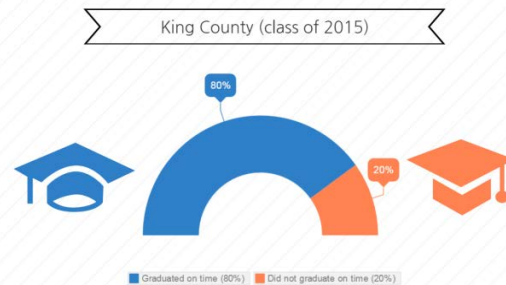
BSK implementation will be informed by data – both qualitative and quantitative – to assure that we move the needle to improve health and wellbeing. In determining the headline indicators and developing the implementation plan, we have been guided by data that illustrate the unacceptable current state of health and wellbeing for many of our children and youth, and the significant disparities experienced by our children and youth of color. Section IV highlights themes that emerged from analyses of community conversations, youth focus groups, and related documents.

The infographics below show the current state in our County for two of the indicators: kindergarten readiness and on-time high school graduation. Infographics detailing all of the BSK results for Invest Early and Sustain the Gain are included in Appendix 2.

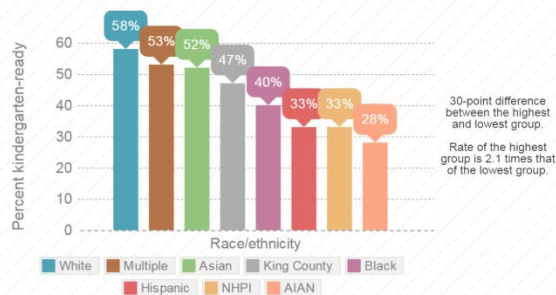
Less than half of King County children were ready for kindergarten



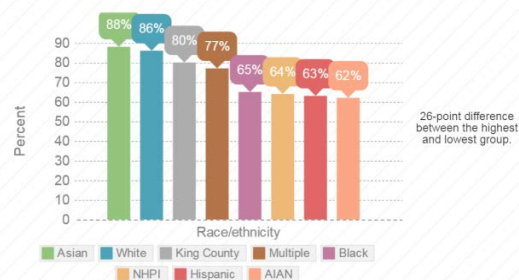
8 out of 10 students graduated on time from high school in 2015



By race/ethnicity (2015-2016 school year)



By race/ethnicity (class of 2015)



Information gathered through close attention to what the data tell us, and progress toward the outcomes we seek, will guide partnerships, procurement, implementation and evaluation across all of *Best Starts for Kids*.



## BSK IMPLEMENTATION – Grounded in Science and Research

The conceptualization of *Best Starts for Kids* was built on the work of researchers, content experts and community leaders from across our region. As we now move into implementation, science and research will continue to inform what we prioritize and how we invest. Section III describes the research and evidence base that has grounded our work to date and which will inform us moving forward. It includes:

- The Importance of Early Childhood
- Adolescent Brain Development
- The Impact of Adverse Childhood Experiences (ACEs), Trauma and Toxic Stress
- Building Resilience and Strengthening Protective Factors.

Key informants for building our knowledge of the science and research have included the University of Washington Institute for Learning & Brain Sciences (I-LABS), the Children and Youth Advisory Board (CYAB), the BSK Science and Research Panel, the Youth Action Plan Task Force, the Community Center for Education Results Roadmap Project, the Transformation Plan Advising Partners Group, the King County Alliance for Human Services and the Youth Development Executive Directors Coalition. County staff also reviewed the work of and consulted with jurisdictions and organizations from around the United States and the world, and mined the research regarding best and promising practices.

## BSK Implementation – Led by Community Priorities and Delivered through Partnerships

*Best Starts for Kids* uses a strengths-based approach, which will maximize the assets and knowledge of our richly diverse County and its many communities and cultures. In developing BSK strategies and this implementation plan, King County turned directly to communities and partners across our region for input and guidance. These conversations provided critical input to assure that the plan reflects County residents' needs and expectations. The implementation plan is also based on the extensive community work done in preparation of the Youth Action Plan and *Best Starts for Kids* prior to adoption. A discussion of BSK's approach to community priorities and partnerships is in Section IV.

As we move into the implementation stage of BSK, community partnerships and community voice will continue to be essential. One asset for assuring that BSK implementation reflects community priorities is the Children and Youth Advisory Board (CYAB). The BSK ordinance directed the creation of an oversight and advisory board to provide recommendations and monitoring on the distribution of levy proceeds related to children and youth ages birth-24 as well as prenatal programs.<sup>7</sup> The ordinance stated that the oversight and advisory plan be consistent with the recommendations contained in the County's Youth Action Plan (YAP), and that the oversight and advisory board must comprise a wide array of King County residents and stakeholders with geographically and culturally diverse perspectives. In December 2015, Executive Dow Constantine appointed 35 experts, researchers and community leaders to the CYAB (see the full roster in Appendix 3). King County Council approved the members in February 2016 (see information about the Council's action [online at http://www.kingcounty.gov/council/news/2016/January/01-25-CYAB.aspx](http://www.kingcounty.gov/council/news/2016/January/01-25-CYAB.aspx)). The [CYAB](#) carries dual responsibilities tied to the Best Starts for Kids Levy and the Youth Action Plan.

Communities of Opportunity, including its governance group, is also a key partner in assuring that all of *Best Starts for Kids* is informed by, and responsive to, the needs and priorities of County residents across our region.

## PROCUREMENT

A large majority of *Best Starts for Kids* funding will be competitively bid in outcome-focused contracts to community-based organizations. This will help address inequities across the region, and assure that as BSK strategies are implemented, they are appropriate for all cultural and ethnic groups. Full discussion of procurement is in Section IV. It should be noted that while this plan presents intended investments with the use of Best Starts for Kids levy funds, all programs and strategies included in the plan are subject to future procurement and appropriations decisions.

## FISCAL MANAGEMENT

Programmatic and fiscal audits of participating agencies will include a site visit to each provider at least once every two years. The site visits will examine both fiscal and programmatic aspects of program implementation. The fiscal component of each site visit will include, but not be limited to, providers' internal controls, the analysis of audited financial statements and sample testing of specific expenditures related to King County-funded programs. The programmatic component will include, but not be limited to, achievement of contracted outcomes and client data quality. In addition, as part of annual audits conducted by the State Auditor's Office, the State has the authority to select specific pass-through entities for review.

The Department of Community and Human Services (DCHS) will administer all of the *Best Starts for Kids* funds within its department budget, under the oversight of its Chief Financial Officer. DCHS will coordinate with Public Health-Seattle & King County (PHSKC) regarding contracts or grants for which it may be advantageous that PHSKC be the administrator.

## EVALUATION

To quantify and document the results of BSK investments, the BSK evaluation will show data over time and progress toward equity for specified indicators. Data will be analyzed by key demographic characteristics (for example, by age, race, ethnicity, place,<sup>8</sup> socioeconomic status,<sup>9</sup> and gender, where data are available). Qualitative approaches to complement quantitative data, and to mitigate the limitations of that quantitative data, will also be included. The BSK data team will develop an evaluation plan by July 2017, which will specify performance measures and qualitative methods, after the specific portfolio of investments is procured. The framework for evaluation and performance measurement is described in Section VIII.

## JUNIOR TAXING DISTRICT PRORATIONING

King County Ordinance 18088 identifies that BSK levy revenue can be used for eligible services provided by certain junior taxing districts, to the extent those districts are prorated and subject to certain limitations. Discussion of junior taxing district levy prorating is in Section IX.

## BSK YOUTH AND FAMILY HOMELESSNESS PREVENTION INITIATIVE

The BSK Levy includes \$19 million for a Youth and Family Homelessness Prevention Initiative that is intended to prevent and divert children and youth and their families from becoming homeless. Ordinance 18088 directed the King County Executive to submit to King County Council for review and approval an implementation plan relating to the Youth and Family Homelessness Prevention Initiative by March 1, 2016. The plan was reviewed and amended by Council, and passed on May 9, 2016.

The Youth and Family Homelessness Prevention Initiative is based on a highly successful pilot program implemented by the Washington State Coalition Against Domestic Violence and funded by the Bill & Melinda Gates Foundation and the Medina Foundation.

There is no further discussion on the substance the Youth and Family Homelessness Prevention Initiative in this implementation plan, although it is referenced in the context of BSK reporting

## NEXT STEPS

With the implementation plan complete, we will continue our work to finalize BSK's procurement approach, and sequence and prioritize our approach. This will take time. Over the next 12 months, the County will engage in a rigorous and collaborative process to build out BSK implementation and evaluation.

This prioritization process for implementation will be **guided by data and outcomes, grounded in science and research, and led by community priorities and partnerships**. Key considerations will also include opportunities for leveraging other funds, and assuring that Best Starts for Kids integrates other County priorities including the Equity and Social Justice Initiative, the Youth Action Plan and the Juvenile Justice Equity Steering Committee.

Ultimately, with regard to inequity in King County, the objective of Best Starts for Kids is two-fold. First, through a community engagement and data analysis process, which includes investments aimed at expanding quantity and quality of data, Best Starts for Kids will seek to more thoroughly understand the inequities across age, race, ethnicity, place, socioeconomic status, gender, sexual orientation, ability, income and immigration status that might exist in King County. Second, where such inequities exist, Best Starts for Kids will aim, through its strategies and programs, to reduce these inequities through focused funding to address disparities and disproportionalities.

## Section I

### THE *BEST STARTS FOR KIDS* LEVY – HISTORY, VALUES AND APPROACH

This section of the implementation plan addresses:

- The Policy Basis for BSK
- Shaping the BSK Levy

## POLICY BASIS FOR BSK

Through *Best Starts for Kids*, King County will assure that all children in our region are able to achieve their full potential in life. BSK will help King County transition to less expensive, more effective upstream solutions to costly challenges and, in so doing, deliver on our ambitious vision for all King County children, youth and families. Ultimately we know that prevention and early intervention are the most effective and least expensive ways to address our most serious problems. Science tells us that lifelong problems can often be prevented by investing heavily in children before age five and making strategic investments at critical points in young people's development before age 24. Prior to *Best Starts for Kids*, much of the County's funding has been in response to negative outcomes—severe mental illness, homelessness, substance abuse, chronic illness and youth who have dropped out of school or been involved in the juvenile justice system. Seventy-five percent of the County's General Fund pays for the law and justice system.

In his 2014 State of the County address, King County Executive Dow Constantine announced his intention to work with the King County Council and community partners to define regional investments that would help make the collective vision for healthy people and communities a reality. County staff set out to design a potential levy that would mirror the County's commitment to equity, through a transformed approach to human services investments, focused on promotion, prevention and early intervention for children and youth. The resulting *Best Starts for Kids* ballot measure represented implementation of the County's adopted policy direction. BSK was developed within the context of the King County Strategic Plan, the [Equity and Social Justice Ordinance](#), the [Health and Human Services Transformation Plan](#) and the [2015 Youth Action Plan](#). As a prevention and early intervention initiative, *Best Starts for Kids* investments will balance other County investments including [Mental Illness and Drug Dependency \(MIDD\)](#) funding and the [King County Veterans and Human Services Levy](#).

In April 2015, Executive Constantine transmitted the ordinance to the Council proposing that *Best Starts for Kids* be placed on the November 2015 ballot. *Best Starts for Kids* assures that the County is equipped not only to respond to crises and emergent needs, but also to invest in children and youth at key points in their development to promote the best possible outcomes.

*"This is a victory for children, youth and families across King County—and our opportunity to transition to upstream solutions...Best Starts for Kids is the comprehensive, performance-driven, science-based approach that will create a national model for expanding opportunity."*

King County Executive, Dow Constantine

November 4, 2015

## Equity and Social Justice (ESJ)

In King County, we recognize that our economy and quality of life depend on the ability of everyone to contribute. The County is committed to removing barriers that limit the ability of some to fulfill their potential. Consistent with our ESJ Ordinance and the historical and persistent patterns of inequities, King County focuses on equity impacts on communities of color, low-income populations, and limited English-speaking residents in its work. Though our approach is comprehensive, we recognize that true opportunity requires that every person has access to the benefits of our society regardless of race, ethnicity, gender, religion, sexual orientation, ability or other aspects of who we are, what we look like, where we come from, where we live and what we believe in. *Best Starts for Kids* is reflective of the County's commitment to Equity and Social Justice and the work the County is undertaking to impact lives and change inequities by focusing on institutional policies, practices and systems. *Best Starts for Kids* provides an opportunity to assure that this systems change includes broader systems work beyond that which is internal to the County, including investing in communities and grassroots efforts, and focusing on the principles of ESJ in its many forms.

## Health and Human Services Transformation

*Best Starts for Kids* is rooted in the County's work to transform the approach to health and human services. In 2012, the King County Council requested the development of a Health and Human Services Transformation plan, which would be responsive to our equity and social justice focus and the policy goals of achieving a better experience of health and human services for individuals, better outcomes for the population, and lowered or controlled costs. To inform the principles, strategies, and initial action steps that would result in a better performing system, the County Executive convened a thirty-member panel, which included representatives from human services, health care delivery, prevention, public health, philanthropy, labor and local government. The final Health and Human Services Transformation Plan was approved by King County Council in 2013, and charts a five-year course to a better performing health and human service system for the residents and communities of King County.

The premise of the Transformation Plan was foundational in the development of *Best Starts for Kids*. The Transformation Plan seeks to improve health and wellbeing and create conditions that allow residents of King County to achieve their full potential through a focus on prevention. At the **individual/family level**, the plan outlined strategies designed to improve access to person-centered, integrated, culturally competent services when, where, and how people need them. At the **community level**, the plan called for improvement of community conditions and features, because health and wellbeing are deeply influenced by where people live, work, learn, and play<sup>10</sup>.

The Transformation Plan and its early strategies highlighted the imbalance of the County's health and human services investments, which, prior to BSK, were tipped heavily toward crises and emergent needs, and lacked a cohesive and research-based approach to prevention and early intervention. Through BSK, King County is rebalancing our investments toward prevention and early intervention and assuring that we use resources to promote the results we seek for every child and family, and for every developing youth and young adult. We seek results which are built on their strengths, and worthy of their promise and potential, across all communities and cultures in King County.

## The Youth Action Plan

King County Council approved legislation in 2014 calling for the development of a Youth Action Plan (YAP) to set priorities for serving the County's young people, from infants through young adults. The YAP was developed by a task force representing a broad range of organizations with expertise and experience relevant to infants, children and youth, and reflecting King County's geographic, racial and ethnic diversity. The YAP was completed in April 2015 and will inform the County's annual investments in services and programs across the full continuum of children and youth.<sup>11</sup>

Recommendation areas in the YAP stipulate that the wellbeing of children and families, and youth and young adults, should not be predicted by their race, ethnicity, gender, sexual orientation, ability, geography, income, or immigration status, and that policy development, services, and programming should intentionally include diverse youth voices, and voices of those people impacted by policies and services, in authentic and meaningful ways. Specifically, YAP recommendation areas are:

- Social Justice and Equity
- Strengthen and Stabilize Families, and Children, Youth and Young Adults
- Stop the School to Prison Pipeline
- Bust Silos/We're Better Together
- Get Smart About Data
- Invest Early, Invest Often, Invest in Outcomes
- Accountability
- Youth Bill of Rights
- Evaluation

The Children and Youth Advisory Board, appointed by the Executive and Council, is responsible for guiding BSK recommendations and investments, and those articulated in the YAP.

## SHAPING THE BSK LEVY

The *Best Starts for Kids* ordinance proposed by Executive Constantine, supported by a majority of the King County Council and approved by County voters was the result of thousands of hours of consultation with researchers and experts, and extensive engagement with community partners. Following approval of *Best Starts for Kids* by the voters in November 2015, a cross-agency BSK leadership team within King County government – including staff from Public Health-Seattle and King County, the Department of Community and Human Services and the County Executive's office – began the next steps of the process that led to the development of this implementation plan.

The staff team established a project management structure and approach that supported internal workgroups of practice/field/subject matter experts to delve deeply into individual strategy areas, building off our understanding of the current data, the science and research base, and community input on specific bodies of work to be funded through BSK. County staff leads and work groups continued their discussions with external partners, and repeatedly looped back with community members through County-wide outreach to assure that the implementation plan for BSK reflects the priorities of King County residents and supports achievement of the BSK vision.

As BSK planning proceeded in early 2016, multiple perspectives were critical in leading to this implementation plan:

- **Children and Youth Advisory Board (CYAB).** The CYAB has advised on the Prenatal – 5 Years, and 5 – 24 Years strategies of the implementation plan. The CYAB’s work going forward will include partnering with the County to ensure that children and youth investments through *Best Starts for Kids* are consistent with the requirements of the levy and effective, while ensuring expenditures of funds is transparent to the public. The list of board members is in Appendix 3.
- **Communities of Opportunity (COO) governance group.** The COO Interim Governance Group (IGG) has similarly advised on the Communities of Opportunity strategies of the implementation plan. An ordinance establishing a successor to that group (the COO Advisory Board) was transmitted alongside the implementation plan; like the CYAB, but for COO specifically, the successor group to the COO IGG will be tasked with partnering with the County to ensure that BSK investments are consistent with levy requirements, effective and transparent to the public.
- **Juvenile Justice Equity Steering Committee (JJESC).** The work of BSK will aim to be aligned with, and informed by, the Juvenile Justice Equity Steering Committee (JJESC). The JJESC is a group of King County leaders charged with recommending solutions to end racial disparity in the regional juvenile justice system. It is the largest and most diverse group King County has ever assembled to act on juvenile justice issues. The committee seeks to engage those most impacted by the juvenile justice system as members examine school, police, court and detention policies. Parents, youth, mental-health and grassroots leaders are included among the JJESC membership. They are teaming up with the heads of school districts, law enforcement agencies and courts from across the County. The panel includes youth who have experienced juvenile detention themselves, youth mentors, a foster parent and community-based advocates fighting to dismantle the school-to-prison pipeline by increasing effective alternatives to school suspensions and youth detention. The committee is charged with developing action plans designed to reduce the over-representation of youth of color in our juvenile justice system. The list of committee members is in Appendix 5.
- **Data Team.** The data team has been responsible for generating baseline data to inform the BSK Levy, analyzing community conversations for themes to inform strategy development, using a systematic and participatory process to identify the indicators that will help quantify BSK results, and developing a framework for evaluating BSK investments. The data team is a multi-disciplinary group comprising masters- and doctorate-level epidemiologists, social research scientists, demographers, and evaluators from Public Health-Seattle & King County, the Department of Community and Human Services and the Office of Performance, Strategy and Budget Office. They are nationally known for their data analyses and evaluation expertise of large-scale community initiatives and have a strong record of using participatory approaches in designing and implementing evaluations. Together, they bring requisite quantitative and qualitative expertise, including use of population and program data and systematic analysis of qualitative data.
- **Science and Research Panel.** The BSK Science and Research panel serves a consulting role to inform the County staff and the CYAB. This ad hoc group of science and practice experts provided review and recommendation on BSK strategies, related to both Prenatal – 5 Years and 5 – 24 Years. The guidance of the Science and Research Panel ensures that BSK is pursuing approaches that are aligned with research and scientific evidence. The Science and Research Panel will also provide input on BSK’s data and evaluation needs. The list of panel members is in Appendix 4.

- **Community Conversations.** Multiple rounds of community conversations have been conducted throughout the County as the levy first took shape, and again in spring 2016 to assure that County staff were successfully capturing community input. Section IV provides a full discussion of how community priorities and partnerships are driving BSK implementation.



## Section II

### BSK IMPLEMENTATION – GUIDED BY DATA AND FOCUSED ON OUTCOMES

This section of the implementation plan addresses:

- Our Children, Youth, Families and Communities – *What the Data Are Telling Us*
- Headline Indicators to Guide the Work

### OUR CHILDREN, YOUTH, FAMILIES AND COMMUNITIES – *WHAT THE DATA ARE TELLING US*

BSK implementation will be informed by data – both qualitative and quantitative – that helps King County and its community partners to maximize our communities’ strengths and assets, and address community-identified gaps and needs. The imperative to focus on data and outcomes was articulated in the BSK ordinance,<sup>12</sup> detailed explicitly in the Youth Action Plan,<sup>13</sup> and emphasized repeatedly in community conversations.

As we begin implementation of *Best Starts for Kids*, we know that although King County as a whole is a thriving and prosperous region, some of our children and youth are in danger of being left behind. BSK offers a chance to do better by our young people. Approximately 25,000 children are born in King County every year and one out of every five County residents is under age eighteen. Half of King County residents under age eighteen are people of color. Our aspirations for BSK are to explicitly reduce some of the disproportionate inequities.

Of note:

- Approximately one-third of pregnant women in King County do not receive the recommended levels of prenatal care.<sup>14</sup>
- Infant mortality is four times higher in some areas of King County than others.
- Across the County, the percentage of children age five and under living in poverty<sup>15</sup> is as low as six percent in some regions and as high as 26 percent in other regions.
- One in five adolescents is overweight or obese and only 22 percent of adolescents receive the recommended levels of physical activity.
- Twenty-nine percent of adolescents report having depressive feelings and 25 percent report using alcohol or other illicit drugs.

All too often the children and youth who are being left behind and are not receiving services before a crisis occurs are children and youth of color. Young people of color make up at least 50-60 percent of youth and young adults experiencing homelessness, despite only 29 percent of King County's general population being people of color.

Juvenile justice is one of the areas where the disparities are most blatant, and too few youth receive appropriate services before a crisis occurs. African-American youth make up approximately fifty percent

of those in detention in King County, or five times their rate of representation in the general population. We know that there is racism plaguing our system, which must be met head on to assure that all children and youth in our County are supported to achieve their potential. Interwoven within BSK will be the imperative to address disparities in the regional juvenile justice system. BSK will take recommendations from the [Juvenile Justice Equity Steering Committee](#) as King County and its communities work together toward solutions.

## HEADLINE INDICATORS TO GUIDE THE WORK

Headline indicators are aspirational measures that help quantify BSK's three overarching results:

- **Babies are born healthy and are provided with a strong foundation for lifelong health and wellbeing.**
- **King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their communities.**
- **Communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live.**

Headline indicators will be used to align partners and BSK investment strategies to maximize the potential for achieving BSK results.

Potential indicators were drawn from the following documents, community input opportunities and existing indicators for other relevant projects:

- Best Starts for Kids: ordinance, April 2015 BSK Report to King County Council, community conversation themes
- King County Youth Action Plan
- Community Center for Education Results /Roadmap Indicators
- Washington State Essentials for Childhood
- Youth Development Executives of King County
- U.S. Health Resources and Services Administration (HRSA)/Maternal Child Health Bureau's National Outcome Measures

BSK strategy workgroups and the Children and Youth Advisory Board were consulted in the development and selection of headline indicators.

The list of measures was honed to a set of headline indicators based on:

- **Whether or not the measure is a population-level measure.** Is it about a population (for example, children in King County) or only about individuals directly served by programs?
- **The availability of reliable data.** Are high quality data available on a timely basis? Reliable by place? By race, ethnicity? By socioeconomic status?
- **How easily the indicator can be understood and effectively communicated.** Is this measure easy to understand? Is it compelling? Do people care about this measure?

The charts below list the headline indicators for each of the three BSK results:

HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)
<ul style="list-style-type: none"> <li>Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates</li> </ul>
<ul style="list-style-type: none"> <li>Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness</li> </ul>
<ul style="list-style-type: none"> <li>Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy, and mathematics</li> </ul>
<ul style="list-style-type: none"> <li>Lowering the rate of child abuse or neglect</li> </ul>

HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)
<ul style="list-style-type: none"> <li>3<sup>rd</sup> graders who are meeting reading standards</li> </ul>
<ul style="list-style-type: none"> <li>4<sup>th</sup> graders who are meeting math standards</li> </ul>
<ul style="list-style-type: none"> <li>Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation</li> </ul>
<ul style="list-style-type: none"> <li>Youth and young adults who are in excellent or very good health</li> </ul>
<ul style="list-style-type: none"> <li>Youth who graduate from high school on time</li> </ul>
<ul style="list-style-type: none"> <li>Youth and young adults who are either in school or working</li> </ul>
<ul style="list-style-type: none"> <li>High school graduates who earn a college degree or career credential</li> </ul>
<ul style="list-style-type: none"> <li>Youth who are not using illegal substances</li> </ul>

HEADLINE INDICATORS – Communities of Opportunity
<ul style="list-style-type: none"> <li>Households earning a living wage, above 200 percent of poverty</li> </ul>
<ul style="list-style-type: none"> <li>Youth and young adults who are either in school or working</li> </ul>
<ul style="list-style-type: none"> <li>Youth who have an adult to turn to for help</li> </ul>
<ul style="list-style-type: none"> <li>Adults engaged in civic activities</li> </ul>
<ul style="list-style-type: none"> <li>Renters paying less than 50 percent of their income for housing</li> </ul>
<ul style="list-style-type: none"> <li>Renters paying less than 30 percent of their income for housing</li> </ul>
<ul style="list-style-type: none"> <li>Life expectancy</li> </ul>
<ul style="list-style-type: none"> <li>Physical activity levels among youth and adults</li> </ul>
<ul style="list-style-type: none"> <li>Involuntary displacement of local residents</li> </ul>

Headline indicators will be reported annually. Data will be shown over time and disaggregated as appropriate (for example, by age, race/ethnicity, place, socioeconomic status, and gender, where data are available). Disaggregation is critical in assuring partners are aligned and investments are prioritized to maximize the potential for eliminating inequities.

In addition to these headline indicators, there are additional secondary indicators that the data team will consider tracking, which include relevant indicators for which there are reliable data. Among these will be the following: a secondary indicator or several secondary indicators that explore a broader measure of success than whether or not a youth or young adult is either employed or in school;<sup>16</sup> a secondary indicator that tracks civic activity for youth 18-24 years old; and a secondary indicator that tracks reduced contact with the criminal justice system. The data team also specified indicators for data development, defined as relevant and compelling indicators for which data are currently unavailable, but important to invest in. *Flourishing and resilient* indicators are examples of indicators that need to be developed. The County will invest in getting those data via the new BSK Health Survey. Section VIII of this implementation plan discusses BSK's Evaluation and Performance Measurement Framework.

A full explanation of the technical definitions for the headline indicators, and a list of example secondary, supporting indicators are included in Appendix 1.

### Section III

## BSK IMPLEMENTATION – GROUNDED IN SCIENCE AND RESEARCH

This section of the implementation plan addresses:

- The Importance of Early Childhood
- Adolescent Brain Development
- The Impact of Adverse Childhood Experiences (ACEs), Trauma and Toxic Stress
- Building Resilience and Strengthening Protective Factors

From the beginning, King County has looked to science and research to inform *Best Starts for Kids*. BSK approaches of promotion, prevention, and early intervention are rooted in multiple studies of many programs, over many years, as well as long-standing, and emerging, research on human development. BSK maximizes the science and research base to inform strategies across all of our investments.

Included here are research references linking to underpinnings of the BSK implementation plan. The research cited is foundational to the implementation strategies we will pursue for Prenatal – 5 Years, and 5 – 24 Years. With the assistance of BSK’s Science and Research panel, experts in the field, and community partners, we are committed to continuing the strong footing in research for all BSK investments in the coming years.

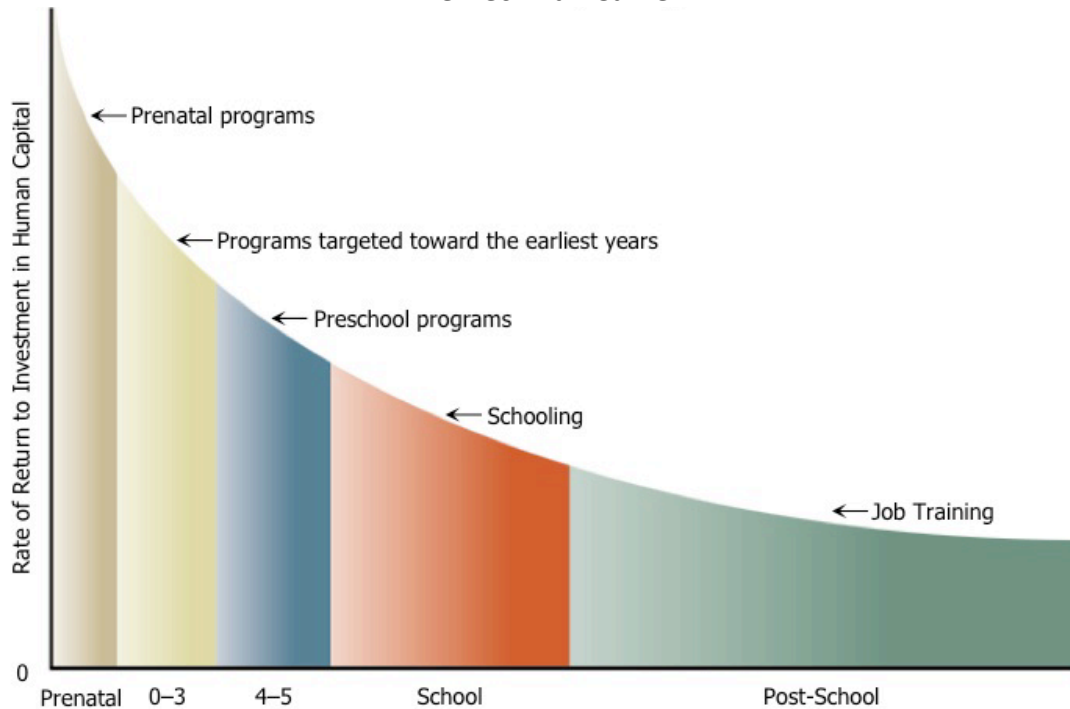
### THE IMPORTANCE OF EARLY CHILDHOOD

Cumulative research over many decades has generated this high level conclusion: Investing early to support children’s health, learning and social/emotional wellbeing has profound impact on life outcomes.

The research of Dr. James Heckman, Nobel Laureate in Economics from the University of Chicago, is perhaps the most widely disseminated and understood. Dr. Heckman maintains that the base of skills necessary to be ready to learn in school and be successful as an adult—such as self-esteem, motivation, coordination, prioritization, management of incoming information, attention and distraction control are developed by age five, before children enter elementary school<sup>17</sup>.

Dr. Heckman’s research is particularly relevant for public systems – such as King County – in prioritizing the use of public funds. Dr. Heckman makes the case for prioritizing investments in the earliest years, due to the much greater return on those investments, as illustrated by his well-known graphic below, known as the *Heckman Curve*:

### The Heckman Curve



Source: Heckman (2008)

Dr. Heckman's research also speaks profoundly to the importance of families and parents as the "major producers of skills for young children." He stresses that "society and the programs launched by today's initiatives should recognize that good parenting is paramount to life success. Without doubt, the family is the greatest contributor to the success of children and to upward social and economic mobility."<sup>18</sup>

Many other researchers have contributed to the knowledge base on the importance of quality experiences and quality interactions in the early years, to assure the best possible start for every child. The work of the late Dr. Kathryn Barnard, founder of the Barnard Center for Infant Mental Health and Development and a former professor and researcher in the University of Washington's School of Nursing, showed the importance of an early relationship with a caring adult on the social and emotional development of an infant; babies need an adult who can assess their needs and respond appropriately.

The effects of early childhood experiences – notably exposure to language – are critical, and those effects accumulate from infancy and toddlerhood, through early childhood, elementary school, and adolescence. Vocabulary at age three predicts third grade reading level, which in turn predicts high school graduation.<sup>19, 20</sup>

While most newborns have relatively similar cognitive structures, they are not all born into the same environments. Living in stressful environments, including poverty, has a greater impact on infants and toddlers than middle-aged children or those later in life. The effects of these stressors compound throughout childhood resulting in potentially permanent cognitive, career and personal consequences. Conversely, positive early experiences strengthen brain architecture.<sup>21</sup>

Other key research that has informed BSK originated at the Institute for Learning and Brain Sciences (I-LABS), at the University of Washington. I-LABS research has informed our understanding of early childhood brain development, through the work of Dr. Patricia Kuhl, Dr. Andy Meltzoff, and other

scientists at I-LABS who have demonstrated through multiple studies how the brain grows through the baby's touch, talk, sight and sound. In fact, the first 2,000 days of life is when brain development is most substantial.

BSK, through its investments in Prenatal – 5 years, will help counter the impacts of stressors – such as poverty – in early childhood by supporting children's health and wellness, strengthening parent-child bonds through home visiting, and supporting the fabric of communities across our County, often the most viable and relevant resources for children, youth and families.

## ADOLESCENT BRAIN DEVELOPMENT

According to the National Institute of Mental Health, the parts of the brain responsible for controlling impulses and planning ahead, which are the hallmarks of successful adult behavior, mature during adolescence. Adolescence is also the critical period when young people learn to form safe and healthy relationships and when many patterns of health-promoting or potentially health-damaging behaviors are established.

Brain science for adolescents and young adults is still emerging and is not yet at the level of early brain research. Our growing understanding is captured in I-LABS' statement about this evolving field: "During adolescence the brain quite literally prunes and sculpts its neural architecture and yet we know almost nothing about how this sculpting process works or about the role of experience and nurturing in optimizing outcomes. I-LABS' studies of learning and the brain have the potential to illuminate some of the changes they undergo during this period."<sup>22</sup>

Although the research is nascent, key dynamics of the adolescent brain are becoming increasingly better understood: "Adolescents are particularly vulnerable to stress, have a particular sensitivity to emotional stimuli, and have limited tools to deal with emotions as systems that regulate are still maturing. Many of the behaviors of adolescence (risk taking, impulsivity, peer focus, mental health and substance use vulnerability) are a reflection of the major neurological remodeling happening in their brains. ...Risk taking peaks during adolescence because activation of an early-maturing socioemotional-incentive processing system amplifies adolescents' affinity for exciting, pleasurable, and novel activities at a time when a still immature [cognitive](#) control system is not yet strong enough to consistently restrain potentially hazardous impulses."<sup>23</sup>

## THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES (ACEs), TRAUMA AND TOXIC STRESS

The adverse effects of poverty, malnutrition and discrimination are multigenerational. Mothers who themselves were premature or low birthweight infants are at far higher risk of adverse birth outcomes for their own children. Also, a woman's diet in early life has more impact on her own baby's birth weight than the food she eats as an adult.<sup>24</sup> While no intervention can reverse all the effects of deprivation in a prior generation, protecting infants and young children from adverse experience during their preschool years can reap major dividends.

The science and research base is robust regarding the impact of adverse childhood experiences (ACEs) on the ability of children and youth (and adults) to learn and function. ACEs have been proven to have long-term impacts on health and wellbeing.<sup>25</sup> The impact of adversity/ACEs is increasingly a focus in schools and communities as systems at all levels strive to provide supportive environments for healthy

development and learning which are responsive to the adversity and trauma that many children and youth have experienced.

A study<sup>26</sup> of over 2,000 elementary public school students in Spokane, Washington, found a statistically significant relationship between ACEs “score” and academic and health problems:

Odds Ratios for Child Development Problems Compared to No Known Lifetime ACEs				
	Academic failure	Severe attendance problems	Severe school behavior concerns	Chronic health problems
Three or more ACEs	2.9	4.9	6.1	2.5
Two ACEs	2.5	2.6	4.3	1.6
One ACE	1.5	2.2	2.4	1.8

Dr. Jack Shonkoff<sup>27</sup> provides this explanation of the impact of adversity, stress and trauma on children and youth: “Learning how to cope with adversity is an important part of healthy child development. When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood pressure, and stress hormones, such as cortisol. When a young child’s stress response systems are activated within an [environment of supportive relationships](#) with adults, these physiological effects are buffered and brought back down to baseline. The result is the development of healthy stress response systems. However, if the stress response is extreme and long-lasting, and buffering relationships are unavailable to the child, the result can be damaged, weakened systems and [brain architecture](#), with lifelong repercussions.”

When toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual’s physical and mental health—for a lifetime. The more adverse experiences in childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse and depression. Research also indicates that [supportive, responsive relationships](#) with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response.<sup>28</sup>

## BUILDING RESILIENCE AND STRENGTHENING PROTECTIVE FACTORS

In response to the realities of adversity and trauma across communities, *Best Starts for Kids* will support the delivery of programs and services that help build resilience among children, youth, families and communities, and that emphasize the protective factors that have power to change trajectories for learning, development and long-term life outcomes. Our focus is on promoting and building resilience and protective factors, and preventing or intervening early, to assure that the children of King County face destinies of opportunity and promise, equipped with the skills, relationships and community supports they need to thrive.

Protective factors are those strengths and supports that help youth and families get through negative exposure or life experiences without negative consequences. Research studies support the common-sense notion that when protective factors are well-established in a family, the likelihood of child abuse and neglect diminishes. The Center for the Study of Social Policy has articulated five key protective



factors; these factors are foundational to the Strengthening Families Approach:

- Parental resilience
- Social connections
- Concrete support in times of need
- Knowledge of parenting and child development
- Social and emotional competence of children

These protective factors are also promotive factors that build family strengths and a family environment that promotes optimal child and youth development.<sup>29</sup>

Resilience is the result of a combination of protective factors.<sup>30</sup> The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. These relationships provide the personalized responsiveness, scaffolding, and protection that buffer children from developmental disruption. They also build key capacities—such as the ability to plan, monitor, and regulate behavior—that enable children to respond adaptively to adversity and thrive. This combination of [supportive relationships](#), adaptive skill-building, and positive experiences is the foundation of resilience.<sup>31</sup>

Research has identified a common set of factors that predispose children to positive outcomes in the face of significant adversity. Individuals who demonstrate resilience in response to one form of adversity may not necessarily do so in response to another. Yet when these positive influences are operating effectively, they “stack the scale” with positive weight and optimize resilience across multiple contexts. These counterbalancing factors include:

- Supportive adult-child relationships
- A sense of self-efficacy and perceived control
- Opportunities to strengthen adaptive skills and self-regulatory capacities
- Sources of faith, hope, and cultural traditions<sup>32</sup>

The capabilities that underlie resilience can be strengthened at any age. The brain and other biological systems are most adaptable early in life. Yet while their development lays the foundation for a wide range of resilient behaviors, it is never too late to build resilience. Age-appropriate, health-promoting activities can significantly improve the odds that an individual will recover from stress-inducing experiences. For example, regular physical exercise, stress-reduction practices, and programs that actively build executive function and self-regulation skills can improve the abilities of children and adults to cope with, adapt to, and even prevent adversity in their lives.<sup>33</sup>

Best Starts for Kids will use this science and research, and the key concepts of what builds resilience, the impact of trauma and toxic stress, and the importance of moving to trauma-informed approaches, in the performance measures which we will be putting in place.

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:

1. Realizes the widespread impact of trauma and understands potential paths for healing recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization."

A trauma-informed approach is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing. A trauma-informed approach implemented in schools for BSK, for example, would adhere to this definition and would embody the components of the King County trauma-informed practice model described in the BSK Implementation Plan.

## Section IV

### BSK IMPLEMENTATION - LED BY COMMUNITY PRIORITIES AND DELIVERED THROUGH PARTNERSHIPS

This section of the implementation plan addresses:

- Consultation with King County Residents and Community Partners
- What We've Learned from Communities – Themes Driving the Implementation Plan
- Partnering with Communities on Procurement

### CONSULTATION WITH KING COUNTY RESIDENTS AND COMMUNITY PARTNERS

In order to develop responsive and relevant investment strategies for *Best Starts for Kids*, King County has turned to residents and community partners across our region for input and guidance. Between July and December 2015, the County and our community partners convened six large community gatherings and multiple community conversations across the County, focus groups and interviews – allowing King County to hear from and engage with over 1,000 community residents. Our goal was to provoke discussion and solicit advice specific to investments in children and youth, shaped around these questions:<sup>34</sup>

- What programs and services are working well in your community?
- Which are not?
- Where are the gaps in programs and services?
- What have you heard of in other parts of the country that you would like to see in King County?

At larger community gatherings we used the Community Café model.<sup>35</sup> In discussions with smaller groups we engaged through focus groups and interviews. In addition to direct feedback through this outreach, we also integrated input provided by community members through the Youth Action Plan youth survey and Youth Action Plan focus groups.

In April and May 2016, we returned to the community for additional assistance, requesting that community members review and respond to BSK's developing priorities, strategies and implementation approaches. These conversations provided critical input for the County to assure that we were hearing clearly from communities and partners on their needs and priorities, and that the developing plan reflected County residents' needs and expectations. Specific questions for the spring conversations included:

- Are we on the right track based on what is important to you and your community?
- Are there any critical gaps that have been overlooked?

We plan to continue our deep engagement with community as our work continues. A list of community conversations, dates and locations is included in Appendix 6.

## WHAT WE’VE LEARNED FROM COMMUNITIES – THEMES DRIVING THE IMPLEMENTATION PLAN

From the levy’s inception, King County has committed to listening to, and learning from, communities across our region to inform the focus and implementation of *Best Starts for Kids*. The themes summarized below have resulted from BSK’s many community conversations and the input we’ve received through other opportunities to interact with community members. This feedback has helped guide the development of this implementation plan.

### COMMUNITY FEEDBACK – *Overarching Themes from Across the County*

- Equity and social justice are critical in the work. This means addressing disparities as well as supporting culturally responsive programs.
- There is a need both for programs based in science and in community-based practices.
- There is a need to eliminate funding barriers to ensure the work can happen within communities.
- BSK must build off existing strong programs, based in communities.

### COMMUNITY FEEDBACK – *Themes Specific to Geographies*

- A prevention initiative such as BSK provides the opportunity to expand the definition of “need” to include communities with rapidly increasing **rates** in the challenges facing children and families, not just high numbers.
- Some regions are straining to meet increasing needs with an increasingly diverse population.
- Accessibility includes not just number and presence of services but distances needed to travel to get to services.

### COMMUNITY FEEDBACK – *Themes Specific to Prenatal to 5 Years Strategies*

- Community-based and peer supports are an essential way of partnering within communities.
- Home-based services are highly desired. They serve families who are isolated, and different models meet the needs of different communities.
- Infant/early childhood mental health is vital. This means supporting social and emotional wellbeing of babies and parents, as well as empowering providers.
- Communities across King County need different types of supports. Opportunities for choice are important.
- Supporting new parents with opportunities to connect to community resources is important.
- Connections and referrals across systems are critical.
- Core services provided through Public Health – Seattle & King County are important to expectant and new parents.

## COMMUNITY FEEDBACK – *Themes Specific to 5 - 24 Strategies*

- Community-based and/or peer workers are an essential way of partnering within communities.
- Youth empowerment and opportunities for including youth voice are essential to creating strong programs.
- Mentorship opportunities and peer-to-peer connections are important.
- Strong work is happening within communities; BSK must build off these opportunities.

## PARTNERING WITH COMMUNITIES ON PROCUREMENT

*Best Starts for Kids* is rooted in a vision for children, youth, families and communities that has yet to be realized in King County. As we go forward with partnering and procurement to actualize BSK's strategies and achieve its results, we will do so with an unwavering commitment to equity and social justice. We know that BSK has the potential to alter the course not only for the programs and services supported through BSK funds, but also for the spirit and action behind our partnerships with communities. Our approach will commit to assuring that BSK funds are impactful and effective in dispelling the disproportionality of access and the disparity of opportunities that continue to plague our region.

The BSK ordinance clearly mandated King County's method for investing levy funds:

*"The majority of levy proceeds from the voter-approved best starts for kids levy is intended to go to community partners to provide services in the community. As the levy is being implemented, the county's goal is to ensure that diverse communities and small organizations, including those that are using emerging and innovative approaches to provide services, are able to access moneys in order to provide culturally-appropriate services in King County. The county intends to collaborate with these organizations and help evaluate innovative new programs or services so that promising practices become proven practices. Services for children and youth will improve as agencies and organizations working with children and youth have opportunities for training, building organizational and system capacity and sufficient resources to administer programs and services."*

Ordinance 18088, July 22, 2015

Between now and the end of 2016, the County will work with the Children and Youth Advisory Board, the Communities of Opportunity Advisory Board, and other community stakeholders in developing an overall approach to procurement and contracting and to develop strategy-specific RFPs. Part of this work will include developing a sequence for implementation that will allow us time to develop the partnerships and leverage required for significant impact. The County is committed to developing a process that is accessible to community organizations, and less burdensome than can be typical in public sector procurement.

Another aspect of planning will be identifying how BSK will support both universal and focused strategies. We know there are needs that are universal across all communities and geographies, and ultimately the results we hope to achieve for King County's children, youth and families benefit us all. As we look to partner on strategies and programs, some will be universally available, and many will be focused within specific communities, as a means to reduce the disproportionality that currently exists in

our County. As we determine need for focused strategies and programs, consideration will be given to communities and populations experiencing rapidly increasing rates in the challenges facing children and families.

The work of building a strong process for procurement and sequencing of implementation that meets the needs of communities will occur concurrently with King County Council's deliberations and final approval on this BSK implementation plan. We expect to have completed the first round of RFP processes and to make initial investments in early 2017.

We will work with other key partners to ensure alignment on our efforts, and to leverage funds wherever possible.

The values below, which were informed by the CYAB, will apply across all investments:

- We will provide programs and services primarily through community-based organizations that serve one or many of the unique communities across King County. This will help assure that BSK's investments in promotion, prevention and early intervention programs and services are available to cultural and ethnic groups.
- We will make decisions that challenge the status quo of current processes, and that push equity as.
- We will intentionally support connections across systems, and build upon the considerable assets we currently have within King County, across mainstream systems and community-based approaches.
- We will assure that opportunities are available across the diversity of geographies in our County.
- We will make decisions carefully, thinking through unintended consequences and ensuring that decisions do not widen disparities.
- We will systematically use equity tools to support sound decision-making.
- We will reduce barriers, and assure that the procurement process is accessible to all.
- We will invest sufficiently to ensure that contractors are able to pay living wages.
- We will ensure our outreach and processes are inclusive, and will prioritize those who have been left out or underserved.

With regard to assuring that opportunities are available across the diversity of geographies in our County, thought will be given to the nuance that access includes—not just the number or presence of services in a particular region, but the distance an individual may need to travel to access services and the means of transportation available to that individual. Consequently, in thinking through ways to address this issue, implementation staff will consider how equity might be enhanced for applicable programs and strategies through transportation subsidization options as an alternative to program siting-based solutions.

Additionally, our work will be undertaken with an awareness of institutionalized racism and other differential treatment or bias and the complex mechanisms that contribute to producing disparities, including health disparities.

To assure an effective and collaborative approach to procurement and contracting, BSK will apply the principles of implementation science. Implementation Science is defined by the [National Implementation Research Network](#) (NIRN) as “the study of factors that influence the full and effective

use of innovations in practice. The goal is not to answer factual questions about what is, but rather to determine what is required.”

The field of implementation science supports the notion that certain elements must be present in order to achieve strong outcomes. Implementation requires intentionality, support and the ability to be reflective in order to make changes that meet the need of individual communities. In BSK, King County will apply the principles and frameworks of implementation science systemically to ensure strong outcomes in communities as a result of BSK investments. Additional information on implementation science is included in Appendix 7.

## Section V

### PRENATAL – 5 YEARS, APPROACHES AND INVESTMENTS

This section of the implementation plan addresses:

- Overview of Prenatal to 5 Years Results, Strategies and Indicators
- Investments and Approaches for Prenatal – 5 Years
- The BSK *Help Me Grow* Framework for King County
- Programs and Services for Prenatal – 5 Years

#### OVERVIEW OF PRENATAL TO 5 YEARS RESULT, STRATEGIES, AND INDICATORS

In approving *Best Starts for Kids*, King County voters demonstrated their commitment to investing public funds toward programs and services that will assure strong and healthy starts for all of King County's children. This section of the implementation plan covers the first of the three BSK results, as defined in the BSK levy ordinance:

***Babies are born healthy and are provided with a strong foundation for lifelong health and wellbeing.***

Four overarching **strategies** define the Prenatal – 5 Years work:

#### BSK STRATEGY AREAS – Invest Early (Prenatal – 5 Years)

Support parents, families and caregivers

Screen children to prevent potential problems, intervene early, and effectively link to treatment

Cultivate caregiver knowledge

Support high quality child care (in home and in centers, licensed and unlicensed)

The strategy areas will contribute to improvement of these population level **headline indicators**:

- Babies with healthy birth outcomes as measured by infant mortality and pre-term births
- Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness
- Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy and mathematics



- Lowering the rate of child abuse or neglect

## INVESTMENTS AND APPROACHES FOR PRENATAL – 5 YEARS

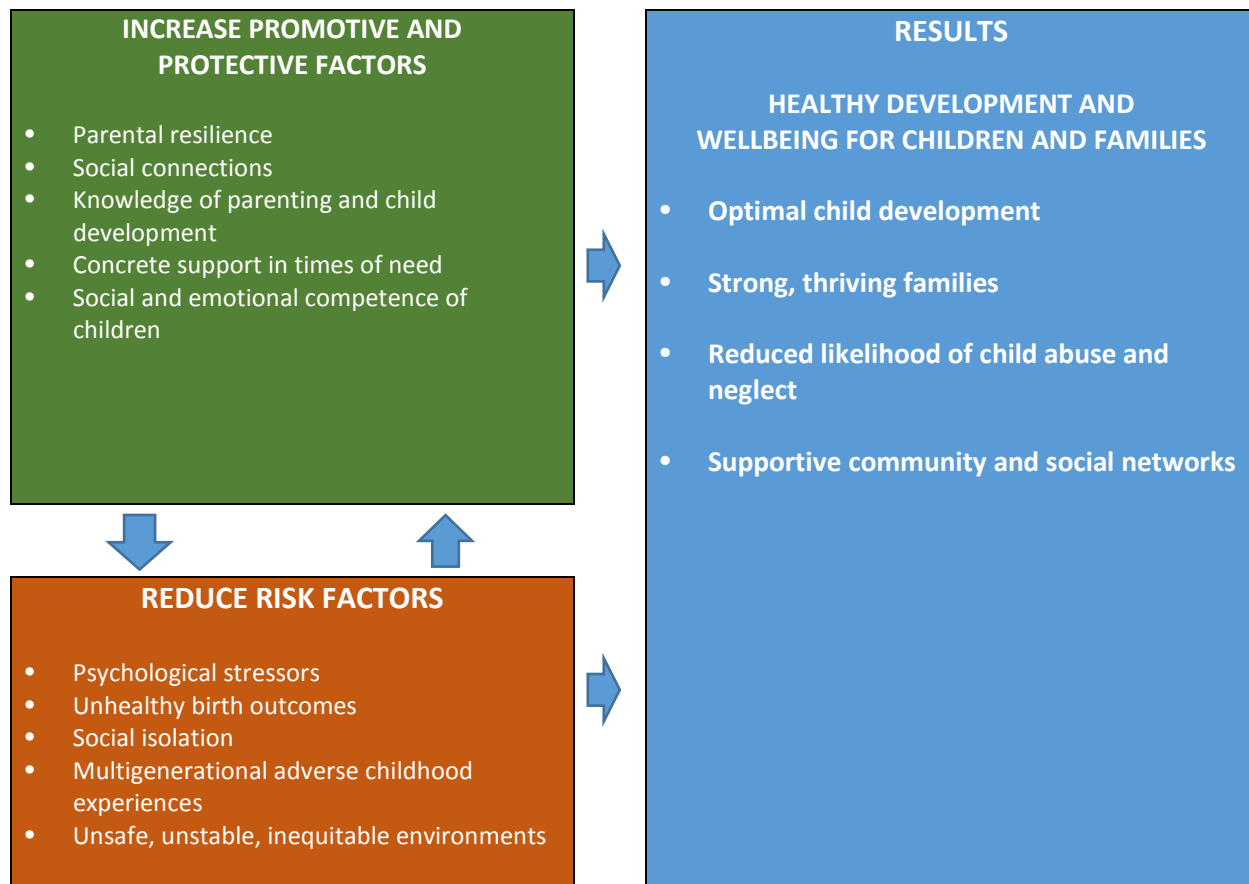
The investments and approaches discussed below will assure that *Best Starts for Kids* – through partnerships with community-based organizations – will be successful in achieving our stated results for children and youth. As we learn from initial investments and build both our qualitative and quantitative understanding of the impact of BSK across King County communities, we expect that investments and approaches will be refined. Any refinements over time will be made in consultation with community-based partners and with the guidance of the Children and Youth Advisory Board (CYAB). Across all of our programmatic investments, in Prenatal – 5 Years, and also in 5 – 24 Years, our focus will include innovative programs offered in partnership with communities which are capable of promoting health and wellbeing outcomes for all of our children.

The County will contract with one or more independent organizations, as appropriate to the program areas in the Prenatal – 5 Years, Approaches and Investments to provide front-end and long-term community outreach, technical assistance and capacity building to help reduce barriers for smaller and more isolated organizations, partnerships and groups to access BSK levy funding. The entity(ies) with which the County contracts will have experience working with the diversities of King County, both geographic and cultural. The entity(ies) will be contracted through an RFP process. Dedicated funds will be sufficient to allow the entity(ies) to engage in meaningful community outreach, provide technical assistance and build the capacity of organizations, partnerships and groups with the aim of reducing barriers to access BSK levy funding. At least 1% of funds in the Prenatal – 5 Years, Approaches and Investments allocation will be dedicated for this purpose over the life of the levy.

These guiding principles, which have been shaped through our community conversations and the CYAB, will be at the center of our work:

- Attention to disproportionality and multiculturalism is critical, and will be integral to how we focus investments.
- We will encourage innovative programs, built on the experiences of community partners and the needs and priorities of community residents.
- Investments in early childhood pose opportunities for multi-generational approaches to capitalize on strengths within families and communities.
- We will build upon resilience and protective factors in children, youth and families across our County.
- We will emphasize promotion of positive development, relationships and community in addition to preventing negative outcomes and providing *early* interventions.
- Children and families will be connected with the resources and services they need.

We are approaching *Best Starts for Kids* with a commitment to promotion, prevention and early intervention. To do that work effectively, we will use BSK funds to emphasize the importance of increasing promotive and protective factors within families and communities and reducing risk factors to increase the likelihood of achieving the outcomes we seek. The graphic below (adapted from the Center for the Study of Social Policy – YOUTH THRIVE) illustrates how we are conceptualizing the work, through a protective factors frame.



Traumatic experiences, toxic stress and adverse childhood experiences (ACEs) are risk factors that can impact healthy development and wellbeing. Strategies and approaches in the Prenatal – 5 Years investment allocation will be deployed to ensure that children from birth to five, who are the victim of or are otherwise exposed to a traumatic event, will be connected to services to support them in working through that trauma. The goal of this body of work is to prevent future behavioral health ramifications from this exposure. While further implementation planning is necessary to develop how strategies and approaches in this allocation will work toward this goal, the approach undertaken will seek to ensure there is a warm hand-off to services.

### THE BSK HELP ME GROW FRAMEWORK FOR KING COUNTY

One of the fundamental messages we have received from communities regarding services for Prenatal – 5 Years is the importance of getting families the information they need, and coordinating all available services, so the right service is obtained at the right time, in the right way.

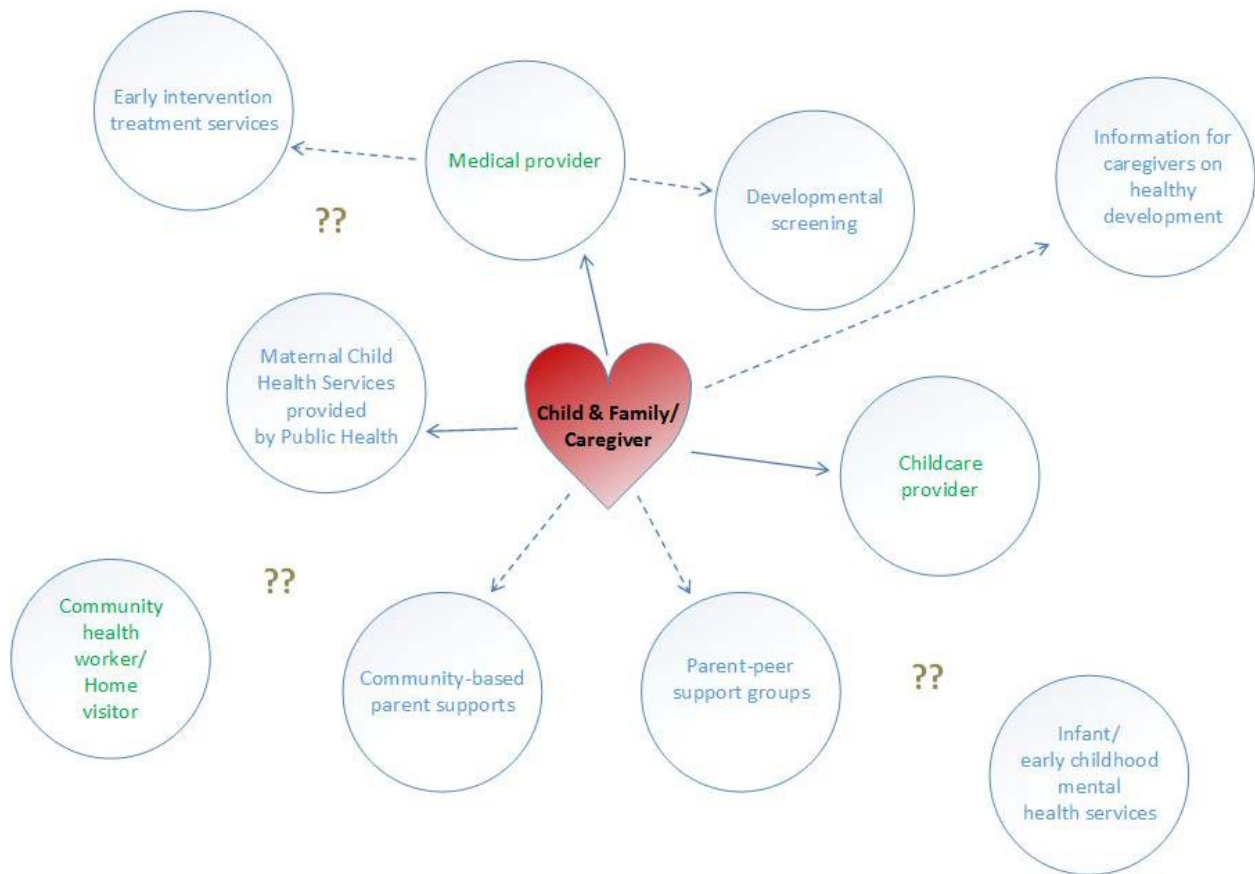
As part of *Best Starts for Kids*, King County will build the BSK Help Me Grow framework across the County. The BSK Help Me Grow framework will be informed by the national Help Me Grow<sup>36</sup> model that aligns systems, including child health care, early care and education, and family support. Help Me Grow is an evidence-based, family-centered framework for prevention and early intervention efforts. In Washington, Help Me Grow is being implemented by Washington State’s Essentials for Childhood

initiative, and as part of Washington’s efforts to increase developmental screenings, as outlined in the state’s Early Learning Plan.

The difference between the current work in Washington State, and what we will develop in King County, is that the BSK Help Me Grow framework will provide a new system of teamwork to support families and children by building on the strengths of communities through multi-directional communication and strong community and system linkages. The BSK Help Me Grow framework will assure that all of the programs and services in which we invest BSK funds are interconnected. This will make it more efficient and effective for medical providers, home visitors, child-care providers and community-based programs to respond to the needs of children and families in communities all across King County.

Currently, families are often unsure of the resources available in their communities, or how to access them. Providers who work with the child and family—whether it be medical providers or child-care providers—may also be unsure of where to send a family when they know they have a need, and they may also be unaware what services a family has received. Although there are exemplary services being provided across the County – by Public Health and in community-based organizations – there is not enough connection and coordination among the providers, services and organizations working with children and families. There is also a lack of local, culturally-relevant services to meet the needs of all children and families in our region.

From the perspective of a family, we would illustrate the current system this way: services are available, but the best way to access them may be unclear, or may not be possible without assistance from someone knowledgeable about the services, and connected within a community. In addition, service providers may lack the time and resources to connect, and be unable to reach all families.



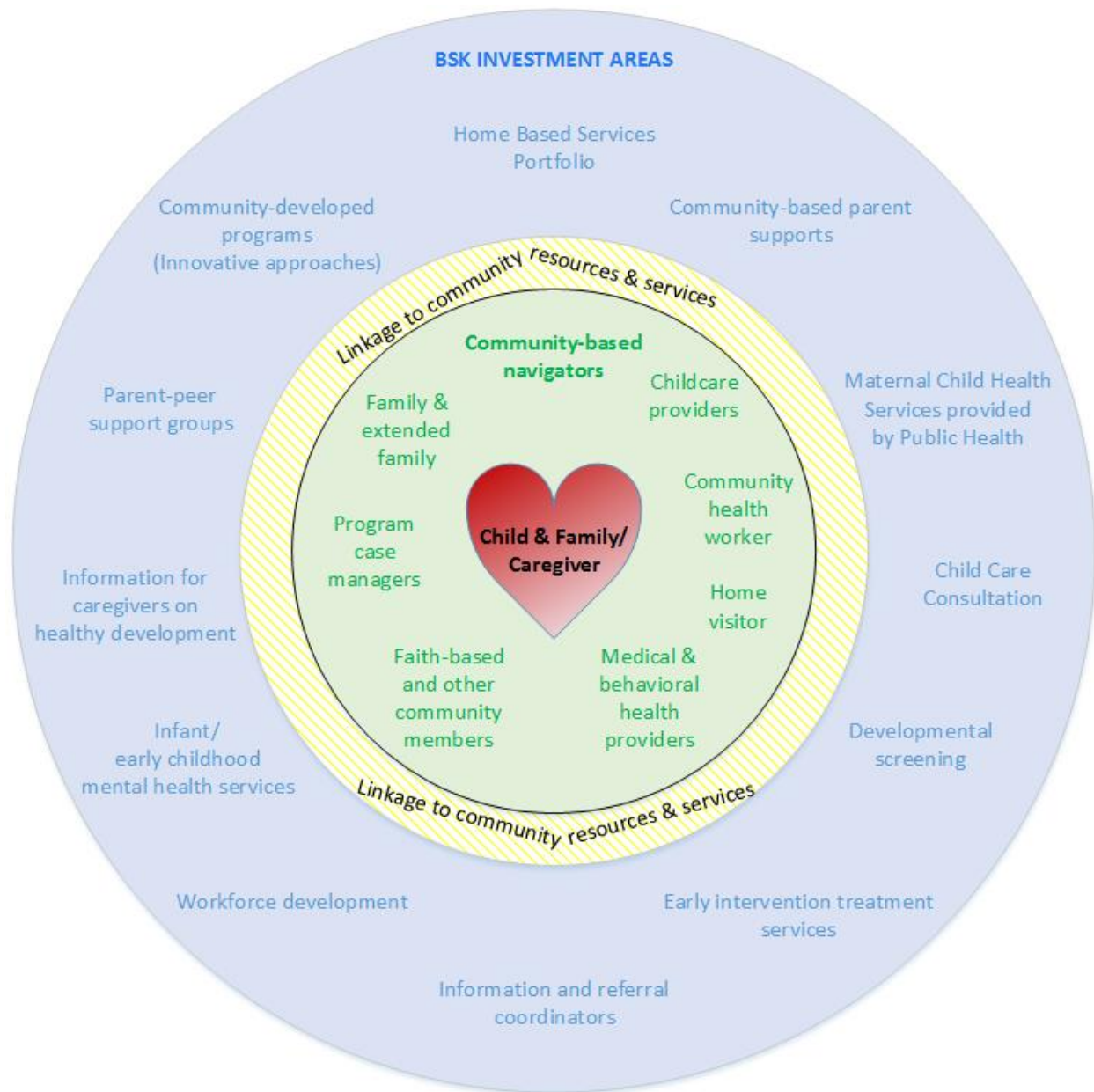
The power of implementing the BSK Help Me Grow framework for Prenatal – 5 Years rests in the potential for deepening and broadening multi-directional communication and strong community and system linkages, and increasing access, for all King County children and families. Formalizing BSK Help Me Grow as the organizing framework for Prenatal – 5 Years will position BSK investments for maximum impact, and assure efficiencies and effectiveness in the use of public funds.

The BSK Help Me Grow framework comprises five interconnected components:<sup>37</sup>

- **Healthy Children.** A strong network of agencies and community organizations that provide early childhood services to assure that children begin school healthy and ready to learn.
- **Strong Families and Caregivers.** A variety of supports for families that enhance resilience and wellbeing, such as connecting families to resources that support parents' knowledge, and providing opportunities for peer mentoring or access to community health workers.
- **Strong Early Childhood Professionals.** Outreach and engagement with early learning providers to build knowledge of infant mental health, reflective practices, early brain development, and key health messages to ensure that providers have information to support families.

- **Strong Referral Network.** Responsive services and care coordination that assure universal screenings for early identification of developmental delays and a strong connection to the health care system, through an interconnected referral network for all families.
- **Advocacy and Communication.** Promotion, communication and strong advocacy to drive policy decisions that support access and support for services that impact the health and wellbeing of children during their most critical years of development.

The graphic below illustrates what we expect will be the future state for children and families as we work toward improving access and system efficiencies through BSK's Help Me Grow framework. Children and families are at the center, surrounded by immediate providers, and able to connect with additional resources and services. From the surrounding circle looking in toward the child and family, there are strong community and system linkages and multi-directional communication to assure that families experience a cohesive safety net of supports.



The BSK Help Me Grow framework will assure that families and children are the center of a cohesive and well-coordinated system through a network of Navigators. Navigators will work one-on-one with children and families to help connect them with resources and services. A Navigator is a professional (e.g., community health worker, doula or community organizer) hired within a community based organization who will work one-on-one with families and children to connect them to resources. Navigators will be community health workers or trusted community messengers. Navigators also work closely with providers who interact day-to-day with children and families such as child-care providers, medical and behavioral health providers, home visitors, community health workers, and child welfare to ensure coordination of services and systems, including sharing of information and coordination around children's and families' needs. Should families need more than just website information or a phone call, Navigators can provide them with a warm hand-off to the services they need.

One of the unique opportunities posed by BSK is to partner deeply with diverse communities across the County which have knowledge, trust and history with children, youth and families. The purpose behind the BSK Help Me Grow framework is to weave together services within and across communities, assuring that there is ***no wrong door*** for families needing referrals and access. The process of building out the BSK *Help Me Grow* framework will take time, and will be an inclusive process with our community partners.

Over the coming months, King County will work with community-based partners, medical providers and state-level Help Me Grow colleagues to further conceptualize the BSK Help Me Grow framework and collectively tackle initial steps toward full implementation. At a high level, we expect to achieve the following in the first few years:

Initial Implementation of BSK Help Me Grow Framework	
<b>Year one</b>	<ul style="list-style-type: none"> <li>• Work with community partners to deeply understand current barriers limiting access to services and resources</li> <li>• Coordinate with Washington State's Help Me Grow initiative to build upon their learning as we broaden the BSK Help Me Grow framework to serve large urban areas and rural geographies effectively</li> <li>• Begin process to identify and fund Navigators, to assure connections across King County and learn from their work how to improve the current system to enable families' access to services and resources</li> <li>• Determine the best approaches for strengthening community connections and sharing information and updates across organizations, assuring that the services and resources within the BSK Help Me Grow framework are well aligned</li> <li>• Work with King County Information Technology (KCIT) and community partners to determine how best to interlink resources through a web connection and call center coordination</li> <li>• Consider the development of a registry that contains information on the programs and services available to children and families in King County. A registry could be linked to existing resource centers, such as ParentHelp123, 211, and Child Care Resources</li> </ul>
<b>Year two</b>	<ul style="list-style-type: none"> <li>• Engage community partners – including medical providers – to learn from one another after year one, and develop shared understanding on how to strengthen multi-directional communication and maximize referrals</li> <li>• Take lessons learned from year one to inform a competitive RFP for a lead organization responsible for interconnections and management of database resources</li> </ul>
<b>Year three</b>	<ul style="list-style-type: none"> <li>• Implement an evaluation to understand how well the new framework is working for providers and families/caregivers</li> </ul>

Currently the primary focus of the BSK Help Me Grow framework is on Prenatal – 5 Years, and developing a strong system of multi-directional communication and access to services that assures no wrong door for families. We know that developing this well will take time. As we focus in the first few years on building and strengthening the framework for early childhood, we will concurrently be considering the best way to extend reach into programs and services for older children, youth and young adults. Just as with young children, parents, caregivers and youth/young adults themselves need help in knowing how to find the right resources among the many that exist throughout King County. Outreach and resources need to be available and accessible to all parents, caregivers and kids throughout the County regardless of their age, language, culture or neighborhood.

The programs and services to be funded by *Best Starts for Kids*, and which are described in detail below, will be core to the BSK Help Me Grow framework to achieve coordination and efficiency, and ease for parents/caregivers.

**Youth involved in the child welfare system and Help Me Grow.** Youth involved in the child welfare system may be eligible for all programs outlined in the BSK Implementation Plan. The Help Me Grow Framework’s system-building process will involve partnering with the child welfare system as one area of focus. In part, this work might include collaborating with the managed care organization holding the Washington State contract to administer Apple Health Foster Care (AHFC) program—which will provide coordinated health care services for children and youth in foster care, extended foster care, adoption support, and young adult alumni of the foster care program—to implement the Best Starts for Kids Help Me Grow model in King County. This work might also involve building relationships with Region 2 Children’s Administration and deep engagement with the Early Intervention-Child Welfare-Early Learning Partnerships. Some elements of the approach to partnering with the child welfare system through the development and implementation of the Help Me Grow Framework may include the following elements:

- Strengthening linkages between child welfare offices and court staff and the three early learning and development disciplines (early intervention, early learning, and infant/early childhood mental health)
- Promoting system improvements to refer all children up to six involved in the child welfare system for a developmental evaluation
- Providing a web-based searchable database created to help child welfare and dependency court staff identify resources for learning/development needs of children prenatal to five involved in the child welfare system

## PROGRAMS AND SERVICES FOR PRENATAL – 5 YEARS

The following section provides more detail on Prenatal – 5 Years programs and services which will be funded through *Best Starts for Kids*, and a **rationale** and **approach** for each. These programs and services will be primarily provided by community-based organizations. Over the next few years, King County will work with all the partners providing these services to assure that they are interconnected within the BSK Help Me Grow framework.

**Estimated funding**





**levels**

2016: \$350,000

2017-2021 average:  
\$1,560,000

Innovation Fund for programs driven by community interest/need

**Rationale for investment.** King County is committed to maximizing the opportunity presented through *Best Starts for Kids* to support innovative programs across the region. These may be programs that lack a robust research base and that address the needs and priorities within communities, and which those communities believe will be effective in meeting BSK results. Communities know their needs, and what works well. However, communities wishing to provide innovative and community-driven programs for young children and their families can be constrained from accessing resources, due to narrowly-defined funding parameters.

**Proposed approach.** Over the next few months, as part of our next steps in planning procurement, we will work with the CYAB and other community stakeholders to develop a protocol for dissemination of these more flexible funds. We will conduct outreach, with the assistance of community partners, to engage programs that have not been previously funded, and to encourage their innovations. Communities will articulate how they will achieve the outcomes they intend, and King County will use this opportunity to support additional innovative programs, and to learn more about what works in communities across our region.

The Innovation Fund will be held in reserve as levy proceeds are collected. Supplemental appropriations ordinances will be transmitted for Innovation Fund expenditures with clear, written specifications and an investment process for each contemplated investment strategy. Because the aim is to retain investment flexibility and responsiveness to community needs, it is understood that investment strategies will evolve. Evolution of these strategies will be reported in the BSK Annual Reporting process.

**Estimated funding levels**

2016: \$497,000

2017-2021 average:  
\$9,230,000

Home-based Services, including investments such as:

- Home visiting
- Community-based programs

**Rationale for the investment.** Education, health and life outcomes are greatly influenced by the interaction between parents and their children. Parental engagement, stimulating interaction and attachment are essential for skill development and critical determinants of later-life success.<sup>38</sup> Home visiting programs work to foster positive parent-child interactions that last throughout life. Home visiting is a proven strategy that improves health and wellbeing outcomes for babies and their caregivers. Home visitors deliver services in families' homes, providing information related to maximizing children's healthy development, building the parent-child bond, promoting safe and healthy environments and establishing the foundation for lifelong cognitive, physical and social/emotional development, which begins before birth.

**Proposed approach.** Aligning and leveraging systems will be important as King County becomes a key player supporting the growth of a robust system of home visiting within King County. Over time, as we build the BSK Help Me Grow framework, we will be able to systematically connect families with the services they need. In so doing, we will also assure that medical providers have the information they need so they can refer families to home visiting services.

The Washington State Department of Early Learning (DEL) and Thrive Washington currently partner to manage Washington State's Home Visiting Services Account which funds over 2,000 families for home visiting statewide. Together, they fund home visiting programs, provide support to ensure quality through technical assistance, and oversee the statewide system. King County will partner with both DEL and Thrive. We will also expand our partnership with United Way of King County, to leverage funding and support expansion, specifically for the Parent-Child Home Program (PCHP) home visiting model.

The best home visiting models for families and communities are the ones that meet their needs, and which they choose. Each of the models proposed for BSK funding has a strong evidence base, demonstrates outcomes for children and families, and will meet the specific needs of individual communities. Home visiting is inherently a strengths-based approach, which builds upon assets of parents and families to promote healthy starts for children across all communities, inclusive of immigrant and refugee families, LGBTQ families, single-parent families, and families with disabilities.

King County's ultimate goal is to create a continuum of home-visiting services across age groups, geography, diversity of communities, and levels of intensity, so that we can meet the range of needs in the County. In the long-term, we would like to see King County move toward universal home visiting, as is offered in some other municipalities across the country.<sup>39</sup> In a universal home visiting approach, home visiting is available to all families, and for most is of short duration – just a few home visits. This would require considerable research and discussion.

Longer-term, and more intensive home visiting, such as those programs described below, will be available for families identified through medical providers, Public Health, and community-based organizations. As the BSK Help Me Grow framework is built out, it will allow families to be connected to just the right level of home visiting services. Implementation of home visiting and home-based services will be a mix of some County-provided Nurse Family Partnership (NFP) services, and funding for community-based organizations to expand home visiting that will be bid through a competitive procurement process. Funding will be flexible across multiple home visiting programs to respond to varied needs across communities (for example, programming may provide support to families with children diagnosed with Autism spectrum disorder, among others). BSK will fund a portfolio of both evidence-based and community-based models, including, but not limited to:

- **Nurse Family Partnership.** Public Health – Seattle & King County currently provides 700 home visiting slots within King County using the Nurse Family Partnership home visiting model, using both state and City of Seattle funding through the Families and Education Levy. NFP serves first-time mothers who are enrolled prior to their third trimester. Using BSK funds, King County will expand NFP into communities not currently receiving NFP services, throughout King County. We will continue to partner with the City of Seattle and the statewide system to align our collective work. King County will expand by two nurses and two social workers, as well as maintain funding levels noted in 2014.
- **Parent-Child Home Program (PCHP).** PCHP is another research-based model, which provides two years of twice-weekly home visits to families with children between 16 months and four

years. Matching language and culture between families and home visitors is a hallmark of PCHP, which prioritizes families who are challenged by poverty, isolation, limited educational opportunities, language and literacy barriers, and other obstacles to healthy development and educational success. United Way of King County has been funding over 1,000 slots for the past five years, and has achieved excellent outcomes. King County will help maintain and expand these services while partnering with United Way of King County to leverage dollars to meet the demand.

- **Evidence-Based Home Visiting.** King County will also invest BSK funds to implement other evidence-based home visiting programs<sup>40</sup> in communities that are not currently receiving services. There is an unmet need for home visiting among families who may not be eligible for Nurse Family Partnership or Parent-Child Home Program and still need services. Potential models may include: Parents as Teachers, Family Spirit, and Triple P.
- **Community-Based Best Practices.** In addition, King County will expand current home visiting programs, which, while not evidence-based models, are still based on research, have a strong theoretical bases in science, promote prevention and early intervention, and deliver strong outcomes for children and families. These programs are often embedded within the communities they serve and maximize the opportunity for direct cultural matches between home visitors and new parents. Such programs offer important opportunities for innovation.

Potentially these could include the Community-Based Doula model, which connects pregnant women with other women in their own communities who are specially trained to provide support during the critical months of pregnancy, at the time of birth, and into the early months of parenting.

#### Estimated funding levels

2016: \$95,000

2017-2021 average:  
\$2,360,000

#### Community-Based Parenting Supports, including investments such as

- Prenatal care and breastfeeding support
- Immunization education
- Oral and auditory health
- Healthy vision
- Injury prevention
- Environmental health, including asthma, lead and toxins

#### Parent/Peer Supports, including investments such as

- Play and Learn groups
- Community-based groups based on community interest and need

### Community-Based Parenting Supports

**Rationale for the investment.** Across King County, families have different needs and are connected within communities in a variety of ways. Providing families with key messages regarding health, safety, brain development and social/emotional wellbeing increases the likelihood that all children and young

families have the very best start. In addition to focusing on the health and wellbeing of very young children, we must also focus on the health and wellbeing of their parents and families.

The health and wellbeing of parents, prenatally and in the early stages of their children's lives are critical factors contributing to healthy child development, healthy families and healthy communities. Prenatal supports to promote healthy pregnancies, such as a focus on nutrition, avoiding substance use, and managing physical and emotional health must be extended across King County to improve the rates of healthy birth outcomes in all communities, with a focus on those where healthy birth outcomes are disproportionately low. *Best Starts for Kids* provides the opportunity for strengthening community supports for expectant and new parents, and addressing critical issues that can greatly improve the likelihood of healthy births. These include assisting parents to develop strong networks of social supports, and providing information and services that encourage avoiding substance use in pregnancy and parenting.<sup>41</sup>

In 2013, 24,910 infants were born to King County residents, of which 37 percent were Medicaid-funded. Between 2010 and 2014, an average of 2,266 infants were born preterm in King County, for a rate of 9.2 percent.<sup>42</sup> Native American/Alaska Native infants were 81 percent more likely to be preterm than white non-Hispanic infants, who had the lowest rates in King County. Black and Native Hawaiian/Pacific Islander infants had preterm birth rates about 50 percent higher than white non-Hispanic infants. Poor maternal and infant outcomes were common, including low birth weight, preterm birth, Cesarean delivery, lack of adequate prenatal care, maternal obesity, hypertension or diabetes, maternal depressive symptoms, lack of social support, and sleep sharing.<sup>43</sup>

**Proposed approach.** In King County, only 72 percent of all mothers access early and adequate prenatal care, and the percentage is even lower for women of color. Through Navigators, the BSK Help Me Grow framework will enable systems and connections within communities to increase access to prenatal care and provide linkages to critical services, such as housing, mental health treatment and chemical dependency treatment, which will be aimed at improving birth outcomes for high risk and underserved communities. This program area may also provide supplies to expectant or new parents with a goal of improving birth outcomes and supporting children in early infancy. BSK funding will support mothers to access prenatal care by working with community-based professionals, who are trusted allies in building connections to the health care system. Potential linkages could include prenatal classes, birth doulas, peer breastfeeding counselors, services for maternal depression and peer support groups. This approach includes programs and services that help women initiate and sustain breastfeeding through an infant's first year of life, and increase the proportion of infants who are breastfed exclusively through age six months.

Through BSK, new parents and families will be able to access information on key factors influencing their young children's healthy development including information on immunizations,<sup>44</sup> oral health,<sup>45</sup> auditory health, autism spectrum disorder, and healthy vision. BSK will also support communities in prevention and interventions to address injury prevention,<sup>46</sup> asthma<sup>47</sup> and concerns over the potential of lead<sup>48</sup> and other toxins in home environments.

The BSK Help Me Grow framework will facilitate and maximize these community connections through organizations that have the capacity to partner with parents. BSK partner organizations will assure that pregnant and newly parenting individuals have the information, knowledge, skills and resources they need, and are able to access effective prenatal and well-child health care and provide healthy, nurturing and safe home environments.

## Parent/Peer Supports

**Rationale for investment.** Parent/peer supports will offer families/caregivers access to healthy and affirming communities and peers, promoting the health and wellbeing of all families and young children. Parent/peer supports can scaffold families and caregivers across communities – including immigrant and refugee families, LGBTQ families, families with disabilities, and families with foster children – as they seek encouragement and assistance when their children are experiencing behavioral health issues or developmental delays or disabilities.

Parent/peer supports provide community-based ways to decrease isolation, increase connection to community, and improve access to geographically-obtainable supports. In communities across King County, parent/peer support groups are building networks of resources, social supports, and community among parents and caregivers who share common bonds in caring for young children. BSK funding to expand these services has been repeatedly identified as a priority in community conversations.

**Proposed approach.** BSK will support communities in providing parent/peer support groups that meet community-identified needs. This approach supports parents, families and caregivers by working to decrease the incidence of challenging situations through preventive education and support (such as, for example, education and support around Autism spectrum disorder), and expanding effective peer support groups for parents and caregivers. BSK intends to focus parent/peer support groups to meet the needs of unserved and underserved communities and individuals in King County, through culturally-specific, culturally-relevant, and linguistically-appropriate approaches.

BSK will build off the strengths of existing programs (such as community-based Play & Learn groups described below) and will provide opportunities for innovative new programming, services or supports. This will ensure continuity of support through the preschool years and the transition to kindergarten. These investments will be based on family support principles of building on the strengths, knowledge, resources, culture, and capacity of families and communities as best practices that promote the optimal development of children. BSK will support communities to embed the principles of family support to ensure:

- Prevention-based services become a key approach to building and sustaining healthy communities
- Programs strengthen their capacity to work cross-culturally in their local communities
- Programs focus on building community capacity to support all parents, especially those facing challenges in raising their young children by utilizing and developing the existing strengths of individuals, families and communities

Play and Learn (P&L) groups are one example of a potential BSK investment approach to further parent/peer supports. P&L groups provide opportunities for parents to come together with their young children to learn from a facilitator and each other about ways to support healthy development. Facilitators for P&L groups are community-members, which assures that Play and Learns are accessible to parents/caregivers across language, ethnicity and culture, and which provides an opportunity for multi-generational programming in communities. P&L groups provide information, referral, and educational events and groups for parents, caregivers and their children from birth to 5. This program area could also fund programs such as Divine Alternatives for Dads Services (D.A.D.S.) aimed at providing support to fathers so that they may forge healthy relationships with their children. Through peer and other supports, D.A.D.S. models healthy relationships, helps stop the cycle of family violence,

seeks to improve the lives of children, and encourages fathers to become agents of change in their communities.

In King County, families benefit from the research-based model of [Kaleidoscope Play & Learn groups](#). At Kaleidoscope groups, children have fun participating in activities and being around their peers, while parents, grandparents, aunts, uncles, older siblings and other family members learn about activities to maximize learning and development, the skills children need to be ready for kindergarten, and community programs and services that are available to families. In 2013, Kaleidoscope Play & Learn was designated a Promising Practice by the Evidence Based Practice Institute of the University of Washington. Play & Learn groups provide an excellent opportunity for exploring the activities and resources available through VROOM, discussed below.

Implementation of this strategy area will occur through competitively-bid contracts for expansion of parent/peer supports. All contracts will be outcomes-based, to allow for innovative approaches of supporting parents, driven by community priorities and need.

**Estimated funding levels**

2016: \$0

2017-2021 average:  
\$600,000

Information for Parents/Caregivers on Healthy Development, including investments such as:

- VROOM
- Other community-focused research-based brain development initiatives

**Rationale for investment.** Parents are their children’s first, and most important, teachers. Because experiences in early childhood lay the foundation for later success, the relationships, environments, and supports that children experience have a profound impact on their development. Critical neurological and biological systems grow most rapidly in the earliest years.<sup>49</sup> Extensive research over the last few decades has confirmed that when parents understand how their children develop and have support and encouragement in their role as parents, they are more responsive, sensitive, and skillful, and their children demonstrate better outcomes in the short- and long-term.

Advances in understanding of early childhood are continuing to shape the opportunities to promote optimal development for young children and support for parents/caregivers. One exciting opportunity is the development of [VROOM](#), an initiative conceived and funded by the Bezos Family Foundation to provide parents and caregivers with the information and tools they need to help build their children’s healthy brains. VROOM was developed by a group of scientists, community leaders and trusted brands, with input from community organizations and families.

New science, made accessible through VROOM materials and a wealth of other resources, serves to engage parents more fully in maximizing the critical development period of infancy and early childhood. Children’s first years are when they develop the foundation for all future learning. Every time we connect with them, half a million neurons fire at once, as young brains take in all that they see and hear.<sup>50</sup>

**Proposed approach.** Working with community partners, BSK will help communities to share VROOM materials through parent/peer support groups and other community gatherings, and explore other venues for sharing VROOM’s messages. Through use of tools, activities and a smartphone app, VROOM helps parents/caregivers turn shared moments into brain building moments. Meal time, bath time, visits to the grocery store or play times with families and friends all provide opportunities to nurture children's growing minds. BSK will also help support translation of VROOM resources in other languages, to help spread the information about these important early years, and support parents in the many ways they engage with their very young children.

With funding from the Bezos Family Foundation, King County has begun the work of sharing VROOM practices and materials in community settings. BSK will help community partners extend the reach of VROOM and other research and resources that will strengthen families and support the role of parent/caregivers in building protective factors that strengthen their children, their families and their communities.

BSK investments will allow parents across communities and cultures to connect with information and social supports to scaffold their children’s healthy development, and to feel successful and satisfied in their roles as parents. Community partners will provide relevant and accessible information for parents and families across a range of topics including health and safety, stages of development, the importance of play and the vital importance of oral language and language development beginning at birth. Funds to support the dissemination of information for caregivers will be contracted to community-based organizations.

**Estimated funding levels**

2016: \$93,000

2017-2021 average:  
\$2,230,000

**Child Care Health Consultation, including investments such as:**

- Onsite support to licensed child-care providers – family child-care homes and child-care centers – to promote children’s health and development and assure healthy and safe care environments
- Community-based trainings on child health and safety

**Rationale for investment.** Child care health consultation (CCHC) promotes the health and development of children, families and child-care staff to ensure healthy and safe child-care environments.<sup>51</sup> Through CCHC, licensed child-care settings are able to access the expertise and support of a multidisciplinary team of nurses and community health workers – all focused on promoting and supporting healthy, safe and developmentally-appropriate environments for young children. The practice of integrating CCHC into child-care settings is recommended by the American Academy of Pediatrics to ensure that complex health concerns, such as determining safe sleep policies, developing care plans for children with chronic medical conditions, or responding to infectious disease outbreaks, are informed by health care professionals.<sup>52</sup> The approach has a solid research base.

CCHC does not act as a primary care provider, but offers critical services to licensed child care and families by sharing health and development expertise, strategies to ensure injury prevention, assessments of child health needs, and community resources. CCHC assists families in care coordination with their medical homes. As King County builds out the BSK Help Me Grow framework, the connections

facilitated by child-care health consultation will be essential in strengthening the system of supports for families.

By investing BSK funds to expand CCHC, King County will be able to reach additional providers, including cultural- or ethnic-specific licensed child-care homes that are vital resources in communities, but which may not be sufficiently connected to systems and supports to assure frequent and responsive child-care health consultation. CCHC is an essential service across all child-care settings, but is of particular importance to licensed centers and homes serving children birth to age three. These years provide critical opportunities for assuring healthy development, and/or identifying concerns early.

In addition to assuring increased access in under-served communities, investing in CCHC could target supports to licensed homes and centers that are participating in Early Achievers,<sup>53</sup> the state's quality rating and improvement system. Licensed homes and centers that are preparing to be rated could be bolstered in their efforts toward improved quality through the support of child-care health consultation.

Beyond the need for increased services onsite in licensed centers and homes, providing more health and safety consultations to communities, families and unlicensed providers, such as Family/Friend/Neighbor care, would further health promotion messages and disseminate information on healthy development.

**Proposed approach.** BSK will expand consultation and technical assistance for child-care providers to ensure that licensed providers in King County have access to the tools and support they need to provide effective early preventive care for all children, including those with delays or disabilities, or social/emotional and/or behavioral health challenges. The primary vehicle for this will be through expanding the quantity and capability of child-care consultants available to partner with licensed providers who need additional support.

Child-care consultation will ensure that King County child-care providers are knowledgeable and capable of providing positive, healthy and safe environments for all young children to learn, play and grow. BSK funds will support on-demand training onsite for licensed providers, across a range of topics. These topic areas may include a range of child development topics such as, for example, the provision of information about autism spectrum disorder, nutrition, communicable disease prevention, safe and healthy environments, injury prevention, physical activity, and child behavior management. Equity and social justice, anti-bias and trauma-informed care will provide the framework for all training.

Training will be supported by community health workers with community-based knowledge, and Public Health staff with expertise in areas that support best practices in child-care settings. Through participation of nurses and community health workers, Public Health's CCHC team will provide interdisciplinary and specialized consultation and technical assistance in licensed child care to improve outcomes for the health and wellbeing of children. All services are provided with a trauma-informed lens, incorporating evidence around adverse childhood experiences (ACEs), neuroscience and resilience. Core services include:

- Technical assistance and consultation to child-care programs to improve health and safety practices
- Education and coaching for child-care providers to increase understanding of normal and atypical growth and development; encouraging early, appropriate referrals to community resources when needed
- Classroom observations to identify children at risk of adverse health and behavioral concerns, and technical assistance to child-care programs on health screenings



- Technical assistance and coaching on nutritional and physical activity in the child-care setting
- Collaboration with King County’s Birth to Three Early Intervention program to support supportive child-care accommodations for identified children.

BSK funds will also support group trainings in communities which would be available to families, and family/friend/neighbor caregivers. These trainings would provide opportunities for parents and families, and those who support them and care for children in many settings, to access critical information on healthy child-care environments.

Over the next six months, we will work with our partners to strengthen the mechanism for delivering CCHC and reaching additional licensed homes and centers in communities across the County. We will also work with partners to identify opportunities for larger group trainings on health promotion and best practices in child-care environments to engage families and communities in supporting children’s healthy development regardless of child-care setting.

#### Estimated funding levels

2016: \$795,000

2017-2021  
average:  
\$7,310,000

Direct Services and System Building to Assure Healthy Development, including investments such as:

- Developmental screenings for all very young children
- Early intervention treatment services
- System building for infant/early childhood mental health

### Developmental Screenings for All Very Young Children

**Rationale for investment.** Developmental screenings are a foundational element of health care for young children from birth through five years. Early identification and access to services ensure that intervention is provided when the child’s developing brain is most capable of change. As brain architecture emerges in very young children, it establishes either a sturdy or fragile foundation for all the capabilities and behaviors that follow.<sup>54</sup> When screenings indicate developmental concerns, appropriate high quality early intervention programs can reduce the likelihood that children will experience prolonged or permanent health and learning delays, and reduce the incidence of future problems in their learning, behavior, and health. Intervention is more effective and less costly when it is provided earlier in life.

**Proposed approach.** King County will partner with communities to identify infants and toddlers in need of services as early as possible. Bright Futures – a framework developed by the American Academy of Pediatrics – sets the standard for developmental screening to guide medical providers, child-care providers, communities and families toward best practices.<sup>55</sup>

BSK funds will support training for additional child-care providers, home visitors and medical providers on the importance of developmental screenings and the tools available, and assure that all King County children have access to developmental screenings. Equally important will be the ability to connect families with resources and services to respond to children’s needs as identified through developmental screenings. This capacity will be systemically improved and strengthened as the BSK Help Me Grow

framework is built out in the County, improving the connections across resources and assuring greater supports and access for families through the assistance of Community Navigators.

### Early Intervention Treatment Services

**Rationale for investment.** We know that more children are in need of early intervention services than are currently being served. Eligible infants and toddlers and their families are entitled to individualized, quality early intervention services in accordance with the federal [Individuals with Disabilities Education Act \(IDEA\), Part C](#). (These services are also known as ESIT: Early Support for Infants and Toddlers.) In 2015, King County's IDEA Part C early intervention system served 3,909 children who represent approximately five percent of the general population of children ages birth to three. However, research indicates that as many as 13 percent of birth to three-year-olds have delays that would make them eligible for services.<sup>56</sup>

Early intervention services are designed to enable young children to be active, independent and successful in a variety of settings—in their homes, in child care, in preschool programs and in their communities.

**Proposed approach.** Developmental screenings supported by BSK will result in an increase in children accessing the early intervention services they need. BSK funds will be used to support additional early intervention capacity. Any child under the age of 36 months, who has a 25 percent delay or shows a 1.5 standard deviation below his or her age in one or more of the following developmental areas, is eligible for support through early intervention:

- Cognitive development
- Physical development, including vision, hearing, and fine and gross motor skills
- Communication development
- Social and emotional development
- Adaptive development

Early intervention is provided through a network of providers, funded by King County and Washington State. The County will leverage other funds, including Medicaid, wherever possible to support this expansion in services. ESIT helps families build knowledge and skills to meet the developmental and health needs of their young children birth to three years old with special needs, as well as the needs of the family.

Anyone who has a concern about a child's development may make a referral, including parents, guardians, foster parents and family members. Professionals such as pediatricians, other physicians, social workers, nurses, child-care providers or others who have contact with a child can also make a referral for Birth-to-Three services. Over time, the BSK Help Me Grow framework will enhance families' access to the ESIT services their children may need. These services include, but are not limited to:

- Audiology
- Family resource coordination
- Health services
- Nutrition and feeding services
- Occupational therapy
- Physical therapy

- Psychological services
- Speech-language therapy
- Family counseling and education

## System Building for Infant/Early Childhood Mental Health

**Rationale for investment.** Early childhood mental health focuses on healthy social and emotional development of children from birth to age five. This is a growing field of research and practice devoted to promoting behavioral health and social and emotional development for very young children. The field is committed to promotion and prevention. Treatment, if needed, is provided for children in the context of their families.

An estimated nine to fourteen percent of children from birth to five years old experience behavioral or emotional problems, including depression and anxiety. These behavioral health issues negatively impact children's early learning, social interactions and overall child and family wellbeing.<sup>57</sup> Early intervention in social and emotional struggles and behavioral health is part of an upstream prevention for suicide risk, interpersonal violence and other problems in adolescence. Across our County, there is a significant shortage of well-trained professionals with expertise to serve young children with emotional/behavioral challenges and their families.

**Proposed approach.** BSK funds will support increasing capacity to meet the need for behavioral health services in early childhood. Through BSK, King County will work with community partners and providers over the course of the next year to develop a comprehensive Infant and Early Childhood Mental Health system. As a newly emerging service system, the development of a strategic plan is an essential first step. Key elements will include:

- Building community awareness of early indicators of emotional/behavioral concerns in young children and introducing screening opportunities
- Implementing policy and practice changes to inform the preparation and support of the early childhood workforce. Workforce development initiatives within child development, early education, special education and early intervention, and behavioral health need to incorporate infant and early childhood mental health content
- Shaping a system of support for early learning providers and parents, to support healthy social and emotional development in children birth to age five, including access to reflective consultation<sup>58</sup>
- Developing a cadre of mental health professionals able to identify issues and concerns which require consultation, and support communities of practice
- Defining system supports to assure effective referrals and access, and mechanisms for reimbursement

A key element of building capacity will be the use of BSK funds to support providers, and those working in early intervention and treatment services and in child care and home visiting, through the Washington Association of Infant Mental Health (WA-AIMH) endorsement process. Endorsement by WA-AIMH verifies that an applicant has attained a level of education as specified, participated in specialized in-service trainings, worked with guidance from mentors or supervisors, honed skills in reflective consultation, and acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-focused services to infants, toddlers and preschoolers, parents, and caregivers. When bolstered by the tools and support from providers trained in early childhood mental health,

children's school readiness and positive social emotional development can be greatly strengthened, reducing the likelihood that more expensive services such as special education or mental health hospitalization will be needed later on.<sup>59</sup>

**Estimated funding levels**

2016: \$126,000

2017-2021  
average:  
\$1,440,000

**Workforce Development, including investments such as:**

- Training and information for medical providers, child-care and home-based services on multiple topics that promote healthy early childhood development, including information on newborn safety

**Rationale for investment.** Across King County, individuals in many contexts are working with young children and families. In some cases – as is often true with family/friend/neighbor care and licensed child-care homes – these individuals may be working in isolation without access to supports and information. In others, multiple responsibilities may make it difficult to access information, training and resources to improve the quality of interactions with young children.

The issue of workforce development in early childhood is receiving significant attention in our state, and across the nation, particularly following the release of the National Academies workforce report in 2015.<sup>60</sup>

**Proposed approach.** BSK will invest funds throughout our region to build the knowledge base within and across communities on key topics relevant to healthy early childhood development. These investments will support child-care providers, home visitors, community navigators, medical providers and others who serve as resources to children and families.

One example is training medical providers on Reach Out and Read, a program based on medical practices in which doctors give young children new books and inspire families to read together, starting when children are babies. Reach Out and Read facilitates medical providers' participation by providing professional development that enables providers to make literacy promotion a standard part of well-child-care, and provides technical assistance to assure clinics can deliver services to families with fidelity to the proven model. When families participate, parents are up to four times more likely to read to their children, and children perform up to six months ahead of their peers on language tests.<sup>61</sup> Another example could be providing training to professionals to understand how to support families with children diagnosed with autism spectrum disorder.

Through investments in workforce development, we expect to address multiple content areas including adverse childhood experiences, resilience, trauma-informed care, brain development and early childhood behavioral health.

This investment area will also build knowledge of Washington State's safe haven law (RCW 13.34.360) in a way that is aligned with the policy set forth in Motion 14681. This effort will include expanding knowledge about the fact that a parent may leave a baby, up to three days old, with: 1) a staff member or volunteer at a staffed fire station during its operating hours; 2) the emergency room of any hospital in Washington during its hours of operation; or 3) a federally designated rural health clinic during its hours

of operation. Information will also include a phone number that individuals may call to obtain information on where and to whom to safely surrender a newborn.

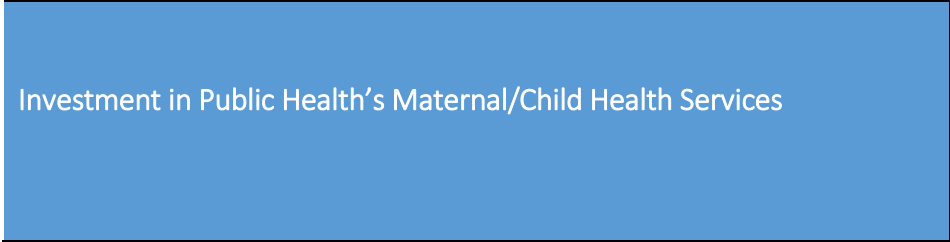
BSK will contract with educational providers and community-based organizations to ensure that training is provided in innovative ways, to support all providers, including those furthest from formal system supports. This could include approaches such as coaching, and other proven strategies for increasing the quality of early learning environments.

These workforce development opportunities will prioritize equity as a key element in training. Over the next six months, we will work with community partners to develop this approach.

**Estimated funding levels**

2016: \$3,481,000

2017-2021 average:  
\$9,590,000



**Rationale for investment.** The *Best Starts for Kids* ordinance allocated a minimum of \$42.8 million over the life of the levy to Public Health—Seattle & King County’s Maternal/Child Health (MCH) services. In 2014, the shortfall of funding for PHSKC reached a critical point, threatening the loss of MCH services. BSK’s investment in these services will help to bring their service levels back up to 2014 levels. By investing in this work, King County will be able to ensure the services PHSKC provides to women, children and families continue to be available to the community throughout the life of the levy.

**Proposed approach.** This portfolio of programs includes proven prevention and early intervention programs for mothers and families, such as Nurse Family Partnership (NFP); Maternal Support Services (MSS); Women, Infants and Children (WIC) supplemental nutrition program; Family Planning; Health Educators; and Kids Plus—a program that focuses on improving health care and housing for children and their families experiencing homelessness. Many of these services have historically been provided through the Public Health Centers.

Through the relationships with young children and their families, MCH services are positioned to help families access the other resources and supports, which will be funded through BSK by facilitating referrals through the BSK Help Me Grow framework.

BSK’s investment in MCH services is projected to be about \$51.4 million over the life of levy. The amount of funding over the minimum required by the BSK ordinance covers the cost of the Kids Plus program which was approved for inclusion in BSK as part of the 2015 supplemental budget ordinance, as well as infrastructure needs for continuing to provide the MCH portfolio of programs to our community’s women, children and families.

## Section VI

### 5 – 24 YEARS, APPROACHES AND INVESTMENTS

This section of the implementation plan addresses:

- Overview of 5 – 24 Years Results, Strategies and Indicators
- Programs and Services for 5 - 24 Years

#### OVERVIEW OF 5 - 24 YEARS RESULTS, STRATEGIES AND INDICATORS

In approving *Best Starts for Kids*, King County voters demonstrated their commitment to investing public funds toward programs and services that will help children and youth ages, 5 – 24 years, to sustain the gains from early childhood and support successful transitions into adulthood. The second of BSK's three overarching results focuses on these critical years and King County's aspiration for all of our young people:

***King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of communities.***

Six overarching **strategies** define the 5 – 24 Years work:

#### BSK STRATEGY AREAS – Sustain the Gain (5 – 24 Years)

**Build resiliency of youth, and reduce risky behaviors**

**Meet the health and behavior needs of youth**

**Create healthy and safe environments for youth**

**Help youth stay connected to their families and communities**

**Help young adults who have had challenges successfully transition into adulthood**

**Stop the school-to-prison pipeline**

These strategies will contribute toward improvement in these **headline indicators**:

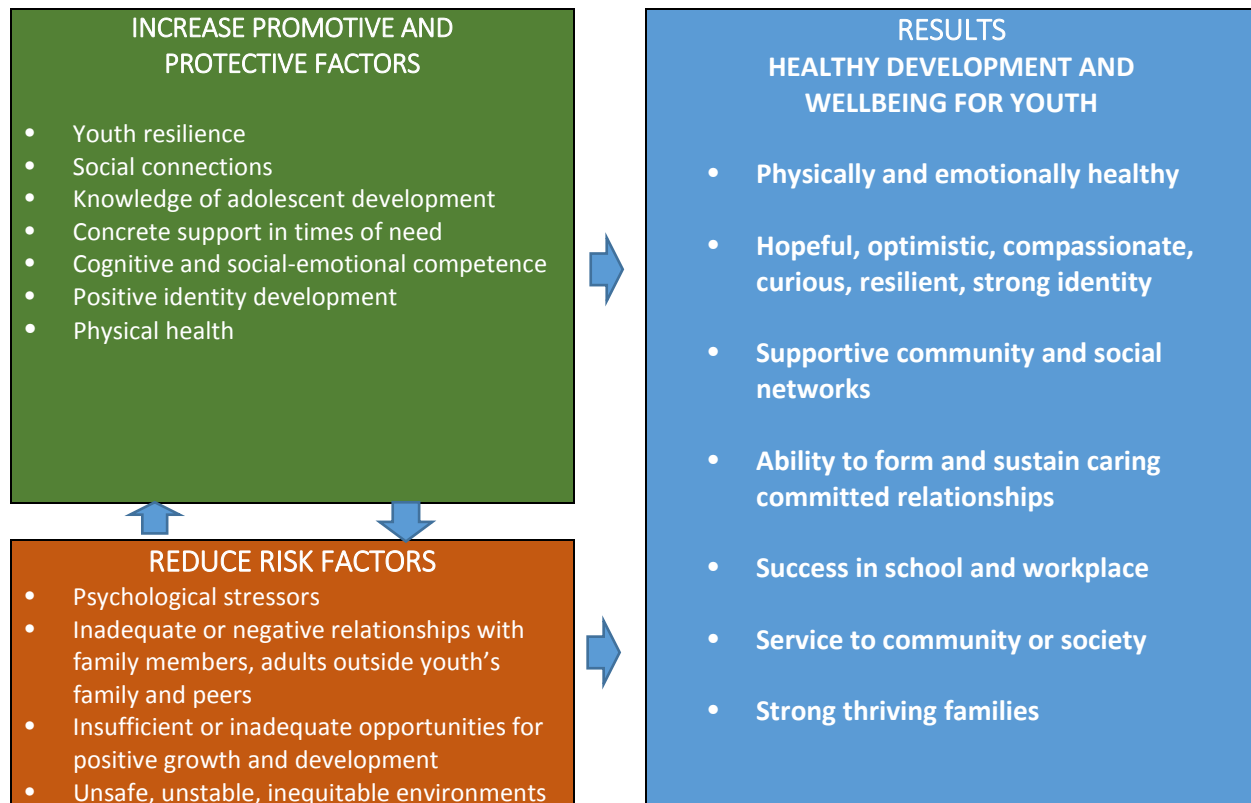
- 3<sup>rd</sup> graders who are meeting reading standards
- 4<sup>th</sup> graders who are meeting math standards
- Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation
- Youth and young adults who are in excellent or very good health
- Youth who graduate from high school on time
- Youth and young adults who are either in school or working
- High school graduates who earn a college degree or career credential
- Youth who are not using illegal substances

## INVESTMENTS AND APPROACHES FOR 5 – 24 YEARS

The BSK investments and approaches discussed below will assure that *Best Starts for Kids* – through partnerships with community-based organizations – will be successful in achieving our stated results for children and youth. As we learn from initial investments, and build both our qualitative and quantitative understanding of the impact of BSK across King County communities, we expect that investments and approaches will be refined. Any refinements over time will be made in consultation with community-based partners, and with the guidance of the Children and Youth Advisory Board. As with our investments in Prenatal – 5 Years, we will approach investments in 5 – 24 Years with these guiding principles at the center of our work:

- Attention to disproportionality and multiculturalism is critical, and will be integral to how we focus investments.
- We will attend to the structural and systemic reasons why some children and families are not currently achieving desired outcomes, and will work with others to change underlying systemic and structural inequities.
- We will encourage innovative programs, built on the experiences of community partners and the needs and priorities of community residents.
- We will build upon resilience and protective factors in children, youth and families across our County.
- We will emphasize promotion of positive development, relationships and community in addition to preventing negative outcomes and providing *early* interventions.

This overarching framework is adapted from the Center for the Study of Social Policy:



The following section provides more detail on 5 - 24 Years programs and services which will be funded through *Best Starts for Kids*. These programs and services will be primarily provided by community-based organizations.

Traumatic experiences, toxic stress and adverse childhood experiences (ACEs) are risk factors that can impact healthy development and wellbeing. Strategies and approaches in the 5 – 24 years investment allocation will be deployed to ensure that children, youth or young adults, from 5 – 24 years, who are victims of or are otherwise exposed to a traumatic event will be connected to services to support them in working through that trauma. The goal of this body of work is to prevent future behavioral health ramifications from this exposure. While further implementation planning is necessary to develop how strategies and approaches in this allocation will work toward this goal, the approach undertaken will seek to ensure there is a warm hand-off to services.

Implementation staff will work with provider agencies toward a goal of making services available to youth, independently of their parents or guardians, and even if a family has resources.

The County will contract with one or more independent organizations, as appropriate to the program areas in the 5 - 24 Years, Approaches and Investments to provide front-end and long-term community outreach, technical assistance and capacity building to help reduce barriers for smaller and more isolated organizations, partnerships and groups to access BSK levy funding. The entity(ies) with which the County contracts will have experience working with the diversities of King County, both geographic and cultural. The entity(ies) will be contracted through an RFP process. Dedicated funds will be sufficient to allow the entity(ies) to engage in meaningful community outreach, provide technical assistance and build the capacity of organizations, partnerships and groups with the aim of reducing barriers to access BSK levy funding. At least 1% of funds in the 5 - 24 Years, Approaches and Investments allocation will be dedicated for this purpose over the life of the levy.

**Estimated funding levels**

2016: \$1,121,000

2017-2021

average:

\$11,000,000

Build Resiliency of Youth and Reduce Risky Behaviors, including investments such as:

- Trauma-informed schools and organizations
- Restorative justice practices
- Healthy relationships and domestic violence prevention for youth
- Quality Out of School Time
- Youth leadership and engagement opportunities

Among the youth served through this strategy, BSK services in this program area may provide opportunities for programming to be supportive of and geared toward children diagnosed with autism spectrum disorder. BSK implementers will also work to maintain ongoing collaboration with Native American Communities in order to ensure that programming within this strategy area that may be available to Native American children and families meet the specific needs of their communities. Further, while BSK recognizes that trafficking and commercial sexual exploitation are risks that can result from exposure to trauma and traumatic life experiences and that much of BSK's promotion and prevention programming is geared towards eliminating trauma for the youngest in our communities and for supporting families to minimize trauma, for youth who are at risk of being trafficked or of being a



victim of commercial sexual exploitation, the following programs in this strategy (while these youth may be eligible for all programs) may be particularly relevant: Trauma Informed Schools, Restorative Justice Practices, Healthy Relationships and Domestic Violence Prevention for Youth, and Youth Leadership. This strategy area may also provide programming that could benefit children and youth who have been the victim of child sexual exploitation or commercial sexual exploitation. Lastly, this strategy area may also provide programming that might prove particularly relevant to refugee youth. Identifying these youth populations as populations that may benefit from the programs in this strategy area, does not preclude other populations of youth from being eligible to receive services.

## Trauma-informed schools and organizations

**Rationale for the investment.** The decades of strong evidence around the impacts of ACEs and trauma on adults' health and wellbeing, along with the emerging research around impacts on children, point to a need to invest in the development of effective ways to build resilience of youth, thus buffering the effects of individual and community ACEs. Schools and community organizations are key institutions influencing youth development, health, and achievement. Investing in restorative, trauma-informed practices within the school environments, and extending to other organizations where our youth are served, is an emerging best practice in mitigating the effects of ACEs in our communities.

King County will develop a trauma-informed model based on key concepts from existing initiatives, which have demonstrated good results: the Oakland School District model of restorative justice,<sup>62</sup> trauma sensitive schools model,<sup>63</sup> and training and consultation in trauma-informed practices models such as Collaborative Learning for Educational Achievement and Resilience (CLEAR).<sup>64</sup>

The CLEAR model was developed by Washington State University over several years, in partnership with Spokane Public Schools, and is currently being piloted in Seattle Public Schools in collaboration with Public Health - Seattle & King County. The CLEAR model is designed to partner with educational systems to create and sustain trauma-informed practice models through staff development, consultation and support.

Trauma-informed approaches emphasize that once school staff understand the educational impacts of trauma, they can guide schools to become safe, supportive environments where students make the positive connections with adults and peers, learn to self-regulate to optimize their ability to learn and engage in school, and build confidence to succeed in school and in life.

**Proposed approach.** The King County trauma-informed practice model incorporates restorative justice and trauma-informed practices school-wide, along with Positive Behavioral Intervention and Supports (PBIS) and/or other social/emotional curricula which impact school climate. BSK will partner with organizations and schools to further trauma-informed practices as a means of supporting children and youth whose traumatic experiences – be they few or many – may compromise their progress toward a successful future. Informed by the work in Oakland and elsewhere, BSK will include components of the King County model:

- A focus on the whole child and ensuring that children and youth are understood and have their needs met, socially, emotionally and academically.
- Deep partnerships among families, schools and organizational partners, such as behavioral health providers, school-based health centers, and community-based or parent-led organizations.

- Strong infrastructure in schools and organizations to support culturally-positive, equitable, just and affirming climates for children and youth.
- Common language and training for teachers, staff, students, parents and community, particularly related to the prevalence of individual and culturally/racially based trauma in the lives of children and youth, and its impact on relationships, learning, and behavior.
- Improved school and organizational climates, emphasizing that a *trauma-informed* school is one that embeds a philosophy and set of values into all programs and practices with the goal of creating safety, consistency and predictability for students and staff. In addition to offering alternatives to traditional punitive discipline practices, the model supports positive youth development (including social/emotional learning) and promotes positive school climate through universal educational practices, school culture/policies and trauma-informed identification coordination and response for students needing additional supports.
- Capitalizing on the enormous potential students have for resilience and positive change. Systematically invest and include youth, continue to train youth as leaders, and facilitate and encourage youth voice as an essential component of influencing and developing policy and program decisions.

BSK expects to pursue a multi-year work plan to implement the model in three cohorts. Cohort one schools/organizations will be those that are currently ready to pilot efforts aligned with the King County model's core principles and strategies, and/or schools requesting technical assistance in assessing readiness for a future whole school intervention. Requests for cohorts two and three will be released in subsequent years. We expect that we will partner with approximately 12 schools and/or organizations each year. In most instances, funds would support partnerships of a minimum of two entities – school and community organization – and often more. BSK intends to fund this program area at an estimated 2017-2021 annual average level of \$3,500,000.

## Restorative Justice Practices

**Rationale for investment.** Restorative justice practices completely shift from justice as harming to justice as healing; from retributive justice to restorative justice.<sup>65</sup> Though contemporary restorative justice practices began in just the last few decades, the effectiveness of these practices in reducing violence, incarceration, recidivism, dropout rates, suspensions, and expulsions in schools is increasingly being documented. Restorative justice practices are recognized as a model in the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide.

Currently our criminal justice system asks these three questions: What law was broken? Who broke it? What punishment is warranted? Restorative justice practices ask an entirely different set of questions: Who was harmed? What are the needs and responsibilities of all affected? How do all affected parties together address needs and repair harm?

Restorative justice practices are rooted in indigenous cultures in which justice is experienced as reparative, inclusive and balanced. It emphasizes: repairing harm, inviting all affected to dialogue together to figure out how to do so, and giving equal attention to community safety, victim's needs, and offender accountability and growth.<sup>66</sup> Restorative justice has diverse applications. It may be applied to address conflict in families, schools, communities, workplace and the justice system.

**Proposed approach.** Integrating restorative justice practices will be elemental to multiple strategy areas funded through *Best Starts for Kids*. At a minimum, understanding and applying restorative justice practices will be part of the programs and services provided for children, youth and young adults through trauma-informed schools and organizations, supporting Opportunity Youth to re-engage, and programs and services designed to stop the school-to-prison pipeline. Over the next six months as County staff come together with community partners, the Juvenile Justice Equity Steering Committee, and the Children and Youth Advisory Board to develop the procurement process, we will emphasize the critical nature of imbuing all of our work with a mindset that is informed by restorative justice practices. In addition, specific practices (for example, peace circles) will be funded with attention to how restorative justice practices can be utilized in settings with our youngest children, as well as older children, youth and young adults. BSK intends to fund this program area at an estimated 2017-2021 annual average level of \$1,300,000.

## Healthy Relationships and Domestic Violence Prevention for Youth

**Rationale for investment.** The strongest predictors of unhealthy relationship choices and sexual violence are violence and unhealthy relationships in the home; the next is community norms.<sup>67</sup> There are many other proven or potential predictors that influence individuals' abilities to form healthy relationships, such as trauma and mental health. We know from adolescent brain science that this is a critical time for shaping lifelong norms for relationships.

During adolescence, young people learn how to form safe and healthy relationships with friends, parents, teachers, and romantic partners. Both boys and girls often try on different identities and roles during this time, and relationships contribute to their development. Peers, in particular, play a big role in identity formation, but relationships with caring adults – including parents, mentors or coaches – are also important for adolescent development. Often, the parent-adolescent relationship is the one relationship that informs how a young person handles other relationships. Unfortunately, adolescents sometimes develop unhealthy relationships, and experience or exhibit bullying or dating violence.<sup>68</sup>

According to the Centers for Disease Control and Prevention, one in 10 adolescents reported being hit or physically hurt on purpose by a boyfriend or girlfriend at least once in the previous year. Over time, controlling and demanding behavior may become increasingly violent and that violence can have negative effects on physical and mental health throughout life (including lower self-esteem, eating disorders, and suicidal thoughts).<sup>69 70 71</sup>

Lesbian, gay, bisexual, transgendered and queer (LGBTQ) youth may face unique challenges in building healthy relationships. Among adolescents ages 18 to 19, just under eight percent of females and just under three percent of males identify as homosexual or bisexual.<sup>72</sup> LGBTQ adolescents can be happy and thrive during their teenage years. However, as a group they are more likely than their heterosexual peers to experience difficulties: LGBTQ adolescents are at increased risk for suicide attempts, being homeless, alcohol use, and risky sex.<sup>73 74</sup>

Bullying is also a serious problem for children and youth, but it can be prevented or stopped when those involved know how to address it. Many adolescents have experienced bullying, whether they were bullied, bullied someone else, or saw someone being bullied. Although definitions vary, bullying usually involves an imbalance of power, an intent to hurt, and repetition of the behavior. Adolescents who bully

use their power to control or harm, and those being bullied sometimes feel powerless to defend themselves.<sup>75</sup>

**Proposed Approach.** Helping youth and young adults build and maintain healthy relationships will be a focus integrated across all of BSK's investments in 5 – 24 Years. The approaches will vary, depending on the age of children and youth served. Approaches that are effective for older elementary children differ considerably from those focused on youth in high school. Because family relationships are so central and powerful in the lives of young people, BSK-funded programs will prioritize opportunities for strengthening families across multiple venues and interactions. Approaches will be responsive to the diversity of families and communities in King County including racial, ethnic, cultural, LGBTQ and ability communities.

BSK will partner with community organizations and engage youth directly to develop an approach for helping youth build the skills to support healthy relationships across many settings in their lives. The focus of this approach will be on helping youth identify what healthy relationships look like, and also develop skills for how to address violence when they encounter it in their relationships, or the relationships of family members or peers.

One potential approach is the [Family Acceptance Project](#) which works to decrease risk and promote wellbeing for LGBTQ children and youth and to strengthen families, by informing family intervention strategies and research-based practice information in primary care, mental health, family services, schools, child welfare, juvenile justice and homeless services to build healthy futures for LGBTQ children and adolescents in the context of their families, cultures and faith communities.

Another potential approach is bystander training. The [Green Dot etc.](#) strategy is one bystander training approach to violence prevention that capitalizes on the power of peer and cultural influences. Informed by social change theory, the model identifies all community members as potential bystanders, and seeks to engage them, through awareness, education, and skills-practice, in proactive behaviors that establish intolerance of violence as the norm, as well as reactive interventions in high-risk situations – resulting in the ultimate reduction of violence. Specifically, the program targets influential and respected individuals from across community subgroups. The goal is for these groups to engage in a basic education program that will equip them to integrate moments of prevention within existing relationships and daily activities. By doing so, new norms will be introduced and those within their sphere of influence will be significantly influenced to move from passive agreement that violence is wrong to active intervention.

Yet another potential approach is the [Committee for Children's Second Step Program](#). Focused on early learning through Grade 8, Second Step seeks to build skills for social and academic success including lessons with an emphasis on making friends, managing emotions, and solving problems in the earlier years. For middle school students, this research-based program aims to help schools teach and model essential communication, decision-making and coping in order to aid adolescents in navigating around peer pressure, bullying, and substance use.

[Cure Violence](#) is another potential approach which aims to stop the spread of violence in communities through disease control-associated strategies such as detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms.

## Quality Out of School Time

**Rationale.** Children and youth spend only 20 percent of their waking hours in school. How they spend the remaining 80 percent of their time has a significant impact on their success and wellbeing.<sup>76</sup> Over a decade of research and evaluation shows that high-quality afterschool and youth development programs (which includes summer programs) are directly linked to youth achievement of positive social/emotional, health, and academic gains. Quality out-of-school-time programs provide children and youth with access to a range of activities from educational enrichment to cultural and social development activities, recreation, physical activity and health promotion, visual and performing arts, tutoring and homework services, and leadership skills. They serve a critical role in fostering healthy communities and providing young people with a safe space keeping them off the streets during the peak hours for juvenile crime.<sup>77</sup>

What happens in quality out-of-school-time programs looks and feels different than during the school day, and enhances in-school learning by supporting the holistic needs of children and youth. Expanded Learning Opportunities (ELOs) in particular have emerged as a subset of the out-of-school-time field with a specific focus on improving academic outcomes for low-income youth and children and youth of color. These programs use data to inform program practice and measure progress. Core to the ELO model is engagement with communities, families and schools to align in-school and out-of-school learning with a shared goal of enhancing learning and improving academic outcomes.<sup>78</sup>

Investments in quality out-of-school time have the potential to counter the significant impact of *summer learning loss*. Every year, children and youth forget between one-three months of what they learned in school the previous year.<sup>79</sup> Two-thirds of the achievement gap between lower-/middle-income and higher-income youth entering 9<sup>th</sup> grade can be attributed to summer learning loss.<sup>80</sup> The benefits and social returns of investing in summer learning are compelling and contribute to a decrease in student dropouts, higher grades and academic performance, and higher graduation and college enrollment rates.<sup>81</sup>

Research from Dr. Joseph A. Durlack (Loyola University, Chicago) and Dr. Roger Weissberg (University of Illinois, Chicago) also speaks to the effectiveness of quality out-of-school-time programs in enhancing young people's personal and social skills. Drs. Durlack and Weissberg reviewed 68 studies of afterschool programs that had the specific goal of fostering personal and social development, and that were compared to non-participating control youth. Through their review, they were able to identify four evidence-based practices, which form the acronym SAFE. In brief, their review identified whether program staff:

- Used a sequenced step-by-step training approach (S)
- Emphasized active forms of learning by having youth practice new skills (A)
- Focused specific time and attention on skill development (F)
- Were explicit in defining the skills they were attempting to promote (E)

Each of these practices has a strong research base in many skill training studies of youth. The afterschool programs that followed all four recommended practices were called SAFE programs (N = 41) and those that did not were called Other Programs (N = 27). The findings were clear: SAFE programs were associated with significant improvements in self-perceptions, school bonding and positive social behaviors; significant reductions in conduct problems and drug use; and significant increases in

achievement test scores, grades and school attendance. The group of Other Programs failed to yield significant improvements on any of these outcomes.<sup>82</sup>

**Approach.** BSK will partner with organizations across our community which provide or support afterschool and summer programs and will invest in quality out-of-school-time programs to support King County's children and youth.

Stakeholders for out-of-school time include a multitude of large organizations and small community-based resources. School's Out Washington – which is based in Seattle and serves all of Washington State – serves as the intermediary for out-of-school-time programs in King County, tailoring professional development and systemic supports to further the quality of afterschool and summer programs for all children and youth.

Supported by funding from the Raikes Foundation, the C.S. Mott Foundation and other organizations, School's Out Washington led a process to develop Washington's first quality standards for out-of-school time programs. Over many months they gathered input from a broad group of stakeholders, conducted focus groups and cross-walked their ideas against current research. In the spring of 2014, the Washington State *Quality Standards for Afterschool and Youth Development Programs* were finalized and shared with the state's out-of-school time field. BSK will partner in this work to assure that high quality out-of-school-time is available for children and youth in King County.

## Youth Leadership and Engagement Opportunities

**Rationale.** Research demonstrates that youth with more developmental assets, such as positive family communication, caring school climate and sense of purpose, have reduced morbidity and better health outcomes.<sup>83</sup> In addition, key protective factors, such as connectedness to parents and family, connectedness to school, and optimism, promote healthy youth behaviors and outcomes<sup>84</sup> while diminishing the likelihood of negative health and social outcomes. A dual strategy of risk reduction and promotion of protective factors through an intentional positive youth development approach holds the greatest promise as a public health strategy to improve outcomes for youth.<sup>85</sup>

**Approach.** BSK will work with our community partners over the next six months to develop opportunities for youth leadership that will benefit youth, as well as their families and communities. Community feedback has identified interest in using this approach to pursue multigenerational programs, with youth in the lead. Furthering youth leadership directly ties to recommendations from the Youth Action Plan which call for more opportunities for youth leadership and community engagement. We expect that those opportunities will be effective in engaging youth who might not see themselves as leaders, including youth from refugee and immigrant communities, LGBTQ youth, youth of color, youth in the foster care system, youth with a developmental disability, youth with other disabilities, and justice-involved youth. Approaches may include development of a Leadership Tomorrow type program, designed for/by youth, as well as deliberate identification of opportunities for youth to serve their communities through local and regional boards and commissions.

**Estimated funding levels**

2016: \$219,000

2017-2021 average:  
\$2,950,000

Help Youth Stay Connected to Families and Communities, including investments such as:

- Mentoring
- Family engagement and support

**Mentoring**

**Rationale.** Expanding mentoring opportunities and programs is one method of building resilient youth. Mentoring can help support youth as they go through challenging life transitions, including dealing with stressful changes at home or transitioning to adulthood. The supportive, healthy relationships formed between mentors and mentees are both immediate and long-term and contribute to a host of benefits. Evaluations of youth mentoring programs have provided evidence that high-quality, enduring relationships can lead to a range of positive outcomes for the young people involved.<sup>86</sup> Likewise, researchers have deciphered some of the conditions under which youth mentoring is most effective, as well as the types of volunteers, young people and activities that are associated with positive developmental outcomes. Successful mentoring programs are known to contribute to increases in resilience and protective factors for youth, and reductions in negative behaviors, including truancy and substance use.

**Approach.** As BSK further develops its approach to mentoring investments, we will work closely with community-based organizations and current mentoring providers, looking particularly for those programs that maximize the importance of mentoring relationships with peers, intergenerational mentoring, and mentoring as a vehicle for building strong cultural and ethnic identity. This includes assuring that there are programs connecting elders with LGBTQ youth and youth with disabilities.

Mentors and peer advocates can be assets in helping young people who have experienced challenges to successfully transition into adulthood. Mentoring provides opportunities for intergenerational approaches and matching peers from within communities. However, some mentoring programs pair students with a mentor for only one year, often until they secure a job or complete a GED. BSK will pursue opportunities for innovative programming that goes beyond one year of support while young people pursue college coursework or advanced training, maintain employment and/or secure stable housing.

BSK will identify agencies to support ongoing mentoring programs through a competitive RFP. Mentoring programs will vary across communities as they account for geographic, cultural and other needs of the youth for which they are intended. BSK will support community-based organizations that pursue best practices for mentoring based on the latest research including but not limited to:

- Recruiting appropriate mentors and mentees and ensuring clear expectations
- Providing initial and support, training and supervision for mentors
- Offering ongoing consultation and training to mentors that extends post-match

During summer 2016, King County will partner with community-based organizations and members of the Children and Youth Advisory Board (CYAB) to develop a more comprehensive list of criteria of best

practice and funding priorities. We will also explore multigenerational mentoring as an opportunity to partner with agencies serving elders, mentoring to support the needs of youth and young adults who have been trafficked and/or who have been the victim of commercial sexual exploitation, and mentoring services for youth in the foster care system, or young adult alumni of the foster care system. This program will prioritize serving youth and young adults who face more challenging life transitions.

Family Engagement and Support

Equity and social justice is central to understanding what families need to be engaged and supported. King County will work in partnership with communities and families to understand their needs and co-design family engagement strategies that work to support families in authentic ways. An example might be supporting the needs of families and youth who may be diagnosed with autism spectrum disorder. When making decisions regarding family engagement, programming needs to encompass multicultural approaches. BSK will look to our community partners – including children, youth and families – to shape investments in communities to support families’ involvement in school and community activities. We will look to partner on ways to support families’ roles and relationships with their children and youth. This approach will be developed in partnership with the CYAB and community stakeholders and, most importantly, families.

**Estimated funding levels**  
2016: \$385,000  
  
2017-2021 average:  
\$5,620,000

Meet the Health and Behavior Needs of Youth, including investments such as:

- Positive identity development
- School-based health centers
- Healthy and safe environments
- Screening and early intervention for mental health and substance abuse

Positive Identity Development

**Rationale for investment.** The importance of helping our children and youth develop positive identities as strong, capable young people is fundamental to BSK’s disposition toward building protective factors. Multiple studies point to the importance of identity in positive youth development. Two community stakeholders in King County – the Community Center for Education Results (CCER) and the Youth Development Executives of King County (YDEKC) have contributed extensively to discussions on this issue across our region.

One aspect of identity – ethnic identity and, in particular, a strong identification with one’s heritage – is positively associated with a range of outcomes including coping ability, mastery, self-esteem, and optimism.<sup>87</sup> Youth must work to integrate aspects of their identities as they move from home to community to school; successful integration of their full identity, including understanding that identity in their broader societal context, can help in their success. For example, immigrant youth with well-integrated identities scored significantly higher than all other groups on various measures of psychological adjustment.<sup>88</sup> In contrast, acculturation or assimilation (the giving up of one’s historical cultural identity and the adoption of dominant cultural norms) can negatively impact student success.



The maintenance of ethnic loyalty, not assimilation, appears associated with stronger school performance among immigrant children.<sup>89</sup>

**Proposed approach.** BSK will work with our community partners – including youth from across our community – to develop appropriate strategies for supporting youth as they develop their positive identities across race, ethnicity, culture, sexual orientation, ability, and gender. This program area will seek to foster a broad sense of community belonging for youth, thereby supporting identity integration rather than acculturation or assimilation. We will rely on community partners, and youth across our communities, to help define approaches to positive identity development, and how to support it in diverse communities across King County. The work of [Project M.I.S.T.E.R](#) and its annual Tie-One-On Luncheon might be considered an example of work in this vein.

## **School-based Health Centers**

**Rationale.** Health equity exists when individuals have equal opportunities to be healthy. Health inequities are caused by the uneven distribution of social determinants of health, such as education, housing, vibrant neighborhoods, and employment opportunities.

Health risks such as teenage pregnancy, poor diet, inadequate physical activity, physical and emotional abuse, and substance abuse have a significant impact on how well students perform in school. This can lead to a higher number of absences from school and an increase in adolescents' substance abuse. School-based health centers are a proven strategy for increasing educational and health outcomes including school performance, grade promotion, and high school completion.

School-Based Health Centers (SBHCs) have been shown to decrease health inequities. Studies have shown that SBHCs have helped to decrease absences by 50 percent among students who had three or more absences in a three-week period. Studies have also shown that school-based services are particularly effective for youth. Adolescents are 21 times more likely to make a mental health visit to a school-based provider than to a community site.<sup>90</sup> The increased availability of mental health and substance abuse prevention and early intervention services in schools reduces the stigma of seeking mental health and substance abuse care and increases accessibility of that care.

SBHCs are operated by community health agencies and are staffed with coordinators, nurse practitioners and mental health counselors that strive to reflect the diverse ethnic, language and cultural backgrounds of the students and families, including LGBTQ families. Typical services include preventive health care, immunizations, and counseling for depression, trauma and stress. PHSKC has successfully launched and supported the growth of SBHCs and currently supports 31 clinics in King County with technical assistance, program quality, and professional development to ensure high quality service.

One important resource SBHCs offer is a place for youth to receive all routinely recommended vaccines. Improving Tetanus, Diphtheria, Pertussis (Tdap), Meningococcal vaccine (MCV) and Human Papillomavirus (HPV) vaccination rates in adolescents requires a multipronged approach to address a range of obstacles, including infrequent preventive care visits, missed clinical opportunities, and the absence of a strong provider endorsement of the vaccines. The Community Preventive Services Task Force recommends school-located vaccination programs based on strong evidence of effectiveness in increasing vaccination rates. In King County, 28 SBHCs provide a full range of primary care services to over 8,000 students annually and offer families an additional venue to increase the likelihood that youth

will receive all routinely recommended vaccines, including those required for school. For youth who are disenfranchised, uninsured, or on Medicaid, SBHCs provide an especially effective means of improving access to vaccines. And for youth who already have a medical home, SBHCs supplement care by communicating the importance of vaccines and by offering a convenient location for completion of the HPV vaccine series, MCV booster dose, and “catch up” vaccines not received during childhood.

Another important resource is increasing provider knowledge of Washington State’s safe haven law (RCW 13.34.360).

**Approach.** BSK funds may allow for the expansion of up to three additional SBHCs in low income areas during the life of the levy. Schools that demonstrate readiness to build strong partnerships, are willing to participate in learning collaboratives and represent geographic diversity will be selected through a competitive RFP process. This will be a phased approach with a specific focus on communities with higher needs, as determined by current access to adolescent care and school demographics.

This will include an expansion of existing sites where current funding and/or models do not fully meet community need, and which demonstrate the capacity to expand their services.

- Phase One (years one and two): King County will provide capacity-building for partnership building, community of practice, and an investment in infrastructure and capital for one additional site. Funding will be available to expand sites where funding and/or community need are not currently being met.
- Phase Two (years two and three): Funding will be maintained while increasing capacity building work which may yield up to two additional SBHC sites. Capacity building will support partnership building, community of practice and investment in infrastructure and capital.
- Phase Three (years three through six): Funding will be maintained while continuing to support ongoing capacity building. Capacity building will include support for utilizing data for decision making to support quality improvements and support ongoing sustainability.

Quality replication will require partnership and relationship building. Interested community partners such as school districts and health providers will need to assess needs and prepare for future capital and operational funding provided by BSK, as well as locally-leveraged funds. Building capacity and readiness toward implementation and sustainability ensures positive lasting outcomes and sustainable practice in the school and community.

King County will support the work to get new sites ready to replicate and provide the support needed to prepare for expansion. The County will convene a community of practice, and support a standard of care through the use of data, to improve practices and outcomes for students.

Community involvement will be key to ensuring that new centers meet the needs of specific communities, which will differ across geography, ethnicity and culture, and which will serve the diversity of children and youth in our public schools.

BSK funds will also support activities to increase adolescent vaccination coverage through outreach and collaborative partnerships with SBHCs and other clinics that serve adolescent patients. Collaborative partnerships are a prominent strategy for community health improvement. Through BSK, King County will bring together key stakeholders – including SBHCs, representatives from the region’s largest health care organizations, multi-site pediatric practices, the Washington Chapter of the American Academy of

Pediatrics (WAAP) and the Washington Academy of Family Physicians (WAFP) – to establish a learning collaborative where members will engage in quality improvement processes to better understand the barriers that contribute to suboptimal adolescent vaccination (Tdap, MCV and HPV) coverage, implement process change interventions, conduct an evaluation, and disseminate best practices. This program will prioritize outreach to communities that have experienced disproportionately lower rates of vaccinations and who have had disproportionate access to vaccination information. BSK intends to support activities to increase adolescent vaccination coverage as described in the preceding paragraph at a 2017-2021 annual average level of \$400,000.

Best Starts for Kids will work with school districts and schools in this program area to increase knowledge of Washington State's safe haven law (RCW 13.34.360) as may be appropriate for each setting.

## Healthy and Safe Environments

**Rationale for investment.** A focus on healthy and safe environments will provide another opportunity for youth leadership development, while enhancing protective factors and building assets among youth, families and communities. This strategy will bring together the 5 – 24 Years work with the community-specific focus of Communities of Opportunity through community-driven opportunities to collectively create healthy and safe environments across King County.

**Proposed approach.** BSK will invest in community partners, including schools and school districts, that will identify opportunities for innovative approaches across many potential investment areas. Priority will be given to projects aiming to improve health outcomes and those that include youth in planning and implementation. Investment areas may include:

- **Access to healthy and affordable food.** Affordability is among the greatest barriers to healthy eating in low-income communities. In partnership with the King County Department of Natural Resources and Parks, Public Health – Seattle & King County, and the King County Executive's Office, an action plan for King County healthy food access was created in 2014. Strategies through BSK will focus on increasing access for vulnerable populations, emphasizing health equity. Potential programmatic approaches include: 1) improving nutrition environments in schools, after school programs and child-care; 2) increasing access to direct market outlets including farmers' markets, farm stands and mobile markets; and 3) increasing the amount of fruits and vegetables available in food banks, food pantries and emergency meal programs.

Schools are a known and traditional environment for supporting the health and wellbeing of students. Children and youth spend up to half of their waking hours in school and may consume half of their daily calories at school. Schools are in a unique position to support healthy behaviors for eating and physical activity. We also know that healthy, active students learn more and do better in school. Many state and federal policies aim to make healthy choices in school, the easy choice for students. For example, improved nutrition standards and new rules for snacks and other competitive foods were recently changed at the federal level.<sup>91</sup> In order for these standards to be effective and well-received by students, there must be support for implementation and gain student buy-in. Schools must also be supported in setting a higher standard – for example, improving nutritional standards to limit sugar and sodium consumption, enhancement of school wellness policies, implementing behavioral economics strategies, providing funding for physical education

equipment and scratch cooking supplies, and supporting innovative strategies such as breakfast after the bell.

- **High quality physical activity.** Regular physical activity provides multiple health benefits and reduces risk factors for a range of chronic diseases. Creation of, or enhancing access to, programs and places for physical activity can support youth, young adults and families to integrate activity more easily into their everyday schedules. Approaches may include implementing or maintaining high quality best/promising practices in physical education and activity programs in schools and after-school programs. Bicycling and bike safety, walking, school buses and safe routes to schools, and maximizing availability of community sites to increase evening access to physical activities are additional potential strategies.
- **Environments that limit exposure to dangerous products and substances.** Programs aimed toward school-age children present an opportunity to address risky behavior that could lead to future drug and alcohol use and substance dependence. Children are more likely to use drugs and alcohol during transition periods, such as going from elementary to middle school. Approaches may include: youth-led efforts to reduce access to tobacco, marijuana and alcohol in their communities; school district efforts to create systems that restrict use of marijuana, tobacco, alcohol or other drugs through non-suspension enforcement; and youth-led campaigns to reduce youth use of products that are targeted toward specific groups including, but not limited to, menthol, hookah/shisha, e-cigarettes, flavored cigars, marijuana, and alcohol.
- **Physically safe and health promoting environments.** Changes in the environments where we live, learn, work and play have the ability to impact broad groups of residents and address a wide range of risks and health promoting factors. Impacts at the community level can provide for permanent and sustainable environmental changes that support a healthy lifestyle. Approaches may include programs that train and employ youth and young adults to be visible school and/or community stewards of safety and healthy activity, and programs that foster social support networks in a prevention approach in community settings.

## Screening and Early Intervention for Mental Health and Substance Abuse

**Rationale.** Mental health problems affect 20 percent of the population. About half of individuals who struggle with mental health issues demonstrate signs and symptoms by the time they are 14 years old, yet few youth have access to help. Schools are in the prime position to be first responders and early interveners. Earlier identification and intervention create better prospects for living healthy, functioning lives.

Of those King County students in 10<sup>th</sup> grade who participated in the 2014 Washington State Healthy Youth Survey, results revealed the variety of issues that challenge our youth. At some time in their lives, 31 percent of youth felt depressed, 61.5 percent had tried alcohol, and 14 percent did not feel safe at school.<sup>92</sup>

Mental health and substance abuse problems in children and youth interfere with their ability to learn, succeed in school, and progress along a normal developmental course. A 2001 U.S. Surgeon General report stated that mental health is critical to a child's learning and general health, and is as important as immunizations. Approximately 21 percent of children between the ages nine and 17 have diagnosable emotional or behavior disorders, but less than a third of these children receive help.<sup>93</sup> This group of

children has an increased risk for dropping out of school and not becoming fully contributing members of adult society.<sup>94</sup> Their difficulties often are not recognized as mental health- and/or substance abuse-related. They get left behind educationally and socially and can be labeled as difficult, which leads to further isolation from accurate problem identification and professional assistance.

Substance abuse is frequently linked to untreated mental illnesses. Forty-three percent of children who use mental health services also have a substance abuse disorder.<sup>95</sup> There is an increased risk for co-occurring disorders with students who smoke, drink or use other illicit drugs; substance abuse is associated with depression, anxiety disorder, attention deficit hyperactivity disorder, conduct disorder, and eating disorders.<sup>96</sup> Children with mental health disorders, particularly depression, are at a higher risk for suicide; an estimated 90 percent of children who commit suicide have a mental health disorder.<sup>97</sup>

**Proposed approach.** *Best Starts for Kids* will partner with schools and community-based providers to implement evidence-based programs to support adolescents' mental health. Investments could include programs such as:

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based practice based on motivational interviewing techniques used to identify and reduce anxiety and depression and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was cited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.<sup>98</sup> Screening for depression has been recommended by the U.S. Preventive Services Task Force for ages 12 through 18. The school-based SBIRT, while originally developed for a health care setting, has been adapted and piloted in King County schools and is a comprehensive public health approach for addressing selected behavioral health concerns, including anxiety and depression. The goal of King County will be to expand SBIRT services to all 19 school districts to have a presence in all middle and high schools in partnership with schools. SBIRT has strong research indicating results with adults and is beginning to show significant promise with youth. The goal is to ensure all youth in King County have an opportunity to have behavioral health concerns addressed. While screening criteria for SBIRT will be developed in partnership with each school districts, individual schools and community-based organizations working in the schools, BSK implementers will encourage partners to develop screening criteria that meet the needs of all King County youth, including youth who may present as high achieving but who may, nevertheless, have behavioral health needs.
- **Early Detection and Intervention for the Prevention of Psychosis [EDIPP]** is an evidence-based program designed to delay or prevent the onset of an acute psychotic disorder in adolescents and young adults ages 12 -24. Although psychosis affects a small percentage of the population, the consequences of not catching it before the first psychotic break are devastating for the individual and their family. Using a family-aided assertive community treatment model, the team provides proactive engagement, supports and treatment. Program components include:
  - Training and educating a broad base of community members who interact regularly with young people and may be in a position to identify and refer young people showing early signs of risk for psychosis to further assessment and then to treatment, if indicated. Community members to be trained include school employees, social workers, doctors, nurses, students, parents, clergy, after-school program staff and law enforcement personnel.

- The assessment is conducted by a multidisciplinary clinical team to determine the youth's risk for psychosis and functioning level.
- If treatment is indicated, it is provided by the specialized multidisciplinary team that includes a psychiatrist or nurse practitioner, nurse, occupational therapist, licensed clinical counselors, and a supported education and employment specialist, to deliver the interventions.
- In addition to assessment, the clinical program includes multifamily group therapy, supported employment and education and medication as needed.

King County will pilot EDIPP to study its effectiveness.

#### Estimated funding levels

2016: \$100,000

2017-2021  
average:  
\$1,480,000

Help Young Adults Who Have Had Challenges Successfully Transition into Adulthood, including investments such as:

- Supporting youth to stay in school
- Supporting Opportunity Youth to re-engage

**Rationale for Investment.** The numbers of youth in King County needing services to stay in school or re-engage are daunting. Approximately 2,000 young people in our County drop out of school each year. These youth are disproportionately low-income youth and youth of color.

There are approximately 20,000 Opportunity Youth<sup>99</sup> in King County. Opportunity Youth consistently have life situations that make it difficult to engage in school or work, and have experienced multiple risk factors prior to becoming disengaged. Opportunity Youth have interacted with multiple systems, including behavioral health, child welfare, public assistance and criminal justice.

We believe we must pursue opportunities to better connect youth served by these systems to education and the workforce so that they are supported, disengagement is prevented, and those who become Opportunity Youth are provided pathways to re-engage.<sup>100</sup> African American, Hispanic and Native American youth are over-represented among Opportunity Youth.<sup>101</sup>

Evidence has shown that employment programs for youth reduce negative outcomes such as criminal justice involvement, and have positive impacts on education and earnings. When these work-based learning opportunities are connected to academic content, they have been found to increase high school graduation. To be effective, however, programs for in-school youth and for Opportunity Youth must include wraparound supports and a relationship with a caring adult, such as a case manager. These are assets that are lacking in the lives of so many of our young people.

**Proposed Approach.** *Best Start for Kids* will invest levy funds to support comprehensive programs, including opportunities, for both in-school youth and Opportunity Youth (who may include, for example, youth involved in the child welfare system or young alumni of the foster care system).

- **Supporting youth to stay in school.** King County's current *Stay in School Program* helps young people prepare for and succeed in education and employment. The program improves young

people's educational achievement levels by providing a comprehensive mix of year-round services to youth at risk of not completing high school – including tutoring, case management and employment opportunities. King County has experienced great success through this program in working with youth to prevent them from dropping out. In 2015, 88 percent of youth completing the program went on to post-secondary education or gained unsubsidized employment, and 90 percent of the youth completed the program with a high school diploma.

Through comprehensive in-school programs such as *Stay in School*, youth demonstrate increases in academic achievement and greater awareness of career and post-secondary options. Effective programs for in-school youth help students build the skills they need to be successful in school and work. Services for in-school youth must integrate youth development principles and give students positive activities in which to participate. Activities may include challenge course activities, guest speakers, field trips, service learning, and skill building activities.

BSK will work with community partners to expand comprehensive programs available to in-school youth in King County, focusing on communities and school districts where there is greatest need.

- **Supporting Opportunity Youth to re-engage.** Opportunity Youth face challenges and risk factors at dramatically higher rates than in-school youth. These include homelessness, disabling conditions, criminal histories and substance abuse.<sup>102</sup> In addressing the needs of Opportunity Youth, there is significant work now underway in our region to leverage state basic education funding to pay for re-engagement services. There has been a major expansion in re-engagement programming over the past three years, and a strong need exists to improve and coordinate the supply of programs.

We have an opportunity with BSK to invest in key components that will leverage and support much of the work now underway by building out a regional team of employment specialists/staff working with all the re-engagement sites (currently 13 locations) and coordinating efforts on employer engagement that are already happening in the County through the efforts of the Raikes Foundation, Community Center for Education Results, and others. We will work with these partners and others over the next six months to develop a strategic approach for expanding services to Opportunity Youth.

Programs such as the 180 Program may exemplify programs in this program area. The 180 Program is a partnership between the King County Prosecuting Attorney's Office (PAO) and the community it serves. The 180 Program is a pre-filing juvenile diversion program designed to keep youth out of the criminal justice system and returning youth to their communities to hear from respected community leaders and others with criminal justice experience about the consequences of their decisions to participate in criminal activities. The program's aim is to reduce juvenile recidivism and re-engage youth with their communities through changing attitudes and behavior.

**Estimated funding levels**

2016: \$500,000

2017-2021

average:

\$4,380,000

**Stop the School-to-Prison Pipeline, including investments such as:**

- Prevention/Intervention/Reentry
- Youth and Young Adult Employment
- Theft 3 and Mall Safety Pilot Project
- Students Creating Optimal Performance Education (SCOPE)

**Rationale for Investment.** All of *Best Starts for Kids* – from Prenatal to 24 Years – contributes toward stopping the school-to-prison pipeline. We believe that we can, and we must, partner effectively with communities to support children, youth and families in ways that strengthen protective factors and scaffold systems of supports that are accessible, relevant and culturally-appropriate. However, while we are working to address systemic issues and create change through investments further upstream, there are children and youth today who need to be supported differently.

Too many of our young people have missed out on childhoods where protective factors were prevalent and the potential for lives of health and wellbeing were assured. Many low-income youth who are involved, or at high risk of involvement, with the criminal justice system, gangs, homelessness, substance abuse and other dangers have routinely been exposed to multiple risk factors and very few of the protective factors that other youth experience. These include caring supportive adults, safe neighborhoods, strong sense of self and culture, and living situations free of violence, illness and abuse.

In King County, there is a disproportionate representation of minority youth in the juvenile justice system.<sup>103</sup> In 2015, there were 1,579 court case filings for young people in King County. Of those, 55 percent were identified as black young people, and 79 percent were identified as young people of color. The BSK levy ordinance requires that the BSK implementation plan “shall, to the maximum extent possible, take into consideration the county's youth action plan, adopted by Motion 14378, and any recommendations of the county's juvenile justice steering committee to address juvenile justice disproportionality that was formed in 2015 that are adopted into policy.”

**Proposed Approach.** In spring 2016, the King County Council added funding to the biennial budget for a consultant to help develop the elements of this strategy area into a cohesive approach. *Best Starts for Kids* staff will work in partnership with this consultant as well as with the Juvenile Justice Equity Steering Committee, the Children and Youth Advisory Board and other King County staff to support implementation of approaches focused on youth and young adults who are currently involved with the criminal justice system or at high risk of criminal justice involvement. These youth and young adults may include, but not be limited to, youth involved in the child welfare system, young alumni of the foster care system, and young people who have been trafficked or commercially sexually exploited.

- **Prevention/Intervention/Reentry Project.** This approach proposes partnerships with geographic communities, or hubs, to create unique government/community partnerships. It enlists community members who have previously had little to no opportunity to work in the capacity of serving youth and families, and presents opportunities to hold positive and influential status in the community while presenting a career pathway.

Due to economic and incarceration disparities, communities of color – particularly the African American community – are chronically short of mentors. In the Prevention/Intervention/Reentry



project, outreach workers and case managers engage youth and families, help them obtain the services they need, and help them build skills and knowledge through group facilitation. Community mentors have a role, but the project is not reliant only on their availability. Churches and non-profits in each hub will join with outreach and case managers to develop the most efficient strategies in their geographic area, and enlist the help of the private sector for employment opportunities for youth and young adults as part of the employment component (described below). Churches that have parishioners who are passionate about getting involved as sponsors for youth and their families may serve as community ambassadors.

Case managers and outreach workers, working with schools and school districts with the highest suspension, expulsion, and drop-out rates, will intervene to keep students engaged in school and may facilitate restorative practices, peace circles,<sup>104</sup> cultural education and training for staff as alternatives for suspension. Staff may work with youth while they are incarcerated, facilitate groups to address their gang involvement, and smooth the reentry process by assisting youth to obtain jobs and other needed services. Since outreach and case management staff may be housed in existing community-based organizations, those agencies immediately increase their capacity for serving more diverse youth and families.

The project serves youth and young adults ages 12-24 and focuses case management positions on specific populations and needs within communities, that may include, among others, adolescent girls; victims of sex trafficking and/or commercial sexual exploitation; and African American, Latino, Native American and East African youth. This project will build upon the work of the organization(s) that receives funding for case management and outreach through the King County Council's biennial budget add for these services in spring 2016.

- **Youth and Young Adult Employment.** This project focuses employment preparation and supports specifically toward youth and young adults who are involved with the criminal justice system, gang-involved, or at very high risk of criminal engagement. There is a correlation between poverty and criminal activity. Efforts to reduce the crime rate must take economic opportunity into consideration. Many low-income young men and women grow up without observing the adults in their families as gainfully employed, and they have become ensnared in a multigenerational cycle of poverty, unemployment and disenfranchisement. Many of these young adults – especially African American young men and women – are severely disenfranchised. They are not counted in traditional unemployment rate calculations because they've never been engaged in the job market.

BSK seeks to assist our most disenfranchised youth to realize their true potential by providing a means for them to acclimate into the culture of employment, and to provide them the supports they need to be successful. An employment program for youth and young adults would focus on employment as a rite of passage, and prepare them to be successful through comprehensive job preparation and sufficient supports to ensure job placement and job retention.

Employment for youth would be full-time during the summer and part-time during the school year to encourage students' participation in school-based activities and sports, and to support their continued involvement in academics. Employment for young adults would be full-time, focused on building the work history and skills necessary to get a job, and aiming toward the long-term opportunities and self-determination that come through sustained employment.

- **Theft 3 and Mall Safety Pilot Project.** King County’s Juvenile Justice system is racially disproportionate. Although referrals for charges in the system overall declined from 2013 to 2014, those for black youth increased. Out of 1,251 cases referred for filing for black youth in 2014, 27 percent of them were for Theft 3 (e.g., shoplifting). Black children are disproportionately charged with Theft 3, and it is critically important that we prevent the entry of these children into the criminal justice system. Tukwila Police Department has been the source of 350 misdemeanor theft cases, which is one of the highest in King County. Westfield Mall (Southcenter), located in 2016 at 2800 Southcenter Mall, is the source of many of these and other referrals.<sup>105</sup>

*Best Starts for Kids*, in collaboration with the Juvenile Justice Equity Steering Committee, will pilot a program to lower the number of juvenile referrals for charges coming from Westfield Mall by stationing community-based service providers at the mall. Police officers can divert shoplifting and other low-level cases to the providers. Officers can also pro-actively seek providers’ intervention where law enforcement identifies a risk of violence or aggression. Providers will be able to de-escalate situations and, where children and youth are unable to resolve their differences, help them disperse. The pilot will also include an evaluation component which will compare recidivism rates for shoplifters who are diverted by law enforcement and for those who are charged.

The idea of locating community-based providers in malls draws on a strategy that has proven effective in schools. The current approach to low-level theft—arrest and prosecution—is not evidence-based. Research demonstrates that juvenile justice system involvement can increase recidivism and further system involvement. Job training and mentorship will impose less harm to the child, likely lead to lower recidivism, and save money. The pilot is based partially on the Law Enforcement Assisted Diversion program, or L.E.A.D., an evidence-based program that has been piloted in Seattle-King County for adult drug offenders. The Westfield Mall pilot is based on the central premise of that program—immediate services for individuals accused of wrongdoing. Because the crimes at issue here do not involve felony drug use, this project envisions fewer resources devoted to monitoring program participation and instead seeks to channel all resources to services, including mentoring, employment assistance, academic supports and case management.

The project presents an opportunity to immediately address critical issues for high-risk youth:

- Prevent deeper penetration into the juvenile justice system by offering an immediate connection to a mentor and to job training.
- Prevent re-offense by providing relationships and skills that will lead to more pro-social behavior. The pilot attempts to take a strengths-based approach to children and youth who are accused of stealing to help them develop the skills that would allow them to avoid doing so again.
- Develop shared vision, outcomes, measures and principles of practice by collaborating with community organizations.

This recommendation for the Theft 3 and Mall Safety Pilot Project was formally approved by the Juvenile Justice Equity Steering Committee and referred to *Best Starts for Kids* as a project under the strategy area of Stopping the School-to-Prison Pipeline.

- **Students Creating Optimal Performance Education (SCOPE).** This program would serve justice-involved youth ages 16-21 (age 16 on September 1 of current school year) who have been suspended or expelled as well as older youth who have dropped out of high school and who have a

referral to the PAO for a criminal offense. Youth must also meet diversion eligibility requirements and other project SCOPE eligibility requirements, including being significantly behind in obtaining high school credit or being recommended for enrollment by case managers from DSHS, law enforcement, community youth development service providers, or District personnel. This project was developed based on best practices as identified by the educational standards articulated by the Office of Superintendent of Public Instruction (OSPI) and mandated by ESHB 1418 (2010), the Open Doors Youth Reengagement Act.<sup>106</sup>

This project would allow students participants (from any school district in King County) to earn their high school diploma and would provide wrap-around support services to overcome barriers to students' educational success. The purpose of the program is to provide an opportunity for students to re-engage in their education, explore academic/career pathways, develop college/career readiness skills, and earn their high school diploma. The program would be a partnership among Highline College (advisors, educational needs assessment, instruction, wrap around support, college to career pathway), Team Child (legal needs assessment, liaison to juvenile court, social services and education), Highline School District (leverage basic education funding), and the partner funded through Best Starts for Kids that would provide case management services for youth enrolled in the program. Case managers would liaise with other partners to provide wrap-around supports for students.

Best Starts for Kids funding would be used solely for the provision of case management services to students enrolled in SCOPE. These services may include linking students to student-centered supports, social services, and mentoring opportunities.

To avoid duplication, increase efficiencies and ensure service recipients and program participants have access to integrated programming and service opportunities, three program areas in this section—Prevention/Intervention/Reentry, Youth and Young Adult Employment and SCOPE—will coordinate the provision of case management.

## Section VII COMMUNITIES OF OPPORTUNITY

<p>This section of the implementation plan addresses:</p>	<ul style="list-style-type: none"> <li>• Working Toward Equity Through Communities of Opportunity</li> <li>• The Communities of Opportunity Approach</li> <li>• Results</li> <li>• COO Theory of Change: Three Interlocking Elements</li> <li>• How We Work Toward Our Theory Of Change</li> <li>• COO as Part of Best Starts for Kids Levy</li> <li>• COO-BSK Investment Strategies</li> <li>• Balancing COO-BSK Investment Strategies</li> <li>• Management of COO-BSK Funds</li> </ul>
---	---

### WORKING TOWARD EQUITY THROUGH COMMUNITIES OF OPPORTUNITY

Significant numbers of people in the County are being left behind as demographics shift, and the region now experiences some of the greatest inequities among large U.S. metropolitan areas. For example, life expectancy ranges from 74 years in the lowest 10 percent of census tracts to 87 years in the highest 10 percent of census tracts; frequent mental distress ranges from 14 percent to four percent, and income below 200 percent of poverty ranges from 54 percent to six percent. In addition to these inequities, sharp increases in housing costs in the Seattle metropolitan area continue to put many communities and long-time residents at risk for displacement.

Lack of opportunities, instability and displacement of children, youth and families reduce their chances of having healthy and prosperous lives. The environment where children, youth or young adults are reared is a strong contributor to their ability to thrive and reach their full potential. Economic inequality, which is increasing in the country and our region, may lead to worse health outcomes as well.

Low-income people and people of color have borne a disproportionate share of the burden of under-invested neighborhoods in the last 20 years. As the diversity of our region's population grows, full inclusion is necessary to achieve shared prosperity. Meaningful inclusion must address the needs and harness the assets, talents and potential of rapidly growing diverse populations/communities so that they are full partners in building our region's future.

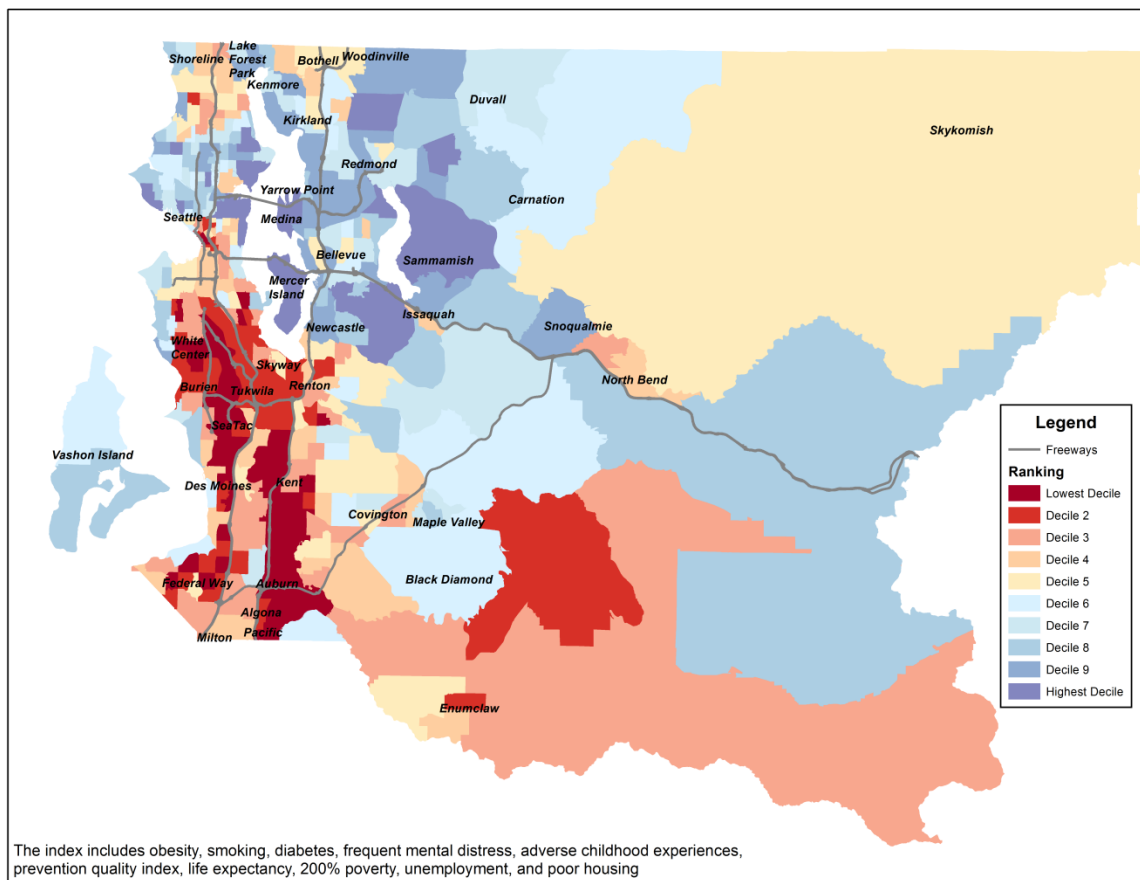
Investing in strategies that address inequities in communities and systems is preventive work and will start us on a path that leads to an increase in opportunities and ability to thrive, and a reduction in costly crisis services. When opportunities are available for all people to reach their full potential, the entire population of King County will benefit. These are the major tenets of King County's Health and Human Services Transformation.

## THE COMMUNITIES OF OPPORTUNITY APPROACH

Communities of Opportunity (COO) was launched by King County and the Seattle Foundation in 2014 to address the inequities in health, social, racial, housing, and economic outcomes that exist across the region so that communities with the most to gain can thrive, on the evidence that gains made in those communities will benefit the economic and social engine of the entire region. COO focuses on both solutions that are geographic and cultural community-based and those which address policy and system change, because equitable policies are a critical component in building sustainable, healthy communities across the county.

Equity and social justice underlie the vision and the approach for Communities of Opportunity. COO is one actionable response to the health and social disparities which are increasing in our region. While average measures of quality of life, social, and health factors in King County are among the highest in the country, these averages mask stark differences by place, income, race and ethnicity.

### Index of Health & Well-Being Measures in King County



A central tenet of COO is that place and policies matter. “It starts with the metropolitan areas, the regional economies that cut across city and suburban lines and drive the national economy. Place intersects with core policy issues central to the long-term health and stability of metropolitan areas and to the economic success of individuals and families - things like housing, transportation, economic and workforce development, and the provision of education, health, and other basic services.” (Kneebone and Berube, *Confronting Suburban Poverty in America*). COO will maintain its focus on geographic and cultural communities in the County that are disproportionately affected by inequities in health and wellbeing outcomes. There are pockets of such inequities in all sub-regions of the County, including a number of rural areas.

Another tenet of COO is that community partners have a vitally important role in shaping and owning solutions. Given that top down and disconnected efforts of the past have not reaped the hoped-for results, *the COO approach*:

- *Highly values and places at the center of its work community voice and leadership*
- *Makes co-design of programs and strategies with communities standard practice*
- *Strengthens connections across and among the health, housing, economic prosperity and community connection sectors*

## RESULTS

Communities of Opportunity is one of the key ways that BSK will achieve community outcomes, which, as defined in the BSK levy ordinance (Ordinance 18088), include: 1) decreasing disparities in health and wellbeing among different areas within King County and 2) improving quality of life in the communities with the most to gain.

While the work undertaken under the Communities of Opportunity Initiative will help BSK achieve all three of the enumerated BSK goals, it will specifically aim to achieve the following goal:

***Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of King County’s children and families, regardless of where they live or of their race or ethnicity.***

It is also important that we aim to reduce income inequality and its impacts.

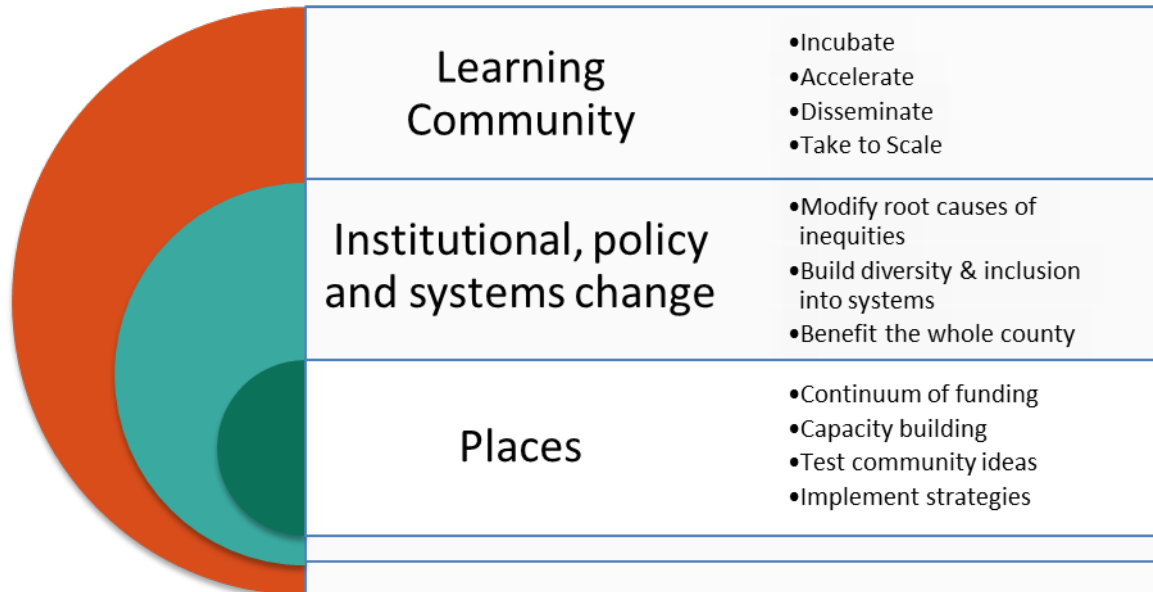
The following four results areas are specific to the COO work:

- All people thrive economically.
- All people are connected to community and have a voice.
- All people have quality, affordable housing.
- All people are healthy.

The initial goal of COO is to see a ten percent improvement in health and well-being outcomes over ten years in the COO place-based sites. The ten-percent improvement will be measured from current baseline indicator measures. Examples of these population-level improvements include an increase in life expectancy and decrease in involuntary displacement of local residents. Evaluation will also track shorter-term improvements such as number of new jobs filled by local residents and number of properties acquired for affordable housing. The intent is to start in select places and build momentum to begin to close the gap in health and wellbeing outcomes for all communities with much to gain.

Strategies and evaluation processes regarding displacement will be used to try to avoid a scenario in which health and wellbeing outcomes improve primarily due to displacement of lower-income people and communities of color.

### COO THEORY OF CHANGE: THREE INTERLOCKING ELEMENTS



The overarching Communities of Opportunity Initiative's theory of change is based on the notion of collective impact<sup>107</sup> which seeks to deploy cross-sector partnerships to make bold and substantial positive change. Communities of Opportunity operates across three interlocking elements: 1) Places, 2) Institutional, Systems and Policy Change, and 3) Learning Community. Coordinating and sustaining efforts across these three elements will achieve a different type of change than initiatives focused on one of these elements alone.

Communities of Opportunity's approach will produce:

- Change that is **community-driven** and thus **responsive** to the needs and the desired solutions of those communities;
- Change will be **sustainable** because it will be rooted in the community, will use community assets and will be developed through a process that builds capacity to sustain that change and will include institutional-level, systems-level and policy-level reforms; and
- Change that will be **replicable** by creating an environment in which successes and pitfalls of the processes for change will be shareable with others working on similar issues or with similar communities.

The graphic above summarizes the interlocking nature of the three elements underpinning Communities of Opportunity's theory of change. Below is a description of these elements.

#### PLACES.

**The problem.** The patterns of inequitable health and wellbeing outcomes across our region are unacceptable.

**The solution.** COO will aim to close the gap in equity outcomes among different places in King County so that all King County residents, regardless of where they live, will thrive and live long lives at optimal health.

#### **INSTITUTIONAL, SYSTEMS AND POLICY CHANGE.**

**The problem.** Sustainable change cannot be achieved without also changing the broader structures (institutions, systems and policies) that created inequities.

**The solution.** COO will coordinate investments to reform the institutions, systems and policies that create and perpetuate inequities in specific places and throughout the entire region. An example could be a local grocery store changing a policy to allow local residents the first opportunity to apply for open jobs. Over time, these policy changes can take hold across the region. The COO theory of change depends on this work taking place concurrently and with shared accountability across partners.

#### **LEARNING COMMUNITY.**

**The problem.** Working in silos restricts the ability to create broad partnerships, to learn from approaches that work, to learn from failures, to scale programs and to magnify impact.

**The solution.** A learning community or community of shared practice will create spaces (both actual and virtual) for communities and organizations to share the work they have undertaken. These spaces will foster collaboration across places and among organizations and/or actors. More broadly, the learning community will facilitate momentum-building at a regional level.

#### **HOW WE WILL WORK TOWARD OUR THEORY OF CHANGE**

To realize the theory of change, COO envisions a new type of partnership with communities, leaders, practitioners, and other stakeholders. While working on poverty and equity issues is not new, COO's approach is. COO seeks to align community-driven solutions that emerge through a co-design process with government (King County and cities) and private and philanthropic efforts. COO will achieve this alignment as follows:

- **Building Cross-Sector Leadership and Partnership Tables or Groups.** By this we mean that COO will create partnership and leadership tables or groups between and among:
  - Different types of institutions and community organizations that will work together toward common, COO-related objectives. These institutions and organizations can include government departments, philanthropic entities, intermediary organizations,<sup>108</sup> community-based non-profit and grassroots organizations, faith-based organizations, community members and private business leaders.
  - A range of subject matter and context experts from institutions, organizations and communities working across COO-related content areas—housing, health, economic development, workforce development, capital investment, community development, built environment, early learning, and community-based leadership.



These cross-sector partnerships and tables will lend their experience and expertise to achieving common results. Furthermore, these partnerships and tables will expand the reach of COO work in the region as each member is necessarily connected to a broader network of actors.

- **Using a Collective Impact Methodology.** Collective impact is a data-driven process for addressing complex societal issues. Collective impact work or methodologies seek to deploy cross-sector partnerships to make bold and substantial positive change. In COO, collective impact means that those working on this initiative will:
  - Share a common vision for change
  - Share an agenda for collecting data and for measuring common results consistently
  - Commit to hold each other accountable, engage in open communication to build trust, and engage in mutually reinforcing activities
  - Agree to ensure community voice is heard and integrated into the work
  - Agree to provide adequate backbone support for the work across all aspects of COO including adequate support for community partnership
- **Co-designing Programs or Projects.** Co-design means that institutions/funders administering a program work side-by-side with leaders and people in the communities that are most impacted. Co-design is structured to promote community ownership of the solutions that emerge from the design process. This methodology will be employed in recognition that direct stakeholders' interests are integral to the design process as well as to the adequacy and sustainability of any proposed "solution."<sup>109</sup>
- **Encouraging a Culture of Innovation.** COO will foster a culture of innovation. It will do so through being open to new information, ideas and ways of defining complex problems, including developing multiple interpretations of the sources of complex problems as well as the ways through which these can be solved. COO will recognize that innovation can lead to taking risks. COO will seek to continuously improve and will work tirelessly toward shared goals.
- **Aligning Funding.** COO will work to align funding among sources—public, private and philanthropic. COO's culture of innovation is producing new ideas and models for bringing leveraged financing and other resources to bear in support of COO strategies and indicators. This includes examining current funding streams across sectors and working with stakeholders to align these to reduce inequitable health outcomes.
- **Applying Results-Based Accountability.** Results-Based Accountability (RBA) is a set of tools<sup>110</sup> that communities can use to improve the lives of children, youth, families, adults and communities as a whole over time. RBA uses a data-driven, decision-making process. RBA starts with end results and works backwards towards identifying the strategies to reach those ends. To date, COO partners have worked with COO staff to jointly develop headline indicators to measures progress toward reaching results and strategy areas to be implemented. The COO RBA framework is found in Appendix 8.
- **Maintaining a Focus on Equity.** Communities of Opportunity will focus on improving health and wellbeing outcomes in the 40 percent of the County with the most inequitable health and wellbeing outcomes. By improving these areas of the County we will improve the conditions, health and prosperity of our region as a whole.

- **Tracking and Applying Best Practices.** There is a growing national body of evidence beginning to emerge on the impacts of cross-sector partnership work. COO will track developments on best practice models from elsewhere and adapt these best practices locally. COO's connections with national initiatives, such as the Living Cities Integration Initiative,<sup>111</sup> allow for more seamless adoption of best practice models.

## COMMUNITIES OF OPPORTUNITY AS PART OF *BEST STARTS FOR KIDS* LEVY

In 2015, Executive Constantine and the King County Council identified Communities of Opportunity (COO) as an element of the *Best Starts for Kids (BSK)* Levy. As part of BSK, COO will equip the County to address community conditions that restrict opportunities for children, youth and families. Specifically, COO will address issues related to quality affordable housing, health, community voice and connection, built environment, and economic prosperity.

The BSK levy ordinance allocates 10 percent of levy proceeds, which is approximately \$37 million over the life of the 6-year levy, in support of COO investments.

## COMMUNITIES OF OPPORTUNITY BSK INVESTMENT STRATEGIES

Communities of Opportunity will fund three strategy areas with one to three sub-strategies in each area. All strategies will aim to improve health and wellbeing outcomes. All strategies are based on the COO Theory of Change and all work to implement these strategies will be undertaken in a manner consistent with the COO approach. No funding levels or percentages are identified for each of the seven funding strategies because maintaining flexibility will allow the COO Initiative to: 1) be more responsive to emerging needs; 2) be nimble, adaptive and opportunistic when possibilities to focus COO work arise that can have the greatest impact; and 3) leverage other investments.

### COO Investment Strategies

COO is working to bring in other funding sources, thus it is important to retain flexibility in allocating amounts to the investment areas. In addition, COO works in an adaptive model to develop community-centered innovations. Such adaptive work may need flexibility in investment areas as learning progresses, and as needs for specific types of investment may vary in a given year, such as the strategic investments in the Learning Community category. The below percentages in the three investment area strategies are proposed for the next two years (2017-18 biennium) and will collectively correspond to the 86% available BSK/COO funding after approximately 14% annual staffing and administrative costs are subtracted. The chart below also provides information for the estimated funding ranges that the percentages represent. Following the chart are more comprehensive descriptions of each strategy and sub-strategy area.

	Strategy	RFP or similar	Investment percent	2017 Estimated	2018 Estimated
--	----------	----------------	--------------------	----------------	----------------

		competitive process?	ranges		
<b>Strategy Area One – Places: Awards to Community Partnerships</b>					
A	Investments in original place-based sites (SeaTac/Tukwila, White Center, Rainier Valley)	No	20% to 25%	\$1,150,000 - \$1,450,000	\$1,200,000 - \$1,500,000
B	Awards to other place-based sites (newly formed partnerships and well-formulated partnerships)	Yes	20% to 25% (combined)	\$1,150,000 - \$1,450,000	\$1,200,000 - \$1,500,000
C	Awards to cultural communities, including rural communities (newly formed partnerships and well-formulated partnerships)	Yes			
<b>Strategy Area Two - Institutional, Systems and Policy Change</b>					
A	Institutional, system and policy change awards	Yes	10% to 15%	\$575,000 - \$860,000	\$600,000 - \$900,000
<b>Strategy Area Three - Learning Community</b>					
A	Strategic Investments to Benefit COO Partners Broadly	No	15% to 25%	\$860,000 - \$1,450,000	\$900,000 - \$1,500,000
B	Forums	No	5% to 10% (combined)	\$290,000 - \$575,000	\$300,000 - \$600,000
C	Technical Assistance	No			
<b>Strategy Investments Subtotal</b>				\$5,777,000	\$6,036,000
<b>COO Staffing &amp; Administration</b>		No	Approx. 14%	\$909,000	\$934,000

\* expressed as percentages of the strategy investments (non-staffing) subtotal

Among these strategies, three are expected to be awarded through a competitive application process (e.g., RFP) as noted above. Other funding will be subject to the standard King County procurement processes for service contracts, as applicable.

**Places: Awards to Community Partnerships.** COO will invest in community-based partnerships in the three sub-strategies. Each of these sub-strategies applies a different definition of “community” in order to target the range of regional needs, but all are connected to the Theory of Change element “Places.”

- **Place-Based Communities: Original COO Sites.** Communities of Opportunity recognizes that community-driven change that seeks to address unequal health and wellbeing outcomes, some of which may be rooted in long histories of structural and historic inequities, takes time. The original three COO place-based sites—Rainier Valley, SeaTac/Tukwila and White Center were chosen through a competitive process in March 2015. When these sites were selected, the COO founders (King County and The Seattle Foundation) discussed the importance of providing backbone resources for a five-year period. This goal was discussed to allow for time to fully develop the community stakeholder tables and partnerships; to develop solutions in partnership with stakeholders and individuals in the communities; and to deploy, test and refine proposed solutions in an adaptive model. Strategies carried out in the sites can be taken to scale and lessons learned can inform practices across the county.

Annual investments, if any, in these three original place-based sites will be made as follows: 1) place-based sites will develop priority strategies; 2) place-based sites will develop an implementation plan for these priority strategies; 3) place-based sites will apply for BSK funding to support priority strategies; and 4) the COO Advisory Board will review applications, work with sites and applicant agencies to revise them as necessary and make recommendations to the Executive and Council for annual BSK funding allocations to support these priority strategies. Awards have been made to the lead agencies to date, but could be made to participating partner agencies at each site over the life of the levy.

- **Place-Based Communities: Expansion.** The original three COO sites met the original selection criteria: they were located in a census tract that scored in the bottom quintile (20%) countywide of an index of health and wellbeing indicators. Recognizing that geographic pockets of health and wellbeing disparities exist countywide, both newly formed partnerships and strong community partnerships located in census tracts that score in the bottom fortieth<sup>112</sup> percentile of the COO index of health and wellbeing indicators may be funded. In addition, smaller pockets in isolated rural communities with significant disparities compared to the larger census tract in which they are located will be eligible.

In addition to the indicators included in the COO index of health and wellbeing indicators described above, there are many other potential indicators of disparity which may result in poor health and wellbeing outcomes in our communities. For example, King County formally recognizes Determinants of Equity that include access to education, affordable housing, health and human services, family wage jobs and safe and efficient transportation. Outcomes may also be affected by rapid rates of change in these determinants – e.g., a rapid increase in housing costs can result in displacement of communities with resultant impacts on outcomes. For these reasons, as programming under these strategies continues, the COO Advisory Board may review whether additional or expanded geographic areas are facing challenges similar to the challenges being faced in those areas identified in the bottom 40<sup>th</sup> percentile of the COO index of health and wellbeing indicators and, after this review, may expand eligibility for place-based communities awards.

These awards will be made through an RFP process.

- **Cultural Communities Investments.** In addition to place-based community investments, we will also fund culturally-based community partnerships. A qualifying culturally-based community partnership is one in which the cultural base represented is experiencing disparate health and wellbeing outcomes. This investment strategy acknowledges the impact that displacement has had on the ability of cultural communities to maintain geographic cohesion and to facilitate collaboration across geographies to close these gaps. Both newly formed partnerships and strong community partnerships may be funded. These awards will be made through an RFP process.

Rural communities can have poorer health and wellbeing outcomes as well as greater service needs. Therefore, included in the section on geographic and cultural community are partnerships which form around addressing rural communities.

*Criteria for geographic/cultural community partnership grants.* The COO Advisory Board will engage in a review and approval process with staff to further develop the specific RFPs and criteria.

Category	Criteria
<b>Community Description</b>	Applicant and/or partnership is experiencing inequitable health and wellbeing outcomes. Applicant and/or partnership may be newly formed partnerships or well-formulated partnerships eligible in multiple years.
<b>Applicant Organization</b>	Applicant and/or partnership has expertise concerning the needs of the community. Staff/board are representative of the communities they are working with. Lead applicant has a history of aligning with another partner or partners on common goals or established partnerships working toward shared goals.
<b>Catalysts</b>	Applicant and/or partnership currently has capacity to catalyze lasting change, or has the potential to attract the appropriate partners to realize change, and will work in partnership with COO to enhance existing efforts.
<b>Collaboration</b>	Applicant and/or partnership demonstrates the ability to authentically engage and mobilize core constituencies from multiple sectors to work collectively on aligned goals that affect more than one of the three areas of health, housing and economic opportunity.
<b>Community Ownership</b>	Applicant and/or partnership identifies and uses processes that are informed and led by people affected by inequities, and engages the community in a way that allows the space, time, and resources so that authentic community leadership and ownership can flourish.
<b>Readiness</b>	Applicant and/or partnership demonstrates readiness to carry out effort and ability. Applicant and/or partnership demonstrates the ability to implement stated goals, including through history and strength of partnerships and community engagement/leadership.
<b>Budget and Sustainability</b>	Applicant and/or partnership has the necessary capacity to carry out the proposed strategy. Partners have the capacity for participation or are compensated for their participation.
<b>Diversity of Efforts</b>	COO will consider the range of applicants, representing a variety of geographies, issue focuses and stages of readiness. Unincorporated areas will receive special consideration to reflect the role of the County in supporting local infrastructure where it does not exist in the form of other local government.

**Institutional, Systems and Policy Change Awards.** The COO initiative will continue to have an RFP process for organizations of various sizes to engage in work to build diversity, equity and inclusion into the institutions, systems, business models and policies that shape our communities, environment, planning and growth, in order to promote thriving communities and close gaps in health and wellbeing among King County residents.

Grantees in this category will work under the COO Results Framework, toward the same indicators of progress and common results as the place-based sites. These grantees will also be asked to partner or collaborate with geographic and/or cultural communities where there is overlap on issues being addressed and their respective talents can be leveraged. These investments will only be made for projects appropriate for receipt of public funding.

### **Learning Community**

A learning community or community of practice is a new element of COO. The COO Learning Community will catalyze the broader regional community to work together towards shared results, and to ensure structural support that will broadly benefit grantees and partners. The Learning Community will be

designed to foster a regional innovation culture that can take equity-based work to greater scale, and will be open to participation from interested partnerships and groups across King County that may or may not have received COO funding awards or other BSK funds. The learning community vision is to:

- Share valuable tools and learnings through stronger regional relationships with other partnerships, initiatives and communities conducting similar work
  - Support organizations and community-based partnerships in the County desiring to begin such work or to sustain such work towards more equitable local outcomes
  - Build a cohesive regional learning culture that sets bold collective goals
  - Leverage funding efficiently across a network of COO participants and strategies
- **Strategic Investments to Benefit COO Partners Broadly.** COO will make investments of BSK levy funds in strategies to benefit COO partners broadly, such as investments in data collection, systems or analysis, or matching funds to leverage other public or private funds. These investments would be made as direct investments and would have the potential to benefit several or all COO partners or partnerships. These investments would be made with thought to their contribution to the overall collective impact model as well as to the benefits they might provide to organizations, partners and partnerships at various stages of on-ramping or joining the COO work.
  - **Forums.** As part of the regional learning community strategy, COO will fund the convening of forums to unite grantees, projects and initiatives in the region conducting similar work to address disparities in health and wellbeing outcomes. In these forums, attendees will share progress and lessons learned and have the opportunity to develop substantive linkages in the cross-cutting areas of health, housing, community connections and economic prosperity. Staff will disseminate information on COO-related funding opportunities.
  - **Technical Assistance.** Participants in the learning community will receive training and technical assistance directly from, or facilitated by, COO staff and will receive access to measurement and evaluation tools. This may include proactive outreach to communities to help them build capacity to engage with the COO initiative and benefit from COO opportunities.

### **COO Staffing and Administration**

Staffing and administration costs include direct service positions, portions of administrative positions, the standard countywide benefits assumptions for these position types, and allocations of central rate assumptions. Direct service staff may include subject matter expert staff and a navigator position, among others.

### **BALANCING COO-BSK INVESTMENT STRATEGIES**

As noted earlier in the document, this implementation plan does not include a precise investment amount or percentile per investment category in order to retain flexibility to: be more responsive to emerging needs; be nimble and opportunistic when possibilities to focus COO work arise that can have the greatest impact; and leverage other investments.

A COO Governance Group will also serve as the COO Advisory Board for BSK levy proceeds (see the Communities of Opportunity history in Appendix 9 for more information regarding governance). The duties of the COO Advisory Board will be to review and make advisory recommendations to the Executive and Council concerning the use of levy proceeds for the COO element of the BSK Levy.

The COO Advisory Board will annually review and analyze the private and other public funds available for the year, the BSK funds available to COO for the year, and the status and progress of the activities in each of the investment strategies. This review and analysis will be used to inform recommendations regarding the percentages of the COO BSK Levy funds that will be allocated to each of the investment strategies described in this implementation plan. COO annual and other reports to Council will specify the amount and use of private as well as public (BSK levy and other) funds to make awards and clearly delineate public vs. private investments to ensure appropriate and allowable use of public funds. Approximately \$5,275,000 or 14% of the \$36,996,000 in BSK levy proceeds allocated to COO will support approximately 4 FTE staff and related costs for the remainder of the life of the levy.

The COO Governance Group will simultaneously be making decisions regarding significant annual allocations of private and other public funds in the COO investment areas, and will need to be able to balance the best use of private funds, which typically have fewer restrictions, compared to those of public funds.

## MANAGEMENT OF COO-BSK FUNDS

The Department of Community and Human Services (DCHS) will administer all of the COO-BSK Levy funds within its department budget under the oversight of the Chief Financial Officer. DCHS will coordinate with Public Health Seattle & King County (PHSKC) regarding COO-BSK Levy-funded contracts or grants for which it may be advantageous that PHSKC be the administrator.

### Competitive Funding Processes for Investment Strategies

DCHS will work in collaboration with PHSKC and The Seattle Foundation, as well as with the COO Advisory Board, to plan for a regular cycle of competitive funding processes to award COO-BSK levy funds through RFPs, or a similar award process, such as Letters of Interest in funding opportunities.

A review team will be appointed for COO-BSK Levy competitive award processes, with appointments made by the founding partners – King County and the Seattle Foundation – considering recommendations by the COO Advisory Board, and based upon the context and/or content expertise required for a particular funding process. Processes may include conducting interviews with the highest-ranked community applications, along with the review of their written application materials.

As discussed previously, COO will need more flexibility than traditional funding programs of King County due to: the combination of resources invested in COO beyond the BSK levy investments, the learning and innovation culture nature of COO in which adaptation and responsiveness to community needs is vital, and the expectation that COO will catalyze other public and private resources and funding innovations.

Flexibility will allow COO to provide a continuum of funding approaches that meet the real-time needs of interested communities, to meet community partnerships where they are starting from, and to support them in making progress.

### **Communities of Opportunity Recommendations and Communication with the King County Council**

The governance group for COO (COO Advisory Board) will submit recommendations to the King County Executive and Council for expenditures of BSK levy funds allocated to COO at least annually. The Executive will cite any relevant recommendations of the COO Advisory Board in requests for appropriations from BSK levy funds transmitted to the Council as part of the biennial budget process or at any other time.

A proposed ordinance regarding the Communities of Opportunity Advisory Board, which responds to Ordinance 18220, was transmitted to Council simultaneously with the transmittal of the BSK Levy Implementation Plan. Under Ordinance 18220 and the proposed legislation, the Council and the Executive each has one direct appointment on the COO Advisory Board. In addition to direct Council representation at the COO governance table, reports on COO will be included as a component of all BSK reports (including annual BSK reports and the BSK evaluation plan and reports), including information on the progress of COO funding rounds, coordination with partners, and evaluation pursuant to COO process goals and the COO Results-Based Accountability framework measures.



## SECTION VIII EVALUATION AND PERFORMANCE MEASUREMENT FRAMEWORK

This section of the implementation plan addresses:

- Overview
- Methods
- Reporting and Dissemination Products
- Evaluation Expertise and Capacity

### OVERVIEW

This evaluation framework presents the overarching principles, framing questions and approaches that will guide the evaluation and performance measurement of Best Starts for Kids. As BSK strategies are refined and programs are selected over the remainder of 2016, the evaluation framework will be more fully developed, particularly with respect to program-level performance metrics and targets. The more detailed BSK Evaluation and Performance Measurement Plan will be completed by July 2017 and transmitted to the King County Council, with updates as needed thereafter. These updates will be provided as part of the BSK Annual Performance and Evaluation Reports.

The primary purpose of evaluation and performance measurement will be to inform strategic learning and accountability.<sup>113</sup> **Strategic learning** refers to both the need for real-time data to inform ongoing work and to understand which strategies are effective and why. **Accountability** refers to both the need to hold entities responsible for the activities they were given funding to do and to determine if a credible case can be made that the work contributed to BSK results. This is different from evaluations designed to prove definitive causality, which may be planned for a subset of strategies.

#### Estimated funding levels

2016: \$863,000

2017-2021

average:

\$3,312,000

#### Evaluation, including investments such as:

- Evaluation and performance measurement
- Data collection
- Improving the delivery of services for children and youth

Just over \$17 million over the life of the BSK levy will support evaluation, data collection and improving the delivery of services for children and youth. This amount includes activities to increase the capacity of community-based organizations to make data-informed decisions, and to conduct evaluation and performance measurement.

### Evaluation Principles

The evaluation will be carried out within these allocated resources, and will use guiding principles drawn from the [American Evaluation Association](#):

- **Systematic inquiry.** Conduct systematic, data-based inquiries.
- **Integrity.** Display honesty and integrity in the evaluation process.
- **Respect for people.** Respect the security, dignity, time, capacity, and interests of respondents and stakeholders.
- **Cultural competence.** Recognize and respond to culturally-different values and perspectives in order to produce work that is honest, accurate, respectful and valid.

## **BSK Results and Related Evaluation Framework**

Evaluation and performance measurement will allow all BSK stakeholders to understand how/if levy investments are achieving the three BSK results:

- **Babies are born healthy and are provided with a strong foundation for lifelong health and wellbeing.**
- **King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their community.**
- **Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live.**

For evaluation purposes, it is important to consider how populations differ across BSK's multilevel implementation. The BSK model assumes that the combined investments will contribute to geographic population-level results, *understanding that many additional factors will also influence population results*. While investments will be made in multiple programs and systems, some may naturally group together into strategy areas. Individuals, or in some cases, geographic populations served by strategy areas, are expected to benefit. At the program level, the beneficiaries are expected to be individuals, defined as those directly served by or exposed to the program or strategy.

## **METHODS**

The evaluation will draw from both qualitative and quantitative methods. As appropriate, the evaluation may include case study, longitudinal cohorts, cross-sectional, pre-post, and/or quasi-experimental designs. Using a participatory approach,<sup>114</sup> the data and evaluation team will work closely with BSK leadership, staff, and an evaluation advisory group, which will comprise stakeholders such as the Children and Youth Advisory Board, Science and Research Panel and BSK partners and stakeholders, to optimize performance monitoring and evaluation. For example, they will:

- Prioritize evaluation questions within allocated resources
- Develop logic models, indicators, performance measures and/or data collection protocols
- Review findings
- Develop dissemination materials

## **Sample Evaluation Questions**

The BSK evaluation is conceptualized to answer process and impact questions at three levels. Examples of questions include:

- At the **population level**, what was the combined impact of BSK investments on population-level indicators of health and wellbeing? Did BSK contribute toward equity at the population level? What improvements in services, systems, social and physical environments did BSK investments contribute to? Looking across the BSK portfolio, what were lessons learned about barriers and contributors to success?
- Similarly, for each **strategy area** of investment, what improvements in health and wellbeing were experienced by relevant populations or individuals served within a strategy area? What improvements were made in relevant services, systems, and environments?
- At the **program level**, what improvements in health and wellbeing did individuals<sup>115</sup> experience? What improvements were made in how well and how many clients were served?

## Population-Level Evaluation

Using a serial cross-sectional design, the population-level analyses will compare population-level indicators over time, and by demographic characteristics (for example, by age, race, ethnicity, place, socioeconomic status and gender, where data are available). Measures will use data from population-based surveys and sources including, but not limited to:

- Washington State Department of Health (birth and death records)
- Office of the Superintendent of Public Instruction
- Washington State Department of Social and Health Services, Children's Administration
- Washington State Healthy Youth Survey (a biennial survey of grades 6, 8, 10, and 12)
- Behavioral Risk Factor Surveillance System (BRFSS) (a yearly survey of adults age 18 and older)
- BSK Health Survey (a new survey funded by BSK)

To track indicators among a population-based sample of King County children ages six months to 12 years, King County will implement a new BSK Health Survey in fall 2016 and repeat it every two years. Although there are strong existing data sources for children around the time of birth, and in middle and high school, there are no existing population-level data sources for children in-between those ages: toddlers, preschoolers, and elementary-aged children. Very little is known about their health status, risk factors, resiliency, family/community supports or child-care arrangements. These are the very things that BSK is working to strengthen.

The new BSK Health Survey will fill gaps in data and provide information to inform activities and track population-level indicators among these children. Questions will be answered by a knowledgeable adult in the household. Questions will cover the areas of demographics, overall health, child and family resiliency, breastfeeding, use of preventive health care services, experience with health care providers, child development, physical activity and obesity, child-care arrangements and family and community supports.

## Population Indicators and Performance Measures

BSK will *contribute* to improving population indicators (for example, on-time high school graduation). BSK is *accountable* for performance (e.g., how much, how well, is anyone better off) of BSK strategies.

**Population indicators** are about a population (for example, young adults in King County). **Performance measures** are about individuals who are directly served by the program.

A full description of the indicators is included in Section II of this implementation plan. A full explanation of the technical definitions for the headline indicators, and a list of example of secondary, supporting indicators are included in Appendix 1.

### **Strategy Areas and Program-Level Evaluation**

Following the population-level approach, each strategy area will compare population-level indicators identified for each group. Strategy areas may also include evaluations to learn what impact was experienced by individuals. Qualitative evaluation methods will be used to provide complementary information to help gain in-depth understanding of impacts and results on specific communities where reliable statistical estimates are not available because of small sample size.

All programs will have performance metrics to track progress toward implementation milestones:

- *How much was done?* Such as people served or staff trained
- *How well was it done?* Such as improved access, timeliness or appropriateness of service
- *Is anyone better off?* Such as improved health and wellbeing

These metrics will inform continuous quality improvement efforts throughout the life of the BSK Levy.

Performance measures will be determined in the development of RFPs or specific project-level funding approaches. Performance measures and feasible data collection methods will be identified and developed for each program and incorporated into contracts. Performance measures, including targets and measures incorporated within contracts, will be reviewed on a pre-determined (such as annual) basis over the life of the levy.

### **Measuring Policy, Systems and Environmental Change**

We will consider a process evaluation to detail policy and system impacts, and lessons learned, about implementation of overall strategies. The process evaluation will describe the broader context in which BSK occurs. Where feasible, we may estimate the reach and magnitude of each policy, system or environmental change to describe the estimated impact at community and county levels.

Evaluation of the cumulative effect of multiple BSK interventions will be challenging. We may investigate the degree to which BSK interventions are coordinated and mutually reinforcing, producing an effect beyond the impact of each strategy. The evaluation may include interviews of key informants about the degree to which other BSK interventions positively impacted their work to capture synergies, and their impressions of changes at the community level.

### **Candidates for More Extensive Evaluation**

There is a continuum of evaluation strategies that range from simply verifying that something happened, to comparing intervention results with a statistically valid control group to ascertain causality.<sup>116</sup> BSK will deploy a number of programs that already have an existing evidence basis. To the extent this can be done, the evaluation can be simplified. As the causal connection between the program and expected results has already been demonstrated, the evaluation can use contract or performance monitoring to focus on measuring the quantity of BSK funded services and their results.

BSK will also implement strategies based on emerging best practices. These may include situations where a proven program/best practice must be substantially modified in order to be tailored to specific populations served by BSK. In these cases, a program can be designed that incorporates elements and practices that are found in similar proven programs. Evaluation of these programs will emphasize ongoing monitoring and early feedback so that any necessary changes can take place in a timely manner. Short-term results will be identified that demonstrate that the longer-term desired outcomes are likely to be reached. This supplemental, formative type of evaluation will help ensure that the program is functioning as intended.

BSK may also invest in innovative strategies, which may call for more rigorous evaluation to show causal effect as well as lessons learned. Examples of rigorous evaluation may include case control or quasi-experimental designs that include resource intensive data collection. The data and evaluation team will work with the evaluation advisory group to develop and apply a set of criteria for identifying candidate projects that have high priority for rigorous evaluation. Considerations may include:

- Potential for having a big reach related to health equity
- Implementation in new settings or with new populations
- Likelihood of seeing immediate change in indicators of wellbeing or healthy environments
- Filling a gap in the evidence base
- Having sustainable sources of data to be able to track change over time

**Youth and Family Homelessness Prevention Initiative Independent Evaluation.** DCHS will seek to obtain philanthropic funding to secure outside evaluation on program outcomes and the effectiveness of the program model for the Best Starts for Kids Youth and Family Homelessness Prevention Initiative. It is the intent of the County that an independent evaluation will be conducted for this initiative. The County anticipates that it will use funds from the Best Starts for Kids levy consistent with Ordinance 18088 Section 5.C.4. to support this independent evaluation. If philanthropic funds for an independent evaluation are secured, those funds will be used to supplement Best Starts for Kids levy funds used for evaluation. An evaluation on the first year and a half of the Youth and Family Homelessness Prevention Initiative will be completed no later than June 1, 2019, and will be transmitted to the King County Council as part of the required annual Youth and Family Homelessness Prevention Initiative Report.

## **Engagement with Key Stakeholders**

The data and evaluation team will work closely with BSK leadership, staff and an evaluation advisory group, which will comprise stakeholders such as the Children and Youth Advisory Board, Science and Research Panel, and BSK partners and stakeholders. The data and evaluation team will meet monthly with BSK implementation leads to review evaluation progress. The team will also provide updates to stakeholders, including the Children and Youth Advisory Board, the Science and Research Panel, community partners, the Council, and the public. As opportunities arise, the data and evaluation team will partner with external evaluators to seek additional resources or expand capacity for evaluation. The data and evaluation team will also explore opportunities for sharing data with community partners.

## Evaluation Timelines

BSK strategies and programs will begin at different times and reach their respective conclusions on different schedules. Data points may be readily available or may require system upgrades prior to access. Evaluation timelines will accommodate these considerations:

- When the program will start, or when BSK funds become effective
- Time needed until each indicator can be measured
- Point at which a sufficient number of individuals have reached the outcome to generate a statistically reliable result
- When indicator data will be available
- When baseline data will be available, if needed
- Time needed for data collection, analyses and interpretation of qualitative data
- Contractual requirements for reporting process and results data

## REPORTING AND DISSEMINATION PRODUCTS

<b>Required BSK Reports*</b>		
<b>Due Date</b>	<b>Report Description</b>	<b>Ordinance basis</b>
May 2017	Youth and Family Homelessness Prevention (YFHP) Initiative Outcomes Report	18285
During the first two years of the levy and continuously, as needed or requested	<b>Progress briefings by executive staff</b>	--
July 1, 2017	<b>BSK Evaluation and Performance Measurement Plan</b>	PO 2016-0281
~Oct./Nov. 2017	<b>BSK First Annual Performance and Evaluation Report (First Annual Report)</b>	PO 2016-0281
June 1, 2018	YFHP Initiative Outcomes Report	18285
June 1, 2018	<b>BSK Annual Performance and Evaluation Report</b>	PO 2016-0281
June 1, 2019	<b>BSK Annual Performance and Evaluation Report + YFHP Initiative Outcomes Report + YFHP Initiative Independent Evaluation Report</b>	PO 2016-0281 + 18285
June 1, 2020	<b>BSK Annual Performance and Evaluation Report + YFHP Initiative Outcomes Report</b>	PO 2016-0281 + 18285
June 1, 2021	<b>BSK Annual Performance and Evaluation Report + YFHP Initiative Outcomes Report</b>	PO 2016-0281 + 18285
June 1, 2022	<b>BSK Annual Performance and Evaluation Report + YFHP Outcomes Report</b>	PO 2016-0281 + 18285

\*All BSK General reports will include reporting on COO components as well as Prenatal-5 and 5-24 strategies.

The reports and products listed in the table above are further described below:

- **BSK Evaluation and Performance Measurement Plan.** The Best Starts for Kids Evaluation and Performance Measurement Plan will be completed and transmitted no later than July 1, 2017. That plan will specify performance measures and qualitative methods, after the specific portfolio of investments are procured. That plan will include evaluation and performance measurement information for the Communities of Opportunity initiative. Updates to this plan will be reported as part of subsequent BSK Annual Performance and Evaluation Reports. The BSK Evaluation and Performance Measurement Plan shall be developed in consultation with and respective components reviewed by the Children and Youth Advisory Board and the Communities of Opportunity Advisory Board before transmittal. Each advisory board shall consult on and review the respective portion of this plan over which they have been charged with oversight.

In developing the Evaluation and Performance Measurement Plan, the following indicators shall be included:

- A secondary indicator or several secondary indicators that explore a broader measure of success than whether or not a youth or young adult is either employed or in school
  - A secondary indicator that tracks civic activity for youth 18-24 years old
  - A secondary indicator that tracks reduced contact with the criminal justice system
- **BSK First Annual Performance and Evaluation Report (BSK First Annual Report).** No later than one year after the effective date of the ordinance approving this implementation plan, the Executive will transmit the BSK First Annual Performance and Evaluation Report describing the programs funded and outcomes for the children, youth, families and young adults served. The BSK First Annual Report shall be developed in consultation with and respective components reviewed by the Children and Youth Advisory Board and the Communities of Opportunity Advisory Board before transmittal. Each advisory board shall consult on and review the respective portion of annual reports on BSK programming over which they have been charged with oversight.

BSK Performance and Evaluation Annual Reports, described below, including the BSK First Annual Report, will also include a chart with information on any awards to date since the last reporting cycle, made under Communities of Opportunity. That chart will provide the name of each award recipient, the amount of the award, a description of the work for which the award was granted, and the source of the award. With respect to the award source, if public funds are blended with any other fund source, then a break-down of the multiple sources and amounts will be provided. For any public funds used, this chart will clearly denote that each public fund award within this strategy area was not awarded to undertake a prohibited body of work.

The BSK First Annual Report to the Council can include, but is not required to include, information on the Youth and Family Homelessness Prevention Initiative. If information on this initiative is provided, that information will not substitute for the required stand-alone report on program outcomes to the Council on that initiative due to be transmitted by June 1, 2018, as outlined in the Youth and Family Homelessness Prevention Initiative Implementation Plan.

- **BSK Annual Performance and Evaluation Reports (BSK Annual Reports).** BSK Annual Performance and Evaluation Reports (BSK Annual Reports) will be transmitted with the first report using data from calendar year 2017 no later than June 1, 2018. These BSK Annual Reports will provide data on

the performance of levy-funded activities, including progress toward meeting overall levy goals and strategies, headline indicator measurements, performance metrics, lessons learned, and strategies for continuous improvement. BSK Annual Reports will be developed in consultation with and respective components reviewed by the Children and Youth Advisory Board and the Communities of Opportunity Advisory Board before transmittal. Each advisory board will consult on and review the respective portion of annual reports on BSK programming over which they have been charged with oversight.

BSK Annual Reports will also include:

- Any updated performance measure targets for the following year of BSK programs with information on the reason for any substantive changes
- Recommendations on program and/or process changes to funded programs or strategies based on measurement and evaluation data or any other eventuality resulting in the need for substantive changes
- Any recommended revisions to the BSK Evaluation and Performance Measurement Plan
- Recommended performance measures and performance measurement targets for each BSK strategy as well as any new strategies that are established

BSK Annual Reports shall be transmitted by June 1 of each year through June 1, 2022. Starting with the BSK Annual Report due by June 1, 2019, the Youth and Family Homelessness Prevention Initiative will report as part of general BSK Annual Reports.

Joint reports notwithstanding, reporting on the Youth and Family Homelessness Prevention Initiative must comply with the additional reporting requirements outlined in the Youth and Family Homelessness Prevention Initiative Implementation Plan including, but not limited to:

- A stand-alone program outcomes report for the Youth and Family Homelessness Prevention Initiative (YFHP Initiative Outcomes Report) is required to be transmitted as by June 1, 2018;
  - An evaluation on the first 1.5 years of the Youth and Family Homelessness Prevention Initiative (YFHP Initiative Independent Evaluation Report) must be completed by June 1, 2019 and transmitted as part of that year's required annual report;
  - Annual reports on the Youth and Family Homelessness Prevention Initiative (YFHP Initiative Outcomes Reports) must report on program outcomes; and
  - Annual YFHP Initiative Outcomes Reports must include information and analysis of the strategies being implemented and the effectiveness of those strategies aimed at ensuring that at-risk populations, including families and youth of color, immigrant and refugee families and youth, LGBTQ youth and victims of domestic violence, commercial exploitation and human trafficking, have access to providers who are trained and competent in meeting the unique needs of these at-risk populations.
- **Progress Briefings.** Executive staff will be prepared to provide mid-term progress briefings to interested committees during the first two years of the levy and continuously, as needed or requested. Progress briefings will detail how funds are being allocated, the status of strategy and program implementation, design or policy changes, and challenges. The briefings will be meant to inform and support programs and will point to any needs for mid-course strategy or program modifications.

Any report required by this section shall be filed in the form of a paper original and an electronic copy with the Clerk of the Council, who shall retain the original and provide an electronic copy to all



Councilmembers and all members and alternate members of the Regional Policy Committee, or its successor. Required reports shall be transmitted with a motion accepting the report.

The following additional information on dissemination methods are anticipated for levy-funded activities:

- **Dashboards.** Evaluation staff will develop dashboards that reflect key indicators of population results that communicate results quickly and visually. These dashboards will be web-based and accessible to stakeholders, the community and the public. We will disaggregate indicators by age, race, ethnicity, place, socioeconomic status, gender and other key demographic characteristics, where data are available. The dashboards for BSK investments, including a dashboard specific to Communities of Opportunity, are included in Appendices 10 and 11.
- **Other Products.** The data and evaluation team will work with the communications team and community partners to identify meaningful products for stakeholders, such as success stories. Success stories may describe the strategy, stakeholders' roles, reach, impact, critical incidents, key decision points and lessons learned. *Ad hoc* products such as infographics and technical assistance related to data or evaluation findings for stakeholder presentations will also be considered.

## EVALUATION EXPERIENCE AND CAPACITY

The data and evaluation team is a multidisciplinary group that includes master's- and doctorate-level epidemiologists, social research scientists, demographers and staff from Public Health-Seattle & King County, the King County Department of Community and Human Services and the King County Office of Performance, Strategy and Budget. They are nationally known for their data analyses and evaluation expertise of large-scale community initiatives and have a strong record of using participatory approaches in designing and implementing evaluations. Together, they bring requisite quantitative and qualitative expertise including use of population and program data and systematic analysis of qualitative data.

## SECTION IX JUNIOR TAXING DISTRICT LEVY PRORATIONING

This section of the implementation plan addresses:

- Background
- *Best Starts for Kids* Ordinance
- Prorating Impact of Best Starts for Kids Levy

### BACKGROUND

Many jurisdictions in Washington State are authorized to levy property taxes, which require residents of that jurisdiction to pay taxes based on the assessed value (AV) of their property. Each taxing district is authorized to levy a property tax under a specific section of the Revised Code of Washington (RCW) that provides authorization and provides a limit on the rate that the type of jurisdiction may charge. In addition to these jurisdiction-specific authorizations, there are two RCWs that are relevant to this section of the implementation plan:

1. *RCW 84.52.043 Limitations upon regular property tax levies.* This RCW states that the aggregate level of junior taxing districts<sup>117</sup> and senior taxing districts, other than the state, may not exceed \$5.90 per thousand dollars of AV.
2. *RCW 84.52.010 Taxes levied or voted in specific amounts – Effect of constitutional and statutory limitations.* This RCW outlines a methodology for reducing the tax rate of taxing districts when the aggregate rate for jurisdictions (other than the state) is higher than the \$5.90 limit required by RCW 84.52.043. The effect of this RCW is *prorating* (reduction) of junior taxing districts' rates until the aggregate level falls below the \$5.90 limit.

Property tax levy prorating occurs because taxing districts, have the individual taxing authority to levy rates that, when combined, add to more than the aggregate property tax limit of \$5.90 per thousand dollars of AV. When a senior taxing district, such as King County, levies a new or increased property tax, it can result in more junior taxing districts having their levies prorated to a lower rate and therefore receiving less revenue.

The hierarchy of taxing districts defined in RCW 84.52.010 creates a distinct order of operations for which jurisdictions have their rates prorated when aggregate levels go above the \$5.90 limit. This methodology is used by the King County Department of Assessments to certify levy rates that meet legal requirements each year.

### BEST STARTS FOR KIDS ORDINANCE

King County Ordinance 18088 identifies that BSK levy revenue can be used for eligible services provided by junior taxing districts, to the extent the district is prorated, in two circumstances:

1. Ordinance 18088, Section 5, subsection C.4.c, states that “an amount equal to the lost revenues to the metropolitan park districts resulting from prorating as mandated by RCW 84.052.010, up to

one million dollars, shall be provided to those metropolitan park districts if authorized by the county council by ordinance” for services that are eligible expenditures.

2. Ordinance 18088, Section 5, subsection C.4.d states that eligible expenditures “provided by fire districts in an amount equal to the lost revenues to the fire districts in King County resulting from prorationing, as mandated by RCW 84.52.010, for those services, to the extent the prorationing was caused solely by this levy and if authorized by the county council by ordinance.”

Therefore, each year after the King County Department of Assessments certifies levy rates, the County will calculate the extent to which metropolitan park districts and fire districts are prorationed due to the BSK Levy. Eligible services for BSK funding include services that improve health and wellbeing outcomes of children and youth, as well as the families and the communities in which they live.

## PRORATIONING IMPACT OF BEST STARTS FOR KIDS LEVY

### Known Impacts of Prorationing for 2016

For 2016, the BSK Levy has caused prorationing for two metropolitan park districts and no fire districts:

- Si View Metropolitan Park District: Levy rate was prorationed, with a 2016 revenue impact of \$316,421.
- Fall City Metropolitan Park District: Levy rate was prorationed, with a 2016 revenue impact of \$114,558.

#### *Si View Metropolitan Park District*

King County staff worked directly with the Si View Metropolitan Park District to communicate the impact of prorationing on their district in 2016 and to gather ideas for eligible services that BSK could fund. The result was that the District submitted a plan for eligible services totaling their 2016 prorationed amount:

Programs	Budget
<b>Youth Programs</b> Before and Afterschool Program Day Camps Parent’s Night Out Teen Programs/Teen Night	\$175,613.22
<b>Cultural Programs</b> Youth Dance Programs Art Programs	\$30,339.28
<b>Youth Sports Programs</b> Contract Classes Basketball Leagues Wrestling Track Skyhawks Camps Other Youth Sports Programs	\$110,468.50
<b>TOTAL</b>	<b>\$316,421.00</b>

The County will contract with Si View Metropolitan Park District for the 2016 amounts for these services. Contracts will be administered through DCHS like all other BSK contracts.

#### *Fall City Metropolitan Park District*

Although Fall City Metropolitan Park District had its revenue reduced by \$114,558 in 2016 due to prorationing, the District does not currently provide any programs or services that fit the eligibility parameters for BSK funding as outlined in Ordinance 18088. The County will continue to work with Fall City Metropolitan Park District each year to communicate its revenue loss due to prorationing and discuss if there are any eligible services that can be funded, up to the total amount the district is prorationed over the life of the levy, regardless of when services begin.

### **Planning for Future Prorationing Impacts**

In coordination with the King County Office of Performance, Strategy and Budget; Office of Economic and Financial Analysis; and King County Council staff, the County has modeled estimated prorationing by taxing district over the life of the BSK levy. Actual impacts will not be known until levy rates are certified by the Department of Assessments each year.

The *Best Starts for Kids* Implementation Plan takes into account the estimated future years of prorationing in its financial assumptions:

- For metropolitan parks districts, estimated prorationing totals about \$850,000 over the life of the levy, which is about \$150,000 less than the cap of \$1,000,000 identified in Ordinance 18088. King County will work with metropolitan parks districts impacted by prorationing on an ongoing basis to identify programs that fit within the BSK strategies to receive this funding, as needed. The BSK financial plan reserves \$1,000,000 over the life of the levy for eligible parks district services to ensure it can meet the intention of Ordinance 18088.
- For fire districts, no prorationing impacts are estimated. If changing economic conditions result in prorationing of these districts, the County will, in a process similar to that with parks districts, reach out to impacted districts to identify eligible services and determine the level of BSK funding that would be appropriate. The BSK financial plan reserves \$270,000 for potential fire district expenditures.

## Section X ENDNOTES

<sup>1</sup> This committee will be referred to as the Juvenile Justice Equity Steering Committee throughout the plan. It is the same body that was the committee to address juvenile justice disproportionality that was formed in 2015 and that is referenced in the Best Starts for Kids levy Ordinance 18088.

<sup>2</sup> <http://www.kingcounty.gov/elected/executive/equity-social-justice/strategic-plan.aspx>

<sup>3</sup> In the BSK Implementation Plan this term is used to incorporate a racial or ethnic identity other than White. King County recognizes that this term get less clear in certain communities and intends to embrace the ever changing definitions in our national conversation.

<sup>4</sup> Note that while this language has been changed for grammatical consistency, this goal is designed to be in alignment with adopted county policy and the Best Starts for Kids levy Ordinance 18088.

<sup>5</sup> King County Ordinance 18088, July 22, 2015. 292-304

<sup>6</sup> Results-Based Accountability (RBA) is a methodology and set of tools for planning and taking action through which collective impact partnerships can measurably improve the lives of children, youth, families, adults and the community as a whole. RBA users are guided through a data driven decision making process that starts with the end results the partners desire to reach, and then works backwards to develop strategies for action that are intended to solve community challenges and yield the desired results over time.

<sup>7</sup> King County Signature Report, July 22, 2015, Ordinance 18088. Section 5.C.1., 2. and 4

<sup>8</sup> A community-identified location defined by special characteristics (neighborhood, residential block, etc.) that are not necessarily able to be captured as part of a data collection tool (as opposed to census tract or county boundary).

<sup>9</sup> Socioeconomic status (SES) is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation.

<sup>10</sup> Communities of Opportunities (COO), discussed in Section VII, was developed in 2013 as a result of this King County commitment.

<sup>11</sup> <http://www.kingcounty.gov/council/issues/YouthActionPlan.aspx>

<sup>12</sup> King County Ordinance 18088, July 22, 2015. 183-185

<sup>13</sup> Youth Action Plan, Recommendation Area 5 – Get Smart About Data: “The results we truly hope to see as a result of our investments in children and youth are not being measured. The Task Force learned that the County does not have shared identified outcomes or outcome measures for children and youth services and programs in its departments and agencies. These recommendations call for a comprehensive, countywide approach to data and outcome metrics for children and youth. It is crucial that King County strategically identify and invest in collecting the right data and use it to inform decisions. The recommendations in this area strongly align with King County's commitment to the Lean approach.”

<sup>14</sup> This data differs in different population sub-segments. For more information see

<http://www.kingcounty.gov/depts/health/data/~media/depts/health/data/documents/maternal/early-adequate-prenatal-care.ashx>.

<sup>15</sup> Poverty in the BSK Implementation plan is defined using the Federal Poverty Level (FPL) index – a person at 100% or below the FPL in the United States is considered to be living in poverty. Since our cost of living is high in King County, throughout the plan the term “poverty” may be extended to include people living up to 200% of the FPL.

<sup>16</sup> Examples might be a young person engaged in a non-paid internship or on who has chosen to work at home by providing care for a family member.

- <sup>17</sup> <http://heckmanequation.org/content/resource/investing-our-children-great-returns>
- <sup>18</sup> <http://heckmanequation.org/content/white-house-summit-early-education>
- <sup>19</sup> Hart B, Risley TR. *Meaningful differences in the everyday experience of young American children*, 1995
- <sup>20</sup> Annie E. Casey Foundation, 2012; Lesnick J, Goerge RM, Smithgall C, Gwynne J. Chicago: Chapin Hall at the University of Chicago, 2010
- <sup>21</sup> Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. *Issues in Science and Technology*, 26 (1).
- <sup>22</sup> <http://ilabs.washington.edu/i-labs-faq>
- <sup>23</sup> Cari McCarty, Ph.D., Seattle Children's Hospital/University of Washington, Citing from "The behavioral neuroscience of adolescence", W. W. Norton & Company, New York. 2010, and the Journal "Developmental Cognitive Neuroscience" published in February of 2016.
- <sup>24</sup> Dr. Christopher Kuzawa, <http://www.ipr.northwestern.edu/faculty-experts/fellows/kuzawa.html>
- <sup>25</sup> Centers for Disease Control and Prevention (CD) Anda and Brown (2010); Felitti (2002)
- <sup>26</sup> Blodgett C., Harrington R., Research Brief: *Adverse Childhood Experience and Developmental Risk in Elementary School Children*.
- <sup>27</sup> Director, Center on the Developing Child, Harvard University
- <sup>28</sup> Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University. <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- <sup>29</sup> Center for the Study of Social Policy, Strengthening Families – A Protective Factors Framework
- <sup>30</sup> Developmental Service Group, 2015. Administration for Children, Youth and Families
- <sup>31</sup> Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University. <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- <sup>32</sup> ibid
- <sup>33</sup> ibid
- <sup>34</sup> Conversations also addressed other community needs and processes, including the upcoming MIDD renewal, and the recently completed Youth Action Plan.
- <sup>35</sup> Based on the World Café model ([www.theworldcafe.com](http://www.theworldcafe.com)), Community Cafés are a simple, effective, and flexible format for hosting large group dialogue. Community Cafés utilize small group conversations within the larger gatherings, specific questions for each group to discuss and a "harvest time" where participants share with the larger group about their table discussions. There are seven principles for hosting community café conversations: 1) Set the Context; 2) Create Hospitable Space; 3) Explore Questions that Matter; 4) Encourage Everyone's Contribution; 5) Connect Diverse Perspectives; 6) Listen together for Patterns and Insights; 7) Share Collective Discoveries
- <sup>36</sup> The national Help Me Grow movement supports states and municipalities to build systems of support to reach families in a variety of ways. Washington's statewide Help Me Grow partnership is focused primarily on developmental screenings. HMG in Washington supports pediatric primary care providers as the best place to complete and interpret a developmental screen and provide family-centered, comprehensive and coordinated care. To reach all children and identify developmental challenges early, community partners including early care and education providers, child-care providers, schools and home visitors provide valuable help. They screen children who are being missed and connect them with a medical home for follow-up, further evaluation, and referral to responsive services. These screens also help parents and providers adjust their interactions and activities to promote optimal health and development of children at risk, even when no medical follow-up is necessary. <http://www.helpmegrownational.org/pages/what-is-hmg/what-is-help-me-grow.php>  
<http://helpmegrowwa.org/>
- <sup>37</sup> These components are based on both the national Help Me Grow model and the Washington Help Me Grow partnership, tailored to reflect the comprehensive focus of BSK's Help Me Grow model.
- <sup>38</sup> Heckman, James J. and Stefano Mosso. "The Economics of Human Development and Social Mobility." *Annual Review of Economics* 6.1 (2014): 689-733.
- <sup>39</sup> Some municipalities across the country have implemented universal home visiting programs. One example is the Durham Connects program in Durham, North Carolina. <http://www.durhamconnects.org/>

---

<sup>40</sup> As defined by the Federal Maternal Infant Child Home Visiting (MIECHV) program in the Health and Human Services Department.

<sup>41</sup> Research proves that there is no safe amount of alcohol or marijuana use during pregnancy or breastfeeding. It impacts everything from cognitive impairment, impulsive behavior, irritability, ADHD-like syndromes, small size and language impairments, and leads to early substance abuse and school failures lasting through adulthood. This is particularly emergent in Washington State where marijuana use is legal; there is the strong evidence on the impact of marijuana during pregnancy and breastfeeding. Marijuana in the fetus binds to the synapses in the brain as it is developing, impeding the correct chemicals for helping with brain development. Dr. Leslie Walker, Children's Hospital.

<sup>42</sup> Washington State Department of Health

<sup>43</sup> "Health of mothers and infants by race/ethnicity. August 2015. Public Health-Seattle & King County; Assessment, Policy Development & Evaluation Unit."

<sup>44</sup> Only 65 percent of King County children ages 19-35 months received the routine series of recommended immunizations. This is the 4:3:1:3:3:1:4 series, which is four or more doses of diphtheria, tetanus, acellular pertussis (Dtap), three or more doses of polio vaccines, one measles containing vaccine, three or more doses of Haemophilus influenzae type b (Hib), three or more doses of hepatitis B (Hep B) vaccine, one or more doses of varicella vaccine, and four or more doses of pneumococcal conjugate vaccine (PCV).

<sup>45</sup> By the time they enter kindergarten, about one in three King County children has cavities (34 percent, 2010 Smile Survey) and the percentage is even higher among those who are eligible for free- or reduced-price meals.

<sup>46</sup> Unintentional injuries are the leading cause of death for people between the ages of 1-44, and the third leading cause of hospitalizations for children between the ages of 1-14.

<sup>47</sup> Asthma is the second leading cause of hospitalizations for children between the ages of 1-14. Approximately five percent of King County children are living with asthma.

<sup>48</sup> The extent of lead poisoning is not well known in King County because only 11 percent of children were tested for blood lead levels before their third birthday. However, 56 percent of homes and apartments in the County were built before 1980. In 1978, lead was banned from use in the manufacture of residential paint.

<sup>49</sup> <http://www.childtrends.org/wp-content/uploads/2013/10/2013-42AllianceBirthto8.pdf>

<sup>50</sup> <http://www.joinvroom.org/science-and-facts>

<sup>51</sup> Crowley, A.A. 2001. Child care health consultation: An ecological model. J Society Pediatric Nursing 6:170-81.

<sup>52</sup> <http://www.healthychildcare.org/WorkWithHP.html>

<sup>53</sup> <http://www.del.wa.gov/care/qris/>

<sup>54</sup> Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. Issues in Science and Technology, 26 (1)

<sup>55</sup> Bright Futures is a set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented that can be used to improve the health and well-being of all children through culturally-appropriate interventions that address their current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

<sup>56</sup> Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. Pediatrics, 121(6) e1503-e1509. doi:10.1542/peds.2007-1680

<sup>57</sup> Brauner, C. B., & Stephen, B. C. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorder. Public Health Reports, 121, 303–310 <http://www.publichealthreports.org/issueopen.cfm?articleID=1691>

<sup>58</sup> Reflective consultation (also referred to as reflective supervision) is a form of professional development which supports various models of relationship-based programs serving infants, young children and families. The focus of reflective consultation is "the shared exploration of the emotional content of infant and family work as expressed in relationships between parents and infants, parents and practitioners, and supervisor and practitioners" (Michigan Association for

Infant Mental Health, 2007). The purpose of reflective consultation is to improve program quality and strengthen professional practices so that families, infants, and young children receive quality services that support optimum growth and development (Eggbeer, Mann, & Seibel, 2007).

<sup>59</sup> <http://www.wa-aimh.org/about-infant-mental-health/>

<sup>60</sup> Institute of Medicine (IOM) and National Research Council (NRC) 2015 *Transforming the workforce for children birth through age 8: A unifying foundation*. Washington DC: The National Academies Press.

<sup>61</sup> <http://www.reachoutandreadwa.org/>

<sup>62</sup> Restorative Justice in Oakland Schools, 2014 <http://www.ousd.org/cms/lib07/CA01001176/Centricity/Domain/134/OUSD-RJ%20Report%20revised%20Final.pdf>

<sup>63</sup> <http://traumasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools/>

<sup>64</sup> <http://ext100.wsu.edu/clear/about/>

<sup>65</sup> <http://rjoyoakland.org/restorative-justice/>

<sup>66</sup> ibid

<sup>67</sup> Dr. Leslie Walker, Chief, Division of Adolescent Medicine, Children's Hospital

<sup>68</sup> <http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/home.html>

<sup>69</sup> Banyard, V.L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women*, 14(9), 998–1013.

<sup>70</sup> Ackard, D.M., & Neumark-Sztainer, D. (2002). Date violence and date rape among adolescents: Associations with disordered eating behaviors and psychological health. *Child Abuse and Neglect*, 26, 455–473.

<sup>71</sup> Centers for Disease Control and Prevention. (2006). Physical dating violence among high school students — United States, 2003. *Morbidity and Mortality Weekly Report*, 55, 532–535. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5519a3.htm>.

<sup>72</sup> Chandra, A., Mosher, W. D., Copen, C., & Sionean, C. (2011). Sexual behavior, sexual attraction, and sexual identity in the United States: Data from the 2006–2008 National Survey of Family Growth: (Table 12 and Table 13). *National Center for Health Statistics*, 36. Retrieved, from <http://www.cdc.gov/nchs/data/nhsr/nhsr036.pdf>.

<sup>73</sup> Centers for Disease Control and Prevention. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12 — Youth Risk Behavior Surveillance, selected sites, United States, 2001–2009. *Morbidity and Mortality Weekly Report*, 60(SS07). Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm>.

<sup>74</sup> Coker, T.R., Austin, S.B., & Schuster, M.A. (2010). The health and health care of lesbian, gay, and bisexual adolescents. *Annual Review of Public Health*, 31, 457–477.

<sup>75</sup> <http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/home.html>

<sup>76</sup> Making the Case: A 2008 Fact Sheet on Children and Youth in Out-of-School Time National Institute on Out-of-School Time, Wellesley Centers for Women at Wellesley College, 2008; Outcomes Linked to High Quality Afterschool Programs D. Lowe Vandell, E. Reisner & C. Pierce, 2007.

<sup>77</sup> <http://www.schoolsoutwashington.org/UserFiles/File/Executive%20Summary%20of%20State%20Plan%202013%20-%20Print.pdf>

<sup>78</sup> ibid

<sup>79</sup> <http://www.schoolsoutwashington.org/UserFiles/File/Summer%20Learning%20Policy%20Brief%2006-11%281%29.pdf>

<sup>80</sup> [http://www.schoolsoutwashington.org/1750\\_198/SummerLearningResources.htm](http://www.schoolsoutwashington.org/1750_198/SummerLearningResources.htm)

<sup>81</sup> Fairchild, R., McLaughlin, B. & Costigan, B. P. (2007, Spring). How Did You Spend Your Summer Vacation?: What Public Policies Do (and Don't Do) to Support Summer Learning Opportunities for All Youth. Afterschool Matters, Occasional Paper Series, 8



- 
- <sup>82</sup> Durlak, Joseph, A; Weissber, Roger, P. *Afterschool Programs that Follow Evidence-Based Practices to Promote Social and Emotional Development are Effective*, A Compendium on Expanded Learning
- <sup>83</sup> Pittman K. What's health got to do with it? Health and youth development: connecting the dots. *Forum Focus*. 2005;3(2):1–4.
- <sup>84</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health; Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health; National Adolescent Health Information Center, University of California, San Francisco. *Improving the Health of Adolescents & Young Adults: A Guide for States and Communities*. Atlanta, GA: 2004
- <sup>85</sup> From Richard E. Kreipe, MD, FAAP, FSAM Professor of Pediatrics, University of Rochester. May 2009 presentation, Youth Development as a Public Health Policy: How to Make it Work.
- <sup>86</sup> <http://www.mentoring.org/program-resources/the-center-for-evidence-based-mentoring/>
- <sup>87</sup> Roberts et.al. (1999)
- <sup>88</sup> Phinney (2001)
- <sup>89</sup> Olneck (1995) as cited in Phinney (2001) p. 503
- <sup>90</sup> The Journal of Adolescent Health. June 2003 Juszcak L, Melinkovich P, Kaplan D
- <sup>91</sup> Competitive foods are foods or beverages sold to students on campus, during the school day, outside of the federally reimbursable meal program. Examples include school fundraisers, vending machines, and school clubs that sell food on campus. The [Healthy Hungry-Free Kids Act](#) of 2010 dramatically improved the [nutrition standards](#) for these foods, commonly referred to as Smart Snacks in Schools. [http://www.fns.usda.gov/sites/default/files/allfoods\\_flyer.pdf](http://www.fns.usda.gov/sites/default/files/allfoods_flyer.pdf)
- <sup>92</sup> Healthy Youth Survey 2014. Additional results: 18 percent had considered suicide within the past year, 14 percent made a suicide plan, 9 percent attempted suicide, 26 percent had tried marijuana, 12 percent self-identify as problem alcohol drinkers, 17 percent had driven a car after using marijuana, 5 percent had carried a weapon to school.
- <sup>93</sup> *Caring for Kids*, The Center for Health and Health Care in Schools, School of Public Health and Health Services, Graduate School of Education and Human Development, The George Washington University, Summer 2003
- <sup>94</sup> U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Department of Health and Human Services, 2000
- <sup>95</sup> Substance Abuse and Mental Health Services Administration, 2002. Report to Congress on the prevention and treatment of co-occurring substance abuse disorders and mental disorders
- <sup>96</sup> *Malignant Neglect: Substance Abuse and America's Schools*, National Center on Addiction and Substance Abuse, Columbia University, September 2001
- <sup>97</sup> U.S. Department of Health and Human Services, *Mental Health: A Report to the Surgeon General*, 1999
- <sup>98</sup> <http://www.integration.samhsa.gov/clinical-practice/SBIRT>
- <sup>99</sup> Opportunity Youth are defined as young people ages 16-24 who are not in school and not employed.
- <sup>100</sup> <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-222.pdf>
- <sup>101</sup> <http://www.roadmapproject.org/wp-content/uploads/2013/09/OY-infographic-final.pdf>
- <sup>102</sup> ibid
- <sup>103</sup> See King County *Race and Social Justice Action Plan Interim Report 3/13/15* for a more thorough analysis and discussion of this issue. The report is available at <http://www.kingcounty.gov/~media/elected/executive/equity-social-justice/2015/KingCountyRaceEquityActionPlan.ashx?la=en>.
- <sup>104</sup> A process to lessen power differences of role and position, which relies on learning that comes from the collective wisdom, embedded in the experience and stories of all participants.
- <sup>105</sup> King County Department of Public Defense

<sup>106</sup> For more information visit <http://www.k12.wa.us/GATE/SupportingStudents/StudentRetrieval.aspx>.

<sup>107</sup> Collective impact is a data-driven process for addressing complex societal issues. Collective impact work or methodologies seek to deploy cross-sector partnerships to make bold and substantial positive change. In Communities of Opportunity, collective impact means that those working on this initiative will:

- Share a common vision for change
- Share an agenda for collecting data and for measuring common results consistently
- Commit to hold each other accountable, engage in open communication to build trust, and engage in mutually reinforcing activities
- Agree to ensure community voice is heard and integrated into the work
- Agree to provide adequate backbone support for the work at the initiative level and community level

<sup>108</sup> Intermediary organizations (as defined by the Intermediary Network) “bring local programs, initiatives, and institutions together to eliminate the duplication of services, maximize the impacts of multiple funding sources, and implement long-range plans to improve outcomes.” These organizations typically provide services to nonprofits serving clients. (See “The Value of a Non-Profit Intermediary,” Dana Mandolesi, <http://www.danamandolesi.com/2011/05/non-profit-intermediary/>.)

<sup>109</sup> Some ways in which the Communities of Opportunity initiative has used a co-design approach to programs and projects include:

- Including well-informed representatives of communities directly affected by inequities in the initial design committee for the initiative as well as at the ongoing governance table. This ensured community voice, culturally competent approaches and ongoing communication with affected populations as the initiative was being designed.
- Collaborating with the lead community-based organizations at the place-based sites and with the COO governance group on designing the Communities of Opportunity Results-Based Accountability framework
- Creation of more user-friendly and less burdensome application processes for community-based organizations
- Transparency in all processes and in reporting progress

<sup>110</sup> RBA is trademarked and licensed by the Results Leadership Group. COO and the place-based sites are using the official licensed online tools of the Results Leadership Group.

<sup>111</sup> For this reason, Communities of Opportunity (COO) was chosen as one of eight sites nationally to participate in the Living Cities Integration Initiative. This is also why COO was recently awarded the Housing and Urban Development Secretary’s Award for Private/Public Sector Innovation on behalf of the Seattle Foundation and King County. We expect COO will be at the forefront of local and national learning about cross-sector partnerships and deep work with communities and populations most affected by inequities.

<sup>112</sup> Some of the census tracts that we named in the previously transmitted list of eligible areas by city/town/area were believed to be in the 35<sup>th</sup> percentile; however upon closer examination with our data evaluation staff we discovered that some of them were just above the 35<sup>th</sup> percentile, between the 35<sup>th</sup> and 39<sup>th</sup> percentiles. These are areas within larger ineligible sub-regions that we believe are important to retain; thus we have adjusted the figure up to include tracts up to the 40<sup>th</sup> percentile.

<sup>113</sup> These concepts are discussed fully in <http://www.hfrp.org/evaluation/publications-resources/a-user-s-guide-to-advocacy-evaluation-planning>

<sup>114</sup> Krieger JW, Allen C, Cheadle A, Higgins D, Schier J, Senturia K, Sullivan M. Using Community-Based Participatory Research to Address Social Determinants of Health: Lessons Learned from Seattle Partners for Healthy Communities. *Health Education and Behavior* 2002; 29:361-381.

<sup>115</sup> Individuals are defined in all discussion of evaluation as those who were directly served by or exposed to the strategy.

<sup>116</sup> Rowe G. King County Veterans and Human Services Levy Evaluation Framework Working Document 2007

---

<sup>117</sup> RCW 84.52.043 defines “junior taxing districts” as including all taxing districts other than the state, counties, road districts, cities, towns, port districts and public utility districts.

## Section XI APPENDICES

### Appendix 1: Best Starts for Kids Indicators and Racial and Ethnic Categories Available by Data Source Updated September 19, 2016

#### BEST STARTS FOR KIDS INDICATORS

**Population-based** indicators are a proxy to help quantify the results. BSK will contribute to turning the curves of population-level indicators, as defined through Results--Based Accountability<sup>1</sup>. Population-based indicators area about a population, for example, young adults in King County. All headline indicators rated highly on three Results-Based Accountability criteria of data power (are high quality data available on a timely basis, reliable, by geography, by race, ethnicity, by socioeconomic status?), communication power (is it easy to understand? Do people care about this measure?), and proxy power (does it say something important about the result? If this measure moves in one direction, do others follow?).

Listed below are the technical definitions and data sources for the proposed headline indicators.

HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)
<ul style="list-style-type: none"><li>Babies with healthy birth outcomes, as measured by infant mortality and pre-term birth rates  Data Source: Washington State Department of Health Infant mortality: rate of deaths in the first year of life per 1,000 live births Preterm birth: percent of births born before 37 completed weeks gestation</li></ul>
<ul style="list-style-type: none"><li>Children who are flourishing and resilient, as described by curiosity and discovery about learning, resilience, attachment with parent and contentedness  Data Source: New Best Starts for Kids Health Survey Percent of children 6 months to 5 years who met these four areas:<ul style="list-style-type: none"><li>a. This child is affectionate and tender with you</li><li>b. This child bounces back quickly when things do not go his or her way</li><li>c. This child shows interest and curiosity in learning new things</li><li>d. This child smiles and laughs a lot.</li></ul>This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy and resilience.</li></ul>
<ul style="list-style-type: none"><li>Children who are ready for kindergarten  Data Source: Washington Kindergarten Inventory of Developing Skills (WaKIDS), Office of the Superintendent of Public Instruction Percent of entering kindergartners that meet expectations at the start of kindergarten in all six domains of social-emotional, physical, language, cognitive, literacy and mathematics</li></ul>
<ul style="list-style-type: none"><li>Lowering the rate of child abuse or neglect  Data Source: Washington State Department of Social and Health Services, Children’s Administration Rate per 1,000 households with children under age 6 with child abuse or neglect reports that are investigated and assessed</li></ul>

<b>HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)</b>	
<ul style="list-style-type: none"> <li>3<sup>rd</sup> graders who meet reading standard</li> </ul>	<p>Data Source: Office of the Superintendent of Public Instruction</p> <p>Percent of 3<sup>rd</sup> graders who are at or above reading standards as assessed by the Smarter Balanced Assessment (administration beginning in the 2014-2015 school year)</p>
<ul style="list-style-type: none"> <li>4<sup>th</sup> graders who meet math standard</li> </ul>	<p>Data Source: Office of the Superintendent of Public Instruction</p> <p>Percent of 4<sup>th</sup> graders who are at or above math standards as assessed by the Smarter Balanced Assessment (administration beginning in the 2014-2015 school year)</p>
<ul style="list-style-type: none"> <li>Youth who are flourishing and resilient, as described by curiosity and discovery about learning, resilience, and self-regulation</li> </ul>	<p>Data Source: New Best Starts for Kids Health Survey</p> <p>Percent of elementary-aged children who met these areas:</p> <ol style="list-style-type: none"> <li>This child shows interest and curiosity in learning new things</li> <li>This child works to finish tasks he or she starts</li> <li>This child stays calm and in control when faced with a challenge.</li> </ol> <p>This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy, and resilience.</p>
<ul style="list-style-type: none"> <li>Youth and young adults who are in excellent or very good health</li> </ul>	<p>Data Sources: New Best Starts for Kids Health Survey (ages 5-12 years); Washington State Healthy Youth Survey (ages 13-18 years); Behavioral Risk Factor Surveillance System (ages 18-24 years)</p> <p>Percent who report excellent or very good health status (ages 5-12, 18-24 years).</p> <p>Percent of middle and high school students who report a high quality of life based on the composite of</p> <ol style="list-style-type: none"> <li>I feel I am getting along with my parents or guardians (0=not true at all,....10 = completely true)</li> <li>I look forward to the future (0=not true at all,....10 = completely true)</li> <li>I feel good about myself (0=not true at all,....10 = completely true)</li> <li>I am satisfied with the way my life is now (0=not true at all,....10 = completely true)</li> <li>I feel alone in my life (0=not true at all,....10 = completely true).</li> </ol>
<ul style="list-style-type: none"> <li>Youth who graduate from high school on-time</li> </ul>	<p>Data Source: Office of the Superintendent of Public Instruction</p> <p>Percent of entering 9<sup>th</sup> graders who graduate from high school within four years</p>
<ul style="list-style-type: none"> <li>Youth and young adults in school or working</li> </ul>	<p>Data Source: US Census Bureau, American Community Survey</p> <p>Percent of youth and young adults ages 16-24 who are in school or working</p>
<ul style="list-style-type: none"> <li>High school graduates who earn a college degree or career credential</li> </ul>	<p>Data Source: Office of the Superintendent of Public Instruction and the National Student Clearinghouse via ERDC.</p> <p>Percent of high school graduates who complete a two- or four-year degree within six years of high</p>

school graduation
<ul style="list-style-type: none"> <li>Youth not using illegal substances</li> </ul> <p>Data Source: Washington State Healthy Youth Survey Percent of students in grades 8, 10, and 12 who report alcohol, marijuana, painkiller or any illicit drug use in the past 30 days.</p>

<b>HEADLINE INDICATORS – Communities of Opportunity</b>
<ul style="list-style-type: none"> <li>Households earning a living wage that is above 200% of poverty</li> </ul> <p>Data Source: US Census Bureau, American Community Survey Percent of people living in households with an income at or above 200% of the poverty level.</p>
<ul style="list-style-type: none"> <li>Youth and young adults who are either in school or working</li> </ul> <p>Data Source: US Census Bureau, American Community Survey Percent of youth and young adults ages 16-24 who are in school or working</p>
<ul style="list-style-type: none"> <li>Youth who have an adult to turn to for help</li> </ul> <p>Data Source: Washington State Healthy Youth Survey Percent of students in grades 8, 10, and 12 who report that they have an adult in their neighborhood or community they could talk to about something important</p>
<ul style="list-style-type: none"> <li>Adults engaged in civic activities</li> </ul> <p>Data source: Communities Count Percent of adults who report community service or helping others (volunteering, mentoring or political organizing) in the past 30 days</p>
<ul style="list-style-type: none"> <li>Renters paying less than 50 percent of their income for housing</li> </ul> <p>Data Source: US Census Bureau, American Community Survey Percent of households who rent their home and who pay less than 50% of their income for housing costs.</p>
<ul style="list-style-type: none"> <li>Renters paying less than 30 percent of their income for housing</li> </ul> <p>Data Source: US Census Bureau, American Community Survey Percent of households who rent their home and who pay less than 30% of their income for housing costs.</p>
<ul style="list-style-type: none"> <li>Life expectancy</li> </ul> <p>Data Source: Washington State Department of Health The number of years a newborn can expect to live given current age-specific death rates. This is a measure of the overall health of the population.</p>
<ul style="list-style-type: none"> <li>Physical activity among youth and adults</li> </ul> <p>Data Source: Washington State Healthy Youth Survey (grades 8, 10, 12), Washington State Behavioral Risk Factor Surveillance System (ages 18+) Percent that meet physical activity recommendations. For youth, the recommendation is 60 minutes every day. For adults, the recommendation is at least 2 hours and 30 minutes of moderate-intensity aerobic activity or 1 hour and 15 minutes of vigorous-intensity physical activity every week, plus muscle-strengthening activities on 2 or more days a week.</p>

<ul style="list-style-type: none"> <li>• Involuntary displacement of local residents</li> </ul>
Data development needed

## EXAMPLES OF SECONDARY INDICATORS

Secondary indicators are supporting indicators that describe the status of youth and young adults in King County, and for which we have data, but do not rise to the top when selecting headline indicators. Below are some examples of secondary indicators that will be measured and presented. As time goes on and data availability change, this list of indicators may change.

EXAMPLES OF SECONDARY INDICATORS – Invest Early (Prenatal – 5 Years)
<ul style="list-style-type: none"> <li>• Early and adequate prenatal care</li> <li>• Adverse childhood experiences</li> <li>• Parental substance use</li> <li>• Family violence</li> <li>• Homelessness</li> <li>• Parental connection and social support.</li> </ul>

EXAMPLES OF SECONDARY INDICATORS – Sustain the Gain (5 – 24 Years)
<ul style="list-style-type: none"> <li>• School attendance</li> <li>• School suspensions and expulsions</li> <li>• Self-reported grades in school</li> <li>• Youth have an adult to turn to for help</li> <li>• Employment and earnings</li> <li>• Enrollment in post-secondary education</li> <li>• Connections to community and school</li> <li>• Healthy weight</li> <li>• Suicide</li> <li>• Family violence</li> <li>• Psychiatric hospitalizations</li> <li>• Homelessness.</li> </ul>

EXAMPLES OF SECONDARY INDICATORS – Communities of Opportunity
<ul style="list-style-type: none"> <li>• Healthy blood pressure</li> <li>• Students not homeless</li> <li>• Employment</li> <li>• Adults participating in workforce</li> <li>• Adults with access to medical care and health insurance</li> <li>• Food-secure families</li> <li>• Physical activity</li> <li>• Registered to vote</li> <li>• Connected to community.</li> </ul>

## Racial and Ethnic Categories Available by Data Source

Data on race and ethnicity are collected in many different ways, depending on the source of the data. Often, however, these data are reported following federal standards on the classification of race and ethnicity.<sup>1</sup>

Based on the data source, availability of disaggregated data on race and ethnicity may be limited by how this information is reported by external agencies/departments or may be limited by concerns about confidentiality (too small of numbers in a particular racial or ethnic categories may lead to easy identification of *actual* individuals). Where detailed information on race and ethnicity are available to BSK evaluation staff, additional analyses may be possible, but are dependent on protection of confidentiality.

The data reliability and suppression guidelines used when reporting these data are documented on the King County Community Health Indicators [Technical Notes](#) page.

#### Prenatal to Age 5

Indicator and Data Source	How Categories are Usually Reported:	How Information on Race and Ethnicity is Collected:
<ul style="list-style-type: none"> <li>Healthy Birth Outcomes <ul style="list-style-type: none"> <li>Infant mortality</li> <li>Pre-term birth</li> </ul> </li> </ul> <p>Source: Washington State Department of Health, Birth Certificates, Death Certificates</p>	<p>American Indian/Alaska Native Asian Black/African American Hispanic/Latino Multiple race Native Hawaiian/Pacific Islander White</p>	<p>1. Mother of Hispanic Origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina or check the "No" box if mother is not Spanish/Hispanic/Latina.)</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify)</p> <p>2. Mother's Race (Check one or more races to indicate what the mother considers herself to be.)</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese</p>

<sup>1</sup> [https://www.whitehouse.gov/omb/fedreg\\_1997standards](https://www.whitehouse.gov/omb/fedreg_1997standards)



Appendix 1: Best Starts for Kids Indicators  
and Racial and Ethnic Categories Available by Data Source  
Updated September 19, 2016

Indicator and Data Source	How Categories are Usually Reported:	How Information on Race and Ethnicity is Collected:
		<input type="checkbox"/> Other Asian ( <i>Specify</i> ) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander ( <i>Specify</i> ) <input type="checkbox"/> Other ( <i>Specify</i> )
<ul style="list-style-type: none"> <li>Child Abuse and Neglect <i>Source: Children's Administration, Washington State Department of Social and Health Services</i></li> </ul>	American Indian/Alaska Native Asian Black/African American Hispanic/Latino Multiple race Native Hawaiian/Pacific Islander White	<i>Only publically reported data using these categories are available to evaluators.</i>
<ul style="list-style-type: none"> <li>Flourishing &amp; Resilient <i>Source: NEW Best Starts for Kids Health Survey</i></li> </ul>	<i>At a minimum, expect to present as:</i> American Indian/Alaska Native Asian Black/African American Hispanic/Latino Multiple race Native Hawaiian/Pacific Islander White	<p>Q1. Is this child of Hispanic, Latino(a), or Spanish origin? <i>Select ALL that apply.</i></p> <p>1 No, not of Hispanic, Latino(a), or Spanish origin</p> <p>2 Yes, Mexican, Mexican American, Chicano</p> <p>3 Yes, Cuban or Puerto Rican</p> <p>4 Yes, Another Hispanic, Latino(a), or Spanish origin (please specify)</p> <p>_____</p> <p>Q2. What is this child's race? <i>Select ALL that apply.</i></p> <p>1 White</p> <p>2 Black or African American</p> <p>3 Somali</p> <p>4 Ethiopian</p> <p>5 Other Black (write race)</p> <p>6 American Indian or Alaska Native (write name of tribe(s))</p> <p>7 Asian Indian</p> <p>8 Chinese</p> <p>9 Filipino</p> <p>10 Japanese</p> <p>11 Korean</p> <p>12 Vietnamese</p> <p>13 Other Asian (write race)</p>

Appendix 1: Best Starts for Kids Indicators  
and Racial and Ethnic Categories Available by Data Source  
Updated September 19, 2016

Indicator and Data Source	How Categories are Usually Reported:	How Information on Race and Ethnicity is Collected:
		14 Native Hawaiian 15 Samoan 16 Other Pacific Islander (write race) 17 Some other race (write race)
<ul style="list-style-type: none"> <li>Kindergarten Ready <i>Source: WA KIDS, Office of the Superintendent of Public Instruction</i></li> </ul>	American Indian/Alaska Native Asian Black/African American Hispanic/Latino Multiple race Native Hawaiian/Pacific Islander White	<i>More detailed information collected by schools, but not available to evaluators for analyses. Only aggregate data publically reported.</i>

**5 to 24 Years**

Indicator and Data Source	How Categories are Usually Reported:	How Information on Race and Ethnicity is Collected:
<ul style="list-style-type: none"> <li>Reading at 3rd grade level</li> <li>Math at 4<sup>th</sup> grade level</li> <li>On-time high school graduation <i>Source: Office of the Superintendent of Public Instruction</i></li> </ul>	American Indian/Alaska Native Asian Black/African American Hispanic/Latino Multiple race Native Hawaiian/Pacific Islander White	<i>More detailed information collected by schools, but not available to evaluators for analyses. Only aggregate data publically reported.</i>
<ul style="list-style-type: none"> <li>Youth &amp; young adults in school or working <i>Source: US Census Bureau, American Community Survey</i></li> </ul>	American Indian/Alaska Native Asian Black/African American Hispanic/Latino Multiple race Native Hawaiian/Pacific	<i>Although collected in more detail by the US Census Bureau, only aggregated data are available to evaluators.</i>

Appendix 1: Best Starts for Kids Indicators  
and Racial and Ethnic Categories Available by Data Source  
Updated September 19, 2016

Indicator and Data Source	How Categories are Usually Reported:	How Information on Race and Ethnicity is Collected:
	Islander Some other race White, not Hispanic or Latino	
<ul style="list-style-type: none"> <li>Excellent/very good health <i>Source: Behavioral Risk Factor Surveillance System</i></li> </ul>	American Indian/Alaska Native Asian Black/African American American Hispanic/Latino Multiple race Pacific Islander White	<p>Are you Hispanic, Latino/a, or Spanish origin?</p> <p>1 No, not of Hispanic, Latino/a, or Spanish origin</p> <p>2 Yes</p> <p>If Yes: Are you...</p> <p>1 Mexican, Mexican American, Chicano/a</p> <p>2 Puerto Rican</p> <p>3 Cuban</p> <p>4 Another Hispanic, Latino/a, or Spanish origin</p> <p>Which one or more of the following would you say is your race? NOTE: Select all that apply. Please read:</p> <p>10 White</p> <p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p>50 Pacific Islander</p> <p>(Asked if Asian): Is that...</p> <p>41 Asian Indian</p> <p>42 Chinese</p> <p>43 Filipino</p> <p>44 Japanese</p> <p>45 Korean</p> <p>46 Vietnamese</p> <p>47 Other Asian</p> <p>(Asked if Pacific Islander): Is that...</p> <p>51 Native Hawaiian</p> <p>52 Guamanian or Chamorro</p> <p>53 Samoan</p> <p>54 Other Pacific Islander</p>
<ul style="list-style-type: none"> <li>Youth substance use <i>Source: Washington State Healthy Youth Survey</i></li> </ul>	American Indian/Alaska Native Asian	<p>How do you describe yourself? (Select one or more responses.)</p> <p>a. American Indian or Alaskan Native</p> <p>b. Asian or Asian American</p>

Appendix 1: Best Starts for Kids Indicators  
and Racial and Ethnic Categories Available by Data Source  
Updated September 19, 2016

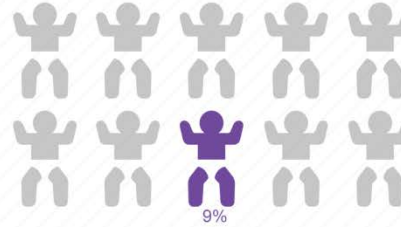
Indicator and Data Source	How Categories are Usually Reported:	How Information on Race and Ethnicity is Collected:
	Black/African American Hispanic/Latino Multiple race Native Hawaiian/Pacific Islander White	c. Black or African–American d. Hispanic or Latino/Latina e. Native Hawaiian or other Pacific Islander f. White or Caucasian g. Other
<ul style="list-style-type: none"> <li>Flourishing &amp; Resilient <i>Source: NEW Best Starts for Kids Health Survey</i></li> </ul>	<i>See above</i>	<i>See above</i>
<ul style="list-style-type: none"> <li>Career or College Credential <i>Source: Washington State Office of Financial Management, Education Research &amp; Data Center</i></li> </ul>	American Indian/Alaska Native Asian Black/African American Hispanic/Latino Multiple race Native Hawaiian/Pacific Islander White	<i>More detailed information collected by schools, but not available to evaluators for analyses. Only aggregate data publically reported.</i>

---

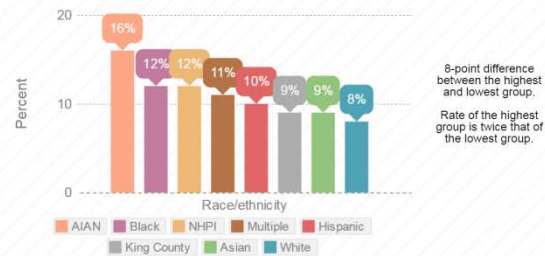
<sup>1</sup> Results-Based Accountability (RBA) is a methodology and set of tools for planning and taking action through which collective impact partnerships can measurably improve the lives of children, youth, families, adults and the community as a whole. RBA users are guided through a data driven decision making process that starts with the end results the partners desire to reach, and then works backwards to develop strategies for action that are intended to solve community challenges and yield the desired results over time.

1 in 10 babies in King County were born preterm

King County (2014)



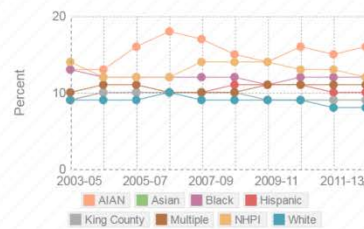
By race/ethnicity (2012-14 average)



By neighborhood poverty level (2012-14 average)



Trend by race/ethnicity, (2003-2014, 3-year rolling averages)



Trend by region, (2003-2014, 3-year rolling averages)

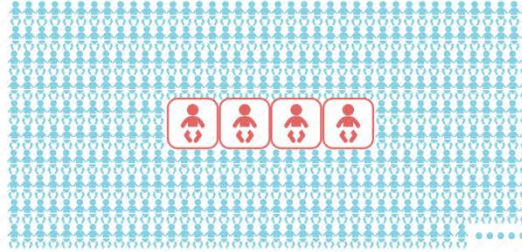


Definition: Gestational age less than 37 weeks  
Data source: Birth Certificate Data, Washington State Department of Health, Center for Health Statistics

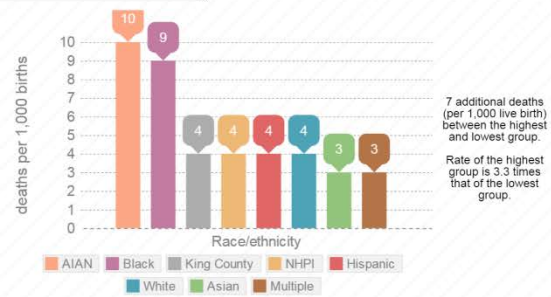
05/2016

4 out of every 1,000 babies die within one year after birth

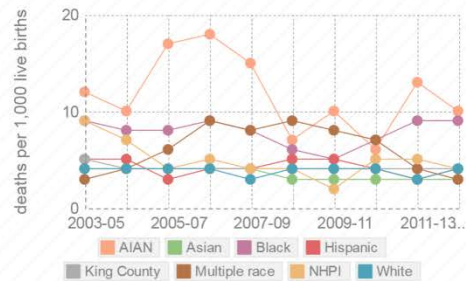
King County (2012-2014 average)



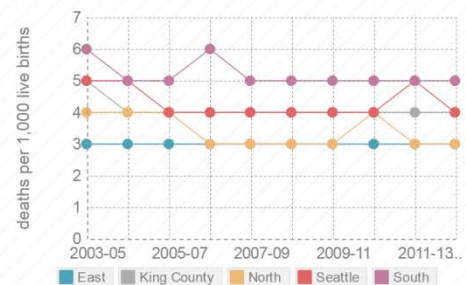
By race/ethnicity (2014)



Trend by race/ethnicity (2003-2014, 3-year rolling averages)



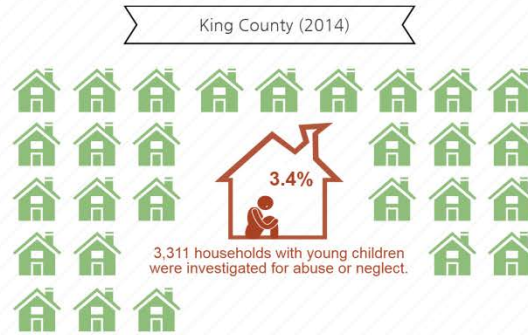
Trend by region (2003-2014, 3-year rolling averages)



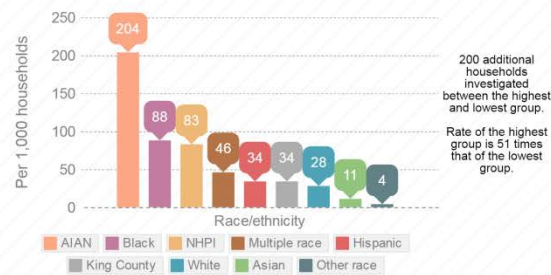
Definition: number of deaths in first year of life (per 1,000 live births)  
Data source: United Birth-Death Certificate Data, Washington State Department of Health, Center for Health Statistics

05/2016

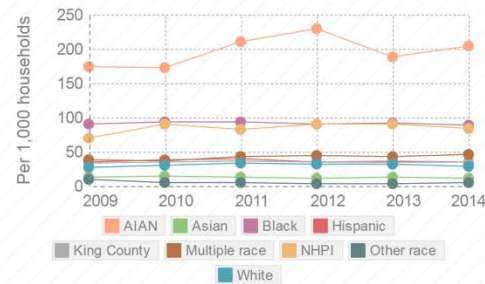
1 in 29 households with young children  
were investigated for abuse or neglect



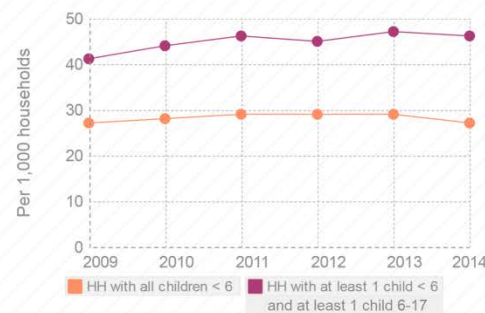
By race/ethnicity (2014)



Trend by race/ethnicity (2009-2014)

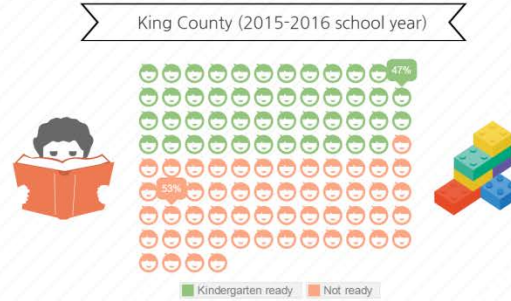


Trend by age of children (2009-2014)

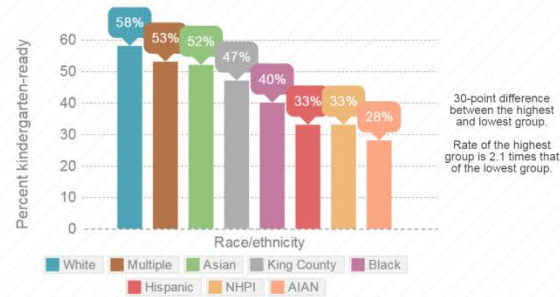


Definition: Number of households with one or more investigations or assessments (i.e., screened in reports) per 1,000 households with a child <6 years old  
Data source: Partners for Our Children  
05/2016

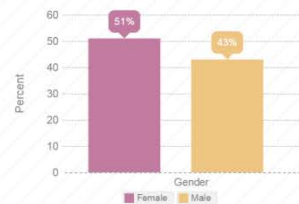
## Less than half of King County children were ready for kindergarten



### By race/ethnicity (2015-2016 school year)

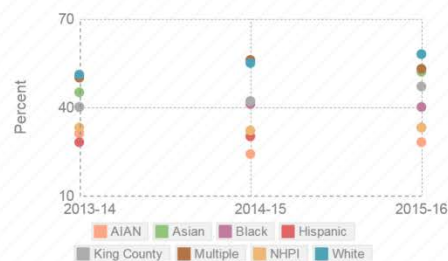


### By gender (2015-2016 school year)



### By status (2015-2016 school year)

### Trend by race/ethnicity (2013-2016)



Definition: Meet expectations at the start of kindergarten in all 6 domains - Social-Emotional, Physical, Language, Cognitive, Literacy, Mathematics.  
Data source: WA Kids, Office of the Superintendent of Public Instruction  
05/2016



## Successful in school, King County (2014-2015 school year)

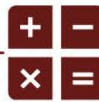
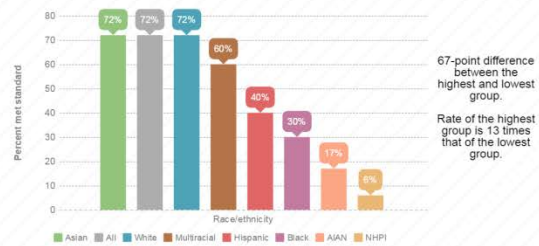


of female students in third  
grade met reading standard



of male students in third  
grade met reading standard

Third grade reading performance by race/ethnicity

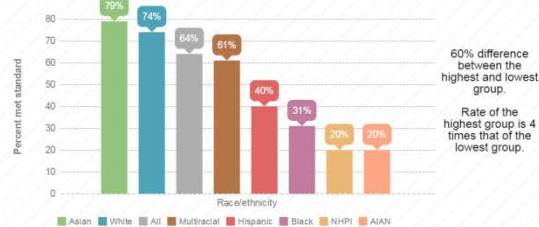


of female students in fourth  
grade met math standard



of male students in fourth  
grade met math standard

Fourth grade math performance by race/ethnicity

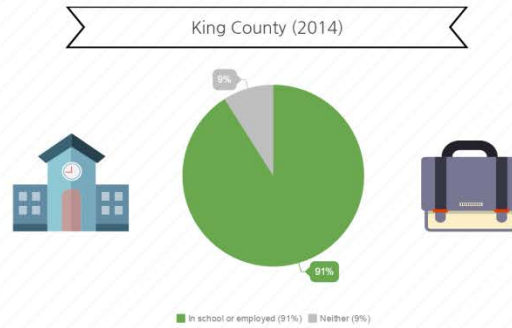


Definitions:  
Percent of 4th grade students meeting or above 4th grade math level  
Percent of 3rd grade students meeting or above 3rd grade reading level  
Data source: Smarter Balanced Assessment (SBA), Office of the Superintendent of Public Instruction

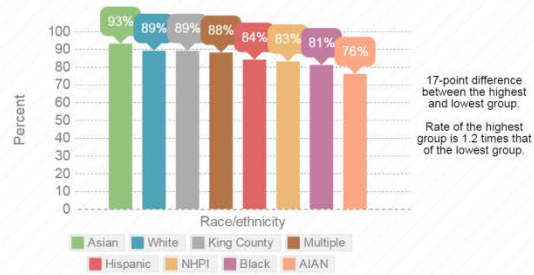
05/2016



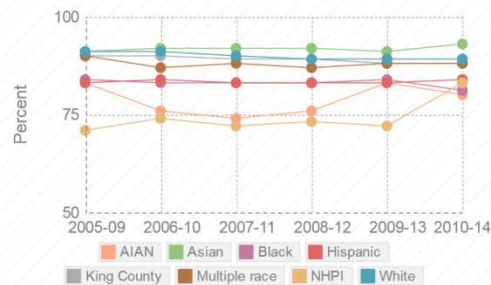
9 out of 10 King County young adults were enrolled in school or working



By race/ethnicity (2010-2014 average)



Trend by race/ethnicity (2005-2014, 5-year rolling averages)



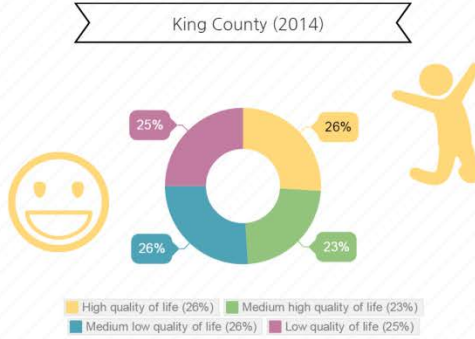
Trend by household income (2005-2014, 5-year rolling averages)



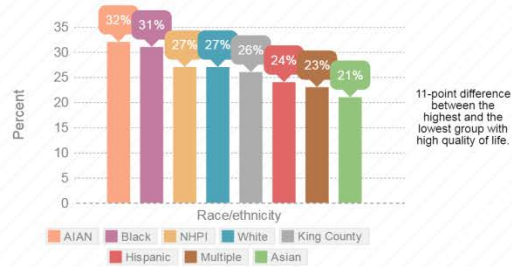
Definition: Youth and young adults between the ages of 16-24 who are in school or working  
Data source: PUMS, American Community Survey, U.S. Census Bureau

05/2016

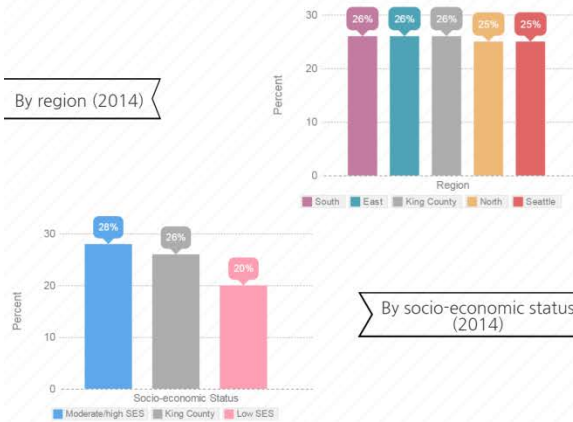
## 1 in 4 youth report a high quality of life



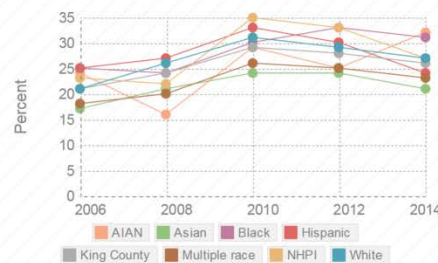
### By race/ethnicity (2014)



### By region (2014)



### Trend by race/ethnicity (2006-2014)



Definition: Youth Quality of Life is a scaled average score based on 5 items asking about satisfaction with aspects of life  
Data source: Healthy Youth Survey

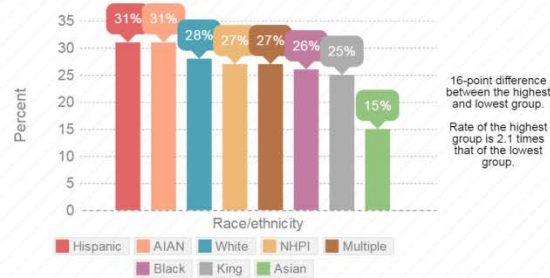
05/2016

## 1 in 4 school-aged children used illicit substance in King County

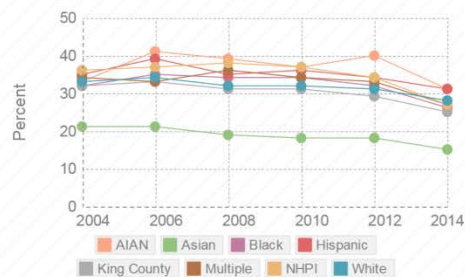
King County (2014)



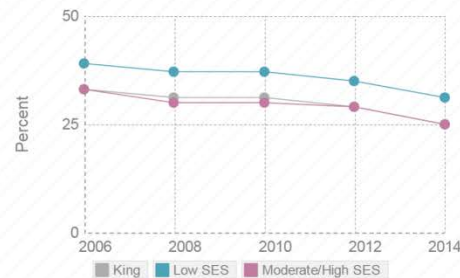
By race/ethnicity (2014)



Trend by race/ethnicity (2004-2014)

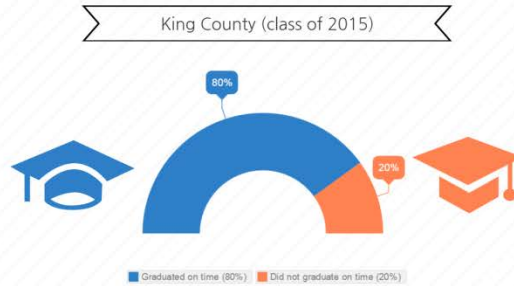


Trend by Socioeconomic status (2006-2014)

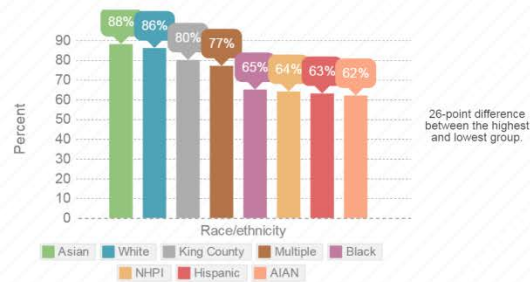


Definition: Self-reported use of alcohol, marijuana, painkiller, or any illicit drug in the past 30 days among 8th, 10th, and 12th grade students  
Data source: Healthy Youth Survey, 2004-2014  
05/2016

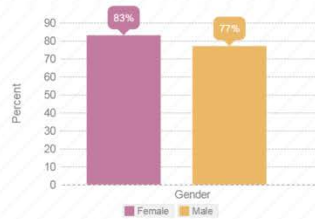
8 out of 10 students graduated on time  
from high school in 2015



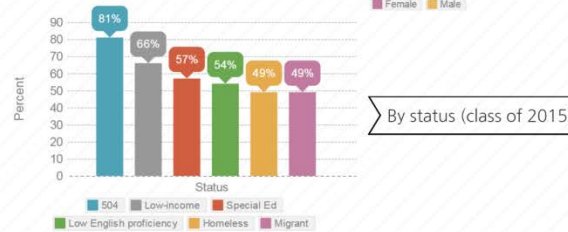
By race/ethnicity (class of 2015)



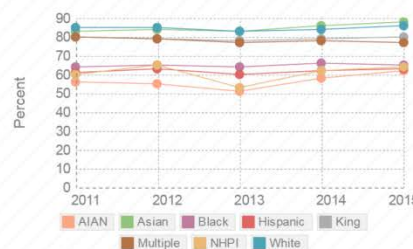
By gender (class of 2015)



By status (class of 2015)



Trend by race/ethnicity (2011-2015)



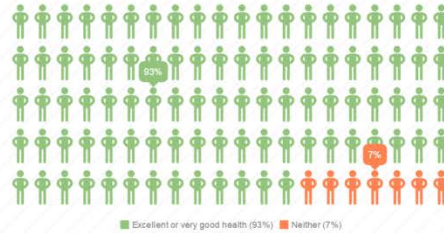
Definition: Completed high school within 4 years after starting 9th grade  
Data source: Office of the Superintendent of Public Instruction

05/2016

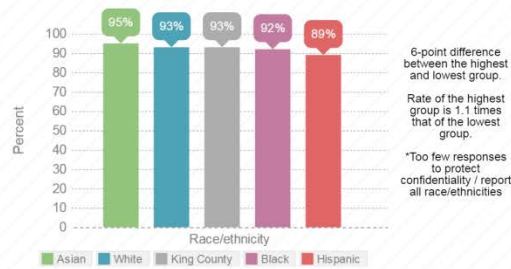


More than 9 out 10 young adults are in excellent or very good health

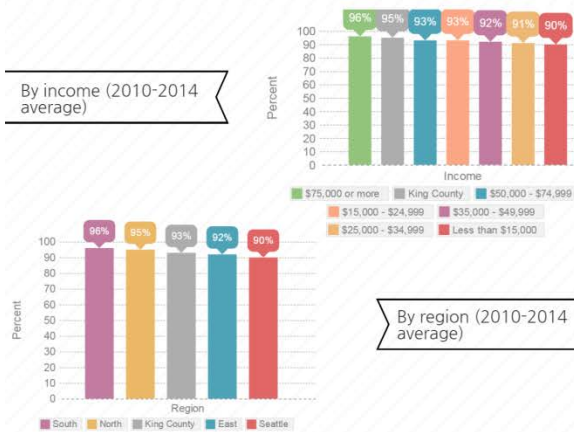
King County (2010-2014 average)



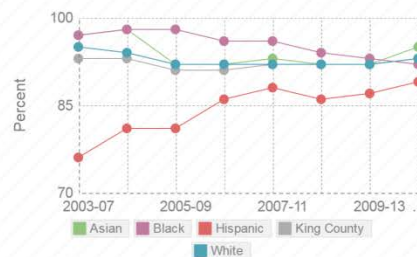
By race/ethnicity (2010-2014 average)



By income (2010-2014 average)



Trend by race/ethnicity (2003-2014, 5-year rolling averages)



Definition: young adults 18-24 reporting "excellent" or "very good" health status  
Data Source: Behavioral Risk Factor Surveillance System

05/2016

## Children and Youth Advisory Board Members

### Two-year term appointees (13 of 13 possible)

**Appointments for two-year terms expire on January 31, 2018.**



**Benjamin Danielson** is the medical director at Odessa Brown Children's Clinic. He notes that he has experience in direct provision of health care services to children, especially children living in lower-income households. He resides in District 2.

**Leslie Dozono** is an owner and consultant at Elty Consulting who lists eight years of experience focused primarily on early learning policy in Washington. She resides in District 2.

**Enrica Hampton** is an early learning program manager & early care and education consultant for Kinderling. She cites her education, experience working directly with young children, families, and early learning providers, among her relevant experience. She resides in District 6.

**Katie Hong** is the director, youth homelessness at Raikes Foundation. She cites her work on efforts to improve outcomes for at-risk children, youth, and families. She resides in District 8.

**Hye-Kyung Kang** is an associate professor and director of the Master of Social Work Program at Seattle University. She notes she is a minority mental health specialist (WA State) and has worked with children and youth as well as marginalized communities and NGOs. She resides in District 2.

**Barbara Langdon** is the executive director for LifeWire. She cites her work in the domestic violence field since 1981 as well as membership in the Interagency Council to End Homelessness among her relevant experience. She resides in District 6.

**Laurie Lippold** is the public policy director for Partners for Our Children. She served on the 2015 Family Homelessness Advisory Committee. She resides in District 1.

**Roxana Norouzi** is the director of education and integration policy at OneAmerica. She states she has worked for the past four years on equity and racial justice as it relates to education and closing the opportunity gap. She resides in District 2.

**Casey Osborn-Hinman** is the regional mobilization manager for Save the Children Action Network. She notes her experience working with young children and their families on the ground. She resides in District 2.

**Brian Saelens** is a professor and researcher at Seattle Children's Research Institute at the University of Washington. In his work, he states he identifies strategies at all levels that help children and families eat healthfully and be active. He resides in District 1.

**Margaret Spearmon** is the chief officer of community engagement and diversity and a senior lecturer at the University of Washington. She notes she has a demonstrated commitment to collective impact initiatives. She resides in District 1.

**Calvin Watts** is the superintendent of schools for the Kent School District. He states that during his career in K-12 education, he has worked to ensure that each child has the opportunity to receive high-quality instruction and experience success in college, career, and life upon graduation. He resides in District 9.

### **Three-year term appointees (11 of 13 possible)**

#### **Appointments for three-year terms expire on January 31, 2019.**

**Janis Avery** is the CEO of Treehouse. She notes that as an agency executive and advocate for youth in foster care, she is attuned to the root causes of child abuse/neglect and systems involvement. She resides in District 2.

**Janet Cady** is the associate chief medical officer for Neighborcare Health. She states her work in public health, school-based health care at several Seattle schools, and school-linked health in southeast King County will provide a valuable perspective to the board. She resides in District 4.

**Rochelle Clayton Strunk** is the director of education programs at Encompass. She notes she is uniquely attuned to the needs of children and youth in rural King County, in particular those with disabilities and/or developmental delays. She resides in District 3.

**Karen Hart** is the president of Service Employees International Union, Local 925. She notes her representation of 7,000 child-care providers, Head Start teachers, and early education professionals; 5,000 K-12 staff; and 7,000 public University of Washington staff among her qualifications. She resides in District 2.

**Catherine Lester** is the director, Human Services Department, City of Seattle. She cites her work with the City of Seattle and in Ohio and North Carolina, in the fields of mental health, juvenile justice, child welfare, family support, and neighborhood revitalization. She resides in District 8. She has been appointed as a representative for the City of Seattle.

**Ed Marcuse** recently retired from Seattle Children's Hospital and the University of Washington where he worked for 43 years. He notes his extensive collaboration with Public Health on a variety of child health programs. He resides in Kingston, WA (Kitsap County). Executive staff indicate that ten years ago Dr. Marcuse built a house in Kitsap County, anticipating retirement. He owns a condo in Seattle. After building the house, he continued to work and live in Seattle three days a week and live in Kitsap four days a week, telecommuting twice a week for his job in Seattle. Dr. Marcuse retired in the fall of 2015. He continues to live in Seattle three days a week. His legal residency is in Kitsap County.



**Brenda McGhee** is a transition specialist at Seattle Public Schools – Interagency Academy. She notes her direct work with children and families and her investment in programs that promote their growth and success. She resides in District 5.

**Zam Zam Mohamed** is the CEO and co-founder of Voices of Tomorrow. She notes having worked as a consultant, trainer, and mentor in communities of color as her primary qualification. She resides in District 2.

**Sarah Roseberry-Lytle** is the director of outreach and education at the Institute for Learning & Brain Science at the University of Washington. She notes having worked on behalf of children and families for many years, including in her current position, where she is tasked with disseminating the latest science of child development to improve the lives of youth. She resides in District 4.

**Mary Jean Ryan** is the executive director of the Community Center for Education Results. She notes having extensive professional and volunteer experience in education policy and research. She resides in District 1.

**Terry Smith** is the assistant director, parks & community services for the City of Bellevue. He notes having managed Youth and Teen Services, Human Services, and the Diversity Initiative. He works in District 6. He has been appointed as a representative for the City of Bellevue. He does not reside in King County.

#### **Four-year term appointees (11 of 14 possible)**

#### **Appointments for the four-year term expire on January 31, 2020.**

**Debbie Carlsen** is an executive director at LGBTQ Allyship. She cites her work advocating to end youth homelessness, including engaging in intervention strategies, among her qualifications. She resides in District 1.

**Abigail Echo-Hawk** is the co-director of Partnerships for Native Health at Washington State University. She notes having specialized in facilitating cross-cultural partnerships and having been an integral part of establishing research projects and public health initiatives with rural and urban tribal communities across the United States. She resides in District 1.

**Janet Levinger** is a consultant on strategic partnerships at The Learner First. She cites her work history in improving education and supporting children and their families among her relevant experience. She resides in District 6.

**Diane Lowry-Oakes** is the president and CEO of the Washington Dental Services Foundation. She states that her long-time advocacy for increasing access to oral health care services, prevention and early intervention including for children and pregnant women. She resides in District 6.

**Calvin Lyons** is the president & CEO of the Boys and Girls Clubs of King County. He cites his success as a youth development director and executive as enabling him to provide great value to this effort. He resides in District 5.

**Trisa Moore** is the director, family and community partnerships for the Federal Way School District. She notes her doctoral work focused on educational leadership and service to families and community empowerment. She resides in District 7.

**Gary Pollock** has over 35 years of experience in the non-profit sector including experience working with well-known King County agencies serving children. He resides in District 6.

**Terry Pottmeyer** is the CEO of Friends of Youth. Terry cites involvement in issues and work to benefit children, youth, young adults and families for more than three decades as relevant experience. Terry resides in District 6.

**Mark Pursley** is the executive director for the Greater Maple Valley Community Center. He notes his 30 years of experience working with diverse youth in a variety of settings. He resides in District 5.

**Nancy Woodland** is the executive director of WestSide Baby. She notes her unique voice as a result of her organization's focus on the materially basic items children need to support their health and welfare, especially in conjunction with the critical support services provided by other agencies. She resides in District 8.

**The Honorable Nancy Backus** is the mayor of the City of Auburn. She notes that Auburn, specifically, is poised to provide regional leadership to craft a system of service partnerships to address the challenges of at-risk indicators for our youth, and redirect the risk to reward. She resides in District 7.

## **Best Starts for Kids Science and Research Panel Members**

**Chris Blodgett**

*Washington State University, Child & Family Research Unit*

**Cecilia Breinbauer**

*University of Washington, Global Health/ Psychiatry & Behavioral Sciences*

**Eric Bruns**

*University of Washington, School Mental Health Assessment, Research and Training*

**Ellen Frede**

*Gates Foundation*

**Kacey Guin**

*City of Seattle, Department of Education & Early Learning*

**Judie Jerald**

*Save the Children*

**Erica Johnson**

*City of Seattle, Department of Education & Early Learning*

**Hye-Kyung Kang**

*Seattle University, Masters of Social Work Program*

**Liliana Lengua**

*University of Washington, Center for Child and Family*

**Ed Marcuse**

*Retired pediatrician and professor, Seattle Children's Hospital and University of Washington*

**Lisa Mennet**

*Cooper House*

**Patrick O'Carroll**

*US Department of Health & Human Services, Region 10 HHS*

**Sara Roseberry-Lytle**

*University of Washington, Institute for Learning & Brain Sciences*

**Sue Spieker**

*University of Washington, Catherine Barnard Center on Infant Mental Health & Development*

**Debra Sullivan**

*National Black Child Development Institute*

**Pooja Tandon**

*Seattle Children's Research Institute*

**Eric Trupin**

*University of Washington, Department of Psychiatry*

**Edwina Uehara**

*University of Washington, School of Social Work*

**Leslie Walker**

*Seattle Children's Hospital*

## **Juvenile Justice Equity Steering Committee Members**

### ***Law Enforcement***

**Kathleen O'Toole**

Chief, Seattle Police Department

**John Urquhart**

King County Sheriff

**Mike Villa**

Chief, Tukwila Police Department

### ***Youth & Parents***

**Sean Goode**

Matt Griffin YMCA Director of Youth and Family Programs, YMCA of Greater Seattle

**Georgina Ramirez**

Former Youth Development Specialist at the Mockingbird Society  
Senior Leadership Development Director, YMCA of Greater Seattle

**Jaleel Hayes**

Youth

**Kadeem McLaurin**

Youth

**Jaelonie Ayers**

Youth

**Tess Thomas**

Foster parent

### ***Education***

**Larry Nyland**

Superintendent, Seattle Public Schools

**Susan Enfield**

Superintendent, Highline Public Schools

**Calvin J. Watts**

Superintendent, Kent School District

**Tammy Campbell**

Superintendent, Federal Way Public Schools

**Kendrick Glover**

President, Glover Empower Mentoring Program

***Justice Systems***

**Dan Satterberg**

Prosecuting Attorney's Office, King County

**Judge Susan Craighead**

Presiding Judge, King County Superior Court

**Judge Wesley Saint Clair**

Chief Juvenile Court Judge, King County Superior Court

**Twyla Carter**

Public Defender, King County

***Community Leaders***

**Dustin Washington**

Community Justice Program Director, American Friends Service Committee

**Sorya Svy**

Executive Director, SafeFutures

**Ricardo Ortega**

Political Organizer, LELO (Legacy of Equality, Leadership, and Organizing)

**Jacque Larrainzar**

LGBTQ Refugee/Immigrant Outreach Specialist, Seattle Counseling Service

**Dr. Gary Perry**

Sociology Professor, Seattle University

**Anne Lee**

Executive Director, TeamChild

**Joey Gray**

Executive Director, United Indians of All Tribes Foundation

***Community Involvement***

**Dominique Davis**

Program Coordinator, 180 Program

**Natalie Green**

State Department of Social and Health Services (DSHS)

**Dr. Heather Clark**

Rainier Scholar, Cultural Anthropologist at University of Washington

***Faith***

**Dr. Edward Donaldson**

Pastor, Kingdom Family Worship Center

**Benjamin Shabazz**

Imam, Muslim community leader

***Mental Health***

**Dr. Eric Trupin**

Director and Vice Chair, University of Washington Department of Psychiatry & Behavioral Sciences

**Roy Fisher**

Program Manager, Navos Child Youth and Family Department, Member of Navos Equity and Inclusion Committee

Community Conversations – 2015 and 2016				
Community or Region	Conversation Location	Convening Partner (s)	Date (s)	
East King County – Bellevue and Redmond	Highland Community Center	Eastside Pathways and Eastside Human Services	10/22/15	4/7/16
East King County – Issaquah	Gibson Hall	Healthy Youth Initiative Forum	11/16/15	
East King County – Issaquah	Issaquah School District Administration Building	Healthy Youth Initiative Forum		4/22/16
East King County – Snoqualmie Valley	Fall City Library	Healthy Community Coalition	10/15/15	4/21/16
North King County	Shoreline Conference Center	North Urban Human Services Alliance	10/28/15	4/13/16
North Seattle	Northgate Community Center	City of Seattle	12/16/15	5/3/16
South Seattle	New Holly Community Center	CCER	12/15/15	
South Seattle	South Seattle Senior Center	Community Center for Education Results (CCER), Seattle Human Services Coalition, Communities in Action, South Seattle Education Coalition		4/21/16
South King County	Renton Community Center	CCER	9/22/15	
South King County – Auburn and Maple Valley	Maple Valley Community Center	CYAB Board Members		5/9/16
South King County – Federal Way	Federal Way Council Chambers	Sound Cities Association		5/16/16
South King County – Kent	Kent Family Center	Sound Cities Association		4/26/16
Skyway	WAYS Youth Collaborative	WAYS Youth Collaborative	8/14/15	
Vashon Island	JG Commons	Social Service Network	8/15/15	5/3/16

## IMPLEMENTATION SCIENCE

The National Implementation Research Network ([NIRN](#)) defines five frameworks of implementation that will guide King County in our partnerships and investments in communities, through *Best Starts for Kids*, to assure that together we are building strong, innovative and community-driven programs to meet the needs of children, youth and families. These frameworks will guide our approach to procurement, and our support for implementation in communities:

- **Usable Interventions:** For a program to be implemented well, it must be well defined. This includes creating clear descriptions of programs and clarity around what is essential to operate the program.

King County values innovative approaches and community-driven programming. Building upon community strengths and innovation will be key to *Best Starts for Kids*. King County can use implementation guidelines and principles to support partners to articulate their work and the needs of specific populations, and over time to refine practices and replicate programs. This focus on usable interventions begins with the request for proposal (RFP) process, deepening understanding through initial site visits prior to contracting and continuing through ongoing programming.

- **Stages of Implementation.** Programs go through stages of implementation. To be fully operationalized takes time and intentionality. Stages of program implementation include exploration (building capacity or readiness), installation phase (training and resources needed to support programming), initial implementation and full implementation to reach outcomes.

King County will take into account the stage of implementation and acknowledge the supports, time and intentionality it takes to reach full implementation. Newly-established programs need resources and support, and intentional time allotments, to build capacity. This will be reflected through a supportive approach to contracting that attends to both adequate fiscal and intentional resources.

- **Implementation Drivers.** There are elements that must be in place to achieve program outcomes. They include training, coaching and staffing at the organizational level. Organizations and/or communities themselves will understand best who will most effectively deliver programming, or must ensure programs have a cultural match for delivering services. Leadership within organizations and programs must be supported to drive toward changed organizational practices that support an environment of effective innovations, and implementation supports for practitioners. Having an adequately-resourced data system to support decision making is also an essential component of the innovation and implementation supports for practitioners that will lead to outcomes.

For BSK, understanding these elements and helping programs build capacity in these areas or adequately resource community-based organizations to understand what must be in place, amplifies chances of success.

- **Implementation Teams.** Purposeful, active and effective implementation work is done by implementation teams. Some implementation teams are intermediary organizations that help others implement evidence-based programs. Other implementation teams are developed within programs, but with support from groups outside the organization or system.



King County has an opportunity with *Best Starts for Kids* to identify how to best support programs in their implementation by contracting with community-based organizations to support capacity-building. King County itself can play a key role in effective implementation by identifying capacity-building needs within communities, and finding or providing support for community-based organizations. This can mean ensuring community-based organizations are getting adequate funding and articulating the needs in their budget. This can also include the role of convening learning circles so programs are able to learn from one another.

- **Plan. Do. Study. Act.** The plan-do-study-act cycle involves a trial and learning approach in which these steps are conducted over cycles designed to discover and solve problems, and eventually lead to achieving high standards while creating an atmosphere of ongoing learning. King County supports this philosophy of ongoing continuous quality improvement, building the capacity of organizations to utilize data for decision making, and identifying opportunities for authentic learning.

<b>Communities of Opportunity Results-Based Accountability Framework, Indicator Measures and Strategy Areas</b> <b>What do we want our results to be over time? How do we measure progress?</b>		
<b>Result One - All People Thrive Economically Regardless of Place, Race or Ethnicity</b>		<b>Headline Population Indicators</b> (data disaggregated by race, ethnicity & place for all indicator measures in this table)  <b>What measures are indicators of success toward achievement of our result over time?</b>  <b>1) percent earning a living wage – above 200% of poverty</b> <b>2) percent youth &amp; young adults connected to school or work</b>
<b>Strategy Areas – What will we do to help turn the curve toward greater equity in health &amp; wellbeing indicators for this result?</b>	<b>Types of Specific Strategies Emerging</b>	<b>Additional Indicator Measures</b>
1) Support establishment and conditions for success of local businesses, including potential cooperatively owned businesses 2) Workforce development opportunities and local hiring 3) Employment training and other opportunities to increase potential of youth, young adults and children in communities 4) Built environment supports live/work/prosper/play communities	<ul style="list-style-type: none"> <li>• Food innovation districts and food business incubators that reflect the incredible diversity and talents of community</li> <li>• Business innovation hubs and incubators, including cooperatively owned businesses</li> <li>• Work with partners to increase conditions for success of business hubs, districts and incubators</li> <li>• Supports for local existing businesses</li> <li>• Increase opportunities for community businesses to contract with institutions</li> <li>• Attract anchor employer(s) to communities who will support “thrive in place” community benefits</li> </ul>	<ul style="list-style-type: none"> <li>• percent employed</li> <li>• percent participating in workforce and workforce system activities</li> <li>• percent graduates with certifications and/or post-secondary degrees</li> <li>• percent youth graduate high school</li> <li>• Increase in ownership interests/wealth by existing community members</li> </ul>

	<p>desired, and will hire locally, including physical/behavioral health entities</p> <ul style="list-style-type: none"> <li>• Achieve more local hires by local businesses</li> <li>• Increase training, job preparedness, certification and employment opportunities for youth, young adults and other adults</li> <li>• Increase supports for family success partners, early learning connectors, high school graduates and graduates with degrees, certificates, permits and/ or licenses</li> </ul>	
<b>Result Two - All People are Connected to Community Regardless of Place, Race or Ethnicity</b>		<b>Headline Population Indicators</b>  <b>1) percent youth who have an adult to turn to for help</b> <b>2) percent engaged in civic activities</b>
<b>Strategy Areas – What will we do to help turn the curve toward greater equity in health &amp; wellbeing indicators for this result?</b>	<b>Types of Strategies Emerging</b>	<b>Additional Indicator Measures</b>
1) Preserve community-based cultural anchors 2) Strong community leadership and civic engagement 3) Well-designed, safe, sustainable & resilient built environment with useful community space	<ul style="list-style-type: none"> <li>• Community owned space to strengthen multi-cultural and community-based organizations</li> <li>• Community leadership development, especially youth &amp; young adult leadership, community-based youth mentors, corner greeters and other community-based programs to increase youth safety and resilience</li> <li>• Community-designed and envisioned spaces where the community can connect on a regular basis, hold events and civic activities, get exercise, access transit options, etc.</li> <li>• Encourage and grow civic participation in community and regional issues, including volunteering,</li> </ul>	<ul style="list-style-type: none"> <li>• percent adults with social and emotional support</li> <li>• percent voter registration</li> <li>• percent reduction incarceration, especially youth and young adults</li> </ul>

	<p>advocacy, voting, community-based data collection, etc.</p> <ul style="list-style-type: none"> <li>Encourage and grow other forms of community collaboration and cohesion such as food advocates, walking groups, etc.</li> </ul>	
<b>Result Three - All People Have Quality Affordable Housing Regardless of Place, Race or Ethnicity</b>		<b>Headline Population Indicators</b> <ol style="list-style-type: none"> <li>1) percent paying less than 50% of their income for housing</li> <li>2) Reduction of involuntary displacement of local residents</li> </ol>
<b>Strategy Areas - What will we do to help turn the curve toward greater equity in health &amp; wellbeing indicators for this result?</b>	<b>Types of Strategies</b>	<b>Additional Indicator Measures</b>
<ol style="list-style-type: none"> <li>1) Preservation of affordable and moderately priced housing and support of housing stability; anti-displacement</li> <li>2) New mixed-income and affordable housing, mixed-use housing and community benefits</li> <li>3) Increase healthy housing</li> </ol>	<ul style="list-style-type: none"> <li>Support policies, strategies, system-level solutions and projects that improve the housing stability of households in the community, preserve existing affordable and moderately priced housing, including cooperatively owned, shared-equity multi-family housing</li> <li>Support development of new mixed-income, affordable and mixed-use housing projects that are designed to include community benefits and include community input in design concepts</li> <li>Support organizing structures for community leadership and cohesion regarding housing, including tenant councils, neighborhood planning processes, community benefit agreements, etc.</li> <li>Support rental housing quality inspection programs that can effect real improvement in the health and quality of rental housing stock; ownership housing</li> </ul>	<ul style="list-style-type: none"> <li>percent people who are asthma free</li> <li>percent quality homes</li> </ul>

	repair programs and strategies, including free tool libraries <ul style="list-style-type: none"> <li>• Foreclosure prevention and home ownership</li> </ul>	
<b>Result Four - All People are Healthy Regardless of Place, Race or Ethnicity</b>		<b>Headline Population Indicators</b>  <b>1) Increase life expectancy</b> <b>2) Percent physically active</b>
<b>Strategy Areas - What will we do to help turn the curve toward greater equity in health &amp; wellbeing indicators for this result?</b>	<b>Types of Strategies</b>	<b>Additional Indicator Measures</b>
1) Increase youth & young adult wellness and resilience	<ul style="list-style-type: none"> <li>• Pro-active youth and young adult wellness and violence prevention</li> <li>• Access to and consumption of healthy and affordable foods; urban agriculture, community gardens, healthy food bulk programs and co-ops, farmer's markets, healthy food businesses, food bank healthy food programs</li> <li>• Community-based physical activity programs and clubs, including walking groups, bicycle clubs, etc.</li> <li>• Community-designed safe physical activity plans and amenities are created in built environment</li> </ul>	<ul style="list-style-type: none"> <li>• percent food secure</li> <li>• percent diabetes free</li> <li>• percent consumption of fruits and vegetables daily</li> <li>• percent reduction in incidents of violence</li> <li>• percent reduction youth/young adult arrests</li> </ul>
2) Increase access and consumption of healthy and affordable food in communities		
3) Increase physical activity in communities		

This RBA framework was developed over the course of a year of co-design with the three place-based site partners, Rainier Valley, White Center and SeaTac/Tukwila and with the Communities of Opportunity Interim Governance Group using the Results-Based Accountability (RBA) methodology and practice. RBA users are guided through a data-driven decision making process that starts with the development of the results the partners desire to reach, and then works backwards to develop indicator measures and strategies. The strategies for action are intended to address conditions that are causally linked to inequitable outcomes, and that will move the indicator measures towards the desired results over time. The COO partners have developed this shared strategy and measurement platform to work with partners in collective impact towards significant progress in reaching this set of common results over an extended period of time (10 to 20 years). The RBA framework may evolve in the strategy areas and strategies as new places and grantees are funded.

## COMMUNITIES OF OPPORTUNITY HISTORY

### Place-based interventions

In winter 2014/2015, a competitive Letter of Interest (LOI) process was used to invite existing place-based community partnership tables to apply to be a COO site. Three sites were chosen from 21 applications through the LOI review process, which included in-person interviews with the top scoring applications. Three place-based sites, Rainier Valley, White Center and SeaTac/Tukwila, were awarded five-year backbone grants in March 2015 to support their communities' engagement in COO.

After these awards were made, the three communities were directly involved in the work to establish the Results-Based Accountability (RBA) framework for COO, and each site appointed a lead member to the COO Governance table, which also had a role in the development of the COO RBA framework. Once the COO RBA framework was developed, a co-design phase began, in which COO staff supported the work of the sites to create a set of strategy areas that resonated across the three sites, and where relevant for a site, specific strategies that aligned with the framework strategy areas. This work has been iterative, with the site work influencing the framework collectively and independently. The refining of strategies in Spring 2016 will result in implementation plans for the three sites, and will line up the work with the implementation of the COO element of the BSK Levy.

### Grants to Agencies for Institutional, Systems and Policy (ISP) Change Work

Two competitive funding rounds for this component of COO were held in mid-2014 and late 2015. The first round resulted in 12 capacity building and system/policy change grants, funded by the Seattle Foundation, being awarded to *African American Reach and Teach Health Ministry, Futurewise, Global to Local, Got Green, Mockingbird Society, OneAmerica, Open Doors for Multicultural Families, Public Defender Association, Puget Sound Sage, Seattle Indian Health Board, Skyway Solutions* and *White Center Community Development Association*.

The second round was released in late 2015, and was also funded by the Seattle Foundation. That RFP resulted in 18 awards that were closely aligned with the COO Results-Based Accountability framework, and that addressed institutional, system and policy issues across housing, health, economic opportunity and community connection. The grants were awarded to: *Church Council of Greater Seattle; Duwamish River Cleanup Coalition; FEEST; Latino Community Fund with Entre Hermanos, Para los Niños, SPIARC, Colectiva and Puentes; LGBTQ Allyship; Living Well Kent; One America and Transportation Choices Coalition; Open Doors for Multicultural Families; Puget Sound Sage; Tenants Union of Washington State; Washington CAN!; Ethiopian Community in Seattle; Futurewise; Healthy King County Coalition; Housing Development Consortium Seattle/King County; Mercy Housing Northwest; Somali Youth and Family Club & Coalition of Refugees from Burma; and, Yesler Community Collaborative.*

### Learning Community

In September 2015, COO sponsored a regional two-and-a-half-day public innovators' lab with the Harwood Institute. Approximately 100 interested persons from local governments and organizations working with local governments from across the County participated in the lab. The event was useful to the participants for continuous improvement in local government relationships with the most marginalized communities and in establishing a broader range of relationships between these local governments, communities and COO.

Strategic planning in 2016 has identified the need to create even stronger alignment across the place-based site work, the systems change and policy work, the COO RBA framework and the learning community. The COO Interim Governance Group believes that creating a more structured and resourced learning community will be a crucial link for all components of COO investments and interventions.

While a learning community concept has always been loosely considered as a component of COO, there has previously not been the capacity to launch a robust and productive learning community that can play a key role in changing the trajectory of inequitable health and wellbeing outcomes and levels of opportunity across the King County region. This capacity will now be supported through BSK.

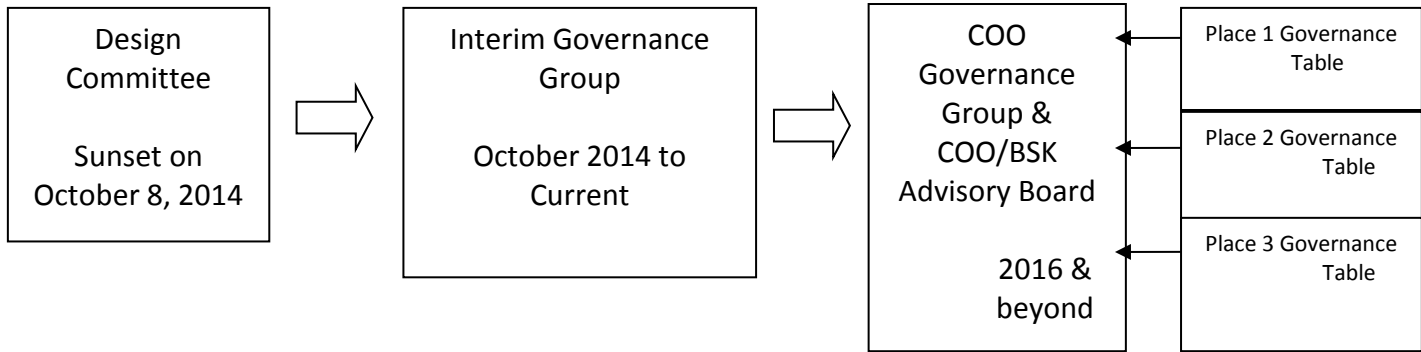
### **COO Founders, Design Committee and Interim Governance**

In March 2014, COO Founders – the Seattle Foundation and King County – signed a Memorandum of Understanding to launch Communities of Opportunity, making the following broad agreements:

- Engage with each other and with community partners in joint planning and design work that will further clarify the initiative’s outcomes and process steps for the identification of and investment in communities of opportunity
- Work together to authentically engage community members in meaningful levels of participation throughout the communities of opportunity initiative
- Work proactively to leverage additional community partners and resources under the communities of opportunity umbrella
- Increase efficiencies and prevent duplication of effort
- Commit to strong and transparent communications, and craft common language to describe the COO framework
- Develop an evaluation framework that provides feedback for continuous improvement, course corrections, and understanding the impact of the initiative on partnering organizations and communities
- Commit to participating in the work with each other, with community partners, with residents, and with Living Cities as part of a learning community.

To move Communities of Opportunity forward in 2014, the founders asked a group of community partners and their staff to join them in shaping the initial contours and investments of COO. This Design Committee met six times over six months to guide the development of the Requests for Proposals for the first two funding rounds of COO.

In October 2014, the COO founders realized that COO had evolved to a point where it needed to create an interim governance structure that would begin to position the initiative for long term success. A COO Interim Governance Group (IGG) would be needed to provide overall strategic guidance for COO, make recommendations for funding awards, chart its future course, and orchestrate the different components into a cohesive whole. Each of the three COO place-based sites would need to be part of that overarching governance group, in addition to having their own local governance tables.



### Evolution of COO from Initial Design Committee to Ongoing Governance

The IGG was convened in October 2014 to shepherd the initiative through its inception, and to engage in a strategic planning process regarding the future course of COO. The passage of the BSK Levy in November 2015 called for the COO Interim Governance Group to be the interim advisory group for the planning process related to the COO portion of the levy. BSK Levy Ordinance 18220 amended the makeup of the IGG to reduce the number of King County representatives from three members to two, consisting of one Executive appointee and one Council appointee; increased the number of Seattle Foundation appointees from one to two; and added two community member appointees from communities eligible for COO participation, as defined in the ordinance.

Ordinance 18220 also directed that the IGG “...make recommendations to the King County executive concerning the expenditure of best starts for kids levy proceeds, and collaborate with the executive to develop the implementation plan [for the COO element of the levy] to submit to the council by June 1, 2016”; and also that “the executive shall transmit to council [a separate] ordinance on the composition and duties of a successor to the communities of opportunity interim governance group.” Details regarding the COO-BSK Levy Advisory Board are contained in the separately required Ordinance.

### COO-BSK Levy Advisory Board Planning and Transition

The COO Founders and IGG engaged in an intensive strategic planning process throughout the first five months of 2016 to develop the COO-BSK Implementation Plan, and the governance plan, including the composition and duties of a permanent COO Governance Group that will also serve as the COO-BSK Levy Advisory Board. During the planning period, the IGG created a COO Governance Charter and Bylaws. The bylaws state that the COO Governance Group will serve a secondary role as the COO Best Starts for Kids (COO-BSK) Levy Advisory Board with respect to BSK levy investments in COO.

The COO Governance Group will provide oversight, decision making, strategic planning and cross-sector expertise regarding the broader COO partnership, which includes resources dedicated to COO from a number of other local and national private foundations, and other potential future funders. In the role as the COO-BSK Levy Advisory Board, the board will serve solely to make recommendations for BSK levy investments in COO pursuant to the COO-BSK Implementation Plan, and for specific RFPs and funding processes developed in accordance with the Implementation Plan. Meetings of the COO-BSK Levy Advisory Board will be posted on the King County website and open to the public to listen and observe the meeting proceedings. It is anticipated that there will be approximately three or four meetings of the COO-BSK Levy Advisory Board per year.



As required by Ordinance 18220, the Executive transmitted a proposed ordinance addressing the composition of a successor group to the Interim Governance Group (IGG), PO 2016-0283. Subsequent to final action on PO 2016-0283 by the County Council, COO will conduct a process to identify a roster of members for that successor group that conforms with the requirements of the final ordinance.

5/3/16 – DRAFT

## Best Starts for Kids Dashboard

	Results	Population indicators	Baseline	Strategy informed by info & research on causes/solutions	Performance measures
Prenatal to 5 years	Result	How do we measure Result?	Where are we now?	What will we do to help turn the curve toward equity?	How will we measure what we do?
	Babies are born healthy and establish a strong foundation for lifelong health and well-being.	Healthy Birth Outcomes: <ul style="list-style-type: none"> <li>• Infant mortality</li> <li>• Pre-term birth</li> </ul> Kindergarten ready Child abuse/neglect Flourishing & resilient		<i>Examples of funding approaches:</i> <ul style="list-style-type: none"> <li>• <b>Support for Parents, Families &amp; Caregivers(2 Gen Approach):</b> Expand home visiting to both evidence-based and promising practices</li> </ul>	<i>For each funded approach we will identify performance measures that address:</i> <ul style="list-style-type: none"> <li>• How much did we do?</li> <li>• How well did we do it?</li> <li>• Is anyone better off?</li> </ul>
5 to 24 years	Result	How do we measure Result?	Where are we now?	What will we do to help turn the curve toward equity?	How will we measure what we do?
	King County is a place where everyone has equitable opportunities to progress through childhood safely and healthy, building academic and life skills to be thriving members of their community.	Reading at 3rd grade level Math at 4 <sup>th</sup> grade level On-time high school graduation College/career-ready by age 24 Youth & young adults in school or working Excellent/very good health Youth substance use Flourishing & resilient		<i>Examples of funding approaches:</i> <ul style="list-style-type: none"> <li>• <b>Meeting the health and behavior needs of youth.</b> Expand school based health centers (SBHCs) across the county and expand types of services provided in current SBHCs</li> <li>• <b>Build resiliency of youth, help youth reduce risky-behaviors, and help youth stay connected to their families and communities.</b> Establish trauma-informed schools</li> </ul>	<i>For each funded approach we will identify performance measures that address:</i> <ul style="list-style-type: none"> <li>• How much did we do?</li> <li>• How well did we do it?</li> <li>• Is anyone better off?</li> </ul>

\*For each indicator we plan to include detailed data on disparities by race/ethnicity, income.

This dashboard is a snapshot that was provided at the time the Best Starts for Kids Implementation Plan was transmitted. It will be updated to correspond with changes in the body of this implementation plan.

5/20/16 – DRAFT

## Dashboard: Communities of Opportunity Part 1

	Results	Population indicators	Baseline	Strategy informed by info & research on causes/solutions	Performance measures
Health	Result	How do we measure Result?	Where are we now?	What will we do to help turn the curve toward equity?	How will we measure what we do?
	All children, adults, and communities in King County are healthy	<div>Life expectancy</div> <div>Youth and adult physical activity (youth data shown here)</div>	<div><div>King, 22%</div><div>AIAN, 29%</div><div>NHPI, 26%</div><div>Black, 25%</div><div>Other, 25%</div><div>Multiracial, 24%</div><div>White, 23%</div><div>Hispanic, 18%</div><div>Asian, 16%</div></div>	<div>Examples of approaches:</div> <div><div>Increase physical activity in communities:</div>Create community-designed spaces (like parks and sidewalks) through plans (like neighborhood, zoning, land-use, and transportation) that feature safety (like sidewalks, lighting)</div>	<div>For each funded approach we will identify performance measures that address:</div> <div><div>How much did we do?</div><div>How well did we do it?</div><div>Is anyone better off?</div></div>
Housing	Result	How do we measure Result?	Where are we now?	What will we do to help turn the curve toward equity?	How will we measure what we do?
	All children, adults, and communities in King County have quality/affordable homes	<div>Households paying more than 50% of income for housing</div> <div>Involuntary displacement of local residents</div>	<div><div>King, 25%</div><div>Black, 33%</div><div>Hispanic, 30%</div><div>Multiracial, 30%</div><div>AIAN, 28%</div><div>White, 24%</div><div>Asian, 24%</div><div>NHPI, 10%</div></div>	<div>Examples of approaches:</div> <div><div>Preserve affordable and quality housing and support housing stability:</div>Support policies, strategies, system-level solutions and projects that preserve existing affordable and moderately priced housing, including cooperatively owned multi-family housing</div>	<div>For each funded approach we will identify performance measures that address:</div> <div><div>How much did we do?</div><div>How well did we do it?</div><div>Is anyone better off?</div></div>

\*For each indicator we plan to include detailed data on disparities by race/ethnicity, place, and income.

This dashboard is a snapshot that was provided at the time the Best Starts for Kids Implementation Plan was transmitted. It will be updated to correspond with changes in the body of this implementation plan.



**King County**

# **Best Starts for Kids Youth and Family Homelessness Prevention Initiative Implementation Plan**

---

*Response to Ordinance 18088*

**Updated September 19, 2016**

**Department of Community and Human Services**

*Updated September 19, 2016*

The Best Starts for Kids (BSK) Levy includes \$19 million for a Youth and Family Homelessness Prevention Initiative that is intended to “prevent and divert children and youth and their families from becoming homeless.” The BSK ordinance approved by the voters of King County, Ordinance 18088, directs the King County Executive to submit to Metropolitan King County Council for review and approval, an implementation plan relating to the Youth and Family Homelessness Prevention Initiative by March 1, 2016, which to the maximum extent possible, shall be developed in collaboration with the oversight and advisory board, referred to in this report as the Children and Youth Advisory Board.

The Youth and Family Homelessness Prevention Initiative is based on a highly successful pilot program implemented by the Washington State Coalition Against Domestic Violence and funded by the Bill & Melinda Gates Foundation and the Medina Foundation.

This implementation plan provides: (I) the background showing the need for a homelessness prevention program in King County, (II) a description of potential linkages to existing programs, to demonstrate how this initiative could leverage and supplement existing efforts, (III) a description of the proposed model for the initiative, the Washington State Domestic Violence Housing First Initiative, (IV) the proposed BSK Youth and Family Homelessness Prevention Model and (V) the community process for developing the plan.

The plan may be amended by ordinance.

## **I. The Need: Youth and Family Homelessness in King County**

During the 2016 annual One Night Count of people who are homeless in King County held on January 29, 2016, 4,505 people were found to be unsheltered, that is, living in places unfit for human habitation such as the streets, cars or Metro buses. Although the detailed demographic data from the 2016 One Night Count are not yet available, the 2015 detailed data are available

through the Homeless Management Information System (HMIS). The HMIS is the county-wide database that collects data on individuals and families receiving homeless services (e.g., shelter, case management and housing).

The 2015 One Night Count data reported that over 2,000 of the 9,776 people who access shelter or other homeless services were under age 17. Twenty-eight percent of the homeless population is families with children (approximately 2,800 people). Count Us In 2015, the survey of homeless youth and young adults, counted 134 unsheltered homeless young people and 824 who were unstably housed. These numbers represent young people who were staying in places unfit for human habitation, such as in cars or abandoned buildings; who were unstably housed, such as those who are staying on friends' couches; and who were in shelters or transitional housing.

The federal government uses a broader definition for counting homeless youth in the schools. In addition to defining homelessness as living in a place unfit for human habitation, shelter or transitional housing, under the McKinney-Vento Homeless Education Assistance Act, homelessness is defined as lacking a fixed, adequate place to sleep. This broader definition would include families or youth who are doubled up or couch surfing. (In King County's definition, young people who are couch surfing are defined as being unstably housed, but not literally homeless, and, as such, would be eligible to be served through the Youth and Family Homelessness Prevention Initiative.) Under the more expansive federal definition for counting homeless youth in schools, more than 6,000 students in King County public schools are homeless. Approximately 15 percent of these are not accompanied by an adult.

According to the 2013 Annual Homeless Assessment Report to Congress:<sup>1</sup>

- 83 percent of homeless children have witnessed a serious violent event
- 47 percent have anxiety, depression or withdrawal

---

<sup>1</sup> The 2013 Annual Homeless Assessment Report (AHAR) to Congress  
<https://www.hudexchange.info/resources/documents/ahar-2013-part1.pdf>

- 43 percent have to repeat a grade
- Homeless children are far more likely to have significant health issues.

Local research by Dr. Debra Boyer and others also indicates that youth and young people who are being sexually exploited or physically abused are at risk for homelessness, among other serious concerns.<sup>2</sup> Among youth who were released from Juvenile Justice and Rehabilitation Administration facilities in Washington, a recent study found that 26 percent are homeless within 12 months of being released. This same study also found that recidivism rates were higher for these youth than for youth having stable housing upon their release.<sup>3</sup>

The HMIS also showed that half of all people who become homeless were homeless for the first time, which is the case for 46 percent of all homeless families.<sup>4</sup> An even higher number of unaccompanied youth were homeless for the first time, 64 percent.<sup>5</sup> Accordingly, if homelessness can be prevented, the number of people who are homeless would decline substantially.

Demographic data from the HMIS demonstrate that there are several issues that must be addressed in developing a youth and family homelessness prevention program – the need to identify youth and young adults who are at risk of running away and subsequently becoming homeless due to sexual or physical abuse; the disproportionate numbers of people in racial and ethnic communities, including Native American/Alaskan Native, Native Hawaiian/Asian Pacific Islanders and African Americans, who become homeless; and the disproportionate risk of homelessness for youth who identify as lesbian, gay, bisexual, transgendered and queer (LGBTQ). Native Americans are seven times more likely to become homeless. African Americans are five times more likely to become homeless and Native Hawaiians/Asian Pacific Islanders three times more likely. Of the youth who are homeless, at least 20 percent of young

---

<sup>2</sup> Debra Boyer, PhD, City of Seattle Human Services Department, Who Pays the Price? Assessment of Youth Involvement in Prostitution in Seattle, June – 2008,

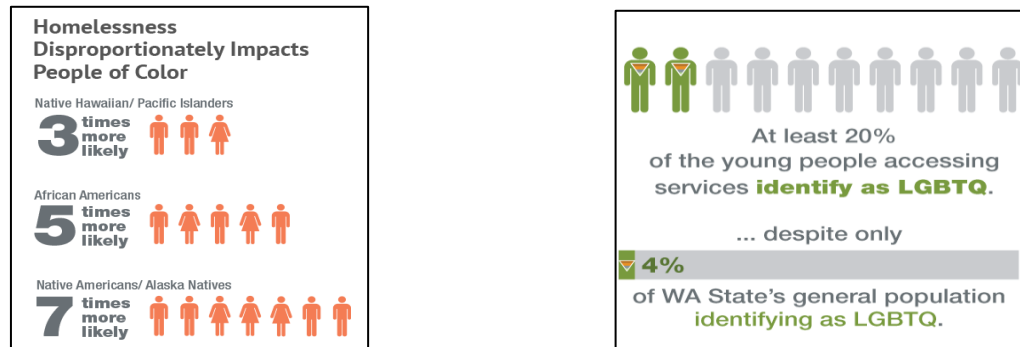
<http://www.prostitutionresearch.com/Boyer%20Who%20Pays%20the%20Price.pdf>

<sup>3</sup> DSHS Research and Data Analysis Division, *Impact of Homelessness on Youth Recently Released from Juvenile Rehabilitation Facilities*, June 2013, RDA Report No. 11.191.

<sup>4</sup> Homelessness in King County: Who, Why and What Can I Do? All Home, January 2016, <http://allhomekc.org/wp-content/uploads/2016/01/AllHomeInfographicFull.png>

<sup>5</sup> Count Us In 2016, King County's Point-In-Time Count of Homeless & Unstably Housed Young People, All Home, March 2016, <http://allhomekc.org/wp-content/uploads/2016/03/Count-Us-In-2016-Report-final-1.pdf>

people accessing services identify as LGBTQ, compared to 4 percent of the general population.<sup>6</sup> Immigrants and refugees and survivors of commercial sexual exploitation and human trafficking are also at high risk of becoming homeless.



As discussed in more detail in the program model section, the Youth and Family Homelessness Prevention Initiative must address the disproportionality in race and ethnicity, as well as LGBTQ identification of people who become homeless.

## II. Coordination with Existing Programs

Under state law,<sup>7</sup> a levy lid lift proposition, such as Best Starts for Kids, may only supplement, but not supplant existing, funded programs.<sup>8</sup> The Youth and Family Homelessness Prevention Initiative has been designed following the law, to supplement existing programs but not to supplant them. The initiative's focus on prevention for people who are at risk of homelessness, rather than on intervention for people who are already homeless, is a new service area for King County, and thus will not supplant any existing programs.

While it will not supplant existing programs, the initiative has been designed to coordinate with a number of existing, regional and County-funded programs. In particular, the initiative will

<sup>6</sup> All Home Strategic Plan, June 2016, <http://allhomekc.org/wp-content/uploads/2015/09/All-Home-Strategic-Plan.pdf>

<sup>7</sup> RCW 84.55.050

<sup>8</sup> Existing funding is determined based on spending in the year in which the levy is placed on the ballot: in this case, County spending in 2015.



coordinate with emergency resource and referral programs, providing a way to identify people who are imminently at risk of homelessness, including youth who are being sexually or physically abused, or are at risk because they identify as LGBTQ. Listed below are several examples of existing programs that may be able to coordinate with the Youth and Family Homelessness initiative. These examples include, but are not limited to:

- **Safe Place.** Safe Place<sup>9</sup> is an outreach program that provides immediate help and safety for youth in crisis. Local businesses and community organizations, including Metro buses, libraries and community centers, display a Safe Place logo to indicate they are part of the program. When a youth in crisis asks for help, the bus driver, librarian, or business staff quickly connect the youth to counselors at Auburn Youth Resources (South King County), YouthCare (Seattle), or Friends of Youth (North and East King County). The youth stays safely in place until the counselor arrives.

Coordinating the Youth and Family Homelessness Prevention Initiative with Safe Place could provide both a way to identify youth who are at imminent risk of homelessness and also expand the range of services the Safe Place counselors have available to provide to the youth they assist. Part of the training for agencies selected to participate in the Youth and Family Homelessness Prevention Initiative will be information about Safe Place, and how their local agencies can, in a geographically-focused way, coordinate with the Safe Place counselors to provide additional services to youth who are at imminent risk of homelessness.

- **Crisis Clinic.** King County's 2-1-1 service<sup>10</sup> provides comprehensive information and referral for people in need of health and human services. The 2-1-1 staff are familiar with local and countywide programs and are able to refer people in need to appropriate programs.

The 2-1-1 system will be incorporated into the Youth and Family Homelessness Prevention Initiative in two ways. First, existing call volumes to 2-1-1 from different parts of the county will be used to inform the design of the Request for Proposals for agencies interested in participating in the initiative, to ensure that resources have been

---

<sup>9</sup> <http://www.friendsofyouth.org/safeplace.aspx>

<sup>10</sup> <http://crisisclinic.org/find-help/2-1-1-resources-and-information/>

allocated in the context of where need has been identified. Second, 2-1-1 staff will add the Youth and Family Homelessness Prevention Initiative to the list of available services and will be able to refer youth and family callers who are at imminent risk of homelessness to geographically and culturally appropriate providers.

- **Count Us In.** Count Us In is an annual survey conducted in collaboration with nearly 100 local youth-serving organizations, libraries, and community centers to identify youth and young adults who are either homeless or unstably housed (for instance, youth staying with a friend who fear they may be kicked out of their home). Youth and young adults who are identified as being unstably housed can be referred to the Youth and Family Homelessness Prevention Initiative for resources to avoid becoming homeless.
- **Project EQTY.** The Elevating Queer & Trans Youth Project (Project EQTY) works to build the capacity of homeless youth service providers in King County to meet the needs of LGBTQ homeless youth. The project was funded by the Pride Foundation with a grant from the Bill & Melinda Gates Foundation and is being implemented by the Northwest Network of LGBT Survivors of Abuse. Project EQTY is currently working to assist organizations with training regarding sexual orientation and gender identify intake policies, practices, and procedures; the intersection of violence and homelessness for LGBTQ youth; confidentiality best practices around sexual orientation, gender identity, and domestic and sexual violence; and connections to LGBTQ organizations and providers. Project EQTY will be a resource to agencies around the county assisting youth and young adults at risk of homelessness.

### **III. The Proposed Model: Washington State Domestic Violence Housing First Initiative**

As King County explored approaches to prevent youth and family homelessness, staff reviewed a local model, the Washington State **Domestic Violence Housing First** Initiative.<sup>11</sup> This model, which was funded by the Bill & Melinda Gates Foundation and the Medina Foundation, has been rigorously evaluated and found to have successfully prevented family homelessness. This

---

<sup>11</sup> More information about the model can be found at <http://wscadv.org/projects/domestic-violence-housing-first>.

model was attractive to local funders because domestic violence is a leading cause of homelessness for families.

The Domestic Violence Housing First Initiative is a homelessness prevention program for survivors of domestic violence and their children, including survivors actively fleeing a domestic violence situation, and those who are on the brink of homelessness. At program entry, many program participants were facing unemployment and a lack of income due to the domestic violence situation they were experiencing. The Domestic Violence Housing First Initiative was piloted from September 2011 through September 2014 in Washington state with two cohorts (groups of clients). One cohort was in King County and the other was comprised of program participants located in the balance of the state. In King County, LifeWire and InterImCDA participated in the pilot.

**Components of Domestic Violence Housing First model.** The Domestic Violence Housing First Initiative had two basic components, which would be applied in the Youth and Family Homelessness Prevention Initiative. They are:

- **Case management/advocacy.** Each client who participated in the Domestic Violence Housing First Initiative received ongoing assistance from a case manager/advocate, who worked to help the client identify his/her needs and next steps to become more stable. Case management support provided through the Domestic Violence Housing First Initiative could be very narrow and temporary or somewhat longer term to meet the true needs of program participants, using a type of case management called progressive engagement (see below).
- **Flexible funding.** The Domestic Violence Housing First Initiative also provided flexible funding to participating clients to help them address the emergency needs that led to their risk of homelessness. Financial assistance could be used for a range of needs such as clothing for a job, cost of an employment-related license, a variety of housing and/or moving costs, cost to repair a car, urgently needed groceries and other expenses that may be impacting the safety and security of a family.

The experience of the Domestic Violence Housing First Initiative was that clients in general required very little financial assistance per household (average cost of \$1,250 per household) but that this financial assistance, combined with the case management support contributed to the safety, stability and well-being of clients and their families.

Evaluation of the Domestic Violence Housing First Initiative<sup>12</sup> found successful outcomes related to clients' ability to get and keep safe and stable housing. Nearly all program participants, including those with very low incomes, maintained permanent housing for a prolonged period of time:

- 96 percent were still stably housed 18 months after entering the program, allowing survivors to become self-sufficient quickly and without need for ongoing intensive services
- 84 percent reported an increase in safety for their family
- 76 percent requested minimal services from the domestic violence program at final follow-up
- Participants also expressed that housing stability had a profoundly positive effect on their children, improved the health and well-being for themselves and their children, and restored their dignity and self-worth.

The pilot program also focused on ensuring that services were culturally appropriate and delivered by a case manager/advocate who was from the same culture and spoke the same language as the participants. According to the evaluation, clients reported that working with an advocate who culturally and linguistically understood them was critical to getting the support they needed to become stable and enabling them to feel understood, accepted and comfortable telling their stories.

While some of the clients who participated in the Domestic Violence Housing First Initiative programs were youth, the program was focused primarily on adults fleeing domestic violence,

---

<sup>12</sup> <http://wscadv.org/resources/the-washington-state-domestic-violence-housing-first-program-cohort-2-agencies-final-evaluation-report-september-2011-september-2014/>

some of whom had children living with them. There is less research on successful programs preventing youth from becoming homeless. Nonetheless, the All Home Youth and Young Adult (YYA) Plan Refresh (May 2015) recommends prevention as a strategy to make youth homelessness rare, brief and one time. One of the strategies outlined in the Plan Refresh is “flexible funding to help YYAs live at home or with natural supports.”<sup>13</sup> Applicability of this model to different population groups will be evaluated as the initiative is implemented.

#### **IV. Proposed Youth and Family Homelessness Prevention Model**

The Best Starts for Kids Ordinance 18088 provides the following guidance for the Youth and Family Homelessness Prevention Initiative:

*"Youth and family homelessness prevention initiative" means an initiative intended to prevent and divert children and youth and their families from becoming homeless.*

*It is the intent of the council and the executive that funding for the youth and family homelessness prevention initiative will allow the initiative to be flexible, client-centered and outcomes-focused and will provide financial support for community agencies to assist clients.*

*Out of the first year's levy proceeds: 1. Nineteen million dollars shall be used to plan, provide and administer a youth and family homelessness prevention initiative.*

Based on this guidance, stakeholder input and research on successful prevention models, King County's Department of Community and Human Services (DCHS) staff worked with a Youth and Family Homelessness Prevention Model Planning Committee (Planning Committee) and the Children and Youth Advisory Board (CYAB) to develop the framework for the King County Youth and Family Homelessness Prevention Initiative. This section discusses both the overall program model, as well as specific implementation details that were recommended by the Planning Committee and the CYAB.

---

<sup>13</sup> <http://allhomekc.org/wp-content/uploads/2015/09/Comp-Plan-Refresh-final-050515-with-appendices.pdf>

The proposed Youth and Family Homelessness Prevention Initiative will be based on the Washington State Domestic Violence Housing First Initiative. It will have a strong client-centered focus, including mobile **case management/advocacy** coupled with **flexible financial assistance** that is intended to address the immediate issue that is placing the family or youth at imminent risk of homelessness and build trust with the client. Key components to the Youth and Family Homelessness Prevention Model include:

- **Case management/advocacy** that is client-centered and uses a progressive engagement approach
- **Flexible funding** to address clients' immediate needs to prevent homelessness

Implementation of the initiative will be targeted to address the root causes of homelessness among youth and families.

### **Case Management/Advocacy**

The agencies that demonstrated successful outcomes in the Washington State Domestic Violence Housing First Initiative understood the importance of supporting and advocating for clients through case management, and successfully made the shift to having a client-centered focus. That is, the family or youth must be asked, “What do you need so that you do not become homeless?”

This is a significant cultural shift for agencies, because many government assistance programs are based on a distrust of clients. For most programs, clients must prove that they meet program criteria and then are told what specific assistance they are eligible to receive even if they know something else will help them more. Because successful implementation of the proposed Youth and Family Homelessness Prevention Initiative model will entail changing organizational culture, training and learning circles will be part of the initiative's implementation.

Case management will be carried out through a method known as progressive engagement. Progressive engagement is a nationally-recognized best practice that provides customized levels of assistance to participants – providing the services needed, but not more than is needed to

achieve housing stability.<sup>14</sup> Progressive engagement reserves the most expensive interventions for households with the most severe barriers to housing success, and offers less extensive support to those who need less assistance. Progressive engagement is a strategy to enable service delivery systems to effectively target resources and to enable the case manager/advocate to work with the client on the underlying issues that caused them to be at imminent risk of homelessness.

Under the Best Starts for Kids Youth and Family Homelessness Prevention Initiative, case manager/advocates will be mobile, meeting the clients at locations of their choice. This approach is different than other models where the case manager/advocate tends to be place-based.

### **Flexible Funding**

The second major component of the proposed model is flexible funding to address clients' immediate needs. The Best Starts for Kids ordinance specifically states, "It is the intent of the council and the executive that funding for the youth and family homelessness prevention initiative ... will provide financial support for community agencies to assist clients."

In order to ensure that agencies administering the proposed initiative are equipped with the resources they need to be successful, sufficient funds will be provided to assure that agencies both have flexible funds available to meet client needs and also have the resources to hire experienced case manager/advocates.

In terms of the amount of flexible funding and case management needed, the Domestic Violence Housing First Initiative evaluation found that about one-third of the families served needed minimal support, one-third needed a medium touch, and one-third needed more intensive help. In recognition of the successful Domestic Violence Housing First program model, the goal to be achieved in the annual spending of funds by provider agencies shall be to split their funds 50/50, with half of the funding going to case managers and administrative costs and the other half going to flexible funds for clients. The County recognizes that this allocation will vary among

---

<sup>14</sup> <http://www.endhomelessness.org/page/-/files/4.3%20Financial%20Assistance-Using%20a%20Progressive%20Engagement%20Model%20Kay%20Moshier.pdf>

agencies and therefore the intention is that this goal be achieved by looking at the aggregate spending of all provider agencies. The County further recognizes that this goal may be difficult to achieve in the first year of the program due to higher start-up costs. Consequently, this goal will start with the 2017 fiscal year.

### **Need for Adaptation and Flexibility for Preventing Youth Homelessness**

While the Washington State Domestic Violence Housing First Initiative was successful with youth who were parenting and who were at risk of homelessness due to domestic violence, national research shows that other factors are more predictive of a youth becoming homeless, e.g., identifying as LGBTQ; being involved with the juvenile justice or foster care systems; or experiencing problems at school, such as suspensions or truancy (that may, over time, result in legal proceedings related to the Becca Bill).<sup>15</sup> As a result, the CYAB and the Planning Committee recommended targeting the initiative to address these predictors of homelessness by collaborating with schools, organizations that work with LGBTQ youth, and organizations that work with youth involved in the juvenile justice system.

While these are the target areas for identifying youth at imminent risk of homelessness, this does not mean that the Youth and Family Homelessness Prevention Model would be administered by schools or the juvenile justice system. Rather, it is likely that nonprofits, community agencies or faith organizations would provide assistance and administer the funds, because they could provide services any time of day or night and be able to leverage additional supports. Any organization receiving the funds would have to show strong partnerships with the schools, the juvenile justice system and the juvenile dependency system.

Because the Domestic Violence Housing First Initiative was not tested on youth and young adult, the success of this model at assisting youth and young adults at risk of homelessness will be carefully monitored and evaluated, and adjustments proposed as needed.

In addition to providing feedback on the overarching program model, the Planning Committee and the CYAB both provided feedback on the specific program implementation details outlined below.

---

<sup>15</sup> <http://www.kingcounty.gov/courts/JuvenileCourt/truancy.aspx>



## **Who is Eligible?**

The program is intended for youth and families who are at *imminent* risk of homelessness. It is not intended for youth or families who are already homeless, nor is it intended for youth or families who are at risk for homelessness, but not facing *imminent* risk. An example of imminent risk of homelessness is a young person or family who has been staying on friends' or families' couches, but may have exhausted all welcomes and will be on the street next week. Additional examples might be a youth who the school counselor knows will be thrown out of their parents' house if they come out, a young person who contacts Safe Place or another resource because of sexual or physical abuse, a young person who has been identified as being at risk by a librarian, school staff or community center staff, a youth exiting the justice system whose family refuses to take the youth back home, or a young person who may be aging out of the foster care system and has no housing or employment plans in place. The case manager/advocate will have to utilize judgment and experience in making the determination.

The outcomes measurements will be critically important in determining if the targeting was done appropriately. If people who are at imminent risk of homelessness are prevented from becoming homeless, we will see a decrease in the number of people who are newly homeless.

## **Should the Money Be Divided Between Youth and Families?**

The Planning Committee and CYAB advised that the money should not be divided among population groups. Many youth are parenting, and it is these young families who are often at imminent risk of homelessness. Because this program is intended to step away from rigid requirements, dividing the money and creating definitions and funding formulas for youth and families did not seem prudent.

## **What are the Eligible Uses of Funding? Should Anything be Excluded as Eligible from the Flexible Funds?**

Any expenditure that will prevent someone from becoming homeless should be an eligible use of the flexible funds that will be part of the proposed initiative. As noted in both the ordinance and discussion above, case management and flexible funding combine to create the model that

will be used for the Youth and Family Homelessness Prevention Initiative. Agencies will employ rigorous financial oversight to track where flexible funds are applied. The County will evaluate whether certain types of expenditures are more or less successful in preventing a family or youth from becoming homeless.

### **How Much Money Should Be Awarded in 2016?**

A total of \$3,166,667 is anticipated to be allocated for the remainder of 2016. For future years, there has been discussion about potential options to spend the funds down at a rate that would exhaust the \$19 million total prior to the end of the levy (so as to make as large an impact as possible given the high level of need); or to allocate the funds evenly over time. Rather than address this issue at the moment, the Council will make decisions about allocation for future years within the context of the budget process, with the expectation of a minimum appropriation of \$3,166,667 each year. This will enable the Council to consider initial implementation of the initiative and make decisions through the budget process.

Building organizational capacity and creating the organizational culture change will take time. As a result, the Planning Committee and CYAB recommended that the funding awards be three-year contingent commitments to agencies, meaning the agency will receive the money for all three years provided that the agency is achieving outcomes, participating in the learning circles and implementing the evaluation. It is hard for agencies to staff up and plan with annual commitments, and a three-year commitment will enable better staff recruitment and continuity for the agency and individuals seeking assistance. Finally, by making the three-year commitment contingent on achieving outcomes, the County will be able to reallocate the money if necessary, and the Council will have the opportunity to review program outcomes and evaluate both the amount of money to be appropriated and the program model to be used.

Extensive training, ongoing learning circles and a rigorous evaluation will be part of the program design assuring agency and program success. Therefore, it is anticipated that reducing the commitment will be a rare occurrence.

In the initial stages of the program, it is likely that the domestic violence organizations that have been operating this program successfully for several years with the Gates and Medina

Foundation money will be able to be up and running before organizations for which this initiative is new. Rather than awarding those agencies more money, the Planning Committee recommended that not all of the money be awarded at once in the first year, since the initiative will begin midyear anyway. Some of the funds from the first year will be reserved to grant additional funds to agencies that run out of the flexible funds before the next year's allocation.

The CYAB provided extensive feedback on how to assure that funds will truly address racial, ethnic and LGBTQ disproportionality in homelessness. Their advice included:

- For many communities, including Native Americans and Asian Pacific Islanders, County staff making personal contacts and going to community leadership will be important.
- Meet with faith community leaders in the African American community.
- Ask that culturally-specific communities include funding/grant/RFP announcements in their newsletters.
- Send information to leadership tables for targeted populations and ask that they disseminate information.
- Use social media.
- The frequency of the ask is as important as where and to whom the ask is made.
- Use the CYAB to disseminate information.

In addition to these suggestions from the CYAB, outreach should also be conducted to engage immigrant and refugee populations, as well as provider agencies that serve survivors of commercial sexual exploitation and human trafficking.

### **Should All Recipients Have Data Entered into a Database that can be Matched with the Homeless Management Information System?**

All agencies receiving money will be required to enter client data into a database that will enable data matching with the HMIS. The County's Department of Community and Human Services (DCHS) has been working with the vendor for the HMIS system to create a separate module for the data from the Youth and Family Homelessness Prevention Initiative. DCHS has

confirmed with the King County Prosecuting Attorney's Office that the prevention module will not be subject to the state HMIS consent requirements. By entering client data into a system that can match with the HMIS system, the County will know if a youth or family who receives services from the Youth and Family Homelessness Prevention Initiative successfully avoided homelessness. Some agencies will need to be trained on the prevention database module and the County may need to provide additional funding for computers or other information technology support.

To protect the safety of domestic violence survivors, agencies serving survivors will not be required to enter individual identifiers in the prevention database module (e.g., name, social security number), though the agencies will retain this information in their own databases. The County will be working with an outside entity, potentially the current evaluator for the Domestic Violence Housing First Initiative, to match the domestic violence agency prevention module data with data in the HMIS. During implementation of the Domestic Violence Housing First Initiative, agencies were able to successfully evaluate whether domestic violence survivors became homeless after receiving intervention, while at the same time protecting survivors' data.

### **Should a Common Client Intake and Assessment Form Be Utilized?**

A common intake form will be utilized for program participants so that there is consistent information collected for evaluation purposes. In addition, it is likely that the common assessment form used for Coordinated Entry for All (a new approach adopted by the All Home Coordinating Board) to access homeless housing will also be utilized.

### **How Will Initiative Success Be Measured?**

The Youth and Family Homelessness Prevention Initiative will measure success in three ways:

1. The individuals served do not show up in HMIS for homeless services in the future (meaning they have been able to avoid homelessness).
  2. There is a reduction in the number of youth and families who are newly homeless.
- It is essential that both outcomes are measured because if the program measures only whether individuals show up in HMIS for homeless services or not, there is no way of

knowing whether those individuals ever would have become homeless. However, if there is also a reduction in the number of newly homeless youth and families, it is clear that agencies are targeting the right individuals and families.

3. In addition, the CYAB and the Planning Committee recommended that the County evaluate at least one other factor besides “not becoming homeless.” This third measure will be developed as part of the overarching dashboard that is developed for the Best Starts for Kids Levy general implementation plan.

Some of the suggestions for a third measure include additional outcomes for youth such as no further engagement with criminal justice system or increased educational attainment. For families, additional factors suggested include safety and self-determination. The Department of Community and Human Services evaluation team will analyze which factors are measurable and work with other BSK evaluation teams to have consistent measures of success. Additionally, several CYAB members recommended training so that all fund recipients understand LGBTQ issues and are able to provide equitable and competent care to LGBTQ clients.

To ensure success in meeting the diverse needs of the youth and families seeking assistance, the Executive will transmit a report on program outcomes to the Council by June 1, 2018. Program outcomes, as summarized in that report, will be used to determine appropriation amounts to be included in the 2019-2020 biennial budget, as well as whether the model used for the initiative should be changed for some or all population groups. This report will also include information about how the implementation of the initiative is addressing disproportionality in the risk of becoming homeless.

### **How Will Providers Be Trained?**

Training will be provided to agencies receiving money under this initiative. The experience of the Washington State Domestic Violence Housing First Initiative was that developing a client-centered and outcomes-focused agency culture took extensive training and intentional organization effort and buy-in. For that reason, learning circles for agencies administering the funding will also be part of the program.

## **What Type of Agencies/Organizations Should Be Targeted for the RFP?**

Since the goal of the Youth and Family Homelessness Prevention Initiative is to identify and intervene with youth or families who are at imminent risk of homelessness, the agencies receiving funding should be those most likely to already be working with families or youth most at risk of homelessness. When directly asked, the CYAB provided significant advice regarding the best way of assuring that the model funds were placed in agencies, organizations and geographic areas that would be able to identify families and youth *before* they became homeless and address the racial, ethnic and socioeconomic disproportionality in family homelessness, and the racial, ethnic and sexual orientation disproportionality in youth homelessness.

Both the Planning Committee and the CYAB recommended targeting the issues and systems that lead to homelessness, e.g., domestic violence, juvenile justice and the populations that are disproportionately likely to become homeless, e.g., Native Americans, African Americans, Asian Pacific Islanders and LGBTQ youth. It will be imperative for any agency receiving the funds to be able to demonstrate how the organization will administer the funds in a way that will address the extreme disproportionality of people of color who enter homelessness at a rate significantly greater than the general population. Similarly, organizations will have to show how they will address the disproportionality of LGBTQ youth who are at imminent risk of homelessness.

The Children and Youth Advisory Board also emphasized that small cultural or ethnic organizations should be targeted for the initiative. Suggestions ranged from partnering large and smaller organizations during the Request for Proposal (RFP) process, assuring application support. The Department of Community and Human Services has already been working toward implementing some of the suggestions to reduce barriers for small organizations. For example, staff have been partnering with the county's Risk Management Division to reduce insurance barriers for small agencies.

Examples of types of agencies that the CYAB suggested would be appropriate fund recipients or partner entities included:

- Domestic violence agencies
- Agencies serving youth, including youth homeless agencies
- Schools (particularly school counselors and those addressing absenteeism, expulsions and suspensions)
- Public utilities agencies, since delinquent utility payments can be a predictor of housing loss
- Culturally-competent/focused organizations
- Organizations serving LGBTQ youth
- Public Health and other health facilities and clinics
- King County education and employment programs
- Faith-based organizations
- Youth clubs and recreation centers
- Agencies serving families, particularly new moms
- Agencies serving youth who are involved in the juvenile justice system
- Food banks
- Regional Access Points for accessing housing/homelessness services
- “Natural helpers” in community, e.g., libraries, first responders as referral sources.

In addition to targeting specific types of organizations, the CYAB also discussed the need to recognize the difference between delivery of services in rural versus urban contexts. The County will pay special attention through the allocation process to geographically isolated areas that have limited access to wrap-around services, including developing strategies to coordinate with existing local providers. In order to make funds available to all areas of the County, County staff are considering releasing separate regional RFPs so that the initiative will be available county-wide and to account for the differences in how services may be delivered in an urban versus a rural area. If the County does not issue regional RFPs, the County will still ensure regional availability of the program and consider potential differences in service delivery between urban and rural areas. The chair of the Council shall appoint up to three persons to serve on each RFP scoring panel for this initiative. Each person appointed shall be a council district staff designated by a council member.

In addition, the County will hold regional bidders' conferences for interested providers to help them learn about the initiative and the program model. During 2016, the County will expend up to \$100,000 to contract with a consultant to provide targeted assistance on the Domestic Violence Housing First program model, LGBTQ awareness and to provide technical assistance to small organizations to help draft RFP responses. Training will be focused on small organizations, particularly those that serve disproportionately-affected populations, to help them prepare proposals that are responsive to the RFP. All successful bidders will receive training to implement the initiative with fidelity to the model as well as to understand what resources currently exist for families and youth so that connections can be made to those programs. Within six weeks after each RFP process under this initiative has been concluded, agencies and allocation amounts have been determined and contracts with provider agencies selected are signed, the executive must transmit to the council a report listing the provider agencies to receive funding allocations, as well as the amount of funding allocated to each agency, and a motion accepting the report.

In order to effectively meet the needs of youth and families who are at imminent risk of homelessness, King County will implement strategies to ensure that at-risk populations, including families and youth of color, immigrant and refugee families and youth, LGBTQ youth, and victims of domestic violence, commercial exploitation and human trafficking, have access to providers who are trained and competent in meeting the unique needs of these at-risk populations. Strategies shall include contracting with organizations with proven competency, as well as making training available to build capacity and competency of organizations. The annual report shall include an analysis of the strategies being implemented and the effectiveness of those strategies.

### **Administration, Fiscal Management, Monitoring and Evaluation**

The Department of Community and Human Services will administer, monitor and evaluate the Youth and Family Homelessness Prevention Initiative. Monitoring will consist of both financial and programmatic audits.



Programmatic and fiscal audits of participating agencies will include a site visit to each provider at least once every two years. The site visits will examine both fiscal and programmatic aspects of program implementation. The fiscal component of each site visit will include, but not be limited to providers' internal controls, the analysis of audited financial statements and sample testing of specific expenditures related to King County-funded programs. The programmatic component will include, but not be limited to client eligibility, achievement of contracted outcomes, and client data quality. In addition, as part of annual audits conducted by the State Auditor's Office, the State has the authority to select specific pass-through entities for review.

With respect to data and evaluation, the data that will be collected will mirror what is being collected for other programs or strategies in the community so that this initiative will not introduce a new data set being collected in the community.

Reports on program outcomes will be transmitted to the Council at least annually, by June 1 of each year, with the first report one year from the effective date of this ordinance and the second starting with June 2018. In addition, County staff will provide the Council with regular status briefings at the relevant committee on the model, agency implementation, and client outcomes.

If the Best Starts for Kids general implementation plan approved by Council includes a provision requiring annual reporting, program outcomes for the Youth and Family Homelessness Prevention Initiative shall be reported within that annual report. However, the initial program outcomes report for the Youth and Family Homelessness Prevention Initiative required to the Council by June 1, 2018, in an earlier section of this implementation plan, will be required to be transmitted as a stand-alone report to guide the Council in determining the efficacy of the Domestic Violence Housing First model for future funding.

While it is understood that evaluation of the Youth and Family Homelessness Prevention Initiative will be conducted through the general Best Starts for Kids evaluation, and that evaluation model has yet to be determined, DCHS may wish to consult with the Washington State Institute for Public Policy<sup>16</sup> or similar research and public policy organizations to develop a model and protocols for evaluation. DCHS will seek to obtain philanthropic funding to secure

---

<sup>16</sup> <http://www.wsipp.wa.gov/>

outside evaluation on program outcomes and the effectiveness of the program model. It is the intent of the County that an independent evaluation will be conducted for this initiative. The County anticipates that it will use funds from the Best Starts for Kids levy consistent with Ordinance 18088 Section 5.C.4. to support this independent evaluation. If philanthropic funds for an independent evaluation are secured, those funds will be used to supplement Best Starts for Kids levy funds used for evaluation. An evaluation on the first year and a half of program implementation will be completed no later than June 1, 2019, and will be transmitted to the King County Council as part of the required annual report.

#### **IV. Collaboration with the Children and Youth Advisory Board and Homelessness Prevention Model Planning Committee**

Ordinance 18088 directs the County Executive, to the maximum extent possible, to develop the Youth and Family Homelessness Prevention Initiative in collaboration with the Children and Youth Advisory Board (CYAB). The Children and Youth Advisory Board members were approved by King County Council and became official on January 25, 2016. The Executive convened the CYAB on February 9, 2016, for an orientation, at which time the CYAB reviewed the Youth and Family Homelessness Prevention Initiative in an unofficial capacity. The Children and Youth Advisory Board reviewed the initiative again at its first official meeting on February 23, 2016, at which time they made formal recommendations about the Youth and Family Homelessness Prevention Initiative.

Because of the short time between approval of the CYAB and the March 1, 2016, deadline to submit the Youth and Family Homelessness Prevention Implementation Plan, executive staff also convened a Youth and Family Homelessness Prevention Model Planning Committee (Planning Committee) to advise on the design for the plan. The Planning Committee met three times in January and February 2016 to help guide the implementation plan. Members of the committee (an \* indicates that the individual is also a member of the Children and Youth Advisory Board) include:

Alison Eisinger

Seattle King County Coalition on Homelessness

Edith Elion

Atlantic Street Center

Melinda Giovengo	YouthCare
Terry Pottmeyer*	Friends of Youth
Kira Zylstra	All Home
	King County Department of Community and Human
	Services
Hedda McLendon	City of Redmond
Colleen Kelly	City of Seattle
Jason Johnson	Washington State Coalition Against Domestic Violence
Linda Olsen	Raikes Foundation
Katie Hong*	Public Health
TJ Cosgrove	LifeWire
Maria Williams	LifeWire
Barbara Langdon*	Kent School District
Calvin Watts*	City of Seattle
Isabel Munoz	City of Seattle
Leilani Della Cruz	King County Coalition Against Domestic Violence
Merrill Cousins	Medina Foundation
Aana Lauckhart	